

# MATERNAL FETAL MEDICINE SUPERVISION GUIDELINES FOR FELLOWS

## PURPOSE

The purpose of this document is to establish specific guidelines for Resident/Fellow Supervision in the Maternal Fetal Medicine (MFM) Fellowship program.

## SCOPE

These guidelines apply to all Program Directors, Faculty and more advanced Resident/Fellows/Fellows who are involved in the supervision and teaching of Vascular Neurology subspecialty Resident/Fellows/Fellows.

## RESPONSIBILITY

It is the responsibility of graduate medical education Program Directors and Faculty who supervise and teach MFM Fellows at the University of Maryland Medical Center (UMMC) and other Training Sites, and Resident/Fellows, including subspecialty Resident/Fellows (e.g., fellows) to comply with these guidelines.

## DEFINITIONS

**Faculty:** Any individuals who have received a formal assignment to teach and supervise Resident/Fellows/Fellows. Faculty includes any individual permitted by law and by UMMC to provide care, treatment and services, without direction or supervision, within the scope of the individual's license and consistent with individually granted privileges. Attending Physicians (e.g., teaching faculty) who are members of the medical staff with a School of Medicine or School of Dentistry appointment.

**Direct Supervision:** Supervision provided by a Faculty member or more advanced Resident/Fellow who is physically present and available to the Resident/Fellow being supervised and the patient care activity.

**Indirect Supervision with direct supervision immediately available:** Supervision provided by a Faculty physician or more advanced Resident/Fellow who is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision to the Resident/Fellow being supervised and the patient care activity.

**Indirect Supervision with direct supervision available:** – Supervision provided by a Faculty physician or more advanced Resident/Fellow who is not physically within the hospital or other site of patient care, but is immediately by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision to the Resident/Fellow being supervised and the patient care activity.

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

**Program Director:** A member of the active Medical Staff who is the one physician designated with authority and accountability for the operation of a residency/fellowship program.

**Resident/Fellow:** An unlicensed or licensed intern, resident, or fellow enrolled in an UMMC sponsored post-graduate education program, including subspecialty programs, and which are

accredited by the Accreditation Council for Graduate Medical Education (ACGME) or an equivalent accreditation process approved by the University of Maryland Medical System/Center.

**Training Site:** An organization providing educational experiences or educational assignments/rotations for Resident/Fellows/Fellows.

## **GENERAL RESPONSIBILITIES**

1. In establishing these guidelines, the Program does not intend for these guidelines to be interpreted as a standard of care that must be followed in each case. The Program recognizes that conditions and situations may vary depending upon individual patients and those medical professionals caring for the patient must use their judgment in determining what is in the best interest of the patient based on the circumstances existing at the time. As such, departures from these guidelines may be necessary.
2. The Program Director, working closely with the Faculty and institution and its GMEC, provide oversight. More advanced Resident/Fellows who are qualified to may provide supervision of the Program's Resident/Fellows. The Program Director and Faculty members assign and delegate the privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care.
3. Program Directors evaluate each Resident/Fellow's ability based on specialty-specific criteria established by the program and the program's accreditation body. When available, national standards-based criteria are used to develop these specialty-specific criteria.
4. Faculty members who are functioning as a supervising physician may delegate portions of their patient care responsibilities to Resident/Fellows/Fellows based on the needs of the patient and the individual Resident/Fellow's PGY level, knowledge, skills, and abilities.
5. Advanced or more senior Resident/Fellows/Fellows may serve in a supervisory role of more junior Resident/Fellows/Fellows, in recognition of the more advanced Resident/Fellow's progress toward independence, and based on the needs of each patient, the PGY level and skills and abilities of the advanced Resident/Fellow.

## **GENERAL PROGRAM RESPONSIBILITIES:**

1. The Program has established overall education goals and competency-based goals and objectives for each assignment that delineate the Resident/Fellow responsibilities for patient care, progressive responsibility for patient management, and supervision of Resident/Fellows/Fellows over the continuum of the Program. These goals and objectives are regularly updated by the Program Director, distributed to the Resident/Fellows/Fellows and Faculty no less frequently than annually, and should be reviewed by the Resident/Fellow at the start of each rotation. These documents are maintained in the Program Directors Office and shall be made available /on the "**Program Description** available on the MFM Fellowship webpage. <http://www.umm.edu/womenscenter/fellowship/index.htm>.
2. Specialty specific educational milestones, where applicable, and other Program evaluation and feedback methods will be used by the Program Director and Faculty to assess and assign the level of supervision for each Resident/Fellow, based on knowledge and skills, and abilities.

