

Supervision and Accountability

Scope

This policy applies to the fellows and supervising physicians associated with the University of Alabama's Family Medicine-Emergency 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 fellow or licensed independent practitioner as specified by the applicable Review Committee) who is responsible and accountable for the patient's care.¹**
- **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

¹ Fellows working at Rush ED has full license and ED privileges to work independently and bill for patients.

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:

Emergency Medicine Family Medicine fellowship supervision and accountability policy

- *Fellows will be continuously supervised by an emergency department attending at all times during their fellowship training.*
- *Fellows are expected to consult with the supervising attending regarding all critically ill patients or life threatening conditions; Emergency severity index (ESI) Level 1, Level 2 and Level 3.*
- *It is the fellow's responsibility to have a brief shift review with the attending physician before the end of the shift. This shift review may include discussions regarding critical patients and feedback from the attending.*
- *All procedures must be supervised by an attending physician, until approved to be performed independently by the ER director and program directors. All high risk procedures, which may include intubations, surgical airways, central lines, chest tubes, LPs, arterial lines, and resuscitations must be supervised by the attending physician until approved by site director for independent practice.*
- *All trauma patients treated by fellow must have an attending physician supervising and evaluating the fellow during the trauma code.*

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.

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:

- *Attending must be informed of all trauma codes and present for supervision and assistance.*

- *CPR (Code Blue) call should be supervised by an attending physician until it is determined by ED site director and fellowship directors that fellows may perform CPR (Code blue) independently.*
- *Deterioration of patient condition while in the ED.*
- *Acute STMI and acute stroke.*
- *Need to perform a procedure on the patient unless emergency;*
- *Transfer of patient to other facility.*
- *Patient expired;*
- *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.

Outpatient Supervision:

Does not apply as ED fellows do not have any outpatient duties

Inpatient Supervision:

Does not apply as ED fellows do not have any inpatient duties.