



Scope of Practice & Supervision Policy

Nephrology & Hypertension Fellowship Program
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Purpose

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.

Background

Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each fellow's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth (CPR VI.A.2.a)

Each patient must have an identifiable and appropriately-credentialed and privileged attending physician (or licensed independent practitioner as specified by the applicable Review Committee) who is responsible and accountable for the patient's care.

The James A. Haley Veterans Administration Hospital, H. Lee Moffitt Cancer Center, and 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.

Definitions: Supervision

The program follows the ACGME classification of supervision as noted below. The supervising physician can refer to a faculty, fellow, or fellow 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 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.

Policy

Each fellow 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 during decision making while treating patients, placement of dialysis catheter, performance of any kidney biopsies and administration of any dialysis or apheresis orders. 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 the 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 Nephrology Fellowship at the University of South Florida compliance guidelines.

Fellows 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.

	Direct	Indirect	Oversight			
Designated Levels	1	2	3			See below for level of supervision required for each procedure and year of training
CORE PROCEDURES					PGY-4	PGY-5
Percutaneous Renal Biopsy (Native and Transplant)					1*	1*
Acute and Chronic Peritoneal Dialysis					1-3	3
Acute and Chronic Hemodialysis Orders					1-3	3
Continuous Renal Replacement Therapy (CRRT orders)					1-3	3
Placement of Temporary Vascular Access for Hemodialysis and Related Procedures – Dialysis Line Placement – Femoral Line					1-3	3
Placement of Temporary Vascular Access for Hemodialysis and Related Procedures					1-3	3

	Direct	Indirect	Oversight			
Designated Levels	1	2	3		See below for level of supervision required for each procedure and year of training	
– Dialysis Line Placement - IJ						
Therapeutic Plasmapheresis/Apheresis Orders					1-3	3

** All supervision levels are dependent on fellows meeting the required number of for each procedure list under the section, Procedure Competency Requirement. Once fellows meet these minimum requirements, they may advance to indirect supervision depending on procedure and training year.*

Procedure Competency Requirement

All PGY-4 and PGY-5 fellows need to complete the following number of procedure requirements to be considered independent without direct supervision for each list below:

Required Procedures	Required minimum
Femoral Line – Placement of temporary vascular access for hemodialysis and related procedures. The first 5 lines are placed under personal supervision by an Attending physician after this, lines are placed under direct supervision.	3
IJ Line – Placement of temporary vascular access for hemodialysis and related procedures. The first 5 lines are placed under personal supervision by an Attending physician after this, lines are placed under direct supervision	3
Acute hemodialysis – These orders are written under direct supervision of an Attending physician for the Fellow’s first 10 procedures.	10
Chronic hemodialysis – These orders are written under direct supervision of an Attending physician for the Fellow’s first 10 procedures.	10
Peritoneal dialysis – (excluding placement of temporary peritoneal catheters) These orders are written under direct supervision of an Attending physician for the Fellow’s first 5 procedures	Required 6, preferred 10
Continuous renal replacement therapy (CRRT) – These orders are written under direct supervision of an Attending physician for the Fellow’s first 10 procedures.	10

Inpatient/Outpatient Experiences

This fellowship program has a curriculum for providing knowledge and performance competence that includes training of general technical skills, general nephrology knowledge, and nephrology practitioner provider skills. In addition, the curriculum focuses on proficiency in the practice of nephrology, developing proper attitudes, required skills, and spectrum of knowledge spanning physiology, pathology, epidemiology, anatomy, internal medicine, immunology, and other medicines.

The Nephrology Fellowship training program consists of 21 months of inpatient and outpatient experience, and three months of research.

Clinical Rotations:

A synopsis of all the Participating Institutions (PI) that include one or another clinical rotation to our trainees in nephrology, is outlined below:

The James A. Haley Veterans Administrations Hospital

The service of nephrology, which maintains daily inpatient consults census averaging 15-20 patients, is a referral center serving the area of southwest Florida. The nephrology division also provides inpatient consultation services for a wide variety of acute and chronic renal disorders. The trainee sees all nephrology consultations, and performs percutaneous renal biopsies, placement of intravenous catheters for acute hemodialysis and, when indicated, abdominal catheters for acute peritoneal dialysis with appropriate supervision. The advanced nephrology subspecialty fellows on this rotation attend all weekly nephrology clinics. In addition, the trainee rounds on the in-center dialysis unit and assists with the management of all patients receiving dialysis therapy for ESRD. The renal team includes the advanced nephrology subspecialty fellow, the attending physician, a first, second or third-year fellow, a renal dietitian, a social worker and the nurse manager of the Dialysis Unit. Daily teaching rounds standard.

