



SCOPE OF PRACTICE

**Orthopaedic Sports Medicine
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USF Health Morsani College of Medicine
University of South Florida**

This document pertains to Fellow rotations under the auspices of the Orthopaedic Sports medicine at Tampa General Hospital, Florida Orthopaedic Institute, and Advent 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 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 inadequate training, uncomfortable with decision making process, not comfortable with level of supervision or lack of supervision, and unsure of the goals & expectations of the rotation. 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 Orthopaedic Sports medicine 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.

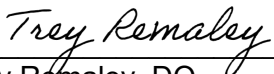
Indirect Supervision The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the Resident for guidance and is available to provide appropriate direct supervision.

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 direct and indirect supervision, game time management of injuries, training room management, at least three procedures of each type must be performed prior to indirect supervision. 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 is not providing physical or concurrent visual or audio supervision but is immediately available (Indirect)	Supervising physician is available to provide a review of procedures/encounters with feedback after care is delivered (oversight)	
Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training
CORE PROCEDURES				Fellow
	1. Perform patient care and procedures in outpatient setting			2
	2. Admit patients and complete inpatient H&P for general ward services			2
	3. Examine Patients at Game and Training Room			3
	4. Order Imaging and Manage injuries			2
	5. Make referrals and request consultations			2
	6. Provide consultations within the scope of his/her privileges			1
	7. Render care in sports medicine emergency			3
	8. Diagnosis and care, both operative and non-operative of athletic injury, chronic orthopaedic diagnosis			1
Surgical Procedures				Fellow
	1. Arthroscopy of the knee, shoulder, hip and elbow			1
	2. Perform cartilage surgery of the knee			1

	Supervising Physician present (Direct)	Supervising Physician is not providing physical or concurrent visual or audio supervision but is immediately available (Indirect)	Supervising physician is available to provide a review of procedures/encounters with feedback after care is delivered (oversight)			
Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training		
				3. Perform ligament surgery of the knee including multiligament knee 4. Perform Revision surgery of the knee 5. Perform shoulder arthroscopy 6. Perform Labral Shoulder surgery 7. Perform Rotator cuff repair 8. Perform revision shoulder replacement 9. Perform fracture surgery of the shoulder 10. Perform Hip Labral surgery 11. Perform hip tendon repair 12. Perform elbow ligament reconstruction 13. Perform elbow Tendon repair 14. Perform casting 15. Prescribe appropriate orthotics and bracing 16. Tendon/joint injections	1 1 1 1 1 1 1 1 1 1 1 3 3 3	



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8/31/2023

 Effective Date