



SCOPE OF PRACTICE

Clinical Informatics Fellowship
Director of Program: Venna Lingam, MD
USF Health Morsani College of Medicine
University of South Florida

This document pertains to fellow rotations under the auspices of the Clinical Informatics Fellowship at Moffitt Cancer Center and Tampa General 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 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.

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. Fellows must communicate with the supervising faculty in the following circumstances:

1. There are no situations where the Clinical Informatics Fellow provides direct patient care under the purview of the Fellowship. The Fellow should follow the appropriate clinical escalation protocols as per the local policies while practicing independently or as a moonlighter.
2. Fellows should notify the rotation supervisor, site director, Associate Program Director, or Program Director, in addition to immediately calling the help desk, if they are informed of or encounter any issues with the Electronic Health Record or other critical Information Systems that impact patient care, i.e., unexpected downtime, inability to prescribe medications, or view patient information.

PROGRAM-LEVEL SUPERVISION POLICIES AND PROCEDURES

1. The Clinical Informatics Fellowship does not include direct patient care provided by the fellow.
2. Any direct patient care is performed as:
 - a. Independent practice in the fellow's respective primary clinical specialty, where they are Board Certified or Board Eligible and hold a license. These interactions are monitored in accordance with institutional policies for faculty performance reviews.
 - b. moonlighting, as permitted within the constraints of USF-MCOM GME policy 209, where the Fellowship Program Director is responsible for approval and oversight of an 80-hour/week work limit, and patient care supervision is not under the Fellowship.
3. Fellows will be supervised during their informatics rotations by individual supervisors, who are leaders in the department hosting the fellow. Because of the nature of clinical informatics, not all supervisors will be physicians. However, the program director and the assistant program director are available via "Indirect Supervision" at any given time.

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 residents, 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 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 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.

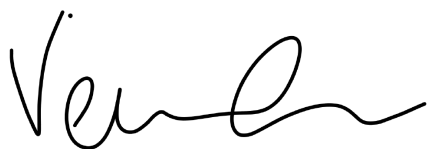
Indirect Supervision

The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the Resident 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.

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.



Veena Lingam, MD
Program Director, Clinical Informatics

10/01/2025

Effective Date