



SCOPE OF PRACTICE

Complex General Surgical Oncology Fellowship(CGSO)
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University of South Florida

This document pertains to fellow rotations under the auspices of the CGSO at Moffitt Cancer 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.

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.

Each fellow and faculty must inform each patient of their respective roles in patient care. Fellows 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 must communicate directly with the supervising faculty at any point when they have questions or concerns about the patient management. The following circumstances, which are reflected in the escalation of care expectations, are examples of situations which need direct communication but is not meant to replace clinical judgment.

- A. Fellows are expected to communicate with faculty in any situation in which the trainee recognizes an acute change in a patient's clinical condition. This includes, but is not limited to:
 - Evisceration
 - Expanding hematoma in a neck wound
 - Post-operative bleeding
 - Acute mental status changes
 - External hemorrhage unresponsive to 20 minutes of appropriately placed compression
 - Clinical evidence of an acute stroke
 - Clinical evidence of an acute MI
 - Code blue activation
 - Transfer to a higher level of care (i.e. ICU, PCU)
 - Any patient planning to leave against medical advice
- B. Additionally, in the operating room, fellows operating independently are expected to communicate directly when appropriate progression of the case has stopped.

Supervision may be provided by more senior trainees 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 CGSO program at the University of South Florida compliance guidelines.

Fellows and faculty can report concerns regarding inadequate supervision on the GME website or the hospital reporting system. Any reports will be protected from reprisal. This document is available on the GME website for all fellows, faculty, other team members, and patients.

The program follows the ACGME classification of supervision as noted below. The supervising physician can refer to a faculty, fellow, or resident that 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 Fellow during the key portions of the patient interaction.
- 2) The supervising physician and/or patient is not physically present with the Resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

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.

Oversight

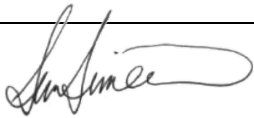
The supervising physician is available to provide review of procedures/encounters with feedback after care is delivered.

The fellowship program has a curriculum for providing knowledge and performance competence that includes procedure training, simulation, and review at the Clinical Competency Committee. 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 trainees need to maintain current ACLS training.

	Supervising Physician present (Direct)	Supervising Physician is not providing physical or concurrent visual or audio supervision but is immediately available (Indirect)	Supervising physician is available to provide a review of procedures /encounters with feedback after care is delivered			
Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training		
CORE PROCEDURES				Fellow-1	Fellow-2	
Perform patient care and procedures in outpatient setting						
Admit patients and complete inpatient H&P for general ward service				2	2	
Admit patients to ICU and complete H&P for ICU level of care				2	2	
Treat and manage common medical conditions				2	2	
Discuss diagnosis, prognosis and results of diagnostic tests including radiology and pathology with patients and their families				2	2	
Discuss non-surgical and surgical therapeutic options including risks, benefits and alternatives with patients and their families. This includes obtaining operative consent.				2	2	
Make referrals and request consultations				2	2	
Provide consultations within the scope of his/her privileges				2	2	
Render any care in a life-threatening emergency				2	2	
Initiate and manage mechanical ventilation for 24 hours				2	2	
SEDATION				Fellow-1	Fellow-2	
Local anesthesia				2	2	
Floor Procedures				Fellow-1	Fellow-2	
Abscess drainage				2	2	
Arterial blood gas				2	2	
Arterial line placement				2	2	
Bladder catheterization				2	2	

	Supervising Physician present (Direct)	Supervising Physician is not providing physical or concurrent visual or audio supervision but is immediately available (Indirect)	Supervising physician is available to provide a review of procedures /encounters with feedback after care is			
Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training		
Cardioversion, emergent				2	2	
Central venous catheterization				2	2	
ECG interpretation panel, emergent				2	2	
ECG interpretation panel, elective				2	2	
Excisions of skin tags/other				2	2	
Feeding tube placement (nasal or oral)				2	2	
Flexible sigmoidoscopy				2	2	
Paracentesis				2	2	
Pericardiocentesis (emergent)				2	2	
Swan-Ganz catheterization				2	2	
Suturing				2	2	
Thoracentesis				2	2	
Tracheal intubation, emergent				2	2	
Tube thoracostomy				2	2	
Venipuncture				2	2	
Peripheral IV placement				2	2	
Operative Procedures				Fellow-1	Fellow-2	
Perform the operative "time out" (OR Checklist)				1	1	

	Supervising Physician present (Direct)	Supervising Physician is not providing physical or concurrent visual or audio supervision but is immediately available (Indirect)	Supervising physician is available to provide a review of procedures /encounters with feedback after care is delivered			
Designated Levels		PGY-6	PGY-7	See below for level of supervision required for each procedure and year of training		
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				2	2	



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7/24/25

Effective Date