



## SCOPE OF PRACTICE

**Interventional Cardiology Fellowship**  
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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 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 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 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      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.

**Direct Supervision:**

*Fellows shall:*

1. Learn proper techniques for performing coronary interventions, including:
  - a. Valvular Disease
  - b. Structural Heart Disease
  - c. Peripheral Vascular Disease
  - d. Cardiac, intracardiac, and intravascular ultrasound examination
  - e. Vascular pressure wire and fractional flow reserve measurements
2. Learn proper interpretation of cardiac diagnostic studies, including
  - a. Diagnostic angiography and hemodynamic testing
  - b. Cardiac fluoroscopy and angiography
  - c. Treat shock and hemodynamic instability

**Indirect Supervision, With Direct Supervision Immediately Available:**

*Fellows shall:*

1. Provide ongoing care for ambulatory patients with cardiac disease

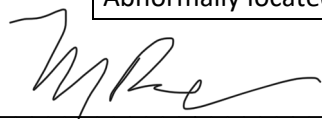
**Indirect Supervision, With Direct Supervision Available:**

*Fellows shall:*

1. Do pertinent history & physical examination and develop diagnostic and therapeutic plans for:
  - Ambulatory
  - Hospitalized patients with unknown or newly diagnosed cardiologic disorders
  - Cardiac emergencies
2. Recognize and provide proper management for cardiac emergencies
3. Provide post procedure care to patient who have undergone interventional procedures
4. Discuss diagnosis, prognosis, diagnostic testing, therapeutic considerations and alternatives, supportive care, end-of-life issues, and psychological issues with patients who have cardiac disorders, and with their family members or significant others where appropriate
5. Interpret EKG for urgent/emergent care
6. Provide consults to physicians in other specialties, regarding cardiac problems of their patients
7. Prepare informal and formal educational presentations for residents, subspecialty fellows, and faculty on cardiology topics
8. Develop a plan and participate in at least one research project

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 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	
<b>CORE PROCEDURES</b>					<b>PGY-7</b>
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



**Michael Berlowitz, MD**  
Program Director, Interventional Cardiology Fellowship

2/26/2020  
Date