



## SCOPE OF PRACTICE

**Interventional Cardiology Fellowship  
Director of Program: Bibhu Mohanty, MD  
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University of South Florida**

This document pertains to PGY 7 fellow rotations under the auspices of the Interventional Cardiology 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 resident and faculty must inform each patient of their respective roles in patient care. Residents must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence. Residents 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 Interventional Cardiology Fellowship at the University of South Florida compliance guidelines.

Residents 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.

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#### 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.

#### **Direct Supervision:**

*Fellows shall:*

1. Learn proper techniques for performing coronary/cardiac interventions, including:
  - a. All aspects of performing percutaneous coronary intervention, including advanced techniques for cases involving bifurcations, left main disease, vein graft intervention, acute myocardial infarction (including STEMI) and instent restenosis
  - b. Advanced techniques in coronary plaque modification including atherectomy, lithotripsy, thrombectomy, and intra-coronary drug delivery.
  - c. Vascular pressure wire use for fractional flow reserve measurement and other measurements of coronary physiology
  - d. Intravascular imaging using intra-vascular ultra-sound and optical coherence tomography.
  - e. Vascular access, including radial, femoral, brachial access sites, as well as large bore access, using ultra sound and fluoroscopy.
  - f. Use of vascular access closure devices
  - g. Pericardiocentesis
  - h. Placement of mechanical circulatory support devices including intra-aortic balloon pump, Impella CP devices
  - i. Exposure to placement of large bore circulatory support devices including Impella RP, Tandem Heart and ECMO
  - j. Exposure to intervention in chronic total occlusion
  
2. Learn proper interpretation of cardia diagnostic studies, including:

- a. Diagnostic angiography, including anomalous vessels, and coronary bypass grafts.
- b. Cardiac fluoroscopy and angiography
- c. Hemodynamics catheterization for management of hemodynamic instability
- d. Intracoronary hemodynamic data


**In-direct Supervision:**

*Fellows shall:*

1. Learn the pre and post procedural management of patient undergoing cardiac catheterization procedures, including:
  - a. Pre-procedural assessment, including appropriate history-taking and review of diagnostic data
  - b. Performance of procedural consent
  - c. Post-procedural follow up, including management of access sites, pharmacology, and outpatient planning
  - d. Post-procedural management of procedure related complications
  - e. Communication with consulting service and multi-disciplinary teams

	Supervising Physician present (Direct)	Supervising Physician is not providing physical or concurrent visual or audio supervision but is immediately	Supervising physician is available to provide a review of procedures/encounters with		
Designated Levels	1	2	3		
CORE PROCEDURES					PGY-7
Balloon Angioplasty and Stenting					1
Rotational Atherectomy					1
Distal Protection Devices					1
Intravascular Ultrasound and OCT					1
Intracoronary Pressure Wire Analysis					1
Pericardiocentesis					1
Intraaortic Balloon Pump Counterpulsation					1
Temporary Pacemaker Placement					2
Vascular Closure Devices					2
Acute Myocardial Infarction Procedures					2
Brachial/radial vascular access					2
Right/ left heart cath including coronary angio					2
Cannulation of internal thoracic arteries					2
Abnormally located coronary ostia					2

DocuSigned by:

  
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5/12/2023  
Effective Date