

The University of Texas Health Science Center at San Antonio
UTHSCSA Sports Medicine Fellowship

Policy	Fellow Supervision
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I. Introduction

Careful supervision and observation are required to determine the fellow's abilities to perform technical and interpretive procedures and to manage patients. Although they are not licensed independent practitioners, fellows are given graded levels of responsibility while assuring quality care for patients. Supervision of fellows is graded to provide gradually increased responsibility and maturation into the role of a judgmentally sound, technically skilled, and independently functioning credentialed provider.

II. Definitions

The following definitions are used throughout the document:

Fellow – a professional post-graduate fellow in a specific specialty or subspecialty

Licensed Independent Practitioner (LIP) – a licensed physician, dentist, podiatrist, or optometrist who is qualified usually by board certification or eligibility to practice his/her specialty or subspecialty independently

Medical Staff – an LIP who has been credentialed to provide care in his/her specialty or subspecialty by a hospital

Staff Attending – the immediate supervisor of a fellow who is credentialed in his/her hospital for specific procedures in their specialty and subspecialty that he/she is supervising

III. Levels of Supervision

Direct Supervision—the supervising physician is physically present with the fellow and patient.

Indirect Supervision, 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.

Indirect Supervision, 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 Direct Supervision.

IV. Purpose

This policy establishes the minimal requirements for fellow supervision in teaching hospitals of The University of Texas Health Science Center at San Antonio (UTHSCSA) for the Sports Medicine Fellowship. A UTHSCSA teaching hospital may have additional requirements for fellow supervision as they pertain to that specific hospital.

V. Procedures

- A. Reconstructive fellows will be supervised by credentialed providers (“staff attendings”) who are licensed independent practitioners on the medical staff of the UTHSCSA teaching hospital in which they are attending. The staff attendings must be credentialed in that hospital for the specialty care and diagnostic and therapeutic procedures that they are supervising. In this setting, the supervising staff attending is ultimately responsible for the care of the patient.
- B. The Program Director of the Sports Medicine Fellowship has established these guidelines that specify how fellows in the program progressively become independent in specific patient care activities in the program while still being appropriately supervised by medical staff. These guidelines are included in the Program Information File for the Sports Medicine Fellowship. They delineate the role, responsibilities and patient care activities of fellows and delineate which fellows may write patient care orders, the circumstances under which they may do so, and what entries, if any, must be countersigned by a supervisor. It is the policy of the Division of Trauma and Emergency Surgery, Sports Medicine Fellowship that all operative procedures requiring anesthesia have direct faculty supervision. While senior fellows may function in a teaching role with junior fellows, depending upon the Program Director’s approval to do so, faculty *may* be present to provide additional teaching.

VI. Supervision of Fellows in the Inpatient Setting

- A. All lines of authority for inpatient care delivered by the ICU team are directed to a credentialed staff provider. The attending staff provider has the primary responsibility for the medical diagnosis and treatment of the patient. Fellows may write daily orders on inpatients for whom they are participating in the care. These orders will be implemented without the co-signature of a staff physician. It is the responsibility of the fellow to discuss their orders with the attending staff physician. Attending staff may write orders on all patients under their care. Fellows will follow all local teaching hospital policies for how to write orders, the notification of nurses, and they will follow the verbal orders policies of each patient care area.
- B. Fellows must communicate with staff immediately when there is a significant change in the conditions of patients or of the level of care, e.g., death, intubation, or transfer into the ICU.
- C. Staff supervision of care for hospitalized patients must be documented in the inpatient record. Documentation requirements for inpatient care are outlined below.

Documentation that must be performed by staff and by fellows

Documentation, in writing, by staff of concurrence with the admission, history, physical examination, assessment, treatment plan, orders concurrence with major

therapeutic decisions, such as “Do Not Resuscitate” status, when any major change occurs in the patient’s status, such as transfer into or out of an intensive care unit must be in accordance with hospital policies. Documentation, in writing, by fellows must also be in accordance with hospital policies.

VII. Supervision of Fellows on Inpatient Consult Teams

All inpatient consultations performed by fellows will be documented in writing, with the name of the responsible staff consultant recorded. The fellow should discuss any consultation with the responsible staff consultant (based on the Trauma Surgeon/Intensivist call schedule) as soon as possible, but always within twenty-four hours. The consulting staff is responsible for all the recommendations made by the consultant team.

VIII. Supervision of Fellows in Outpatient Clinics

There will be no separate outpatient requirements for the fellows in this program.

IX. Supervision of Fellows in the Emergency Department

The responsibility for supervision of fellows providing care in the Emergency Department (ED) to patients who are not admitted to the hospital will be identical to that outlined in the schema for inpatient supervision above. The responsibility for supervision of fellows who are called in consultation on patients in the ED will be identical to that outlined in the schema for consultation supervision above. Consulting staff should be notified appropriately of ED consultations.

X. Supervision of Fellows in Interpretive Settings

As a component of the care of Reconstructive Surgery patients, interpretation of various radiographic studies is essential. Fellows are approved to make such interpretations and apply them to clinical decisions, although such decisions are ultimately the responsibility of the attending staff.

XI. Supervision of Fellows Performing Procedures

A fellow will be considered qualified to perform a procedure if, in the judgment of the supervising staff and if approved to do so by the Program Director (PD), the fellow is competent to perform the procedure safely and effectively. Fellows may be approved to perform certain procedures without direct supervision. The PD grants approval, unless by exception, for: endotracheal intubation, placement of central venous line, placement of pulmonary artery catheter, placement of peripheral artery catheter, tube thoracostomy, bronchoscopy, placement of transnasal gastric feeding tube, placement of transnasal small bowel feeding tube, once appropriate evaluations and feedback are communicated by verbal or written observing faculty to the PD. The PD’s approval is generally based upon proven proficiency as determined by observing faculty. Once so approved, 1) the “approved” status will be depicted on the Procedure Tracker website, and 2) the fellows may, in turn, supervise subordinate fellows in the performance of said procedure(s). The fellow’s staff of record will be ultimately responsible for all procedures on inpatients. In addition, fellows may perform emergency procedures without prior staff approval or direct supervision when life or limb would be threatened by delay. All procedures will have the

staff of record documented in the procedure note, and that staff will be ultimately responsible for the procedure.

XII. Specialty-Specific Additions or Exceptions to This Policy

None.