



SCOPE OF PRACTICE

Nephrology Fellowship
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University of South Florida

Purpose

This document pertains to PGY-4 and PGY-5 rotations under the auspices of the Nephrology Fellowship at 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.

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. 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 residents 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 residents 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.

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.

Procedural Supervision Requirements

	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					PGY-4	PGY-5
Percutaneous renal biopsy (Native and Transplant)					1	1
Placement of temporary vascular access for hemodialysis and related procedures					1	2
Inpatient acute peritoneal dialysis					1	3
Acute hemodialysis Orders					1	3
Continuous renal replacement therapy					1	3
Chronic Peritoneal Dialysis Orders					1	3
CRRT Orders					1	3
Dialysis Line Placement – Femoral Line					1	2
Dialysis Line Placement - IJ					1	2
Therapeutic plasmapheresis/apheresis orders					1	2

Procedure Competency Requirement

All PGY-4 and PGY-5 fellows need to complete a minimum of 10 procedures to be considered under direct supervision for each procedure identified. The 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. 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 residents need to maintain current ACLS training.

Inpatient/Outpatient Experiences

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 a daily inpatient 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. The advanced nephrology subspecialty residents 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 resident, the attending physician, a first, second or third-year resident, 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. Additionally, the fellow will rotate on Tuesday nights with Dr. Bassil at the Onconephrology clinic which provides great exposures to different renal pathologies associated with cancer, chemotherapies and bone marrow transplant complications. All patients seen at the onconephrology clinic will be staffed by Dr Bassil.

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 resident.


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.

Out-patient 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 and functions as their Primary Care Provider, under the guidance of USF staff Nephrology attending physicians. 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 Dialysis patients who are also followed by the VA will be assigned to the fellow on that rotation. The residents 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. He/she will function as primary care provider for this group of patients and, over his/her training, will be assigned additional patients, including those from his/her continuity clinic, if they happen to enter the USF dialysis program. The resident 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 resident 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. Each resident, depending on the specific rotations at that institution, will also attend each Monday morning “pre-ESRD/Transplant clinic.



Claude Bassil, MD
Program Director, Nephrology Fellowship

11/13/18

Date