



## SCOPE OF PRACTICE

**University of South Florida Orthopaedics  
MSK Oncology Fellowship  
Director of Program: Odion Binitie, MD  
USF Health Morsani College of Medicine  
University of South Florida**

This document pertains to Resident PGY6 rotations under the auspices of the University of South Florida Orthopaedics MSK Oncology Fellowship at Moffitt Cancer Center. 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.

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. Residents are responsible for asking for help from the supervising physician under all circumstances. 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 residents involved in the care of the patient. Supervision must be documented in the medical record in accordance with Orthopaedics 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 or a resident that 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.

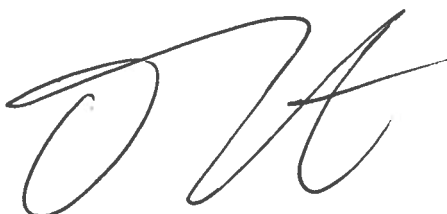
The residency program has a curriculum for assessing clinical knowledge and performance competency that includes (procedure training, simulation, number of procedures that need to be completed). Annual decisions about competency are made by the program's clinical competency committee to ensure successful progression and completion of the fellowship. All residents 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)			
<b>Designated Levels</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>See below for level of supervision required for each procedure and year of training</b>		
<b>SPINE / PELVIS – MINIMUM 10</b>					<b>PGY-6</b>		
22112 - Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; thoracic	1						
22114 - Partial excision of vertebral body, for intrinsic bony lesion, without decompression of spinal cord or nerve root(s), single vertebral segment; lumbar	1						
22101 - Partial excision of posterior vertebral component (e.g., spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; thoracic	1						
22102 - Partial excision of posterior vertebral component (e.g., spinous process, lamina or facet) for intrinsic bony lesion, single vertebral segment; lumbar	1						
27075 - Radical resection of tumor; wing of ilium, 1 pubic or ischial ramus or symphysis pubis	1						
27076 - Radical resection of tumor; ilium, including acetabulum, both pubic rami, or ischium and acetabulum	1						
27077 - Radical resection of tumor; innominate bone, total	1						
27078 - Radical resection of tumor; ischial tuberosity and greater trochanter of femur	1						

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<b>SOFT TISSUE RESECTIONS AND RECONSTRUCTION – MINIMUM 20</b>					<b>PGY-6</b>		
21936 - Radical resection of tumor (e.g., sarcoma), soft tissue of back or flank; 5 cm or greater					1		
22905 - Radical resection of tumor (e.g., sarcoma), soft tissue of abdominal wall; 5 cm or greater					1		
23078 - Radical resection of tumor (e.g., sarcoma), soft tissue of shoulder area; 5cm or greater					1		
24079 - Radical resection of tumor (e.g., sarcoma), soft tissue of upper arm or elbow area; 5 cm or greater					1		
25078 - Radical resection of tumor (e.g., sarcoma), soft tissue of forearm and/or wrist area; 3 cm or greater					1		
27059 - Radical resection of tumor (e.g., sarcoma), soft tissue of pelvis and hip area; 5 cm or greater					1		
27364 - Radical resection of tumor (e.g., sarcoma), soft tissue of thigh or knee area; 5 cm or greater					1		
27616 - Radical resection of tumor (e.g., sarcoma), soft tissue of leg or ankle area; 5 cm or greater					1		
28047 - Radical resection of tumor (e.g., sarcoma), soft tissue of foot or toe; 3 cm or greater					1		
<b>LIMB SALVAGE – MINIMUM 20</b>					<b>PGY-6</b>		
23210 - Radical resection of tumor; scapula					1		
23220 - Radical resection of tumor, proximal humerus					1		
24150 - Radical resection of tumor, shaft or distal humerus					1		
25170 - Radical resection of tumor, radius or ulna					1		
27365 - Radical resection of tumor, femur or knee					1		
27645 - Radical resection of tumor; tibia					1		
27646 - Radical resection of tumor; fibula					1		
27647 - Radical resection of tumor; talus or calcaneus					1		

