

Guidelines for Fellows when to communicate with Supervising Faculty

Introduction: By virtue of previous post - graduate training and certification, fellows can independently practice as Internists or Family Medicine practitioners. Thus, they enter fellowship training more as a collaborator than a dependent trainee with supervising faculty. In the course of becoming independently practicing Geriatricians, fellows may encounter circumstances and events in which fellows must communicate with the supervising faculty member. Examples, not exhaustive, are provided below to illustrate when a fellow should directly communicate with the supervising faculty member:

General principles of circumstances prompting faculty – fellow communication

1. When the fellow is not certain about diagnosis and /or treatment options
2. If the fellow proposes non – evidence based medical interventions
3. When the fellow encounters a difficult family member, caregiver, or patient.
4. When the fellow engages a health professional who is in disagreement with their medical orders or assessment.
5. When the fellow is unsure of the standard of healthcare.

Geriatrics longitudinal care in Primary Care

1. Notify faculty about patients or caregivers who are distressed, angry, disruptive, disenchanted or emotionally disturbed.
2. Notify faculty before procedures are performed with the exception of bladder scans and other Geriatric tests such as MoCA or gait and balance maneuvers.
3. Let faculty know if patients are terminally ill.
4. Notify faculty if support staff are in disagreement with the fellow's instructions or orders.

Type of encounter	Required information	Type of supervision, means and time of communication
Patient clinic visit	history, physical findings, assessment and plan of care	Direct and Indirect supervision: Face – to – face, immediately after patient encounter
Group visit	Details of group visit content and patient responses	Oversight supervision: Telephone or messaging within 24 hours of encounters
Telehealth	Assessment and plan of care	Oversight supervision: Secure messaging, face to face, or telephone within 24 hours of encounter
Home visit	Assessment and plan of care	Direct, indirect, and oversight: Secure messaging, face to face, or telephone within 24 hours of encounter or immediately if urgent or acute patient problem.

Geriatrics longitudinal care in the nursing home or assisted living facilities

1. Notify faculty about patients or caregivers who are distressed, angry, disruptive, disenchanting or emotionally disturbed.
2. Notify faculty before procedures are performed with the exception of bladder scans and other Geriatric tests such as MoCA or gait and balance maneuvers.
3. Let faculty know if patients are terminally ill or have expired.
4. Notify faculty if support staff are in disagreement with the fellow's instructions or orders.

Type of encounter	Required information	Type of supervision, means and time of communication
Nursing home or ALF patient encounter	Assessment and care plan	Direct, indirect and oversight supervision: face to face, secure message, or telephone within 24 hours of patient or caregiver encounter
Nursing home or ALF family meeting	Report family concerns and action plan	Oversight supervision: face to face, secure message, or telephone within one week of encounter
NH or ALF incident	Report nature of incident (safety, staff altercation, disagreement with orders, etc)	Oversight supervision: telephone call immediately after event.

Geriatrics block rotations

1. Supervising faculty from different medical disciplines use their department's guidelines for the circumstance and manner with which fellows must communicate with faculty.
2. When the reporting line of communication is not clear during a particular rotation, the fellow must contact the program director of Geriatrics immediately.