*Revised 4/1/2022 SM*

# SCOPE OF PRACTICE

**Rheumatology Fellowship Program**
**Director of Program: Joanne Valeriano-Marcet, MD**
**USF Health Morsani College of Medicine**
**University of South Florida**

## BACKGROUND

This document pertains to Rheumatology fellow rotations under the auspices of the Rheumatology Fellowship Program at Tampa General Hospital, James A. Haley Veterans Hospital, their associated outpatient clinical sites, and USF Health outpatient clinical sites: Morsani Center and South Tampa 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.

## PURPOSE

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.

## SITUATIONS REQUIRING FELLOW TO DIRECTLY COMMUNICATE WITH FACULTY

Each fellow 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 are responsible for asking for help from the supervising physician under the following circumstances:

1. Management decision: where there is a change in the original plan, or fellow feels input is needed
2. Decision regarding timing of sign off from a particular patient. Sign off needs approval of faculty member covering the service on the official day of sign off from the individual patient's case.
3. Change in status of a patient: i.e. transfer to the unit, or death
4. Any final decision regarding a potentially inappropriate consult request.

## SUPERVISION

Supervision may be provided by more senior fellows 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 Accreditation Council of Graduate Medical Education (ACGME), Joint Commission (JC), Agency for Health Care Administration (AHCA), and CMS guidelines.

The program follows the ACGME classification of supervision as noted below. The supervising physician can refer to a faculty, fellow, or fellow who has been given supervisory privilege. These supervisory levels are used throughout the Scope of Practice document.

1. Direct Supervision: the supervising physician is physically present with the fellow during the key portions of the patient interaction; or, 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.
2. Indirect Supervision: 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.
3. Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

## INPATIENT ROTATIONS

### PGY4

#### INDIRECT SUPERVISION

1. PERFORM CONSULTATIONS ON PATIENTS WITH RHEUMATIC DISORDERS INCLUDING: INCLUDES FACE- TO- FACE, AND TELEHEALTH WHERE APPLICABLE
    - PERTINENT HISTORY AND PHYSICAL EXAMINATION
    - INTERPRETATION OF INITIAL LABORATORY AND IMAGING DATA
    - OUTLINE APPROPRIATE DIAGNOSTIC AND THERAPEUTIC PLANS
2. PROVIDE FOLLOW UP CARE TO PATIENTS ON THE CONSULT SERVICE: INCLUDING FOLLOW UP AND INTERPRETATION OF LAB AND IMAGING STUDIES WITH ONGOING COMMUNICATION TO PRIMARY TEAM
3. DISCUSS WITH THE PATIENT THE DIAGNOSIS, PROGNOSIS, DIAGNOSTIC TESTING, THERAPEUTIC CONSIDERATIONS AND ALTERNATIVES, AND PSYCHOSOCIAL ISSUES
4. REVIEW IMAGING STUDIES FOR CONSULT PATIENTS IN EMR AND WITH RADIOLOGY IF NECESSARY
5. REVIEW PATHOLOGY FOR CONSULT PATIENTS WITH PATHOLOGIST
6. PREPARE INFORMAL AND FORMAL EDUCATIONAL SEMINARS FOR RESIDENTS, SUBSPECIALTY FELLOWS AND FACULTY ON RHEUMATOLOGY TOPICS

#### OVERSIGHT

1. DELIVERY OF CARE VIA PHONE OR SECURE ELECTRONIC MESSAGING ON WEEKEND AND AFTER HOURS FOR PATIENTS WITH UNCOMPLICATED MEDICAL COMPLAINTS
2. INFORMING PATIENT OF TEST RESULTS VIA PHONE, OR SECURE ELECTRONIC MESSAGING.

### PGY5

#### INDIRECT SUPERVISION

1. PERFORM INITIAL CONSULTATIONS ON PATIENTS WITH RHEUMATIC DISORDERS INCLUDING: INCLUDES FACE- TO- FACE, AND TELEHEALTH WHERE APPLICABLE
    - PERTINENT HISTORY AND PHYSICAL EXAMINATION
    - INTERPRETATION OF INITIAL LABORATORY AND IMAGING DATA

- Create comprehensive/and detailed diagnostic and therapeutic plans for patients with rheumatic disease
- Progressive and increased responsibility for management decisions

2. Provide follow up care to patients on the consult service: including follow up and interpretation of lab and imaging studies with ongoing communication to primary team
3. Discuss with patients diagnosis, prognosis, diagnostic testing, therapeutic considerations and alternatives, support care, and psychosocial issues
4. Review imaging studies for consult patients in CPRS and with radiology if necessary
5. Review pathology for consult patients with pathologist
6. Prepare informal and formal educational seminars for residents, subspecialty fellows and faculty on rheumatology topics
7. Supervise Year 1 fellow during July and August consult rotations, and throughout the year when on consult backup

