UW GME Approved Supervision Policy

Nephrology Fellowship Program Supervision of Fellows Policy

University of Washington Medical Center - Montlake, Harborview Medical Center, and VA Puget Sound Health Care System

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 MedHub to fellows, faculty members, other members of the health care team, and patients.

The Nephrology 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:
   a. the supervising physician is physically present with the fellow and patient during the key portions of the patient interaction; or
   b. the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

2. Indirect Supervision:
   The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate 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.

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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

Fellows

Fellows may be *directly* or *indirectly supervised*. They may provide direct patient care, supervisory care or consultative services, with progressive graded responsibilities as merited. Fellows should serve in a supervisory role to medical students, junior and intermediate residents in recognition of their progress towards independence, as appropriate to the needs of each patient and the skills of the 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
Urinalysis	PGY-4, PGY-5, PGY-6	UWMC, HMC, VA	Indirect supervision required with direct supervision available by a qualified member of the medical staff
Acute and Chronic Hemodialysis	PGY-4, PGY-5, PGY-6	UWMC, HMC, VA	Direct supervision required by a qualified member of the medical staff until the trainee is deemed competent to perform the procedure independently, thereafter indirect supervision required.
Peritoneal dialysis	PGY-4, PGY-5, PGY-6	UWMC, HMC, VA	Direct supervision required by a qualified member of the medical staff until the trainee is deemed competent to perform the procedure independently, thereafter indirect supervision required.
Continuous Renal Replacement Therapy	PGY-4, PGY-5, PGY-6	UWMC, HMC, VA	Direct supervision required by a qualified member of the medical staff until the trainee is deemed competent to perform the procedure independently, thereafter indirect supervision required.

Plasmapheresis	PGY-4, PGY-5, PGY-6	UWMC, HMC, VA	Direct supervision required by a qualified member of the medical staff until the trainee is deemed competent to perform the procedure independently, thereafter indirect supervision required.
Placement of temporary vascular access for hemodialysis and related procedures	PGY-4, PGY-5, PGY-6	UWMC, HMC, VA	Direct supervision required by a qualified member of the medical staff until the trainee is deemed competent to perform the procedure independently, thereafter indirect supervision required.
Percutaneous biopsy of both autologous and transplanted kidneys	PGY-4, PGY-5, PGY-6	UWMC, HMC, VA	Direct supervision required by a qualified member of the medical staff

Circumstances and events in which Supervising faculty member(s) MUST be contacted include:

- New consultations
- Change in patient status
- Need for any of the procedures outlined above (i.e. hemodialysis, peritoneal dialysis, continuous renal replacement therapy, etc.), except urinalysis

Supervision of Consults

Fellows performing consultations on patients are expected to communicate verbally with their supervising attending at regular time intervals. Any fellow performing a consultation where there is credible concern for patient's life or limb requiring the need for immediate invasive intervention MUST communicate directly with the supervising attending as soon as possible prior to intervention or discharge from the hospital, clinic or emergency department so long as this does not place the patient at risk. If the communication with the supervising attending is delayed due to ensuring patient safety, the fellow will communicate with the supervising attending as soon as possible.

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 one-week duration and therefore are of sufficient length to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility.

Supervision of Handoffs

Fellows conducting hand-offs are expected to use structured verbal and electronic processes for patient transfers between services and locations. The transition/hand-off process should involve face-to-face interaction with both verbal and written/computerized communication, with opportunity for the receiver of the information to ask questions or clarify specific issues. Hand-offs can be conducted over the phone as long as both parties have access to an electronic or hard copy version of the sign-out sheet. Additionally, all attempts to preserve patient confidentiality are observed. The transition process should include, at a minimum, the following information in a standardized format that is universal across all services:

1. Identification of patient, including name, medical record number, and date of birth.
2. Name and contact number of responsible fellow and attending physician.
3. Diagnosis and current status/condition (level of acuity) of patient to include resuscitation status.
4. Recent events, including changes in condition or treatment, current medication status, recent lab tests, allergies, anticipated procedures, and actions to be taken.
5. Outstanding tasks – what needs to be completed in immediate future.
6. Outstanding laboratories/studies – what needs follow up during shift.
7. Changes in patient condition that may occur requiring interventions or contingency plans i.e., situational awareness.
8. Include synthesis of information by the provider being briefed, such as “read-back” or asking questions to confirm understanding.

Fellows will use the Epic handoff tool to document the above information.

Fellows may be supervised directly or indirectly when conducting hand-offs. Faculty must assess fellow readiness to move from direct to indirect supervision when conducting hand-offs and patient transfers using the following:

1. Direct observation of a handoff session by a supervising faculty
2. Evaluation of written handoff materials by supervising faculty
3. Didactic sessions on communication skills including in-person lectures, web-based training, review of curricular materials and/or knowledge assessment.
4. Assessment of handoff quality in terms of ability to predict overnight events
5. Assessment of adverse events and relationship to sign-out quality through:
    a) Survey
    b) Reporting hotline
    c) Chart review

Reporting Adverse Events:

Fellows must report any complication, near miss, or patient problem/safety issue to the supervising faculty. In addition, fellows and faculty are strongly encouraged to utilize the Safety Net (SN) or other relevant institutional event reporting system. UW Medicine’s Patient Safety team triage all patient-related incident reports every business day, and identifies reports that either result in high patient harm, or represent significant systems-related risk points in our organization’s safety systems. The Patient Safety team ensures that incident reports are completed and routed appropriately to local leaders and subject matter experts, which review the reports. Incidents involving serious outcomes of care that may qualify as adverse events and require further review via Root Cause Analysis (RCA) are identified, processed, and reported to senior leadership. The Risk Management department receives automatic notification of events that are assigned a harm score of 6 or higher and reviews incident reports for

possible reportable or reviewable events. They take immediate steps to investigate and mitigate situations involving patient harm, including consideration for patient and healthcare professional well-being. In recognition of our patients' rights to autonomy in making healthcare decisions and to improve our culture of safety by demonstrating accountability for patient harm, UW Medicine is increasing its transparency with patients and their families when harm occurs.

Please reference complete UW GME Institutional Supervision and Accountability Policy for additional definitions and background.

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