

UW GME Approved Supervision Policy Template

Revised 3/8/2018

TRAINING PROGRAM SUPERVISION AND ACCOUNTABILITY POLICY

[Last updated: Wednesday, March 18, 2026]

Please reference complete UW GME Supervision Policy for additional definitions and background at:

Clinical Cardiac Electrophysiology

University of Washington

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 through [inset method of identifying attending physician] to residents/fellows, faculty members, other members of the health care team, and patients.

Fellows and faculty members in the Clinical Cardiac Electrophysiology (CCEP) Fellowship Program 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 – 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.

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- 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) 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 must provide all services ultimately under the supervision of an attending physician. Cardiology Fellows serve in a supervisory role for medical students and 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 the care of the patient.

PGY- 7-8 (Electrophysiology (EP) Fellows): EP 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. They must provide all services ultimately under the supervision of an attending physician. EP Fellows should serve in a supervisory role of medical students, residents and cardiology fellows in recognition of their progress towards independence, as appropriate to the needs of each patient and the skills of the EP Fellow; however, the attending physician is ultimately 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:

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Clinical Activity/Procedure	Resident level (PGY)	Location	Supervision Level
CIED programming and interrogation	PGY 7-8	All (clinic, ICRU, ED, hospital, procedure areas, remote)	Oversight (after direct supervision to assess competency)
Electrophysiology study	PGY 7	Procedure areas	Direct until competency assessment allows for indirect
Electrophysiology study	PGY 8	Procedure areas	Indirect with direct immediately available
Ablation	PGY 7	Procedure areas	Direct
Ablation	PGY 8	Procedure areas	Indirect with direct immediately available
Implanted loop recorder	PGY 7-8	Procedure areas/ICRU	Indirect with direct immediately available (after direct supervision until competent)
CIED generator replacement or insertion	PGY 7	Procedure areas	Direct
CIED generator replacement or insertion	PGY 8	Procedure areas	Indirect with direct immediately available
Lead extraction	PGY 7-8	Procedure areas	Direct
Clinic	PGY 7-8	Clinic	Indirect with direct immediately available
Consultations	PGY 7-8	Clinic, hospital, ED	Oversight

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

The supervising faculty member must be contacted in the event of a life threatening medical occurrence or death of a patient related to the services provided by the electrophysiology service. If the procedure attending cannot be reached, the oncall EP attending should be contacted.

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.

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

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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 an apprenticeship model, where the fellows work with closely will CCEP attendings weekly in the EP lab, and in clinic for 4 month durations 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

Handoffs of patient care is performed electronically using the hospital wide sign-out system, along with a direct face-to-face, phone, or e-mail communication on all post-procedural patients or patients admitted to the Cardiology E service.