



SCOPE OF PRACTICE

USF Pediatrics Residency
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This document pertains to USF Health pediatric resident rotations under the auspices of the USF Pediatrics at Tampa General Hospital, Johns Hopkins All Children's Hospital, USF Clinics and Community-based rotations. 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 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 significant change in patient status, critical change in patients condition, serious adverse event, need for transfer to a higher acuity unit, any medical concerns resident may have or situation they are uncomfortable with, family issues such as request to leave AMA. 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 Pediatrics 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

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 orientations for all years of training, procedure training, ongoing simulation training, NRP and PALS training. 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.

	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
<ul style="list-style-type: none"> Admit patients and complete inpatient H & Ps for ward service Performs patient care and procedures in outpatient setting Admit patients to ICU and complete H and Ps Treat and manage common medical conditions Make referrals and request consultations Provide consultations within the scope of privileges Render any care in a life-threatening emergency 				1 1 1 1 1 1 1	2 2 2 2 2 2 2	2 2 2 2 2 2 2
SEDATION				PGY-1	PGY-2	PGY-3
Local anesthesia				1	2	2
Floor Procedures				PGY-1	PGY-2	PGY-3

	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		
<ul style="list-style-type: none"> • Abscess drainage • Arterial line placement • Cardioversion, emergent • Central venous catheterization • ECG interpretation panel, emergent • ECG interpretation panel, elective • Lumbar puncture • Suturing • Tracheal intubation, emergent • Venipuncture • Peripheral IV placement 				1 1 1 1 2 2 1 1 1 1 1	2 1 1 1 3 3 2 2 2 2 2 2	3 1 1 1 3 3 2 2 2 2 2 2
Operative Procedures				PGY-1	PGY-2	PGY-3

Sharon Dabrow, MD _____

Program Director, Pediatrics

2/1/2023 _____

Effective Date