

# **Supervision Policy Hematology and Oncology Fellowship Program University of Texas Health Science Center San Antonio October 2014**

## **Section I. Introduction**

The Division of Hematology-Oncology subscribes to the principle of graded levels of responsibility assigned to Fellows while providing high quality patient care. The supervision of trainees in the subspecialties of medical oncology and hematology is designed to provide gradually increased responsibility and maturity in the performance of the skills attendant with competency of a subspecialist in these disciplines. The appropriately supervised and qualified trainee should, at the end of training, have acquired the skills necessary to function as an independently functioning consultant in hematology-oncology. Fellows in the training program for hematology-oncology have satisfactorily completed training in the specialty of general internal medicine and enter subspecialty training at the PGY4 level or above. Consequently, subspecialty residents are fully qualified to exercise the skills and perform the tasks of an internist, and are Board-eligible or Board-certified in Internal Medicine by the American Board of Internal Medicine. Therefore, this document provides the job descriptions and supervision policies specific to training in the subspecialties of hematology and medical oncology.

## **Section II. Definitions**

The following definitions are used in this document:

Fellow: A professional post-graduate trainee in the subspecialty of hematology-oncology.

Licensed Independent Practitioner (LIP): A licensed physician who is qualified usually by Board certification or eligibility to practice independently within the disciplines of medical oncology and/or hematology.

Medical Staff: A LIP who has been credentialed by a hospital to provide care in the subspecialties of medical oncology and/or hematology.

Faculty Attending: The immediate supervisor of a Fellow who is credentialed by his/her hospital or healthcare facility to perform procedures specific to the subspecialties of medical oncology and/or hematology.

### Levels of Supervision:

**Direct Supervision** – The supervising physician is physically present with the resident and patient

### **Indirect Supervision:**

**Direct supervision immediately available** – The supervising physician is physically within the confines of the site of patient care, and immediately available to provide Direct Supervision

**Direct supervision available** – The supervising physician is not physically present within the confines of the site of patient care, is immediately available via phone, and is available to provide Direct Supervision

**Oversight** – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered

## **Section III. Purpose**

This policy established the minimum requirements for Fellow supervision in teaching hospitals and healthcare facilities of The University of Texas Health Science Center at San Antonio (UTHSCSA). A UTHSCSA teaching hospital or healthcare facility may have additional requirements for Fellow supervision as they pertain to the specific hospital.

## **IV. Procedures**

- A. Fellows in hematology-oncology are supervised by credentialed providers (Faculty Attendings) who are LIPs on the medical staff of UTHSCSA teaching hospitals or outpatient facilities in which they are attending. The Faculty Attendings must be credentialed in that hospital for the subspecialty care and diagnostic and therapeutic procedures that they are supervising. In this setting, the supervising Faculty Attending is ultimately responsible for the care of the patient.
- B. The Program Director for the Fellowship Program in Hematology-Oncology defines policies in his/her discipline to specify how trainees in that program become progressively independent in specific patient care activities in the program while being appropriately supervised by medical staff. Graduated levels of responsibility are delineated by a job description for each year of training. These Fellow supervision policies are in compliance with JCAHO policies on resident supervision. These policies delineate the role, responsibilities and patient care activities of Fellows and delineate at what level of training a Fellow may write patient care orders, the circumstances under which they may do so, and what entries must be cosigned by Faculty Attendings. The procedures performed by Fellows are listed below in Section VII.

- C. The Program Director for the Fellowship Program in Hematology-Oncology submits the list of procedures for annual review and makes changes as necessary. New job descriptions for trainees and changes to the list of procedures are submitted to the Office of the Associate Dean for Graduate Medical Education for annual approval.
- D. The supervision policies are distributed to and are followed by trainees and supervising medical staff. Compliance with the subspecialty residency supervision policy is monitored by the Program Director for the Fellowship Program in Hematology-Oncology.
- E. The Fellow's progress to the next higher level of training is determined annually by the Program Director according to the standards delineated in the list of clinical activities and following verbal or written feedback given by the faculty. The assessment is documented in the resident's annual evaluation.
- F. In the following sections, the progression to independent (not directly supervised) practice for fellows is delineated in the tables. Codes in the tables refer to the levels of supervision indicated above (top, page 2).

