University of Pittsburgh

Department of Pathology

Division of Neuropathology

Fellowship Program

Policies and Procedures:

Fellow Supervision and

Progressive Responsibility

**Purpose:**

To specify the manner and mechanism to be in place so that all fellows in neuropathology are supported and supervised in their clinical activities. Fellows must have appropriate attending pathologist involvement in their patient care activities through each level of training and irrespective of the rotation site of such training.

**Scope:**

This policy defines supervision standards, roles, responsibilities and patient care activities of all fellows in the Division of Neuropathology. It intends to provide general standards for the progressive responsibility of fellows under appropriate supervision of a Licensed Independent Practitioner (LIP) – in this instance a pathologist with medical privileges at the hospital or entity at which patient care training is provided.

**Definitions:**

**1. Attending Pathologist**

The Attending Pathologist is defined as the pathologist whose name is identified as the sign-out pathologist on the patient report. It is generally the individual under whose name billing activity occurs.

**2. Fellow**

Fellow has completed anatomical Pathology training and is engaged in 2 years of fellowship training.

**3. Levels of Supervision**

**a. Direct Supervision**

i. The supervising individual is physically present with the fellow – in the same room

**b. Indirect Supervision – Direct Supervision immediately available**

i. The supervising individual is physically within the hospital/building or other site of patient care and is immediately available to provide Direct Supervision

**c. Indirect Supervision – Direct Supervision available**

i. The supervising individual is not physically present in the hospital/building 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.

**d. Oversight**

i. The supervising individual is available to provide review of procedures/encounters with feedback provided after care is delivered

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**Procedure:**

This policy formally states the Department of Pathology Policy on Neuropathology Fellow Supervision and Progressive Responsibility. It is intended to be consistent with policies of the University of Pittsburgh Medical Education Program (UPMCMEP), policies of UPMC and all regulations and standards of accreditation and licensing organizations. This policy also applies to a) any UPMC Neuropathology fellow who receives patient care related training at an non-UPMC entity as addressed in the Memorandum of Understanding between UPMC and the non-UPMC entity, and any non-

UPMC pathology fellow who rotates at UPMC.

The attending pathologists on the medical staff of UPMC Hospitals have overall

responsibility for the quality of professional services provided to patients including

patients in which fellows participate in their care. It is thus the responsibility of these

medical staff to assure that each fellow is supervised in their patient care activities by a

LIP – in this case a pathologist. An LIP is defined as an individual who is independently

currently licensed to practice medicine in the Commonwealth of Pennsylvania, and is

appropriately and individually appointed, credentialed and privileged by a UPMC

affiliated hospital or health care facility or hospital organization in question to practice in

the area of medicine being considered. A fellow is not and cannot be an LIP as long as

the fellow holds a training license and/or is registered with the UPMCMEP office as a

professional Graduate Trainee (GT), and/or is engaged in a course of training in an

ACGME accredited program.

Nothing in this policy is intended to supersede any requirements for teaching physician

documentation required for billing purposes under the CMS teaching physician policies

or UPP policies for attending physicians.

Appropriate supervision and observation provides the ability of the teaching/attending

pathologist to ascertain the competency of a fellow and to determine the appropriate

level of responsibility progressively throughout the fellowship training. Throughout a Progressive Responsibility strategy patient safety and quality of care are fundamental and take priority over individual fellow educational goals and objectives or LIP service support needs.

The responsibility for compliance with this supervision and progressive responsibility policy rests with the Director of Neuropathology and Department of Pathology Chair through the Residency Program Director.

**Attending Pathologist Supervision and Roles and Responsibilities of Fellows**

**Expectations of Fellowship Director**

1. The fellowship director – or their faculty designee - is expected to meet with the

fellow before they assume any patient care responsibility:

a. To inform them of the rotation schedule and patient care responsibilities of the fellow on the rotation.

b. To provide the fellow with the rotation goals and objectives and reading assignments.

c. To provide the fellow with applicable patient care information on handling of patient specimens, gross examination and specimen dissection.

d. To inform them of the supervision requirements of the rotation if beyond the general requirements of this policy.

