



SCOPE OF PRACTICE

Pathology Anatomic & Clinical Program
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This document pertains to resident rotations under the auspices of the Pathology Anatomic & Clinical Program at the following hospitals: Moffitt Cancer Center, Tampa General Hospital, James A Haley VA Hospital, BayPines VA Hospital, Hillsborough County Medical Examiner Office, OneBlood and USF Health. 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 encouraged to communicate with supervising attending physician any time that he/she feels the need to discuss any matter relating to patient care. Residents are responsible for asking for help from the supervising physician under the following circumstances: all after hour frozen section requests, notification to clinician or patient of new malignant diagnosis, performance of an autopsy, if any error or unexpected serious adverse event is encountered any time and if the resident is uncomfortable with carrying out any aspect of patient care for any reason. Supervision may be provided by more senior residents in addition to attending physicians. 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 Pathology Anatomic & Clinical Program 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 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 in hospital and available for consultation (Indirect but direct supervision immediately available)	Supervising Physician out of hospital but available by phone or can come in (Indirect but direct supervision available)	The trainee may perform the procedure without supervising Attending/resident (oversight)					
Designated Levels	1	2	3	4		See below for level of supervision required for each procedure and year of training			
Surgical Pathology¹					PGY-1	PGY-2	PGY-3	PGY-4	
Review of clinical information					3	3	4	4	
Gross evaluation					1*	3	4	4	
Formulation of diagnostic assessment					2	3	3	4	
Communication of results with physicians and patients					1	2	3	4	
Frozen Section and Intraoperative Consultation²					PGY-1	PGY-2	PGY-3	PGY-4	
Gross examination and selection of sections					1	2	3	4	
Touch preparations					1	2	3	4	
Diagnostic assessment					1	2	3	3*	

	Supervising Physician present (Direct)	Supervising Physician in hospital and available for consultation (Indirect but direct supervision immediately available)	Supervising Physician out of hospital but available by phone or can come in (Indirect but direct supervision available)	The trainee may perform the procedure without supervising Attending/resident (oversight)					
Designated Levels	1	2	3	4		See below for level of supervision required for each procedure and year of training			
Reporting					1	2	3	3*	
Autopsy Pathology¹					PGY-1	PGY-2	PGY-3	PGY-4	
Review of clinical information					3	3	4	4	
Gross and microscopic examination					1*	3	4	4	
Preparation of autopsy report					2	3	4	4	
Fine Needle Aspiration and Bone Marrow Biopsy Procedures¹					PGY-1	PGY-2	PGY-3	PGY-4	
Review of clinical information					3	3	4	4	
Patient informed consent					1	2*	3*	4	
Perform procedure					1	1*	3	4	
Documentation in electronic medical record					1	2*	4	4	
Diagnostic interpretation					1*	2*	4	4	
Clinical Pathology/Consultative³					PGY-1	PGY-2	PGY-3	PGY-4	
Review of clinical information					3	3	4	4	
Interpretation of diagnostic test					1*	3	4	4	
Formulation of assessment and plans					2	2*	4	4	
Communication with clinical provider					2	3	4	4	
On-Call Encounters³					PGY-1	PGY-2	PGY-3	PGY-4	
Review of clinical history					N/A	4	4	4	

	Supervising Physician present (Direct)	Supervising Physician in hospital and available for consultation (Indirect but direct supervision immediately available)	Supervising Physician out of hospital but available by phone or can come in (Indirect but direct supervision available)	The trainee may perform the procedure without supervising Attending/resident (oversight)					
Designated Levels	1	2	3	4		See below for level of supervision required for each procedure and year of training			
Interpretation of specialty-specific diagnostics					N/A	3	4	4	
Formulation of assessment and plans					N/A	3	4	4	
Communication of results/plan with provider					N/A	3	4	4	

N/A = Not applicable

¹Residents are not allowed to independently certify diagnostic material (surgical, autopsy, bone marrow, cytology reports) per current College of American Pathologists (CAP) accreditation standards. Residents (PGY-3) however, may completely prepare a case to include the written report, which then is completely reviewed and ultimately certified by an attending physician.

²Oversight regulations are subject to individual hospital guidelines for intraoperative consultative work by residents. While residents may render frozen sections diagnoses as appropriate, final case certification must be completed by an attending physician.

³Residents are not allowed to independently certify diagnostic material per current CAP accreditation standards
 *PGY1 residents perform at level 1 supervision status within the first 3 to 6 months of residency and progress to level 2 supervision status by the latter 6 months of their PGY1 year; PGY2 residents perform at level 2 supervision status within the first 3 to 6 months of their residency and progress to level 3 supervision status with exception of FNA performance which transitions from level 1 to level 2 supervision status during the PGY2 two month cytology rotation block; PGY3 residents transition from level 2 supervision status to level 3 supervision status for providing informed consent during their one month cytology block; and PGY4 residents perform at level 3 supervision status within the first 3 to 6 months of their academic year in diagnostic assessment and reporting with transition to level 4 supervision status by the latter 6 months of their PGY4 year.

May also refer to USF Pathology Residency Program Policy #10 (Supervision Policy)

 Evita B Henderson-Jackson, MD
 Program Director, Pathology Anatomic & Clinical

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 Date

