

Policy: Supervision

Purpose:

The overriding consideration in the development and implementation of supervisory policy related to Clinical Program Trainees (including residents and fellows) is the safe and effective care of all patients.

The purpose of this program policy is to define in specific detail the graduated levels of UMHS Pediatric Emergency Medicine (PEM) fellow responsibility and delineate the type of supervision that is required at each level

Background:

The UMHS PEM Fellowship program must insure that (Clinical Program Trainee) fellows receive appropriate supervision and training consistent with their level of experience. It is imperative that the training of fellows is done in the setting of excellent patient care. Supervisors are responsible for teaching fellows as well as providing patient care. Each level of autonomy and types of specific activities trainees may perform (per level) are defined by the Program Director. Increasing autonomy is important for fellows to be able to function independently and confidently upon completion of the training program. Changes to fellow level of autonomy are determined by the Program Director through feedback from fellow performance measures and may be made after (quarter, semi-annual or annual) evaluation periods.

The supervision of UMHS PEM fellows is performed at the local level by Children's Emergency Services Core Teaching Faculty, at the direction of the UMHS PEM Fellowship Program Director. The UMHS Graduate Medical Education Supervision Policy outlines specific supervisory procedure actions for all parties (fellows/residents, teaching faculty, Program Directors, UMHS GME committee and the Executive Committee on Clinical Affairs) involved in the supervision of Clinical Program Trainees, including the fellows themselves. The UMHS Executive Committee (ECCA) shall consider all matters pertaining to patient care and the professional conduct and activity of Clinical Program Trainees (residents/fellows).

It is expected that fellows and teaching faculty understand and be compliant with ACGME, Institutional and UMHS Pediatric Emergency Medicine Fellowship (program) supervisory requirements and policies.

Definitions: Supervision

- 1) **Direct Supervision (DIRECT):**
 - a. The supervising physician is physically present with the resident and physician.
- 2) **Indirect Supervision with the direct supervision immediately available (INDIRECT):**
 - a. The supervising physician is physically present within the hospital or other site of patient care and immediately available to provide direct supervision, if needed.
- 3) **Indirect Supervision with direct supervision available (IA):**
 - a. 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.
 - b. Oversight: supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

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General Supervision Guidelines: Roles of PEM Fellows by level of training

PEM Year 1: The focus of the PEM1 year is the development and progressive demonstration of competency in the evaluation and treatment of common pediatric emergency complaints. This is best accomplished through direct evaluation and management of significant numbers and variety in type of patient care encounters. New fellows enter the program in July and provide direct patient care only as they assimilate into their new role as fellows. PEM 1 fellows continue to build skill through delivery of direct patient care in the UMHS CES or HMC Pediatric ED areas during rotations in the first year and begin supervision of medical students. Some PEM 1 fellows may accomplish enough skill for gradual increase in autonomy and learn how to supervise junior house officers as well as limited administrative tasks under the direct supervision of faculty later in the first year. Patient transfer/phone management education and practice may begin depending on readiness as determined by faculty evaluations. PEM1 fellows should also gain experience in the performance of common Emergency Department procedures including (but not limited to) laceration repair, regional nerve blocks, sedation & analgesia, abscess I&D, extremity splinting, arthrocentesis, slit lamp use, IV and central line placement, intubation and lumbar puncture. All PEM1s should evaluate patients independently and present all cases to a CES attending prior to discharge. All PEM1's will learn with direct faculty supervision methods of safe handoffs/transfers of care for patients in the emergency department as well as those transferred to inpatient units or to outside institutions (See Fellowship Supervision Policy). PEM 1's will not supervise other residents during the first 3 months of PEDS ED rotations; PEM 1 fellow supervisory responsibilities over students and housestaff will be determined by the PD commensurate with performance in the program. *The CES attending physician will directly supervise all clinical care (including procedures) performed by the PEM 1's. PEM 1's fellows must notify the attending prior to initiating any procedures, during any "significant change" in a patient's condition, patients requiring ICU transfer, and those requiring end of life discussion or decision making (see Institutional Supervision Policy for definitions of significant changes).*

