



SCOPE OF PRACTICE & SUPERVISION POLICY

Infectious Disease
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This document pertains to Infectious Disease fellow rotations under the auspices of the Infectious Disease Fellowship Program at Tampa General Hospital, Moffitt Cancer Center, and the James A. Haley Veterans' 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 residents 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 resident and faculty must inform each patient of their respective roles in patient care. Residents must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence. Residents must communicate with the supervising faculty in the following circumstances; changes in management decisions, final recommendations, signing off, transfer of care. Supervision may be provided by more senior residents 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 Infectious Disease Fellowship Program at the University of South Florida compliance guidelines.

Residents 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.

Direct Supervision

- 1) The supervising physician is physically present with the Resident 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.

Indirect Supervision

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 principles which apply to supervision of fellows include:

- The program establishes schedules which assign qualified faculty physicians or fellows to supervise at all times and in all settings fellows of the Fellowship Program who provide any type of patient care. The type of supervision to be provided is delineated in the curriculum's rotation description.
- The minimum amount/type of supervision required in each situation is determined by the definition of the type of supervision specified, but is tailored specifically to the PGY level, demonstrated skills, knowledge, and ability of the individual fellow, as well as patient safety, severity and complexity of patient illness/condition and available support services. In all cases, the faculty member functioning as a supervising physician should delegate portions of the patient's care to the fellow based on the above criteria.
- Senior fellows serve in a supervisory role of junior fellows in recognition of their progress toward independence based on the needs of each patient and the skills of the individual fellow or fellow.
- All fellows, regardless of year of training, must communicate with the appropriate supervising faculty member, according to the guidelines set forth by the Program Director and the guidelines below:
 - All PGY-4 fellows are supervised either directly or indirectly based on specific ACGME Residency Review Committee (RRC) requirements and fellow abilities.
 - In every level of supervision, the supervising faculty member must review and sign consult and progress notes
 - Faculty members must be actively involved in the provision of care, as assigned.

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 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 year of training	
Core Duties				PGY-4	PGY-5
Provide inpatient consultative patient care and follow up				1	2
Order outpatient intravenous antibiotics for outpatient antibiotic therapy				1	2
Serve as primary care provider and infectious disease consultant in an outpatient setting				1	2
Provide outpatient consultative patient care using telemedicine				2	3
Teach junior levels of trainees and students participating in infectious disease service				2	3
Provide consultative recommendations through telecommunication during on-call hours				2	3
Function as a member of an interdisciplinary team				2	3



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 Program Director, Infectious Disease

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Effective Date