SCOPE OF PRACTICE

Division of Cardiovascular Sciences
Cardiovascular Disease Fellowship
Director of Program: Xavier E. Prida, MD
USF Health Morsani College of Medicine
University of South Florida

This document pertains to fellow rotations under the auspices of the Cardiovascular Disease at *Tampa General Hospital, Moffitt Cancer Center, James A Haley Veterans' Hospital and Bay Pines Veterans' 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 residents 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 resident is assigned by the program director and faculty members to ensure effective oversight of resident 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 any/all situations where the fellow is not comfortable/confident, or previously deemed faculty supervision required. 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.

The program follows the ACGME classification of supervision as noted below. The supervising physician can refer to a faculty or fellow 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 resident 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, 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 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	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					**PGY-4**	**PGY-5**	**PGY-6**
Perform patient care and procedures in outpatient setting					2	2	2
Make referrals and request consultations					3	4*	4*
Provide consultations within the scope of his/her privileges					3	3	3
Render any care in a life-threatening emergency					3	4	4
Arterial line					4*	4*	4*
Interpretation of ECG's and Holter Monitors/Event Monitors					3	3	3
Documentation of CCU and Consultation treatment plan					3	3	3
Emergency Cardioversion/ACLS					3	3	3
Suturing					4*	4*	4*
Peripheral IV placement					4*	4*	4*

	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	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		
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					3	3	3
Exercise stress echocardiography and Nuclear testing					2	2	2
ECG interpretation panel, emergent					4*	4*	4*
ECG interpretation panel, elective					3	4*	4*
Cardioversion, elective					1	1	1
Assist in EP device interrogation					3	3	3
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					1	1	1
Central venous access					3	3	3
Coronary Angiography					1	1	1
Pulmonary artery catheter placement in the CCU/MICU					1	1	1
Arterial sheath insertion					1	1	1

	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	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		
Temporary pacemaker placement (uncomplicated)					1	1	1
Emergency periocardiocentesis (patient in extremis)					3	3	3
Emergency temporary Pacemaker placement and permanent Pacemaker					3	3	3
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 competence during their Internal Medicine Residency training.

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

Xavier E. Prida, MD
Program Director
USF Division of Cardiovascular Disease

11/9/18
Date

ROTATION / PROCEDURE	REQUIREMENT - # PERFORMED			REQUIREMENT - MONTHS			ACHIEVED
	Level I	Level II	Level III	Level I	Level II	Level III	
Catheterization*1	100	300	n/a	4	6	n/a	Level 2
•Coronary angiography	50			4	6	n/a	
•Valvular, myocardial, pericardial, or congenital disease	25			4	6	n/a	
Echocardiography - TTE (perf/inter)	75/150	150/300	300/750	3	6	9	Level 2
Echocardiography - SE/DSE	n/a	100	*3	3	6	9	
Echocardiography - TEE (perf & inter)	n/a	50*2	*3	3	6	9	
Electrophysiology - Electrocardioversions	20		n/a	2	6	n/a	Level 1
Electrophysiology - Temporary Pacemakers	5		n/a	2	6	n/a	
Electrophysiology - Device Interrogations/Programming	n/a	100*4	n/a	2	6	n/a	
Electrophysiology - ECGs	3500			2	6	n/a	
Nuclear	100	300	n/a	2	4	n/a	Level 2
CCT (Present during performance/Interpreted)	15/50	65/220	n/a	1	2	n/a	Level 1
MRI	25	150	n/a	1	3	n/a	Level 1
Vascular				2		n/a	Level 1
ACHD		n/a	n/a	1*5	n/a	n/a	NA
Critical Care	n/a	n/a	n/a	2	n/a	n/a	Level 1
Heart Failure	n/a	n/a	n/a	2	4	n/a	Level 1
Research	n/a	n/a	n/a	6-12	n/a	n/a	NA

*[1] Catheterization procedures (level I) should include at least 50 coronary angiography and 25 hemodynamic assessment of valvular, myocardial, pericardial, or congenital disease.

*[2] A minimum of 100 TEEs is strongly recommended for COCATS Level II.

*[3] Although not formally outlined in COCATS, a substantially higher number of stress echoes and TEEs is also anticipated for those fellows who desire to attain Level III training.

*[4] Minimum number of device interrogations/programming is 100, but 25 of these must be remote.

*[5] Recommended