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<b>SURGICAL MANAGEMENT OF COMPLICATIONS – MINIMUM 5</b>					PGY-6		
15736 - Muscle, myocutaneous, or fasciocutaneous flap; upper extremity					1		
15738 - Muscle, myocutaneous, or fasciocutaneous flap; lower extremity					1		
23334 - Removal of prosthesis, includes debridement and synovectomy when performed; humeral or glenoid component					1		
24435 - Repair of nonunion or malunion, humerus; with iliac or other autograft (includes obtaining graft)					1		
27091 - Removal of hip prosthesis; complicated, including total hip prosthesis, methylmethacrylate with or without insertion of spacer					1		
27488 - Removal of prosthesis, including total knee prosthesis, methylmethacrylate with or without insertion of spacer, knee					1		
24515 - Open treatment of humeral shaft fracture with plate/screws, with or without cerclage					1		
27506 - Open treatment of femoral shaft fracture, with or without external fixation, with insertion of intramedullary implant, with or without cerclage and/or locking screws					1		
27472 - Repair, nonunion or malunion, femur, distal to head and neck; with iliac or other autogenous bone graft (includes obtaining graft)					1		
27724 - Repair of nonunion or malunion, tibia; with iliac or other autograft (includes obtaining graft)					1		
<b>MANAGEMENT OF METASTATIC DISEASE – MINIMUM 20</b>					PGY-6		
23491 - Operative Procedures Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate; proximal humerus					1		
23616 - Open treatment of proximal humeral (surgical or anatomical neck) fracture, includes internal fixation, when performed, includes repair of tuberosity(s), when performed; with proximal humeral prosthetic replacement					1		

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24498 - Prophylactic treatment (nailing, pinning, plating or wiring), with or without methylmethacrylate, humeral shaft					1		
27187 - Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, femoral neck and proximal femur					1		
27125 - Hemiarthroplasty, hip, partial (e.g., femoral stem prosthesis, bipolar arthroplasty)					1		
27130 - Arthroplasty, acetabular and proximal femoral prosthetic replacement (total hip arthroplasty), with or without autograft or allograft					1		
27244 - Treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with plate/screw type implant, with or without cerclage					1		
27245 - Open treatment of intertrochanteric, peritrochanteric, or subtrochanteric femoral fracture; with intramedullary implant, with or without interlocking screws and/or cerclage					1		
27447 - Arthroplasty, knee, condyle and plateau; medial AND lateral compartments with or without patella resurfacing (total knee arthroplasty)					1		
27495 - Prophylactic treatment (nailing, pinning, plating, or wiring) with or without methylmethacrylate, femur					1		
27511 - Open treatment of femoral supracondylar or transcondylar fracture without intercondylar extension, includes internal fixation, when performed					1		
27513 - Open treatment of femoral supracondylar or transcondylar fracture with intercondylar extension, includes internal fixation, when performed					1		
27745 - Prophylactic treatment (nailing, pinning, plating or wiring) with or without methylmethacrylate, tibia					1		



Odion Binitie, MD  
 Program Director, MSK Oncology Fellowship

1/20/22  
 Date

USF Health College of Medicine  
Department Rotation Verification for Fiscal Year 2021-22

Program: Muskuloskeletal Oncology

Instructions:

1. Verify that all residents/fellows for your program have a *primary rotation* in New Innovations and that all assignments have been entered in the *assignment schedule*. Add/update any incorrect information.
2. Verify that the number of days worked for each resident/fellow is correct. All days of the month must be accounted for.
3. Verify that no one has a duplicate or conflicting assignment on their Assignment Schedule.
4. Complete the checklist (below) and email this form to GME on or prior to the due date.

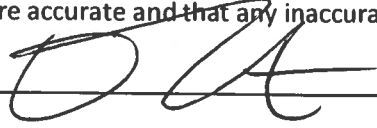
Month: December 2021

Verification Sent: Jan 7th

Verification Due Date: Jan 10th

	Yes	No
<b>All resident/fellow rotations are allocated on block schedule</b>	X	
<b>Work location is correct</b>	X	
<b>Assignments are entered in assignment schedule area</b>	X	
<b>Assignment schedule has been checked for any duplicate or conflicting assignments</b>	X	
<b>Leave (vacation, sick, etc.) is documented in assignment schedule if applicable and VA Vacation assignment is used appropriately</b>	X	
<b>Away conferences are documented in assignment schedule if applicable</b>	X	
<b>Unspecified rotations are updated</b>	X	

I have reviewed the rotations and assignments for my program on this date Jan 7th and attest that these are accurate and that any inaccuracies may be billed to my department.

Program Director: 

Education Coordinator: Cheryl Davidson

Accountable Officer: \_\_\_\_\_  
Department Chair or Administrator

*Please return completed form to cdilley@usf.edu*