

SUPERVISION POLICY
Roles, Responsibilities and Patient Care Activities of Residents

Psychosomatic Medicine

Harborview Medical Center
University of Washington Medical Center
VA Puget Sound Health Care System

Definitions

Psychiatry Resident:

A physician who is engaged in a graduate education program in psychiatry or a psychiatric subspecialty, and who participates in patient care under the direction of attending physicians (or licensed independent practitioners) as approved by the Psychiatry Review Committee of the ACGME. The term "resident" includes individuals in approved subspecialty graduate medical education programs who historically have also been referred to as "fellows."

Psychosomatic Medicine (PM) "Fellow":

A psychiatry resident who has completed an ACGME-accredited general psychiatry residency program and is engaged in psychosomatic medicine training in an ACGME-accredited one-year PM fellowship. The fellow is in graduate year five or greater.

As part of their training program, PM fellows are given graded and progressive responsibility according to the individual fellow's clinical experience, judgment, knowledge, and technical skill. Each 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. Fellows are responsible for asking for help from the supervising physician (or other appropriate licensed practitioner) for the service they are rotating on when they are uncertain of diagnosis, how to perform a diagnostic or therapeutic procedure, or how to implement an appropriate plan of care.

Attending of Record (Attending): An identifiable, appropriately-credentialed and privileged attending physician who is ultimately responsible for the management of the individual patient and for the supervision of fellows involved in the care of the patient. The attending delegates portions of care to fellows based on the needs of the patient and the skills of the fellows.

Supervision

To ensure oversight of fellow supervision and graded authority and responsibility, the following levels of supervision are recognized:

1. **Direct Supervision** – the supervising physician is physically 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 come to the site of care in order to provide Direct Supervision.
3. Oversight – the supervising physician is available to provide review of procedures / encounters with feedback provided after care is delivered.

Clinical Responsibilities

The clinical responsibilities for each fellow is based on PGY-level, patient safety, fellow education, severity and complexity of patient illness/condition and available support services. The specific role of each fellow varies with their clinical rotation, experience, duration of clinical training, the patient's illness and the clinical demands placed on the team. For the Psychosomatic Medicine Fellowship, the resident physician is at a post-graduate year (PGY) 5 or above. The following is a guide to the specific patient care responsibilities for a fellow:

PGY- 5 or greater (Fellows)

Fellows may be directly or indirectly supervised. They may provide direct patient care, supervisory care or consultative services, with progressive graded responsibilities as merited. They must provide all services ultimately under the supervision of an attending physician. Fellows should serve in a supervisory role of medical students, junior and intermediate residents in recognition of their progress towards independence, as appropriate to the needs of each patient and the skills of the fellow; however, the attending physician is ultimately responsible for the care of the patient.

Attending of Record

In the clinical learning environment, each patient must have an identifiable, appropriately credentialed and privileged, primary attending physician who is ultimately responsible for that patient's care. The attending physician is responsible for assuring the quality of care provided and for addressing any problems that occur in the care of patients and thus must be available to provide direct supervision when appropriate for optimal care of the patient. The availability of the attending to the fellow is expected to be greater with less experienced fellows and with increased acuity of the patient's illness. The attending must notify all fellows on his or her team of when he or she should be called regarding a patient's status. In addition, the supervising attending needs to be informed by the fellow:

- a) When the patient's condition deteriorates unexpectedly;
- b) When additional information puts the working diagnosis in doubt or questions the treatment plan;
- c) When information is obtained that raises concerns regarding the patient's risk for self-harm or harm to others;
- d) When the patient or family members disagree with the treatment plan;
- e) When there are serious disagreements or conflicts within the treatment team or with other services or providers;
- f) When decisions need to be made that have major clinical or legal implications, such as decisions not to hospitalize suicidal or homicidal patients

Psychosomatic medicine fellows do not have on-call duties so there is no on-call supervision policy needed.

The attending may specifically delegate portions of care to fellows based on the needs of the patient and the skills of the fellows and in accordance with hospital and/or departmental policies. The attending may also delegate partial responsibility for supervision of junior and senior residents to fellows, but the attending must assure the competence of the fellow before supervisory responsibility is delegated. The attending remains responsible for assuring that appropriate supervision is occurring and is ultimately responsible for the patient's care. Residents and attendings should inform patients of their respective roles in each patient's care.

The attending and supervisory fellow are expected to monitor competence of junior and senior residents through direct observation, rounds, individual and group supervision sessions, and review of the medical records of patients under their care.

Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each fellow and delegate to him/her the appropriate level of patient care authority and responsibility.

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. In all cases, the attending physician is ultimately responsible for the provision of care by fellows. When there is any doubt about the need for supervision, the attending should be contacted.

