



SCOPE OF PRACTICE

Physical Medicine & Rehabilitation Residency Program

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USF Health Morsani College of Medicine

University of South Florida

BACKGROUND

This document pertains to USF Health Physical Medicine & Rehabilitation residents on rotation at all of our affiliate sites including Tampa General Hospital, James A. Haley Veterans Hospital, Moffitt Cancer Center, as well as the USF Morsani Center. 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 faculty and program director are responsible for providing residents with direct experience in progressive responsibility for patient management. All patient care provided by residents will be under direct or indirect faculty supervision. Supervision must be documented in the medical record in accordance with the program compliance guidelines.

Activities performed with indirect supervision, with direct supervision available, require access to the supervisory physician for communication and physical access within 30 minutes. Activities performed with direct supervision require the presence of the supervisory physician. Residents are authorized to perform any activity assigned while under direct supervision. Final interpretation of all diagnostic and therapeutic studies requires direct supervision. Residents at each postgraduate year of training, while not limited to the following activities, are specifically allowed to do these without direct supervision. This document may be modified by the program director based on additions to the training program.

PURPOSE

The purpose of this policy is to ensure that our 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, responsibility and 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 needed. 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 Physical Medicine & Rehabilitation Residency Training 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. a faculty member.

PGY1

AS THIS IS A FOUR-YEAR INTEGRATED PROGRAM, THE FIRST TWELVE MONTHS OF TRAINING ARE IN FUNDAMENTAL CLINICAL SKILLS. PGY-1 RESIDENTS SHOULD BE SUPERVISED EITHER DIRECTLY OR INDIRECTLY WITH DIRECT SUPERVISION IMMEDIATELY AVAILABLE. PLEASE SEE THE SCOPES OF PRACTICE FOR WHICH THE RESIDENT ROTATES: INTERNAL MEDICINE, NEUROLOGY, RADIOLOGY, EMERGENCY MEDICINE, RHEUMATOLOGY, PMR, SCI, FAMILY MEDICINE AND INFECTIOUS DISEASE. THESE CAN ALL BE FOUND ON OUR GRADUATE MEDICAL EDUCATION'S WEBSITE AT <http://health.usf.edu/medicine/gme/scope-practice>

PGY2

INDIRECT SUPERVISION, WITH DIRECT SUPERVISION AVAILABLE ON SITE:

1. PERFORM COMPREHENSIVE HISTORY AND PHYSICAL EXAMINATION.
2. WRITE CONCISE, TIMELY, AND DESCRIPTIVE NOTES AND DOCUMENTATION.
3. PRESCRIBE, CERTIFY, AND RE-CERTIFY THERAPEUTIC PRESCRIPTIONS INCLUDING ORTHOTICS, PROSTHETICS, AMBULATORY DEVICES, AND ASSISTIVE DEVICES.
4. PRESCRIBE AND RENEW MEDICATIONS.
5. OBSERVE AND PARTICIPATE IN PHYSICAL, OCCUPATIONAL, AND SPEECH LANGUAGE THERAPIES, AND THE FITTING OF ORTHOTICS AND PROSTHETICS.

PGY3

INDIRECT SUPERVISION, WITH DIRECT SUPERVISION AVAILABLE ON SITE:

1. ALL OF THAT WHICH IS LISTED ABOVE IN THE PGY-2YEAR.
2. COUNSEL PATIENT AND FAMILIES APPROPRIATELY.
3. SERVE AS A PATIENT ADVOCATE.

PGY4

INDIRECT SUPERVISION, WITH DIRECT SUPERVISION AVAILABLE ON SITE:

1. ALL OF THAT WHICH IS LISTED ABOVE IN THE PGY-3YEAR.

PROCEDURAL COMPETENCY REQUIREMENTS

Safety is the highest priority when performing any procedure on a patient. The American Board of Physical Medicine & Rehabilitation (ABPMR) recognizes that there is variability in the types and numbers of procedures performed by physiatrists in practice. Physiatrists who perform any procedure must obtain the appropriate training to safely and competently perform that procedure.

The residency program has a curriculum for providing knowledge and performance competence that includes 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.

Please see the table below regarding procedural supervision.

The program follows the ACGME classification of supervision as noted below. The supervising physician can refer to a faculty, fellow, or resident that 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 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. (On-

Site)

- Indirect Supervision 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. (Off-Site)
- Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered

PMR Residency Procedural Supervision

Procedure Name	CPT [®] Code	Direct	Indirect		Oversight	Independent
			Direct-On Site	Direct-Off Site		
Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-one-one contact with the patient	97810	PGY 1	PGY 2-4			
Chemodestruction of muscle(s); extremity(s) and/or trunk muscle(s) (eg. for dystonia, cerebral palsy, multiple sclerosis)	64614	ALL PGY LEVELS				
Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming	62368	PGY 1	PGY 2-4			
Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)	20552	PGY 1	PGY 2-4			
Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical, thoracic or lumbar, single level	64475	PGY 1-2	PGY 3-4			
Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical, lumbar or sacral, single level	64483	PGY 1-2	PGY 3-4			
Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)	64520	ALL PGY LEVELS				
Injection, anesthetic agent; stellate ganglion (cervical sympathetic)	64510	ALL PGY LEVELS				
Major joint injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)	20610	PGY 1	PGY 2-4			
Needle electromyography; 2 extremities with or without related paraspinal areas	95861	PGY 1-2	PGY 3-4			
Needle electromyography; 3 extremities with or without related paraspinal areas	95863	PGY 1-2	PGY 3-4			
Needle electromyography; 4 extremities with or without related paraspinal areas	95864	PGY 1-2	PGY 3-4			
Needle electromyography; one extremity with or without related paraspinal areas	95860	PGY 1-2	PGY 3-4			
Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study	95900	PGY 1-2	PGY 3-4			
Nerve conduction, amplitude and latency/velocity study, each nerve; sensory	95904	PGY 1-2	PGY 3-4			
Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, epidural) or brain (intraventricular); administered by physician	95991	ALL PGY LEVELS				
SI Joint Injection		PGY 1-2	PGY 3-4			
Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation	76942	PGY 1-2	PGY 3-4			
Ultrasound, extremity, nonvascular, real time with image documentation	76880	PGY 1-3	PGY 4			

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