



TITLE: Policy on Fellow Supervision		
ACGME Institutional Requirement: IV.J.1.		P&P#87102-035
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Administrative Approval Katie Love, CPMSM, HACP Executive Director, Enterprise Medical Staff Services Designated Institutional Official Date: 09.12.2023	Director, Medical Education Approval Patty Huang, MD Director of Medical Education Date: 09.08.2023	
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BACKGROUND

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.

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 the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

SECTION 1: PURPOSE

- 1.1 Hoag Memorial Hospital Presbyterian's fellowship training programs provide each fellow with appropriate and adequate supervision for all patient care activities commensurate with the fellow's competence level. Program faculty determine the level of supervision in accordance with the guidelines of the appropriate accrediting body (e.g., ACGME, society, etc.) and specialty boards. As the basic principles of supervision are patient safety, education, communication and documentation, fellow supervision must be documented appropriately and accurately in the patient record. Fellows, Program Directors, faculty and administrators must comply with this policy.

SECTION 2. APPLICABILITY and SCOPE

- 2.1. This policy applies to all Fellows enrolled in Fellowship training at Hoag Memorial Hospital Presbyterian.

SECTION 3. POLICY

Policy on Fellow Supervision

- 3.1 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.

- 3.2** Fellows and faculty members should inform patients of their respective roles in each patient's care
- 3.3** The program must demonstrate that the appropriate level of supervision is in place for every fellow who cares for patients. Supervision may be exercised through a variety of methods across different settings. Some activities require the physical presence of the supervising faculty member. Other portions of care provided by the fellow can be adequately supervised by the immediate availability of the supervising faculty member, either onsite or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of fellow-delivered care with feedback regarding appropriateness of that care.
- 3.4** Levels of Supervision: To ensure oversight of fellow supervision and graded authority and responsibility, the program must use the following classification of supervision:
- .4.1 Direct Supervision – the supervising physician is physically present with the fellow and patient.
 - .4.2 Indirect Supervision:
 - .4.2.1 With direct supervision immediately available – the supervising physician is physically onsite and immediately available to provide Direct Supervision.
 - .4.2.2 With direct supervision available – the supervising physician is not physically present but immediately available by means of telephonic and/or electronic modalities, and available to provide Direct Supervision.
 - .4.3 Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care delivery.
- 3.5** 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.
- .5.1 The program director must evaluate each fellow's abilities based on specific criteria and when possible, evaluation should be guided by national standards-based criteria.
 - .5.2 Faculty members functioning as supervising physicians should delegate portions of care to fellows, based on the needs of the patient and the skills of the fellow.
 - .5.3 Fellows should serve in a supervisory role of junior fellows in recognition of progress toward independence, based on the needs of each patient and the skills of the individual fellow.
- 3.6** Programs must set guidelines for circumstances and events in which fellows must communicate with appropriate supervising faculty members, such as the transfer of a patient to a hospital or other clinical venues.
- 3.7** 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.
- 3.8** 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.

Procedure

3.9 General

- .9.1 All patient care must be supervised by qualified faculty.
- .9.2 On-call and clinical assignment schedules must be available at all clinical service locations so that fellows, nursing staff and ancillary personnel can easily identify the assigned fellow and their faculty supervisor.

3.10 Faculty Responsibilities

- .10.1 Routinely review fellow physician documentation in the medical record.
- .10.2 Be attentive to compliance with institutional requirements such as problem lists, medication reconciliation, and additional field defined document priorities.
- .10.3 Provide fellow physicians with constructive feedback as appropriate.

- .10.4 Serve as a role model to fellows in the provision of patient care that demonstrates professionalism and exemplary communication skills.

3.11 Fellow Responsibilities

- .11.1 Each fellow is responsible for knowing the limits of their scope of authority and the circumstances under which they are permitted to act with conditional independence.
- .11.2 In recognition of their responsibility to the institution and commitment to adhere to the highest standards of patient care, fellow physicians shall routinely notify the responsible attending physician based on the guidelines noted above, as well as any additional circumstances identified in the program-specific supervisory policy.

SECTION 4. REFERENCES

4.1 ACGME Institutional Requirements:

https://www.acgme.org/globalassets/pfassets/programrequirements/800_institutionalrequirements_2022.pdf

4.2 ACGME Common Program Requirements (Fellowship):

https://www.acgme.org/globalassets/pfassets/programrequirements/cprfellowship_2023.pdf