Roles, Responsibilities and Patient Care Activities of Fellows

GYNECOLOGIC ONCOLOGY

University of Washington Medical Center, Seattle Cancer Care Alliance, Swedish Medical Center

Definitions

Fellow: A physician who is engaged in a graduate training program in gynecologic oncology.

As part of their training program, fellows are given graded and progressive responsibility according to the individual fellow’s clinical experience, judgment, knowledge, and technical skill. Each fellow must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence. Fellows are responsible for asking for help from the supervising physician (or other appropriate licensed practitioner) for the service they are rotating on when they are uncertain of diagnosis, how to perform a diagnostic or therapeutic procedure, or how to implement an appropriate plan of care.

Attending of Record (Attending): An identifiable, appropriately-credentialed and privileged attending physician who is ultimately responsible for the management of the individual patient and for the supervision of fellows involved in the care of the patient. The attending delegates portions of care to fellows based on the needs of the patient and the skills of the fellows.

Supervision
To ensure oversight of resident supervision and graded authority and responsibility, the following levels of supervision are recognized:

1. Direct Supervision – the supervising physician is physically present with the resident and patient.

2. Indirect Supervision:
   a) 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.
   b) 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 come to the site of care in order to provide Direct Supervision.

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

Clinical
The clinical responsibilities for each fellow are based on PGY-level, patient safety, fellow education, severity and complexity of patient illness/condition and available support services. The specific role of each fellow varies with their clinical rotation, experience, duration of clinical training, the
patient’s illness and the clinical demands placed on the team. The following is a guide to the specific patient care responsibilities by year of clinical training. Fellows must comply with the supervision standards of the service on which they are rotating unless otherwise specified by their program director.

Please note our fellows are engaged in two years of research training during their fellowship. Only years of clinical training are considered below.

**PGY-6,7 Clinical Fellows** Fellows may be directly or indirectly supervised. They may provide direct patient care, supervisory care or consultative services, with progressive graded responsibilities as merited. They must provide all services ultimately under the supervision of an attending physician. Fellows should serve in a supervisory role of medical students, junior and intermediate residents in recognition of their progress towards independence, as appropriate to the needs of each patient and the skills of the senior resident; however, the attending physician is ultimately responsible for the care of the patient.

**Attending of Record**

In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged primary attending physician who is ultimately responsible for that patient’s care. The attending physician is responsible for assuring the quality of care provided and for addressing any problems that occur in the care of patients and thus must be available to provide direct supervision when appropriate for optimal care of the patient and/or as indicated by individual program policy. The availability of the attending to the fellow is expected to be greater with less experienced fellows and with increased acuity of the patient's illness. The attending must notify all fellows on his or her team of when he or she should be called regarding a patient's status. In addition to situations the individual attending would like to be notified of, the attending should include in his or her notification to fellows all situations that require attending notification per program or hospital policy.

The attending may specifically delegate portions of care to fellows based on the needs of the patient and the skills of the fellows and in accordance with hospital and/or departmental policies. The attending may also delegate partial responsibility for supervision of residents to fellows assigned to the service, but the attending must assure the competence of the fellow before supervisory responsibility is delegated. Over time, the senior resident is expected to assume an increasingly larger role in patient care decision making. The attending remains responsible for assuring that appropriate supervision is occurring and is ultimately responsible for the patient’s care. Fellows and attendings should inform patients of their respective roles in each patient’s care.

The attending and supervisory fellow are expected to monitor competence of more junior residents through direct observation, formal ward rounds and review of the medical records of patients under their care.

Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each fellow and delegate to him/her the appropriate level of patient care authority and responsibility.
**Supervision of invasive procedures**

In a training program, as in any clinical practice, it is incumbent upon the physician to be aware of his/her own limitations in managing a given patient and to consult a physician with more expertise when necessary. When a fellow requires supervision, this may be provided by a qualified member of the medical staff or by a resident who is authorized to perform the procedure independently. In all cases, the attending physician is ultimately responsible for the provision of care by residents. When there is any doubt about the need for supervision, the attending should be contacted.

