



SCOPE OF PRACTICE

**Vascular Neurology Fellowship
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University of South Florida**

This document pertains to Fellow rotations under the auspices of the Vascular Neurology Fellowship at University of South Florida and Tampa General Hospital. 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 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 are responsible for asking for help from the supervising physician according to their training and skill level as delineated in the following tables below. Supervision may be provided by more senior fellow/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 Vascular Neurology Fellowship at the University of South Florida compliance guidelines.

Residents 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, 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, fellow, or resident that who 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/Resident during the key portions of the patient interaction.
- 2) The supervising physician and/or patient is not physically present with the Fellow/Resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

Indirect Supervision

The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the Fellow/Resident for guidance and is available to provide appropriate direct supervision.

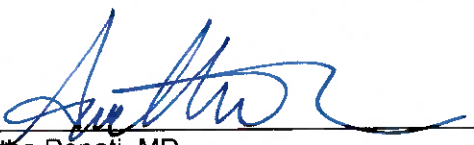
Oversight

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 Patient Care, Medical Knowledge, Practice Based Learning and Improvement, Interpersonal Communication Skills, Professionalism and System Based Practice. Annual decisions about competence are made by the program’s clinical competency committee to ensure a successful transition and preparation for graduation and independent practice. All fellows need to maintain current BLS training.

	Supervising Physician present (Direct)	Supervising Physician is not providing physical or concurrent visual or audio supervision but is immediately available	Supervising physician is available to provide a review of procedures/encounters with feedback after care is delivered (oversight)		
Designated Levels	1	2	3		
CORE PROCEDURES					PGY-5
Perform patient care in outpatient setting					3
Perform procedures in outpatient setting					2
Admit patients and complete inpatient H&P for general ward service					3
Admit patients to ICU and complete H&P for ICU level of care					3
Treat and manage common medical conditions					3
Make referrals and request consultations					3
Provide consultations within the scope of his/her privileges					3
Render any care in a life-threatening emergency					3

	Supervising Physician present (Direct)	Supervising Physician is not providing physical or concurrent visual or audio supervision but is immediately available	Supervising physician is available to provide a review of procedures/encounters with feedback after care is delivered (oversight)		
Designated Levels	1	2	3		
Floor Procedures					PGY-5
Arterial blood gas					3
Arterial line placement					2
Central venous catheterization					2
Lumbar puncture					3
Transcranial Doppler					3
Carotid Ultrasounds					3
Intramuscular injection of botulinum toxin					2
EEG interpretation					3
Operative Procedures					PGY-5
Digital subtraction angiogram					1
Mechanical Thrombectomy					1


 Swetha Renati, MD
 Program Director, Vascular Neurology Fellowship

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