

Cardiology Fellow's Supervision policy

On all rotations, fellows are supervised by attending physician faculty. In addition to this policy, lines of responsibility are further delineated in the curriculum for each cardiology rotation. Fellows are supervised by an attending physician who has clinical privileges in the area they are supervising. Faculty schedules assign responsibility for supervision to specific faculty members, as well as on-call responsibilities, so as to provide fellows with appropriate supervision and consultation. The fellows are provided with a rapid, reliable system for identifying and communicating with their supervising faculty. Fellows and faculty members are expected to inform patients of their respective roles in their care.

Fellows are provided with multiple tiers of support in their clinical activities. All patients seen by a fellow, as an outpatient or inpatient, are reviewed in a timely manner with a faculty member to discuss diagnosis and treatment plans. During interventional procedures in the cath or echo labs, the staff cardiologist is present throughout each procedure. All diagnostic studies are reviewed with the appropriate attending cardiologist. Four to six faculty are on night and weekend call to support the fellow and clinical activities. During the first six months of the academic year, upper level fellows are on back-up call for first year fellows. In addition, electrophysiology and interventional fellows provide support, as needed. Two fellows make hospital rounds on weekends and holidays to dispense the work load. All incoming fellows will pick a faculty research mentor, or be assigned one.

The supervision of fellows is structured to provide them with progressively increasing responsibility, commensurate with their level of education, ability, and attainment of milestones. The Program Director, in conjunction with the program's Clinical Competency Committee, will make determinations on advancement of fellows to positions of greater responsibility and conditional independence through assessment of competencies. In recognition of their progress toward independence, senior fellows can supervise junior fellows when appropriate.

Description of the lines of responsibility for the care of patients, and the levels of fellow supervision are provided in the curriculum for each rotation. The classification levels of supervision used are defined below:

1. **Direct supervision:** the supervising physician is physically present with the fellow and patient
2. **Indirect supervision with direct supervision immediately available:** the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision
3. **Indirect supervision with direct supervision available:** the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephone and/or electronic modalities, and is available to provide direct supervision
4. **Oversight:** the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered

Upstate Medical University gives fellows significant, but appropriately well supervised latitude in the management of patients, and provides a comprehensive experience in cardiovascular diseases. This enables them to become independent and knowledgeable clinicians with a commitment to the life-long learning process that is critical for maintaining professional growth and competency.