**POLICY FOR SUPERVISION OF OBSTETRIC ANESTHESIOLOGY FELLOWS – (FELLOW ROLES, RESPONSIBILITIES FOR PATIENT CARE: PROGRESSIVE RESPONSIBILITIES FOR PATIENT MANAGEMENTS AND FACULTY RESPONSIBILITY FOR SUPERVISION)**

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### A. Fellow Roles:

Anesthesia fellows are physicians in their PGY-5 year or higher. They learn the skills necessary to successfully complete their training through didactic tutorials, journal clubs, problem-based learning discussions, reading, and most importantly providing patient care under the supervision of an attending faculty member. Fellows are given progressive responsibilities according to their level of training, documented abilities, and clinical experience.

### B. Fellow Responsibilities for patient care activities:

1. Providing care for patients requires a team approach. Fellows are an integral part of that team which includes an attending anesthesia faculty, non-physician providers [clinical obstetric anesthesia nurses (COBANs)], obstetricians, obstetric trainees, certified nurse midwives, surgery trainees, and labor and delivery nursing personnel. Obstetric anesthesia fellows provide direct patient care for patients undergoing surgical procedures in an (CNM) operating room setting and for women in labor and delivery rooms. Fellows may also be part of a multidisciplinary team that provides care for complicated maternal and fetal conditions.

2. Fellows are expected to evaluate patients. In general, they are expected to obtain an appropriate medical history, conduct a physical examination, develop a problem list, and make a plan of care in consultation with the attending faculty or other trainees. Fellows may write orders for specific diagnostic tests, request consultative services, interpret laboratory results, and participate in procedures performed in the surgical suites, labor rooms, or procedural sites under the supervision of an attending faculty. Fellows may also provide education and in some instances supervision of junior residents.

3. Fellows are expected to document their provision of patient care in the medical record in a timely manner, notify attending faculty, and comply with University of Michigan Global Trainee (Resident) Supervision Policy 04-06-043 [http://www.med.umich.edu/ipolicies/umh/04-06-043.html](http://www.med.umich.edu/ipolicies/umh/04-06-043.html) (Attachment G).
C. Fellow Progressive Responsibilities for Patient Management:

Fellows are either board certified in the specialty of anesthesiology or in the board certification process. Progression within the year requires increasing degrees of autonomy while preserving the patient trust of adequate faculty supervision. It is assumed that fellows will progress to the ability to provide unsupervised subspecialty care following completion of fellowship training. Our training program will ensure adequate supervision of fellows with graded levels of supervision as deemed by faculty assessment of the individual fellow.

D. FACULTY RESPONSIBILITY FOR SUPERVISION OF ANESTHESIOLOGY FELLOWS

We use the 2011 ACGME classification of fellow supervision:

- **Direct supervision** – where the supervising physician is physically present with the fellow and physician.
- **Indirect supervision with direct supervision immediately available** – where the supervising physician is physically within the hospital or other site of patient care and immediately available to provide direct supervision, if needed.
- **Indirect supervision with direct supervision available** – where the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide direct supervision.
- **Oversight** – where the supervising physician is available to provide review of procedures/encounter with feedback provided after care is delivered. An example would be fellows in the intensive care units.

1. Additional description of Faculty responsibilities are delineated in the UMHS Policy 04-06-043 Global Clinical Trainee Supervision [http://www.med.umich.edu/i/policies/umh/04-06-043.html](http://www.med.umich.edu/i/policies/umh/04-06-043.html) (Attachment G)

2. At all times obstetric anesthesiology fellows will have an assigned faculty for every patient encounter, and a faculty is readily available within the hospital for immediate consultation 24-hours a day, seven days a week. This faculty is the assigned faculty anesthesiologist for labor and delivery.

3. The faculty are always responsible for the fellow’s patient care activities and are therefore responsible for safe and appropriate care of patients and full compliance with all regulation regarding professional fee billing for that activity.

4. Department policy is that no general anesthetic may be started without the physical presence of the faculty, except in extreme emergencies. Departmental policy also is that no patient may be extubated in the O.R. without faculty physical presence.

5. During the supervision of anesthesiology fellows, faculty may only direct a maximum of two anesthetizing locations simultaneously. 1:2 means one attending anesthesiologist supervising no more than 2 residents or fellows.

6. Faculty are responsible for determining if the level of patient care requires closer supervision than 1:2.