

Policies and Procedures

<i>Section:</i> School of Medicine		<i>NO.</i>				
<i>Chapter:</i> Gastroenterology Fellowship	<i>Issued:</i> 7/21/17	<i>REV. A</i> 2/18/201 9	<i>REV. B</i> 11/22/2022	<i>REV. C</i>		
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PURPOSE

Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

SCOPE

This policy applies to all Creighton University Gastroenterology fellows.

POLICY

A. Policy:

The Gastroenterology Fellowship Program recognizes and supports the importance of graded and progressive responsibility in graduate medical education. This policy outlines the requirements to be followed when supervising fellows. The goal is to promote assurance of safe patient care, and the resident's maximum development of the skills, knowledge, and attitudes needed to enter the unsupervised practice of medicine. 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.

B. Definitions:

Levels of Supervision: To ensure oversight of fellow supervision and graded authority and responsibility, the program must use the following classification of supervision: (*core-ACGME*)

- Direct: The supervising physician is physically present with the fellow and the patient (*core-ACGME*)
- Indirect:
 - 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. (*core-ACGME*)
 - 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 provide Director Supervision. (*core-ACGME*)
- Oversight: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered. (*core ACGME*)

C. Procedure

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The principles which apply to supervision of fellows include:

- The CUMC Gastroenterology Fellowship Program establishes schedules which assign qualified faculty physicians, residents, or fellows to supervise at all times and in all settings in which fellows provide any type of patient care.
- The minimum amount/type of supervision required in each situation is determined by the definition of the type of supervision specified, but is tailored specifically to the demonstrated skills, knowledge, and ability of the individual resident. In all cases, the faculty member functioning as a supervising physician should delegate portions of the patient's care to the fellow, based on the needs of the patient and the skills of the fellow.
- Fellows serve in a supervisory role of junior residents in their progress toward independence.
- All fellows, regardless of year of training, must communicate with the appropriate supervising faculty member, according to these guidelines and under section E:

PGY4

- 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
- Request for a leave against medical advice
- Death of a patient
- All admissions and new consults
- All procedures

PGY5:

- Any significant change in patient's condition (move to CCU, ICU, emergent surgery)
- Family request for a meeting concerning patient
- DNR status, end of life decision
- Request for leave against medical advice
- Unexpected death of a patient
- All admissions and new consults
- All procedures not credentialed

PGY6

- Any significant change in patient's condition
- Unexpected death of a patient
- All admissions and new consults
- All procedures not credentialed

If the faculty member does not respond in a timely manner, the fellow will then contact the Program Director or Associate Program Directors in his absence.

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- All fellows are supervised either directly or indirectly with direct supervision readily available.
- In every level of supervision, the supervising faculty member must see the patient, review progress notes, sign procedural and operative notes and discharge summaries.
- Faculty members must be continuously present to provide supervision in ambulatory settings, and be actively involved in the provision of care, as assigned.
- The attending physician 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.
- A chain of command that emphasizes graded authority and increasing responsibility as experience is gained must be established. Judgments on this delegation of responsibility must be made by the attending physician who is ultimately responsible for the patient's care; such judgments shall be based on the attending's direct observation and knowledge of each fellow's skills and ability. The attending physician is responsible for supervising both procedures and patient care. In circumstances when decisions and patient treatment are to be administered by the fellow in the absence of the attending physician, such as may occur at night or on weekends, the attending physician must be notified of all decisions and treatments in a timely fashion, to be determined by the fellow based on the circumstances of the case. Fellows can identify the attending on call by reviewing the on-call calendar by logging on to the web based on-call calendar in Amion. It is the responsibility of the fellow to notify the attending under all of the above situations and any other situation that may necessitate supervision by the attending, when he or she is not immediately available. In no circumstance should the trainee perform endoscopic procedures without direct attending supervision. A fellow is not required to become involved in the care of non-teaching patients when a consult has not been placed.
- 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 attending physician.

E. Events to Be Notified:

- 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.
- New consults for hemodynamically unstable patients with gastrointestinal bleeding in the hospital, especially patients in the ICU or Emergency Department.

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- Consults regarding patients with esophageal food bolus impaction and foreign body in the gastrointestinal tract.
- Any new consults pertaining to patients in shock or hemodynamic instability.
- Any patient consult deemed to be an emergency by the referring physician.

On-Call Faculty:

It is our expectation that the on-call faculty member is immediately available by phone to the fellow both for questions and will come in for any emergent procedures. If the fellow is unable to reach the on call attending regarding an urgent situation in a reasonable amount of time the following steps should be taken:

1. Attending on call should be both called and texted.
2. Roster of preferred contact method and back up numbers for attendings has been provided. If unable to reach the on call attending at primary number, then back up number should be tried. This may be a land line, a pager, or a secondary mobile number.
3. If the attending cannot be reached on primary or secondary number in a reasonable amount of time the fellow should contact the attending listed on call for the following day and may go down the list accordingly.
4. PD should be notified via email if difficulty contacting the attending occurred so that corrective measures may be taken if appropriate.

REFERENCES

Creighton University Policy
House Staff Agreement Contract

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 this GME policy, this GME policy shall govern.