Supervision of Fellows  
SAUSHEC Cardiology Fellowship

I. Purpose
The purpose of this policy is to establish standards for independent health care practitioners engaged in the supervision and teaching of cardiology fellows and to establish guidelines for fellow responsibilities.

II. Scope
This policy applies to all independent health care practitioners engaged in the supervision and teaching of residents enrolled in the cardiovascular disease fellowship program at the San Antonio Uniformed Services Health Education Consortium (SAUSHEC). This policy, unless otherwise stated, is applicable to fellow supervision at all training sites. Trainees rotating on the SAUSHEC cardiovascular service will fall under their parent program’s supervision policy.

III. Responsibility
It is the responsibility of graduate medical education program directors and attending physicians who supervise and teach fellows at SAUSHEC and other training sites as well as fellows to comply with this policy.

IV. Definitions
- **Direct Supervision** - the supervising physician is physically present with the fellow and patient
- **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
- **Indirect Supervision 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 provide Direct Supervision
- **Oversight** - the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered

Fellow – Any trainee member of the cardiovascular disease fellowship

V. General Guidelines
1. The Program Director, with the assistance of attending physicians, assures that fellows are appropriately supervised. Fellows are permitted to take on progressively greater responsibility throughout the course of a fellowship, consistent with individual growth in clinical experience, judgment, knowledge, and technical skill. Fellows are supervised by attending physicians so that the fellows assume progressively increasing responsibility according to their level of education, ability, and experience.

2. Fellow responsibility will be monitored and ultimately enforced by the clinical competency committee

VI. Job Descriptions
**First year fellow:** A first year fellow is a trainee in their first year of cardiovascular disease fellowship training. First-year fellows participate in patient care at the San Antonio Military Medical Center cardiac care unit, outpatient clinics, ancillary testing and inpatient consultation services. Additionally, they participate in patient care at the cardiac catheterization laboratory. The fellow has a teaching responsibility to other cardiology fellows, internal medicine residents and medical students. In addition, the fellow is responsible for their own learning in situations when there is a significant question relating to patient care to which they are uncertain, and for seeking answers
from the literature and from the attending cardiologist. Finally, it is the responsibility of the fellow to adhere to the guidelines outlined by the ACGME specialty requirements.

Second year fellow: A second year fellow is a fellow in their second year of cardiovascular disease fellowship training. Second-year fellows are assigned to participate in any of the San Antonio Military Medical Center, Wilford Hall Ambulatory Surgical Center, Audie Murphy VA Hospital and Keesler Medical Center services in cardiology. In the second year, the same rules of supervision and responsibility apply to CCU, clinic, and inpatient consultation services as that of the first year fellow, but frequency of direct supervision of the attending diminishes as the fellow demonstrates procedural and clinical competency and is therefore granted more conditional independence.

Third year fellow: A third year fellow is a fellow in their third and final year of cardiovascular disease fellowship training. Third-year fellows are assigned to participate in any of the San Antonio Military Medical Center, Wilford Hall Ambulatory Surgical Center, Audie Murphy VA Hospital, Methodist Transplant Hospital and William Beaumont Medical Center services in cardiology. In addition to the progressive responsibilities described for the first and second year fellow, the third year fellow assumes the role of “Chief fellow”. The designated Chief fellow is responsible for organizing conferences, addressing low level problems within the fellowship, and the selection of scientific articles for review during journal club. Direct faculty involvement with supervision diminishes, with less faculty intervention during the course of the procedure and more mere observation for quality and safety assurance. It is expected that the third year fellow functions that the level of a staff cardiologist, creating and forming acceptable medical plans and taking on more responsibility.

VII. Supervision

A. Procedures which may be performed with oversight
   - Central line placement
   - Arterial line placement
   - Patient admission
   - Supervise standard, nuclear, stress echocardiogram, and pharmacologic stress tests.
   - Provide initial (preliminary) interpretation of electrocardiograms or exercise tests. Once certified by passing the in-service ECG exam, second and third year fellows may independently interpret electrocardiograms and ECG stress tests.
   - Perform admission history and physicals, and co-sign housestaff admission history and physicals.
   - Provide inpatient and outpatient care at the level of a general internist

B. Specific Situations

ECHOCARDIOGRAPHY
   - After the first month of echocardiography training, fellows that demonstrate competence in performing transthoracic echocardiograms may do so under indirect supervision with direct supervision available. Transesophageal echocardiography is performed under conscious sedation and requires direct supervision throughout the entire procedure. Initial interpretation and reporting of transesophageal echocardiography images are performed under direct supervision.

