



## SCOPE OF PRACTICE

**Neonatal-Perinatal Medicine Director of  
Program: Karen Wickline, MD USF Health  
Morsani College of Medicine University  
of South Florida**

This document pertains to fellow rotations under the auspices of the Neonatal-Perinatal Medicine at Tampa General Hospital and St. Joseph's Hospital, and USF clinics. 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.

The purpose of this policy is to ensure that fellows 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 fellow is assigned by the program director and faculty members to ensure effective oversight of resident supervision.

Each fellow and faculty must inform each patient of their respective roles in patient care. Fellows must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence. Fellows must communicate with the supervising faculty in the following circumstances: a procedure is not successful, a patient is not responding to escalating treatment, patient requiring resuscitation, and patient demise. Supervision may be provided by more senior fellows or APRNs 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 fellows involved in the care of the patient. Supervision must be documented in the medical record in accordance with the Neonatal-Perinatal Medicine Program at the University of South Florida compliance guidelines.

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

Indirect Supervision

The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the Fellow 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 fellowship 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 Fellows need to maintain current BLS, NRP, and PALS training.

	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		
<b>CORE PROCEDURES</b>				<b>PGY-4</b>	<b>PGY-5</b>	<b>PGY-6</b>
Perform patient care and procedures in outpatient setting				2	2	2
Admit patients to NICU and complete H & P for NICU level of care				2	3	3
Treat and manage common medical conditions				2	3	3
Make referrals and request consultations				3	3	3
Provide consultations within the scope of his/her privileges				2	3	3
Render any care in a life-threatening emergency				3	3	3
Initiate and manage mechanical ventilation for 24 hours				2	3	3

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Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training		
<b>SEDATION</b>				<b>PGY-4</b>	<b>PGY-5</b>	<b>PGY-6</b>
Local anesthesia and use of Precedex, Versed, Morphine and Fentanyl				2	3	3
Conscious sedation such as for Avastin treatment				1	1	1
Muscle relaxation with paralytic drugs				1, 2	2	2
<b>NICU Procedures</b>				<b>PGY-4</b>	<b>PGY-5</b>	<b>PGY-6</b>
Abscess drainage				2, 3	3	3
Arterial blood gas				2, 3	3	3
Arterial line placement				2, 3	3	3
Bladder catheterization				2, 3	3	3
Cardioversion, emergent				2, 3	3	3
Cardioversion, elective				2	3	3
Central venous catheterization				2, 3	3	3
Circumcision				1,2	2	2
Enteral nutrition				3	3	3
Exchange Transfusion				1, 2	2	2
Feeding tube placement (nasal or oral)				3	3	3
Fluid and Electrolyte Management				3	3	3
HFOV				2, 3	3	3
iNO initiation				2	3	3
Intraosseous placement				2	3	3
Inotropes				2	3	3
Lumbar puncture				3	3	3
Neonatal resuscitation				2,3	3	3
Paracentesis				1, 2	2	3
Parenteral nutrition				3	3	3
Pericardiocentesis (emergent)				1, 2	2	2
Peripheral IV placement				3	3	3
Phototherapy				3	3	3
Suturing				3	3	3
Thoracentesis				2	3	3
Therapeutic hypothermia				2	2	2
Tracheal intubation, emergent				3	3	3
Tube thoracostomy				1,2	3	3
Venipuncture				3	3	3

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Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training		
<b>Supplemental Notes*</b>						

FELLOWS ON MFM/LABOR AND DELIVERY, FETAL CARE CENTER & CVICU rotations will have supervision privileges consistent with this document and as appropriate per their attending supervising physician.

NOTIFICATION OF ATTENDING ON CALL: Fellows (PGY-4,5,5) must contact the attending neonatologist on service or on call in the following instances:

- Admissions to the NICU within an hour of admission
- Pending peri viable deliveries
- Complex deliveries requiring full resuscitation
- Any patient with clinical deterioration requiring escalation of care
- Patient demise
- Immediate safety issues
- Communication problems which need to be resolved immediately
- Questions regarding treatment
- Incoming transports from outside hospitals
- Anytime the fellow is uncomfortable, overwhelmed, ill, or injured

*Karen M Wickline, MD*

2/20/2023

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 Karen M. Wickline, MD  
 Program Director, Neonatal-Perinatal Medicine Fellowship

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 Effective Date