

Supervision and Accountability

Scope

This policy applies to the fellows and supervising physicians associated with the University of Alabama's Sports Medicine Fellowship Program.

Purpose

To identify to the fellows and supervising physicians those aspects of patient care that require progressive levels of responsibility for fellows as well as, oversight/supervision by supervising physicians, and to document the educational role of the supervising physician. The clinical responsibilities for each fellow must be based on the following factors: PGY-level (IV), patient safety, fellow education, severity and complexity of patient illness/condition and available support.

Policy

The Sponsoring Institution (SI) maintains an overall institutional policy regarding supervision of residents/fellows. Additionally, the SI must ensure that each of its ACGME-accredited programs establishes a written program-specific supervision policy consistent with the SI policy and the sub-specialty specific Fellowship Program Requirements and the Common Program Requirements (as applicable).

Procedures

This policy and corresponding set of procedures will be distributed to all fellows and teaching faculty at least once per year.

ACGME Requirements appear in Bold Font. CCHS Requirement appear in Italics Font.

General Supervision:

Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter into the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

- **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 must be available to fellows, faculty members, other members of the health care team, and patients.**

Although the attending physician is ultimately responsible for the care of the patient, every physician shares in the responsibility and accountability for their efforts in the provision of care. Effective programs, in partnership with their Sponsoring

Institutions, define, widely communicate, and monitor a structured chain of responsibility and accountability as it relates to the supervision of all patient care.

Fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care.

Supervision may be exercised through a variety of methods. For many aspects of patient care, the supervising physician may be a more advanced fellow. Other portions of care provided by the fellow can be adequately supervised by the immediate availability of the supervising faculty member or fellow physician, either on site or by means of telephonic and/or electronic modalities. Some activities require the physical presence of the supervising faculty member. In some circumstances, supervision may include post-hoc review of fellow delivered care with feedback.

The program must demonstrate that the appropriate level of supervision in place for all fellows is 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:

- *All medical services must be rendered under the oversight of the supervising physician or be personally furnished by the supervising physician. Documentation of the level of oversight will be entered into the electronic medical record (EMR) by the supervising physician.*
- *The supervising physician will countersign and add an addendum to the fellow's progress note indicating his/her involvement and level of supervision. Constructive commentary on the content of the fellow's note shall be provided when appropriate.*
- *The supervising physician oversees the care of the patient and provides the appropriate level of oversight based on the nature of the patient's condition, the complexity of care, and the experience and judgment of the fellow being supervised.*
- *The supervising physician advises the fellowship director if he/she believes a change in the level of the fellow's responsibility and supervision should be considered. The supervising physician fosters an environment that encourages questions and requests for support or oversight from the fellow, and encourages the fellow to notify the supervising physician of any significant or serious injuries/illness or significant changes in a patient's condition.*
- *Fellows should be given progressive responsibility for the care of their patients, which will be based on documented evaluation(s) of the fellow's clinical experience, judgement, knowledge, and technical skill. The overriding consideration must be the safe and effective care of the patient that is the personal responsibility of the supervising physician.*

- *Fellows are expected to independently review any advanced musculoskeletal imaging (MRI, CT, etc.) obtained in the course of patient care and to review the images/results with the supervising physician prior to notifying the patient of results.*
- *Fellows assigned to rotations with community specialists will be involved with the care of those patients under the oversight of these community physicians.*
- *In an emergency (defined as a situation where immediate care is necessary to preserve life or to prevent serious harm/impairment to the patient), all fellows, assisted by other clinical personnel as available, shall be permitted to do everything possible to save the life of a patient or to save a patient from serious harm. The fellow will contact the supervising physician and/or program director as soon as possible to apprise him/her of the situation, and the fellow will promptly document the patient encounter in the patient's medical record.*

Levels of Supervision:

To promote oversight of fellow supervision while providing for graded authority and responsibility, the training program(s) must use the following classification of supervision:

Direct Supervision: the supervising physician is physically present with the fellow and patient.

Indirect Supervision 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.

Indirect Supervision 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 provide Direct Supervision.

Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

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.

Fellows should serve in a supervisory role to residents or junior fellows in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual fellow.

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.

Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility.

Circumstances and events in which fellows must communicate with the supervising faculty member(s) either prior to the event or immediate/as soon as possible if deemed to be an emergency situation:

- 1) Any athlete requiring transport to the emergency department during a practice/event
 - 2) New admission of any athlete or private patient of supervising physician
 - 3) Invasive procedures performed at the site of an athletic contest, including, but not limited to, joint reductions, fracture reductions, intravenous fluids, or injections unless an emergency situation
 - 4) Referral of a University of Alabama athlete for surgical consultation unless an emergency situation
 - 5) Disqualification from athletic participation of any University of Alabama athlete
- Fellows are to familiarize themselves with this policy and must be aware of his/her level of training, his/her specific clinical experience, judgement, knowledge, technical skill, and any associated limitation.
 - The fellow must not independently perform procedures or treatments that he/she is unauthorized to perform or lacks the skill and training to perform. The fellow is responsible for communicating to the supervising physician any significant issues regarding patient care and patient safety.

Outpatient Supervision:

- A supervising physician is defined as a member of the teaching faculty or a community-based provider. For outpatient office visits and outpatient procedures that are provided by fellows in the deShazo Sports Medicine Center, these services must be overseen by a supervising physician. However, the level of oversight is dependent on the stage of training and level of the fellow's experience, knowledge, judgment, and technical skill.
- For each outpatient encounter (office visit and/or procedure), a supervising physician must insure that the services provided are appropriate, review the visit documentation and billing, and document the extent of his/her participation in the review and direction of services provided.

- *The supervising physician may be present for direct supervision, provide indirect supervision with direct supervision immediately available, or indirect supervision with direct supervision available, as defined above, depending on the stage of fellow training and level of fellow experience/expertise.*
- *During the first three months of fellowship training, a supervising physician will be physically present with the fellow during every outpatient office visit or procedure (diagnostic or therapeutic). After this time period, there will be indirect supervision with direct supervision immediately available depending on each fellow's experience, expertise and confidence. The supervising physician will discuss each patient or procedure and be physically present as deemed necessary by the progression of the Fellow and his/her level of experience and expertise.*

Inpatient Supervision:

- *For athletes/patients admitted to the inpatient service, the supervising physician must meet with the patient within 24 hours of admission.*
- *Supervising physicians are involved in the ongoing care of patients managed by the fellow in a manner consistent with the clinical needs of the patient and the level of fellow expertise. The supervising physician shall review and cosign all progress notes and provide documentation of level of involvement in patient care in a timely manner.*

Offsite Event Supervision:

- *The supervising physician will provide oversight of fellows during offsite event coverage and be available by means of telephonic and/or electronic modalities to assist the fellow as necessary. Direct supervision of a fellow during event coverage is optional and dependent upon the nature of the event/sport being covered, the level of fellow expertise and stage of training.*