



## SCOPE OF PRACTICE

**Orthopaedics**  
**Director of Program: Hassan Mir, MD**  
**USF Health Morsani College of Medicine**  
**University of South Florida**

This document pertains to resident rotations under the auspices of the Orthopaedics at Morsani Center, Tampa General Hospital, James A Haley Veterans Administration, Shriners Hospital for Children, All Children's Hospital, Brandon Regional Hospital, Florida Orthopaedic Institute, AdventHealth Carrollwood and AdventHealth Tampa. 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 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 Orthopaedics 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 procedure training, simulation, number of procedures that need to be completed before obtaining 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.

### **PGY Level Specific Expectations for Orthopaedic Residents**

#### **PGY 1**

Residents are authorized to perform the following procedures on patients *only after* the Attending has provided education and experience on the particular procedure, and feels the resident has demonstrated competency on that procedure.

1. Do pertinent history and physical examination & develop diagnostic and therapeutic plans for orthopaedic patients.
2. Provide ongoing care for orthopaedic patients.
3. Instruction and experience in the proper use of surgical instruments and operative techniques.
4. Substantial instruction in anatomy, biomechanics, pathology, and physiology; and embryology, immunology, pharmacology, biochemistry, and microbiology.
5. All aspects of diagnosis and care of disorders affecting the bones, joints, and soft tissues of the upper and lower extremities, including hand and foot; and the entire spine including inter-vertebral discs; and the bony pelvis.
6. Focus on diagnosis and care of orthopaedic conditions, which includes both operative and non-operative management of acute trauma, athletic injuries, infections, neurovascular impairment, and chronic orthopaedic problems, and neuromuscular disease.
7. Residents are approved to do any procedures that are deemed appropriate and necessary under the supervision of the attending.

#### **PGY 2**

Residents are authorized to perform the following procedures on patients *only after* the Attending has provided education and experience on the particular procedure, and feels the resident has demonstrated competency on that procedure.

1. Do pertinent history and physical examination & develop diagnostic and therapeutic plans for orthopaedic patients.
2. Provide ongoing care for orthopaedic patients.
3. Instruction and experience in the proper use of surgical instruments and operative techniques.
4. Substantial instruction in anatomy, biomechanics, pathology, and physiology; and embryology, immunology, pharmacology, biochemistry, and microbiology.
5. All aspects of diagnosis and care of disorders affecting the bones, joints, and soft tissues of the upper and lower extremities, including hand and foot; and the entire spine including inter-vertebral discs; and the bony pelvis.
6. Focus on diagnosis and care of orthopaedic conditions, which includes both operative and non-operative management of acute trauma, athletic injuries, infections, neurovascular impairment, and chronic orthopaedic problems, and neuromuscular disease.
7. Residents are approved to do any procedures that are deemed appropriate and necessary under the supervision of the attending.

### PGY 3

Residents are authorized to perform the following procedures on patients *only after* the Attending has provided education and experience on the particular procedure, and feels the resident has demonstrated competency on that procedure.

1. Do pertinent history and physical examination & develop diagnostic and therapeutic plans for orthopaedic patients.
2. Provide ongoing care for orthopaedic patients.
3. Instruction and experience in the proper use of surgical instruments and operative techniques.
4. Substantial instruction in anatomy, biomechanics, pathology; and embryology, immunology, pharmacology, biochemistry, and microbiology.
5. All aspects of diagnosis and care of disorders affecting the bones, joints, and soft tissues of the upper and lower extremities, including hand and foot; and the entire spine including inter-vertebral discs; and the bony pelvis.
6. Focus on diagnosis and care of orthopaedic conditions, which includes both operative and non-operative management of acute trauma, athletic injuries, infections, neurovascular impairment, and chronic orthopaedic problems, and neuromuscular disease.
7. Discuss diagnosis, prognosis, diagnostic testing, therapeutic considerations and alternatives, supportive care, end-of-life issues, and psychosocial issues with patients who have orthopaedic disorders.
8. Diagnosis and care, both operative and non-operative, of acute trauma, including athletic injuries, infectious disease, neurovascular impairment, and chronic orthopaedic problems, including reconstructive surgery, and neuromuscular disease.
9. Focus on diagnosis and in-house patient management with an increased role in the surgical management of patients with orthopaedic disorders including trauma.
10. Develop research plan. Additional protected time for research that will include basic science, biomechanics, and clinical research.
11. Residents are approved to do any procedures that are deemed appropriate and necessary under the direct supervision of the attending.

### PGY 4

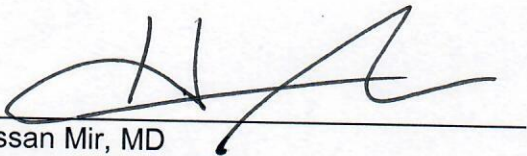
Residents shall:

1. All aspects of diagnosis and care of disorders affecting the bones, joints, and soft tissues of the upper and lower extremities, including the hand and foot; and the entire spine including inter-vertebral discs; and the bony pelvis.
2. Diagnosis and care, both operative and non-operative, of acute trauma, including athletic injuries, infectious disease, neurovascular impairment, and chronic orthopaedic problems, including reconstructive surgery, and neuromuscular disease.
3. Diagnosis and management of pediatric orthopaedic disorders, including pediatric rehabilitation and trauma.
4. Diagnosis and management of adult orthopaedics and joint reconstruction, multi-system trauma, surgery of the spine, including disc surgery, spinal trauma and spinal deformities; hand surgery; foot surgery in adults and children, orthopaedic rehabilitation, including amputations and post-amputation care.
5. Increasing role in surgical and non-surgical management of patients.
6. Residents are approved to do any procedures that are deemed appropriate and necessary under direct and indirect supervision of the attending.

**PGY 5**

Residents Shall:

1. Diagnosis and care, both operative and non-operative, of acute trauma, including athletic injuries, infectious disease, neurovascular impairment, and chronic orthopaedic problems, including reconstructive surgery, and neuromuscular disease.
2. Diagnosis and management of adult orthopaedics and reconstruction, multi-system trauma.
3. Managing complex total joints, orthopaedic oncology conditions such as metabolic bone disease, benign and malignant tumors, and metastatic disease, complex sports medicine injuries and arthroscopy.
4. Focus on rehabilitation of neurological injuries and disease, spinal cord rehabilitation, including amputations and post-amputation care. Discuss diagnosis, prognosis, diagnostic testing, therapeutic considerations and alternatives, supportive care, end-of-life issues, and psychosocial issues with patients who have orthopaedic disorders.
5. Increasing role in surgical and non-surgical management of patients.
6. Prepare informal and formal educational seminars for residents, subspecialty fellows and faculty on Orthopaedic topics.
7. Residents and approved to do any procedures that are deemed appropriate and necessary under the direct and indirect supervision of the attending.



Hassan Mir, MD  
Program Director, Orthopaedics

10/4/19

Date