This document pertains to fellows rotations at Tampa General Hospital. This program is part of the fellowship training program in Colon and Rectal Surgery 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 fellows with direct experience in progressive responsibility for patient management. All patient care at TGH provided by fellows will be provided under direct or indirect faculty supervision. Supervision must be documented in the medical record in accordance with Colon and Rectal Surgery at the University of South Florida compliance guidelines.

Activities performed without direct supervision require access to the supervisory physician for communication and physical access within 30 minutes. Activities performed with direct supervision require 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.

Fellows at each postgraduate year of training, while not limited to the following activities, are specifically allowed to do these without direct supervision. This document may be modified by the program director based on additions to the training program.

PGY 6

WITHOUT Direct Supervision

Fellows Shall:

1) Do pertinent history and physical examination & develop diagnostic and therapeutic plans for:
   a. Outpatients
   b. Emergency department patients
   c. Hospitalized patients with unknown and newly diagnosed colorectal problems

2) Provide ongoing care for patients with colorectal disease in:
   a. Ambulatory setting
   b. Inpatient setting

3) Recognize and provide proper management for patients with colorectal diseases

4) Evaluate outpatients and inpatients for emergency surgical procedures

5) Supervise routine ward activities and ICU activities

6) Supervise the conduct of outpatient clinics

7) Initiate endoscopic procedures after discussion with responsible attending surgeon who has privileges to perform the anticipated procedure and anticipating the arrival of the attending surgeon

8) Initiate surgical procedures after discussion with responsible attending surgeon who has privileges to perform the anticipated procedure and anticipating the arrival of the attending surgeon

9) Assist in surgery and perform certain operations with indirect supervision by an attending surgeon at the discretion of the attending surgeon

10) Administer conscious sedation

11) Discuss diagnosis, prognosis, diagnostic testing, therapeutic considerations and alternatives, support care, end-of-life issues, and psychosocial issues with patients who have colorectal diseases

12) Provide consults to physicians in other specialties, regarding colorectal problems of their patients

13) Write orders for restraints

14) Oversee medical record completion
Scope of Practice

15) Prepare informal and formal educational seminars for residents, subspecialty fellows and faculty on colorectal diseases topics
16) Develop a plan for a research project
17) Develop increasing levels of independence in carrying out clinical and educational responsibilities

PGY 6
WITH Direct Supervision

Residents Shall:
1) Perform all the duties assigned to him by the attending surgeon

Jorge E. Marcet, M.D.
Program Director
July 1, 2018