Pulmonary Medicine Fellowship
86 W. Underwood Street, Ste 101
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The Policy on Supervision of Pulmonary Subspecialty Fellows
Pulmonary Diseases Fellowship Program
Orlando Regional Medical Center / Orlando Health and Affiliated Sites

Overall Supervision

The level and method of supervision for residents/fellows in each program is the responsibility of the program director and must be consistent with the Institutional and Program Requirements for that program as specified by the ACGME (see below). During the 24 month long fellowship program, there will be no rotation where the fellow will work without faculty responsible for supervision. Guidelines for supervision pertaining specifically to Orlando Regional Medical Center are found in the Graduate Medical Education Administration Policies and Procedures manual. It is recognized that residents/fellows have differing levels of training and maturity in the same training program as well as in the levels of general and specialty training in different disciplines. It is incumbent upon the supervising attending physician to have certain knowledge of the skills, prior experience and capability of the individual resident/fellow in order to determine the specific degree of supervision required. In the supervision of resident/fellow patient management, attending physicians should:

A. Carefully and directly scrutinize all resident historical and physical examination information for accuracy and completeness;
B. Know and approve of, either directly or by care patterns, all diagnostic tests ordered by the resident/fellow;
C. Assure the proper quality of the management of the patient including the transmittal of information by the resident/fellow;
D. Directly supervise or have certain knowledge concerning the capability and experience of a resident/fellow performing and/or interpreting a diagnostic procedure or initiating a therapy for a patient; and
E. Directly supervise or have explicit knowledge concerning satisfactory skills and experience of a resident/fellow performing a procedure upon a patient.

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Service Specific Supervision rules for Pulmonary Fellows

A. Pulmonary Consultation Service – All the Pulmonary faculty/ attending are pulmonary board certified. The faculty will personally see, examine and verify the fellows' findings on each patient seen in the round. The fellow in turn will be assisted by and will supervise the residents and midlevel providers in the team. Pulmonary consult service will deal with inpatient pulmonary consults at ORMC and Winnie Palmer Hospital. Average census of the service will be 15-20 patients. Fellow himself will see 1/3rd of the patient's himself, while the residents, midlevel practitioner and the attending faculty will see the others. The fellow will be the first responder and will receive all consult calls except for specific cases where hospital policy mandates attending to attending calls. The rounding attending, the fellow, the midlevel provider and the internal medicine resident rotating in pulmonary service will discuss each patient with the resident and the fellow. Under direct supervision, the fellow will schedule, perform and follow up on bronchoscopy and other procedures. The fellow will interpret, under direct supervision of consult service attending, all the PFTs done at ORMC and OHHI pulmonary office building. The total number of PFTs per week is around 40. A typical day for the fellow should begin at 7.30 AM and except extraordinary circumstances, is not expected to last beyond 6 PM. The fellow would get at least 4 days off during a four week month and 5 days off during a five week month. During off hours, the fellow will be backed by the on call attending. Anticipated overnight pages are not expected to be more than 2 pages/night except for extraordinary circumstances. At the end of the call hours or at the change of rotation, the outgoing fellow will give a detailed check out to the incoming fellow. This checkout process will be directly supervised by the attending.
B. Critical Care Medicine (CCM) service – CCM service has board certified attendings on site 24/7 for supervision of fellows and junior housestaff. The pulmonary fellows act as the contact person for all new admissions and in hospital transfers to the ICU. The Pulmonary fellow will first evaluate, triage, decide on ICU transfer and then present his plan with the supervising faculty. The faculty will personally examining the patient and will approve/ modify fellows' decision. Then the fellow will allocate patients to the junior housestaff. The fellow will notify the attending of any acute changes in patient's conditions. Fellows also review and discuss plan of care with residents before the residents present an admission to the attending faculty. The fellow will also review and discuss each patient with the respective residents before morning rounds. In addition, fellows must

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directly supervise resident check-out. At the end of shift, the outgoing fellow will give a detailed check out to the incoming fellow. This checkout process will be directly supervised by the attending. The senior resident on call (PGY II or III) carries the cross coverage pager. He/she receives the initial call from nurses on established patients in the ICU. The PGY II/III resident must notify the fellow AND/ or the attending about any acute or deleterious change in a patient's status. PGY I residents primary responsibility is to see their patients and present them on rounds. They are supervised by both senior level residents and by fellows. CCM attending are notified of all procedures to be completed in the ICU. Any procedure (elective or emergent) performed by a junior housestaff (PGY I, II, or III) must be supervised by both the fellow and the attending. All Fellow procedures are supervised by attending.

C. Procedure/ Bronchoscopy Service: The Pulmonary Fellowship policy on supervision of residents strictly adheres to the principles outlined above. All invasive procedures are directly supervised by the attending physician even procedure specific competence is demonstrated by the fellow (Central venous catheterization, endotracheal intubation, tube thoracostomy, thoracentesis, paracentesis, lumbar puncture, tracheostomy tube management and Bronchoscopy). When residents are performing a procedure, the fellow will assist the resident perform the procedure under the supervision of the Attending.
D. Lung Physiology/PFT service – PFT interpretation will be part of the consult service. Fellow will interpret all the PFT being performed at ORMC and Orlando Heart Institute Building. After their interpretation, the fellow will have each of the PFT reviewed and if needed corrected by the attending physician.
E. Ambulatory Services: In the continuity and elective clinics, the fellow will see and examine the patient by herself/himself. After taking history, examining the patient, the fellow will present her/his assessment plan on each patient to the supervising attending. The supervising physician will personally take history of the patient and approve or modify the fellow's diagnosis and management plan.
F. Elective Service: While on elective services, the fellow will be under the supervision of the subspecialty attending. All the patient interactions and procedures of the fellow will be supervised by the subspecialty / elective attending. The program director or the research mentor will supervise the research rotation and QI rotation. The program director will supervise the overall performance and compliance to the requirement of ambulatory care rotation.
G. Documentation: Each and every record entry of the fellow will be reviewed by the supervising attending before final signature.

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H. System based Practice: Fellows usage of laboratory tests, imaging studies and decision on invasive procedures will be closely monitored by the faculty supervisor.