



SCOPE OF PRACTICE and SUPERVISION POLICY

**Thoracic Transplantation Fellowship Program
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This document pertains to fellow rotations under the auspices of the Thoracic Transplantation Fellowship at 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 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 he/she is permitted to act with conditional independence. Supervision may be provided by the attending 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 fellow involved in the care of the patient. Supervision must be documented in the medical record in accordance with the Thoracic Transplantation Fellow Program at the University of South Florida compliance guidelines.

The 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 or a fellow who has been given supervisory privileges. 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 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. The faculty and program director are responsible for providing fellows in thoracic 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 thoracic transplantation at the University of South Florida compliance guidelines. 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.

Activities performed under indirect supervision require access to the supervisory physician for communication and physical access within 30 minutes. Activities performed under direct supervision require the presence of the supervisory physician for critical portions of the activity and are in accordance with CMS guidelines for trainees. Fellows are authorized to perform any activity assigned while under supervision. The final interpretation of all diagnostic and therapeutic studies requires direct supervision.

This document may be modified by the program director based on additions to the training program.

	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/en counters with feedback after care is delivered (oversight)			
Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training		
OPERATIVE PROCEDURES				PGY-6	PGY-6	
1. Manage intraoperative complications (unexpected injury, bleeding, arrhythmias, difficulty, or inability to wean, new wall motion abnormalities) 2. Perform tricuspid valve surgery, both for functional and primary pathology 3. Perform heart and lung transplantation and ventricular assist device implantation 4. Perform re-operative cardiac surgery (bypass, valves, aorta, transplant, and ventricular assist device) 5. Perform surgery for atrial fibrillation, both stand-alone and as a concomitant procedure 6. Perform aortic root replacement surgery, including valve-sparing aortic root replacement, root enlargement procedures, and leaflet repair 7. Perform complex mitral valve operations, redo operations, complex repairs, and massive calcifications, endocarditis with abscess, and with concomitant valves 8. Perform septal myectomy and possible mitral valve intervention for hypertrophic cardiomyopathy 9. Perform removal of myxomas and other cardiac tumors 10. Perform coronary artery bypass graft 11. Perform extracorporeal membrane oxygenation (ECMO) 12. Perform minimally invasive procedures/robotics 13. Perform acute type A aortic dissection repair 14. Perform complex mitral valve operations, redo operations, complex repairs, massive calcification, endocarditis with abscess, and with concomitant valves.				1	3	

	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/en counters with feedback after care is delivered (oversight)			
Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training		
CORE PROCEDURES				PGY-6	PGY-6	
<ol style="list-style-type: none"> 1. Perform pertinent history and physical (H&P) examination and develop diagnostic and therapeutic plans for: <ol style="list-style-type: none"> a. Outpatient cardiothoracic surgery patients b. Inpatient cardiothoracic surgery patients 2. Provide ongoing care for: <ol style="list-style-type: none"> a. Outpatient cardiothoracic surgery patients b. Inpatient cardiothoracic surgery patients 3. Demonstrate competence in the techniques for performing (including practice on simulators) <ol style="list-style-type: none"> a. Central venous access b. Interpretation and manipulation (using a workstation) of CT images; including endovascular AAA planning. 4. Recognize and provide proper management/care for cardiothoracic surgery emergencies (respiratory failure, cardiac ischemia, acute limb ischemia, ruptured aneurysms, acute neurological complications) 5. Provide ICU care in the Cardiothoracic ICU Discuss diagnosis, prognosis, diagnostic testing, therapeutic considerations and alternatives, supportive care, end-of-life issues, and psychosocial issues with patients who have cardiothoracic disorders. 6. Lead multidisciplinary rounds in the critical care unit. 7. Coordinate emergency surgical procedures, (dissections, post-op hemorrhage, shock, trauma), to expeditiously have patient in the operating room. 8. Discussion of endocarditis, incidence, diagnosis (Duke criteria), microbiology, imaging, management, surgical timing, repair, and replacement options. 9. Classify cardiac tumors and their management. 				2	3	



Program Director
4/2023

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Fellowship Program