

**University of South Florida**  
**Combined Internal Medicine – Pediatric Residency Program**

**Resident Scope of Practice**

**INTRODUCTION:** The combined practice of Internal Medicine – Pediatrics (Med Peds) is a discipline encompassing the medical care of male and female patients from the newborn through the geriatric age groups. It involves the promotion of health, disease prevention, anticipatory guidance, well care and treatment of acute disease states through all phases of illness. Intrinsic to the discipline are scientific knowledge, the scientific method of problem solving, evidence-based decision making, a commitment to lifelong learning, and an attitude of caring that is derived from humanistic and professional values.

**Internship (Months 1-16):**

The Med Peds internship is designed to provide the knowledge, skills and attitudes necessary for the inpatient and outpatient management of common general medical and pediatric problems, as well as complex illnesses requiring subspecialty care. The interns are expected to take ownership for patients they care for and establish rapport with a panel of patients for whom they serve as the primary care providers in their continuity clinics. The intern is primarily responsible for all care given to his/her patients on the ward, emergency center, intensive care unit, well baby nursery and outpatient clinic rotations.

During the initial 16 months of training, the intern is more closely observed by faculty and senior residents and supervised so that the assumption of responsibilities is appropriately progressive. The intern should be able to obtain the following skills on the prime rating:

1. Professionalism
2. Reporter
3. Interpreter
4. Begin to develop manager and educator roles

**RESPONSIBILITIES AND OBJECTIVES:**

1. Performance of complete history and physical examination.
2. Formulation of an appropriate differential diagnosis.
3. Writing orders for appropriate diagnostic procedures and laboratory tests.
4. Writing orders for appropriate therapy.
5. Writing progress notes that are concise, timely and descriptive of the patient's condition.
6. Interrelate with both the patient and family concerning the present illness, prognosis, proposed intervention, psychosocial consequences and indicated preventive measures.

7. Ascertain when consultation is indicated and request such expeditiously.
8. Learn how to function as a participating member of the health care team working harmoniously and effectively with peers, nursing and other involved personnel and administrators.
9. Learn how to perform, under supervision and then independently, those procedures (see Appendix A.) necessary to the care and management of patients.
10. Attain ACLS, PALS and NALS certification.

### **Residency (months 16-48)**

#### **POSTGRADUATE YEAR II RESIDENCY (months 16-24)**

These 8 months allow the resident more time for electives and subspecialty training. The resident is given increased responsibility and autonomy to further their knowledge of general medicine and pediatrics and intensive/subspecialty care. Although more independent, the second year resident continues to be supervised by the PGY III/IV, fellows and attending physicians. PGY II residents should be able to obtain the following skills on the prime rating:

1. Professionalism
2. Reporter
3. Interpreter
4. Manager
5. Develop competence in educator role

#### **OBJECTIVES:**

1. Write admitting notes that are complete yet succinct, focused on the principle problems(s) outlining the most appropriate and cost effective diagnostic and therapeutic approaches.
2. Serve as the leader of the team identifiable to all (medical students, junior residents, personnel and patients) as the individual “in charge”, the organizer. Should perform with decisiveness, concern, consideration and humanism.
3. Assume responsibility as a teacher of medicine, ideally identifying deficiencies appropriate to an individual level of training-student or resident. Some “spoon feeding” is acceptable, but the process should be in great part “sending them to the books and literature” and stimulating them to “think for themselves”.
4. Achieve proficiency in procedures as noted in Appendix A.

## **POSTGRADUATE YEAR III and IV**

The PGY III/IV year places more emphasis on the resident's responsibility to teach and supervise. The PGY III/IV resident acts as the primary manager of the team on the wards, clinics, units and ER. This supervised autonomy (supervised by the attending), provides the senior resident with the needed competencies for independent thinking, team management, teaching skills and for either facing "the real world" or pursuing a fellowship training. The resident should obtain the following skills on the prime rating:

- A. Professionalism
- B. Reporter
- C. Interpreter
- D. Manager
- E. Educator

### **OBJECTIVES:**

1. Learn to be and serve as an effective consultant within internal medicine and pediatrics for other disciplines.
2. Further develop and enhance teaching skills and attain higher level of general competence in elective rotations of your choice.
3. Complete, present and hopefully submit for publication an area or subject of special interest.
4. The resident should feel comfortable supervising other residents and interns while being able to independently develop and carry out a patient care plan without reliance on supervising faculty.
5. Achieve proficiency in procedures noted in Appendix A.

### **EVALUATION OF COMPETENCE:**

1. Residents are evaluated by supervising faculty at the conclusion of each monthly rotation and will also be evaluated by other members of the medical community including patient feedback.
2. Each resident will undergo a comprehensive portfolio review by the clinical competency committees to identify and address any areas of difficulty.
3. The ACGME 6 Core Competencies will be evaluated on all evaluations and the procedure log will be reviewed yearly.



