UW GME Approved Supervision Policy Template
Revised 04/27/2022

TRAINING PROGRAM SUPERVISION AND ACCOUNTABILITY POLICY
Revised 1-19-2024

Please reference complete UW GME Institutional Supervision and Accountability Policy for additional definitions and background.

University of Washington Primary Care Sports Medicine Fellowship

UWMC – Montlake, Harborview Medical Center, Seattle Children's Hospital, Odessa Brown Children's Clinic

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.

The PCSM residents, 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.

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.

2. Indirect Supervision:

The supervising physician does not provide physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision within 30 minutes of patient contact.

3. Oversight:
   The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Resident 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 as 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
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 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 responsible for the care of the patient.

Levels of Supervision for Common Specialty Clinical Activities and Invasive Procedures
Please list each clinical activity/procedure by PGY-level, with specific CPR Level of Supervision language:

Clinical Activity/Procedure	Resident level (PGY)	Location	Supervision Level
Outpatient Clinics	4+	UWMC – Montlake, HMC, SCH	Direct
UW Sports Coverage	4+	UWMC – Montlake	Direct or indirect
High School Sports Coverage	4+	UWMC – Montlake	Direct or indirect

Everett Community College Sports Coverage	4+	SCH	Direct or indirect
Seattle Seawolves Sports Coverage	4+	UWMC – Montlake	Direct
Clinical procedures (Joint/tendon/other aspirations or injections, percutaneous tenotomy, autologous growth factor injections)	4+	UWMC – Montlake, HMC, SCH	Direct

Circumstances and Events in which Supervising Faculty Member(s) MUST be Contacted

1. Fellow must contact attending for any hospitalization request, EMS activation, or Emergency Room referral
2. Fellow must contact attending for any procedure performed; attending must be present for all routine and urgent procedures, and for all emergent procedures if feasible
3. Fellow must contact attending for any billable service rendered

Supervision of Consults

Fellows performing consultations on patients are expected to communicate verbally with their supervising attending at the following time intervals: On day of service for outpatient consultations (our fellows do not perform inpatient consultations).

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

Faculty supervision assignments are of one month or longer in duration and therefore are of sufficient length to assess the knowledge and skills of each fellow and to delegate to the resident/fellow the appropriate level of patient care authority and responsibility.

Supervision of Handoffs

Fellows conducting hand-offs are expected to use structured verbal and electronic processes for patient transfers between services and locations. Our fellowship is entirely outpatient based, so handoffs are infrequent. Transfer of an outpatient to a higher level of care such as the emergency department will be directly supervised by the applicable attending physician. Activation of EMS and transfer of an injured or ill athlete to a receiving emergency department will be directly or indirectly supervised by the applicable attending physician. Faculty must assess fellow readiness to move from direct to indirect supervision when conducting hand-offs and patient transfers via direct observation.