CORONARY ANGIOGRAPHY/ HEART CATHETERIZATION/ PERICARDIALCENESIS
   - All procedures performed within the cardiac catheterization laboratory will be under direct supervision

PA CATHETER PLACEMENT
   - Bedside right heart catheter placement and manipulation will be performed under direct supervision
TEMPORARY PACEMAKER PLACEMENT
• Bedside temporary pacemaker placement will be performed under direct supervision

INTRA AORTIC BALLOON PUMP INSERTION
• Bedside and catheterization laboratory based intra aortic balloon pump insertion will be performed under direct supervision

ELECTIVE CARDIOVERSION
• Elective cardioversion is performed under conscious sedation and requires direct supervision throughout the entire procedure

CARDIAC COMPUTED TOMOGRAPHY
• Indirect supervision with direct supervision immediately available

CARDIAC MAGNETIC RESONANCE
• Indirect supervision with direct supervision immediately available

CARDIOLOGY NIGHT FLOAT
• Call duties are performed by 1st, 2nd, and 3rd year fellows under indirect supervision with direct supervision available.
• The night float fellow and their staff are responsible for in-patient or emergency room consultations requested during the hours of 1900 to 0700.
• Over the three-year period, Fellows are given increasing conditional independence in call duties. However, staff must be consulted immediately for any patient who acutely becomes critically ill, requires intubation, sustains a cardiac arrest, requires an invasive cath lab, ICU or transesophageal procedure (all cath lab, TEE, and some ICU procedures require staff in attendance), requires DNR orders, or expires during the call period.
• Fellows must contact staff regarding in-patient admissions within 12 hours for routine admissions/dispositions, and as soon as feasible (ie within one hour) for critically ill patients admitted to the CCU.

CARDIOLOGY INPATIENT SERVICE
• Inpatient services are performed by 1st, 2nd, and 3rd year fellows under indirect supervision with direct supervision available.
• The inpatient fellow and their staff are responsible for inpatient or emergency room consultations requested during the hours of 0700-1900.
• Fellows must contact staff regarding in-patient admissions within 12 hours for routine admissions/dispositions, and as soon as feasible (ie within one hour) for critically ill patients admitted to the CCU.

OUTPATIENT CLINIC
• All patient visits will be countersigned by the clinic attending with indirect supervision with direct supervision immediately available.
• For all fellows new patients will be interviewed and examined by the clinic attending (direct supervision)
• For all year levels, all patients referred for an invasive diagnostic or therapeutic procedure will be discussed under direct supervision.

PACEMAKER/ICD CLINICS
• Second and third year fellows demonstrating advanced programming skills will be allowed to program implantable devices with indirect supervision with direct supervision available. They are required to print documentation of the programming, and review the printout with an attending electrophysiologist.
VIII. **Hand-over process**

The rotation schedule and clinical assignments of the Cardiovascular Disease Fellowship are designed to minimize the number of transitions in patient care both at the staff and fellow level. Inpatient clinical rotations rotate in a way that mirrors the Internal Medicine Residency program to minimize the disruptions between fellows and rotating residents. Inpatient call schedules are available through the hospital intranet as well as through single central phone number which delineate all members of the health care team including the attending physicians and fellows currently responsible for each patient’s care.

The hand over process occurs twice per day between the day fellow and the on-call night float fellow. An accurate patient list which describes patient location, name, diagnosis, daily changes, treatment plan and emergency contingencies is given to the team currently treating the patients. This transition is accompanied by verbal communication between the two parties. These transitions are supervised by the attending physicians who will also be involved with the patient care to ensure competence in communicating with team members in the hand-over process.

IX. **Verification of Procedural Competency**

The cardiovascular fellowship will follow SAUSHEC’s Supervision Policy regarding support staff verification of fellow’s procedural competence. The on-call staff attending is available 24/7 to answer support staff’s questions regarding fellow’s competency to perform procedures without direct supervision. If the on-call staff attending is not available then verification can be accomplished through the Program Director or Associate Program Director.