Definitions

Fellow: A physician, having completed a residency in Internal Medicine, who participates in patient care under the direction of attending physicians (or licensed independent practitioners) as approved by each review committee. Fellows are engaged in a program of study intended to qualify them for subspecialty board certification.

Fellows learn the skills necessary for their chosen specialty through didactic sessions, reading and providing patient care under the supervision of the medical staff (attendings) and senior trainees. 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 (or licensed independent practitioner as approved by each Review Committee) 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.

1. Direct Supervision – the supervising physician is physically present with the fellow 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 Responsibilities

**Fellows**
Fellows are part of a team of providers caring for patients. The team includes an attending and may include other licensed independent practitioners, other trainees and medical students. Fellows may provide care in both the inpatient and outpatient settings. They may serve on a team providing direct patient care, or may be part of a team providing consultative or diagnostic services. Each member of the team is dedicated to providing excellent patient care.

Fellows evaluate patients, obtain the medical history and perform physical examinations. They are expected to develop a differential diagnosis and problem list. Using this information, they arrive at a plan of care or set of recommendations in conjunction with the attending. They document the provision of patient care as required by hospital/clinic policy. Fellows may write orders for diagnostic studies and therapeutic interventions as specified in the medical center bylaws and rules/regulations. They may interpret the results of laboratory and other diagnostic testing. They may request consultation for diagnostic studies, evaluation of the patient by other physicians, physical/rehabilitation therapy, specialized nursing care, and social services. They may participate in procedures performed in the clinic, operating room or procedure suite under appropriate supervision. Fellows may initiate and coordinate hospital admission and discharge planning. Fellows discuss the patient’s status and plan of care with the attending and the team regularly. Fellows help provide for the educational needs and supervision of any junior fellows and medical students.

Fellows generally provide care for outpatients seen in clinic, or provide consultation for inpatients (including ICU patients) with metabolic or endocrine problems. They may provide care or consultation in the emergency department. They provide all services under the supervision of an attending.

**Attending of Record**
In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged 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. A primary attending physician may at times delegate supervisory responsibility to a consulting attending physician if a procedure is recommended by that consultant. This information should be available to fellows, faculty members, and patients.

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 junior fellows to senior fellows assigned to the service, but the attending must assure the competence of the senior fellow before supervisory responsibility is delegated. Over time, the senior fellow 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 fellows 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 fellow who is authorized to perform the procedure independently. In all cases, the attending physician is ultimately responsible for the provision of care by fellows. 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:

**No supervision required**
- Phlebotomy, placement of peripheral intravenous catheters, dressing changes, suture placement and removal, central venous catheter removal, anoscopy, abdominal paracentesis, arterial puncture/catheterization, arthrocentesis, central venous line placement by subclavian, internal jugular and femoral approaches, lumbar puncture, nasogastric intubation, thoracentesis.

**Direct supervision always required**
- Fine needle aspirate or biopsy of thyroid mass
- All other invasive procedures not listed above

**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 may provide consultation services under the direction of supervisory fellows. The attending of record is ultimately responsible for the care of the patient and thus must be available to provide direct supervision when appropriate for optimal care and/or as indicated by individual program policy. The availability of the attending and supervisory fellows should be appropriate to the level of training, experience and competence of the consult fellow and is expected to be greater with increasing acuity of the patient’s illness. Information regarding the availability of attendings and supervisory fellows should be available to fellows, faculty members, and patients. Fellows performing consultations on patients are expected to communicate verbally with their supervising attending at regular time intervals, from acute immediate questions, to those that reasonably can be
addressed within 24-48 hours. 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.

Additional specific circumstances and events in which fellows performing consultations must communicate with appropriate supervising faculty members include: emergent questions/issues requiring immediate attention, situations where the fellow might be unsure as to best course of therapeutic approach that could require urgent/emergent attention, and all consultations requested of the subspecialty in non-emergent/urgent situations.

**Supervision of Hand-Offs**

It is expected that any urgent/emergent patient care issues be directly discussed with the fellow assuming call and so ongoing care, when duty hours require, such as in the transfer of the care of any patient. Similarly any ongoing, active care of a patient for whom a referral has been requested and consultation is on progress, will be discussed with the fellow coming on service or covering for the original fellow providing initial consultative service.

**Circumstances in which Supervising Practitioner MUST be Contacted**

There are specific circumstances and events in which fellows must communicate with appropriate supervising faculty members. These include any urgent/emergent situations requiring immediate consultation regarding patient care, evaluation or management. Additionally an unstable patient condition where urgent recommendations regarding patient evaluation and management is needed. Finally, any situation in which the fellow is unsure as to how to best proceed, should be discussed with the attending consultant.

**Fellow Competence & Delegated Authority**

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. Fellows are routinely evaluated both with regard to their inpatient management skills as well as outpatient management skills on an ongoing basis. Feedback is requested of attending staff on an ongoing basis. Fellows are also supervised as well as evaluated as to competencies as training progresses as to knowledge base, confidence, and outcomes of problem management.

Fellow Review and Promotion Process: Trainees are evaluated continuously by the attending staff. If, at any time, their performance is judged to be below expectations, the fellowship program director (or designee) will meet with the trainee to develop a remediation plan. If the trainee fails to follow that plan, or the intervention is not successful, the trainee may be dismissed from the program. If a trainee's clinical activities are restricted (e.g., they require a supervisor's presence during a procedure, when one would not normally be required for that level of training) that information will be made available to the appropriate attending and hospital staff.
The fellowship program uses a multifaceted assessment process to determine a fellow’s progressive involvement and independence in providing patient care. Fellows are observed directly by the attending staff throughout clinical training. Formal assessments are generally obtained from supervising physicians, fellows and students on a monthly basis. Fellows are evaluated on their medical knowledge, technical skills, professional attitudes, behavior, and overall ability to manage the care of a patient. In addition, fellow performance is discussed by the Fellowship Executive Committee. Direct feedback regarding the fellow’s performance is provided by the program director every six months in a formal meeting with the fellow. Annually, the fellowship program director and the Division Head determine if the trainee possesses sufficient training and the qualifications necessary to be promoted to the next level.

**Faculty Development and Fellow Education around Supervision and Progressive Responsibility**

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 fellow 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** fellow not to be afraid to call: Tell the fellow to call with questions or uncertainty.
6. **Balance** supervision and autonomy.

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

1. **Seek** attending input early
2. **Active** clinical decisions: Call the supervising fellow 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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