PURPOSE: This memo is developed with the following specific goals in mind:

1) To maximize patient safety and well-being in an academic teaching hospital setting
2) To enhance learning opportunities and environment for fellow trainees
3) To ensure timely resolution and follow-up plans for deficiency or concerns in fellow performance
4) To provide improvement opportunities for faculty’s teaching efficacy and mentorship development
5) To establish proper channels of communications and reporting structures to address areas of concerns without potential retributions from involved parties

RAINBOW 2 INPATIENT UNIT:

1) Daily clinical rounds will be conducted with the inpatient fellow as the main point of care coordination among clinical and support teams. These rounds will be executed under the direct and immediate supervision of an attending faculty who is required to be present on rounds.

2) Daily patient physical examinations at the bedside by the fellows will be closely supervised by the attending faculty

3) When an attending faculty has concerns with a fellow’s performance, the attending faculty is strongly urged to provide direct feedback to the fellow, preferably in person in private. If an attending faculty has a more global concern regarding the performance of a fellow, the attending faculty may bring the concerns directly to either the program director or the associate program director. The directors will then set up individual meeting with the fellow in question and draft a specific action plan to address these issues. Individual attending faculty and/or staff may be asked by the program directors to help draft a corrective action plan, and to help monitor fellow’s progress in remediation towards competency in the specific areas of concern.

4) When a fellow has specific concerns regarding the performance or conduct of a resident, the fellow is encouraged to provide direct feedback to the resident in question. If the resident in question is at an intern level, the fellow is encouraged to provide feedback to the senior residents on service about specific concerns. If the resident in question is a senior resident, the fellow is encouraged to provide feedback to a) the attending physician; b) the chief resident; and/or c) residency program director.
5) When a fellow has specific concerns regarding the performance or conduct of a medical student, the fellow should report his/her concerns directly to the attending physician, or to the Division’s medical education director, Dr. Connie Piccone.

6) When a fellow has specific concerns regarding the performance or conduct of a resident on elective rotation in our division, the fellow should report his/her concerns directly to both the attending physician and to our Division’s medical education director, Dr. Connie Piccone.

7) When a fellow has specific concerns regarding the performance or conduct of a member of the nursing staff, the fellow should report his/her concerns directly to Linda Winfield, R.N., M.S.N., R2 nurse manager.

8) When a fellow has specific concerns regarding the performance or conduct of a nurse practitioner or physician assistant, the fellow should report his/her concerns directly to Kathy Sanniti (844-1335; Kathy.Sanniti@UHHospitals.org) or to Dr. Joe Matloub.

9) When a fellow has specific concerns regarding the clinical judgment and aptitude of an attending physician, he/she should report such concerns to both the program director as well as the medical director, Dr. Joe Matloub.

RBC CONSULT SERVICE:

1) ALL inpatient consultation services will be supervised by and conducted in conjunction with the consult attending.

2) When a fellow has specific concerns regarding the performance or conduct of an attending on other medical services, the fellow should report such concerns to the pediatric hematology-oncology consult attending.

3) When a fellow has concerns regarding the performance or conduct of a resident / fellow on other medical services, the fellow should report such concerns to the pediatric hematology-oncology consult attending as well as the specialty service attending who supervises said resident / fellow.

SUPERVISION OF PROCEDURES:

1) In order to obtain a level of aptitude and competency, direct supervision of procedures (e.g. bone marrow aspiration / biopsy, diagnostic lumbar puncture, intrathecal chemotherapy administration) MUST be carried out by the attending physician for the first six such procedures. The attending must personally sign off after each successful completion of the procedure. Each fellow will then continue to maintain a running procedure log during each of the 3-year training program.

2) After the initial 6 procedures, fellows may be accompanied and supervised by nurse practitioners for these procedures. However, for purposes of physician billing, the attending physician needs to be present for essential portions of the procedures.

3) When a fellow procedure performance is deemed sub-optimal or inadequate, the program director or the associate program director will work with the fellow to draft a remedial plan in order to improve on procedure performance. The plan may involve extending periods of direct attending-physician supervision followed, or enhanced opportunity to perform procedures under nurse practitioner supervision.

Outpatient / SCC UNIT:
1) Fellows seeing new patient referrals or consultations in the SCC must report directly to the SCC attending, and the visit will be closely supervised by the attending physician in the SCC. For frequent clinic patients who are co-managed by a fellow, an attending physician and a nurse practitioner, the fellow may be supervised by a nurse practitioner for routine clinic visit. All sick visits staffed by a fellow will need to be supervised by an attending physician.

2) When a fellow has specific concerns regarding the performance or conduct of a member of the SCC nursing staff or the nurse practitioner / physician assistant core, the fellow should resolve such concerns directly to the individual staff. However, if this mode of action does not result in cessation of such concerns, the fellow should then report such concerns to Dena Mitchell, the SCC nurse manager. If concerns still remain after these steps, the fellow should then bring up the concerns to Dr. Rachel Egler, M.D. (Associate Program Director & SCC Medical Director), Dr. Joe Matloub, M.D. (Medical Director), or the program director.

3) Same reporting structure exists for concerns regarding medical student / resident electives as outlined under Rainbow 2 inpatient unit.

FELLOWSHIP PROGRAM / CLINICAL DIVISION

1) Fellows should address any concerns about the overall fellowship program structure / execution directly to the program directors in a timely manner in order to quickly and effectively address any areas of concerns / deficiencies.

2) When a fellow has any concerns regarding the performance or conduct of the program director or the associate program director, such concerns MUST be made in a timely manner directly to one of the following individuals: 1) the Division Chief, Dr. John Letterio, M.D.; 2) the Pediatric Fellowship Director, Dr. Kathy Mason; or 3) Director of Graduate Medical Education, Dr. Susan Nedorost. The senior leadership will address concerns directly with the program director without singling out individual fellow presenting the complaint.

3) When a fellow has any concerns regarding the performance or conduct of the Division Chief, such concerns need to be made first to the program directors, then to the Department Chair’s office if need be.

Any questions regarding above mentioned supervision / chain-of-command policy, please bring to the attention of the program director or the associate program director. Thank you.