**Expectations for Attending Pathologist**

1. At all times there will be an attending pathologist identified as responsible for a particular patient. This will be in effect before a fellow performs any patient care activities on any patient or patient specimen.

2. The attending pathologist has ultimate responsibility for all patient care activities and specimen handling by the fellow even in the event a technical assistant provides guidance to the fellow.

3. Any patient care report generated must be signed by the attending pathologist and the attending pathologist must review all material relevant to the report.

4. The attending pathologist is required to provide oversight and supervision of all patient care activities of the fellow and is to be available for consultation by the fellow. The fellow is not to proceed with patient care if they need input from the attending regarding further patient care activity. A Pathologist Assistant or qualified technician may provide guidance for the technical aspects of the activity, but such is still under the responsibility of the attending pathologist.

5. The attending pathologist is expected to behave in a professional manner at all times in regard to fellow supervision and is expected to encourage each fellow to seek guidance and consultation from the attending at any time the fellow considers it necessary. Further the attending should welcome such request for guidance and consultation. The attending pathologist in fact must make clear to each fellow that it is only failure to seek such guidance or consultation that will be considered problematic.

**Responsibilities of Attending Pathologist:**

**1. General**

a. The attending pathologist is responsible for assuring that the fellow is capable of handling each particular patient care situation. This includes assuring that they are capable of gross examination and dissection and handling of all patient specimens to which the fellow is assigned.

b. The attending pathologist is responsible for assuring that - based on the PGY level of training and individual fellow competence level – the delegated daily work load of the fellow is not such as to endanger patient care due to fellow fatigue, the need to inappropriately ‘rush’ due to insufficient time to complete the assigned work load or risk of not meeting the ACGME duty hour requirements for fellows.

c. It is the responsibility of each attending pathologist to be familiar with the ACGME duty hour requirements and to work daily with each fellow – to whom their patient care responsibilities are delegated - to support them in meeting such requirements.

**2. Anatomical pathology:**

a. The attending pathologist must provide the fellow – based on PGY level and competency – sufficient time to not only pre-review but also render a diagnosis and/or differential diagnosis on all microscopic slides that the fellow is assigned to review and to sign out all cases with the fellow over at least a double-headed microscope.

b. As part of progressive responsibility - the attending pathologist and fellow may mutually agree on certain cases that the pathologist will sign out alone (after the fellow has pre-reviewed and rendered a written diagnosis) with the understanding that the attending pathologist will give feedback plus personal sign out review on cases in which the fellow and pathologist diagnosis are discordant.

c. All operating room consultations by rotating residents:

i. Must be reviewed and approved by the attending pathologist prior to any diagnosis being rendered verbally or electronically to the attending clinician.

ii. It is the attending pathologist’s responsibility to be sure that the fellow has competence in preparing frozen sections prior to assigning this responsibility to them.

iii. When individual attending in consultation with Clinical Competency Committeee decides fellow is adequately trained they can advance to relaying intraoperative diagnosis as long as they get immediate confirmation from attending.

d. The attending pathologist is to comply with all workload guidelines approved by the Residency Committee.

