Roles, Responsibility and Patient Care Activities for Sub-Specialty Trainees

Renal Pathology Fellowship

University of Washington Medical Center

Roles, Responsibilities and Patient Care Activities
Residents are physicians in training. They learn the skills necessary for their chosen specialty through didactic sessions, reading and providing patient care under the supervision of the Medical Staff (the attendings) and senior trainees. As part of their training program, residents are given progressively greater responsibility according to their level of competency, education, and experience.

Sub-specialty trainees, having completed a residency, are generally referred to as fellows. Fellows in Renal Pathology have generally completed a residency in Anatomic Pathology.

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 in Renal Pathology generally serve on teams providing diagnostic services. However, when assigned by the program, they may serve on a team providing direct patient care, or may be part of a team providing consultative services. Each member of the team is dedicated to providing excellent patient care.

Fellows working with teams providing diagnostic services may obtain samples for laboratory or pathologic examination. They may process samples and interpret the results of diagnostic studies. They may request additional diagnostic testing when appropriate. They discuss the results of their findings with other clinicians directly and during patient care conferences.

Although assignment to a clinical service is uncommon, when fellows are so assigned, they may evaluate patients, obtain the medical history and perform physical examinations. They may develop a differential diagnosis and problem list. Using this information, they develop a plan of care in conjunction with other trainees and 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, the evaluation 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 discuss the patient's status and plan of care with the attending and the team regularly.

All fellows help provide for the educational needs and supervision of any junior residents and medical students.

Supervision of Invasive Procedures
Fellows in Renal Pathology do not perform 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. If a fellow is required to perform an invasive procedure, it will be under the supervision of a qualified member of the medical staff or by a trainee who is authorized to perform the procedure independently. In all cases, the attending physician is ultimately
responsible for the provision of care by trainees. When there is any doubt about the need for supervision, the fellow should contact the attending.

**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 the death or irreversible loss of function in a patient is imminent, and an appropriate supervisory physician is not immediately available.

**Fellowship Review and Promotion Process**
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 and their performance reviewed regularly. Formal assessments are generally obtained at the end of each quarter from supervising physicians, students and/or colleagues. These assessments include evaluation of the fellow's clinical judgment, medical knowledge, technical skills, professional attitudes, behavior, and overall ability to provide consultative and diagnostic services. Annually, the program director and fellowship review committee determine if the trainee possesses sufficient training and the proficiency necessary to be promoted to the next level.

Trainees are evaluated continuously by the attending staff. If, at any time, their performance is judged to be below expectations, the 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 following the procedures of the training program’s Policies and Procedures for the Selection, Evaluation, Promotion and Dismissal of Residents and Fellows. 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 Medical Director, Department Chair and appropriate medical and hospital staff.

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