



SCOPE OF PRACTICE

Forensic Pathology Fellowship
Director of Program: Kelly Devers, MD
USF Health Morsani College of Medicine
University of South Florida

This document pertains to fellow's rotation under the auspices of the Forensic Pathology Fellowship at the Hillsborough County Medical Examiner's Office. 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/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 resident/fellow is assigned by the program director and faculty members to ensure effective oversight of resident/fellow supervision.

Each resident/fellow 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/fellows are responsible for asking for help from the supervising physician under procedures designated as level one (supervising physician directly present) and in circumstances which they have not demonstrated competency. 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/fellows involved in the care of the patient. Supervision must be documented in the medical record in accordance with the Forensic Pathology Program at the University of South Florida compliance guidelines.

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.

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 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 or completion of fellowship training. All residents/fellows need to maintain current ACLS & BLS training.

	Supervising Physician present (Direct)	Supervising Physician at site and available for consultation (Indirect but direct supervision immediately available)	Supervising Physician off site but available by phone or can come in (Indirect but direct supervision available)	The trainee may perform the procedure without supervising Attending (oversight)	See below for level of supervision required for each procedure.
Designated Levels	1	2	3	4	
EVIDENCE COLLECTION					PGY-5
Collect hair and fingernails					1
FDLE rape kit					1
INTERPRETATION					PGY-5
Interpret radiographs to diagnose pelvic, skull and extremity fractures					2
Identification and localization of foreign bodies					2
Identify normal organs in H&E stained tissue sections					3
Identify disease and artifact in H&E stained tissue sections					3

	Supervising Physician present (Direct)	Supervising Physician at site and available for consultation (Indirect but direct supervision immediately available)	Supervising Physician off site but available by phone or can come in (Indirect but direct supervision available)	The trainee may perform the procedure without supervising Attending (oversight)	See below for level of supervision required for each procedure.
Designated Levels	1	2	3	4	
PHOTOGRAPHY					PGY-5
Photography of the body with a 35 millimeter camera: internal organs, lesions and other pertinent findings and external or internal identification markings				4	
AUTOPSY PERFORMANCE / TECHNIQUES					PGY-5
External Examination				2	
In situ organ inspection				2	
Evisceration				2	
Posterior neck dissection				1	
Lateral neck dissection				1	
Anterior neck dissection				2	
Leg dissection for venous exam				2	
Open skull with oscillating saw				2	
Remove spine with oscillating saw				2	
Blocking of cardiac conduction system				2	
Un-roof middle ears and paranasal sinus				2	
Removal of eyes (posterior approach)				2	
Vertebral artery injection				1	
Removal of vertebral arteries				1	
Flood pericardium to detect bubbles in heart				2	

	Supervising Physician present (Direct)	Supervising Physician at site and available for consultation (Indirect but direct supervision immediately available)	Supervising Physician off site but available by phone or can come in (Indirect but direct supervision available)	The trainee may perform the procedure without supervising Attending (oversight)	See below for level of supervision required for each procedure.
Designated Levels	1	2	3	4	
Compare ante and postmortem dental x-rays					1
Compare ante and postmortem somatic x-rays					1
Diagnosis venous air embolism					1
Interpret vertebral artery injection					1
Evaluate skeletal injuries in infants and children					1
Interpret radiographs to localize bullets					2
FINAL AUTOPSY AND SCENE REPORT					PGY-5
Dictate autopsy findings once and with few corrections					4
Dictate scene investigation once and with few corrections					3
Dictate summary and conclusion with well supported conclusions					4



Kelly Devers, MD
 Program Director, Forensic Pathology Fellowship

10/29/2019
 Date