

Supervision and Accountability

Scope

This policy applies to the fellows and supervising physicians associated with the University of Alabama's Behavioral 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:

- *Medical services must be rendered under the oversight of the supervising physician or be personally furnished by a supervising physician. Documentation of this oversight is entered into the electronic medical record (EMR) by the supervising physician or reflected within the fellow's progress note at a frequency appropriate to the patient's condition.*
- *The fellow's note shall include the name of the supervising physician with whom the case was discussed as well as a summary of that discussion. The supervising physician countersigns and adds an addendum to the fellow's note detailing his/her involvement and supervision. The supervising physician shall review the progress notes and provide constructive commentary on content as necessary. These progress notes shall be countersigned in a timely fashion. The supervising physician shall provide an addendum to both inpatient and outpatient progress notes detailing his/her involvement and oversight as needed.*
- *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 likelihood of major changes in the management plan, the complexity of care, and the experience and judgment of the fellow being supervised.*
- *The supervising physician advises the fellowship program 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 call or inform the supervising physician of significant or serious patient conditions, or significant changes in a patient's condition.*

- *Fellows should be given progressive responsibility for the care of their patients. The determination of a fellow's ability to provide care to patients without a supervisor present or to act in a teaching capacity as an upper level will be based on documented evaluation of the fellow's clinical experience, judgment, 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 assigned to rotations with community specialists, either inpatient or outpatient, 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 the life, or prevent serious impairment to the health, of a 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 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) *Patient in the Emergency Department (ED);*
 - 2) *New admission or new transfer to attending service;*
 - 3) *Acute change of patient condition to the worse;*
 - 4) *Transfer of patient to a higher level of care within the hospital premises or to an outside hospital;*
 - 5) *Patient discharge, either planed or Against Medical Advice (AMA);*
 - 6) *Need to consult other specialty unless emergency;*
 - 7) *Need to perform a procedure on the patient unless emergency;*
 - 8) *Patient expired;*
 - 9) *Any other event that would may be determined to be a “sentinel” event by the hospital or facility. This may include things such as falls, elopement or failure of the patient to cooperate with the management plan.*
- *The supervising physician (including faculty and preceptors) has the responsibility to enhance the knowledge of the fellow and ensure the quality of care delivered to each patient by any fellow.*
 - *Fellows are to familiarize themselves with this policy and the fellow must be aware of his/ her level of training, his/ her specific clinical experience, judgement, knowledge, technical skill, and any associated limitations.*
 - *The fellow must not independently perform procedures or treatments, or management plans 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. During the first month of the fellowship, for outpatient office visits, fellows have direct supervision in all outpatient sites during patient encounters. This allows supervisors the ability to directly observe and assess the fellow's psychiatric interview, diagnostic and assessment skills and provide immediate feedback at the beginning of the fellowship.*
- *After the first month of fellowship and only after the fellowship director obtains feedback from the other fellowship supervisors, and the fellowship director assesses the fellow as competent for more independent provision of patient care, the fellow will have indirect supervision with Direct Supervision immediately available (the supervisor is physically present on site and is immediately available for supervision) for outpatient office visits.*
- *After the first month of fellowship and the fellow has advanced to indirect supervision with Direct Supervision immediately available for each outpatient encounter (office visit), a supervising physician must: 1) ensure that services provided are appropriate; 2) review with the fellow the patient's progress notes and provide constructive feedback regarding history, mental status examination, diagnosis, assessment/plan and billing as deemed appropriate by the supervisor, and 3) document the extent of his/her participation in the review and direction of services provided to the patient. This review must occur before or within three working days after the conclusion of each visit.*
- *The fellow will meet at least bi-weekly (and typically weekly) with the fellowship director (or a senior psychiatric faculty) to discuss additional supervision issues related to patient care, systems issues professional development, research projects, and relevant issues related to rotation sites.*
- *Indirect supervision with Direct Supervision available (the supervisor is not physically present but immediately available by telephone or other electronic modalities) will be extremely rare and limited to times when a supervisor is out sick or on vacation and another supervisor is not physically present at a rotation site.*

Inpatient Supervision:

- *The fellow has no inpatient direct care responsibilities. Currently, the fellow shadows a psychiatrist at an inpatient psychiatric community hospital and community-based psychiatric partial hospital program but has no admitting, direct care or documentation responsibilities. The fellow is in a shadow role only and participates in rounds as an active learner but has NO DIRECT PATIENT CARE RESPONSIBILITY.*