

Scope of Practice

UNIVERSITY OF SOUTH FLORIDA SURGICAL CRITICAL CARE RESIDENCY/FELLOWSHIP
SCOPE OF PRACTICE
DIRECTOR OF PROGRAM DONALD M. DAVIS, JR., M.D.
JULY 1, 2018

This document pertains to resident rotations at Tampa General Hospital. This program is part of the Surgical Critical Care training program in Surgical Critical Care at the University of South Florida. All ACGME and JCAHO guidelines pertaining to graduate medical education apply to this rotation.

In keeping with ACGME and JCAHO guidelines, the faculty and program director are responsible for providing residents with direct experience in progressive responsibility for patient management. All patient care at TGH provided by residents will be provided under direct or indirect faculty supervision. Supervision must be documented in the medical record in accordance with Surgical Critical Care at the University of South Florida compliance guidelines.

Activities performed **with indirect supervision and direct availability of supervising physician** require access to the supervisory physician for communication and physical access **within 30 minutes**. All activities related to patient care should be reported to the supervising physician at morning signout, at afternoon signout, if the patient's condition deteriorates, or if the patient is in critical condition and fails to improve with intervention. Activities performed with **direct supervision** require 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.

PGY >5 who have completed General Surgical Training

WITH Indirect Supervision and direct availability of supervising physician

Residents Shall:

- 1) Complete pertinent history and physical examination & develop diagnostic and therapeutic plans for:
 - a. Surgical Patients with established or emerging organ failure
 - b. Patients with multisystem trauma
- 2) Provide ongoing care for:
 - a. Patients with established or emerging organ failure
- 3) Perform all diagnostic and therapeutic procedures that are included in General Surgical Training
- 4) Learn proper techniques for performing:
 - a. Fiberoptic Bronchoscopy, bronchoalveolar lavage, percutaneous tracheostomy
- 5) Recognize and provide proper management/care for patients with established or emerging organ failure with surgical diseases.
- 6) Provide consults to physicians in other specialties regarding established or emerging organ failure from surgical problems of their patients
- 7) Assure ordering of proper doses for vasoactive support of heart failure and hypovolemic shock
- 8) Discuss diagnosis, prognosis, diagnostic testing, therapeutic considerations and alternatives, support care, end-of-life issues, and psychosocial issues with patients who have critically ill surgical disorders.

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- 9) Prepare informal and formal educational seminars for residents, subspecialty fellows and faculty on surgical critical care topics
- 10) Develop a plan for a research project

PGY <6 who have not completed General Surgical Training

WITH Indirect Supervision and direct availability of supervising physician

Residents Shall:

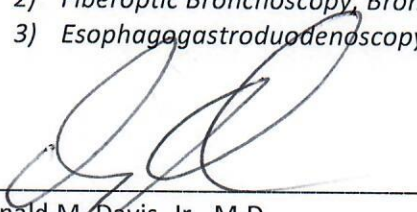
- 1) Complete pertinent history and physical examination & develop diagnostic and therapeutic plans for:
 - a. Surgical Patients with established or emerging organ failure
 - b. Patients with multisystem trauma
- 2) Provide ongoing care for:
 - a. Patients with established or emerging organ failure
- 3) Perform diagnostic and therapeutic procedures that are appropriate for their level of General Surgical Training
- 4) Recognize and provide proper management/care for patients with established or emerging organ failure with surgical diseases.
- 5) Provide consults to physicians in other specialties regarding established or emerging organ failure from surgical problems of their patients
- 6) Assure ordering of proper doses for vasoactive support of heart failure and hypovolemic shock
- 7) Discuss diagnosis, prognosis, diagnostic testing, therapeutic considerations and alternatives, support care, end-of-life issues, and psychosocial issues with patients who have critically ill surgical disorders.
- 8) Prepare informal and formal educational seminars for residents, subspecialty fellows and faculty on surgical critical care topics
- 9) Develop a plan for a research project

PGY <6 or who have not completed General Surgical Training

WITH Direct Supervision

Residents Shall:

- 1) Perform diagnostic and therapeutic procedures that are more advanced than their level of General Surgical Training
- 2) Fiberoptic Bronchoscopy, Bronchiolalveolar lavage, percutaneous tracheostomy
- 3) Esophagogastroduodenoscopy, percutaneous endoscopically gastrostomy


Donald M. Davis, Jr., M.D.
Program Director
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