Roles, Responsibilities and Patient Care Activities of Fellows

ADOLESCENT MEDICINE FELLOWSHIP PROGRAM

Definitions:

Fellow/Resident:

A physician who is engaged in a graduate training program in medicine (which includes all specialties) and who participates in patient care under the direction of attending physicians (or licensed independent practitioners) as approved by each review committee. ***Note:*** *The term "resident" may also be used interchangeably with fellow for training and includes all residents and fellows including individuals in their first year of training (PGY1), often referred to as "interns," and individuals in approved subspecialty graduate medical education programs who historically have also been referred to as "fellows."*

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 practitioner (as approved by each Review Committee) who is ultimately responsible for the management of the individual patient and for the supervision of the fellows involved in the care of the patient, The attending delegates portion of care to fellow based on the needs of the patient and the skills of the fellow.

Supervision

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

1. Direct Supervision- the supervisor 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 (e.g. within 15-30 minutes)

b. *With direct supervision available*- the supervising physician is not physically within the hospital or other site of patient care, but is immediately available by means of telephonic 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 [procedure/encounters with feedback provided after care is delivered.

Clinical Responsibilities

Adolescent fellows serve as part of a team of providers caring for patients either through the provision of direct care in the outpatient setting or consultative care in the inpatient setting. The team includes an supervisor and may include other licensed independent practitioners, other trainees and medical students. 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.

First Year Clinical Fellow (Junior Fellow)

First year fellows are primarily responsible for the care of patients under guidance and supervision of an attending. 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 a 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, 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 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 residents and medical students. In most settings there is direct supervision available; however, as fellows demonstrate independence in generating plans, ordering tests and consults and communicating with patients as determined by supervising attending in collaboration with the fellowship director, the fellows can receive indirect supervision in specific settings: the homeless clinic and juvenile detention.

Second and Third Year Research Fellows (Senior Fellows)

Senior Fellows may be directly or indirectly supervised. They provide direct patient care, supervisory care, and consultative services, with supervision of an attending physician;

however, they are expected to be more independent than junior fellows in developing an appropriate differential diagnosis and organized plan to address the differential. They are expected to be able to independent in ordering tests, consults, and following up with patients. They are also expected to be independent in presenting the plan to patients and families and in communicating with consultants and other team members. Senior fellows are expected to serve in a supervisory role of first and second year fellows in the homeless clinic and juvenile detention center settings; however, the attending physician is ultimately responsible for the care of the patient.

Please note, the typical pattern of fellowship training for the adolescent fellowship is one year of clinical training followed by two years of research training. In certain cases, fellows may begin with 2 years of research training followed by 1 year of clinical training. The main continuity site across all three years of fellowship is the Adolescent Continuity Clinic. Regardless of order of training, fellows are expected to achieve increasing independence in Continuity Clinic across the 3 years of training. Although fellows who begin with research years and participate in other clinical sites in the third year may be able to progress to increasing independence sooner than new first year fellows because of their experiences in the continuity clinic, all fellows entering a clinical site for the first time will have the same initial expectations regardless of PGY-level.

Attending of Record

In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged primary attending physician or licensed practitioner who is ultimately responsible for that patient care. The attending 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 the 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 illness. The attending must notify all fellows on his or her team of when he or she should be called regarding a patient 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 and hospital policy. The *primary* attending may at time delegate supervisory responsibility to a consulting attending if a procedure is recommend by that consultant.

The attending may specifically delegate portion of care to fellows based on the needs of the patient and the skills of the fellow and in accordance with program and/or hospital policies.

The attending and supervisory fellows are expected to monitor competence of more junior fellows through direct observation and review of the medial records of patients under their care

Faculty supervision assignment should be sufficient duration to assess the knowledge and skills of each fellow and delegate to him/her that appropriate level of patient care authority and responsibility.

Supervision of invasive procedure

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 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 attending should be contacted.

Direct supervision always required
Sedation for procedures
Mirena or Implanon insertion

Indirect supervision (with direct supervision available)
Phlebotomy, wound care and suturing of lacerations, incision and drainage of superficial abscesses, and pelvic examination.

Emergency Procedure

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 and wait for the availability of an appropriate supervisory physician would likely result in death or significant harm. The assistance of more qualified individual 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

Junior fellows may provide initial consultation services under the direction of senior fellows. The attending of record is ultimately responsible for the care of the patient and thus must be available to provide direct supervision. 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 fellow, faculty members, and patients. Fellows performing consultations on patients are expected to communicate verbally with their supervising attending after evaluating all new inpatient consults and before a management plan is decided upon and relayed to the requesting medical team. The fellow is also required to be in communication with the supervising attending whenever a decision for change in management is needed for a patient. 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 patients and services requesting consultation.

Additional specific circumstances and events in which fellows performing consultations must communicate with appropriate supervising faculty members include: new eating disorder patients, eating disorder patients with medical instability (low heart rate, abnormal electrolytes, fainting, dizziness, acute dehydration secondary to gastroenteritis symptoms, seizures, or chest pain) on the inpatient psychiatric or medical unit and severe menstrual bleeding with anemia requiring hospitalization. If the attending on-call does not respond within 15-30 minutes (depending on acuity), during the fellow should page the back-up attending during for assistance. There is no back-up attending during the evening.

Supervision of Hand-Off

Fellows are required to complete sign out for all inpatients who are being followed by the consultation service in collaboration with the attending each Friday and when they transition on and off of the inpatient consult service. Outpatients who are seen in clinic should also be signed out overnight or on weekends if the fellow anticipates the on-call provider will be called (i.e., patient sent to Emergency Department, or active concern with frequent calls). Please see the Adolescent Medicine Supervision Hand-Off Policy for specific details regarding required components of signoff and sample templates.

Circumstances in which Supervising Practitioner Must be Contacted

There are specific circumstances and events in which fellows must communicate with appropriate supervising faculty members. In addition to the above procedures that require direct supervision, there are patient-related circumstances in which faculty supervision is always required. These include patients with: suicidality, medical instability (e.g. low blood pressure, low heart rate, chest pain, fainting, or seizures), or patients who are violent to themselves or others. The faculty must also be involved in any discussion of DNR status or end of life decisions

Fellow Competence & Delegated Authority

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. Interim evaluations of the Fellow's performance occur four times per year. The purpose of interim evaluations is to alert the fellow to problem areas and strengths as well as incomplete exposure/participation in the activities necessary to succeed as a leader in adolescent health. Fellows are evaluated on their patient care, learning/teaching, interpersonal skills, professionalism and research. Annually, the fellowship program director and the Division faculty determine if the trainee possess sufficient training and the qualifications necessary to be promoted to the next level. As they advance to the next level, fellow trainees are expected to have increasing independence in care as outlined in the goals and objectives.

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.

Faculty Development and Fellow Education around Supervision and Progressive Responsibility

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

1. **S**et Expectations: Set expectations on when they should be notified about changes in patient's status.
2. **U**ncertainty is a time to contact: tell fellow to call when they are uncertain of a diagnosis, procedure or plan of care.
3. **P**lanned Communication: set a planned time for communication (i.e. each evening, on call nights)
4. **E**asily available: Make explicit your contact information and availability for any questions or concerns.
5. **R**eassure fellow not to be afraid to call: Tell the resident to call with questions or uncertainty.
6. **B**alance supervision and autonomy.

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

1. **S**eek attending input early
2. **A**ctive 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. **F**eel 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. **E**nd-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. **T**ransitions 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/hierarch**Y**: all 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.

Current Date:

August, 2013