



## SCOPE OF PRACTICE

**Hematopathology**  
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This document pertains to fellow rotations under the auspices of the Hematopathology Program at H Lee Moffitt Cancer Center, Tampa General Hospital, James A Haley Veteran's Administration and John Hopkin's All Childrens 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 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 fellow is assigned by the program director and faculty members to ensure effective oversight of fellow 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 under all circumstances in which questions arise. Progressive responsibility is granted at the 6 month interval only upon demonstration of competency in any given area. In some circumstances, supervision may be provided by more senior fellows, laboratory administrators 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 fellows involved in the care of the patient. Supervision must be documented in the medical record in accordance with the Pathology Program compliance guidelines at the University of South Florida.

The program follows the ACGME classification of supervision as noted below. The supervising physician can refer to a faculty, fellow, or resident 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 fellows 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 didactic lectures and case conferences, procedure training, triage and hands on signout of pathology cases, as well as provider consultations during surgery and with physicians in the ambulatory clinics and inpatient wards. Semi-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 fellows need to maintain current ACLS training.

	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/ senior provider oversight		
Designated Levels	1	2	3	4	See below for level of supervision required for each procedure and year of training	
<b>MEDICAL PROCEDURES</b>					<b>PGY-5 (first 6 months)</b>	<b>PGY-5 (second 6 months)</b>
Perform triage (review) of bone marrow aspirate smears					1	2
Order diagnostic ancillary testing, including cytochemistry, immunohistochemistry and flow cytometricdiagnostics					3	4
Order diagnostic ancillary testing, including fluorescence in situ hybridization (FISH) and molecular diagnostics					2	3
Dictate final pathology reports					3	4
Review and interpret abnormal peripheral blood smears					2	3
Review and interpret flow cytometry testing					2	3
Review and interpret cytochemistry and immunohistochemical staining					2	3

	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/ senior provider oversight		
Designated Levels	1	2	3	4	See below for level of supervision required for each procedure and year of training	
Review and interpret wet hematology, basic coagulation, hemoglobinopathy results					1	1
Review and interpret molecular pathology testing					2	3
Review and interpret body fluid cytology					2	3
Review and interpret fine needle aspirate cytology					2	3
Render frozen section (intra-operative) consultation					1	2
Render intradepartmental consultation					1	2
Render interdepartmental consultation (e.g. surgical pathology, hematology and oncology)					1	1
Render outside facility lymphoma or bone marrow case consultation					1	1
Render preliminary diagnosis of bone marrow or tissue biopsy					1	2
Render final diagnostic interpretation/pathologic diagnosis					1	1
Make referrals and request consultations					2	3
<b>Surgical Procedures</b>					<b>PGY-5</b>	<b>PGY-5</b>
					<b>(first 6 months)</b>	<b>(second 6 months)</b>
Bone marrow aspiration					1	2
Bone marrow needle biopsy					1	2



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11/19/2018

Date