



SCOPE OF PRACTICE

USF Gastroenterology Fellowship Program
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This document pertains to fellows' rotations under the auspices of the USF Gastroenterology Fellowship Training Program at Tampa General Hospital, James A Haley Veterans Hospital and Moffitt Cancer Center. 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 for procedures such as gastrointestinal endoscopy and colonoscopy. Supervision may be provided by more senior fellows 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 USF Gastroenterology Fellowship Training Program 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 fellowship program has a curriculum for providing knowledge and performance competence that includes performing procedures including (but not limited to) diagnostic and therapeutic gastrointestinal upper endoscopy and colonoscopy, enteroscopy, capsule endoscopy, under direct supervision of the attending gastroenterologist with transition to the stage of general (indirect) supervision when the fellow can consistently perform these procedures safely. If available, simulation training must be completed prior to doing endoscopic procedures on patients. Simulation training in EGD and colonoscopy is done at the beginning of the PGY 4 year. 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 & BLS training.

	Supervising Physician present (Direct)	Supervising Physician immediately available for guidance to provide direct supervision (indirect supervision)	The trainee may perform the procedure without supervising Attending/resident (oversight)				
Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training			
CORE PROCEDURES					PGY-4	PGY-5	PGY-6
Perform patient care and procedures in outpatient setting					2	2	2
Treat and manage common medical conditions					3	3	3
Make referrals and request consultations					3	3	3
Provide consultations within the scope of his/her privileges					1	1	1
Render any care in a life-threatening emergency					2	3	3
SEDATION					PGY-1	PGY-2	PGY-3
Conscious Sedation					1	1,2	2
Floor Procedures					PGY-1	PGY-2	PGY-3
Liver biopsy					1	1,2	2

	Supervising Physician present (Direct)	Supervising Physician immediately available for guidance to provide direct supervision (indirect supervision)	The trainee may perform the procedure without supervising Attending/resident (oversight)				
Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training			
ECG interpretation panel, emergent				3	3	3	
Replace gastrostomy tube				2	2	2	
Esophageal manometry				1	1	1	
Feeding tube placement (nasal or oral)				2	2	2	
Anorectal manometry				1	1	1	
Capsule endoscopy				1	1	1	
Placement of Sengstaken- Blackemore tube				1	2	2	
Paracentesis				3	3	3	
Operative Procedures				PGY-1	PGY-2	PGY-3	
Esophagogastroduodenoscopy				1	1,2	2	
Colonoscopy				1	1,2	2	
Flexible Sigmoidoscopy				1	1,2	2	
Esophageal Dilation				1	1,2	2	
Placement of 48-96 hour Bravo pH monitor				1	1,2	2	
Percutaneous endoscopy gastrostomy				1	1	2	
Pneumatic dilation				1	1	1	
Esophageal, colonic and enteral stent placement				1	1	1	
Endoscopic retrograde cholangiopancreatography				1	1	1	

	Supervising Physician present (Direct)	Supervising Physician immediately available for guidance to provide direct supervision(indirect supervision)	The trainee may perform the procedure without supervising Attending/ resident (oversight)				
Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training			
Endoscopic ultrasound					1	1	1
Single balloon enteroscopy					1	1	1

DocuSigned by:



Camille Thelin, MD
 Program Director, Gastroenterology

4/21/2022

Date