



# SCOPE OF PRACTICE

**Anesthesiology Residency**  
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This document pertains to resident rotations under the auspices of the Anesthesiology Residency at 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 resident and faculty must inform each patient of their respective roles in patient care. Residents 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 must communicate with the supervising faculty in the following circumstances; at any time during the peri-operative care of a patient where significant changes occur in the patient's condition or the resident has concerns about the patient's conditions. 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 Anesthesiology Residency 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 Resident during the key portions of the patient interaction.
- 2) The supervising physician and/or patient is not physically present with the Resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

## Indirect Supervision

2) The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the 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 residency program has a curriculum for providing knowledge and performance competence that includes procedure training, simulation, and didactics. 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 is not providing physical or concurrent visual or audio supervision but is immediately available (Indirect)	Supervising physician is available to provide a review of procedures/encounters with feedback after care is delivered				
Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training			
CORE PROCEDURES				PGY-1	PGY-2	PGY-3	PGY-4
Induction of Anesthesia				1	2	2	2
Intubation/LMA placement to urgently/emergently secure airway				1	2	2	2
Peripheral IV access				2	2	2	2
Induction of Anesthesia				1	2	2	2
Intubation/LMA placement				1	2	2	2
Peripheral IV access				2	2	2	2
Arterial Line placement (any location)				1	2	2	2
Central Line Placement (any location)				1	2	2	2
Emergence from anesthesia and extubation				1	2	2	2

	Supervising Physician present (Direct)	Supervising Physician is not providing physical or concurrent visual or audio supervision but is immediately available (Indirect)	Supervising physician is available to provide a review of procedures/ encounters with feedback after care is delivered				
Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training			
Peripheral New block (any location)				1	2	2	2
Spinal Anesthesia				1	2	2	2
Epidural Anesthesia				1	2	2	2
IV Sedation				1	2	2	2
Consents for all procedures and anesthesia types				2	2	2	2

DocuSigned by:  


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 John A. Hodgson, MD  
 Program Director, Anesthesiology Residency

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 Effective Date