



SCOPE OF PRACTICE

Name of Program: Complex General Surgical Oncology
Director of Program: Jason Fleming, MD
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University of South Florida

This document pertains to CGSO Fellow rotations under the auspices of the Complex General Surgical Oncology Program at Moffitt Cancer Center (Magnolia and McKinley Campuses). 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 trainees 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 trainee is assigned by the program director and faculty members to ensure effective oversight of resident supervision.

Each trainee must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence. Trainees are responsible for asking for help from the supervising physician under the following:

- *Any situation in which the trainee recognizes an acute change in a patient's clinical condition.*
- *During the course of an operation in which the trainee is not making appropriate progress*

Supervision may be provided by more senior fellows, in addition to attending physicians. 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 trainees involved in the care of the patient. Supervision must be documented in the medical record in accordance with the CGSO Program at the University of South Florida compliance guidelines.

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 The supervising physician is physically present with the resident and patient.

Indirect Supervision

1) With Direct Supervision Immediately Available – The supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision.

2) With Direct Supervision Available – The supervising physician is not physically present within the hospital or other site of patient care but is immediately

available by means of telephonic and/or electronic modalities and is available to provide 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 *procedural training, robotic training, and initial direct supervision prior to graded responsibility in the OR. Our fellows have completed a general surgery residency and begin training with a significant amount of experience in the postoperative management of patients. Fellows are also evaluated after each rotation with formal feedback given.*

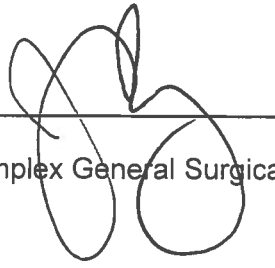
Annual decisions about competence are made by the program’s clinical competency committee to ensure a successful transition and preparation for the next PGY level. All residents need to maintain current ACLS training.

Because our rotation structure is such that CGSO fellows take required rotations either during their first or second year of fellowship (PGY6 or PGY7), there is no expectation that PGY6 and PGY7 fellows have inherently different scope of practice, but rather that as their training progresses, the fellow will gradually assume more progressive responsibility for patient management while remaining under supervision. Fellows may be involved in the education and supervision of more junior fellows and of residents and students.

	Supervising Physician present (Direct)	Supervising Physician in hospital and available for consultation (Indirect but direct supervision immediately available)	Supervising Physician out of hospital but available by phone or can come in (Indirect but direct supervision available)	The trainee may perform the procedure without supervising Attending/ resident (oversight)		
Designated Levels	1	2	3	4		
CORE PROCEDURES					FY-1	FY-2
Perform patient care and procedures in outpatient setting					3	3
Admit patients and complete inpatient H&P for general ward service					4	4
Admit patients to ICU and complete H&P for ICU level of care					4	4
Treat and manage common medical conditions					4	4

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Designated Levels	1	2	3	4		
Discuss diagnosis, prognosis and results of diagnostic tests including radiology and pathology with patients and their families					3	3
Discuss non-surgical and surgical therapeutic options including risks, benefits and alternatives with patients and their families. This includes obtaining operative consent.					3	3
Make referrals and request consultations					3	3
Provide consultations within the scope of his/her privileges					3	3
Render any care in a life-threatening emergency					4	4
Initiate and manage mechanical ventilation for 24 hours					4	4
SEDATION					FY-1	FY-2
Local anesthesia					4	4
Floor Procedures					FY-1	FY-2
Abscess drainage					3	3
Arterial blood gas					4	4
Arterial line placement					3	3
Bladder catheterization					4	4
Cardioversion, emergent					3	3
Central venous catheterization					4	4
ECG interpretation panel, emergent					3	3
ECG interpretation panel, elective					3	3

	Supervising Physician present (Direct)	Supervising Physician in hospital and available for consultation (Indirect but direct supervision immediately available)	Supervising Physician out of hospital but available by phone or can come in (Indirect but direct supervision available)	The trainee may perform the procedure without supervising Attending/resident (oversight)		
Designated Levels	1	2	3	4		
Excisions of skin tags/other					3	3
Feeding tube placement (nasal or oral)					3	3
Flexible sigmoidoscopy					1,2	1,2
Pap smear					2,3	2,3
Paracentesis					3	3
Pericardiocentesis (emergent)					3	3
Swan-Ganz catheterization					3	3
Suturing					4	4
Thoracentesis					3	3
Tracheal intubation, emergent					3	3
Tube thoracostomy					3	3
Venipuncture					4	4
Peripheral IV placement					4	4
Operative Procedures					FY-1	FY-2
Perform the operative "time out" (OR Checklist)					1	1
Complete preoperative paperwork (History and Physical) and preoperative marking of patients					2	2
Make incisions, complete wound closures and perform specified portions of an operation					2	2
Begin Emergency Procedures					3	3

A handwritten signature in black ink, consisting of several overlapping loops and curves, positioned above a horizontal line.

Jason Fleming, MD
Program Director, Complex General Surgical Oncology

3/5/19

Date