



REPLY TO  
ATTENTION OF

**DEPARTMENT OF THE ARMY  
BROOKE ARMY MEDICAL CENTER  
3551 ROGER BROOKE DRIVE  
FORT SAM HOUSTON, TEXAS 78234-6200**

MCHE-PM

15 October 2014

MEMORANDUM FOR SAUSHEC Pain Medicine Faculty and Fellows

SUBJECT: Supervision Policy

The SAUSHEC Multidisciplinary Pain Medicine Fellowship Program provides qualified supervision of fellows based on ACGME guidance. For example, every patient in the Pain Management clinic or in the inpatient or operating room environments has an identifiable, appropriately-credentialed and privileged attending physician who is ultimately responsible for that patient's care. For example, in the Pain Management clinic environment, the attending physician will be a subspecialist Pain Medicine fellowship-trained physician, board certified through the American Board of Medical Specialties. In the Pain clinic, there are Physician Assistants practicing directly under the supervision and license of an attending physician as well as four Pain Psychologists practicing independently. This information will be available to fellows, faculty members, and patients. Fellows and faculty members inform patients of their respective roles in each patient's care.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow will be assigned by the PD with input from the Clinical Competence Committee.

- The PD will evaluate each fellow's abilities based on criteria agreed upon by the Committee. Specific national standards-based criteria for this are not available in Pain Medicine at this time.
- Faculty members functioning as supervising physicians will delegate portions of care to fellows, based on the needs of the patient and the skills of the fellows.
- Fellows will serve in a supervisory role of residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

The fellows are expected to progress in a continual manner to higher levels of responsibility in anticipation of graduation and independent practice after only 12 months. Frequent interaction between faculty and the PD and allow for recommendations for decreasing supervision in certain aspects of patient care. This review will also occur through information gained from use of fellowship evaluation tools. When the PD agrees to awarding decreased supervision for an area of patient care for a fellow, this will be in writing and placed in the fellow's file for reference. For example, after initial instruction, it will be expected that fellows perform the History and Physical and administrative duties without Direct Supervision. Certain basic procedures such as trigger point injections, intra-articular knee injections may no longer require Direct Supervision

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after three to five observed, competently performed procedures. On the other hand, many of the interventional spine procedures will require Direct Supervision throughout fellowship but with decreasing involvement of the attending physician. In the second half of fellowship, the attending physician might only provide pointers or answer questions, serving as a resource in the procedure suite. Faculty supervision assignments will be of sufficient duration to assess the knowledge and skills of each fellow and delegate to him/her the appropriate level of patient care authority and responsibility. The nature of this fellowship program allows for almost continual and longitudinal exposure of the fellows to each of the faculty.

To ensure oversight of fellow supervision and graded authority and responsibility, the SAUSHEC Multidisciplinary Pain Medicine Fellowship Program uses the following classification of supervision from the ACGME:

- **Direct Supervision** – the supervising physician is physically present with the fellow and patient.
- **Indirect Supervision:**
  - **with direct supervision immediately available** – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
  - **with direct supervision available** – 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** – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

There will be guidelines for circumstances and events in which fellows must communicate with appropriate supervising faculty members. These will be discussed during orientation.

- Each fellow will be informed of the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.
- Fellows will communicate with their daily supervising attending physician or the attending physician on call:
  - when an event occurs which requires or might require a change in the level of care.
  - when an unexpected outcome or complication occurs related to a procedure.

Fellowship Program Director