



SCOPE OF PRACTICE

Pediatrics Residency
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This document pertains to resident rotations under the auspices of the USF Pediatrics at our inpatient affiliate sites including Tampa General Hospital, Johns Hopkins All Children's Hospital and their associated outpatient clinical sites, as well as the University of South Florida and community-based 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 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 when direct supervision is required or when the resident is uncomfortable with the necessary task. 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 Pediatrics residency 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.

PGY-1 residents have either direct supervision or indirect supervision with direct supervision immediately available on all rotations. PGY-2 and 3 residents have more autonomy as they progress through residency training and will always have an oversight level of supervision at minimum. For procedures specifically, please refer to the scope of practice for the level of supervision needed to perform procedures. Finally, each rotation also has the level of supervision for each level resident listed in the goals and objectives.

Attendings should be notified (1) for all critical changes in a patient's condition such as code scenario, death, transfer to the intensive care unit (2) if any trainee feels that a situation is more complicated than he can manage (3) at the request of any ancillary staff or patient, and (4) for any discharge from the hospital or transfer to another unit.

Position Descriptions

TITLE	Post Graduate Year-1 Resident (Intern)
REPORTS TO	Program Director, Assoc. Directors, Attendings, Chief Resident, Fellow, or Senior Level Resident
POSITION SUMMARY	An intern (or PGY-1) is a highly supervised medical school graduate who serves as the immediate manager of up to 7-10 hospitalized patients. They also care for patients in the outpatient settings. The intern also assists in teaching assigned medical/PA students on the inpatient and outpatient units and makes daily rounds with the medical students.
COMPETENCIES AND ESSENTIAL FUNCTIONS	
Inpatient Responsibilities	<ul style="list-style-type: none"> • The intern performs a comprehensive admission history and physical examination on all patients admitted to the service. These are recorded in a computerized medical record. • The intern develops an assessment and plan and reviews these with the Attending physician and supervising resident. • The intern writes admission and subsequent orders that are approved by the supervising resident, attending or fellow. • The intern writes prescriptions for post-hospital care with approval from the supervising resident and Attending physician. • The intern assists with arranging appropriate follow-up care of patients. • The intern writes discharge summaries for hospitalized patients. • The intern performs procedures under direct supervision. • All residents will at minimum notify supervisors of situations where care is escalated, a complication or unexpected outcome has occurred, all deaths, and when end of life decisions are made.
Outpatient Responsibilities	<ul style="list-style-type: none"> • The intern performs history and physical exams on all ambulatory patients. • Develops assessments and plans. • Writes prescriptions as appropriate with review by an Attending physician.

	<ul style="list-style-type: none"> • Performs outpatient procedures and schedules follow-up under the direct supervision of an Attending physician.
Supervisory Responsibilities	Medical /PA Students

TITLE	Post Graduate Year-2 and 3 Resident
REPORTS TO	Program Director, Assoc. Directors, Attendings, Chief Resident, or Fellow
POSITION SUMMARY	<p>A PGY-2 or -3 resident is a supervised trainee who serves as inpatient team leader, consultant, or outpatient physician with indirect supervision or oversight supervision. PGY-2/3 residents are responsible for supervising two PGY-1 residents, one to two third-year MSM medical students, and up to 14 patients on inpatient teams. PGY-2 resident provides primary care for approximately 7 PICU patients. The PGY-2/3 resident may make independent assessments and decisions about treatment under indirect supervision or oversight status in the inpatient setting. In the outpatient setting, all patient care is provided under the direct supervision of attendings.</p> <p>All residents will at minimum notify supervisors of situations where care is escalated, a complication or unexpected outcome has occurred, for all deaths and end of life decisions.</p>
COMPETENCIES AND ESSENTIAL FUNCTIONS	
Inpatient Responsibilities	<ul style="list-style-type: none"> • The resident writes admission notes when needed based on unit. • In conjunction with the attending, manages the ongoing care of hospitalized patients. • Supervises interns and medical/PA students. • Arranges follow up and placement for hospitalized patients in conjunction with case management. • Writes discharge summaries based on unit.
Outpatient Responsibilities	<ul style="list-style-type: none"> • In the outpatient setting, residents perform patient care and outpatient procedures under the direction of an Attending physician with indirect supervision with direct supervision immediately available.
KNOWLEDGE, SKILLS, AND ABILITY	The PGY-2/3 resident may perform procedures with indirect supervision if given supervisory status as per residency rules described in text below.
Supervisory Responsibilities	PGY-1 Residents and Medical/PA Students

