# SCOPE OF PRACTICE & SUPERVISION POLICY

**Pulmonary Critical Care**
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**University of South Florida**

This document pertains to fellow (post-graduate year 4-6 or PGY4-6, hereafter PGY4+) rotations under the auspices of the Pulmonary Critical Care Fellowship at Tampa General Hospital, James A. Haley Veterans Hospital, Moffitt Cancer Center, and our USF Health outpatient clinical sites. 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 fellows 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 fellow is assigned by the program director and faculty members to ensure effective oversight of fellow supervision.

Each fellow and faculty must inform each patient of their respective roles in patient care. Fellows must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence. Fellows must communicate with the supervising faculty in the following circumstances:

- Encounters with any patient in emergency rooms
- All new patient encounters in intensive care or critical care units or inpatient units
- If a procedure is being recommended.
- If requested to do so by other Faculty Attendings in any primary or specialty program
- If specifically requested to do so by patients or family
- If any error or unexpected serious adverse event is encountered at any time
- If any mis-administration of medication dose is encountered
- If the PGY4+ is uncomfortable with carrying out any aspect of patient care for any reason
- End of life care/treatment

Supervision may be provided by more senior fellows (i.e. PGY5+) 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 fellows involved in the care of the patient. Supervision must be documented in the

medical record in accordance with the Pulmonary Critical Care Fellowship at the University of South Florida compliance guidelines.

Fellows 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, fellows, 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 or PGY that 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 fellow during the key portions of the patient interaction.
2) The supervising physician and/or patient is not physically present with the fellow and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

Indirect Supervision

2) The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow 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 fellowship program has a curriculum for providing knowledge and performance competence that includes simulation, procedural training, and a number of procedures that must be completed prior to obtaining indirect supervision and oversight. Decisions about competence are made by a clinical competency committee that meets bi-annually, to ensure a successful transition and preparation for the next PGY level. All fellows need to maintain current ACLS training.

Minimum number of procedures that need to be obtained prior to obtaining privileges for indirect supervision:

| | |
|---|---|
| Abdominal paracentesis | 5 |
| Thoracentesis | 5 |
| Chest tube placement | 10 |
| Arterial line placement | 5 |
| Central line placement | 5 |
| Lumbar Puncture | 3 |
| Establishment of Airway (endotracheal intubation) | 10 |

| | |
|---|---|
| Fiberoptic flexible bronchoscopy – therapeutic aspiration of tracheobronchial mucus plugging on an intubated patient | 5 |
| Cardioversion | 3 |
| Temporary Cardiac Pacemaker | 3 |
| ACLS | Once receives ACLS certification |
| Pulmonary Artery Catheter Placement | 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 | | |
| **CORE PATIENT CARE ACTIVITIES** | | | | **PGY-4** | **PGY-5-6** |
| • *Admit patients to ICU and complete H&P for ICU level of care* | | | | *2* | *3* |
| • *Treat and manage common ICU conditions* | | | | *2* | *3* |
| • *Make referrals and request consultations* | | | | *3* | *3* |
| • *Provide consultations within the scope of his/her privileges* | | | | *3* | *3* |
| • *Render any care in a life-threatening emergency* | | | | *2* | *3* |
| • *Initiate and manage mechanical ventilation for 24 hours* | | | | *2* | *3* |
| • *Provide outpatient consultation and follow-up* | | | | *2* | *3* |
| **SEDATION** | | | | **PGY-4** | **PGY-5-6** |
| *Moderate sedation, patient NOT mechanically ventilated (e.g. for bronchoscopy)* | | | | *1* | *1* |
| *Moderate sedation, patient mechanically ventilated (e.g. for ICU procedure)* | | | | *2* | *3* |
| *Deep sedation (e.g. for paralysis in severe ARDS in mechanically ventilated patient)* | | | | *2* | *3* |
| **Floor Procedures** | | | | **PGY-4** | **PGY-5-6** |
| • *Arterial blood gas* | | | | • 3 | • 3 |
| • *Arterial line placement* | | | | • 3 | • 3 |
| • *Cardioversion, emergent* | | | | • 2 | • 2 |
| • *Cardioversion, elective* | | | | • 2 | • 2 |
| • *Central venous catheterization* | | | | • 3 | • 3 |
| • *Feeding tube placement (nasal or oral)* | | | | • 3 | • 3 |
| • *Lumbar puncture* | | | | • 3 | • 3 |
| • *Paracentesis* | | | | • 3 | • 3 |
| • *Pericardiocentesis (emergent)* | | | | • 1 | • 2 |

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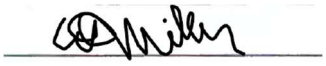
|---|---|---|---|---|---|
| Designated Levels | 1 | 2 | 3 | | |
| • *Swan-Ganz catherization*<br>• *Thoracentesis*<br>• *Tracheal intubation, emergent*<br>• *Tube thoracostomy*<br>• *Venipuncture*<br>• *Peripheral IV placement*<br>• *Bronchoscopy with inspection, aspiration, BAL*<br>• *Navigational bronchoscopy, EBUS* | | | | • 2<br>• 3<br>• 2<br>• 3<br>• 3<br>• 3<br>• 1<br>• 1 | • 2<br>• 3<br>• 2<br>• 3<br>• 3<br>• 3<br>• 2<br>• 1 |



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Effective Date