



## SCOPE OF PRACTICE

### Emergency Medicine

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This document pertains to resident rotations under the auspices of the Emergency Medicine Residency at Tampa General Hospital (TGH), TGH Emergency Departments, and USF clinics. 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 circumstance in which the resident/fellow feels uncomfortable. 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 Emergency Medicine Residency Program at University of South Florida compliance guidelines.

The resident is responsible for contacting their supervising attending under the following circumstances:

- a patient leaving AMA
- cardiac arrest, respiratory arrest or death
- patient transfer to ICU from floor
- anaphylaxis
- need for intubation
- hypotension
- serious complication or injury as a result of a procedure or medical error
- patient or staff request to speak with attending
- if the trainee is harmed or threatened in any way

In addition, residents should use discretion and contact their attending physician for any unexpected or sudden medical decompensation

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 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.

The residency program has a curriculum for providing knowledge and performance competence that includes routine teaching sessions, simulation, procedure minimums for obtaining indirect supervision, and mentoring. While direct patient evaluation is a core procedure, this is evaluated via direct evaluation during each clinic shift. 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.

All residents may assess and work up patients in the ED under indirect supervision (with direct supervision immediately available) but are **expected to have an attending see the patient prior to admitting patients or discharging patients to home.**

|  | 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 supervision required for procedure and year of training |             |             |             |
| CORE PROCEDURES  |  |   |  |   | PGY 1 Level | PGY 2 Level | PGY 3 Level |
| History and physical examination of patient                  |  |   |  |   | 2           | 2           | 2           |
| Documentation on charts, discharge summaries, obtain consent |  |   |  |   | 2           | 2           | 2           |

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| Designated Levels                        | 1                                      | 2   | 3  | See below for supervision required for procedure and year of training |                    |                    |                    |
|  |  |   |  |   | <b>PGY 1 Level</b> | <b>PGY 2 Level</b> | <b>PGY 3 Level</b> |
| Place treatment orders                   |  |   |  |   | 2                  | 2                  | 2                  |
| Participate in the teaching of students  |  |   |  |   | 2                  | 2                  | 2                  |
| Make referrals and request consultations |  |   |  |   | 2                  | 2                  | 2                  |
| <b>SEDATION</b>                          |  |   |  |   | <b>PGY 1 Level</b> | <b>PGY 2 Level</b> | <b>PGY 3 Level</b> |
| Local anesthesia                         |  |   |  |   | 2                  | 2                  | 2                  |
| Regional anesthesia                      |  |   |  |   | 1                  | 1                  | 1                  |
| Procedural sedation                      |  |   |  |   | 1                  | 1                  | 1                  |
| <b>Emergency Procedures</b>              |  |   |  |   | <b>PGY 1 Level</b> | <b>PGY 2 Level</b> | <b>PGY 3 Level</b> |
| Arterial blood gas                       |  |   |  |   | 2                  | 2                  | 2                  |
| Cardioversion/Defibrillation/Pacing      |  |   |  |   | 1                  | 1                  | 1                  |
| Pericardiocentesis                       |  |   |  |   | 1                  | 1                  | 1                  |
| Lumbar puncture                          |  |   |  |   | 1                  | 2                  | 2                  |
| Central venous catheterization           |  |   |  |   | 1                  | 2                  | 2                  |
| ECG interpretation                       |  |   |  |   | 1                  | 1                  | 1                  |
| Paracentesis                             |  |   |  |   | 1                  | 2                  | 2                  |
| Thoracentesis                            |  |   |  |   | 1                  | 1                  | 1                  |

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|--|--|---|--|---|-------------|-------------|-------------|
| Designated Levels                                | 1                                      | 2   | 3  | See below for supervision required for procedure and year of training |             |             |             |
| Emergency Procedures                             |  |   |  |   | PGY 1 Level | PGY 2 Level | PGY 3 Level |
| Tube thoracostomy                                |  |   |  |   | 1           | 1           | 1           |
| Endotracheal intubation                          |  |   |  |   | 1           | 1           | 1           |
| Cricothyrotomy                                   |  |   |  |   | 1           | 1           | 1           |
| Procedural sedation                              |  |   |  |   | 1           | 1           | 1           |
| Dislocation/Reduction                            |  |   |  |   | 1           | 1           | 2           |
| Arterial puncture                                |  |   |  |   | 2           | 2           | 2           |
| Emergency Ultrasound                             |  |   |  |   | 2           | 2           | 2           |
| Vaginal delivery                                 |  |   |  |   | 1           | 1           | 1           |
| Arthrocentesis                                   |  |   |  |   | 1           | 2           | 2           |
| Slit lamp examination                            |  |   |  |   | 2           | 2           | 2           |
| Incision and drainage of abscess                 |  |   |  |   | 2           | 2           | 2           |
| Medical or trauma resuscitation                  |  |   |  |   | 1           | 1           | 1           |
| Pediatric resuscitation                          |  |   |  |   | 1           | 1           | 1           |
| Bladder catheterization or NGT placement         |  |   |  |   | 2           | 2           | 2           |
| Wound closure                                    |  |   |  |   | 2           | 2           | 2           |
| Ventilator management                            |  |   |  |   | 1           | 2           | 2           |
| EMS medical direction                            |  |   |  |   | 1           | 1           | 1           |
| Venipuncture (IV placement or venous blood draw) |  |   |  |   | 2           | 3           | 3           |

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Date

Program Director