

Supervision and Accountability

Scope

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

- *Fellows are physicians who have graduated from an ACGME accredited residency program and who have achieved a passing score on their specialty boards (ABFM or ABIM). If the fellow has passed their board certification, he or she will be able to practice without supervision in their private family medicine or internal medicine clinics, and will be able to attend and bill as junior faculty on inpatient rotations. All appropriate medical credentialing and hospital privileges must be in place, and evidence of board passage must be presented, before the fellows may provide independent medical care to their private patients.*
- *Medical services that are rendered under the heading of geriatric clinical education (i.e., interdisciplinary geriatrics clinic, nursing home care, clinical care in an attending physician's private clinic, etc...) must be rendered under the oversight of the supervising physician or be personally furnished by a supervising physician. Demonstration 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.*
- *For patients for whom the fellow is providing care with an attending physician (i.e., those patients specific to geriatric education) the fellow's note will include the name of the supervising physician with whom the care was discussed as well as a summary of that discussion. This supervising physician oversight will take place for patients in inpatient and outpatient settings when the fellow is acting in a learner role. The supervising physician will countersign and addend the fellow's note detailing his/her involvement in the case. These notes will be countersigned in a timely fashion by the supervising physician, and the supervising physician will provide constructive commentary on progress notes on a routine basis.*

- *For those patients specific to geriatric education, the supervising physician will oversee the care of the patient and will provide 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 will advise 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 should foster an environment that encourages questions and requests for support or oversight from the fellow, and that encourages the fellow to inform the supervising physician of serious patient conditions or significant changes in a patient's condition.*
- *Fellows will be given progressive responsibility for the care of their patients, and will act in some cases as junior faculty by supervising residents in their care of 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 a junior faculty member will be based on documented evaluation of the fellow's clinical experience, judgment, knowledge, and technical skill.*
- *When fellows are assigned to rotations with community physicians, they will provide care for those patients under the oversight of the community physicians who will act as supervising physicians for the rotation.*
- *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, will 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 a supervising physician as soon as possible to apprise him/her of the situation, and 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 junior fellows, residents, and medical students 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) *New admission or new transfer to attending service when fellow acting as a consultant for inpatient teams;*
 - 2) *Acute change of patient condition to the worse;*
 - 3) *Transfer of patient to a higher level of care within the hospital premises or to an outside hospital;*
 - 4) *Patient discharge, either planned or Against Medical Advice (AMA);*
 - 5) *Need to consult other specialty unless emergency;*
 - 6) *Need to perform a procedure on the patient unless emergency;*
 - 7) *Patient expired;*
 - 8) *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, a fellow, or a community based provider. Since Geriatric fellows are physicians that have graduated from an ACGME accredited residency program and who are board certified or board eligible from their specialty boards (ABFM or ABIM) they will be able to serve as supervising physicians once evidence of board certification has been met. This ability to act as supervising physician will be for precepting purposes were the fellow to act as a junior faculty member precepting in the residents' family medicine clinic, and for the fellow's private clinic (whether family medicine or internal medicine).*
- *For outpatient office visits and outpatient procedures that are provided by fellows in an attending physician's private clinic (i.e., in geriatrics clinic, nursing home visits, or clinical work specific to geriatric education), these services must be overseen by a supervising physician. However, the level of oversight may vary depending on payer source.*
- *For each outpatient encounter (office visit and procedure), 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, physical examination, diagnosis, assessment/plan and billing, 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 shortly after the conclusion of each visit.*
- *The supervising physician must be present during every encounter for all Medicare patients regardless of training level. This includes all office visits (regardless of the level of evaluation and management (E/M) code) and all procedures.*
- *During the performance of all outpatient diagnostic and therapeutic procedures, a supervising physician must be present during all critical or key portions of the procedure, regardless of level of procedure or level of training.*
- *All fellows must discuss High-level E/M codes with a supervising physician, allowing time for the supervising physician to make the determination if he/she needs to see the patient in conjunction with the fellow.*

Inpatient Supervision:

- *For patients admitted to the inpatient team, the supervising physician must meet the patient early in the course of care (within 24 hours of admission, including weekends and holidays). This personal involvement in the patient's care must be personally documented in a history and physical or progress note within 24 hours of admission.*
- *The supervising physician's progress note will include findings and concurrence with the fellow's initial diagnosis and treatment plan as well as any modifications or additions. The progress note must be properly signed, dated, timed, and reflect ongoing supervision.*

- *Supervising physicians are involved in the ongoing care of the patients assigned to them in a manner consistent with the clinical needs of the patient and the level of the trainee. The supervising physician shall review and cosign all progress notes and provide comments on content of the note including history, physical exam and assessment/plan in a timely manner.*