The following procedures may be performed by the PM fellow with the indicated level of supervision:

Direct supervision required by a qualified member of the medical staff

Electroconvulsive Therapy (ECT)

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.

Supervision of Inpatient and Outpatient Consults

Psychosomatic Medicine Fellows, by nature of training in psychosomatic medicine (often referred to as "consultation-liaison psychiatry") spend 90% of any week providing inpatient and outpatient consultative services to patients from medical, surgical, neurological, and obstetrical-gynecological services. The other 10% is spent on scholarly activities focused on advancing our understanding and care of patients in psychosomatic medicine environments. The consultation-liaison attending of record is ultimately responsible for the care of the patient and thus must be available to provide direct supervision when appropriate for optimal care. The availability of the attending and

supervisory fellows, if applicable, should be appropriate to the level of training, experience and competence of the PM fellow and is expected to be greater with increasing acuity of the patient's illness. Information regarding the availability of attendings and supervisory fellows should be available to fellows, residents, faculty members, and patients.

Fellows performing consultations on patients are expected to communicate verbally with their supervising attendings as soon as possible after seeing the patients and certainly within 24 hours. Any fellow performing a consultation where there is credible concern for patient's life, requiring the need for immediate intervention, MUST communicate directly with the supervising attending as soon as possible prior to intervention or discharge from the hospital, clinic or emergency department. If the communication with the supervising attending is delayed due to ensuring patient safety, the fellow will communicate with the supervising attending as soon as possible. Fellows performing consultations will communicate the name of their supervising attending to the services requesting consultation.

In addition, PM fellows receive the following supervision:

- One hour per week direct supervision with the Program Director or Associate Program Director / Site Director. This supervision focuses on:
 - Addressing the core ACGME competencies (patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice)
 - Furthering clinical knowledge of psychiatric illnesses affecting patients on medical, surgical, neurological, and obstetrical/gynecological services
 - Facilitating leadership skills and collaborative relationships with other physicians and allied health professionals (psychiatric and non-psychiatric)
 - Developing skills supervising medical students and junior residents
 - Improving written and verbal communication to further team development and the leadership skills needed to run a psychosomatic medicine service
 - Participation in activities that develop new knowledge and evaluate new research (scholarly activities)
- In the outpatient consultation-liaison setting, the following supervision is present:
 - Indirect supervision with direct supervision by the attending of record immediately available.
 - One hour of face-to-face caseload supervision by the attending of record for the outpatient clinic.

Supervision of Hand-Offs

Fellows, residents, attendings, and other primary providers on psychiatry services must provide structured verbal and electronic handoffs when transferring care of a patient, and must be available to receive handoffs when taking over the care of a patient. Fellows may be supervised directly or indirectly by an attending when giving and receiving handoffs. The attending physician remains responsible for assuring that appropriate handoffs are occurring and is ultimately responsible for the patient's care.

Fellow Competence & Delegated Authority

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

Guidelines around Supervision and Progressive Responsibility

Attendings and residents should adhere to the SUPERB-SAFETY model in providing and seeking supervision, as follows:

Attendings should adhere to the SUPERB model when providing supervision. They should

1. **S**et Expectations: set expectations on when they should be notified about changes in patient's status.
2. **U**ncertainty is a time to contact: tell resident to call when they are uncertain of a diagnosis, procedure or plan of care.
3. **P**lanned Communication: set a planned time for communication (i.e. each evening, on call nights)
4. **E**asily available: Make explicit your contact information and availability for any questions or concerns.
5. **R**eassure resident not to be afraid to call: Tell the resident to call with questions or uncertainty.
6. **B**alance supervision and autonomy.

Residents should seek supervisor (attending or senior resident) input using the SAFETY acronym.

1. **S**eek attending input early
2. **A**ctive clinical decisions: Call the supervising resident or attending when you have a patient whose clinical status is changing and a new plan of care should be discussed. Be prepared to present the situation, the background, your assessment and your recommendation.
3. **F**eel uncertain about clinical decisions: Seek input from the supervising physician when you are uncertain about your clinical decisions. Be prepared to present the situation, the background, your assessment and your recommendation.
4. **E**nd-of-life care or family/legal discussions: Always call your attending when a patient may die or there is concern for a medical error or legal issue.
5. **T**ransitions of care: Always call the attending when the patient becomes acutely ill and you are considering transfer to the intensive care unit (or have transferred the patient to the ICU if patient safety does not allow the call to happen prior to the ICU becoming involved).
6. **H**elp with system/hierarchy: Call your supervisor if you are not able to advance the care of a patient because of system problems or unresponsiveness of consultants or other providers.

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