



SCOPE OF PRACTICE

Gynecologic Oncology Fellowship
Director of Program: Thomas Rutherford, MD
USF Health Morsani College of Medicine
University of South Florida

This document pertains to fellow rotations under the auspices of the Gynecologic Oncology Fellowship at Tampa General 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.

In keeping with all Accreditation Council for Graduate Medical Education and Joint Commission guidelines, the faculty and program director are responsible for providing residents with direct experience in progressive responsibility for patient management. All patient care at TGH provided by residents will be provided under direct or indirect faculty supervision. Supervision must be documented in the medical record in accordance with Gynecologic Oncology Fellowship 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. This document may be modified by the program director based on additions to the training program. Fellows are responsible for calling an attending when a patient needs escalation of care, when a patient needs a transfer from the floor to intensive care, when a patient is having a chemotherapy reaction or for any patient concerns.

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.

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.

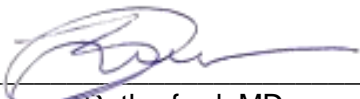
	Supervising Physician present (Direct)	Supervising Physician in hospital and available for consultation (Indirect but direct supervision immediately available)	Supervising Physician out of hospital but available by phone or can come in (Indirect but direct supervision available)	The trainee may perform the procedure without supervising Attending/resident (oversight)			
Designated Levels	1	2	3	4	See below for level of supervision required for each procedure and year of training		
PROCEDURES					PGY-5	PGY-6	PGY-7
Brachytherapy					1*	1*	1*
Abdominal hysterectomy					1*	1*	1*
Bedside Assist, Docking, Instrument Exchange					1*	1*	1*
Bowel resection/anastomosis					1*	1*	1*
Central Line					1*	1*	2
Cervical conization (LEEP and cold knife cone)					1*	1*	1*
Chemoradiation					2	2	2
Chemotherapy					1*	2	3
Conduit					1*	1*	1*
Diaphragmatic stripping/resection					1*	1*	1*

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Designated Levels	1	2	3	4	See below for level of supervision required for each procedure and year of training		
Exenteration					1*	1*	1*
Foley Catheter Insertion					4	4	4
Foley Catheter Removal					4	4	4
Hysterectomy					1*	1*	1*
Inguinal node dissection					1*	1*	1*
Interval debulking BSO					1*	1*	1*
IV Stick					3	4	4
Laser therapy					1*	1*	1*
Lymphadenectomy					1*	1*	1*
Lymphatic mapping/sentinel node biopsy					1*	1*	1*
Omentectomy					1*	1*	1*
Ostomy/NOS					1*	1*	1*

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Designated Levels	1	2	3	4	See below for level of supervision required for each procedure and year of training		
Primary debulking BSO/omentectomy					1*	1*	1*
Primary Surgeon on the Simulator Console					1*	1*	1*
Radical adnexal cytoreductions;					1*	1*	1*
Radical hysterectomy					1*	1*	1*
Radical trachelectomy					1*	1*	1*
Radical vulvectomy					1*	1*	1*
Simple trachelectomy					1*	1*	1*
Simple vulvectomy					1*	1*	1*
Splenectomy					1*	1*	1*
Staging laparotomy					1*	1*	1*
Suction curettage of molar pregnancy					1*	2	2
Targeted therapeutic					2	3	3

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Designated Levels	1	2	3	4	See below for level of supervision required for each procedure and year of training		
Urinary tract procedures					1*	1*	1*
Vaginal reconstruction					1*	1*	1*
Vulvar biopsies					2	3	3
Wound Packing					1*	2	3

*1 – indicates direct supervision for the critical portions of operative procedure.



 Thomas Rutherford, MD
 Program Director, Gynecologic Oncology

11/16/2018
 Date