Safety is the highest priority when performing any procedure on a patient. The American Board of Pediatrics (ABP) recognizes that there is variability in the types and numbers of procedures performed. Those who perform any procedure must obtain the appropriate training to safely and competently perform that procedure. It is also expected that the general internist be thoroughly evaluated and credentialed as competent in performing a procedure before he or she can perform a procedure unsupervised. 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 NRP and PALS training.

To help residents acquire both knowledge and performance competence, ABP believes that residents should be active participants in performing procedures. Active participation is defined as serving as the primary operator or assisting another primary operator. ABP does not specify a minimum number of procedures to demonstrate competency.

The residency program has a curriculum for providing knowledge and performance competence that is set forth below.

All residents need to maintain current PALS, NRP training.

All PGY-1 residents also have a procedure workshop in June/July of their PGY-1 year. During the PGY-1 year, all residents need direct supervision for the majority of procedures as listed in the table below. At the end of the PGY-1 year, residents have a competency training workshop where competency is assessed. Residents are given supervisory status as a 2nd or 3rd year resident after they have successfully completed procedure competency training and have completed 4 of the noted procedure. Residents are given the list of supervisors within the residency quarterly throughout the year. For those procedures that PGY2 or 3 residents have not achieved supervisory status, PGY 1 procedural guidelines should be applied.

Residents are also instructed to log their procedures in New Innovations. Residents can log their procedures into NI as often as they like, but it must be done at least monthly.

Residency Procedure Supervision Guide

	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		
CORE PROCEDURES					PGY-1	PGY-2	PGY-3
Perform patient care and procedures in outpatient setting					2	2	2
Admit patients and complete inpatient H&P for general ward service					2	3	4
Admit patients to ICU and complete H&P for ICU level of care					2	2	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		
Treat and manage common medical conditions					2	3	4
Make referrals and request consultations					2	3	4
Provide consultations within the scope of his/her privileges					1	3	4
Render any care in a life-threatening emergency					2	4	4
Initiate and manage mechanical ventilation for 24 hours					1	2	2
SEDATION					PGY-1	PGY-2	PGY-3
Local anesthesia					2	3,4	3,4
GENERAL PEDIATRIC MEDICINE					PGY-1	PGY-2	PGY-3
Abscess drainage					2	3	4
Arterial blood gas					2	2	2
Arterial line placement					1	2	2
Bladder catheterization					2	3	4
CPR/bag and mask ventilation					2	4	4
Chest tube placement/Thoracentesis					1	2	2
Circumcision					1	2	2
Developmental screening					2	4	4
Endotracheal intubation - neonatal					1	2	2

	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		
Endotracheal intubation – Non-neonate					1	2	2
Foreign body removal					1	2	2
Hearing screen					2	4	4
Immunization					2	4	4
IO line placement					1	2	2
IV/Peripheral line placement					2	4	4
Lumbar puncture					1	3	4
Reduction of simple dislocation					2	3	4
Simple laceration repair					2	3	4
Splinting of fracture					2	3	4
Tympanometry					2	4	4
Umbilical artery/vein catheterization					1	2	2
Venipuncture					2	4	4
Vision screen					2	4	4
Wart treatment					1	3	4

* For those procedures that PGY2 or 3 residents have not achieved supervisory status, PGY 1 procedural guidelines should be applied.

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Program Director, Pediatrics

11/27/18

Date

Additional responsibilities that are competency based for each level of training:**PGY-1:**

This year provide the knowledge, skills and attitudes necessary for the inpatient and outpatient management of common general pediatric problems, as well as complex illnesses requiring more subspecialty care. The interns are expected to take ownership for patients they care for and establish rapport with a panel of patients for whom they serve as the primary care providers in their continuity clinics. The PGY-1 resident is primarily responsible for all care given to his/her patients on the inpatient service, Emergency Center, NICU, Well Baby Nursery, and outpatient services such as clinic, advocacy, development and an elective. This year is closely supervised by senior residents on the various services, ARNPs in the Well Baby Nursery and the Attending on all services. The interns are expected to acquire a set of minimum competencies.

