VIRGINIA COMMONWEALTH UNIVERSITY HEALTH SYSTEM

POLICY ON THE SUPERVISION OF CARDIOLOGY FELLOWS

As outlined in the Joint Statement on Resident Supervision issued by the Virginia medical schools, the Division of Cardiology at the Medical College of Virginia/Commonwealth of Virginia subscribes to the philosophy that the most effective learning environment for post graduate medical trainees is one that allows sufficient freedom for Cardiology Fellows to share responsibility for decision-making in patient care and yet provides adequate faculty supervision and involvement in order to provide feedback to trainees about their actions and to address the quality and safety of the care rendered to patients. Cardiology fellows are individuals with an M.D., D.O., or equivalent degree, who meet the qualifications for graduate education training in a specialty or subspecialty of medicine. In order to preserve this type of learning environment for its teaching program, the Division of Cardiology advocates the following principles as elements of its policy on fellow education and supervision.

Fellows are regarded as primary physicians for all patients admitted to the teaching inpatient services, emergency rooms, and clinics, and, as such, are responsible for the writing of orders, for the maintenance of records, and for the execution of diagnostic, therapeutic, and discharge plans.

All spheres of fellow activity will be supervised by attending faculty members who share responsibility with the fellows for patient care rendered, and who have ultimate authority for final decision-making. The nature and extent of attending physician involvement will vary according to site as outlined below.

The structure of fellow-attending interactions and the form that faculty supervision of fellows takes will vary according to site and type of patient care setting and are summarized below. In general, these rules are uniform for both the University hospital, the Veterans Affairs Medical Center, and other affiliated institutions unless otherwise noted. These rules also apply to all fellows regardless of their level of training.

SITE SPECIFIC CARDIOLOGY FELLOWSHIP SUPERVISION

Cardiac Catheterization Laboratories

Cardiology Fellows (PGY4-6) will be responsible for preparing patients for cardiac catheterization, conducting initial evaluation and appropriate focused physical exam, and obtaining informed consent. Fellows are expected to be primary operators during the actual cardiac catheterization procedure. Following catheterization, fellows are expected to remove vascular catheters and obtain hemostasis. Finally, fellows are expected to analyze the results of the procedure, convey these results to the patient, and generate an official report of the findings. At all times, these activities should be closely supervised by the attending invasive cardiologist. Any problems which the fellow discovers with patients who he/she is preparing for catheterization or who has had a completed catheterization should be conveyed to the attending cardiologist immediately.

Echocardiography Laboratories

Cardiology fellows will be expected to perform echocardiographic studies hands-on in conjunction with the technical support staff in the Echocardiography Laboratories. Attending cardiologists are always available for assistance in the performance of the study. Cardiology fellows will be responsible for reviewing the studies with the attending cardiologist and generating an official echocardiography report which will be reviewed and signed off by the attending.

Coronary Care Unit

Cardiology fellows assigned to the Coronary Care Unit will have a supervisory role over medical interns and residents. Cardiology fellows will work with the housestaff in the initial evaluation and treatment of all patients admitted to the Coronary Care Unit. At all times, an attending cardiologist will be assigned to assist the Cardiology fellow and medical housestaff. The attending cardiologist will make routine clinical Rounds with the fellows and housestaff on a daily basis. The attending cardiologist will be available for consultation on a 24 hour basis while assigned to the Coronary Care Unit. The Cardiology fellow will supervise the medical housestaff during procedures such as central venous/arterial line insertion and Swan-Ganz catheterization. More involved procedures such as pericardiocentesis, pacemaker insertion, or insertion of intra-aortic balloon pump will be performed by the Cardiology fellow with the supervision of the attending cardiologist assigned to the Coronary Care Unit.

Heart Failure / Transplant Service (HFT)

Cardiology fellows assigned to the HFT Service will be involved in the evaluation and management of heart failure and post transplant patients. All clinical activities of this fellow will be supervised directly by the attending HFT cardiologist. Likewise, any procedures in which the Cardiology fellow becomes involved during this rotation will be directly supervised by the attending HFT cardiologist.

Quality Improvement and Monitoring of Compliance

Essential areas of professional competence will be evaluated regularly and in writing by attending physicians using the New Innovations system. These evaluations will be monitored by the program director and are available for the fellow’s review at all times.

Procedural competence will be monitored and recorded as part of this evaluation. Fellows have been asked to keep a log of their procedures in the New Innovations system.

