ACS/SCC Fellow Supervision Policy

The supervision policy of the ACS Fellowship Program is consistent with the overall guidelines stated in the UCSF Fresno Sponsoring Institution Policy and the AAST Program Requirements for Graduate Medical Education in Acute Care Surgery. The goal of this policy is to ensure appropriate supervision for proper patient care, the educational needs of fellows, and the ability for fellows to have increasing autonomy as their competency grows.

Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. Other portions of care provided by the fellow can be adequately supervised by immediate availability of the supervising faculty member or fellow physician, either in the institution, or by means of the telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of fellow delivered care with feedback as to the appropriateness of that care.

Types of Supervision: To ensure oversight of fellow supervision and graded authority and responsibility, the program uses the following classifications of supervision:

1. **Direct Supervision:** The supervising physician is present with the fellow and patient.

2. **Indirect Supervision:**

    a. With direct supervision immediately available - the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.

    b. With direct supervision available - the supervising physician is not physically present within the hospital or other site of patient care, but is immediately, available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

3. **Oversight:** The supervising physician is available to provide review of procedure/encounters with feedback provided after care is delivered.

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 based on evaluations and direct observation. The program director evaluates each fellow's abilities based on specific criteria. When available, evaluation will be guided by specific national standards-based criteria. Faculty members functioning as supervising physicians should delegate portions of care to fellows, based on needs of the patient and skills of the fellows.

The ACS Fellowship Program provides faculty to supervise fellows in such a way that they will assume progressively increased responsibility for patient care according to their level of

education, ability, and experience as determined by their faculty supervisor. The mechanisms for achieving this are within the supervisor-supervisee relationship.

There are changing levels of faculty member's direct supervision of fellow that allow a logical advancement in skills to result in progressive independence. As the fellow progresses, the faculty continues to evaluate and give feedback to the fellow on their progress.

Other supervising physician responsibilities include:

- Direct patient care by faculty
- Supervision by the faculty on new or complex procedures
- Discussion of patient problems/complications with fellow each day.
- Provide direct feedback to the fellow during course of rotation.
- Lists of specific competencies for the fellows are available to clinical inpatient staff on the hospital intranet.

The ACS Fellowship Program provides high quality patient care through their fellows in conjunction with faculty supervision that is maintained at or above the community standards of care. Supervising physicians may only supervise fellows in areas/procedures in which they themselves have privileges.

The ACS Fellowship Program ensures there will be sufficient and appropriate faculty-fellow communication or provide the very highest quality of patient care and enough supervision for an excellent educational experience.

1.a. The minimum faculty supervisory communication and documentation is:

- Each patient will have an identified attending faculty.
- There will be daily communication between the faculty and the fellows regarding each patient.
- The attending faculty is responsible for assuring the mechanism for contact is functioning during regular or call hours.
- For emergencies the supervising faculty sees or consults at the time of the emergency.
- Documentation of the supervision of the fellows must appear in every chart. Each admission must be discussed with an attending surgeon who is supervising the fellow, or note placed on the chart by the fellow which includes the fact that the case has been presented to the attending surgeon (by name), or the attending has examined the patient and the plan has been arrived at in consultation (by name).

- Ongoing supervision of the hospital care will be documented by the note either written or dictated by the attending surgeon, or by a note from the fellow which mentions ongoing discussions regarding patient care with the attending surgeon (by name).

  This type of note should occur whenever a major decision has been discussed or when treatment has been changed and at least daily.

1.b. The minimum responsibly of the fellow is:

- The fellow will be able to identify and contact the attending faculty member responsible for each patient at all times.
- The fellow will maintain and document the daily communication with the attending regarding each patient, indicating faculty participation.
- The fellow will keep the faculty informed of patient's condition, and call faculty if any significant changes should occur in the patient's condition.

The program specific monitoring-feedback process to the ACS Fellowship Program Director or designee will be as follows:

1. All deaths and complications are to be reviewed by the faculty weekly at the Mortality & Morbidity case review.
2. Ongoing monitoring of complications and deaths by the trauma program, faculty and staff present and discuss at monthly multidisciplinary CRMC Critical Care Committee.
3. Sentinel events are reviewed by the hospital peer review and UCSF Fresno with feedback and/or hospital risk management.

During the PGY-6 year of the fellowship – The fellow will always be supervised by direct supervision or indirect supervision with direct supervision immediately available. During the PGY-6 year, there will always be an attending present in the hospital with the fellow.

The fellow will begin the year with direct supervision for all patient care activities (Type 1 supervision). The core faculty will evaluate the fellows on a monthly basis and as the fellow progresses clinically and demonstrates competency, the core faculty/program director/and clinical competency committee will determine that a fellow is ready to progress to indirect supervision with direct supervision immediately available (Type 2a supervision).

Fellow is always to notify the attending of any critical issues with patients including, but not limited to:

- Significant deterioration in clinical status.
- Patients with high-risk condition (unstable or critically ill).
- Significant uncertainty regarding diagnosis or management of the patient.

- Experience level of the trainee does not match the acuity of patient's clinical condition.
- Patient requiring procedures or interventions which entail significant risk.
- All operative procedures in the operating room.

During the PGY-7 year of the fellowship – The fellow will be supervised by direct supervision and indirect supervision. During the PGY-7 year, the fellow may advance through three predefined levels of supervision. Fellows will be evaluated on a regular basis and advanced when competencies have been met. Please see the "UCSF Fresno ACS Fellowship: Levels of Supervision for the PGY-7" document for full details. To summarize the three levels are as follows:

Level 1:

- The fellow will perform straightforward general surgery independently.
- The fellow will be supervised for complex general surgery cases and all trauma cases.
- There will be an in-house attending at all times with the fellow (Type 2a supervision).

Level 2:

- The fellow will perform both straightforward and complex general surgery cases independently.
- The fellow will perform straightforward trauma cases independently.
- The fellow will be supervised for all complex trauma cases.
- There will be an in-house attending at all times with the fellow (Type 2a supervision).

Level 3:

- The fellow will be responsible for all general surgery and trauma cases.
- The fellow will take independent in-house call, with a faculty member available for direct supervision on home call. The faculty member will be available via telephone at all times and is able to be physically present at the hospital within 30 minutes of being called. (Type 2b supervision)

During all three levels of supervision cited above, there are pre-determined triggers that require a call to the attending (listed in the Levels of Supervision for the PGY-7 document). Additionally, the fellow is to call whenever there is uncertainty regarding the treatment plan or the fellow has questions. Fellow performance and evaluations will be reviewed at the monthly faculty meetings and ongoing peer review of fellows cases will be performed by the program director and core faculty.