Cardiovascular Disease Fellowship Program
University of Texas Health Science Center at San Antonio
Department of Medicine
Division of Cardiology

5. Fellow Supervision Policy

On-call schedules and rotation schedules for the Cardiovascular Disease Fellowship Program are developed on a periodic basis to provide fellows with a variety of patient care educational experiences consistent with the program requirements of the ACGME RRC. Backup will be available at all times through more senior fellows (if approved to supervise) and appropriately credentialed attending physicians.

Detailed written policies describing fellow supervision at each level for the Cardiovascular Disease Fellowship Program are available in a separate document (Progressive Responsibility of Trainees in the Cardiovascular Disease Fellowship Program). These written descriptions of fellow supervision are distributed to all fellows and faculty/attending physicians within the fellowship program. The requirements for on-site supervision are established by the program director in accordance with ACGME guidelines and are monitored through periodic departmental reviews, with institutional oversight through the GMEC internal review process.

The type of supervision (physical presence of attending physicians, home call backup, etc.) required by fellows at various levels of training is consistent with the requirement for progressively increasing fellow responsibility during a fellowship program and the program requirements of the RRC, as well as common standards of patient care.

Levels of Supervision
To ensure oversight of resident supervision and graded authority and responsibility, the program must uses the following classification of supervision, in accordance with the Common Program Requirements:

Direct Supervision – the supervising physician is physically present with the resident and patient.

Indirect Supervision:

(1) **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.

(2) **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.

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8. Progressive Responsibility of Trainees in the Cardiovascular Disease Fellowship Program

Through the course of training in the Cardiovascular Disease Fellowship Program, a fellow is expected to acquire progressively increasing competence in knowledge, professional attitudes, and skills. Promotion to the next fellow level is based on the achievement of program- specific competence and performance parameters, including specific cognitive, clinical, technical skills, and professional and ethical conduct, as measured in regular evaluations.

If a fellow's performance has been significantly deficient and additional training time is required, the program director may address a request to the Graduate Medical Education Committee for an extension of the fellow's contract. The matter will be given due consideration by that committee.

The fellowship program in cardiovascular diseases is a three-year program with training at the University Hospital and the South Texas Veteran's Health Care Network, Audie L. Murphy Division, hospital in San Antonio, Texas. The following paragraphs describe the progressive responsibility of trainees at both hospitals, and represent a minimum acceptable level of supervision. At any time an individual attending may elect to supervise more closely due to particular concerns about a patient situation or a fellow training situation. In all cases of patient care, the primary responsibility for documentation of the care episode rests with the fellow, with attending supervision or correction of the note as deemed best. The ultimate responsibility of documentation adequacy rests with the attending physician. In the Cardiovascular Disease Fellowship Program, the fellow supervision is by faculty in almost all cases, with very little supervision of fellows by other fellows.

<u>First-Year Fellows</u>
First-year fellows participate in patient care in the University and VA cardiac care units, clinics, and inpatient consultation services. Additionally, they participate in patient care at the University Hospital heart station and cardiac catheterization laboratory In the clinic, every new patient is seen first by the fellow, then in conjunction with a cardiology faculty member. The fellow is responsible for documenting his participation in the medical record, with a full clinic note. In the CCU, the fellow sees each patient, who is also seen in all cases within 24 hours by an attending physician. The fellow is responsible for making initial recommendations on new admissions and coordinating care on follow-up inpatients on the cardiology service, and for documenting his participation promptly and appropriately in the medical record. The fellow is responsible for teaching internal medicine trainees and medical students cardiology pertinent to the patient situations which arise in the course of care. The fellows are responsible for realizing 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. On the inpatient consultation service each consultative request is seen by an attending cardiologist. The fellow is responsible for making initial recommendations and documenting the cardiologic opinion promptly and appropriately in the medical record. The fellow is responsible for making follow-up consultative rounds independently and reporting significant changes or problems or developments to the attending cardiologist. For elective cardioversion of atrial arrhythmia, the faculty member is in the immediate area (Direct Supervision), usually physically present in the room. Once the fellow is approved by the PD (generally after 3-5 observed procedures), the

faculty member is still in the immediate area, but may not present in the room. First year fellows may perform bedside right heart catheterization or temporary transvenous pacemaker in a CCU setting indirect supervision (direct available) once approved by the Program Director (generally after 3-5 observed procedures), but the faculty is notified before the procedure and will be physically present when he/she deems best.

