

Fellow Supervision and Oversight

ROLES AND RESPONSIBILITIES: Fellow education is progressively graduated in both experience and responsibility with primary attention to the *benefit*, and *safety* of the patient. Development of mature clinical judgment requires that each fellow be involved in the decision-making process. The conditional independence of the fellow is individualized to be commensurate with the clinical circumstances and ability of the fellow. In such environment, each physician participating in the clinical training environment will have specific and defined roles and responsibilities:

Attending Physicians are responsible for:

1. Assessment, diagnosis, treatment, and outcomes of all patients undergoing care at sites of care functioning under the sponsoring institution.
2. Ensuring their role is identified per hospital policy and ACGME.
3. Providing appropriate level of supervision based upon the nature of a patient's condition, complexity of care, and level of competence of the fellow supervised.
4. Oversight and delineation of duties and graded responsibilities for care provided by all members of any service team caring for a patient.
5. *Oversight of the fellows' level of fatigue and reporting any such signs to the program director to allow for appropriate rest time.*

The Program Director is responsible for:

1. Defining guidelines that establish roles and responsibilities appropriate for each level of training or clinical milestone in accordance with national standards of supervision and graded responsibility as defined by the ACGME.
2. Communication and collaboration with Fellows, faculty, clinical and operational leadership to ensure these guidelines are understood;
3. Monitoring adherence to these guidelines.
4. *Assuring compliance with implementation of institutional and divisional policies of supervision, including duty hours, without retribution.*
5. *Educating faculty and fellows about recognizing signs of fatigue, and implementing an immediate reporting plan of such signs.*
6. *Respond to signs of fatigue on part of the fellows, allowing sufficient rest time.*

Fellows:

1. Are supervised by an attending physician.
2. Are responsible for being aware of their limitations, roles, and responsibilities within the course of patient clinical care.
3. Are provided responsibility in a manner consistent with national standards of graded responsibility and conditional independence as defined by the ACGME.
4. Are expected to know the level of supervision required for their level of training or clinical training goal, and not practice outside of that scope of service.
5. Are expected to communicate effectively with attending physicians and other members of the health care team.
6. Are required to inform patients of their respective role in each patient's care.
7. *Are expected to accurately log-in their duty hours on a weekly basis.*
8. *Are expected to recognize signs of fatigue or overwhelming service obligation and report such to their attending and/or program director.*
9. *Are expected to report any deviations from institutional or divisional policies, without fear of retribution, to their attending physician, program director, program coordinator or GME Ombudsman.*

Communication: Communication between fellows and the attending physician will occur at the time patient care decisions are being made. Prior to clinical care decisions, the attending physician will facilitate communication regarding care decisions. Examples include, but are not limited to, the following:

1. Admission and discharge of a patient.
2. Decision making applied to high risk or complex procedures or interventions, to include use of moderate sedation, high risk or complex diagnostic procedures.
3. An important change in status occurs and/or when a patient is transferred from one service to another and/or from one level of service to another (e.g. Admission of a patient from clinic, transfer of a patient to ICU, etc.)
4. When a patient's condition is unexpectedly deteriorating, or when a patient is not improving clinically in an expected fashion or time course.
5. When disclosure of a significant adverse event is necessary.

Documentation:

Direction of clinical care and supervision of the fellows must be documented in the medical record in accordance with the Bylaws and/or Rules and Regulations of the participating site. In particular, the following events require attending documentation that reflects appropriate supervision and ensures comprehensiveness of the record:

1. Patient history and physical examination, and/or patient admission.
2. Patient discharge.
3. Surgeries and high-risk procedures.
4. Progress notes that cover significant events, complications, patient and family communication, treatments and response to treatment. An attending progress note is particularly important in the event of transfer of responsibility of care.
5. Consultation: Clinical consultation ranges from verbal advice to interdisciplinary concurrent care. The documentation will reflect the complexity of the clinical question and degree of consultant involvement.

Emergencies:

In an emergency situation to preserve life or prevent serious impairment to health, fellows shall be permitted to implement life support services. Notification must be made to the supervising physicians as soon as possible. The responsibilities of the attending physician to the patient and to the Fellows are not changed by these circumstances.