TRAINING PROGRAM SUPERVISION AND ACCOUNTABILITY POLICY
Last updated: March 30, 2022

Adult Congenital Heart Disease Fellowship Program
University of Washington Medical Center
Seattle Children's Hospital

Responsibilities and Accountability

Each patient must have an identifiable and appropriately-credentialed and privileged attending physician who is responsible and accountable for the patient's care. This information will be available through an emailed call schedule to residents/fellows, faculty members, other members of the health care team, and patients.

The Adult Congenital Heart Disease Fellowship Program fellows and faculty members must inform each patient of their respective roles in that patient's care when providing direct patient care.

The program will provide the appropriate level of supervision for each fellow based on each fellow's level of training, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation.

As part of their education program, fellows are given graded progressive responsibility according to the individual's clinical experience, judgment, knowledge and technical skill. Each fellow must know the limits of their scope of authority, and the circumstances under which the fellow is permitted to act with conditional independence.

Supervision Definitions

To promote oversight of fellow supervision while providing for graded authority and responsibility, the following levels of supervision are recognized:

1. Direct Supervision – the supervising physician is physically present with the fellow and patient.

2. Indirect Supervision:

a) *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.

b) *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 come to the site of care in order to provide Direct Supervision.

3. Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Resident Competence & Delegated Authority

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members.

The program director must evaluate each fellow's abilities based on specific criteria, guided by the Milestones.

Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow.

Clinical Responsibilities by PGY-Level

PGY 7-8 Adult Congenital Heart Disease Fellows

Adult Congenital Heart Disease Fellows are considered senior fellows and may be *directly* or *indirectly supervised*. They may provide direct patient care, supervisory care or consultative services, with progressive graded responsibilities as merited. Senior residents or fellows should serve in a supervisory role to medical students, junior and intermediate residents in recognition of their progress towards independence, as appropriate to the needs of each patient and the skills of the <senior resident/fellow>; however, the attending physician is responsible for the care of the patient.

Levels of Supervision for Common Specialty Clinical Activities and Invasive Procedures

Please list each clinical activity/procedure by PGY-level, with specific CPR Level of Supervision language:

Clinical Activity/Procedure	Resident level (PGY 7/8)	Location	Supervision Level
All catheterization procedures including coronary angiography, left heart catheterization, right heart catheterization, aortography, left ventricular angiography and coronary graft angiography.	PGY 7/8	UWMC and SCH	Direct Supervision required by a qualified member of the medical staff
All cardiology interventional procedures in cardiac catheterization	PGY 7/8	UWMC and SCH	Direct Supervision required by a qualified member of the medical staff

or electrophysiology laboratory			
Pericardiocentesis (except in emergency situations)	PGY 7/8	UWMC and SCH	Direct Supervision required by a qualified member of the medical staff
Placement of an intra-aortic balloon pump	PGY 7/8	UWMC	Direct Supervision required by a qualified member of the medical staff
Temporary pacer insertion (except in emergency situations)	PGY 7/8	UWMC and SCH	Direct Supervision required by a qualified member of the medical staff
Elective synchronized electric cardioversion (except in emergency situations)	PGY 7/8	UWMC and SCH	Direct Supervision required by a qualified member of the medical staff
Bedside right heart catheterization	PGY 7/8	UWMC and SCH	Direct Supervision required by a qualified member of the medical staff
Placement of temporary transvenous pacers	PGY 7/8	UWMC and SCH	Direct Supervision required by a qualified member of the medical staff
Exercise stress ECG testing	PGY 7/8	UWMC and SCH	Indirect supervision required with direct supervision available by a qualified member of the medical staff
Exercise stress testing with cardiac imaging	PGY 7/8	UWMC and SCH	Indirect supervision required with direct supervision available by a qualified member of the medical staff
Exercise stress echocardiography for non-ischemia indication	PGY 7/8	UWMC and SCH	Indirect supervision required with direct supervision available by a qualified member of the medical staff
Dobutamine stress echocardiography	PGY 7/8	UWMC	Indirect supervision required with direct supervision available by

			a qualified member of the medical staff
Cardiac device (pacemaker and internal cardiac defibrillator) interrogation	PGY 7/8	UWMC and SCH	Indirect supervision required with direct supervision available by a qualified member of the medical staff
Interpretation of transthoracic echocardiography	PGY 7/8	UWMC and SCH	Oversight required by a qualified member of the medical staff
ECG interpretation	PGY 7/8	UWMC and SCH	Oversight required by a qualified member of the medical staff
Consults and inpatient clinical care	PGY 7/8	UWMC and SCH	Oversight required by a qualified member of the medical staff
Bedside placement of arterial hemodynamic monitoring	PGY 7/8	UWMC and SCH	Oversight required by a qualified member of the medical staff

Circumstances and Events in which Supervising Faculty Member(s) MUST be Contacted

There are specific circumstances and events in which residents must communicate with appropriate supervising faculty members. Refer to the procedure list above regarding the supervision level required for cardiac procedures and consults. Other circumstances or events include, but are not limited to:

Abnormal laboratory results raising credible concern for patient's life or significant morbidity

Concerning ECG or ambulatory telemetry monitoring device findings raising credible concern for patient's life or significant morbidity

Supervision of Consults

Fellows performing consultations on patients are expected to communicate verbally with their supervising attending on at least a daily basis. Any fellow performing a consultation where there is credible concern for patient's life or organ requiring the need for immediate invasive intervention MUST communicate directly with the supervising attending as soon as possible prior to intervention or discharge from the hospital, clinic or emergency department so long as this does not place the patient at risk. If the communication with the supervising attending is delayed due to ensuring patient safety, the fellow will communicate with the supervising attending as soon as possible. Fellows performing consultations will communicate the name of their supervising attending to the services requesting consultation

Emergency Procedures

It is recognized that in the provision of medical care, unanticipated and life-threatening events may occur. The fellow may attempt any of the procedures normally requiring supervision in a case where death or irreversible loss of function in a patient is imminent, and an appropriate supervisory physician is not immediately available, and to wait for the availability of an appropriate supervisory physician would likely result in death or significant harm. The assistance of more qualified individuals should be requested as soon as practically possible. The appropriate supervising practitioner must be contacted and apprised of the situation as soon as possible.

Faculty Supervision Assignment

Faculty supervision assignments are of variable duration but cumulatively multiple months during the training and therefore are of sufficient length to assess the knowledge and skills of each resident/fellow and to delegate to the resident/fellow the appropriate level of patient care authority and responsibility.

Supervision of Hand-Offs

For the inpatient UWMC clinical services, fellows must provide verbal and written sign-out in a face-to-face discussion with the on-call co-fellow and faculty member prior to leaving the hospital. Similarly, when arriving to the inpatient services, fellows must receive verbal/written sign-out in a face-to-face discussion with co-fellows and faculty member upon arriving to the hospital. If fellows leave clinical services during the work day (conferences, ambulatory clinics, etc.), appropriate care hand-offs should occur with clinical care team members or providers to ensure continuity of care (i.e. nocturnist, ARNP, co-fellow, resident) As documented in the ACGME's common program requirements, programs must design clinical assignments to minimize the number of handoffs and must ensure and monitor effective, structured handoff processes to facilitate both continuity of care and patient safety**.** Fellows must be competent in communicating with team members in the hand-off process.