UCSF Pulmonary & Critical Care Medicine
Fellowship Training Program

Policy on Supervision

General Considerations: The Program Director has responsibility for overseeing and organizing the activities of the Pulmonary & Critical Care Training Program. This includes responsibility for supervising the faculty and other program personnel at each participating institution, appointing a local site director, and monitoring appropriate supervision of fellows at all participating institutions.

The Program Director must ensure:
• that there are, at each institution, a sufficient number of faculty with documented qualifications to instruct and supervise adequately all fellows in the program.

• that faculty devote sufficient time to the educational program to fulfill their supervisory and teaching responsibilities.

• that faculty complete their evaluations in a timely manner

Specific Requirements: All patient care must be supervised by qualified faculty. The Program Director must ensure, direct, and document adequate supervision of residents at all times. Residents must be provided with rapid, reliable systems for communicating with supervising faculty. Faculty schedules must be structured to provide residents with continuous supervision and consultation.

UCSF requires that faculty (members of the Attending Medical Staff) actively supervise all residents and ACGME fellows. Supervision is documented in the medical record. Each Medical Center must have a supervision policy.

The following pertains to the Parnassus campus.

* An appropriately credentialed Medical Staff members must:
  • be available to the Housestaff member in person or by telephone
  • direct the care of the patient and provide supervision based on the nature of the patient’s condition, the likelihood of major changes in the management plan, the complexity of care and the experience and judgment of the Housestaff member being supervised.
  • countersign History and Physicals, Operative Reports and Discharge Summaries;

* Departments must publish call schedules, and these must be prominently available, indicating the responsible faculty member.
* Housestaff members as individuals must be aware of their limitations. Failure to function within graduated levels of responsibility or to communicate significant patient care issues to the responsible faculty physician may result in the removal of the Housestaff member from patient care activities.

The following pertains to San Francisco General Hospital:

SFGH requires that members of the Attending Medical Staff holding UCSF faculty titles (“Attending Faculty”) actively supervise all residents and ACGME fellows (“Housestaff”). The Attending Faculty supervise Housestaff in such a way that Housestaff assume progressively increasing responsibility for patient care according to their level of training, ability and experience. Supervision is reflected in the documentation in the medical record.

* An appropriately credentialed Medical Staff member must:
  • Be available to the Housestaff member in person or by telephone
  • Direct the care of the patient and provide supervision based on the nature of the patient’s condition, the likelihood of major changes in the management plan, the complexity of care and the experience and judgment of the Housestaff member being supervised.
  • Countersign History and Physicals, Operative Reports and Discharge Summaries.

* Clinical Service Departments must publish call schedules, and these must be prominently available, indicating the responsible attending to be contacted.

* Housestaff members as individuals are expected to function within graduated levels of responsibility and to communicate significant patient care issues to the responsible attending faculty physician. Failure to do so may result in the removal of the Housestaff member from patient care activities.

The following pertains to the Veterans’ Medical Center:

VA policy is that all residents will be supervised by an attending physician. All new patients and any patients with a significant change in status must be presented to an attending physician in a timely fashion. The attending physician must document his/her findings and supervision of the resident in a note. Residents are responsible for communicating to the staff practitioner any significant issues as they relate to patient care. This communication must be documented in the medical record. Residents must be aware of their limitations and not attempt to provide clinical services or do procedures for which they are not trained. They must know the graduated level of responsibility described for their level of training and not practice outside that scope of service. Failure to function within graduated levels of responsibility or to communicate significant patient care issues to the responsible
staff practitioner may result in the removal of the resident from VA patient care activities. The full policy for Resident Supervision (MCM-22) is available on the VA Intranet under employee resources.

**Supervision at all Sites:** Fellows on the clinical rotations are supervised directly by an Attending Physician 7 days per week. Specifically, each fellow rounds daily with the Attending Physician, and each patient is presented, evaluated, and discussed. All procedures, even those with which the fellow has demonstrated competence, are done with the Attending Physician in attendance. In addition to time specifically devoted to rounds, the Attending Physicians are available throughout the day, generally remaining in the hospital, and are available to see new consults as they are requested. An Attending physician is always on-call throughout the night, and is available for telephone consultation, or for on-site consultation and for procedures, should they be necessary.

**Monitoring and Periodic Review:** Fellows are evaluated extensively, and these evaluations are documented (E-Value), reviewed by the Site Directors and the Program Director, and placed in each fellow’s file. Periodically the Fellowship Committee reviews each fellow’s evaluations and makes a determination about the readiness of that fellow to progress to the next level of training. If appropriate, the level of supervision is adjusted based on the Committee’s review of the evaluations.

**Guidelines for Fellow/Attending Communication:** At all 3 hospitals that comprise the Pulmonary & Critical Care Medicine Tri-Hospital program, the Pulmonary Consult Services are consultative services, where the primary responsibility for patients resides with a separate service to which patients are admitted (e.g., Medicine, Surgery). As a result, many events for which attendings on the primary service should be notified do not require notification of the Pulmonary Attendings. The following guidelines describe when the Pulmonary Consult Service Attendings should be contacted:

*The Consult Attending should be contacted (generally within 1 hour) for any complication as a result of a Pulmonary Procedure that results in:*
- Admission of patient to hospital
- Transfer of a patient to ICU
- Unplanned intubation or ventilatory support
- Code Blue or resuscitation
- Development of any clinical problem requiring an invasive procedure or operation

When Fellows rotate on the Critical Care Services, they function more like a primary service than as a consultative service, The following guidelines describe when the Critical Care Service Attendings should be contacted:
The Critical Care Attending should be contacted (generally within 1 hour) for the following situations:

- Transfer of a patient to ICU
- Unplanned intubation or ventilatory support
- Cardiac arrest
- Code Blue or resuscitation
- Development of any clinical problem requiring an invasive procedure or operation
- Medication or treatment errors requiring clinical intervention (invasive procedures, increased monitoring, new medications except Narcan)

The following will be discussed with the Critical Care Attending and approved by the Critical Care Attending before they occur:

- Transfer out of the ICU

At any time and on any service, the Attending should be contacted if:

- Any fellow feels that a situation is more complicated than he or she can manage
- Nursing or physician staff, or the patient request that the Attending be contacted.