

Cardiovascular Disease Fellowship Program
TRAINING PROGRAM SUPERVISION AND ACCOUNTABILITY POLICY
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University of Washington Medical Center
Harborview Medical Center
Seattle VA Medical Center
Seattle Children's Hospital
Northwest Hospital

Responsibilities and Accountability

Each patient must have an identifiable and appropriately-credentialed and privileged attending physician (or licensed independent practitioner as specified by the applicable Review Committee) who is responsible and accountable for the patient's care. This information will be available in EPIC to fellows, faculty members, other members of the health care team. Additionally, clinical call schedules will be available on MedHub, Infinity and AMION for fellows, faculty members, other members of the health care team.

The Cardiovascular 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 and ability, 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 – supervising physician 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- 4-6 Cardiology Fellows are considered senior residents and may be directly or indirectly supervised. They may provide direct patient care, supervisory care or consultative services, with progressive graded responsibilities as merited. They provide all services ultimately under the supervision of an attending physician. Senior residents may serve in a supervisory role of 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; however, the attending physician is ultimately responsible for care of the patient.

Levels of Supervision for Common Specialty Clinical Activities and Invasive Procedures

<i>Clinical Activity/Procedure</i>	<i>Resident level (PGY) 4-6</i>	<i>Location (UW/HMC/VA/SCH/NWH)</i>	<i>Supervision Level</i>
<i>All left heart catheterization procedures including coronary angiography, left heart catheterization, aortography, left ventricular angiography and coronary graft angiography</i>	PGY 4-6	UW/HMC/VA/SCH/NWH	Direct supervision required by a qualified member of the medical staff
<i>All cardiology interventional procedures in cardiac catheterization or electrophysiology laboratory</i>	PGY 4-6	UW/HMC/VA/NWH	Direct supervision required by a qualified member of the medical staff
<i>Pericardiocentesis (except in emergency situations)</i>	PGY 4-6	UW/HMC/VA/NWH	Direct supervision required by a qualified member of the medical staff
<i>Placement of an intra-aortic balloon pump</i>	PGY 4-6	UW/HMC/VA/NWH	Direct supervision required by a qualified member of the medical staff
<i>Transesophageal echocardiography</i>	PGY 4-6	UW/HMC/VA/NWH	Direct supervision required by a qualified member of the medical staff
<i>Elective synchronized electric cardioversion (except in emergency situations)</i>	PGY 4-6	UW/HMC/VA/NWH	Direct supervision required by a qualified member of the medical staff
<i>Temporary pacemaker insertion (except in emergency situations)</i>	PGY 4-6	UW/HMC/VA/NWH	Direct supervision required by a qualified member of the medical staff
<i>Right heart catheterization until training during Internal Medicine Residency verified and competency confirmed on direct observation.</i>	PGY 4	UW/HMC/VA/NWH	After competency assessment via direct observation, fellows may do this procedure with oversight by a qualified member of the medical staff (indirect supervision required with direct supervision available by a qualified member of the medical staff.)

<i>Exercise stress ECG, stress myocardial perfusion testing, and stress echocardiography until competency confirmed on direct observation of 3 or more procedures</i>	PGY 4	UW/HMC/VA/NWH	After competency assessment via direct observation, fellows may do this procedure with oversight by a qualified member of the medical staff (indirect supervision required with direct supervision available by a qualified member of the medical staff.)
<i>Cardiac device (pacemaker and internal cardiac defibrillator) interrogation until competency established by direct observation of 2 or more procedures</i>	PGY 4-5	UW/HMC/VA	After competency assessment via direct observation, fellows may do this procedure with oversight by a qualified member of the medical staff (indirect supervision required with direct supervision available by a qualified member of the medical staff.)
<i>Transthoracic echocardiography performance or interpretation for first 3 months of training</i>	PGY 4	UW/HMC	Indirect supervision required with direct supervision available by a qualified member of the medical staff (first 3 months of clinical training time period only). After 3 months, oversight required by a qualified member of the medical staff
<i>Exercise stress testing with cardiac imaging</i>	PGY 4-6	UW/HMC/VA/NWH	Indirect supervision required with direct supervision available by a qualified member of the medical staff
<i>Exercise stress echocardiography for non-ischemia indication</i>	PGY 4-6	UW/HMC/VA/NWH	Indirect supervision required with direct supervision available by a qualified member of the medical staff
<i>Dobutamine stress echocardiography</i>	PGY 4-6	UW/HMC/VA/NWH	Indirect supervision required with direct supervision available by a qualified member of the medical staff
<i>Cardiac device (pacemaker and internal cardiac defibrillator) interrogation</i>	PGY 4-6	UW/HMC/VA	Indirect supervision required with direct supervision available by a qualified member of the medical staff
<i>Interpretation of transthoracic echocardiography</i>	PGY 4-6	UW/HMC/VA/NWH	Oversight required by a qualified member of the medical staff
<i>ECG interpretation</i>	PGY 4-6	UW/HMC/VA/NWH	Oversight required by a qualified member of the medical staff
<i>Consults and inpatient clinical care</i>	PGY 4-6	UW/HMC/VA/NWH	Oversight required by a qualified member of the medical staff
<i>Bedside placement of arterial hemodynamic monitoring</i>	PGY 4-6	UW/HMC/VA/NWH	Oversight required by a qualified member of the medical staff
<i>Bedside right heart catheterization (emergent)</i>	PGY 4-6	UW/HMC/VA/NWH	Oversight required by a qualified member of the medical staff
<i>Placement of temporary transvenous pacers (emergent)</i>	PGY 4-6	UW/HMC/VA/NWH	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 at the following time intervals: At least daily. The attending of record is ultimately responsible for the care of the patient and thus must be available to provide direct supervision when appropriate for optimal care and/or as indicated by individual program policy. The availability of the attending and supervisory residents or fellows should be appropriate to the level of training, experience and competence of the resident and is expected to be greater with increasing acuity of the patient's illness. Information regarding the availability of attendings and supervisory residents or fellows should be available to residents, faculty members, and patients. Residents performing consultations on patients are expected to communicate verbally with their supervising attending on at least a daily basis. Any resident performing a consultation where there is credible concern for patient's life or limb 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 resident will communicate with the supervising attending as soon as possible. Residents 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 one to two-week blocks over a four-week block rotation and therefore are of sufficient length to assess the knowledge and skills of each fellow and to delegate to the fellow the appropriate level of patient care authority and responsibility.

Supervision of Hand-Offs

Fellows must provide verbal and written sign-out in a discussion with the Cardiology nocturnist faculty member prior to leaving the hospital. Similarly, when arriving to the inpatient services, fellows must receive verbal/written sign-out in a discussion with the Cardiology nocturnist faculty member upon arriving to the hospital. If fellows leave clinical services during the work day (conferences, ambulatory clinics, educational didactic block, etc.), appropriate care hand-offs should occur with clinical care team members or providers to ensure continuity of care (i.e. faculty, 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.