

SAUSHEC ADOLESCENT MEDICINE FELLOWSHIP SUPERVISION POLICY

Adolescent Medicine fellows are board-eligible or board-certified physicians in Pediatrics, Internal Medicine, or Family Medicine residency. Adolescent Medicine Fellowship is a 2-3 year program that allows the trainee to acquire the medical knowledge, interpersonal and communication skills, and teaching ability to serve as and subspecialist in Adolescent Medicine.

The majority of the training program is focused on outpatient experiences. For first year fellows, all outpatient care patient care is rendered under direct supervision with an attending immediately available. At the beginning of fellowship, all first year fellows discuss each case with an attending or senior fellow prior to the patient departing the clinic. After several months of training, the fellowship clinical competency committee and program director review the developmental progression of each first year fellow and determine if the fellow can transition to providing outpatient care with chart review at the end of each session. At the end of the first year of fellowship, each first year fellow is reviewed again to determine if they are able to provide outpatient care at outside locations, such as our school-based clinic, under indirect supervision with direct supervision available. All charts are reviewed and co-signed by a staff attending. All training activities occurring outside of the primary training sites at BAMC/FSH and WHASC are covered by active Memorandums of Understanding, with training letters of agreement that outline the supervision plan and mechanisms for performance feedback to the program director.

Teaching residents and medical students in our outpatient Adolescent Medicine Clinic is also an integral part of our training program. At the beginning of fellowship, first year fellows are not allowed to supervise residents or medical students in the clinic. After several months of training, the clinical competency committee and the program director review the developmental progression of each first year fellow and determine if the fellow has acquired the clinical competency needed to supervise clinical care in the Adolescent Medicine Clinic. Once the fellow has been cleared to supervise clinic, then the fellow will supervise clinic under the direct supervision of a board certified or board eligible Adolescent Medicine attending who will be immediately available. The fellow will review all resident charts, for the care the fellow supervised, and then send the chart to the attending physician for co-signature.

Finally, our fellows render inpatient care during training. All inpatient consults are conducted with indirect supervision with direct supervision available. Fellows providing consultative services in the inpatient setting will review all cases with adolescent medicine staff with documentation of this in the formal consult. Fellow will update supervising staff of medical status of inpatients over the course of hospitalization and review discharge plans. This occurs through daily review with supervising staff during Inpatient consult rotations. All consults are co-signed by a staff attending. During the 3rd year of fellowship, fellows will also perform duties as a “junior ward attending” on the inpatient pediatrics ward. This care is provided with indirect supervision with direct supervision available by an attending physician.

The fellowship does not have a graduated training requirement for acquisition for procedural skills; most procedures required for patient care will have been acquired during the prior residency training with certification of procedural competency by previous program director. However, observation of procedural skills is integrated into the first year of training to verify ongoing competency. For new acquisition of procedural skills, such as subdermal contraception placement and partial nail excision, the fellow will be directly taught and supervised by staff credentialed to perform the procedure and will be counseled by staff when competency for independent skill performance has been achieved.

All research activities involving human subjects will occur only after approval of the protocol by the appropriate Institutional Review Board. Ongoing research activities by the fellow will be monitored by the program director or associate program director, as well as designated staff researchers involved in the research protocol and their Scholarly Oversight Committee.

The foundation of this general supervision policy is based on the SAUSHEC Resident Supervision Policy regularly updated and reviewed for approval by the SAUSHEC Graduate Medical Education Committee. The program director ultimately assumes overall responsibility for assuring appropriate level of supervision of the fellows in training and for being aware and in compliance with the supervision policies that underpin all GME conducted within SAUSHEC.

Program Director, Adolescent Medicine Fellowship
SAUSHEC
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