The following procedures may be performed with the indicated level of supervision:

- **Direct supervision required by a qualified member of the medical staff**
  - Invasive surgical procedures to treat gynecologic cancer
  - Surgical cases of obstetrical hemorrhage
  - Major gynecologic surgical cases
  - Chemotherapy orders

- **Direct supervision required by a qualified member of the medical staff for the**
  - Minor surgical procedures
  - Inpatient admissions and consultations
  - New patient outpatient visits and consultations

- **Indirect supervision required with direct supervision available by a qualified member of the medical staff**
  - Minor surgical procedures
  - Inpatient admissions and consultations
  - New patient outpatient visits and consultations

- **Clinic visits for established patients (postoperative care)**
- **Oversight required by a qualified member of the medical staff**
  - Inpatient rounds, ER visits, outpatient visits

**Emergency Procedures**

It is recognized that in the provision of medical care, unanticipated and life-threatening events may occur. The fellow may attempt any of the procedures normally requiring supervision in a case where death or irreversible loss of function in a patient is imminent, and an appropriate supervisory physician is not immediately available, and to wait for the availability of an appropriate supervisory physician would likely result in death or significant harm. The assistance of more qualified individuals should be requested as soon as practically possible. The appropriate supervising practitioner must be contacted and apprised of the situation as soon as possible.

**Supervision of Consults**

Fellows performing consultations on patients are expected to communicate verbally with their supervising attending at regular time intervals daily. Any fellow performing a consultation where there is credible concern for patient’s life or limb requiring the need for immediate invasive intervention MUST communicate directly with the supervising attending as soon as possible prior to intervention or discharge from the hospital, clinic or emergency department so long as this does not place the patient at risk. If the communication with the supervising attending is delayed due to ensuring patient safety, the fellow will communicate with the supervising attending as soon as possible. Fellows performing consultations will communicate the name of their supervising attending to the services requesting consultation.
Supervision of Hand-Offs
The fellow and chief resident PGY-4 alternate home call and weekend call. There is sign out between these two trainees each evening and morning. After the weekend, a formal email update is sent to all members of the service, including attendings, nurses, fellows and residents.

Circumstances in which Supervising Practitioner MUST be Contacted
There are specific circumstances and events in which fellows must communicate with appropriate supervising faculty members.

Patients requiring ICU admission
Patients requiring surgery
Patients requiring admission to the hospital
Unavailability of fellows or residents to participate in planned care (surgery, clinic)

Fellow Competence & Delegated Authority
Each fellow is assessed by all members of the faculty. Progressive authority, responsibility and conditional independence and supervisory role in patient care are assigned by the program director and faculty members.

Faculty Development and Resident Education around Supervision and Progressive Responsibility
We adhere to a SUPERB SAFETY model:

Attendings should adhere to the SUPERB model when providing supervision. They should

1. **Set Expectations**: set expectations on when they should be notified about changes in patient’s status.
2. **Uncertainty is a time to contact**: tell resident to call when they are uncertain of a diagnosis, procedure or plan of care.
3. **Planned Communication**: set a planned time for communication (i.e. each evening, on call nights)
4. **Easily available**: Make explicit your contact information and availability for any questions or concerns.
5. **Reassure resident not to be afraid to call**: Tell the resident to call with questions or uncertainty.
6. **Balance supervision and autonomy**.

Fellows should seek supervisor (attending or senior resident) input using the SAFETY acronym.

1. **Seek attending input early**
2. **Active clinical decisions**: Call the supervising resident or attending when you have a patient whose clinical status is changing and a new plan of care should be discussed. Be prepared to present the situation, the background, your assessment and your recommendation.
3. **Feel uncertain about clinical decisions:** Seek input from the supervising physician when you are uncertain about your clinical decisions. Be prepared to present the situation, the background, your assessment and your recommendation.

4. **End-of-life care or family/legal discussions:** Always call your attending when a patient may die or there is concern for a medical error or legal issue.

5. **Transitions of care:** Always call the attending when the patient becomes acutely ill and you are considering transfer to the intensive care unit (or have transferred the patient to the ICU if patient safety does not allow the call to happen prior to the ICU becoming involved).

6. **Help with system/hierarchy:** Call your supervisor if you are not able to advance the care of a patient because of system problems or unresponsiveness of consultants or other providers.

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