

**State University of New York at Buffalo
Pediatric Emergency Medicine Fellowship**

Supervision Policy
{Reviewed June 2025}

Supervision:

Supervision is provided to Pediatric Emergency Medicine Fellows in the ED at OCH hospital in the following manner:

Direct Supervision (the supervising physician is physically present with the fellow and patient). This form of supervision is typically utilized when a medical/trauma patient is in the code room of the ED or for critically ill patients in the main patient care area of the ED.

Indirect Supervision with Direct Supervision Immediately Available (the supervising physician is physically within the hospital and is immediately available to provide Direct Supervision). This form of supervision is typically utilized for non-critically ill patients within the ED.

Indirect Supervision with Direct Supervision Available (the supervising physician is not physically present within the hospital but is immediately available by telephonic or electronic modalities and is available to provide Direct Supervision). This form of supervision is not utilized in the ED since 24/7 on-site supervising attending presence in the ED is required by our division.

Oversight (the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered). This form of supervision is typically utilized in our QA and chart review process for the fellows. It is also used to “sign-off” on procedure logs through our electronic database: Medhub.

For rotations outside the ED, Direct Supervision, Indirect Supervision with Direct Supervision Immediately Available, and Indirect Supervision with Direct Supervision Available are utilized, depending on the acuity of the patient and time of day (example: overnight in the PICU, Indirect Supervision with Direct Supervision Available is utilized.)

Graded Authority and Responsibility:

First Year Fellow:

The fellow will evaluate the patient independently and then “present” the case to the supervising physician. The supervising physician will then subsequently evaluate the patient separately from the fellow. Thus, “Indirect Supervision with Direct Supervision Immediately Available” is typically utilized. Fellows will also supervise any medical student who is rotating through the ED. The fellow will use Direct Supervision for the

first few days until they understand the patient flow, how patients are presented to supervisors, and ED procedures. Once the fellow feels the medical student is ready, “Indirect Supervision with Direct Supervision Immediately Available” is utilized. Direct Supervision for the fellow is utilized for any critically ill patient or medical/trauma patient in the code room.

Second Year Fellow:

After the second year fellow has completed two ED rotations at WCHOB and the second semester has begun, she/he will begin what we term “Pretending Shifts”. During these shifts, the fellow will supervise the ED: they will interact with the charge nurse to discuss resource deployment and will provide “Indirect Supervision with Direct Supervision Immediately Available” to the residents who will present cases to them. The fellow, in turn, will present cases prior to discharge to the supervising attending physician who will, in turn, evaluate the patient prior to discharge. Thus, “Indirect Supervision with Direct Supervision Immediately Available” is provided to the fellow. These Pretending Shifts are day time shifts (8A-4P). This shift provides an excellent introductory experience of running the ED. During this time period, the acuity is typically the lowest and the ease of deploying resources is the highest.

Third Year Fellow:

Once the fellow has successfully moved into the third year of training and completed at least 10 shifts of daytime (8A-4P) Pretending Shifts (usually a few months into the third year), she/he will begin evening (4P-MN) and overnight (MN-8A) Pretending Shifts. During the evening shifts, acuity is typically the highest and access to resources is moderate. During the overnight shifts, acuity is typically moderate and access to resources is at the lowest. Over the course of the fellowship, each fellow will experience at least 10 Pretending Shifts in each of the ED time environments (that is, 10 daytime Pretending Shifts, 10 evening Pretending Shifts, and 10 overnight Pretending Shifts). During these Pretending Shifts, “Indirect Supervision with Direct Supervision Immediately Available” is provided to the fellow. Thus, by the end of the third year of training, the fellow has received a solid grounding in supervising the ED during each of the time environments.