

# UW GME Approved Supervision Policy Template

Revised 3/8/2018

## TRAINING PROGRAM SUPERVISION AND ACCOUNTABILITY POLICY

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

### Vascular Fellowship Program

#### Harborview Medical Center and Seattle Children's Hospital

#### 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 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.
  - b) *with direct supervision available* – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately

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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
Lumbar puncture – adult	PGY-5	HMC	Indirect supervision w/ direct supervision immediately available (assuming fellow has previously completed direct supervision of 5 lumbar punctures)
Brain death exam – adult	PGY-5	HMC	Indirect supervision assuming the fellow has completed prior brain death

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			exams and feels comfortable w/ doing so
Brain death exam – child, 0-18 yrs	PGY-5	HMC	Direct supervision (only an attending may make the determination/documentation of brain death in a child)
Thrombectomy	PGY-5	HMC	Direct supervision. Typically fellows will observe but for those interested, hands-on opportunities with direct supervision are available pending approval from the intervention team

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

[List all specific circumstances and events in which fellow/fellow must communicate with appropriate supervising faculty members]

- 1) Patient's death (unless expected)
- 2) Initiation of a DNR order
- 3) Operation requiring general anesthesia or significant procedure such as placement of an external ventricular drain (EVD), thrombectomy, or endoscopic clot evacuation.
- 4) When a patient is transferred from the floor to the ICU (fellow will talk to the vascular attending, but the resident should ensure the on-service attending is aware if it is not the vascular attending)
- 5) Request for transfer from an outside hospital or Emergency Department
- 6) Any intervention case – tPA and/or thrombectomy candidates
- 7) Any stroke patient within a 24-hour window
- 8) Any vascular patient being considered for discharge from the Emergency Department

### Supervision of Consults

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

- 1) Emergent issues such as interventions, operations like EVDs, endoscopic clot evacuation and craniectomies should be discussed as close to real time as possible, within one hour
- 2) Emergent issues such as a video telestroke consult will be staffed in real-time. The fellow will contact the attending and both will be on the video together
- 3) Non-emergent transfers or consults will be discussed daily

### 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

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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 at least 12-hours duration on the stroke phone but tend to recur over regular intervals 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. Faculty supervision assignments are of at least one week duration on the wards.

## **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 and to minimize disruptions in patients' care.

In the vascular neurology fellowship the primary setting where hand-offs occur is during stroke call shift changes. At the end of a shift, the fellow will sign out either to the other fellow coming on or to the attending.

If there are no issues ongoing that require follow-up the fellow may communicate via a text message on the stroke phone that there are no active issues. If there is a case that is in transit or consult not yet completed, the fellow then needs to verbally convey the following to the fellow and/or attending coming onto a shift:

- Appropriate patient identifiers, such as name, medical record number, and age
- Name of consulting hospital (if a transfer or consult)
- Diagnosis and current condition (level of acuity) of patient
- Recent events, including changes in condition or treatment
- Pertinent medication, pertinent lab results, allergies, anticipated procedures and actions to be taken
- Outstanding tasks that need to be completed in the immediate future, particularly if there is pending imaging awaiting interpretation or a possible intervention

***Reviewed: April 29, 2022***