### Oversight

1. Delivery of care via phone or secure electronic messaging on weekend and after hours for patients with uncomplicated and progressively complex medical complaints
2. Informing patient of test results via phone messaging, or secure electronic messaging

## Outpatient Rotations

### PGY4

**Indirect supervision** (includes face- to- face and telehealth, where applicable)

1. Perform initial Consultations on patients with rheumatic disorders including:
    - Pertinent history and physical examination
    - Interpretation of initial laboratory and imaging data
    - Construct and order appropriate diagnostic and therapeutic plans for patients with rheumatic disease
    - Enter pharmacy orders for medications to treat patients rheumatic disease
2. Provide follow up care to patients with respect to their rheumatic disease
3. Discuss with patient diagnosis, prognosis, diagnostic testing, therapeutic considerations and alternatives, support care, and psychosocial issues with patients with the more common rheumatic disorders on the consult service
4. Focus on evaluating diverse rheumatic diagnoses in patients new to them
5. Review imaging studies in CPRS and if necessary, with radiology
6. Review pathology for patients with pathologist
7. Design research and QI projects and submit to IRB and R and D Committee
8. Learn to teach medical students and medical residents

### Oversight

1. Delivery of care via phone or secure electronic messaging on weekend and after hours for patients with uncomplicated and progressively complex medical complaints
2. Informing patient of test results via phone messaging, or secure electronic messaging

### PGY5

**Indirect supervision** (includes face- to- face, and telehealth where applicable)

1. Perform initial Consultations on patients with rheumatic disorders including:
    - Pertinent history and physical examination
    - Interpretation of initial laboratory and imaging data
    - Construct and order appropriate diagnostic and therapeutic plans for patients with rheumatic disease
    - Enter pharmacy orders for medications to treat patients rheumatic disease
2. Provide follow up care to patients: including follow up and interpretation of lab and imaging studies with ongoing communication to primary team
3. Discuss diagnosis, prognosis, diagnostic testing, therapeutic considerations and alternatives, and psychosocial issues with patients with all rheumatic disorders
4. Progressive and increased responsibility for management decisions
5. Increased focus on management and follow up of their own patients
6. Review imaging studies for patients in CPRS or with radiology if necessary
7. Review pathology for consult patients with pathologist
8. Present self-selected more complex cases at clinical conference
9. Additional experience performing and interpreting DXA and Ultrasound focused on during elective
10. Collect and analyze data for research and QI projects
11. Increasing teaching responsibility to medical students and rotating residents

### Oversight

1. Delivery of care via phone or secure electronic messaging on weekend and after hours for patients with uncomplicated and progressively complex medical complaints
2. Informing patient of test results via phone messaging, or secure electronic messaging

## Procedural Competency Requirements

The Fellowship program has a curriculum for providing knowledge and assessment of performance competence that includes procedure workshops, simulation training, and a minimum 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 fellows need to maintain current ACLS training.

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

It is also expected that the fellow be thoroughly evaluated and credentialed as competent in performing a procedure before he or she can perform a procedure unsupervised.

| | **Supervising Physician present with the fellow during the key portions of the patient interaction (Direct)** | **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. (Indirect)** | **Supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered. (Oversight)** | | |
|---|---|---|---|---|---|
| Designated Levels | 1 | 2 | 3 | See below for level of supervision required for each procedure, setting, and year of training | |
| **CORE PROCEDURES (Minimum required for indirect supervision = 1)** | | | | **PGY-4** | **PGY-5** |
| ASPIRATION/INJECTION, JOINT, BURSA, SOFT TISSUE (1) | | | | 2 | 3 |
| IN SYNOVIAL FLUID EVALUATION FOR CRYSTALS (1) | | | | 2 | 3 |
| CAPILLARY MICROSCOPY (1) | | | | 2 | 3 |

NOTE: **For the inpatient setting,** the PGY-4 in the 1st 6 months can have immediate supervision (level 1) by the paired PGY-5 during that rotation, in addition to level 2 supervision by the faculty.

**For the outpatient setting,** the PGY-4 can have immediate supervision (level 2) by the faculty in the clinic.

After the 1st 6 months in training, everyone can be levels 2 & 3 if the faculty determine appropriate procedure competency for the PGY-4 by that time.

DocuSigned by:
Joanne Valeriano-Marcet
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Joanne Valeriano-Marcet, MD
Program Director, Rheumatology Fellowship

4/19/2022
Date