This document pertains to PGY4-PGY5 rotations under the auspices of the Morsani College of Medicine, Department of Internal Medicine, Endocrinology, Diabetes and Metabolism Fellowship Program Moffitt Cancer Center, James A. Haley VA, Shriner’s Hospital, and Tampa General 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 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 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 are responsible for asking for help from the supervising physician if uncertain of diagnosis, how to perform a diagnostic or therapeutic procedure, or how to implement an appropriate plan of care. 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 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 Endocrinology, Diabetes & Metabolism 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.
The supervising physician is available to provide review of procedures/encounters with feedback after care is delivered.

The residency program has a curriculum for providing knowledge and performance competence that includes thyroid FNA, thyroid biopsy simulation, 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.

<table>
<thead>
<tr>
<th>Designated Levels</th>
<th>Supervising Physician present (Direct)</th>
<th>Supervising Physician in hospital and available for consultation (Indirect but direct supervision immediately available)</th>
<th>Supervising Physician out of hospital but available by phone or can come in (Indirect but direct supervision available)</th>
<th>The trainee may perform the procedure without supervising Attending/resident (oversight)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>See below for level of supervision required for each procedure and year of training</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CORE PROCEDURES**

<table>
<thead>
<tr>
<th></th>
<th>PGY-4</th>
<th>PGY-5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform patient care and procedures in outpatient setting</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Continuous glucose monitoring</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Provide consultations within the scope of his/her privileges</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Thyroid aspiration biopsy</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Thyroid ultrasound</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Skeletal dual photon absorptiometry interpretation</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Management of insulin pump</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**Scope of Practice:**

**PGY-4**

- Evaluate consultations requested for endocrine assessment of inpatients from VAMC, TGH and Moffitt and ensure that a written evaluation is prepared within 24 hours of the request.
Daily rounds with Endocrine attending and establish daily plan for patient care, disease management and diagnostic evaluation. Review all diagnostic tests with faculty when results become available.

Round with Endocrine Attending, Diabetes Management Service Team or Inpatient Diabetes Management Service and direct concurrent care of diabetes or appropriate services.

Evaluate and manage ambulatory care patients under supervision of Endocrine faculty at the VAMC Endocrine Clinic; VAMC Diabetes clinic, TGH 30th Street Clinic and USF’s Medical Clinic.

Insulin pump initiation and management in close coordination with the multidisciplinary diabetes team and under indirect or direct supervision of the designated attending.

Attend all clinical conferences, research conferences, journal clubs, and didactic lectures.

Supervise PGY 1, 2 or 3 from Department of Internal Medicine on the evaluation and management of patients in clinics and consultation service.

Teach residents and medical students at the bedside and in the ambulatory clinics.

Encouraged to participate (time permitted) in research projects or other scholar activities under faculty mentoring while following the Office of Research and Development IRB and guidelines.

**PGY-5**

 Participate, supervise and assist the PGY-4 as needed in the daily management and evaluation of patients hospitalized by endocrine faculty or referring physicians, and in ambulatory clinics.

Round with Endocrine attending and house staff teams on consultation service, and write detailed recommendations in response to consultation requests.

Round with Endocrine Attending(s), Diabetes Management Service Team or Inpatient Diabetes Management Service and direct concurrent care of diabetes or appropriate services.

Attend clinics/rotations in Pediatric Endocrinology (Shriner’s Hospital), Reproductive Endocrinology, Nuclear Medicine, USF Pituitary Clinic, Bone Density reading and interpretation.

Perform thyroid ultrasound and ultrasound guided thyroid fine needle aspirates under indirect or direct supervision of the designated attending, review the cytopathology to the FNA slide. Assist, supervise, and educate PGY-4 in insulin pump management under faculty supervision while in coordination with the multidisciplinary diabetes team.

Coordinate Endocrine clinical and teaching conferences, journal clubs and the interview of new applicants to the endocrine fellowship program.
Present didactic material at clinical conferences and evaluate literature publications at Journal Club in consultation with faculty.

Teach first year fellows (PGY 4) as well as other members of the Endocrine team (residents, students) at the bedside and in the ambulatory care clinics.

Participate in research projects (project with emphasis in basic sciences are preferred) under faculty mentoring while following the Office of Research and Development and the USF-IRB guidelines.

Joaquin Gomez-Daspet, MD
Program Director, Division of Endocrinology & Metabolism

12/10/2019
Date