SCOPE OF PRACTICE

Name of Program Residency/Fellowship

Director of Program: (Name of Director), MD

USF Health Morsani College of Medicine

University of South Florida

This document pertains to (resident/fellow) rotations under the auspices of the (Name of Program) at (Name of Hospital—list all hospitals that trainees rotate through). All Accreditation Council of Graduate Medical Education (ACGME), Joint Commission (JC), Agency for Health Care Administration (AHCA), and CMS guidelines pertaining to graduate medical education apply to this scope of practice.

**Note: ALL Scope of Practices MUST HAVE:**

**DELETE THIS BOX ON FINAL VERSION**

* Include all hospitals that residents will rotate through
* Use of PGY Level rather than intern/resident/fellow
* Patient care activities
* How competence is determined
* Include guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s)
* Signature and date of program director indicating date of review

*Note: Programs may use this document as the programs supervision policy to meet ACGME requirements. If program elects to use this document as supervision policy, the program must change the name of the document to supervision policy.*

The purpose of this policy is to ensure that residents are provided adequate and appropriate levels of supervision during the course of the educational training experience and to ensure that patient care continues to be delivered in a safe manner. The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident is assigned by the program director and faculty members to ensure effective oversight of resident supervision.

Each resident and faculty must inform each patient of their respective roles in patient care. Residents must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence. Residents must communicate with the supervising faculty in the following circumstances (list circumstances). Supervision may be provided by more senior residents in addition to attendings. However, all patient care must be provided under a credentialed and privileged attending physician. The attending physician is ultimately responsible for management of the individual patients and the supervision of the residents involved in the care of the patient. Supervision must be documented in the medical record in accordance with the Name of Program at the University of South Florida compliance guidelines.

Residents and faculty can report concerns regarding inadequate supervision on the GME website or the hospital reporting system. Any reports will be protected from reprisal. This document is available on the GME website for all residents, faculty, other team members, and patients.

The program follows the ACGME classification of supervision as noted below. The supervising physician can refer to a faculty, fellow, or resident that who has been given supervisory privilege. These supervisory levels are used throughout the Scope of Practice document.

Direct Supervision

1. The supervising physician is physically present with the Resident during the key portions of the patient interaction.
2. The supervising physician and/or patient is not physically present with the Resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

Indirect Supervision

2) The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the Resident for guidance and is available to provide appropriate direct supervision.

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

The residency program has a curriculum for providing knowledge and performance competence that includes (procedure training, simulation, number of procedures that need to be completed before obtaining indirect supervision). Annual decisions about competence are made by the program’s clinical competency committee to ensure a successful transition and preparation for the next PGY level. All residents need to maintain current ACLS training.

Note: DELETE THIS BOX ON FINAL VERSION

* Add header to each new page that the table extends on
* Modify table by adding rows for additional PGY levels or combining PGY levels if supervision status is similar
* Modify table by adding or deleting patient care responsibilities
* Add patient care activities and procedures that are in your current scope of practice
* Consider reviewing an attending physician’s privileging document to look for any missed procedures
* Consider delineating for pediatric population as applicable

|  | **Supervising Physician present (Direct)** | | **Supervising Physician is not providing physical or concurrent visual or audio supervision but is immediately available (Indirect)** | **Supervising physician is available to provide a review of procedures/encounters with feedback after care is delivered (oversight)** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Designated Levels | 1 | 2 | | 3 | See below for level of supervision required for each procedure and year of training | | |
| **CORE PROCEDURES** | | | | | **PGY-1** | **PGY-2** | **PGY-3** |
| *Examples:*   * *Admit patients and complete inpatient H&P for general ward service* * *Perform patient care and procedures in outpatient setting* * *Admit patients and complete inpatient H&P for general ward service* * *Admit patients to ICU and complete H&P for ICU level of care* * *Treat and manage common medical conditions* * *Make referrals and request consultations* * *Provide consultations within the scope of his/her privileges* * *Render any care in a life-threatening emergency* * *Initiate and manage mechanical ventilation for 24 hours*   *(consider delineating supervision for pediatric patients if applies)* | | | | | *2* | *3* | *4* |
| **SEDATION** | | | | | **PGY-1** | **PGY-2** | **PGY-3** |
| *Example: Local anesthesia* | | | | | *1* | *2* | *2* |
| **Floor Procedures** | | | | | **PGY-1** | **PGY-2** | **PGY-3** |
| *Examples:*   * *Abscess drainage* * *Abscess drainage* * *Arterial blood gas* * *Arterial line placement* * *Arthrocentesis* * *Aspirations and injections, joint or bursa* * *Bladder catheterization* * *Bone marrow aspiration* * *Bone marrow needle biopsy* * *Cardioversion, emergent* * *Cardioversion, elective* * *Central venous catheterization* * *ECG interpretation panel, emergent* * *ECG interpretation panel, elective* * *Excisions of skin tags/other* * *Feeding tube placement (nasal or oral)* * *Flexible sigmoidoscopy* * *Lumbar puncture* * *Pap smear* * *Paracentesis* * *Pericardiocentesis (emergent)* * *Swan-Ganz catherization* * *Suturing* * *Tendon/joint injections* * *Thoracentesis* * *Tracheal intubation, emergent* * *Tube thoracostomy* * *Venipuncture* * *Peripheral IV placement* | | | | | *1* | *2* | *3* |
| **Operative Procedures** | | | | | **PGY-1** | **PGY-2** | **PGY-3** |
| *Example: Perform strabismus surgery* | | | | | ***1*** | ***1*** |  |

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PD NAME, MD Effective Date

Program Director, NAME OF PROGRAM