USF Clinical Informatics Supervision Policy

Purpose: To promote appropriate fellows' supervision while providing for graded authority and responsibility. The program follows the ACGME classification of supervision as noted below. The supervising physician can refer to a faculty or fellow, that who has been given supervisory privilege. These supervisory levels are used throughout the Scope of Practice document.

Parent Policy: [Supervision and Accountability of Post Graduate Residents GME-204](#)
1. **Direct Supervision** - the supervising physician is physically present with the fellow during the key portions of the patient interaction; or, the supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.
    a. **Circumstances:** The fellow is early in their Clinical Informatics career and is thus unfamiliar with concepts and principles. Participation in projects and committees is primarily to learn. Decision-making is not applicable at this level.
2. **Indirect Supervision -** The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision
    a. **Circumstances:** The fellow has a basic understanding of the concepts and principles addressed during meetings or committees. The fellow may offer an opinion and provide minor decisions. Decisions and opinions that were offered by the fellow will be immediately validated by the attending faculty.
3. **Oversight -** the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.
    a. **Circumstances:** The fellow has a sophisticated understanding of the concepts and principles being addressed during meetings or committees. The fellow may offer an opinion and provide decisions. The supervising physician is available to provide review after decision making events. Major decisions and opinions that were offered by the fellow will be validated by the attending faculty during regularly scheduled sessions.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members. The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones. Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the fellow's knowledge base, informatics sophistication, and ability to analyze complex clinical informatics issues. Fellows should serve in a supervisory role to residents or junior fellows in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

Each fellow must know the limits of their scope of authority, and the above circumstances under which the fellow is permitted to act with conditional independence. In a clinical situation, fellows are to contact attendings when, including but not limited to: emergency care rendered by trainee, patient upgrade to higher level of care, unexpected patient death, unexpected complication or event report, patient or staff request to speak with attending or if the trainee is harmed or threated. Faculty supervision assignments must be of sufficient duration to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility.

Effective: 7/1/2023