- **Patient Care:**
 - Provide compassionate, appropriate, effective and safe care for their patients.
 - Be the first contact with the patient in establishing a doctor-patient relationship, history taking, performing the physical examination, and establishing a plan of care
 - Aim to provide a high quality care for their patients with every contact (in hospital and outpatient).
 - Know limits of knowledge and expertise
 - Take ownership in being their patient's advocates, write orders and carry out the plan
- **Medical Knowledge:**
 - Work to continuously increase their medical knowledge through reading and consulting the medical literature
 - Demonstrate an investigatory and analytic thinking approach to their patients and base their management plans on clinical, epidemiologic, and social-behavioral sciences
 - Maintain a current PALS and NRP certification
- **Practice-Based Learning and Improvement:**
 - Acquire and accept feedback from their supervisors for their clinical thought process, management plan and practices.
 - Be able to analyze their performance and perform practice-based improvement through evaluations, 360 degree feedback, and the use of information technology
 - Demonstrate a willingness/collegial attitude to learn from errors.
 - Facilitate the learning of students and be closely involved in supervising and teaching them
- **Interpersonal and Communication Skill:**
 - Communicate plans to the parents and/or patient.
 - Continuously communicate with parents and inform them of management plans, work ups and procedures and always obtain the appropriate legal consent
 - Create and sustain a therapeutic and ethical relationship with parents and patients
 - Use effective listening skills and maintain respect, confidentiality and cultural sensitivity
 - Use effective written communication through the maintenance of clear medical records to preserve patient safety and avoid medical errors
 - Work effectively as a part of the health care team
- **Professionalism:**
 - Be responsible for carrying out the professional responsibilities including: Respect, punctuality, accountability, attendance at didactics and rounds, completion of medical records and discharge summaries and adherence to the USF Pediatric Residency Honor Code.

- Maintain professional conduct when dealing with peers, colleagues, consultants, supervisors and other members of the health care team.
- Demonstrate sensitivity to diversity
- **Systems-Based Practice:**
 - Advocate and assist their patients with access to resources, care coordination and discharge planning
 - Begin to learn outpatient coding, health care financing and reimbursement issues through their continuity clinic and ambulatory rotations

PGY-2:

This year allows the resident more time for electives and subspecialty training, increased responsibility and autonomy to further their knowledge of general pediatrics and intensive/subspecialty care and patient management. PGY-2 residents are exposed to a PICU experience, subspecialty and ward rotations with supervision of interns and students, night float experience, electives and other ambulatory experiences such as adolescent and acute care clinics. Although more independent, the second year resident continues to be closely supervised by the PL-3, fellows and attendings. Residents develop a training track and set of experiences that are individualized to their goals including a longitudinal experience (LCE).

- **Patient Care:**
 - Examine all patients and supervise the interns/students in admitting them to the pediatric floor and NICU.
 - Directly responsible for the care of PICU patients
 - Review the interns/medical students notes and provide feedback and teaching to the junior residents and students
 - Review all orders written by the interns in order to maintain patient safety and avoid medical errors
 - Aim to provide a high quality care for their patients with every contact (in hospital and outpatient).
- **Medical Knowledge:**
 - Work to continuously increase their medical knowledge through reading and consulting the medical literature
 - Demonstrate an investigatory and analytic thinking approach to their patients and base their management plans on clinical, epidemiologic, and social-behavioral sciences
 - Develop skills in Evidence Based Medicine (EBM) and clinical application
 - Maintain a current PALS and NRP certification
- **Practice-Based Learning and Improvement:**
 - Acquire and accept feedback from their supervisors for their clinical thought process, management plan and practices.
 - Use an evidence-based (EBM) approach in formulating their management plan and educating interns and students
 - Be able to analyze their performance and perform practice-based improvement through evaluations, 360 degree feedback (Student, Nursing and Family 360 attached), and the use of information technology
 - Prepare lectures for the interns and medical students on their team
- **Interpersonal and Communication Skills:**
 - Communicate effectively with their interns and medical students about the plan of care
 - Act as the main liaison between the interns and the attending on service for patient-related issues'
 - Coordinate rounds with the attending on service
 - Create and sustain a therapeutic and ethical relationship with parents and patients
 - Use effective listening skills and maintain respect, confidentiality and cultural sensitivity