Based on the program director’s recommendations, those fellows whose performance is judged to be satisfactory will be promoted to the next level usually at the beginning of the next academic year or in accordance with their one year completion of the year in instances where the fellow started his fellowship “off schedule”.

In case of inadequate performance, the program director or the departmental Housestaff Evaluation Committee may elect to prescribe remedial experiences, or to delay or deny promotion or Board recommendation, as appropriate for the deficiencies identified.

The departmental Quality Assurance Committee will monitor the quality of care rendered to patients served by the department and make recommendations to the Department Chairman and Hospital Administration for any needed changes found through periodic charge audits.

The provisions of this document will be sent in written form to all department members including housestaff.

Annual review of this policy will be carried out by the department with revision as necessary.

The ACGME Common Program Requirements effective July 1, 2011 state the following regarding supervision of fellows:

VI.D. Supervision of Fellows

> VI.D.1. In the clinical learning environment, each patient must have an identifiable, appropriately-credentialed and privileged attending physician (or licensed independent practitioner as approved by each Review Committee) who is ultimately responsible for that patient's care.

a) This information should be available to fellows, faculty members, and patients.

b) Fellows and faculty members should inform patients of their respective roles in each patient's care.

VI.D.2. The program must demonstrate that the appropriate level of supervision is in place for all fellows who care for patients. Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. Other portions of care provided by the fellow can be adequately supervised by the immediate availability of the supervising faculty member or resident physician, either in the institution, or by means of telephonic and/or electronic modalities. In some circumstances, supervision may include post-hoc review of fellow delivered care with feedback as to the appropriateness of that care.

VI.D.3. Levels of Supervision

To ensure oversight of fellow supervision and graded authority and responsibility, the program must use the following classification of supervision:

a) Direct Supervision - the supervising physician is physically present with the fellow and patient.

b) Indirect Supervision 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.

c) 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 provide Direct Supervision.

d) Oversight - The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

VI.D.4. 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.

a) The program director must evaluate each fellow's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.

b) Faculty members functioning as supervising physicians should delegate portions of care to fellows, based on the needs of the patient and the skills of the fellow.

c) Fellows should serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

VI.D.5. Programs must set guidelines for circumstances and events in which fellows must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.

a) Each fellow must know the limits of his/her scope of authority, and the

circumstances under which he/she is permitted to act with conditional independence.

VI.D.6. Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each fellow and delegate to him/her the appropriate level of patient care authority and responsibility.

VI.E. Clinical Responsibilities

The clinical responsibilities for each fellow must be based on PGY-level, patient safety, Fellow education, severity and complexity of patient illness/condition and available support services.

All VCUHS fellowship training programs must have specific supervision policies that abide by these ACGME requirements. The program specific policies may be more stringent than the ACGME requirements but not less so. The program specific policies must address supervision requirements at all affiliated training sites. Program specific policies on supervision must be reviewed, and updated as needed, at least annually. The program specific supervision policies must address the following:

1. Levels of supervision (as defined in ACGME section VI.D.3 above) for site specific locations (when applicable to the training program) including but not limited to in-patient teaching services (general wards and intensive care units), clinics, consult services,emergency departments, operating rooms and during invasive procedures.

2. Guidelines for the circumstances and events which necessitate notification of the responsible faculty member or escalation beyond a fellow’s immediate supervisor. As a minimum, it is suggested that housestaff be required to notify the patient's attending physician, in a timely fashion independent of the time of day, of any substantial controversy regarding patient care, any serious change in the patient's course including, at a minimum: unexpected death, need for surgery, transfer to an intensive care unit or to another service for treatment of an acute problem, end-of-life decisions, or for any other significant change in condition.

3. The means by which the program director and faculty will assign and document the privilege of progressive clinical and procedural responsibilities, conditional independence and supervisory responsibilities delegated to the fellow. Assessment responsibilities for programs are fully defined in the VCUHS GME policy "THE ASSESSMENT,PROMOTION, DISCIPLINE AND DISMISSAL OF RESIDENTS IN GRADUATE MEDICAL EDUCATION PROGRAMS". (A structured two day patient safety simulation program is a component of the fellow’s orientation. Successful completion of this program may be used as one component determining the initial level of required supervision. Should the program elect to utilize this tool in assessing the initial level of required supervision, the program policy should indicate how failure to complete the program successfully will alter the supervision of the fellow and how the program will assess subsequent competency.)