



SCOPE OF PRACTICE

Cytopathology Fellowship
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This document pertains to cytopathology fellow rotations under the auspices of the Cytopathology Fellowship Program at Moffitt Cancer Center James A Haley VA 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 fellows 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 fellow must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence. Fellows are responsible for asking for help from the supervising physician under the following circumstances: intraoperative touch prep for breast cancer sentinel lymph node evaluation, fine needle aspiration biopsy, rapid onsite evaluation for immediate treatment, notification to clinician or patients of critical diagnostic information such as new malignant diagnosis or change of diagnosis, situations that the fellow is uncomfortable carrying out any aspect of patient care for any reason, and in the events of error or unexpected serious adverse event. Supervision may be provided by credentialed and privileged cytotechnologists in addition to attending physicians. 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 fellows involved in the care of the patient. Supervision must be documented in the medical record in accordance with the Cytopathology Fellowship at 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 fellow program has a curriculum for providing knowledge and performance competence that includes procedure training and number of procedures that need to be completed before obtaining indirect supervision. 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 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	See below for level of supervision required for each procedure and progressive responsibility			
CORE PROCEDURES					PGY-5 and above			
					Quarter 1	Quarter 2	Quarter 3	Quarter 4
Fine Needle Aspiration (FNA)								
Review of clinical and radiological information					4	4	4	4
Patient informed consent					1	2	3	4
Perform procedure					1	1	1	1
Diagnostic interpretation and record on the requisition form					1	1	1	1
Communicate the result to ordering physician					1	2	3	4
Documentation (FNA note) in electronic medical record					4	4	4	4
Intraoperative Touch Imprint Cytology for Sentinel Lymph node								
Review of clinical and radiological information					4	4	4	4

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Designated Levels	1	2	3	4	See below for level of supervision required for each procedure and progressive responsibility			
Prepare intraoperative form					4	4	4	4
Gross examination, serial section and touch preparations					1	2	3	4
Diagnostic assessment					1	1	1	1
Communication with physicians					1	1	1	1
Rapid Onsite Evaluation for Treatment								
Clinical and radiological information gathering					4	4	4	4
Touch prep preparations					1	2	3	4
Diagnostic assessment					1	1	1	1
Communication with physicians					1	1	1	1
Rapid Onsite Evaluation for Adequacy								
Clinical and radiological information gathering					4	4	4	4
Touch prep preparations					1	2	3	4
Adequacy reporting to physicians					1	2	3	4
Flow Cytometry Need Assessment								
Clinical and radiological information gathering					4	4	4	4
Flow cytometry need assessment					1	2	3	4
Case Sign-out								
Review of clinical and radiological information					4	4	4	4

	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	See below for level of supervision required for each procedure and progressive responsibility			
Diagnostic work up					1	1	1	1
Diagnostic assessment and enter preliminary diagnosis in PathNet					2	3	4	4
Consultation								
Clinical and radiological information gathering					4	4	4	4
Formulate work up plan and differential diagnosis					4	4	4	4
Diagnostic assessment and enter preliminary diagnosis in PathNet					2	3	4	4



 Marilyn M. Bui, MD, PhD
 Program Director, Cytopathology Fellowship

November 16, 2018

 Date