SUPERVISION POLICY

Roles, Responsibilities and Patient Care Activities of Fellows

RENAL PATHOLOGY FELLOWSHIP

University of Washington Medical Center

Definitions

Fellow: A physician who is engaged in the graduate training program renal pathology, who has already completed residency training in anatomic pathology.

As part of the fellow’s training program, renal pathology 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 when they are uncertain of diagnosis, when to order a diagnostic 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 residents involved in the care of the patient. The attending delegates portions of care to residents based on the needs of the patient and the skills of the residents.

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.

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

The clinical responsibilities for the fellow are based on patient safety, fellow education, severity and complexity of patient illness/condition and available support services. The specific role of each fellow varies with their experience, and duration 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.

Fellows may be directly or indirectly supervised by an attending physician but will provide all services under supervision. They may supervise PGY-1 residents and/or medical students; however, the attending physician is ultimately responsible for the care of the patient. With greater experience gained in the course of the fellowship year, 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, and pathology residents during their rotations on the renal pathology service, in recognition of their progress towards independence, as appropriate to the needs of each patient and the skills of the fellow; 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 the management of the patient’s pathology diagnosis. The attending pathologist 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 fellow and with increased difficulty of determining pathologic diagnosis. The attending must notify the fellows 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 residents all situations that require attending notification per program or hospital policy.

The attending may specifically delegate portions of care to a fellow based on the needs of the patient and the skills of the fellow and in accordance with hospital and/or departmental policies. The attending may also delegate partial responsibility for supervision of junior residents to the fellow assigned to the service, but the attending must assure the competence of the fellow before supervisory responsibility is delegated. Over time, the 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.

The attending and fellow are expected to monitor competence of more junior residents through direct observation, particularly at daily diagnostic sign out sessions of the renal biopsy service.

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**

Not applicable to this service. There are no invasive procedures performed by the fellow or attending pathologist that result from the responsibilities of providing pathology diagnosis on the renal biopsy service.

**Emergency Procedures**

Not applicable to this service.

**Supervision of Consults**

Not applicable to this service.

**Supervision of Hand-Offs**

Outstanding cases at times when the fellow is off service are the responsibility of the attending pathologist, who will already be familiar with cases. There is no hand off to other pathologists in training. The number of handoffs is therefore kept to a minimum.

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

Fellows must contact Faculty Attending when:

1. They recognize a pathologic process that requires urgent clinical intervention (example: crescentic glomerulonephritis) during their review of cases prior to formal sign-out with the attending physician.
2. They recognize a finding or obtain information in a case that would result in a significant change in diagnosis.
3. Whenever they suspect or are informed of a laboratory error or potential laboratory error in the identification or processing of a patient specimen.
4. When unusual laboratory procedures are requested by referring clinicians.
5. Whenever in their judgment immediate attending input would facilitate good patient care.

**Fellow Competence & Delegated Authority**

The program director and faculty evaluate the fellow’s performance regularly based on one-on-one clinical sign-out, synthesis of pathology reports, interaction with clinicians and consulting pathologists outside of the institution, and presentations at working biopsy conferences, all of which form the basis for progressively increasing the fellow’s responsibilities. At the beginning of the academic year the fellow is expected to perform his/her duties under close and direct supervision from the program director and faculty. In the middle of the academic year, he/she is expected to perform duties more independently and to supervise residents, but still under close supervision from the faculty. By the end of the academic year, he/she is expected to function as junior faculty, but still under supervision by the faculty. In addition, the Program director meets with the fellow individually and regularly to evaluate his/her performance based on faculty and director evaluation. The program director discusses performance criteria including methods of assessment in conjunction with goals and objectives at the beginning of the fellowship. The
process includes a formal semi-annual evaluation that includes a written self-evaluation by the fellow and a written program director evaluation.

The introduction section of the formal fellow evaluation form includes links to the goals and objectives which are posted on MedHub (the residency management system). The faculty is instructed in the use of evaluations at faculty meetings and issues related to the evaluation of the fellow are discussed regularly in meetings of the entire Renal Pathology faculty. At these meetings, the faculty assesses all aspects of the Renal Pathology Service and the Fellowship Training Program. The discussion includes review of current assessment methods, standards, and expectations so that fellows are evaluated fairly and consistently. The program director also reviews evaluations and can follow up with faculty members if there appear to be issues with evaluations. Additional feedback to the fellow is provided on an ongoing basis throughout the fellowship by the entire renal pathology faculty, in particular if there are any questions or performance issues on the part of the fellow. Evaluations of fellows are distributed on a quarterly basis to faculty members and are managed online by the fellowship program manager using the MedHub residency management system. Completed evaluations are automatically sent to the fellow via MedHub.

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

Teaching seminars and informal discussion sessions organized by the UW office of GME on the topics are available throughout the year to the director of Renal Pathology Fellowship. The Renal Pathology Service attending physicians adhere to the SUPERB model when providing supervision. They:

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, at sign out sessions and each morning when the days diagnostic cases have been accessioned)
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**.

The fellow should seek supervisor (attending or pathologist) input using the SAFETY model/acronym.

1. **Seek attending input early**
2. **Active clinical decisions**: Call the 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**: Not applicable to this service

6. **Help with system/hierarch**

7. **Y**: 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.

**Current date: October 25, 2013**