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SCOPE OF PRACTICE & SUPERVISION POLICY

Interventional Pulmonology
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This document pertains to fellow rotations under the auspices of the Interventional Pulmonology at 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 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 and faculty must inform each patient of their respective roles in patient care. Fellows 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 must communicate with the supervising faculty in the following circumstances:

- Encounters with any patient in emergency rooms
- Emergency care rendered by trainee
- All new patient encounters in intensive care or critical care units or inpatient units
- If a procedure is being recommended.
- If requested to do so by other Faculty Attendings in any primary or specialty program
- If specifically requested to do so by patients or family
- If any error or unexpected serious adverse event is encountered at any time
- If any mis-administration of medication dose is encountered
- If the PGY7 is uncomfortable with carrying out any aspect of patient care for any reason
- End of life care/treatment
- Unexpected patient death
- If the trainee is harmed or threated

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 Interventional Pulmonology at the University of South Florida compliance guidelines.

Fellows 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

- The supervising physician is physically present with the fellow during the key portions of the patient interaction.
- The supervising physician and/or patient is not physically present with the fellow 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.

All rotations are supervised by an Attending physician who is on site. The attending physician is always available via telephone, cellphone, HIPPA approved Epic Secure Chat Messaging System.

The fellowship program has a curriculum for providing knowledge and performance competence that is divided into two stages of the fellowship (1- 6mo: 1st Stage, 6-12mo: 2nd Stage). Semi-annual decisions about competence are made by the program's clinical competency committee. All fellows need to maintain current ACLS training.

Patient Care and Procedural Skills

Fellows must be able to provide patient care that is compassionate, appropriate, patient centered and effective for the treatment of health problems and the promotion of health. Procedural skills are assessed on a quarterly basis for any remediation needs which are provided accordingly.

Fellow must demonstrate clinical competence in:

1-6 months	7-12 months
History and physical exam including preprocedural planning and post operative assessments.	A nuanced physical exam and history with respect to IP disease processes, indications/contraindications for procedures, equipment selection, and special patient postoperative care needs.
BSAT, EBUS-STAT	RIGID-TASC
Awareness of operative risks and complications	Comprehensive peri-operative assessment and admission and management of all procedural related complications including pneumothorax, bleeding, respiratory failure and need for upgrade in care.
Practice of all IP required procedures	Competence in IP required procedures as per fellowship guidelines

Medical Knowledge

Fellows must demonstrate knowledge of established and evolving biomedical, clinical, and epidemiological and social- behavioral sciences, as well as the application of this knowledge to patient care.

Must demonstrate knowledge in the following content areas:

1-6 months	7-12 months
Basic pulmonology assessment and pre/postoperative medication management	**Comprehensive Assessment**: medical, functional status for further procedures including surgery vs. radiation in lung cancer, tobacco cessation and support, family support in endstage lung disease and malignancy.
Basic Management of patients in outpatient clinic, including consent processes	Comprehensive Management of patients in a multidisciplinary setting, ability to perform detailed work up for disease processes and appropriate referral/hand off of patient care
Recognize the challenges of ethical and legal issues in interventional pulmonology.	Explore in-depth ethical and legal issues pertinent to interventional pulmonary, including limitation of treatment, competency, consent, and right to refuse treatment.

Practice-based Learning and Improvement

Fellows are expected to develop skills and habits to be able to meet the following goals:

1-6 months	7-12 months
Is able to identify areas where quality improvement methods can be applied to improve patient care	Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
Can apply scientific papers to patient care	Appraise, and assimilate evidence from scientific studies related to their patient's health problems, stay updated on contemporary trials and literature
Track procedures in new innovation log	Follow individual procedural yield and recognize trends and procedural factors to increase yield and safety

Interpersonal and Communication Skills

Fellows must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. This includes:

1-6 months	7-12 months
Consistently update patient's and families and answer their pre-procedure questions.	Able to counsel patients and families on staging and meaning of diagnosis of malignancies, and guidelines
Can conduct a basic delivery of bad news conversation	Can conduct a comprehensive discussion of diagnoses, treatment options and palliation of lung cancer, address goals of care .

Professionalism

Fellows must demonstrate high standards of ethical behavior throughout all months of fellowship, including maintaining appropriate professional relationships with other physicians and team members including those in the procedure suite, operating room, and avoiding conflicts.

Systems-based Practice

Fellows must demonstrate an awareness of and responsiveness to the larger context and system of health care by working with case managers and social worker to provide resources and healthcare navigation for patients without insurance or limited resources.

	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	
SEDATION				**PGY-7**
Moderate Sedation				*1*
Local Anesthesia				*2*
BASIC PROCEDURES				**PGY-7**
Complete H&P for new consults				2
Pre-procedure consent				2
Initiate and manage mechanical ventilation				2
Endotracheal intubation				2
Flexible bronchoscopy, Bronchoalveolar lavage				2
Flexible bronchoscopy, Therapeutic aspiration				2
Image guided thoracentesis				2
ADVANCED PROCEDURES				**PGY-7**
Rigid Bronchoscopy				1
Endobronchial/endotracheal stent placements				1
Diagnostic medical thoracoscopies/pleuroscopies				1
Navigation Bronchoscopy (Including Robotic Assisted Bronchoscopy)				1
Convex Linear endobronchial ultrasound				1
Endobronchial ablative procedures (Laser, APC or Cryotherapy)				1
Image guided thoracostomy tube placement				1

	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	
Tunneled Pleural catheter placement				1
Percutaneous tracheostomy				1
Endobronchial valve placement				1
Whole lung lavage				1

DocuSigned by:

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