

Policies and Procedures

<i>Section:</i> School of Medicine (Phoenix)		<i>NO.</i>				
<i>Chapter:</i> Gastroenterology Fellowship	<i>Issued:</i> 7/1/2018	<i>REV. A</i> 9/1/19	<i>REV. B</i> 12/2019	<i>REV. C</i> 10/2020		
<i>Policy:</i> Fellow Supervision		<i>Page 1 of 2</i>				

PURPOSE:

The Creighton University School of Medicine Gastroenterology Fellowship (Phoenix) maintains an environment of learning and training by the interaction of fellows, attending and faculty. The program complies with the ACGME guidelines for levels of supervision. In addition to this policy, the program has established rotation specific fellow/attending responsibility guidelines.

SCOPE:

This policy applies to the Gastroenterology Fellows in the Creighton University School of Medicine (Phoenix) program [Creighton Resident Supervision Policy](#).

DEFINITION:

Levels of Supervision are defined by the ACGME as:

1. Direct Supervision (VI.A.2.c).(1).(a) – the supervising physician is physically present with the fellow during the key portions of the patient interaction.
2. Indirect supervision (VI.A.2.c).(2) – Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.
3. Oversight (VI.A.2.c).(3) – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

POLICY:

All patient care activities in which the fellows are engaged will take place under the supervision of the supervising faculty at the participating/rotation sites as approved by the Program Director (PD).

1. The level of supervision provided will depend on the following factors:
 - a) the fellow’s level of skill, training, and experience, which is assessed by the evaluations of the faculty, the PD, and the department’s Clinical Competency Committee.
 - b) the acuity, severity or complexity of the patient’s illness
2. c) the discretion of the attending, supervising fellow, or PD, i.e., additional direct supervision.

When a fellow is engaged in patient care at an off-site facility, the supervising faculty responsible for that rotation and will oversee the supervision in accordance to this document.

3. General supervising faculty responsibilities:
 - a) All patients under the care of fellows are assigned to a supervising faculty. The supervising faculty is responsible for assessing the level of supervision which is appropriate based on the above factors. A supervising faculty must always be available, in person or by phone/pager, according to a rotating call schedule. The supervising faculty should make sure that the fellow knows how to contact him/her if they have questions.
4. Fellows providing care for patients are responsible for the following:
 - a) Fellows must accurately report all pertinent patient data to the attending in a timely fashion
 - b) Fellows must log all their procedures in New Innovations
 - c) Fellows must notify the supervising faculty immediately if a patient has a significant change in condition (such as ICU transfer), code status, treatment or discharge plan, or in any circumstance requiring a higher level of supervision
5. All procedures performed by fellows must be done under supervision of the supervising faculty.

In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.

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6. All fellows, regardless of year of training, must communicate with the appropriate supervising faculty regarding the following:
 - Anytime questions arise concerning patient care
 - Any significant change in the patient's condition (move to CCU, ICU, emergent surgery)
 - DNR status, end of life decision
 - Family request for a meeting concerning patient
 - Patient requests to leave against medical advice
 - Unexpected or death of a patient
 - All admissions and new consults
 - All procedures

IMMEDIATE NOTIFICATION TO SUPERVISING FACULTY:

- Patient mortality
- Patients in shock
- Unexpected adverse event after an endoscopic procedure or during clinical care of a patient in the consult service.
- New emergent consults from the intensive care unit or emergency department.

If the supervising faculty does not respond in a timely manner, the fellow will then contact the PD or Associate PD by text or calling their cell phone in his/her absence.

- All fellows are under direct or indirect supervision with supervising physician oversight.
- In every level of supervision, the supervising faculty must see the patient, review progress notes, sign procedural and operative notes and discharge summaries.
- Supervising faculty must be continuously present to provide supervision in ambulatory settings, and be actively involved in the provision of care, as assigned.
- The supervising faculty has both an ethical and a legal responsibility for the overall care of the individual patient and for the supervision of the fellow involved in the care of the patient. Although senior fellows may require less direction than junior fellows, even the most senior trainee must be supervised.
- When internal medicine residents and students are rotating within the Gastroenterology division, supervision of patient care falls under the responsibility of the fellow as well as the supervising faculty.

REFERENCES:

Creighton University GME Policy link:

<https://medschool.creighton.edu/residencies-fellowships/residencies-fellowships-omaha/graduate-medical-education-office/policies>

AMENDMENTS OR TERMINATION OF THIS POLICY

Creighton University reserves the right to modify, amend or terminate this policy at any time.

In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.