

UW GME Approved Supervision Policy Template

Revised 04/02/2026

TRAINING PROGRAM SUPERVISION AND ACCOUNTABILITY POLICY

Please reference complete UW GME Institutional Supervision and Accountability Policy for additional definitions and background.

Endocrinology Fellowship

University of Washington Medical Center
Harborview Medical Center
VA/Puget Sound Health Care System
Seattle Children's Hospital
Fred Hutchinson Cancer Center

Responsibilities and Accountability

Each patient must have an identifiable and appropriately-credentialed and privileged attending physician (or licensed independent practitioner as specified by the applicable Review Committee) who is responsible and accountable for the patient's care. This information will be available through the Electronic Medical Record to fellows, faculty members, other members of the health care team, and patients.

The Division of Metabolism, Endocrinology and Nutrition fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care.

The program will provide the appropriate level of supervision for each fellow based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation.

As part of their education program, fellows are given graded progressive responsibility according to the individual's clinical experience, judgment, knowledge, and technical skill. Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence.

Supervision Definitions

To promote oversight of fellow supervision while providing for graded authority and responsibility, the following levels of supervision are recognized:

- 1) Direct Supervision:
 - a) the supervising physician is physically present with the fellow and patient during the key portions of the patient interaction;
 - b) the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.
- 2) Indirect Supervision:

The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision:

 - a) *with direct supervision immediately available* – the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide Direct Supervision.

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- b) *with direct supervision available* – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities and is available to come to the site of care in order to provide Direct Supervision
- 3) Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Fellow Competence & Delegated Authority

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members.

The program director must evaluate each fellow’s abilities based on specific criteria, guided by the Milestones.

Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow.

Clinical Responsibilities by PGY-Level

Fellows

Fellows may be *directly or indirectly supervised*. They may provide direct patient care, supervisory care or consultative services, with progressive graded responsibilities as merited. Senior fellows should serve in a supervisory role to medical students, junior and intermediate residents in recognition of their progress towards independence, as appropriate to the needs of each patient and the skills of the fellow; however, the attending physician is responsible for the care of the patient.

Levels of Supervision for Common Specialty Procedures

Please list each clinical activity/procedure by PGY-level, with specific CPR Level of Supervision language:

Clinical Activity/Procedure	Fellow level (PGY)	Location	Supervision Level
Fine needle aspirate or biopsy of thyroid mass	PGY4, PGY5	UW, HMC, VA	Direct supervision
Management of insulin pumps	PGY4, PGY5	UW, HMC, VA	Indirect supervision
Interpretation of continuous glucose monitoring	PGY4, PGY5	UW, HMC, VA	Indirect supervision

Roles and Responsibilities of Fellows in Patient Care

Fellows are part of a team of providers caring for patients. The team includes an attending and may include other licensed independent practitioners, other trainees and medical students.

Fellows may provide care in both the inpatient and outpatient settings. They may serve on a team providing direct patient care or may be part of a team providing consultative or diagnostic services. Each member of the team is dedicated to providing excellent patient care.

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Fellows generally provide care for outpatients seen in clinic or provide consultation for inpatients (including ICU patients) with metabolic or endocrine problems. They may provide care or consultation in the emergency department. They provide all services under the supervision of an attending.

Fellows evaluate patients, obtain the medical history and perform physical examinations. They are expected to develop a differential diagnosis and problem list. Using this information, they arrive at a plan of care or a set of recommendations in conjunction with the attending. They document the provision of patient care as required by hospital/clinic policy. Fellows may write orders for diagnostic studies and therapeutic interventions as specified in the medical center bylaws and rules/regulations. They may interpret the results of laboratory and other diagnostic testing. They may request consultation for diagnostic studies, recommend evaluation of the patient by other physicians, physical/rehabilitation therapy, specialized nursing care, and social services. They may participate in procedures performed in the clinic under appropriate supervision. Fellows may participate in discharge planning. Fellows discuss the patient's status and plan of care with the attending and the team regularly. Fellows help provide for the educational needs and supervision of any junior fellows and medical students.

Supervision of Outpatient Clinics

Fellows seeing patients in the outpatient clinic are expected to personally evaluate each patient, obtain a history, perform an appropriate physical examination, and develop a provisional assessment and plan. Each assessment and plan must be discussed with the supervising clinic attending on the same clinic day. This discussion should generally occur with the attending present at the patient's bedside or in the examination room (direct supervision) but may also occur outside of the room (indirect supervision) when appropriate and consistent with program policy.

The level and timing of supervision should be tailored to the fellow's training level, experience, and competence. For junior fellows, supervision is expected to be more direct and to include bedside review with the patient present for most visits. For more senior fellows, supervision may incorporate greater independence.

For PGY-6 fellows who have demonstrated the necessary competence, follow up of clinical visits, with review of lab and imaging orders and reply to patient messages, can be completed with faculty oversight — meaning that the patient encounter, assessment, and plan are reviewed with the attending after care has been delivered. This post-encounter review allows for evaluation of the fellow's clinical decision-making and provision of feedback, while supporting graduated autonomy within the framework of safe, high-quality patient care.

The attending physician of record is ultimately responsible for the care provided in the outpatient clinic. The availability of the attending should be appropriate to the fellow's level of competence and increased for complex or high-acuity cases. Information about attending availability and supervision processes should be clear to fellows, faculty, and patients.

Supervision of Inpatient Consults

Fellows performing consultations on patients in the hospital are expected to communicate verbally with their supervising attending at variable time intervals depending on the patient

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needs. This must be at least once per day but may be more frequent depending on patient acuity.

The attending of record is ultimately responsible for the care of the patient and thus must be available to provide direct supervision when appropriate for optimal care and/or as indicated by individual program policy. The availability of the attending should be appropriate to the level of training, experience and competence of the consult fellow and is expected to be greater with increasing acuity of the patient's illness. Information regarding the availability of attendings should be available to fellows, faculty members, and patients.

Specific circumstances and events in which fellows performing consultations must communicate with appropriate supervising faculty members include:

- emergent questions/issues requiring immediate attention,
- situations where the fellow might be unsure as to best course of action
- therapeutic approach that could require urgent/emergent attention
- all consultations requested of the subspecialty in non-emergent/urgent situations.

Emergency Procedures

It is recognized that in the provision of medical care, unanticipated and life-threatening events may occur. The fellow may attempt any of the procedures normally requiring supervision in a case where death or irreversible loss of function in a patient is imminent, and an appropriate supervisory physician is not immediately available, and to wait for the availability of an appropriate supervisory physician would likely result in death or significant harm. The assistance of more qualified individuals should be requested as soon as practically possible. The appropriate supervising practitioner must be contacted and apprised of the situation as soon as possible.

Faculty Supervision Assignment

Inpatient faculty supervision assignments are of 2 weeks duration and therefore are of sufficient length to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility.

Supervision of Inpatient Handoffs

Fellows conducting hand-offs are expected to use structured verbal and electronic processes for patient transfers between services and locations utilizing the EPIC handoff tool. Fellows may conduct hand-offs with faculty oversight.