

SAUSHEC Hematology/Oncology Fellowship Supervision Policy

1. Purpose: To clearly explain expectations for fellow supervision in outpatient continuity clinic, specialty consultation, inpatient or ward settings, and in the ordering of chemotherapeutic medications.

2. Continuity Clinic:

- a. Each fellow will be assigned a staff mentor who is ultimately responsible for the care of all patients seen by the fellow. The staff mentor is expected to provide appropriate supervision for outpatient appointments and procedures and mentor the fellow in all aspects of the longitudinal management of assigned patients. The fellow's clinic should be scheduled at a time that allows their mentor to be available in the Hematology/Oncology clinic. If the assigned staff mentor is not immediately available during the fellow's scheduled clinic (outside rotation, leave, TDY) the assigned staff mentor should assure that another faculty member is available to provide the appropriate level of supervision.
- b. Specific supervisory guidelines by year group for outpatient continuity clinic or outpatient new consultation:
 - 1) PGY4: Fellows will have at least level 2a supervision for the history and physical examination and level 1 a supervision for the assessment and plan as defined by the ACGME for all patients with a new neoplastic or serious benign hematologic diagnosis and all new chemotherapy starts and patients undergoing significant change in therapy. At a minimum level 2b supervision will be provided for all patient follow-up visits and patients with new non-serious benign hematologic diagnosis. Level 1 supervision will be provided for all invasive procedures until the fellow has demonstrated competency to the staff mentor at which time level 2a supervision will be provided. The supervising staff mentor has the right and obligation to increase the level of supervision as appropriate for patient safety and quality of patient care.
 - 2) PGY5: Level 2b supervision for all patients with new neoplastic or serious benign hematologic diagnosis and all new chemotherapy starts and patients undergoing significant change in therapy. Level 3 supervision will be provided for patient follow-up visits and patients with new non-serious benign hematologic diagnosis. Level 2a supervision will be provided for all invasive procedures until the fellow has demonstrated competency to the staff mentor at which time level 3 supervision may be provided. The supervising staff mentor has the right and obligation to increase the level of supervision as appropriate for patient safety and quality of patient care and is specifically encouraged to meet each new patient with a neoplastic or serious benign hematologic diagnosis or undergoing a major change in treatment plan or prognosis.
 - 3) PGY6: Level 3 supervision for all patients. The supervising staff mentor has the right and obligation to increase the level of supervision as appropriate for patient safety and quality of patient care and is specifically encouraged to meet each new patient with a neoplastic or serious benign hematologic diagnosis or undergoing a major change in treatment plan or prognosis.

- c. Documentation: All clinic and procedure patient encounters (Hematology-Oncology clinic and Chemotherapy clinic) will be documented by the fellow and co-signed by the responsible staff mentor in AHLTA. Encounters will be identified for co-signature by the fellow by checking the co-signature is required box at the sign screen in AHLTA. Signature indicates supervision and agreement with the assessment and plan unless otherwise indicated in the comment section. Documentation is expected to be completed to include co-signature within 72 business hours of the patient encounter.

3. Inpatient consultation:

- a. Fellows are under the supervision of the assigned consultation staff physician. The staff physician is expected to provide appropriate supervision for all consultations and procedures and mentor the fellow in all aspects of the acute management of patients.
- b. Specific supervisory guidelines by year group for inpatient consultation:
 - 1) PGY4: Fellows will have at least level 2b supervision for the history and physical examination and level 1 a supervision for the assessment and plan as defined by the ACGME for all patients with a new neoplastic or serious benign hematologic diagnosis. At a minimum level 2b supervision will be provided for all follow-up visits and patients with new non-serious benign hematologic diagnosis. Level 1 supervision will be provided for all invasive procedures until the fellow has demonstrated competency to the staff mentor at which time level 2a supervision will be provided. The supervising staff mentor has the right and obligation to increase the level of supervision as appropriate for patient safety and quality of patient care.
 - 2) PGY5: Level 2b supervision for all patients with new neoplastic diagnosis and all new chemotherapy starts to include significant changes in therapy. Level 3 supervision will be provided for patient follow-up visits and patients with new benign hematologic diagnosis. Level 2a supervision will be provided for all invasive procedures until the fellow has demonstrated competency to the staff mentor at which time level 3 supervision may be provided. The supervising staff mentor has the right and obligation to increase the level of supervision as appropriate for patient safety and quality of patient care and is specifically encouraged to meet each new patient with a neoplastic or serious benign hematologic diagnosis or undergoing a major change in treatment plan.
 - 3) PGY6: Level 3 supervision for all patients. The supervising staff mentor has the right and obligation to increase the level of supervision as appropriate for patient safety and quality of patient care and is specifically encouraged to meet each new patient with a neoplastic or serious benign hematologic diagnosis or undergoing a major change in treatment plan.
- c. Documentation: Initial consultation will be documented by the fellow in the Essentris electronic medical record. The fellow will check the box Resident/GME service addendum and indicate the level of supervision/involvement by the staff physician. The staff physician will then check the attending addendum box indicating level of supervision and agreement or exception with the fellow's note. Follow-up visits will be documented in Essentris by the fellow and the resident will either check the Resident/GME service addendum box to indicate the level of supervision/involvement by the staff or add a statement to the note. The staff will add an addendum indicating level of supervision and agreement or exception with the fellow's note at a

frequency no less than required by the institution's by-laws. The suggested interval is no less than every three-days.