As a supplement to the overall educational goals and competency based goals and objective, the program director has developed and provided the following guidelines for patient care responsibilities and supervision that are periodically reviewed to assure compliance with the requirements. These documents are maintained in the Program Directors Office and shall be

made available /on the "**Program Description** available on the MFM Fellowship webpage. <http://www.umm.edu/womenscenter/fellowship/index.htm>

3. Each Program Director, working with the Faculty, assures that the supervising physician is available to provide review of procedures/encounters with feedback provided after the care is delivered. The Program Director, working with the Faculty, has developed specialty specific guidelines for circumstances and events in which Program Resident/Fellows/ must communicate with Faculty members.
4. The Program Resident/Fellow is expected to communicate with the appropriate supervising Faculty member or supervisory designee as described in the document .These documents are maintained in the Program Directors Office and shall be made available /on the "**Program Description** available on the MFM Fellowship webpage. <http://www.umm.edu/womenscenter/fellowship/index.htm>.
5. All patients seen by a Resident/Fellow in an outpatient setting must be seen by, discussed, or reviewed by the responsible Faculty member.
6. The Program Director assures appropriate and objective assessments of Resident/Fellows' competence are utilized in changes to their privileges by according more or less progressive authority and responsibility, conditional independence, and/or any supervisory role in patient care activities are communicated to each Resident/Fellow and Faculty no less frequently than semi-annually, or at a greater frequency if dictated by the situation or required by the program's accrediting body's specialty or subspecialty requirements. At a minimum, the appropriate and objective assessment of Resident/Fellow competence includes:
  - A. Each Resident/Fellow's level of performance in the achievement of the competencies of Patient Care including required technical and or patient management skills, Medical Knowledge, Systems-Based Practice and Improvement, Practice-Based Learning and Improvement, Professionalism, and Interpersonal and Communication Skills including when communication with Faculty is required based on the patient care situation or setting.
  - B. Monitoring by the Program Director of adherence to supervision policies and competency assessments, using such methods as chart audits, quality audits, procedure logs, and feedback from Faculty, Resident/Fellows/Fellows, patients and patient families, allied health professionals and other evaluators of Resident/Fellow performance, as well as reporting information from risk management and/or quality improvement including Quality of Care reviews.
7. On-call schedules that include the Faculty member's name and telephone number who are supervising Resident/Fellows/Fellows must document adequate supervision exists for the Resident/Fellow and that this Faculty supervision is available 24 hours a day/7 days per week and that Resident/Fellows/Fellows are informed how to reach Faculty when specified and required to do so.

## **GENERAL RESPONSIBILITIES OF THE FACULTY**

1. The Faculty is responsible for active involvement in patient care in all inpatient and outpatient settings.
2. The Faculty directs the care of each patient and provides the appropriate level of supervision for each Resident/Fellow based on the nature of the patient's condition, the likelihood of major changes in the management plan, the complexity of care, the level of the Resident/Fellow's education, abilities, and experiences; as well as provides as provides appropriate support and assistance in all patient care activities.

3. The Faculty fosters an environment that encourages questions and requests for support and/or for supervision of the Resident/Fellow, by encouraging the Resident/Fellow to call or inform the Faculty member in patient care situations including but not limited to, caring for complex patients, transferring a patient to an intensive care unit, end of life decisions, and other significant changes in the patient's condition as defined by the Program Director and the supervising Faculty.
4. Each Faculty member, in consultation with the Program Director, is responsible for implementing general specialty specific program supervision requirements defined for Resident/Fellows/ under their supervision and for providing regular feedback to the Program Director about Resident/Fellow performance The Faculty member advises the Program Director if changes to supervision requirements are indicated with the overriding consideration being safe and effective care of the patient.

### **GENERAL RESPONSIBILITIES OF THE RESIDENT/FELLOW**

1. The Resident/Fellow must be aware of his/her level of training, his/her specific clinical experience, judgment, knowledge, and technical skill, and any associated limitations. The Resident/Fellow must be aware of which activities (if any) the Resident/Fellow is permitted to perform with conditional independence and must not independently perform procedures or treatments, or management plans that the Resident/Fellow is unauthorized to perform or for which the Resident/Fellow lacks the skill and training to perform.
2. The Resident/Fellow is responsible for knowing, acting upon and fulfilling any requirement that has been established by the Program Director and Faculty physician that requires the Resident/Fellow to more immediately and directly communicate with the Faculty physician. When applicable Resident/Fellows/Fellows must know, act upon, and fulfill any communication requirements as previously specified (e.g., when caring for complex patients; when transferring a patient to a higher, more intensive patient setting such as a transfer of a patient to an intensive care unit; when carrying out end of life decisions; or other significant changes in the patient's condition as defined by the Program Director and the supervising Faculty).