



SCOPE OF PRACTICE

Clinical Cardiac Electrophysiology Fellowship Director of Program: Bengt Herweg, MD USF Health Morsani College of Medicine University of South Florida

This document pertains to PGY 7 and 8 fellow rotations under the auspices of the Clinical Cardiac Electrophysiology Fellowship Training Program at the James A. Haley Veterans' Hospital and Tampa General Hospital. All Accreditation Council of Graduate Medical Education (ACGME), Joint Commission (JC), Agency for Health Care Administration (AHCA), and CMS guidelines pertaining to graduate medical education apply to this scope of practice.

The purpose of this policy is to ensure that fellows are provided adequate and appropriate levels of supervision during the course of the educational training experience and to ensure that patient care continues to be delivered in a safe manner. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow is assigned by the program director and faculty members to ensure effective oversight of fellow supervision.

Each fellow and faculty must inform each patient of their respective roles in patient care. Fellows must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence. Fellows must communicate with the supervising faculty in the following circumstances:

- DNR or other end of life decisions
- All new patient encounters in the catheterization lab
- If requested to do so by other faculty attendings in any primary or specialty program
- If specifically requested to do so by patients or family
- If any error or unexpected serious adverse event is encountered at any time
- If the fellow is uncomfortable with carrying out any aspect of patient care for any reason

Supervision may be provided by more senior residents in addition to attendings. However, all patient care must be provided under a credentialed and privileged attending physician. The attending physician is ultimately responsible for management of the individual patients and the supervision of the residents involved in the care of the patient. Supervision must be documented in the medical record in accordance with the Clinical Cardiac Electrophysiology Fellowship at the University of South Florida compliance guidelines.

Fellows and faculty can report concerns regarding inadequate supervision on the GME website or the hospital reporting system. Any reports will be protected from reprisal. This document is available on the GME website for all residents, faculty, other team members, and patients.

The program follows the ACGME classification of supervision as noted below. The supervising physician can refer to a faculty, fellow, or resident that who has been given supervisory privilege. These supervisory levels are used throughout the Scope of Practice document.

Supervision and all patient care must be provided under a credentialed and privileged attending physician. The attending physician is ultimately responsible for management of the individual patients and the supervision of the fellows involved in the care of the patient. Supervision must be documented in the medical record in accordance with the Interventional Cardiology Fellowship Training Program at the University of South Florida compliance guidelines.

The program follows the ACGME classification of supervision as noted below. The supervising physician can refer to a faculty, fellow, or resident that who has been given supervisory privilege. These supervisory levels are used throughout the Scope of Practice document.

Direct Supervision

1. The supervising physician is physically present with the fellow and patient during the key portions of the patient interaction.
2. The supervising physician and/or patient is not physically present with the Resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

Indirect Supervision

1. The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the Resident for guidance and is available to provide appropriate direct supervision.

Oversight

The supervising physician is available to provide review of procedures/encounters with feedback after care is delivered.

The fellowship program has a curriculum for providing knowledge and performance competence that includes didactic conferences, procedure training, simulations, and a number of procedures that need to be completed before obtaining indirect supervision. Annual decisions about competence are made by the program's clinical competency committee to ensure a successful transition and preparation for the next PGY level. All fellows need to maintain current ACLS & BLS training.

	Supervising Physician present (Direct)	Supervising Physician is not providing physical or concurrent visual or audio supervision but is immediately available (Indirect)	Supervising physician is available to provide a review of procedures/encounters with feedback after care is delivered (oversight)			
Designated Levels	1	2	3			
CORE PROCEDURES					PGY-7	PGY-8
Devices					1	1
Implantable cardioverter defibrillator (ICD) implantation					1	1
Dual chamber ICD					1	1
Biventricular lead implantation (CRT_D)					1	1
Permanent pacemaker implantation					1	1
Single chamber pacemaker					1	1
Dual chamber pacemaker					1	1

CRT pacemaker	1	1
Lead revision	1	1
Generator change	1	1
Pacemaker and ICD interrogation and programming	2	2
Remote device interpretation	2	3
Cardiac ablation of cardiac arrhythmias		
Atrial fibrillation ablation	1	1
Cryoballoon ablation	1	1
Radiofrequency ablation	1	1
Atrial flutter ablation	1	1
Isthmus dependent atrial flutter	1	1
Non-isthmus dependent	1	1
AV junctional ablation	1	1
AV nodal reentry tachycardia	1	1
AV reentry tachycardia/accessory pathway	1	1
Focal atrial tachycardia	1	1
Ventricular tachycardia/PVCs in patients with SHD	1	1
Idiopathic ventricular tachycardia/PVC	1	1
Transseptal catheterization	1	1
Electrophysiologic studies	1	1
Pericardiocentesis	1	1
Holter monitoring	2	3
Performance of exercise stress testing	2	2
Tilt table testing	2	2

DocuSigned by:

Bengt Herweg

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Program Director, Clinical Cardiac Electrophysiology Fellowship

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Effective Date