The VA Heart Station is typically a second-year rotation (see below). Occasionally, due to staffing issues, the first-year fellow will be assigned to this rotation. This will only occur if the first-year fellow has successfully completed, to the PD's satisfaction, a minimum of 200 echo interpretations and 50 treadmill interpretations under direct faculty supervision. In practical terms, this translates to a minimum on one echo and one graphics rotation at the UHS Heart Station.

Second-Year Fellows

Second-year fellows are assigned to participate in any of the University Hospital and VA rotations in cardiology, including the VA Heart Station and cardiac catheterization laboratory. In the second year, the same rules of supervision apply to CCU, clinic, and inpatient consultation services, but the scrutiny of the attending often becomes less sharp as the attending comes to realize the level of understanding and skill of the fellow. In the VA Heart Station, the second year fellow is responsible for primary reading of all stress tests, echocardiograms, electrocardiograms, and Holter monitor recordings without direct faculty supervision. The fellow by this time (having obtained experience in interpreting these examinations at the University Hospital with close supervision and extensive training by faculty) is expected to realize when there is a finding or clinical issue that needs input by faculty, and contact faculty for such input. It is anticipated that the fellow will seek advice on generally about one or two echocardiograms per day, and on occasional complex noninvasive test results. For the more complex noninvasive tests, such as stress echocardiography or transesophageal echocardiography, the attending is present for the entire procedure. For elective cardioversion of atrial arrhythmia, the faculty member is in the immediate area, but often not present in the room. In the cardiac catheterization laboratory the fellow presents each patient to an attending and the attending is present in the catheterization laboratory area for every catheterization during the entire study. After cardiac catheterization, the fellow is responsible for independent follow-up to ensure absence of complications, and is expected to notify faculty of any postoperative problems or any needed assistance.

Third-Year Fellows

Third-year fellows are assigned to the same rotations as second year fellows. Supervision for the third-year fellows in noninvasive testing is the same as second year, except that it is expected that the fellow be more experienced and that the questions he asks will reflect more complete understanding of the noninvasive disciplines and be of a more complex nature. For the more complex noninvasive tests, the faculty presence is still required for each procedure, and the faculty member reviews the graphic record in each case, either during or after the procedure. However, the faculty involvement diminishes, with less faculty intervention during the course of the procedure and more mere observation for quality and safety assurance. For elective cardioversion of atrial arrhythmia, the faculty member is always in the immediate area, but not necessarily physically present unless interest or the situation requires. In the third year, every cardiac catheterization patient is still presented to faculty and faculty is present in the catheterization area. Depending on the of approval for this independent practice by the PD for

the fellow, the attending may not necessarily be present at the catheterization table, and may not even be scrubbed in.

Approvals for Indirect Supervision

The program director, based on verbal and written feedback from program faculty, may approve fellows for progression to practice with only indirect supervision, as defined above. These approvals may occur during the year (e.g., right heart catheterizations or transvenous pacemakers at the beginning of the PGY4 year, as above) or on passing into a higher PG level as defined above. Approvals for such indirect supervision will be depicted locally in the clinics and CCUs. A fellow's approval for independent practice will imply approval to supervise more junior fellows in the indicated procedure(s).

Circumstances in which fellows must communicate with supervising faculty. It is expected that fellows will immediately communicate with faculty in the case of death, movement to a higher level of care (e.g., into the CCU) or unexplained rapid deteriorations, or requirement for end-of-life decisions.