SCOPE OF PRACTICE

Internal Medicine Residency
USF Health Morsani College of Medicine
University of South Florida

Background

Internal Medicine Residency is clinical training in a supervised environment where the trainee is given graded responsibility to manage patients based on the attainment of the knowledge, skills, and abilities needed to safely manage patient care and other clinical responsibilities. As such, supervision of residents and ongoing assessment of their clinical skills is of prime importance during residency training.

This document pertains to USF Health internal medicine residents at all of our inpatient affiliate sites including Tampa General Hospital, James A. Haley Veterans Hospital, Moffitt Cancer Center, and their associated outpatient clinical sites as well as USF Health outpatient clinical sites. In addition to guidelines set forth below, all ACGME, JCAHO, and CMS guidelines pertaining to residency and physician practice respectively should be followed at these sites.

Purpose

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.

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 within 24 hours after care is initially delivered.

PGY-1 residents have either direct supervision or indirect supervision with direct supervision immediately available on all rotations. PGY-2 and 3 residents have more autonomy as they progress through residency training and will always have an oversight level of supervision at minimum. For procedures specifically, please refer to the scope of practice for the level of supervision needed to perform procedures. Finally, each rotation also has the level of supervision for each level resident listed in the goals and objectives.

At all affiliate sites and on all rotations, attendings should be notified (1) for all critical changes in a patient's condition such as code scenario, death, transfer to the intensive care unit (2) if any trainee feels that a situation is more complicated than he can manage (3) at the request of any ancillary staff or patient, and (4) for any discharge from the hospital or transfer to another unit should also be discussed with the attending.

Position Descriptions

TITLE	Post Graduate Year-1 Resident (Intern)
REPORTS TO	Program Director, Attendings, Chief Medical Resident, Fellow, or Senior Level Resident
POSITION SUMMARY	An intern (or PGY-1) is a highly supervised medical school graduate who serves as the immediate manager of up to 10 hospitalized patients and individuals in the outpatient settings. The intern also assists in teaching assigned medical students on the general floors and makes daily rounds with the medical students.
COMPETENCIES AND ESSENTIAL FUNCTIONS	
Inpatient Responsibilities	• The intern performs a comprehensive admission history and physical examination on all patients admitted to the service. These are recorded in a written or computerized medical record. • The intern develops an assessment and plan and reviews these with the Attending physician and supervising resident. • The intern writes admission and subsequent orders that are approved by the supervising resident. • The intern writes prescriptions for hospital pharmacy filling for post-hospital care with approval from the supervising resident and Attending physician. • The intern assists with arranging appropriate follow-up care of patients. • The intern may also write discharge summaries for hospitalized patients. • The intern performs inpatient procedures under direct supervision • All residents will at minimum notify supervisors of situations where care is escalated, a complication or unexpected outcome has occurred, all deaths, and when end of life decisions are made.

Outpatient Responsibilities	• The intern performs history and physical exams on all ambulatory patients. • Develops assessments and plans. • Writes prescriptions as appropriate with review by an Attending physician. • Performs outpatient procedures and schedules follow-up under the direct supervision of an Attending physician.
SUPERVISORY RESPONSIBLITIES	Medical Students

TITLE	**Post Graduate Year–2 and 3 Resident**
REPORTS TO	Program Director, Faculty, Chief Medical Resident, or Fellow
POSITION SUMMARY	A PGY-2 or -3 resident is a supervised trainee who serves as inpatient team leader, consultant, or outpatient physician with indirect supervision or oversight supervision. PGY-2/3 residents are responsible for supervising two PGY-1 residents, one to two third-year MSM medical students, and up to 20 patients on inpatient teams. The PGY-2/3 resident may make independent assessments and decisions about treatment under indirect supervision or oversight status in the inpatient setting. In the outpatient setting, all patient care is provided under the direct supervision of attendings. All residents will at minimum notify supervisors of situations where care is escalated, a complication or unexpected outcome has occurred, for all deaths and end of life decisions.
COMPETENCIES AND ESSENTIAL FUNCTIONS	
Inpatient Responsibilities	• The resident writes admission notes on each patient. • In conjunction with the attending, manages the ongoing care of hospitalized patients. • Supervises interns and medical students. • Arranges follow up and placement for hospitalized patients in conjunction with case management. • Writes discharge summaries on all patients admitted to his or her team.
Outpatient Responsibilities	• In the outpatient setting, residents perform patient care and outpatient procedures under the direction of an Attending physician with indirect supervision with direct supervision immediately available
KNOWLEDGE, SKILLS, AND ABILITY	The PGY-2/3 resident may perform procedures with indirect supervision if given supervisory status as per residency rules described in text below. The following procedure must at all times be performed with direct supervision unless this is a code blue situation: • Insertion of right heart/pulmonary artery catheters • Endotracheal intubations
SUPERVISORY RESPONSIBLITIES	PGY-1 Residents and Medical Students

Procedure Competency Requirements

Safety is the highest priority when performing any procedure on a patient. The American Board of Internal Medicine (ABIM) recognizes that there is variability in the types and numbers of procedures performed by internists in practice. Internists who perform any procedure must obtain the appropriate training to safely and competently perform that procedure.

