



## SCOPE OF PRACTICE

**Neurology Residency**  
**Director of Program: Alfred T. Frontera Jr., MD**  
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**University of South Florida**

This document pertains to resident rotations under the auspices of the Neurology Residency at James A Haley VA Hospital, Tampa General Hospital, Moffitt Cancer Center, Bay Pines VA Hospital, Johns Hopkins All Children Hospital, and all affiliated clinics throughout USF and above hospitals. 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 according to their training and skill level as delineated in the following tables below. 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 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 Neurology Residency 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 residency program has a curriculum for providing knowledge and performance competence that includes attending an annual simulation training on performing lumbar punctures at CAMLS (typically held in June), an annual stroke simulation also at CAMLS (typically held in June) as well as annual neurology “boot camp” also held in May/June timeframe for resident physicians with a specific focus on current PGY1s as they start their transition to PGY2 year (their first full year of neurology-focused training). Additionally, all neurology residents attend weekly didactic lecture series, weekly morning report teaching conference, weekly departmental grand rounds, monthly Chairman teaching conference and journal clubs throughout the academic year. 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.

	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		
<b>CORE PROCEDURES</b>					<b>PGY-1</b>	<b>PGY-2</b>	<b>PGY-3,4</b>
Perform patient care and procedures in outpatient setting					2	2	2
Admit patients and complete inpatient H&P for general ward service					2	3	3
Admit patients to ICU and complete H&P for ICU level of care					2	3	3
Treat and manage common medical conditions					2	3	3
Make referrals and request consultations					2	3	3
Provide consultations within the scope of his/her privileges					2	3	3
Render any care in a life-threatening emergency					2	3	3
<b>Floor Procedures</b>					<b>PGY-1</b>	<b>PGY-2</b>	<b>PGY-3,4</b>

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Designated Levels	1		2		3		4		See below for level of supervision required for each procedure and year of training														
EEG interpretation									1		3		3										
EMG and nerve conduction study									1		1		2										
Lumbar puncture									1		3		3										
Performance of peripheral nerve block									1		3		3										
Intramuscular injection of botulinum toxin									1		2		2										

  
 Alfred T Frontera Jr., MD  
 Program Director, Neurology Residency

1/10/2019  
 Date