SCOPE OF PRACTICE

Otolaryngology Residency Program
Director of Program: K. Paul Boyev, MD
USF Health Morsani College of Medicine
University of South Florida

This document pertains to resident rotations under the auspices of the USF Morsani College of Medicine Department of Otolaryngology at Tampa General Hospital. Moffitt Cancer Center, James A. Haley Veteran's Hospital and Wolfson's Children 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: airway emergency, hemorrhagic emergency, any condition which requires immediate or surgical management in the operating room, diagnosis of serious complication including death. 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 Department of Otolaryngology 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.

<u>Direct Supervision</u>

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 procedure training, simulation, and 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.

	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				**PGY-1**	**PGY-2**	**PGY-3**	**PGY-4**	**PGY-5**
Perform patient care and procedures in outpatient setting				2	2	2	2	2
Admit patients and complete inpatient H&P for general ward service				3	3	3	3	3
Admit patients to ICU and complete H&P for ICU level of care				2	2	2	2	2
Treat and manage common medical conditions				2	3	3	3	3
Make referrals and request consultations				2	3	3	3	3
Provide consultations within the scope of his/her privileges				2	3	3	3	3
Render any care in a life-threatening emergency				2	3	3	3	3
SEDATION				**PGY-1**	**PGY-2**	**PGY-3**	**PGY-4**	**PGY-5**

	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				
Local anesthesia				*2*	*3*	*3*	*3*	*3*
Floor Procedures				**PGY-1**	**PGY-2**	**PGY-3**	**PGY-4**	**PGY-5**
Abscess drainage				*1*	*3*	*3*	*3*	*3*
Arterial blood gas				*2*	*3*	*3*	*3*	*3*
Arterial line placement				*1*	*3*	*3*	*3*	*3*
Bladder catheterization				*2*	*3*	*3*	*3*	*3*
Cardioversion, emergent				*2*	*3*	*3*	*3*	*3*
Central venous catheterization				*2*	*3*	*3*	*3*	*3*
Decannulation of tracheostomy				*2*	*3*	*3*	*3*	*3*
ECG interpretation panel, emergent				*2*	*3*	*3*	*3*	*3*
ECG interpretation panel, elective				*2*	*3*	*3*	*3*	*3*
Excisions of skin tags/other				*2*	*3*	*3*	*3*	*3*
Feeding tube placement (nasal or oral)				*2*	*3*	*3*	*3*	*3*
Fiberoptic/Bronchoscopic intubation				*2*	*3*	*3*	*3*	*3*
Fiberoptic Laryngopharyngoscopy				*2*	*3*	*3*	*3*	*3*
Incision and drainage of abscess				*2*	*3*	*3*	*3*	*3*
Lumbar puncture				*2*	*3*	*3*	*3*	*3*
Nasal packing for epistaxis				*2*	*3*	*3*	*3*	*3*
Removal foreign body nose or ear				*2*	*3*	*3*	*3*	*3*

Updated: 8/24/2023

	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				
Suturing				2	3	3	3	3
Thoracentesis				2	3	3	3	3
Tracheal intubation, emergent				2	3	3	3	3
Trach tube change				2	3	3	3	3
Tube thoracostomy				2	2	2	3	3
Venipuncture				3	3	3	3	3
Peripheral IV placement				3	3	3	3	3
Operative Procedures				**PGY-1**	**PGY-2**	**PGY-3**	**PGY-4**	**PGY-5**
Parotidectomy				1	2	2	2	2
Neck Dissection				1	2	2	2	2
Oral Cavity				1	2	2	2	2
Thyroid/Parathyroid				1	2	2	2	2
Tympanoplasty				1	2	2	2	2
Mastoidectomy				1	2	2	2	2
Ossicular chain surgery				1	2	2	2	2
Rhinoplasty				1	2	2	2	2
Craniomaxillofacial				1	2	2	2	2
Flaps and Grafts				1	2	2	2	2
Airway – Pediatric and Adult				1	2	2	2	2

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Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training				
Congenital Masses				1	2	2	2	2
Sinus				1	2	2	2	2
Bronchoscopy				1	2	2	2	2

DocuSigned by:

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K. Paul Boyev, MD
Program Director, Otolaryngology

8/24/2023 | 12:59 EDT
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Effective Date