

Interventional Cardiology Fellowship

TRAINING PROGRAM SUPERVISION AND ACCOUNTABILITY POLICY

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Interventional Cardiology Fellowship

University of Washington, Harborview Medical Center, Seattle WA

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 AMION, paging operator, CORES, and cath lab charge nurse to fellows, faculty members, other members of the health care team, and patients.

The Interventional cardiology residents, 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 – 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. ([Programs may wish to add their own defined response time – e.g., “within 15 – 30 minutes”])
 - 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.

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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 Interventional 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. Senior residents should 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.

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)	Location	Supervision Level
Right heart catheterization; Temporary transvenous pacemaker	General fellow	UWMC, HMC, VA	Direct supervision
Right heart catheterization; Temporary transvenous pacemaker	IC fellow	UWMC, HMC, VA	Direct supervision (in the cath lab) Indirect supervision with direct supervision immediately available (in CCU)
Coronary angiography; Pericardiocentesis; Percutaneous coronary intervention; Structural procedure; Percutaneous cardiac support device	IC fellow, general fellow	UWMC, HMC, VA	Direct supervision
Arterial line study for LVAD	IC fellow, general fellow	UWMC	Indirect supervision with direct

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			supervision immediately available
Inpatient consultations; continuity clinic	IC fellow, general fellow	UWMC, HMC, VA	Indirect supervision with direct supervision available

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

(1) Any serious complication or event related to a specific procedure performed by Interventional Cardiology; (2) Recurrence of symptomatic and life threatening rhythm disturbances that require intervention or expertise beyond that which can be provided through routine care on the inpatient cardiology or CT surgical services.

Supervision of Consults

Fellows performing consultations on patients are expected to communicate verbally with their supervising attending at the following time intervals: on a daily basis. 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 consult 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 daily. 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 of two- to four-week blocks in duration 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.

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Supervision of Hand-Offs

At the end of the day, the fellows will discuss all patients who have had interventional cardiology procedures or consults performed with the on-call fellow. The sign-out will include anticipated problems or concerns, laboratory tests which require follow-up and the plan for hospital observation or discharge. Identification of any patients who will need to be seen/consented for procedures the following day also must be discussed. Attending faculty will also discuss with the fellow any concerns or plans such that these can be included in the check-out.