This document pertains to resident rotations at the James A. Haley Veterans Hospital (JAHVA) and Tampa General Hospital (TGH). This program is part of the resident training program in Physical Medicine and Rehabilitation at the University of South Florida. All ACGME and JCAHO guidelines pertaining to graduate medical education apply to this rotation.

In keeping with ACGME and JCAHO guidelines, the faculty and program director are responsible for providing residents with direct experience in progressive responsibility for patient management. All patient care at both the JAHVA and TGH provided by residents will be under direct or indirect faculty supervision. Supervision must be documented in the medical record in accordance with the Physical Medicine and Rehabilitation Residency Program at the University of South Florida compliance guidelines.

Activities performed without direct supervision requires access to the supervisory physician for communication and physical access within 30 minutes. Activities performed with direct supervision require the presence of the supervisory physician. Residents are authorized to perform any activity assigned while under direct supervision. Final interpretation of all diagnostic and therapeutic studies requires direct supervision. Residents at each postgraduate year of training, while not limited to the following activities, are specifically allowed to do theses without direct supervision. This document may be modified by the program director based on additions to the training program.

**ACGME Program Requirement in PM&R: Int.A. Definition and Scope of Physical Medicine and Rehabilitation**

Int.A.1. **PM&R** is a medical specialty concerned with diagnosis, evaluation, and management of persons of all ages with physical and/or cognitive impairments and disability. This specialty involves diagnosis and treatment of patients with painful or functionally limiting conditions, the management of comorbidities and impairments, diagnostic and therapeutic injection procedures, electrodiagnostic medicine, and emphasis on the prevention of complications of disability from secondary conditions.

Int.A.2. Physiatrists are trained in the diagnosis and management of impairments of the neurologic, musculoskeletal (including sports and occupational aspects) and other organ systems and the long-term management of patients with disabling conditions. Physiatrists provide leadership to multidisciplinary teams concerned with maximal restoration or development of physical, psychological, social, occupational and vocational functions in persons whose abilities have been limited by disease, trauma, congenital disorders, or pain.

**ACGME Common Program Requirement: VI.D Supervision of Residents**

VI.D.2. The program must demonstrate that the appropriate level of supervision is in place for all residents who care for patients.

**ACGME Common Program Requirement: VI.E Clinical Responsibilities**

The clinical responsibilities for each resident must be based on PGY-level, patient safety, resident education, severity and complexity of patient illness/condition and available support services.

**ACGME Program Requirement in PM&R: IV. Educational Program**

IV.A.5.a) Patient Care: Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents:
IV.A.5.a)(4) must, with each year of training, have increasing responsibility in patient care, leadership, teaching and administration. Clinical experiences should allow for progressive responsibility with lesser degrees of supervision as the resident advances and demonstrates additional competencies.

ACGME Program Requirement in PM&R: Int.B.4. Training programs may provide either three or four years training.

Int.B.4.b) A training program of four years duration is responsible for the quality of the integrated educational experience for the entire training program, including twelve months of training in fundamental clinical skills which may not include more than four weeks of physical medicine and rehabilitation.

VHA Handbook 1400.1, Resident Supervision: 3. Scope

a. Supervising practitioners are responsible for the care provided to each patient, and they must be familiar with each patient for whom they are responsible. Fulfillment of that responsibility requires personal involvement with each patient and each resident who is participating in the care of that patient. Each patient must have a supervising practitioner whose name is identifiable in the patient record. Other supervising practitioners may at times be delegated responsibility for the care of the patient and the supervision of the residents involved. It is the responsibility of the supervising practitioner to be sure that the residents involved in the care of the patient are informed of such delegation and can readily access a supervising practitioner at all times.

c. Each training program is constructed to encourage and permit residents to assume increasing levels of responsibility commensurate with their individual progress in experience, skill, knowledge, and judgment.

Scope of Practice:

PGY-1

As this is a four-year integrated program, the first twelve months of training are in fundamental clinical skills and not in PM&R. Please see the Internal Medicine, Neurology, and Surgical Scopes of Practice.

PGY-2

WITHOUT DIRECT SUPERVISION

1. Perform comprehensive history and physical examination.
2. Write concise, timely, and descriptive notes and documentation.
3. Prescribe, certify, and re-certify therapeutic prescriptions including orthotics, prosthetics, ambulatory devices, and assistive devices.
4. Prescribe and renew medications.
5. Observe and participate in physical, occupational, and speech language therapies, and the fitting of orthotics and prosthetics.

PGY-2

WITH DIRECT SUPERVISION

1. Perform trigger point injections
2. Perform Botox injections
3. Perform intra-articular large joint injections with or without ultrasound-guidance.
4. Perform an electrodiagnostic study.
PGY-3
WITHOUT DIRECT SUPERVISION
1. All of that which is listed above in the PGY-2 year.
2. Counsel patient and families appropriately.

PGY-3
WITH DIRECT SUPERVISION
1. All of that which is listed above in the PGY-2 year with less attending input.
2. Perform diagnostic and therapeutic spine injections under fluoroscopy.

PGY-4
WITHOUT DIRECT SUPERVISION
1. All of that which is listed above in the PGY-3 year.
2. Perform trigger point injection.
3. Perform intra-articular large joint injections with or without ultrasound-guidance.
4. Perform an electrodiagnostic study.
5. Perform Botox injections.

PGY-4
WITH DIRECT SUPERVISION
1. All of that which is listed above in the PGY-3 year.

Gail A. Latlief, D.O., Program Director

7-20-11

Date