



SCOPE OF PRACTICE

Clinical Cardiac Electrophysiology Fellowship
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This document pertains to PGY 7 & 8 fellow rotations under the auspices of the Clinical Cardiac Electrophysiology Fellowship Training Program at the James A. Haley Veterans' Hospital, Tampa General Hospital and USF South Tampa Center for Advanced Healthcare. 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 responsible for asking for help from the supervising physician under the following circumstances:

1. Patients released from the Emergency Room
2. A significant change in a hospitalized patient's condition.
3. Patients admitted to the Hospital
4. DNR or other end of life decision
5. All new patient encounters in the electrophysiology lab
6. If requested to do so by other faculty attendings in any primary or specialty program
7. If specifically requested to do so by patients or family
8. If any error or unexpected serious adverse event is encountered at any time
9. If the fellow is uncomfortable with carrying out any aspect of patient care for any reason

Supervision may be provided by more senior fellows 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 fellows involved in the care of the patient. Supervision must be documented in the medical record in accordance with the Clinical Cardiac Electrophysiology 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 The supervising physician is physically present with the fellow and patient.

Indirect Supervision

- 1) 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.
- 2) 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.

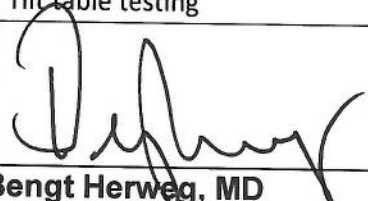
Oversight

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

The fellowship program has a curriculum for providing knowledge and performance competence that includes procedure training, didactic lectures 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 in hospital and available for consultation (Indirect but direct supervision immediately available)	Supervising Physician out of hospital but available by phone or can come in (Indirect but direct supervision available)	The trainee may perform the procedure without supervising Attending/ resident (oversight)		
Designated Levels	1	2	3	4	See below for level of supervision required for each procedure and year of training	
CORE PROCEDURES (Minimum required for indirect supervision = 1)					PGY-7	PGY-8
Devices						
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
Lead Extraction					1	1
Pacemaker & ICD Interrogation and Programming					2	2
Remote Device Interpretation					2	3

	Supervising Physician present (Direct)	Supervising Physician in hospital and available for consultation (Indirect but direct supervision immediately available)	Supervising Physician out of hospital but available by phone or can come in (Indirect but direct supervision available)	The trainee may perform the procedure without supervising Attending/ resident (oversight)	
Designated Levels	1	2	3	4	See below for level of supervision required for each procedure and year of training
Catheter Ablation of Cardiac Arrhythmias					
Atrial fibrillation ablation					1
Cryoballoon Ablation					1
Radiofrequency Ablation					1
Atrial flutter ablation					1
Isthmus Dependent Atrial Flutter					1
Non-Isthmus Dependent					1
AV junctional ablation					1
AV nodal reentry tachycardia					1
AV reentry tachycardia /accessory pathway					1
Focal atrial tachycardia					1
Ventricular tachycardia/PVC's In Patients with SHD					1
Idiopathic ventricular tachycardia/PVC					1
Transseptal catheterization					1
Electrophysiologic studies					1
Pericardiocentesis					1
Holter Monitoring					2
Performance of Exercise Stress Testing					2
Tilt table testing					2


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 Date