SCOPE OF PRACTICE
Internal Medicine Residency
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Background

Internal Medicine Residency is clinical training in a supervised environment where the trainee is given graded responsibility to manage patients based on the attainment of the knowledge, skills, and abilities needed to safely manage patient care and other clinical responsibilities. As such, supervision of residents and ongoing assessment of their clinical skills is of prime importance during residency training.

This document pertains to USF Health internal medicine residents at all our inpatient affiliate sites including Tampa General Hospital, James A. Haley Veterans Hospital, Moffitt Cancer Center, and their associated outpatient clinical sites as well as USF Health outpatient clinical sites. 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.

Purpose

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. The program director evaluates each resident's abilities based on specific criteria, guided by the Milestones. Faculty members functioning as supervising physicians delegate portions of care to the residents based on the patient's needs and each resident's skills.

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 during the key portions of the patient interaction. 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.

PGY-1 residents must initially be supervised directly, only as described in the above definition. (Core)

A supervising physician must be immediately available to be physically present for PGY-1 residents on inpatient rotations who have demonstrated the skills sufficient to progress to indirect supervision. (Core)

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 provided after care is delivered.

PGY-1 residents have either direct supervision or indirect supervision with direct supervision immediately available on all rotations. PGY-2 and 3 residents have more autonomy as they progress through residency training and will always have an oversight level of supervision at minimum. For procedures specifically, please refer to the scope of practice for the level of supervision needed to perform procedures. Finally, each rotation also has the level of supervision for each level resident listed in the goals and objectives.

Program Director Responsibilities

The Program Director must:

- Assign appropriate clinical responsibilities, such as patient caps, for each resident based on their demonstrated competence as well as the severity and complexity of patient conditions and available support services.
- Ensure direct supervision of residents at all times, with appropriate documentation.
- Ensure that faculty physician schedules are structured to provide residents with continuous and appropriate supervision and consultation.
- Set faculty supervision to a sufficient duration to assess the knowledge and skills of each resident.
- Ensure that residents know which supervisor is on call and how to reach them.
- Evaluate each resident's ability based on Milestone-guided criteria.

Faculty Responsibilities

Faculty must:

- Be responsible for teaching, evaluating and supervising the residents.
- Routinely review the resident's documentation in the medical record, attesting clinical documentation with the faculty's own assessment.
- Ensure compliance with institutional requirements such as updating problems lists, performing medication reconciliation, and maintenance of accurate and timely medical record-keeping.
- Serve as role models of professionalism, providing exemplary patient care and demonstrating excellent communication skills.
- The faculty supervisor(s) assigned for each rotation or clinical experience (inpatient or outpatient) must provide to the Program Director a written evaluation of each resident's performance during the period that the resident was under their supervision. Supervisors will also provide residents with formative feedback in real-time as appropriate.

Circumstances for which Supervising Attending Physician Must be Contacted/Communication Required

1. For all critical changes in a patient's condition such as code scenario, death, transfer to the intensive care unit.
2. If any trainee feels that a situation is more complicated than he/she can manage.
3. At the request of any ancillary staff, patient, or patient family.
4. For any discharge from the hospital or transfer to another unit should also be discussed with the attending.
5. If emergency care is rendered by trainee.
6. If there is an unexpected complication or event report.
7. If the trainee is harmed or threatened.

Position Descriptions

Post Graduate Year-1 Resident (Intern)	
Reports To	Program Director, Attendings, Chief Medical Resident, Fellow, or Senior Level Resident
Position Summary	An intern (or PGY-1) is a highly supervised medical school graduate who serves as the immediate manager of up to 10 hospitalized patients and individuals in the outpatient settings. The intern also assists in teaching assigned medical students on the general floors and makes daily rounds with the medical students.
Competency and Essential Functions	
Inpatient Responsibilities	• The intern performs a comprehensive admission history and physical examination on all patients admitted to the service. These are recorded in a written or computerized medical record. • The intern develops an assessment and plan and reviews these with the Attending physician and supervising resident. • The intern writes admission and subsequent orders with approval by the supervising resident. • The intern writes prescriptions for hospital pharmacy filling for post-hospital care with approval from the supervising resident and Attending physician. • The intern assists with arranging appropriate follow-up care of patients. • The intern may also write discharge summaries for hospitalized patients. • The intern performs inpatient procedures under direct supervision. • For situations that require contacting or communicating with the supervising attending physician, please refer to page 2.
Outpatient Responsibilities	• The intern performs history and physical exams on all ambulatory patients. • Develops assessments and plans. • Writes prescriptions as appropriate with review by an Attending physician. • Performs outpatient procedures and schedules follow-up under the direct supervision of an Attending physician.
Supervisory Responsibilities	• Medical Students

