

IV.E-FELLOW'S CLINICAL RESPONSIBILITIES

- Purpose:** To ensure divisional compliance with ACGME and University of Pittsburgh Medical Center Medical Education Program regulations and policies related to lines of responsibility for all fellow clinical experiences.
- Scope:** To provide fellows with clearly written lines of responsibility for all clinical experiences.
- Definitions:** Clinical experiences include, but are not limited to, these rotations: Ambulatory Care, Long Term Care, Home Based Primary Care, Inpatient Care, Neurology, Geriatrics Evaluation and Management, Pain, Wound Care, Multi-specialty (Falls/Immobility, Incontinence), Palliative Care, Rehabilitative Medicine, Geriatric Psychiatry, and any Electives.
- Regulations:** Fellows must have clearly defined written lines of responsibility for all clinical experiences.
- Responsibilities:** **Geriatric Fellows, in general**, will serve as Geriatric Specialists with Attending supervision. It is paramount that in this role their position as Fellow be clearly identified in all contacts.
- Specific responsibilities vary with type of rotation and role in each. During Ambulatory Care, Long Term Care, Home Based Primary Care and Inpatient Care they will serve as the Primary Care Physician. During Neurology, Geriatric Evaluation and Management, Pain, Wound Care, Inpatient Care, Ambulatory Care and Multi-specialty (Falls/Immobility, Incontinence) Rotations they will serve as Consultant. And finally during the Palliative Care, Rehabilitative Medicine, and Geriatric Psychiatry Rotations they serve as an Interdisciplinary Team Member. In all these respects they are still subject to the conditions outlined below with regard to the Attending of record.

Acting as Primary Care Physician, they assume the primary role in the comprehensive geriatric care of assigned patients and the education of patients, family members, trainees and other health care professionals involved. All under the supervision of the Attending Physician.

As Consultant, the fellow, with input from the Attending will provide expert opinion regarding diagnosis, evaluation and treatment.

In the role of Interdisciplinary Team Member, the fellow serves as geriatric specialist to the team, sometimes serving as primary provider of care (Palliative Care), or as consultant (Palliative Care) but always regardless of role under the supervision of the Attending.

Notes are the primary responsibility of the fellow and need to be reviewed by the Attending with verification of Attending degree of participation and agreement documented. (Requirements for teaching physician documentation required for billing purposes under CMS or UPP policies also may apply.)

Finally *fellow responsibilities for non-teaching patients* are limited to the provision of care in the case of an emergency when the usual pathways of such care are inadequate.

Attendings have overall responsibility for the quality and safety of the clinical services provided to patients by the fellows they are assigned to supervise in a particular setting (see Supervision Policy).