Scope of Practice

Gastroenterology Fellowship Training Program

1. General Statement: This scope of practice statement pertains to the following facilities: Tampa General Hospital, James A. Haley VA Hospital, Moffitt Cancer Center, Morsani Ambulatory Endoscopy and Surgery Center, and Morsani Gastroenterology Outpatient Clinic. Gastroenterology fellows (PGY IV, V, VI and VII) have completed their internal medicine training and are either board eligible or board certified in internal medicine. These individuals will function under the general (indirect) or direct supervision of attending physicians who are members of the Division of Digestive Diseases and Nutrition and have privileges in gastroenterology at the hospital or outpatient facility that the fellow is assigned to. The fellows are expected to evaluate patients with gastrointestinal, liver and nutritional disorders in the inpatient and outpatient setting, devise treatment plans, and discharge patients from the hospital, emergency department, or outpatient clinic. These activities may be done under the general supervision of the attending gastroenterologist. The gastroenterology fellow will perform invasive procedures including but not limited to diagnostic and therapeutic gastrointestinal endoscopy, esophageal dilation, and liver biopsy initially under direct supervision of the attending gastroenterologist with transition to the stage of general (indirect) supervision when the fellow can consistently perform these procedures safely. If available, simulation training must be completed prior to doing endoscopic procedures on patients. Simulation training in EGD and colonoscopy is done at the beginning of the PGY 4 year. Simulation training in ERCP and EUS are done before beginning these procedures and may be done in the PGY4, 5 or 6 year depending on the fellow's progress in developing endoscopic skills. Gastroenterology fellows may place nasogastric and feeding tubes; replace gastrostomy tubes; place 48 hour Bravo pH monitors; and perform paracentesis, esophageal manometry, capsule endoscopy, and gastric analysis without supervision. Gastroenterology fellows can administer conscious sedation in conjunction with endoscopic procedures and are required to maintain BLS and ALS certification. Gastroenterology fellows are expected to initiate emergency or lifesaving treatment without supervision when necessary even in the absence of an attending gastroenterologist. Insertion of a Sengstaken-Blakemore tube is an emergent and frequently life saving procedure. Gastroenterology fellows may insert a Sengstaken-Blakemore tube without direct attending supervision. The current scope of practice for each year of training is given below.

2. PGY 4: Performance of the following under indirect supervision: 1) abdominal paracentesis, 2) gastric analysis, 3) esophageal manometry, 4) capsule endoscopy, 5) placement of 48 hour
Bravo pH monitor, 6) placement of a Sengstaken Blakemore tube. Liver biopsies may be performed under direct supervision of the attending gastroenterologist. The following procedures may be performed with direct supervision of the attending gastroenterologist:

1) **Standard endoscopic procedures** once simulation training has been completed including: a) diagnostic EGD, b) colonoscopy, c) polypectomy, d) non-variceal hemostasis, e) variceal hemostasis, f) esophageal dilation, g) flexible sigmoidoscopy, h) percutaneous endoscopic gastrostomy.

2) **Advanced endoscopic procedures** once simulation training has been completed including: a) ERCP diagnostic, b) tumor ablation, c) pneumatic dilation for achalasia, d) esophageal, colonic and enteral stent placement.

3. **PGY 5 and 6**: See PGY 4 above. Once the fellow has satisfied the requirements of the American Society for Gastrointestinal Endoscopy's threshold for assessing competency, and has proven proficiency to perform a specific procedure, the fellow may perform that specific procedure under indirect supervision of the attending gastroenterologist if allowed to do so by hospital regulations. In addition PGY 5 and 6 fellows may perform therapeutic ERCP and diagnostic and therapeutic endoscopic ultrasound under direct supervision of the attending gastroenterologist.

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