It is also expected that the general internist be thoroughly evaluated and credentialed as competent in performing a procedure before he or she can perform a procedure unsupervised.

For certification in internal medicine, the ABIM has identified a limited set of procedures (see table below) in which it expects all candidates to be competent with regard to their knowledge and understanding. This set includes:

- Demonstration of competence in medical knowledge relevant to procedures through the candidate's ability to explain indications, contraindications, patient preparation methods, sterile techniques, pain management, proper techniques for handling specimens and fluids obtained, and test results;

- Ability to recognize and manage complications; and

- Ability to clearly explain to a patient all facets of the procedure necessary to obtain informed consent.

To help residents acquire both knowledge and performance competence, ABIM believes that residents should be active participants in performing procedures. Active participation is defined as serving as the primary operator or assisting another primary operator. ABIM does not specify a minimum number of procedures to demonstrate competency.

The residency program has a curriculum for providing knowledge and performance competence that is set forth below. All residents need to maintain current ACLS training.

All PGY-1 residents need to pass the GME central line training during orientation. All PGY-1 residents also have a procedure workshop in July of their PGY-1 year. During the PGY-1 year, all residents need direct supervision for the majority of procedures as listed in the table below. At the end of the PGY-1 year, residents have a competency training workshop where competency is assessed. Residents are given supervisory status as a 2nd or 3rd year resident after they have successfully completed procedure competency training and have completed 4 of the noted procedure. Residents are given the list of supervisors within the residency quarterly throughout the year. For those procedures that PGY2 or 3 residents have not achieved supervisory status, PGY 1 procedural guidelines should be applied.

Residents are also instructed to log their procedures in New Innovations. Residents can log their procedures into NI as often as they like, but it must be done at least monthly.

ABIM Procedural Requirements

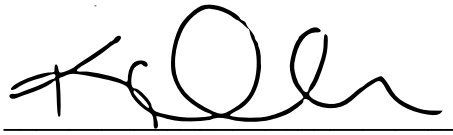
	Know, Understand, and Explain				Perform Safely and Competently
	• Indications • Contraindications • Recognition and Management of Complications • Pain Management • Sterile Techniques	Specimen Handling	Interpretation of Results	Requirements and Knowledge to Obtain Informed Consent	
Abdominal paracentesis	X	X	X	X	
Advanced cardiac life support	X	N/A	N/A	N/A	X
Arterial line placement	X	N/A	X	X	
Arthrocentesis	X	X	X	X	
Central venous line placement	X	X	N/A	X	
Drawing venous blood	X	X	X	N/A	X
Drawing arterial blood	X	X	X	X	X
Electrocardiogram	X	N/A	X	N/A	
Incision and drainage of an abscess	X	X	X	X	
Lumbar puncture	X	X	X	X	
Nasogastric intubation	X	X	X	X	
Pap smear and endocervical culture	X	X	X	X	X
Placing a peripheral venous line	X	N/A	N/A	N/A	X
Pulmonary artery catheter placement	X	N/A	X	X	
Thoracentesis	X	X	X	X	

Residency Procedure Supervision Guide

	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		
CORE PROCEDURES					**R1**	**R2**	**R3**
Admit patients to service					2	4	4
Complete H&P					2	4	4
Treat and manage common medical conditions					2	4	4
Make referrals and request consultations					2	4	4
Provide consultations within the scope of his/her privileges					1	4	4
Render any care in a life-threatening emergency					3	4	4
SEDATION					**R1**	**R2**	**R3**
Local anesthesia					3	3,4	3,4
GENERAL INTERNAL MEDICINE					**R1**	**R2**	**R3**
Abscess drainage					2	4	4
Arterial blood gas					2	4	4
Arterial line placement					1	4	4
Arthrocentesis					1	4	4
Aspirations and injections, joint or bursa					1	4	4
Bladder catheterization					2	4	4
Bone marrow aspiration					1	1	1
Bone marrow needle biopsy					1	1	1
Cardioversion, emergent					1	4	4
Cardioversion, elective					1	1	1
Central venous catheterization					1	3	3
ECG interpretation panel, emergent					2	4	4
ECG interpretation panel, elective					2	4	4
Excisions of skin tags/other					1	1	1
Feeding tube placement (nasal or oral)					2	4	4
Flexible sigmoidoscopy					1	1	1
Lumbar puncture					2	4	4
Pap smear					2	4	4
Paracentesis					1	4	4
Pericardiocentesis (emergent)					1	2	2

Swan-Ganz catherization	1	1	1
Suturing	2	4	4
Tendon/joint injections	1	3	3
Thoracentesis	1	4	4
Tracheal intubation, emergent	1	4	4
Tube thoracostomy	1	1	1
Venipuncture	4	4	4
Peripheral IV placement	4	4	4

* For those procedures that PGY2 or 3 residents have not achieved supervisory status, PGY 1 procedural guidelines should be applied.



Kellee Oller, MD, FACP
Program Director, Internal Medicine

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Date