4. Inpatient ward (Hematology-Oncology or Bone Marrow Transplant)

a. Fellows are under the supervision of the assigned inpatient staff physician. The staff physician is expected to provide appropriate supervision for all admissions and procedures and mentor the fellow in all aspects of the acute management of patients.

b. Specific supervisory guidelines by year group for inpatient consultation:

4) PGY4: Fellows will have at least level 2b supervision as defined by the ACGME for all patients admitted to the inpatient service. The staff will provide level 1 supervision of the assessment and plan for all patients with new neoplastic diagnosis and all new chemotherapy starts to include patients with significant change in therapy or prognosis. At a minimum level 2b supervision will be provided for all other admissions and for daily rounds. Level 1 supervision will be provided for all invasive procedures until the fellow has demonstrated competency to the staff mentor at which time level 2a supervision will be provided. Level 1 supervision of inpatient procedures may be provided by any qualified fellow or staff with approval of the staff attending of record. The supervising staff has the right and obligation to increase the level of supervision as appropriate for patient safety and quality of patient care.

5) PGY5 and PGY6: Fellows will have at least level 2b supervision. Level 2a supervision will be provided for all invasive procedures until the fellow has demonstrated competency to the staff attending at which time level 3 supervision may be provided. Supervision of inpatient procedures may be provided by any qualified fellow or staff with approval of the staff attending of record. The supervising staff attending has the right and obligation to increase the level of supervision as appropriate for patient safety and quality of patient care.

b. Documentation: History and physical examinations will be documented in the Essentris electronic medical record. If completed by the rotating IM resident, then a fellow addendum will be added. Within 24-hrs of admission, the attending addendum box will be marked and the staff attending will add an admission note including discussion of supervision/involvement and agreement or exception with the H&P. If no addendum is added and then the staff attending must write a separate admission note as required by institution by-law. Daily rounds/progress notes will be documented in Essentris and if written by the fellow or resident the Resident/GME service addendum box should be checked to indicate the level of supervision/involvement by the staff or a statement added to the note. The staff will add an addendum indicating level of supervision and agreement or exception with the resident's or fellow's note at a frequency no less than required by the institution's by-laws. The suggested interval is no less than every three-days. Discharge summaries will be reviewed and signed by the staff attending per institution by-law.

5. Ordering chemotherapeutic medications: All intravenous and oral chemotherapies including, cytotoxic (includes hydroxyurea) and biologic (i.e. TKI, monoclonal antibodies, immunotherapy) therapies; as well as, higher risk non-cytotoxic therapies (i.e. intravenous iron, octreotide, iron chelation, intravenous bisphosphonate, colony stimulating factors) require staff co-signature. Therapies that do not require co-signature include endocrine therapy or transfusion therapy.

6. ACGME Classifications of supervision:

a. Level 1. Direct supervision (the supervising physician is physically present with the fellow and patient)

b. Level 2. Indirect supervision; level 2a – supervising physician is on site and available to provide direct supervision; level 2b – supervising physician is available by phone and available to provide direct supervision

d. Level 3. Oversight (the supervising physician reviews procedures and encounters after the delivery of care)

7. Support staff Verification of Procedural Competence – Please refer to SAUSHEC Supervision Policy (Section VIII) for more information. In summary, the Hematology/Oncology Staff on call may be called 24/7 to answer any questions regarding fellows competence at performing procedures without direct supervision.

8. Transitions in Care – Please refer to the Hematology/Oncology Policy on Transitions in Care.

9. Supervision for Medical Students – Medical student clinical rotations at SAUSHEC are educational experiences designed to offer students the opportunity to participate in the clinical evaluation and care of patients in a variety of patient care settings. While it is the goal of SAUSHEC to allow for progressive authority and graded responsibility for each student according to their individual abilities as they progress through training, all aspects of patient care rendered by medical students must receive direct supervision or indirect supervision with direct supervision immediately available.

*** For more information, please refer to SAUSHEC Medical Student Supervision Policy**

10. Supervision for Resident & Interns – Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. For many aspects of patient care, the supervising physician may be a more advanced resident or fellow. Other types of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member or resident physician, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of resident-delivered care with feedback as to the appropriateness of that care.

***For more information, please refer to Internal Medicine Supervision Policy**