The H. Lee Moffitt Cancer Center

The trainee will rotate through the H. Lee Moffitt Cancer Center and see all nephrology inpatient consultations and daily follow-ups. The Division of Nephrology provides consultation services for a wide variety of acute and chronic renal disorders, including acid-base and electrolyte disorders and provides the full range of nephrology procedures such as acute/chronic inpatient dialysis, including continuous renal replacement therapy (CVVH/D). The renal team includes the trainee and an attending physician who conducts daily teaching rounds. Each consult is staffed by an attending physician who cosigns all consults and follow-up notes.

Tampa General Hospital

The trainee sees all inpatient consultations in Nephrology and Hypertension at Tampa General Hospital. Daily consults and follow up visits are provided by the nephrology trainees under the supervision of an attending physician. The trainee, also performs the full range of procedures and has daily supervision of the attending physician. The renal team includes the trainee, an attending physician, and a second- or third-year Internal Medicine fellow.

Transplant Service

During the rotation on the Transplant Service at TGH, the responsibilities of the nephrology trainee include active participation in the pre-transplant evaluation of transplant candidates with ESRD; short and long-term care to all transplant patients followed by the transplant team; specific observation of

unique problems and complications related to immunosuppression and the post-transplant period; development of an understanding of current immunosuppressive drugs, including their mechanisms of action, dosing, drug interactions, and their acute and long term side effects; acquisition of an understanding of the concepts of brain death, and how a potential organ donor is assessed and deemed acceptable; if possible, it is recommended that the trainee scrubs in and visits the operating room, for any transplant-related procedure during their rotation; perform transplant biopsies, and will participate in the review of biopsies with the transplant team.

It is encouraged that our trainees visit the LifeLink immunology Laboratory, whenever possible, and in compliance with the laboratory safety policies enforced at this institution, as this has proven to be a valuable experience. While on the transplant rotation, the trainee will be included as an integral part of the transplant team. The local program director for the transplant rotation is Dr. Luis Beltran, Transplant Fellowship Program Director.

Outpatient Clinics

1. **Renal Continuity Clinic:** Each nephrology trainee is assigned to one, or the other of our two USF Nephrology/Hypertension Continuity Clinics. In this weekly half-day clinic, the fellow follows, for his/her entire two years of training, the same set of nephrology patients specifically assigned to him/her by name. The fellow is fully responsible for these patients under the guidance of USF staff Nephrology attending physicians. The fellows will be exposed to a variety of renal disorders including CKD, AKI, ESRD, Renal transplant patients, Nephrolithiasis, Renal cystic and hereditary diseases, GN, SLE, resistant HTN, fluid and electrolyte disorders. The trainee is expected to gain an understanding of the progressive nature of chronic kidney disease (CKD), which leads eventually to End Stage Renal Disease (ESRD). The trainee is expected to learn how to design a meaningful “clinical action plan”, treat and prevent metabolic bone disease and the cardiovascular complications of CKD, including anemia management. He/she will learn how to prepare his/her patient for vascular or peritoneal dialysis access, dialysis training, and eventually dialysis and/or transplantation. The trainee will gain an understanding of how to utilize the current resources available for his/her CKP in view of dialysis and/or transplantation.
2. **Dialysis Continuity Clinic:** Chronic Hemo and Peritoneal Dialysis patients who are also followed by the VA will be assigned to the fellow on that rotation. The fellows will follow this cohort of patients and monitor adequacy of dialysis prescription (i.e., Kt/V, urea reduction ratio, Ca-PO₄ product, potassium level, anemia management, blood pressure and diet and fluid control, etc.), in collaboration with an attending physician from the dialysis unit. . The fellow will, for each of his/her chronic dialysis patients formulate, and implement, under the guidance of the attending physician, a meaningful clinical action plan, based on the K/DOQI guidelines. By the second year of training, the fellow will have a total of three months on the dialysis rotation, to allow him/her to devote more time on acquiring a direct “hands-on” experience with chronic dialysis, as performed in the community.
3. **Clinics:** The James A. Haley VAMC holds weekly outpatient clinics. The renal clinic is staffed by three nephrology attending physicians, and a PA and an ARNP. Each fellow, depending on the specific rotations at that institution, will also attend each Monday morning “pre-ESRD/Transplant clinic.

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Date