

SCOPE OF PRACTICE

Musculoskeletal Imaging Fellowship Director of Program: Neelesh Prakash, MD USF Health Morsani College of Medicine University of South Florida

This document pertains to PGY6 rotations under the auspices of the MSK Imaging at Tampa General Hospital and TGHI. 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 all PGY6 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 trainee supervision.

Each trainee and faculty must inform each patient of their respective roles in patient care. Trainees must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence. Trainees must communicate with the supervising faculty in the following circumstances: any critical finding that may result in patient irreversible damage or death, any unexpected finding, finding that would change patient management, and prior to any invasive procedure. 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 MSK Imaging fellowship at the University of South Florida compliance guidelines.

Trainees 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

2) 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.

<u>Oversight</u> 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 (procedure training and number of procedures that need to be completed before obtaining indirect supervision). Annual decisions about competence are made by the program's clinical competency committee to ensure a successful transition and preparation for the next level of supervision. All trainees 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)	Supervisin g physician is available to provide a review of procedures /encounters with feedback after care is delivered	
Designated Levels	1	2	3	
CORE PROCEDURES				PGY-6
 Arthrocentesis Percutaneous drainage catheter placement Arthrograms prior to joint MRI or CT Spine and Joint injections for therapeutic or diagnostic purposes Bone/Soft Tissue Biopsy 				3 2 3 3 2
SEDATION				PGY-6
n/a				

9/6/2024

Effective Date

Neelesh Prakash, MD Program Director, MSK Fellowship