## **Section V. Job Descriptions by Year of Training**

PG4 Fellows (first year of fellowship) have defined rotations on the consultations services at University Hospital and the VA Hospital, as well as continuity clinics in those facilities.

PG5 and 6 Fellows (2<sup>nd</sup> and 3<sup>rd</sup> year of fellowship) have defined rotations at St. Luke's Hospital, continue their continuity clinics at UHS and the VAMC, and have defined times and rotations to perform research.

The other differences between activities of the fellows, by year, are defined by their progression of responsibilities, as outlined below.

## **Section VI. Supervision of Fellows in the Inpatient Setting**

Fellows and Attending Staff should inform patients of their roles in the patient's care at every new patient encounter. Faculty Attendings should delegate portions of patient care to Fellows. Faculty Attendings' supervision assignments on inpatient services are usually 4-weeks in duration allowing sufficient duration to assess the knowledge and skill of the fellows and to delegate the appropriate level of patient care authority and responsibility. Fellows should serve in a supervisory role to internal medicine residents, or medical students assigned to their teams.

### Assignment of Levels of Supervision:

The Fellow is responsible for knowing the limits of his/her scope of authority, and outlined in the Table below is the Level of Supervision for specific tasks assigned based on PGY level of training:

## New Patient Encounters\*:

Fellow Level	History & Physical Examination	Interpretation of Specialty-specific Diagnostics	Formulation of Assessment and Plans	Communication of Care Plans with Patient and Family
PGY-4	2-B	2-A	2-A	1
PGY-5	2-B	2-B	2-A	2-A
PGY-6	3	3	2B	2-A

## Established or Follow-up Patient Encounters\*:

Fellow Level	History & Physical Examination	Interpretation of Specialty-specific Diagnostics	Formulation of Assessment and Plans	Communication of Care Plans with Patient and Family
PGY-4	2-B	2-A	2-A	2-A
PGY-5	3	2-B	2-B	3
PGY-6	3	3	3	3

- \*1= Direct supervision required  
 2A=Direct supervision immediately available  
 2B=Direct supervision available  
 3=Oversight supervision

Circumstances and events where Fellows must communicate with Faculty Attendings:

Fellows are encouraged to communicate with supervising Faculty Attendings any time that Fellows feel the need to discuss any matter relating to patient-care. The following are circumstances and events where Fellows **must** communicate with supervising Faculty Attendings:

- Encounters with any patient in emergency rooms
- All new patient encounters in intensive care or critical care units
- If requested to do so by other Faculty Attendings in any primary or specialty program
- If specifically requested to do so by patients or family
- If any error or unexpected serious adverse event is encountered at any time
- If the Fellow is uncomfortable with carrying out any aspect of patient care for any reason
- Inter-Hospital transfer of patients

Documentation Requirements:

Faculty attending supervision of care for hospitalized patients must be documented in the inpatient record. The requirements for documentation of inpatient care are outlined below.

1. Documentation that must be performed by Faculty Attending:

Documentation in writing or by computer record of concurrence with admission history, physical examination, assessment, treatment plan and orders must be accomplished by the Faculty Attending within 24 hours of admission. The Faculty Attending must also document concurrence with major clinical decisions, such as "Do Not Resuscitate" orders, or upon any major change in patient status by specific written note in the medical record.

2. Documentation done by Fellow:

Fellows may document patient care and staff supervision by writing progress notes and/or cosigning notes written by medical students or residents. The Fellow must take liberal discretion to provide documentation as the clinical situation demands. Documentation of staff attending notification and concurrence with patient transfer to critical care units, discharge plans before discharge, decisions to transfer patients to another provider, service or facility, Advance Directives, informed consent, and refusal of care. Chemotherapy planning notes must be prepared by the Fellow prior to administration of chemotherapy, and such notes must include diagnosis, indication for treatment, drugs and dosages to be utilized, evidence of informed consent, and concurrence of the Faculty Attending.

Evaluations:

The Faculty Attending must provide written evaluation of the Fellow's performance as consultant on forms provided by the Program Director at the end of each monthly rotation.

