



University of Pittsburgh

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## **FELLOW SUPERVISION POLICY**

*“Supervision is an intervention provided by a supervising practitioner to a resident. This relationship is evaluative, extends over time, and has the simultaneous purposes of enhancing the professional functioning of the resident while monitoring the quality of professional services delivered. Supervision is exercised through observation, consultation, directing the learning of the resident, and role modeling.”*

The hierarchy of physician care in the program at all training sites includes intern, resident, fellow and attending. The ultimate responsibility rests with the attending of record.

Patients must be made aware that trainees may be involved in their care. They have the right to request to see an attending physician only.

On the Geriatric Inpatient Services, the fellow oversees part, or all, of the service depending on numbers, serving as a backup for decisions requiring near attending level expertise. Fellows report their decisions to the attending physician, using judgment as to the immediacy of the situation. They play a leading role in teaching interns, residents, medical students and other health care providers. The attending is present in the hospital for most of the day and available at all times by pager.

In the ambulatory clinic, fellows assume primary responsibility for their longitudinal patients, with close supervision by the precepting attending. New patients and consults must be seen and examined by the attending, after discussion with the fellow, throughout the year. All return patients are seen by the attending at the beginning of the year but, once the fellow has demonstrated reasonable professional competency the attending may elect not to see every patient for whom lower or mid-level evaluation and management services are provided (primary care exception). The teaching physician may supervise up to 4 fellows at any given time and it is required that they:

- Have no other responsibilities while supervising
- Have the primary medical responsibility for patients cared for by fellows
- Ensure that care provided was reasonable and necessary
- Review the care provided during or immediately after each visit
- Document the extent of his/her participation in the review and direction of services furnished to each patient

Dictated notes should be reviewed by the attending. Consult letters should be reviewed and co-signed by the attending.

In long-term care, fellows assume primary responsibility for their panel of patients, with close supervision by the precepting attending. The primary care exception is not applicable in the nursing home setting so it is expected that the attending will continue to see all patients after discussion with the fellow.

In the Home-based Primary Care program, fellows will initially make home visits with an attending. Later they may make visits alone, or with a nurse, but it is expected that they discuss their findings and plans of care with Dr. Pasquale.

When fellows take phone call at night, or over the weekend, there is an attending on call with them who is available by phone or pager at all times.

There are no requirements for procedural skills in Geriatric Fellowship. However, fellows may wish to learn arthrocentesis, joint injection procedures and/or trigger point injections or maintain their skills at other procedures learned in residency. Faculty must be present for all procedures and will assess the fellow's prior level of expertise before allowing them to proceed. Central lines cannot be placed without critical care supervision at UPMC.