SCOPE OF PRACTICE & SUPERVISION POLICY

Rheumatology Fellowship Program
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Link GME Policy: Supervision and Accountability of residents

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.(**CPR *VI.A.2a).(1)-V1.A.2.f)***

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, or outpatient follow up of a particular patient. Sign off, and appropriate outpatient rheumatology follow up 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.
5. Emergency care rendered by trainee
6. Unexpected complication or event report
7. Patient or staff request to speak with attending
8. If the trainee is harmed or threated.

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 responsibility and independence with 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 with progressive responsibility and independence
3. Discuss with patients diagnosis, prognosis, diagnostic testing, therapeutic considerations and alternatives, support care, and psychosocial issues with progressive and increased responsibility and independence
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. PGY5s perform more presentations.
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
    - All above with progressive and increased responsibility and independence
2. Provide follow up care to patients: including follow up and interpretation of lab and imaging studies with ongoing communication to primary team with progressive and increased responsibility and independence

3. Discuss diagnosis, prognosis, diagnostic testing, therapeutic considerations and alternatives, and psychosocial issues with patients with all rheumatic disorders with progressive and increased responsibility and independence
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, colleagues 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 procedural competence that includes procedure workshops, simulation training, procedure competency check off, and a minimum number of procedures that need to be completed before obtaining indirect supervision.

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each fellow must be assigned by the program director and faculty members.

Semiannual decisions about procedural competence are made by the program's clinical competency committee. The PD and CCC review the fellows' procedure logs to see that the fellow has competently performed procedures as determined by the supervising faculty. The CCC reviews evaluations and determines the competency level for Patient Care 5: Procedures. The fellow must perform a minimum of 3 procedures in order to be considered to perform the procedure with Indirect supervision. Fellows achieving level 3 would be able to perform the joint and soft tissue aspirations and injections with indirect supervision. Those achieving Level 3.5- 4 would be able to perform the joint and soft tissue and aspirations and injections with indirect supervision or oversight. This is contingent upon ACGME: VI.A.2.d).(2) Faculty members functioning as supervising physicians must delegate portions of care to fellows based on the needs of the patient and the skills of each fellow. (Core)

For the inpatient setting, the PGY-4 can have Direct or Indirect supervision by the paired PGY-5 during that rotation, in addition to indirect supervision or oversight by the faculty. Per ACGME VI.A.2.d).(3) Fellows should serve in a supervisory role to junior fellows and residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

ACLS Training

All fellows need to maintain current ACLS training.

Approved

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