

Supervision Policy – SCOPE OF PRACTICE

This document pertains to resident rotations under the auspices of the USF Urology at Tampa General Hospital, James A. Haley VA, Moffitt Cancer Center, Advent Health Tampa, and Arnold Palmer Hospital and Winnie Palmer 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 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 are responsible for asking for help from the supervising physician under any condition, in which they are not authorized to act independently or if they feel uncomfortable in their ability to perform the required task. 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 Urology Program at the University of South Florida compliance guidelines.

Residents at any level of training are encouraged to call any faculty member at anytime with patient care concerns, regardless if the faculty member is on call.

Specific Indications when residents must communicate with faculty. Junior residents can consult with senior residents first, but Attending must ALWAYS be notified.

- All emergency room consults upon discharge from ER or admission to hospital
- All in patient or OR consults
- Escalation of care of an inpatient (ie ICU admission)
- Transfer of patient to another service
- Identification and management of a patient complication
- Death of a Patient
- Discharge of a patient from the hospital

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. [SEP]

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 number of procedures that need to be completed before obtaining indirect supervision. 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 & BLS training.

Overall Function of Urology Residency Staff at Different Levels of Training

PGY 1: Urology & General Surgery

Under indirect supervision with direct available residents may bring patients into the operating room for induction of anesthesia, insert IV lines and Foley catheters, write admission orders, pre and postoperative orders and notes, dictate admission history and physical, write progress notes, orders and prescriptions, dictate discharge summaries, and write orders for restraints. Under direct supervision, residents may assist in surgery. Residents may place arterial lines, central lines, chest tubes, Swan-Ganz catheters under direct supervision of a senior (\leq PGY 3) resident. Eventually these procedures may be done under indirect supervision with direct supervision available once a minimum number (≥ 5) have been directly supervised.

PGY 2 Urology

Activities at Tampa General Hospital, James A. Haley Hospital and Moffitt Cancer Center will be performed under in-direct supervision, performing clinical history and physical exams on inpatients and out-patients, write orders and progress notes, prescribe medications, return patient calls and complete medical records. Under direct supervision from chief resident and/or attending can perform end urologic procedures and minor urologic procedures as well as assist in major operations. In the latter, and at the discretion of the attending surgeon, can perform abdominal wall closure and complete bowel or ureteral anastomosis. Catheter insertion, placement of suprapubic tubes and cystoscopic procedures are also performed under indirect supervision with direct available. At the discretion of the attending surgeon, may perform endoscopic or minor procedures under indirect supervision with direct available when deemed appropriate. The resident can evaluate urological patient in the ER and, under indirect supervision with direct supervision available, initiate their treatment.

PGY 3

In addition to the previous activities and under direct supervision of a chief resident and attending surgeon the resident may engage in the following:

- See the more complex consults
- Initiate and perform endoscopic and minor surgical procedures with indirect supervision with direct supervision available as skills are deemed appropriate

- Participate more actively in major complex urological procedures
- Participate more actively in decisions made in the ER on urologic patients

Residents will be assigned to Tampa General Hospital, the James A. Haley Hospital, and Advent Health Florida Hospital Tampa and Carrollwood.

PGY-4

Residents rotate through the Orlando Health institution in Orlando, Florida and the Florida Hospital System in Tampa, Florida. There the resident is always under direct supervision with an attending during rounds, outpatient clinics and OR. This is also true for Florida Hospital Tampa and Carrollwood.

Responsibilities increase from the previous years as expected for a senior resident. They participate in clinics with the attendings, and also act as first-assistant/surgeon in the OR with the attending surgeon. As a senior resident, may take a patient to the OR and initiate surgical procedures that are deemed appropriate to the resident's skill level after discussion with an attending surgeon and with the attending immediately available. Functions as the senior resident on call. They participate in the instruction of the PGY-2 and 3 resident teaching the individual in the wards, clinics and OR.

PGY-5

Resident will participate in rotations at Tampa General Hospital, James A. Haley Veteran's Hospital and the Moffitt Cancer Center. Residents will participate in clinics under indirect supervision with direct supervision available. Can evaluate outpatients for emergency surgical procedures. Can initiate surgical procedures after discussion with an attending surgeon, and anticipating the arrival of the attending. Can perform and complete major cases with indirect supervision with direct supervision immediately available by the attending. Can oversee medical records completion. Expected to lead the instruction of all PGY 2, 3 and 4 residents by organizing educational conferences and teaching the individuals in the wards, clinics and OR.

