

**Hematology and Oncology Fellowship Program
Fellow Supervision Policy
University of North Dakota School of Medicine & Health Sciences (UNDSMHS)**

Purpose

The purpose of this policy is to ensure that the program will provide sufficient support, mentorship, and guidance in the supervision of physicians-in-training to facilitate education and the provision of safe and excellent patient care, while providing sufficient autonomy for fellows to develop into independent physicians.

Application

This policy applies to all fellows and faculty members in the UND Hematology and Oncology program. Fellows who do not comply with the policy are subject to the corrective action in accordance to the University of North Dakota policy on Discipline of Fellows.

Policy

1. In the clinical learning environment each patient must have an identifiable, appropriately credentialed and privileged attending physician (or licensed independent practitioner as approved by each review committee) who is ultimately responsible for that patient's care. The attending physician is expected to personally see and evaluate each patient, to communicate with the responsible fellow(s) about the plan of care, and to document the care provided.
2. This information will be available to each individual fellow, faculty members and the patients.
3. The fellows and faculty members will inform patients of the roles of all involved in the care of the patient.
4. It will be the responsibility of the Program Evaluation Committee/Program Director to demonstrate that the appropriate level of supervision is in place for all fellows who care for patients.

Progressive Authority and Responsibility

1. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow will be assigned by the program director and faculty members.
2. The program director will evaluate each fellow's abilities based on specific criteria, guided by the Hematology and Oncology milestones.
3. Faculty members functioning as supervising physicians will delegate portions of care to fellows, based on the needs of the patient and the skill of the fellows.

4. F2-F3 fellows will have direct or indirect supervision depending on their competency level for their year of training based on the Hematology and Oncology milestones and the level of comfort of supervising attending physician.
5. In the outpatient setting all general and subspecialty rotations, the fellow will be expected to perform the initial evaluation of as many patients as deemed appropriate for the level of training and competency.
6. In the outpatient setting the fellow will be expected to develop a treatment plan and discuss it with the attending, who will be expected to see the patient and confirm or modify the fellows plan through a discussion with the fellow.
7. The fellows will be supervised in such a way that they assume progressively increasing responsibility, including that for teaching and supervising junior fellows, according to their level of training.
 - I. Individual fellows will gradually assume greater responsibilities in the care of patients as the level of their knowledge, skills and abilities increase. These qualities will be continuously assessed by the attending physicians. Despite this progressive responsibility, the attending physician retains ultimate supervisory responsibility and maintains his/her direct involvement based upon the nature of the patient's condition, the likelihood of major change in the management plan, the complexity of care, and the capabilities and level of training of the fellow involved.
 - II. More advanced and experienced fellows may perform procedures or conduct certain aspects of care with indirect supervision if the attending physician grants that permission after discussion of each patient.
 - III. Though the fellows will be given increasing responsibility of obtaining informed consent on patients it is the responsibility of attending physicians to assure that patients understand the procedure, its risks, benefits, and alternative methods of treatment.
8. Any patient scheduled for discharge should be discussed with the attending prior to discharge.
9. Fellows may perform minor procedures without direct supervision, with agreement of the attending physician who is responsible for assessing the fellow's competence to perform such procedures (e.g., drawing venous blood, peripheral IV catheter) that are typically performed by non-physicians in the hospital.
10. Fellows at all levels of training may act in the best interests of patients in emergency situations subject to subsequent review by the attending physician and the medical staff of the hospital.

Must communicate circumstances

1. Any fellow may request the physical presence of an on-call attending at any time and will never be refused. An on-call attending physician will be physically present in the hospital and immediately available for direct supervision at all times.
2. Any significant change in a patient's condition must be reported immediately (within 30 minutes maximum but as soon as possible) to the attending physician by the responsible

fellow. Situations that require immediate notification of the attending physician include:

- Admission of an unstable patient to the hospital.
 - Unanticipated discharge, including a patient leaving against medical advice.
 - Unexpected death.
 - Need to transfer a patient to an intensive care unit.
 - Transfer of patient to another service of care.
 - Development of clinical problem that requires urgent or emergent consultation.
 - Urgent and emergent situations which includes compartment syndromes, infections, fractures and/or dislocations with vascular injuries, and other conditions requiring urgent/emergent interventions.
 - Uncertainty on the part of the fellow as to the appropriate plan of care.
 - Development of any clinical problem that requires an urgent invasive procedure
 - Development of any clinical problem that requires urgent consultation
 - Development of any medical error or iatrogenic complication that results in patient harm or requires urgent intervention
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- Signs of excessive stress, fatigue, or other impairment that appears to be impacting the performance of a team member
 - Uncertainty about the presence of any of the above criteria

Continuity Clinic

1. Each patient evaluated by a fellow in the ambulatory setting or emergency department has a member of the medical staff as his/her attending physician who is ultimately responsible for the patient's care. The attending physician is expected to be physically present at the clinical site and readily available during the entire clinical encounter.
2. First-year fellows will provide care for continuity clinic patients under the supervision of an attending physician. During the fellow's first six months of training, the minimum level of supervision that is required is direct supervision for the critical or key portions of the services provided by the fellow and indirect supervision with direct supervision immediately available at all other times. This means that the supervising attending physician must be physically present in the room for the critical or key portions of the encounter.