PEM Year 2 and PEM Year 3's (for PD trained fellows) are both considered SENIOR fellows: PEM 2 and 3 fellows are expected to develop and refine skill in the full spectrum of activities common to Pediatric Emergency Physician's practice in any clinical setting. This includes the direct provision of clinical care, supervision of care provided by Emergency Medicine, Pediatrics, off-service residents, medical students as well as clinical and didactic teaching, and serving as a resource to handle administrative issues; all accomplished through gradual skill building and commensurate advancement in autonomy. All PEM2's and PEM 3's will participate in methods of safe handoffs/transfers of care for their patients in the emergency department as well as those transferred to inpatient units or to outside institutions; these fellows will also learn to supervise safe handoffs of junior house officers in the course of ED care under the direct supervision of faculty (See Fellowship Supervision Policy). PEM 2's and 3's work closely with nursing staff addressing administrative/patient flow issues and will be responsible for daily lab/radiographic follow-up and collection of CQI data. *CES faculty will directly or indirectly (with supervision immediately available) supervise clinical care and procedures done by all PEM 2 and 3 fellows. PEM 2 (and 3) fellows must present all cases to CES faculty prior to disposition, at any earlier time they desire or at the request of attending staff. PEM 2 and 3 fellows must notify the attending prior to initiating any procedures, during any "significant change" in a patient's condition, patients requiring ICU transfer, and those requiring end of life discussion or decision making (see Institutional Supervision Policy for definitions of significant changes). The attending physician will be available for consultation or to directly perform any procedure at their discretion. While taking transfer calls from outside facilities, the PEM 2s and 3s will be in communication with the attending physician (physical presence or phone communication). Transfer refusals handled by PEM2 or 3 level fellows MUST be done in the physical presence of CES faculty.*

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PEM 2's and 3's may function in the UMHS CES and at HMC either as a second attending or as an adjunct to the attending, where they will learn how to manage ED operations including flow of the ED, transfers, medical direction of ambulances, survival flight runs, and supervision of residents.

Program performance targets over time require achievement in skill for promotion to higher levels of autonomy and successful completion of the training program (see UMHS PEM Fellowship Promotion policy). A guide for expected target performance for fellow advancement is attached. (Appendix B)

Specific Fellow Job Descriptions & Supervision type by Level of Training: (Appendix A and C)

Fellows may perform outlined clinical activities (including direct patient care, procedures, documentation and educational oversight of junior house-staff/students) commensurate with level of training and assigned supervision type. Progressive advancement to higher levels of autonomy is dependent on individual fellow achievement in core clinical and professional measures of performance (Ex. monthly faculty evaluation of fellow and program director evaluations). Communication of fellow status (level of training and supervision requirements) will be discussed directly with fellows during all PD evaluation meetings, posted online in Peds EM program files, through email updates to faculty and posted in CES faculty meeting minutes.

Fellows are expected to meet performance targets for advancement over the training period (see UMHS PEM Fellowship Promotion and Remediation policies) to meet completion requirements for the program.

Monitoring of Supervision

- 1) A random sample (10%) of fellow patient care charts will be reviewed for compliance with UMHS medical record policy.
- 2) The PD will review all inquiries/requests from the program's accrediting and/or certifying bodies and provide necessary follow up actions.
- 3) The PD will review the Supervision Policy and/or concerns/questions/feedback at all program GMEC meetings and at annual program review.
- 4) The PD & UMHS Children's Emergency Service Chief will review all incidents, risk events and claims with complications involving UMHS PEM fellows' patient care to ensure that the appropriate level of supervision occurred. Any review pertaining to the monitoring of a UMHS PEM fellow will be communicated to UMHS ECCA, HHCEB and other major affiliated institutions as appropriate (on a yearly basis at minimum).

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