Evaluation of patients in the ER

PGY 1 and PGY 2 residents must be directly supervised by a senior (\geq PGY 4) resident. PGY 3 residents may evaluate patients in the ER with minor urological problems (inserting a catheter, urinary infection) under indirect supervision with direct supervision available by a senior (\geq PGY-4) resident. PGY 4 & 5 residents may evaluate patients in the ER under indirect supervision with direct available by an attending surgeon. The senior resident must contact and consult with the attending surgeon for admission or discharging any patient with any urological problem from the emergency room. The attending surgeon must also be called and informed about all patients admitted to the urologic service from the ER by the senior resident.


	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	See below for level of supervision required for each procedure and year of training				
CORE PROCEDURES					PGY-1	PGY-2	PGY-3	PGY-4	PGY-5
Perform patient care and procedures in outpatient setting					1	2	2	3	3
Admit patients and complete inpatient H&P for general ward service					1	3	3	4	4
Admit patients to ICU and complete H&P for ICU level of care					1	2	2	3	3
Make referrals and request consultations					2	2	4	4	4
Provide consultations within the scope of his/her privileges					1	2	3	4	4
Render any care in a life-threatening emergency					4	4	4	4	4
SEDATION					PGY-1	PGY-2	PGY-3	PGY-4	PGY-5
Local anesthesia					1	2	3	3	3
Floor Procedures					PGY-1	PGY-2	PGY-3	PGY-4	PGY-5
Abscess drainage					1	2	3	3	3
Arterial blood draw					4	4	4	4	4
Aspirations and injections for Priapism					1	2	3	3	3
Bladder catheterization					2	2	3	4	4
Bedside Cystoscopy					1	2	3	3	3
Suprapubic Tube Placement					1	2	2	3	3
Urethral Dilatation					1	2	3	3	3
Floor Procedures					PGY-1	PGY-2	PGY-3	PGY-4	PGY-5
Excisions of skin tags/foreign bodies off of external genitalia					1	2	3	3	3

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Designated Levels	1	2	3	4	See below for level of supervision required for each procedure and year of training				
Feeding tube placement (nasal or oral)					1	3	3	3	3
Aspiration and Suturing of Wounds					1	3	3	4	4
Venipuncture					4	4	4	4	4
Peripheral IV placement					4	4	4	4	4
Perform Urodynamic Study					1	1	2	2	3
Transrectal Ultrasound Biopsy of the Prostate					1	2	2	2	2
Sonographic imaging of bladder for post-void volume determination					2	4	4	4	4
Testosterone Implant placement					1	1	2	2	2
Xiaflex Penile Injection					1	1	1	1	2
Penile Doppler Ultrasound					1	2	2	3	3
Condylomata, excision of					1	2	2	2	2
Operative Procedures					PGY-1	PGY-2	PGY-3	PGY-4	PGY-5
Cystoscopy					1	1	2	2	2
Ureteroscopy and Urethroscopy, including treatment of all benign and malignant processes					1	1	2	2	2
Transurethral Surgery (TURP, TURBT, HOLEP)					1	1	1	2	2
Minor scrotal surgery (Circumcision, Hydrocele, Varicocele)					1	1	2	2	2
Operative Procedures					PGY-1	PGY-2	PGY-3	PGY-4	PGY-5
Implant Placement (Penile implant/Artificial Sphincter)					1	1	1	2	2
Percutaneous Surgery (Nephrolithotomy)					1	1	1	2	2
Reconstructive procedures on external male genitalia requiring prosthetic implants or foreign materials					1	1	1	1	2

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Designated Levels	1	2	3	4	See below for level of supervision required for each procedure and year of training				
Major Laparoscopic/Robotic Surgery on the Urinary Tract					1	1	1	1	2
Major Intrabdominal Surgery on the Urinary Tract					1	1	1	1	2
Major Female Pelvic surgery (All Prolapse and Incontinence Procedures)					1	1	1	1	2
Microscopic surgery (epididymovasostomy and vasovasostomy)					1	1	1	1	2
Extracorporeal shockwave lithotripsy					1	2	2	2	2
Placement of Sacral Nerve Stimulator					1	1	1	1	2
Cyroablation of Prostate					1	1	1	1	2
Urinary Diversion and restoration					1	1	1	2	2
Retroperitoneal lymphadenectomy for testicular cancer					1	1	1	1	2
Total/Partial penectomy with or without lymph node dissection					1	1	1	2	2
Inguinal/Pelvic Lymphadenectomy					1	1	2	2	2
Open/Laparoscopic/Robotic Adrenalectomy					1	1	1	2	2
Pediatric Minor Surgery (Endoscopy, Hydrocele, Hernia, Ochiopexy)					1	1	1	1	1
Pediatric Major Surgery (Hypospadias, Ureteral reconstruction, laparoscopic/robotic surgery)					1	1	1	1	1

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