



SCOPE OF PRACTICE & SUPERVISION POLICY

**Cardiovascular Disease Fellowship Program
Director of Program: Xavier Prida, MD
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University of South Florida**

This document pertains to PGY 4-6 fellow rotations under the auspices of the Cardiovascular Disease Fellowship Program at Tampa General Hospital, James A. Haley VA, Bay Pines VA and Moffitt Cancer Center. 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 they are permitted to act with conditional independence. Fellows are responsible for asking for help from the supervising physician under any/all situations where the fellow is not comfortable/confident, or previously deemed faculty supervision required, including emergency care by trainee, upgraded level of care, patient death, event report or unexpected complication, patient or staff request to notify, and fellow threat or harm. 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 Cardiovascular Disease Fellowship Program 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 Fellows, 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 Fellow 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 during the key portions of the patient interaction.

- 2) The supervising physician and/or patient is not physically present with the Fellow 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 Fellow for guidance and is available to provide appropriate direct supervision.

Oversight

- 1) 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, simulation, 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 training.

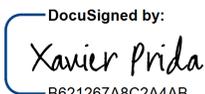
	Supervising Physician present (Direct)	Supervising Physician is not providing physical or concurrent visual or audio supervision but is immediately available (Indirect)	Supervising physician is available to provide a review of procedures/encounters with feedback after care is delivered			
Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training		
CORE PROCEDURES				PGY-4	PGY-5	PGY-6
Perform patient care and procedures in outpatient setting				2	2	2
Make referrals and request consultations				2	3*	3*
Provide consultation within the scope of their privileges				2	2	2
Render any care in a life-threatening emergency				2	3	3
Arterial line				3*	3*	3*
Interpretation of ECG's and Holter Monitors/Event Monitors				2	2	2

	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			
Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training		
Documentation of CCU and consultation treatment plan				2	2	2
Emergency Cardioversion/ACLS				2	2	2
Suturing				3*	3*	3*
Peripheral IV placement				3*	3*	3*
NON-INVASIVE PROCEDURES				PGY-4	PGY-5	PGY-6
Stress test supervision				2	2	2
Pharmacologic stress echocardiography and nuclear testing				2	2	2
Pacemaker interrogation				2	2	2
Exercise stress echocardiography and nuclear testing				2	2	2
ECG Interpretation panel, emergent				3*	3*	3*
ECG Interpretation panel, elective				2	3*	3*
Cardioversion, elective				1	1	1
Assist in EP device interrogation				2	2	2
Advanced Echocardiography with Tissue Doppler, 3-D Echo and TEE				2	2	2
INVASIVE PROCEDURES				PGY-4	PGY-5	PGY-6
Right heart catheterization in the Cath Lab				1	1	1
Temporary pacemaker placement and permanent pacemaker in the EP or Cath Lab				1	1	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			
Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training		
Central venous access				2	2	2
Coronary Angiography				1	1	1
Pulmonary artery catheter placement in the CCU/MICU				2	2	2
Arterial sheath insertion				1	1	1
Temporary pacemaker placement (uncomplicated)				2	2	2
Emergency pericardiocentesis (patient in extremis)				2	2	2
Emergency temporary pacemaker placement and permanent pacemaker				2	2	2
Transesophageal Echocardiography				1	1	1
Pericardiocentesis (emergent)				1	1	1
Loop Recorder				1	1	1
Balloon pump insertion				1	1	1

*All fellows achieved this level of performance during their Internal Medicine Residency training.

Cardiovascular Disease fellows' level of procedural competence is determined by the COCATS 4 procedure requirement for each advanced level of performance as detailed on the following page. COCATS 4 procedural numbers are maintained and reconciled.

DocuSigned by:

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 Xavier Prida, MD
 Program Director, Cardiovascular Disease

4/22/2024 | 15:31 EDT

Effective Date