



SCOPE OF PRACTICE & SUPERVISION

Dermatology Residency Program
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This document pertains to resident rotations under the auspices of the Dermatology Residency Program at Tampa General Hospital, Moffitt Cancer Center, James A. Haley Veterans' Hospital, Morsani Center for Healthcare, and 17 Davis Medical Building. 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 and faculty must inform each patient of their respective roles in patient care. Residents 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 must communicate with the supervising faculty in the following circumstances: under any circumstance in which the resident feels uncomfortable, emergency care rendered by trainee, patient upgrade to high level of care, unexpected patient death, unexpected complication or event report, patient or staff request to speak with attending or if the trainee is harmed or threatened. 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 the 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 Dermatology Residency Program at the University of South Florida compliance guidelines.

Residents and faculty can report concerns regarding inadequate supervision on the GME website or the hospital reporting system. Any reports will be protected from reprisal. This document is available on the GME website for all residents, faculty, other team members, and patients.

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

- 1) The supervising physician is physically present with the Resident during the key portions of the patient interaction.
- 2) The supervising physician and/or patient is not physically present with the Resident, and the supervising physician is concurrently monitoring the patient's care through appropriate telecommunication technology.

Indirect Supervision

1) The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the Resident for guidance and is available to provide appropriate direct supervision.

Oversight

The supervising physician is available to provide a 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 session. There are no diagnostic/therapeutic procedures that require competence or evaluation as part of this residency. 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 is not providing physical or concurrent visual or audio supervision but is immediately available (Indirect)	Supervising physician is available to provide a review of procedures/encounters with feedback after care is delivered (oversight)			
Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training		
CORE PROCEDURES – FOR OUTPATIENT				PGY-2	PGY-3	PGY-4
Diagnosis and treatment of common dermatologic disease				2	2	2
KOH preps and Tzanck preps				2	2	2
Skin biopsies including shave, punch and excisional				2	3	3
Cryosurgery and electrosurgery				2	2	2
Minor skin surgery including simple elliptical excisions with layered closure and more advanced cases such as grafts and adjacent tissue transfer as appropriate				2	2	2
Perform patient care and procedures in the outpatient setting				2	2	3
Diagnosis and treatment of more advanced dermatopathologic entities (e.g. consults from primary care physicians)				2	2	2
Chemoexfoliations and superficial chemical peels				N/A	2	3
More advanced surgical cases including elliptical excisions, adjacent tissue transfer and grafts				2	2	3

	Supervising Physician present (Direct)	Supervising Physician is not providing physical or concurrent visual or audio supervision but is immediately available (Indirect)	Supervising physician is available to provide a review of procedures/encounters with feedback after care is delivered (oversight)			
Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training		
Diagnosis and treatment of complex dermatologic disorders (e.g. consults from dermatologists)				2	2	2
Dermatologic cosmetic procedures including sclerotherapy, injection of fillers, and medium and deep chemical peels				1	2	2
Laser surgery				1	1	2
Advanced skin surgical cases including those treated by Mohs surgery followed by reconstruction utilizing complicated adjacent tissue transfers, flaps, and grafts				2	2	2
All hospital admissions are done under the auspices of medicine; such decisions are handled through the medical department and their staff.				USF Internal Medicine	USF Internal Medicine	USF Internal Medicine
CORE PROCEDURES – FOR INPATIENT				PGY-2	PGY-3	PGY-4
Diagnosis and recommendations for treatment for dermatologic disorders presenting in hospital in-patients				2	3	3
Provide consultations with the scope of his/her privileges				2	3	3
SEDATION				PGY-2	PGY-3	PGY-4
Local anesthesia				2	3	3
FLOOR PROCEDURES				PGY-2	PGY-3	PGY-4
Shave skin biopsy				2	3	3
Punch skin biopsy				2	3	3
Excisional skin biopsy				2	3	3
Cryosurgery				2	3	3

DocuSigned by:

Basil Cherpelis

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Effective Date