



SCOPE OF PRACTICE

Emergency Medicine
Director of Program: Charlotte Derr, MD, RDMS, FACEP
USF Health Morsani College of Medicine
University of South Florida

This document pertains to resident rotations under the auspices of the Emergency Medicine Residency at Tampa General Hospital. 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 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 are responsible for asking for help from the supervising physician under any circumstance in which the resident/fellow feels uncomfortable. 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 University of South Florida compliance guidelines.

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 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 after care is delivered.

The residency program has a curriculum for providing knowledge and performance competence that includes routine teaching sessions and mentoring. While direct patient evaluation is a core procedure, this is evaluated via direct evaluation during each clinic shift. 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 may assess and work up patients in the ED under indirect supervision (with direct supervision immediately available) but are **expected to have an attending see the patient prior to admitting patients or discharging patients to home.**

The resident is responsible for contacting their supervising attending under the following circumstances:

- a patient leaving AMA
- cardiac arrest, respiratory arrest or death
- patient transfer to ICU from floor
- anaphylaxis
- need for intubation
- serious complication or injury as a result of a procedure or medical error

In addition, residents should use discretion and contact their attending physician for any unexpected or sudden medical decompensation.

	Supervising Physician present (Direct)	Supervising Physician in hospital and available for consultation (Indirect but direct supervision immediately available)	Supervising Physician out of hospital but available by phone or can come in (Indirect but direct supervision available)	The trainee may perform the procedure without supervising Attending/ resident (oversight)		
Designated Levels	1	2	3	4		
CORE					PGY 1 Level	PGY 2-3 Level
History and physical examination of patient					2	2
Documentation on charts, discharge summaries, obtain consent					2	2
Place treatment orders					2	2
Participate in the teaching of students					2	2
Make referrals and request consultations					2	2

	Supervising Physician present (Direct)	Supervising Physician in hospital and available for consultation (Indirect but direct supervision immediately available)	Supervising Physician out of hospital but available by phone or can come in (Indirect but direct supervision available)	The trainee may perform the procedure without supervising Attending/resident (oversight)		
Designated Levels	1	2	3	4		
SEDATION					PGY 1 Level	PGY 2-3 Level
Local anesthesia					2	2
Regional anesthesia					1	1
Procedural sedation					1	1
Emergency Procedures					PGY 1 Level	PGY 2-3 Level
Arterial blood gas					2	2
Cardioversion/Defibrillation/Pacing					1	1
Pericardiocentesis					1	1
Lumbar puncture					1	2
Central venous catheterization					1	2
ECG interpretation					1	1
Paracentesis					1	2
Thoracentesis					1	1
Tube thoracostomy					1	1
Endotracheal intubation					1	1
Emergency Procedures					PGY 1 Level	PGY 2-3 Level

	Supervising Physician present (Direct)	Supervising Physician in hospital and available for consultation (Indirect but direct supervision immediately available)	Supervising Physician out of hospital but available by phone or can come in (Indirect but direct supervision available)	The trainee may perform the procedure without supervising Attending/resident (oversight)		
Designated Levels	1	2	3	4		
Cricothyrotomy					1	1
Procedural sedation					1	1
Dislocation/Reduction					1	2
Arterial puncture					2	2
Emergency Ultrasound					2	2
Vaginal delivery					1	1
Arthrocentesis					1	2
Slit lamp examination					2	2
Incision and drainage of abscess					2	2
Medical or trauma resuscitation					1	1
Pediatric resuscitation					1	1
Bladder catheterization or NGT placement					2	2
Wound closure					2	2
Ventilator management					1	2
EMS medical direction					1	1
Venipuncture (IV placement or venous blood draw)					3	3

Charlotte Derr

9/14/2021

Charlotte Derr, MD, RDMS, FACEP

Date

Program Director