## APPENDIX A - PROCEDURES

There are procedures of widely varying complexity in which the resident should attain proficiency during their training period. If you have not been exposed to any one of these procedures, ***you must be taught and supervised*** in their performance by a senior resident or faculty. You will be notified by the program director when you are able to perform these procedures ***without direct supervision***.

It is anticipated that experience in this program should reasonably allow you to achieve proficiency in these procedures in the following time frame.

### INTERN: **OBSERVATION AND ACHIEVE PROFICIENCY**

1. ACLS/CPR/PALS/NALS
2. Arterial puncture
3. Bladder catheterization
4. Blood gas data interpretation
5. Electrocardiogram
6. Gastric lavage and aspiration
7. Lumbar puncture
8. Paracentesis
9. Thoracentesis
10. Venipuncture
11. Liquid nitrogen therapy for skin lesions
12. Placement of intraosseous lines (demonstration in a skills lab or is sufficient)
13. Gynecologic evaluation and exam
14. Wound care and suturing of lacerations
15. Subcutaneous, intradermal and intramuscular injection
16. Incision and drainage of superficial abscesses
17. Tympanometry and audiometric interpretation
18. Vision and hearing screening

### INTERN: **OBSERVATION AND LIMITED PERFORMANCE**

#### PGY II TRAINEE: **ACHIEVE PROFICIENCY**

1. Arthrocentesis
2. Circumcision
3. Endotracheal intubation
4. Pulmonary function tests
5. Skin biopsy
6. Subclavian/Internal jugular line
7. Utilization of transcutaneous pacemaker

8. Umbilical artery and vein catheterization
9. Use of developmental screening test
10. Pain management

**PGY III/IV TRAINEE: OBSERVATION AND LIMITED PERFORMANCE**

1. Routine ventilator management (should become proficient)
2. Sigmoidoscopy/colonoscopy (optional if desired)
3. Stress testing (optional if desired)
4. Procedural sedation
5. Reduction and splinting of simple dislocations/fractures
11. Chest tube placement
12. Bone marrow aspiration
13. Cardioversion
14. Pericardiocentesis
15. Swan Ganz catheter placement

**ADDITIONAL PROCEDURES**

While rotating in one of the intensive care units, emergency department or subspecialty rotations residents may perform additional procedures as directed by the fellow or attending physician which fall within that specialties scope of practice but will be directly supervised during these procedures.

	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		
<b>CORE PROCEDURES</b>					<b>PGY-1 and 2 Intern</b>	<b>PGY-2,3,4 resident</b>
Admit patients and complete inpatient H&P for wards and ICU					1	3
Treat and manage common medical conditions					2	3
Make referrals and request consultations					2	3
Provide consultations within the scope of his/her privileges					2	3
Render any care in a life-threatening emergency					3	4
Initiate and manage mechanical ventilation for 24 hours					2	3

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Designated Levels	1	2	3	4		
<b>Floor Procedures</b>					<b>PGY-1 and 2 Intern</b>	<b>PGY-2,3,4 resident</b>
Abscess drainage					1	3
Arterial blood gas					1	3
Arterial line placement					1	3
Arthrocentesis					1	3
Aspirations and injections, joint or bursa					1	3
Bladder catheterization					1	3
Bone marrow aspiration					1	1
Bone marrow needle biopsy					1	1
Cardioversion, emergent					1	4
Cardioversion, elective					1	1
Central venous catheterization					1	3
Circumcision					1	1
Chest tube placement					1	1
Developmental screening tests					3	3
ECG interpretation panel, emergent					2	4
ECG interpretation panel, elective					2	4
Excisions of skin tags/other					1	3
Feeding tube placement (nasal or oral)					2	3
Flexible sigmoidoscopy					1	1
Gynecologic evaluation and exam					2	3
Injections – subcutaneous, intradermal and intramuscular					3	4
Intraosseous line placement					1	3
Liquid nitrogen therapy for skin lesions					1	3
Lumbar puncture					1	3
Pap smear					2	3
Pain management					3	3
Paracentesis					1	3
Pericardiocentesis (emergent)					1	2
Peripheral IV placement					2	4



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<b>Floor Procedures</b>					<b>PGY-1 and 2 Intern</b>	<b>PGY-2,3,4 resident</b>
Pulmonary function testing					1	3
Umbilical artery and vein catheterization					1	3
Swan-Ganz catheterization					1	1
Skin biopsy					1	2
Suturing					2	3
Thoracentesis					1	3
Tracheal intubation, emergent					1	4
Transcutaneous pacemaker					1	3
Tympanometry and audiometric interpretation					2	3
Tube thoracostomy					1	1
Venipuncture					2	4
Vision and hearing screen					3	4
Wound care					2	4

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Umbilical artery and vein catheterization					1	3
Swan-Ganz catheterization					1	1
Skin biopsy					1	2
Suturing					2	3
Thoracentesis					1	3
Tracheal intubation, emergent					1	4
Transcutaneous pacemaker					1	3
Tympanometry and audiometric interpretation					2	3
Tube thoracostomy					1	1
Venipuncture					2	4
Vision and hearing screen					3	4
Wound care					2	4

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1/17/19  
 Date