



## SCOPE OF PRACTICE

**Advanced Heart Failure & Transplant Cardiology Fellowship**  
**Director of Program: Luis Arroyo, MD**  
**USF Health Morsani College of Medicine**  
**University of South Florida**

This document pertains to PGY 7 fellow rotations under the auspices of the Advanced Heart Failure and Transplant Cardiology Fellowship Training Program at 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 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 are encouraged to communicate with supervising faculty any time they feel the need to discuss any matter relating to patient care. Fellows are responsible for asking for help from the supervising physician under any/all situations where the fellow is not comfortable/confident. Faculty supervision is required during emergency care by trainee, circumstances requiring upgrade of care of patient, patient death, unexpected complication, upon request of patient or staff, and fellow threat or harm.

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 fellows involved in the care of the patient. Supervision must be documented in the medical record in accordance with the Advanced Heart Failure and Transplant 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 Resident 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

2) 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.

**Emergency Procedures**

It is recognized that in the provision of medical care, unanticipated and life-threatening events may occur. The heart failure and transplant cardiology fellow may attempt any of the procedures normally requiring supervision in a case where the death or irreversible loss of function in a patient is imminent, and an appropriate supervisory physician is not immediately available.

The fellowship program has a curriculum for providing knowledge and performance competence that includes procedure training and number of procedures that need to be completed before obtaining indirect supervision or oversight. Fellows are directly observed by the attending staff throughout clinical training with close observation of the fellow’s progressive involvement and independence in providing patient care. Fellows are evaluated on their medical knowledge, technical skills, professional attitudes, behavior and overall ability to manage the care of a patient. In addition, fellow performance is regularly discussed at the Heart Failure and Transplant Cardiology Faculty meetings, and Education Committee meetings as appropriate. The Clinical Competency Committee also reviews the six ACGME competencies related to the fellow and determine if the trainee is acquiring knowledge and skills at a rate adequate to function independently as a heart failure and transplant cardiologist at the completion of the fellowship. This feedback is then communicated to the fellow semi-annually by the Program Director. 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		
<b>CORE PROCEDURES</b>					<b>PGY-7</b>
Intra-aortic balloon pump insertion					1
Endomyocardial biopsies					1

	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		
Insertion of other forms of percutaneous temporary circulatory support devices					1
Conscious sedation and elective cardioversion					3
Central venous line placement by subclavian					3
Internal jugular and femoral approaches					3
Bedside right heart catheterization					3
Temporary pacemaker insertion					3
Arterial puncture/catheterization					3
Exercise tolerance testing					3
Pharmacologic stress testing					3
ECG interpretation					3
Pacemaker interrogation and adjustment					3
Placement of peripheral intravenous catheters					3
Suture placement and removal					3
Central venous catheter removal					3

DocuSigned by:

*Luis Arroyo*

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**Luis Arroyo, MD**

Program Director, Advanced Heart Failure & Transplant Cardiology Fellowship

Date