



SCOPE OF PRACTICE

**USF-TGH Family Medicine Residency
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UNIVERSITY OF SOUTH FLORIDA**

This document pertains to resident rotations under the auspices of the USF-TGH Family Medicine Residency Program at 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 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 and faculty must inform each patient of their respective roles in patient care. Residents 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 must communicate directly with supervising faculty in any of the following situations: when a supervising resident is unavailable, when the patient care scenario is life-threatening, or when the complexity of care exceeds the resident's level of training. 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 USF-TGH Family Medicine Residency Program at the University of South Florida compliance guidelines.

Residents 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.

The residency program has a curriculum for providing knowledge and performance competence that includes procedure training, simulation, 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 training.

Residents covering the inpatient service will be responsible for reporting to senior learners for care decisions when attending physicians are unavailable. They will be responsible for calling and manage codes as 2nd and 3rd year residents, interns will be responsible to respond to call and participate in codes as well. Senior residents are responsible to inform attendings of unstable and concerning patients on as needed basis.

	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			
Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training		
CORE PROCEDURES				PGY-1	PGY-2	PGY-3

	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			
Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training		
<i>Perform patient care and procedures in outpatient setting</i>				2	2	2
Admit patients and complete inpatient H&P for general ward service				2	3	3
Admit patients to ICU and complete H&P for ICU level of care				1	2	2
Treat and manage common medical conditions				2	3	3
Make referrals and request consultations				2	3	3
Provide consultations within the scope of his/her privileges				1	3	3
Render any care in a life-threatening emergency				3	3	3
Initiate and manage mechanical ventilation for 24 hours				1	1	1
SEDATION				PGY-1	PGY-2	PGY-3
<i>Local anesthesia</i>				3	3	3
FLOOR PROCEDURES				PGY-1	PGY-2	PGY-3
Abscess drainage				2	3	3
Arterial blood gas				2	3	3
Arterial line placement				1	3	3
Arthrocentesis				1	3	3
Aspirations and injections, joint or bursa				1	3	3
Bladder catheterization				2	3	3
Bone marrow aspiration				1	1	1

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Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training		
Bone marrow needle biopsy				1	1	1
Cardioversion, emergent				1	3	3
Cardioversion, elective				1	1	1
Central venous catheterization				1	2	2
ECG interpretation panel, emergent				2	3	3
ECG interpretation panel, elective				2	3	3
Excisions of skin tags/other				1	3	3
Feeding tube placement (nasal or oral)				2	3	3
Flexible sigmoidoscopy				1	1	1
Lumbar puncture				1	3	3
Pap smear				2	3	3
Paracentesis				1	3	3
Pericardiocentesis (emergent)				1	2	2
Swan-Ganz catheterization				1	1	1
Suturing				2	3	3
Tendon/joint injections				1	3	3
Thoracentesis				1	1	1
Tracheal intubation, emergent				1	3	3
Tube thoracostomy				1	1	1

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Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training		
Venipuncture				1	3	3
Peripheral IV placement				1	3	3
Vaginal Delivery				1	2	2
C-section				1	1	1
OFFICE PROCEDURES				PGY-1	PGY-2	PGY-3
Perform toenail removal				1	1	2
Perform colposcopy				1	1	2
IUD placement				1	1	2
Vasectomy				1	2	2
Circumcision				1	1	1
Peripheral nerve block				2	3	3
Exercise treadmill testing				1	3	3
Splinting & casting				1	3	3
Joint injection/aspiration				1	3	3



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7/23/25

Effective Date