Updated: 04/11/2023

SCOPE OF PRACTICE & Supervision Policy

Hospice and Palliative Medicine
Director of Program: Amanda Wilson Morris, MD USF Health Morsani College of Medicine University of South Florida

This document pertains to PGY-4 rotations under the auspices of the Hospice and Palliative Medicine Fellowship at James A. Haley VA, Moffitt Cancer Center, Life Path Hospice & 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 PGY-4's 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 PGY-4 is assigned by the program director and faculty members to ensure effective oversight of resident supervision.

Each PGY-4 and faculty must inform each patient of their respective roles in patient care. PGY-4's must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence. PGY-4's must communicate with the supervising faculty in the following circumstances: if uncertain of a medical diagnosis/prognosis or how to implement an appropriate plan of care or at the request of the patient. 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 PGY-4's involved in the care of the patient. Supervision must be documented in the medical record in accordance with the Hospice and Palliative Medicine Program at the University of South Florida compliance guidelines.

PGY-4's 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.

<u>Direct Supervision</u>

1) The supervising physician is physically present with the fellow 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 care through appropriate telecommunication technology.

<u>Indirect Supervision</u>

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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 review of procedures/encounters with feedback after care is delivered.

The fellowship program has a curriculum for providing knowledge and performance competence. While no procedures are required, fellows must see at least 100 new patients over the course of the program, follow at least 10 patients longitudinally across the settings, and perform at least 25 hospice home visits. 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 PGY-4's 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				**PGY-4**		
• Serve as a Palliative Medicine consultant: Coordinate, lead, and facilitate key events in patient care, such as family meetings, consultation around goals of care, advance directive completion, conflict resolution, and withdrawal of life-sustaining therapies.				*2**		
• Provide Palliative Care throughout the continuum of serious illness while addressing physical, intellectual, emotional, social, and spiritual needs and facilitating patient autonomy, access to information, and choice.				*2**		
• Participate as a member of an interdisciplinary team. The interdisciplinary teams must include physicians, nurses, psychosocial clinicians (such as a social workers or psychologists), and chaplains.				*2**		
• Recognize signs and symptoms of impending death and appropriately caring for the imminently dying patient and his/her family members				*2**		

*by completion of the fellowship, all fellows are expected to progress to a level 3

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Amanda Wilson Morris, MD
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Effective Date