



SCOPE OF PRACTICE

**Ophthalmology Residency Program
Director of Program: John Jarstad, MD
USF Health Morsani College of Medicine
University of South Florida**

This document pertains to resident rotations under the auspices of the Ophthalmology Residency Program at Tampa General Hospital, Morsani Ambulatory Outpatient Surgery Center, James A. Haley – VA hospital, Tampa John Hopkins All Children's Hospital, 30th Street Clinic, Davis Island Ophthalmology Clinic, Tampa 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 and faculty must inform each patient of their respective roles in patient care. Residents 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 must communicate with the supervising faculty in the following circumstances 1. Domestic Violence 2. Childhood abuse 3. Gunshot wounds 4. Incarcerated prisoners 5. Open globes 6. Complex eyelid lacerations 7. Retina detachment. 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 University of South Florida Department of Ophthalmology Residency Program at the University of South Florida compliance guidelines.

Residents and faculty can report concerns regarding inadequate supervision on the GME website or the hospital reporting system. Any reports will be protected from reprisal. This document is available on the GME website for all residents, faculty, other team members, and patients.

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

- 1) The supervising physician is physically present with the Resident during the key portions of the patient interaction.
- 2) The supervising physician and/or patient is not physically present with the Resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

- a. Temporal Artery Biopsy
- b. Enucleations
- c. Eviscerations
- d. Excision of Eyelid lesions and suspicious for malignancy
- e. Entropion Repair (other than Quickert Suture Tarsorrhaphy)
- f. Ectropion Repair (other than Quickert Suture Tarsorrhaphy)
- g. Cataract Surgery
- h. Glaucoma surgery
- i. Retina surgery
- j. Strabismus surgery
- k. Refractive surgery
- l. Cornea surgery
- m. Complex eyelid laceration repair

Indirect Supervision The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the Resident for guidance and is available to provide appropriate direct supervision.

- a. Intravitreal injections
- b. All Eye Laser procedures
- c. Minor eyelid lacerations
- d. YAG laser capsulotomy
- e. Pan retinal photocoagulations
- f. Laser Trabeculectomy
- g. Peripheral iridectomy
- h. Argon laser suture lysis

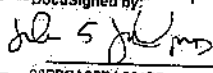
Oversight The supervising physician is available to provide review of procedures/encounters with feedback after care is delivered.

The residency program has a curriculum for providing knowledge and performance competence that includes weekly lectures based on the Basic Science 13 volume course provided by the American Academy of Ophthalmology, and upon which both the OKAP (Ophthalmic Knowledge Assessment Program) and the AAO Board Certification written and oral examinations are based.

Residents will not be allowed to perform procedures with indirect supervision or oversight until at least 5 procedures have been proctored satisfactorily by a senior (PGY-4) or attending ophthalmologist with direct supervision.

Competence will be determined by the program Director or Assistance Program Director based on recommendation of faculty in that subspecialty.

Residents will rotate through the following hospitals: Tampa General Hospital, Morsani Ambulatory Outpatient Surgery Center, James A. Haley – Veterans Hospital, Tampa John's Hopkin's All Children's Hospital, 30th Street Clinic for Low Income/Charity Care, Davis Island Ophthalmology Clinic (opposite TGH), Tampa Moffitt Cancer Center.

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John Jarstad, MD
Program Director, Ophthalmology

2/17/23
March 1, 2023