

UNIVERSITY OF SOUTH FLORIDA FEMALE PELVIC MEDICINE AND RECONSTRUCTIVE SURGERY

SCOPE OF PRACTICE

DIRECTOR OF PROGRAM RENEE BASSALY, D.O.

This document pertains to fellow rotations at Tampa General Hospital. This program is part of the fellowship training program in Female Pelvic Medicine & Reconstructive Surgery at the University of South Florida. All Accreditation Council for Graduate Medical Education and Joint Commission guidelines pertaining to graduate medical education apply to this rotation.

In keeping with all Accreditation Council for Graduate Medical Education and Joint Commission 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 Obstetrics and Gynecology at the University of South Florida compliance guidelines.

Activities performed *with indirect supervision with direct supervision available* 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. Fellows 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 with indirect supervision with direct supervision available. This document may be modified by the program director based on additions to the training program.

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
 - 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.
 - 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.

Activities performed with direct supervision require presence of the supervisory physician. Fellows 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 with indirect supervision with direct supervision available. This document may be modified by the program director based on addition to the training. Fellows will notify attending with escalation of care occurs such as need

for transfer to ICU, stat consult for cardiac care/consultation, or unstable condition for need to transfer patient to operating room

PGY 4

WITH indirect supervision with direct supervision available

Residents Shall:

- 1) *Do pertinent history and physical examination & develop diagnostic and therapeutic plans for:*
 - a. *Ambulatory*
 - b. *Preoperative and hospitalized patients on the FPMRS service*
- 2) *Provide ongoing care for ambulatory patients with pelvic floor disorder*
- 3) *Learn proper techniques for performing*
 - a. *Urodynamics*
 - b. *Bladder installations*
 - c. *Bladder catheterizations*
- 4) *Recognize and provide proper management for postoperative emergencies*
- 5) *Provide consults to physicians in other specialties, regarding pelvic floor disorders in their patients*
- 6) *Develop a plan for a research project*

PGY 4

WITH Direct Supervision

Residents Shall NOT

- 1) *Actively work on more than 1 research project*

PGY 5

With indirect supervision with direct supervision available

Residents Shall:

- 1) *Includes PGY4 and above*
- 2) *Increase skills in:*
 - a. *Operative procedures*
 - i. *Laparoscopic port placement*
 - ii. *Robotic surgery docking and instrument placement*
 - iii. *Placement of sacral neuromodulator leads and pulse generators*
 - iv. *Operative Cystoscopy*
 1. *Bladder biopsy*
 2. *Stent placement*
 3. *Retrograde pyelogram*

- v. *Surgical entry into the abdominal cavity via open or endoscopic technique*
 - vi. *Basic gynecologic procedures*
 - 1. *Hysterectomy, bilateral salpingoopherectomy open and endoscopic*
 - 2. *Tubal ligations*
 - vii. *Simple transvaginal procedures*
 - 1. *Suburethral sling*
 - 2. *Anterior/posterior repair, Perineorrhaphy*
 - viii. *Urogynecologic procedures*
 - 1. *Dissection of bladder and peritoneal flaps from anterior and posterior vagina*
 - 2. *Placement of graft on anterior and posterior vaginal walls*
 - 3. *Dissection of presacral peritoneum, and graft placement to sacral promontory*
 - 4. *Uterosacral suspension with sutures*
 - 5. *Transvaginal suspension of the vaginal vault – SSSL or uterosacral suspension*
 - 6. *Placement of vaginal grafts*
 - 7. *Placement of suprapubic catheters, and wound drains*
 - b. *Procedural skills*
 - i. *Urodynamics*
 - ii. *Cystoscopy*
 - iii. *Anal Manometry*
 - iv. *Ano/procto – scopy*
 - v. *Pelvic Floor EMG*
 - vi. *Remote programming of implantable pulse generators for sacral neuromodulation*
 - c. *Interpretation of Pelvic floor imaging studies*
 - i. *Static and Dynamic MRI*
 - ii. *Pelvic floor ultrasound*
 - iii. *Defacography studies*
 - iv. *CT Urograms*
 - d. *Consulting*
 - e. *Patient care supervisory skills*
 - f. *Teaching skills*
- 3) *Will also:*
- a. *Actively work on at least 1 research project*
 - b. *Develop increasing levels of independence in carrying out clinical and educational responsibilities*

Operative procedures

PGY 5

With direct supervision during the critical portions of the operative procedure

- 1) *Anal sphincteroplasty*
- 2) *Vesicovaginal fistula repair*

- 3) *Rectovaginal fistula repair*
- 4) *Repair bladder and bowel lacerations*
- 5) *Ureteric implantations*
- 6) *Psoas hitch, Boari flaps*

PGY 6

With indirect supervision with direct supervision available

Same as PGY 5

PGY 7

Indirect with direct available

Same as PGY 5



Signature:

Director of Program

12/20/2018