

Policies and Procedures

<i>Section:</i> School of Medicine (Phoenix)		<i>NO.</i>				
<i>Chapter:</i> Hospice and Palliative Medicine Fellowship	<i>Issued:</i> 12/2017	<i>REV. A</i> 2/2019	<i>REV. B</i> 2/2020	<i>REV. C</i> 10/2020		
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PURPOSE

In compliance with the ACGME Institutional and Common Program Requirements, it is the goal of Creighton University to outline the departmental policies regarding the clinical and educational work hours for the Hospice and Palliative Medicine Fellowship (Phoenix) Program at Creighton University School of Medicine.

SCOPE

This policy applies to the Hospice and Palliative Medicine Fellows of the Creighton University School of Medicine (Phoenix) Program. [Creighton Resident Supervision Policy](#)

POLICY:

The Hospice and Palliative Medicine Fellowship at Creighton University School of Medicine (Phoenix) maintains an environment of learning and training by the interaction of fellows with all supervising faculty. The program complies with the ACGME guidelines for levels of supervision. In addition to this policy, the program has established rotation specific fellow/supervising faculty responsibility guidelines (see individual rotation specific responsibilities forms and general call guidelines).

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.

PROCEDURE

All patient care activities, in which the fellows are engaged, will take place under the supervising faculty 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 evaluations of the faculty, PD, and the department's Clinical Competency Committee.
 - b) the acuity, severity or complexity of the patient's illness
 - c) the discretion of the attending, fellow, or PD; i.e. more direct supervision will be provided if requested or required.

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

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

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1. Supervising Faculty physician 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 procedure factors. A supervising faculty must be available at e all times, in person or by phone/pager, according to a rotating call schedule. The attending should make sure that the fellow knows how to contact him/her if they have questions.
2. 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
3. All procedures performed by fellows must be done under supervision of the supervising faculty
4. All fellows, regardless of year of training, must communicate with the appropriate supervising faculty regarding the following:

Procedures where the fellow must communicate with the supervising faculty:

- ◆ Palliative sedation
- ◆ PCA (Patient controlled analgesia)
- Events where the fellow must communicate with the supervising faculty:
 - ◆ Any ethical dilemma which cannot be resolved by the fellow
 - ◆ Any uncontrolled symptom or end of life condition which needs faculty expert support.
 - ◆ Any complex family or patient situation needing interdisciplinary meeting

If the supervising faculty does not respond in a timely manner, the fellow will then contact the PD or Associate PD 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 fellowship, supervision of patient care falls under the responsibility of the fellow as well as the supervising faculty

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REFERENCES

Boards, ACGME, resident employment contract, etc.

Creighton University GME Policy link:

<https://medschool.creighton.edu/sites/medschool.creighton.edu/files/gme-resident-supervision.pdf>

AMENDMENTS OR TERMINATION OF THIS POLICY

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

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