

UW GME Approved Supervision Policy Template

Revised 03/10/2022

TRAINING PROGRAM SUPERVISION AND ACCOUNTABILITY POLICY

Last updated: April 29, 2022

Please reference complete [UW GME Institutional Supervision and Accountability Policy](#) for additional definitions and background.

Clinical Informatics

**Harborview Medical Center, UW Medical Center Montlake & Northwest Campuses,
UW Primary Care, Seattle Children's Hospital**

Clinical Responsibilities and Accountability

Each patient must have an identifiable and 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 will be available through Epic to residents, fellows, faculty members, other members of the health care team, and patients.

The Clinical Informatics fellows, and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care.

The program will provide the appropriate level of supervision for each fellow based on each 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.

As part of their education program, fellows are given graded progressive responsibility according to the individual's clinical experience, judgment, knowledge, and technical skill. Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence.

Clinical Supervision Definitions

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

1. Direct Supervision:
 - a. the supervising physician is physically present with the fellow and patient during the key portions of the patient interaction; or,
 - b. the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

UW GME Approved Supervision Policy Template

Revised 03/10/2022

2. Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision. Response time is as appropriate for their clinical specialty and clinical responsibilities.
3. Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided 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 each fellow must be assigned by the program director and faculty members.

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

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

Clinical Responsibilities by PGY-Level

Fellows: Clinical Responsibilities

Fellows may be *directly or indirectly supervised*. They may provide direct patient care, supervisory care or consultative services, with progressive graded responsibilities as merited. Fellows should serve in a supervisory role to medical students, junior, intermediate, and senior 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 responsible for the care of the patient.

Informatics Responsibilities

First Year Fellows (Junior Fellows: May be PGY-4 or above): First year fellows are primarily responsible for clinical informatics consultations under the guidance and supervision of the attending physician and senior fellows. They should generally be the point of first contact when questions or concerns arise about the clinical informatics projects to which they have been assigned. However, when questions or concerns persist, supervising fellows and/or the attending physician should be contacted in a timely fashion. First year fellows are initially supervised with direct supervision either immediately available or available by an attending or senior fellow when appropriate. The attending physician is responsible and accountable for the implementation of the clinical informatics project.

Second Year Fellows (Senior Fellows: May be PGY-5 or above): Second year fellows may be directly or indirectly supervised. They may provide direct clinical informatics project

UW GME Approved Supervision Policy Template

Revised 03/10/2022

consultative services, with progressive graded responsibilities as merited. They must provide all services ultimately under the supervision of an attending physician. Senior fellows should serve in a supervisory role of medical students and junior fellows in recognition of their progress towards independence, as appropriate to the needs of each project and the skills of the senior fellow; however, the attending physician is responsible and accountable for the implementation of the clinical informatics project.

Levels of Supervision for Common Specialty Clinical Activities and Invasive Procedures, Circumstances and Events in which Supervising Faculty Member (s) MUST be Contacted, Supervision of Consults, Faculty Supervision Assignment, Supervision of Handoffs

Clinical informatics fellows are clinical trainees that are subject to the levels of supervision, contacting requirements, consult supervision, faculty supervision assignment, and handoff supervision policies of the clinical programs where they do their clinical time. (e.g., a clinical informatics fellow that is a family medicine physician doing clinical time with family medicine would be subject to the supervision policy of the family medicine residency).

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.

Faculty Supervision Assignment: Informatics

For informatics projects, the attending physician is responsible for assuring the quality of informatics consultation provided and for addressing any problems that occur in the care of patients using informatics systems developed by trainees and themselves. The availability of the attending to the fellow is expected to be greater with less experienced fellows and with increased complexity of informatics consultations. The attending must notify all fellows on his or her team of when he or she should be called regarding informatics consultations.

The attending may specifically delegate portions of informatics consultations (or clinical 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 fellows to senior fellows assigned to the service, but the attending must assure the competence of the senior fellow before supervisory responsibility is delegated. Over time, the senior fellow is expected to assume an increasingly larger role in clinical informatics consultation. The attending remains responsible for assuring that appropriate supervision is occurring and is responsible for the clinical informatics project (or patient's care). The attending and supervisory fellow are expected to monitor competence of more junior fellows through direct observation, formal project rounds and, where appropriate, review of the medical

UW GME Approved Supervision Policy Template

Revised 03/10/2022

records of patients affected by their clinical informatics projects (or records of patients under their care). Faculty supervision assignments are between 1 and 3 months in duration, which is sufficient duration to assess the knowledge and skills of each fellow and delegate to him/her the appropriate level of authority and responsibility.

Clinical Informatics Consultations

All clinical informatics consultations made must be evaluated within the first 7 days after assignment, and at least once per week by an attending physician if consultation is made with a junior fellow. With a senior fellow, all clinical informatics consultations must be evaluated within the first 7 days after assignment, and at least once every 2 weeks by an attending physician. The fellow is required to notify and discuss every new consultation with an attending physician within 7 days of project assignment, or sooner based on UW IT services priority. An attending physician must urgently evaluate any clinical informatics consultation if it is related to a patient safety incident

Clinical Informatics Project Handoffs

At the end of each informatics rotation, fellows will sign out projects in person with direct supervision available (possibly via conferencing software).

- Handoffs will include: Name of project, project key personnel, group meeting times, key project deliverables, target milestones, status on open issues and blocking issues