Roles, Responsibility and Patient Care Activities for Sub-Specialty Trainees

Orthopaedic Hand Surgery
Fellowship

University of Washington Medical Center
Harborview Medical Center
Children's Hospital and Regional Medical Center

Roles

Fellows in hand surgery are physicians who have completed their accredited residency training in either orthopaedic surgery, plastic surgery, or general surgery. In each case, the fellows have completed at least five years of core residency training, and are board eligible prior to beginning their hand surgery fellowship. The fellows are already thoroughly trained in surgery involving soft tissue repair, including tendons, as well as arthritis, arthroscopic surgery, and basic microsurgery. During the fellowship program, they learn added complex skills that complement their core training through didactic sessions, reading, and patient care under the supervision of the medical staff (attendings). As part of their training, they are given progressively greater responsibility according to their level of education, ability, and experience. They are already experienced in the orthopaedic problems of hand and upper extremity surgery that relate to their core residency program. The fellowship program allows them to apply for a Certificate of Added Qualifications in Hand Surgery after completing a twelve-month accredited program.

Responsibilities and Patient Care Activities

The fellows are a part of a team of providers caring for patients. They provide a uniform quality of care for patients at the University of Washington Medicine Hospitals. The team includes an attending as well as other licensed independent practitioners, and other trainees and medical students. The fellows may provide for care in both in-patient and outpatient settings. They may serve on a team providing direct patient care or as part of a team providing consultation or diagnostic services. Each member of the team is dedicated to providing excellent patient care. The fellows evaluate patients and obtain medical history and perform physical examinations. They are expected to develop a differential diagnostic and problem list. Using this information, they arrive at a plan of care or a set of recommendations in conjunction with the attending. The document the provision of patient care as required by hospital/clinic policy. Fellows may write orders for diagnostic studies and therapeutic interventions as specified in the Medical Center bylaws, rules and regulations. They may interpret results of laboratory and other diagnostic testing. They request consultation for diagnostic studies, evaluation by other physicians, physical, /rehabilitation therapy, specialized nursing care, and social services. They may participate in procedures performed in the clinic, operating room, or procedure suite under the appropriate supervision. They are expected to function with the greatest level of independence in areas where they have already completed in their primary, specialty board. Fellows may coordinate and initiate hospital admission and discharge planning. Fellows discuss the patient's status and plan of care with the attending and the team regularly. Fellows help provide for the educational needs and supervision of any junior residents and medical students. Fellows provide care for outpatients (including those in the emergency department) and

inpatients (including ICU). They provide direct care, or may be part of a team providing consultative or diagnostic services. They provide all services under the supervision of an attending.

Supervision of Invasive Procedures

In a training program, as in any clinical practice, it is incumbent upon the physician to be aware of his/her own limitations in managing a given patient, and to consult a physician with more expertise when necessary. When a fellow requires supervision, this may be provided by a qualified member of the Medical Staff or by a trainee who is authorized to perform the procedure independently. In all cases, the attending physician is ultimately responsible for the provision of care by the trainees. When there is any doubt about the need for supervision, the attending should be contacted.

No Supervision Required

Phlebotomy, placement of peripheral intravenous catheters, dressing changes, suture placement and removal, central venous catheter removal, arterial puncture/catheterization, arthrocentesis and joint injection, central venous line placement by subclavian, internal jugular and femoral approaches, lumbar puncture, nasogastic intubation, thoracentesis, punch biopsies of the skin, placement of casts/splints, relocation of joints or fractures, application of traction devices, irrigation and debridement of complex wounds. They may also perform the treatment for surgery for arthritis, arthroscopy, fractures, routine microsurgery, and soft tissue repair such as joints or capsules without supervision as these are covered in the primary residency.

Direct Supervision by an Attending Required

Complex microsurgery including free tissue transfer.
Complex trauma cases involving multiple extremity fractures.
All other invasive procedures not listed

Fellows may begin surgical cases performed in the clinic or operating room on a caseby-case basis after discussion with the attending.

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 the death or irreversible loss of function in a patient is imminent, and an appropriate supervisory physician is not immediately available.

Fellow Review and Promotion Process

The fellowship program uses a multifaceted assessment process to determine a fellow's progressive involvement and independence in providing patient care. Fellows are observed directly by the attending staff throughout clinical training. Formal assessments are generally obtained from supervising physicians before and after completing a clinical rotation. Fellows are evaluated on their medical knowledge, technical skills,

professional attitudes, behavior, and overall ability to manage the care of a patient. Direct feedback regarding the fellow's performance is provided by the program director. Annually, at the completion of each rotation the program director and the division faculty determine if the trainee posesses sufficient training and qualifications to proceed to the next rotation. At the end of the fellowship program, the program direction and division faculty evaluate the fellow to determine if they are able to apply for completion of the fellowship and the ability to take the Certificate of Added Qualifications in Hand Surgery.

The attending staff evaluates trainees continuously. If, at any time, their performance is judged to be below expectations, the fellowship director (or designee) will meet with the trainee to develop a remediation plan. If the trainee fails to follow that plan, or the intervention is not successful, the trainee may be dismissed from the program. If a trainee's clinical activities are restricted (e.g., they require a supervised presence during a procedure, when one would not normally be required for that level of training) that information will be made available to the appropriate attending and hospital staff.

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