**Responsibilities of Fellow:**

**1. General**

a. The fellow is at all times to behave in a professional manner in their interactions with the attending pathologist and all technical and clerical support staff.

b. The fellow should communicate with the Program Director should any attending pathologist or support staff person treat them in an unprofessional manner.

c. The fellow is expected to be ‘on time’ for all scheduled assignments and to be available via pager during regular work hours and when on call. If a particular assignment cannot be met, if the fellow will be late or if the fellow needs to leave early prior to work being completed or pending then the fellow must inform the attending pathologist of the same.

d. When there is a need to ‘hand-over’ patient care responsibility to another fellow or an attending then the fellow who is ‘handing over’ the patient care responsibility is responsible for assuring that this is done properly and that indeed another fellow or attending knows that they have assumed responsibility for the patient.

e. When on call fellows must be available via pager and be able to be onsite in a timely manner as needed.

f. The fellow is expected to perform at their best in handling the assigned workload in cooperation with the attending pathologist as per the attending pathologist expectations described above. If a work load assignment is overwhelming or cannot be completed in the expected time and within ACGME duty hour requirements then the fellow must communicate with the attending pathologist to resolve the situation. If this is not successful then the fellow should communicate with or the program Director.

g. The fellow must understand that the primary responsibility for each patient care activity rests with the attending pathologist.

h. The fellow is not to provide patient care for any patient or handle any patient specimen for which they have not been appropriately educated and trained or for which they consider that they lack the appropriate competency to manage. The fellow is to hold patient safety at all times as the priority and not their individual desire to function independently or to satisfy the attending pathologist, fellows or support staff.

i. The fellow must inform or the Program Director if at any time they consider that they do not have sufficient supervision from or access to the attending pathologist.

j. The fellow must know the duty hour requirements of the ACGME and comply at all times with the same. They have been established to ensure that fellows are not at risk for fatigue that might impact patient safety and quality of care.

k. Fellows must be aware of the policies and procedures for supervision on a particular rotation if they are beyond this policy.

**2. In anatomical pathology:**

a. The fellow is to pre-review all microscopic slides and render a diagnosis or differential diagnosis on all cases assigned to them prior to sign out of the case with the attending pathologist. This will include the case being written up as if it were a working draft for sign-out.

b. The fellow is to communicate with the Program Director if the pre-review practice is consistently violated by an attending pathologist or a rotation.

c. The fellow is to pre-review and follow through on all cases all cases that they grossed but – in collaboration with the attending pathologist – might not need to sign out all cases they did not gross.

d. Operating room consultation and frozen section diagnoses are not to be communicated to the attending clinician prior to appropriate review and approval by the attending pathologist.

i. The fellow may prepare – provided they are competent – pre-review material and come to an independent diagnosis but all findings must be confirmed by the attending pathologist. Critical gross examination must be reviewed by the pathologist prior to any dissection or sectioning that will hinder accurate gross assessment or sampling by the attending pathologist.

**Progressive Responsibility**

Progressive responsibility is a necessary and required program objective. It is defined as

providing individual fellows with the opportunity to render an independent diagnosis or

opinion based - on their individual level of established competence, PGY status and the

particular clinical circumstance – prior to the final diagnosis being made by the attending

pathologist.

Examples of progressive responsibility include:

a. Review of cases with diagnosis being rendered and cases being forwarded to attending pathologist with feedback and combined review of discordant findings.

b. Fellows serving as a ‘first-line’ resource for junior fellows such as guidance in grossing specimens and on-call consultation.

**On Call**

**Responsibility of Division Chief and Attending Pathologist**

1. It is the responsibility of the Division Chief to assure that there is an attending pathologist on call at all times.

2. It is the responsibility of the rotation director to address faculty concerns about the on-call performance of fellows.

3. It is the responsibility of the attending pathologist on call to:

a. Be always accessible and to respond to any calls in a timely manner.

b. To be available to be on site as necessary.

c. To review the on call decisions as part of the next working day schedule

d. To arrange for and communicate to the on call fellow any change in on call coverage

**Responsibility of Fellow**

1. It is the responsibility of the on call fellow to:

a. Be available at all times and to respond to any call in a timely manner

b. To consult with the attending pathologist on all cases

c. Not make any interpretative decisions for which they are not competent

d. Report all on call events to the attending on the next workday.

e. Inform chief of service if the on-call pathologist is not accessible or does not respond in a timely manner such that patient care decisions by the clinician are delayed.