This document pertains to fellow rotations at James A. Haley VA Hospital, Tampa General Hospital, and Bay Pines VA Hospitals. This program is part of the training program in Vascular and Endovascular Surgery at the University of South Florida. All ACGME and JCAHO guidelines pertaining to graduate medical education apply to these rotations.

In keeping with ACGME and JCAHO guidelines, the faculty and program director are responsible for providing fellows in vascular surgery with direct experience in progressive responsibility for patient management. All patient care at clinical sites provided by fellows will be provided under direct or indirect faculty supervision. Supervision must be documented in the medical record in accordance with Vascular & Endovascular Surgery at the University of South Florida compliance guidelines.

Activities performed without direct supervision require access to the supervisory physician for communication and physical access within 30 minutes. Activities performed with direct supervision require the presence of the supervisory physician for critical portions of the activity and in accordance with CMS guidelines for trainees. Residents are authorized to perform any activity assigned while under direct supervision. Final interpretation of all diagnostic and therapeutic studies requires direct supervision. Trainees at each post-graduate year of training, while not limited to the following activities, are specifically allowed to do these without direct supervision. This document may be modified by the program director based on additions to the training program.

**PGY 6, 7
**
**WITHOUT Direct Supervision**

1. Perform pertinent history and physical (H&P) examination and develop diagnostic and therapeutic plans for:
   a. Outpatient vascular surgery/general surgery patients
   b. Inpatient vascular surgery/general surgery patients
2. Provide ongoing care for
   a. Outpatient vascular surgery/general surgery patients
   b. Inpatient vascular surgery/general surgery patients
3. Demonstrate competence in the techniques for performing (including practice on simulators)
   a. Central venous access
   b. Diagnostic angiography including use of imaging equipment
   c. Endovascular interventions (basic, including types of catheters, stents, other devices)
   d. Inferior Vena Cava placement with IVUS
e. Tunneled catheter for hemodialysis placement and removal
f. Interpretation of angiographic images
g. Duplex ultrasound imaging and interpretation
h. Interpretation and manipulation (using workstation) of CT image; including endovascular AAA planning

4. Recognize and provide proper management/care for general surgery and vascular surgery emergencies (respiratory failure, cardiac ischemia, acute limb ischemia, ruptured aneurysms, acute neurological complications)
5. Provide ICU care in the Vascular ICU
6. Provide consults to physicians in other specialties regarding arterial and venous problems of their patients
7. Discuss diagnosis, prognosis, diagnostic testing, therapeutic considerations and alternatives, supportive care, end-of-life issues, and psychosocial issues with patients who have vascular disorders
8. Prepare informal and formal educational seminars for residents, subspecialty fellows and faculty on vascular and endovascular topics
9. Develop a plan for a research project with plan for manuscript publication and podium presentation

WITH Direct Supervision
Residents shall:

1. Operative responsibilities (basic, advanced)
   a. Perform all endovascular procedures (basic, advanced, including diagnostic arteriography, angioplasty, stent placement, atherectomy, thrombolysis, vena cava filter placement, carotid stent placement with embolic protection and thoracic and infrarenal stent graft placement)
   b. Perform all open vascular procedures (basic, advanced, including carotid endarterectomy, aortic and visceral artery reconstruction, lower extremity bypass, dialysis access, and amputation).
2. Function as Fellow/Chief on vascular services

Program Director
Rev. 7/1/2020