

- Contact the Nursing Board to inquire about any administrative complaints or lawsuits that may have been filed against the nurse practitioner.
- **Verify the nurse practitioner's professional liability coverage. The nurse practitioner should have the same professional liability insurance coverage limits as you do.**
- Check your professional liability insurance policy and contact your Underwriter to notify him of the supervision arrangement.
- **Be aware that there is no universal agreement on what constitutes "supervision." Know what you are agreeing to.** Know what is expected of you before you sign a contract or agreement to be a supervisor and before signing-off on a **form as a supervisor. Check with the various organizations that may be involved, such as the patient's insurance company, facilities where you and the nurse practitioner practice, and Medicare/Medicaid, to understand their definitions of supervision and supervisor.**
- Be trained and experienced in the same area of practice as the individual you are supervising. You will be held to the standard of care for that practice area.
- Do not supervise relatives, close friends, employers, or patients. Dual relationships can impair your objectivity and professional judgment and should be avoided. Supervision of patients would almost certainly be considered unethical.
- Understand the requirements for and implications of your signature on orders and other documents, especially for a patient that you have not seen. As the signing physician, you must ensure that the level of your involvement is accurately reflected on the document. One way to ensure this is to annotate the signature. For example, you might add **"Reviewed by," "Chart reviewed/patient not seen by," or "Under the supervision of" before your signature.**
- Ensure that the nurse practitioner who will be prescribing on his own has complied with statutory, regulatory, and payer requirements and has obtained his own DEA number and prescription pads.
- Ensure that the nurse practitioner is aware of his professional code of ethics.

Develop a written agreement prior to supervision, even if not required to do so under state law. A formal agreement should help to promote communication, set parameters, clarify responsibilities and expectations, establish procedures, and limit ambiguity. Some states require a written agreement for supervisory relationships and even require a review of the agreement by the respective licensing boards involved. Any agreement should be strictly followed so that the standards of the agreement are not violated. Specific elements to consider having in a written agreement include, but are not limited to, the following:

- frequency and type of supervision and record review,
- notification by the nurse practitioner of any changes in his professional status, such as an investigation or disciplinary action by professional licensing board and or professional certifying organizations, complaints by patients, etc.,

- loss or limitation of license,
- change in insurance coverage,
- your requirements for notification of material changes in the status of patients (emergencies, crises, side effects, etc.), and
- information to be given to patient about the respective roles of the physician, nurse practitioner, and the patient other, **as indicated by the state's statutes and rules.**
- Consult with personal legal counsel for state specific requirements, for assistance with the agreement, and for information about financial and billing matters.
- Know that no legal document can totally eliminate your risk for liability from a supervisory relationship. Should the supervisory relationship ever be questioned, the substance of the relationship will be considered as well as any formal agreement.

Tailor your involvement to the nurse practitioner's education, training, and skills, as well as the clinical needs of the patient. Simply meeting your state's requirements for supervision may not be sufficient.

- **Do not make assumptions about the nurse practitioner's knowledge; assess his skills carefully. Document internal training and continuing education.** Make sure that the nurse practitioner knows his limits and knows when to ask for help (i.e., it is important that the nurse practitioners not wait too long to contact you with important clinical information about a patient or other critical issue.)
- Ensure on-going communication between yourself and the Nurse Practitioner.

This is especially critical with regard to crisis and emergency situations. If at anytime there are materials changes in a **patient's** status (including, but not limited to, suicidality or homicidality), the nurse practitioner should notify you immediately. There have been cases where the nurse practitioner made **significant decisions without informing the physician, who didn't know of the problem until he was named as a defendant in a lawsuit.**

Educate the patient about the supervisory relationship. Ensure that the patient understands that the nurse practitioner is not a psychiatrist.

- Document your supervision including the dates of each supervision meeting, the duration of in-person supervision, and an ongoing record of the total number of hours of supervision to date.
- Ensure that in the event of your non-availability, another psychiatrist is available to cover your supervisory responsibilities with the nurse practitioner.
- Evaluate the nurse practitioner on the basis of actual performance and reasonable standards.

Remember that you are responsible for ensuring that the nurse practitioner performs responsibly, competently, and ethically. If at any time and for any reason, you determine that the nurse practitioner is not providing services commensurate with the standard of care, develop and implement a plan for remediation. You may want to consider putting the remediation plan in writing. Such a step could help with communication and compliance and could also be used to provide a defense of your actions should they ever be questioned. If the nurse practitioner is unable to provide appropriate care, patients may need to be seen by you or another competent health care professional until the nurse practitioner is able to resume appropriate care.

Additional Resources:

AMA Guidelines for Integrated Practice of Physician and Nurse Practitioner (Policy H-160.950), available at www.ama-assn.org.

APA Guidelines for Psychotherapists in Consultative, Supervisory, or Collaborative Relationships With Nonmedical Therapists

APA Guidelines for Physician Signatures

APA Ethics Opinion 5-J regarding supervisors' signatures when the supervisor has not examined the patient



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