



SCOPE OF PRACTICE

Emergency Medicine Ultrasound Fellowship
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This document pertains to fellow ultrasound rotations under the auspices of the Emergency Medicine Ultrasound Fellowship at Tampa General Hospital. All Joint Commission (JC), Agency for Health Care Administration (AHCA), and CMS guidelines pertaining to graduate medical education apply to this scope of practice.

All ultrasound fellows have completed an emergency medicine residency and are ABEM eligible. Therefore they may assess and work up clinical patients as attendings in the ED without direct supervision. However, as fellows, they do need appropriate levels of supervision during the course of the educational ultrasound training experience.

The purpose of this policy is to ensure that fellows are provided adequate and appropriate levels of supervision during the course of the educational ultrasound 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.

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 any circumstance in which the fellow feels uncomfortable. Ultrasound examinations performed for clinical decision making should be documented in the patient's medical record. The attending physician involved in the patient's care is ultimately responsible for management of the individual 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 and patient.

Indirect Supervision

2) 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.

3) 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 4) The supervising physician is available to provide review of procedures/encounters with feedback after care is delivered.

Independent 5) The fellow has met criteria for independent practice in this area and attending oversight is not required

The fellowship program has a curriculum for providing knowledge and performance competence that includes routine teaching sessions and mentoring. While ultrasound evaluation is a core attending procedure, this is evaluated via direct and indirect evaluations during sonography shifts. Annual decisions about competence are made by the program’s clinical competency committee to ensure a successful transition and completion of the training program.

The ultrasound fellow is expected to contact the supervising ultrasound faculty in the following circumstances:

- Patient injury or complication related to an ultrasound examination performed by the fellow

	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)	Independent practice as an attending	
Designated Levels	1	2	3	4	5	
Ultrasound					Fellow	
eFAST ultrasound					5	
Focused abdominal ultrasound (biliary, renal, bladder, bowel, IVC, spleen, aorta)					5	
Focused advanced abdominal ultrasound (appendix, pylorus)					3	
Focused pelvic ultrasound					5	
Focused cardiac ultrasound					5	
Central venous access					5	
Peripheral venous access					5	

	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)	Independent practice as an attending	
Designated Levels	1	2	3	4	5	
Focused soft tissue ultrasound					5	
Focused musculoskeletal ultrasound					5	
Focused ocular ultrasound					5	
Focused procedural ultrasound (LP, thoracentesis, paracentesis, arthrocentesis, joint injection)					5	
Regional anesthesia- less difficult (forearm, ankle, abdominal wall)					3	
Regional anesthesia- more difficult (brachial plexus, axillary, femoral, fascia iliaca, erector spinae, PECS, pop-sciatic)*					2-3	
Transesophageal Echo (TEE) for cardiac arrest					3	
Transesophageal Echo (TEE), non-cardiac arrest					2	

*level 2 until three supervised blocks are performed for that body area, then level 3 for that area

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Date

Ultrasound Fellowship Program Director