- Use effective written communication through the maintenance of clear and legible medical records to preserve patient safety and avoid medical errors
- Work effectively as a part of the health care
- **Professionalism:**
 - Be responsible for acting as a role model in carrying out the professional responsibilities of their senior role including: Respect, punctuality, accountability, attendance of didactics and rounds, completion of medical records and discharge summaries and adherence to the USF Pediatric Residency Honor Code.
 - Maintain a professional conduct when dealing with peers, colleagues, consultants, supervisors and other members of the health care team.
- **Systems-Based Practice:**
 - Advocate and assist their patients with access of resources, care coordination and discharge planning
 - Be aware of the various health systems of care, community resources, and business of medicine through their continuity clinics, community clinics and specialty rotations.

PGY-3:

The PGY-3 year places more emphasis on the resident's responsibility to teach and supervise. The resident acts as the primary manager of the team on the wards, clinics and ER. This supervised autonomy (supervised by the attending), provides the senior resident with the needed competencies for independent thinking, team management, teaching skills and for either facing "the real world" or pursuing fellowship training. Residents continue along their individualized track which include about 6 electives plus their LCE.

- **Patient Care:**
 - Examine all patients admitted to their team
 - Supervise the interns and medical students in working –up admissions
 - Review the interns/medical students notes and provide feedback and teaching to the junior residents and students
 - Review all orders written by the interns in order to maintain patient safety and avoid medical errors
 - Aim to provide a high quality care for their patients with every contact (in hospital and outpatient)
 - Be accountable for everything that happens on "his/her watch".
 - Assume responsibility on call for any emergencies that occur on any patient as the most senior individual in-house
- **Medical Knowledge:**
 - Work to continuously increase their medical knowledge through reading and consulting the medical literature
 - Demonstrate an investigatory and analytic thinking approach to their patients and base their management plans on clinical, epidemiologic, and social-behavioral sciences
 - Maintain a current PALS and NRP certification
- **Practice-Based Learning and Improvement:**
 - Acquire and accept feedback from their supervisors for their clinical thought process, management plan and practices.
 - Use an evidence-based approach in formulating their management plan and educating interns and students
 - Be able to analyze their performance and perform practice-based improvement through evaluations, 360 degree feedback, and the use of information technology
 - Prepare lectures for the interns and medical students on their team
 - Assist the PL-2 in developing leadership skills and confidence in decision making

- Be aware of their intern's stress/lack of sleep and intervene when necessary-monitor mandated ACGME work-hour limitations to ensure compliance.
- **Interpersonal and Communication Skills:**
 - Communicate effectively with their interns and medical students about the plan of care
 - Act as the main liaison between the interns and the attending on service for patient-related issues
 - Work to improve communication channels with referring physicians by providing periodic feedback on their patient's status via phone or fax (as assigned by the attending)
 - Create and sustain a therapeutic and ethical relationship with parents and patients
 - Use effective listening skills and maintain respect, confidentiality and cultural sensitivity
 - Use effective written communication through the maintenance of clear and legible medical records to preserve patient safety and avoid medical errors
 - Work effectively as a part of the health care team
- **Professionalism:**
 - Be responsible for acting as a role model in carrying out the professional responsibilities of their senior role including: Respect, punctuality, accountability, attendance of didactics and rounds, completion of medical records and discharge summaries and adherence to the USF Pediatric Residency Honor Code.
 - Maintain a professional conduct when dealing with peers, colleagues, consultants, supervisors and other members of the health care team.
- **Systems-Based Practice:**
 - Advocate and assist their patients with access of resources, care coordination and discharge planning
 - Be aware of the various health systems of care, community resources, and business of medicine through their continuity clinics, community clinics and specialty rotations.