



SCOPE OF PRACTICE

Maternal Fetal Medicine
Director of Program: Judette Louis MD, MPH
USF Health Morsani College of Medicine
University of South Florida

This document pertains to (fellow) rotations under the auspices of the (Maternal Fetal Medicine) at (University of South Florida). 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.

Activities performed with indirect supervision with direct supervision available require access to the supervisory physician for communication and physical access within 30 minutes. Each resident 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 are responsible for asking for help from the supervising physician under when the volume or acuity exceeds their comfort level, the patient or fetus is critically ill or decisions are being made about early delivery. Supervision may be provided by more senior fellows 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 fellows involved in the care of the patient. Supervision must be documented in the medical record in accordance with the Maternal Fetal Medicine at the University of South Florida compliance guidelines.

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 after care is delivered.

The fellowship program has a curriculum for providing knowledge and performance competence that includes (procedure training, simulation, 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 PGY level. All fellows need to maintain current ACLS training.

	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 (Tampa General Hospital, Genesis Healthpark, USF Outpatient Offices)					PGY-5	PGY-6	PGY-7
Perform patient care and consultations in outpatient setting					1	2	2
Admit patients and complete inpatient H&P for general or high risk OB service					2	3	3
Admit patients to ICU and complete H&P for ICU level of care					1	2	2
Treat and manage common obstetrical complications					2	3	3
Make referrals and request consultations					2	4	4
Provide consultations within the scope of his/her privileges					3	3	3
Render any care in a life-threatening emergency					3	4	4
Provide consultative service to other obstetrical care providers					2	3	3

	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		
SEDATION (Tampa General Hospital, Genesis Healthpark, USF Outpatient Offices)					PGY-5	PGY-6	PGY-7
Local anesthesia					3	4	4
Fetal Procedures (Tampa General Hospital, Genesis Healthpark, USF Outpatient Offices)					PGY-5	PGY-6	PGY-7
Amniocentesis					1	1	1
Chorionic villus sampling					1	1	1
Perform diagnostic fetal ultrasound					1	2	2
Perform fetal echocardiogram					1	1	1
Perform fetal Dopplers					2	2	2
Perform fetal biophysical profile					2	2	2
Perform fetal periumbilical blood sampling					1	1	1
Perform fetal laser therapy					1	1	1
Perform fetal shunts					1	1	1
Inpatient Procedures (Tampa General Hospital)							
Perform vaginal delivery*					1	1	1
Perform cesarean delivery*					1	1	1
Surgery for non obstetric issues in pregnant women*					1	1	1
Perform cerclage procedures*					1	1	1

* For procedures, 1 means direct supervision for the critical portions



Judette Louis, MD
Program Director, Maternal Fetal Medicine

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Date