UW MEDICINE
ORTHOPAEDIC SURGERY
AND SPORTS MEDICINE

Orthopaedic Sports Medicine Fellowship
Supervision Policy

Responsibilities and Accountability

Each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as specified by the applicable Review Committee) who is responsible and accountable for the patient's care. This information is available through EHR to fellows, residents, faculty members, other members of the health care team and patients.

The University of Washington Orthopaedic Sports Medicine Fellowship fellow and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care.

The program provides the appropriate level of supervision for the fellow based upon the fellow's level of training and ability as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation.

The fellow is given graded progressive responsibility according to his/her clinical experience, judgement, knowledge and technical skill. The fellow must know the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

Supervision Definitions

To promote appropriate fellow supervision while providing for graded authority and responsibility, the following levels of supervision recognized:

1. Direct Supervision
    a. The supervising physician is physically present with the fellow during the key portions of patient interaction.
2. Indirect Supervision
    a. The supervising physician does not provide physical or concurrent visual/audio supervision but is immediately available to the fellow for guidance, and if necessary, is available to provide appropriate direct supervision.
3. Oversight
    a. The supervising physician is available to provide review of procedures/encounters with feedback after care is delivered.

Fellow Competence & Delegated Authority

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to the fellow must be assigned by the program director and faculty members.

The program director must evaluate each fellow's ability based on specific criteria, guided by the Milestones.

Faculty members functioning as supervising physicians must delegate portions of care to the fellow based on the needs of the patient and skills of the fellow.

Clinical Responsibilities by PGY Level

The fellow may be directly or indirectly supervised. The fellow may provide direct patient care, supervisory care, or consultative service with progressive graded responsibilities as merited. The fellow serves in a supervisory role to medical students, junior, and intermediate residents in recognition of his/her progress towards independence, as appropriate to the needs of each patient and the skills of the fellow; however, the attending physician is responsible for the care of the patient.

Levels of Supervision for Common Specialty Clinical Activities and Invasive Procedures			
Clinical Activity/Procedure	Resident Level (PGY)	Location	Supervision Level
Outpatient Clinic	PGY-6	Clinic	Direct & indirect
Operating Room	PGY-6	Hospital/OR	Direct
ED	PGY-6	Hospital	Indirect

Circumstances and Events in which Supervising Faculty Member Must Be Contacted

The fellow must call the supervising faculty member in any situation when s/he is uncertain or has questions as to the best management of the patient. This must occur in a timely manner such that patient care is never compromised. Guidelines for supervision are made clear for each rotation. If there is any question as to who to contact or if there are discrepancies in opinions, an attending is always available and should be contacted.

Urgent and emergent situations must be communicated to the supervising faculty member immediately. This includes, but is not limited to, patients with compartmental syndromes, fractures and/or dislocations with vascular injuries, and other conditions requiring urgent/emergent intervention. Urgent and emergent matters must be communicated in real time with direct discussion. The method of communication should be agreed upon by the fellow and supervising faculty member; it must include some form of acknowledgement of receipt of information. For example, a text message or an email with an unknown time of review by the supervising faculty member is an unacceptable manner in which to convey urgent information.

Supervision of Consults

The fellow performing consultations on patients are expected to communicate verbally with his/her supervising attendings at the following time intervals: the start of the work day upon completion of morning rounds, and before the end of the day before the fellow goes off service.

Emergency Procedures

It is recognized that in the provision of medical care, unanticipated and life-threatening events may occur. The fellow may attempt any of the procedures normally requiring supervision in a case where death or irreversible loss of function in a patient is imminent, and an appropriate supervisory physician is not immediately available, and to wait for the availability of an appropriate supervisory physician would likely result in death or significant harm. The assistance of more qualified individuals should be requested as soon as practically possible. The appropriate supervising practitioner must be contacted and apprised of the situation as soon as possible.

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Faculty Supervision Assignment

Faculty supervision assignments are 6 – 12 weeks duration, and are of sufficient length to assess the knowledge and skill of the fellow and to delegate him/her the appropriate level of patient care authority and responsibility.

Additional definitions and background can be referenced on the UW GME website:
https://sites.uw.edu/uwgme/policies/institutional-supervision-and-accountability-policy/.