## **Section VII. Supervision of Fellows in Outpatient Clinics:**

Fellows and Attending Staff should inform patients of their roles in the patient's care at every new patient encounter. Faculty Attendings should delegate portions of patient care to Fellows. Faculty Attendings' supervision assignments in clinics for PGY-4 level Fellows are usually 1-year in duration, and for PGY-5 and PGY-6 level Fellows are usually at least 6-months in duration, allowing sufficient duration to assess the knowledge and skill of the fellows and to delegate the appropriate level of patient care authority and responsibility. Fellows should serve in a supervisory role to internal medicine residents, or medical students assigned to their clinics

Assignment of Levels of Supervision:

The Fellow is responsible for knowing the limits of his/her scope of authority, and outlined in the Table below is the Level of Supervision for specific tasks assigned based on PGY level of training:

New Patient Encounters:

<b>Fellow Level</b>	<b>History &amp; Physical Examination</b>	<b>Interpretation of Specialty-specific Diagnostics</b>	<b>Formulation of Assessment and Plans</b>	<b>Communication of Care Plans with Patient and Family</b>
---------------------	-------------------------------------------	---------------------------------------------------------	--------------------------------------------	------------------------------------------------------------

PGY-4	2-B	2-A	2-A	1
PGY-5	2-B	2-B	2-A	2-A
PGY-6	3	3	2B	2-A

Established or Follow-up Patient Encounters:

Fellow Level	History & Physical Examination	Interpretation of Specialty-specific Diagnostics	Formulation of Assessment and Plans	Communication of Care Plans with Patient and Family
PGY-4	2-B	2-A	2-A	2-A
PGY-5	3	2-B	2-B	3
PGY-6	3	3	3	3

Circumstance and Events where Fellows must communicate with Faculty Attendings:

Fellows are encouraged to communicate with supervising Faculty Attendings any time that Fellows feel the need to discuss any matter relating to patient-care. The following are Circumstances and Events where Fellows **must** communicate with supervising Faculty Attendings:

- If requested to do so by other Faculty Attendings in any primary or specialty program
- If specifically requested to do so by patients or family
- If any error or unexpected serious adverse event is encountered at any time
- If the fellow is uncomfortable with carrying out any aspect of patient care for any reason

Documentation Requirements:

All new patient consultations performed by fellows must be documented in the medical record or by computer entry, must include the name of the responsible onsite Faculty Attending and must provide evidence of his/her concurrence with the assessment, diagnostic and therapeutic plan. All follow-up outpatient consultations performed by Fellows must be documented in the medical record or by computer entry, and must be discussed promptly with the responsible onsite Faculty Attending. If requested by the patient's primary staff, by the patient or by the Fellow, the responsible onsite Faculty Attending must see the patient.

Evaluations:

The responsible onsite Faculty Attending must provide written evaluation of the Fellow's performance as outpatient consultant on forms provided by the Program Director on a quarterly basis.

## **Section VIII. Supervision of Fellows Performing Procedures**

A Fellow is considered qualified to perform a procedure independently if, in the judgment of the Program Director and as indicated by the list of procedures (see Table

below), the Fellow is competent to perform the procedure safely and effectively. The approvals for independent practice for procedures will be depicted (on the Resident Procedure tracker website?).

Competence in the performance of subspecialty-specific procedures is documented by the responsible Faculty Attending on end-of-rotation evaluation forms provided by the Program Director, by documentation in any semiannual evaluation by the Program Director, and by ascent to PGY5 or greater. Fellows deemed competent to perform procedures independently may do so with appropriate indication and without prior approval or direct supervision of a Faculty Attending. The Faculty Attending of record remains ultimately responsible for all procedures performed by Fellows of any training level. Fellows may perform emergency procedures without prior staff approval or without direct supervision when life or limb is threatened by delay. All procedures performed independently by the Fellow must be documented in the medical record or by computer entry and must indicate the Faculty Attending of record. (Note: Billing and coding regulations for reimbursement requires Level-1 supervision regardless of PGY level.)

Level of Supervision for Procedures:

<b>Fellow Level</b>	<b>Chemotherapy Orders</b>	<b>Bone Marrow Aspiration and Biopsy</b>	<b>Complete Blood Count Interpretation</b>	<b>Care and Access of Central Venous Access Device</b>	<b>Apheresis Procedure order writing and follow-up</b>
PGY-4	2-A	1 (for the first 5), then 2-A	2-B	1 (for the first 5), then 2-A	1 (for the first 5), then 2-A
PGY-5	2-B	2-B	3	3	2-B
PGY-6	2-B	3	3	3	3