

UW GME Approved Supervision Policy Template

Revised 3/8/2018

TRAINING PROGRAM SUPERVISION AND ACCOUNTABILITY POLICY

Last updated: 7/12/2018

Please reference complete UW GME Supervision Policy for additional definitions and background at:

Neuromuscular Fellowship Program

Seattle Children's, University of Washington, Harborview and Veterans Administration Hospitals

Responsibilities and Accountability

Each patient must have an identifiable and appropriately-credentialed and privileged attending physician (or licensed independent practitioner as specified by the applicable Review Committee) who is responsible and accountable for the patient's care. This information will be available through AMION and/or MedHub to fellows, faculty members, other members of the health care team, and patients.

The Child Neurology fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care.

The program will provide the appropriate level of supervision for each fellow based on each fellow's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation.

As part of their education program, fellows are given graded progressive responsibility according to the individual's clinical experience, judgment, knowledge and technical skill. Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence.

Supervision Definitions

To promote oversight of fellow supervision while providing for graded authority and responsibility, the following levels of supervision are recognized:

1. Direct Supervision – the supervising physician 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.

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- 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.

Fellow Competence & Delegated Authority

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members.

The program director must evaluate each fellow’s abilities based on specific criteria, guided by the Milestones.

Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow.

Clinical Responsibilities by PGY-Level

Senior Fellows

Senior fellows may be *directly or indirectly supervised*. They may provide direct patient care, supervisory care or consultative services, with progressive graded responsibilities as merited. Senior fellows or fellows should serve in a supervisory role to medical students, junior and intermediate fellows in recognition of their progress towards independence, as appropriate to the needs of each patient and the skills of the senior fellow; however, the attending physician is responsible for the care of the patient.

Levels of Supervision for Common Specialty Clinical Activities and Invasive Procedures

Please list each clinical activity/procedure by PGY-level, with specific CPR Level of Supervision language:

Clinical Activity/Procedure	Fellow level (PGY)	Location	Supervision Level
EMG	5/6	UWMC/VAMC/SCH	Supervised by attending for first three months or until attending deems the fellow comfortable

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Circumstances and Events in which Supervising Faculty Member (s) MUST be Contacted

Inpatient/emergent EMG/nerve conduction studies

Supervision of Consults

Fellows performing consultations on patients are expected to communicate verbally with their supervising attending at the following time intervals: 12 hours/days

Emergency Procedures

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 death or irreversible loss of function in a patient is imminent, and an appropriate supervisory physician is not immediately available, and to wait for the availability of an appropriate supervisory physician would likely result in death or significant harm. The assistance of more qualified individuals should be requested as soon as practically possible. The appropriate supervising practitioner must be contacted and apprised of the situation as soon as possible.

Faculty Supervision Assignment

Faculty supervision assignments are of 3 month duration and therefore are of sufficient length to assess the knowledge and skills of each fellow/fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility.

Supervision of Hand-Offs

Hand-overs are potentially vulnerable times in a patient's care. The following guidelines have been developed to promote smooth hand-overs for the Neuromuscular fellows to minimize disruptions in patients' care.

A patient hand-over is defined as the transfer of patient care from one provider to another. As the main setting in which Neuromuscular fellows deliver care is in the out-patient clinic, as the fellows are not on the primary team caring for in-patients and function as part of the consult team, and as they do not engage in shift work, the relevance of hand-overs to the care they deliver is very limited.

For the very rare instances when handovers from one Neuromuscular fellow to another are needed in an in-patient setting, a written sign-out should serve as a reference for a verbal Hand-over Discussion (also known as "sign-out") between the fellow who is completing their role in caring for a patient and the fellow who is assuming that care. In most cases, the Hand-over Discussion will take place face-to-face. In some cases this will be done over the telephone (such as if the incoming fellow is not able to be present at that hospital site).

During the Hand-over Discussion, emphasis should be placed on the sickest patients; they should be discussed first. For each patient, the following should be discussed:

1. Anticipated complications or developments, and the plan for responding to those circumstances.

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2. Tasks that need to be completed, including tests to follow up on, and a plan for responding to test results.
3. If a fellow has questions related to a patient Hand-over, the fellow will contact the attending for that patient.
4. When a fellow is handing off care to another fellow, s/he should let patients know this and let them know that a new fellow will be taking over. On the first instance of seeing an in-patient the Neuromuscular service is following, fellows should introduce themselves to patients and tell them their role in taking care of the patient.

Reviewed: May 5th, 2022