Post Graduate Year–2 and 3 Resident	
Reports To	Program Director, Faculty, Chief Medical Resident, or Fellow
Position Summary	A PGY-2 or 3 resident is a supervised trainee who serves as inpatient team leader, consultant, or outpatient physician with all levels of supervision (oversight, direct supervision or indirect supervision) based on rotation or procedure. PGY-2 and 3 residents are responsible for supervising two PGY-1 residents, one to two third-year medical students, and • up to 20 patients on inpatient teams. The PGY-2 and 3 resident may make independent assessments and decisions about treatment under indirect supervision or oversight status in the inpatient setting. In the outpatient setting, all patient care is provided under the direct supervision of attendings. All residents will, at minimum, notify supervisors of situations where care is escalated, a complication or unexpected outcome has occurred, for all deaths and end of life decisions.
Competency and Essential Functions	
Inpatient Responsibilities	• The resident writes admission notes on each patient. • In conjunction with the attending, manages the ongoing care of hospitalized patients. • Supervises interns and medical students. • Arranges follow up and placement for hospitalized patients in conjunction with case management. • Writes discharge summaries on all patients admitted to his or her team. • For situations that require contacting or communicating with the supervising attending physician, please refer to page 2.
Outpatient Responsibilities	• In the outpatient setting, residents perform patient care and outpatient procedures under the direction of an Attending physician with indirect supervision with direct supervision immediately available.
Knowledge, Skills and Ability	The PGY-2 and 3 resident may perform procedures with indirect supervision if given supervisory status as per residency rules described in text below. The following procedure must at all times be performed with direct supervision unless this is a code blue situation: • Insertion of right heart/pulmonary artery catheters • Endotracheal intubations
Supervisory Responsibilities	• PGY-1 Residents and Medical Students

Procedure Competency Requirements

Safety is the highest priority when performing any procedure on a patient. The American Board of Internal Medicine (ABIM) recognizes that there is variability in the types and numbers of procedures performed by internists in practice. Internists who perform any procedure must obtain the appropriate training to safely and competently perform that procedure.

It is also expected that the general internist be thoroughly evaluated and credentialed as competent in performing a procedure before he or she can perform a procedure unsupervised.

For certification in internal medicine, the ABIM has identified a limited set of procedures (see table below) in which it expects all candidates to be competent with regard to their knowledge and understanding. This set includes:

- Demonstration of competence in medical knowledge relevant to procedures through the candidate's ability to explain indications, contraindications, patient preparation methods, sterile techniques, pain management, proper techniques for handling specimens and fluids obtained, and test results;
- Ability to recognize and manage complications; and
- Ability to clearly explain to a patient all facets of the procedure necessary to obtain informed consent.
- Ability to initiate a standardized preparation beforehand including hand washing, donning of sterile gloves, preparation of the procedural field, and application of some form of anesthetic.

To help residents acquire both knowledge and performance competence, the ABIM believes that residents should be active participants in performing procedures. Active participation is defined as serving as the primary operator or assisting another primary operator. ABIM does not specify a minimum number of procedures to demonstrate competency.

ABIM Procedural Requirements

Training and Procedure Requirements

The total months of training required, including specific clinical months, and requisite procedures are outlined below.

MINIMUM MONTHS OF TRAINING	CLINICAL MONTHS REQUIRED	PROCEDURES
36*	30	• Procedures are essential to internal medicine training; to be eligible for certification, all residents must perform procedures during training. • Not all residents need to perform all procedures. • Program directors must attest to general competence in procedures at end of training. • At the completion of training, residents must have demonstrated effective consent discussions, standard or universal precautions, establishment of a sterile field, and application of local anesthetic as applicable to most procedures a resident may perform. • Residents must have the opportunity to develop competence in procedures which will further their development as fellows in their chosen subspecialty, or as independent practitioners in their intended fields if entering practice after residency.

* For deficits of 35 days or less in required training time, ABIM will defer to the judgment of the program director *and* promotions or competency committee in determining the need for additional training. With program director attestation to ABIM that the trainee has achieved required competence, additional training time will not be required. Trainees cannot make a request to ABIM on their own behalf.

https://www.abim.org/certification/policies/internal-medicine-subspecialty-policies/internal-medicine.aspx

Program Procedural Preparation

The residency program has a curriculum for providing knowledge and performance competence that is set forth below. All residents need to maintain current ACLS training.

All PGY-1 residents need to pass the GME central line training during orientation. All PGY-1 residents also have a procedure workshop in June of their PGY-1 year. During the PGY-1 year, all residents need direct supervision for the majority of procedures as listed in the table below. At the end of the PGY-1 year, residents have a final training workshop on core bedside procedures. Residents are given supervisory status as a 2nd or 3rd year resident after they have successfully completed procedure competency training and have completed 4 of the noted procedure. Residents are given the list of supervisors within the residency quarterly throughout the year. For those procedures that PGY-2 or 3 residents have not achieved supervisory status, PGY-1 procedural guidelines should be applied.

Residents are also instructed to log their procedures in New Innovations (NI). Residents can log their procedures into NI as often as they like, but it must be done at least monthly.

Residency Procedure Supervision Guide

Designated Levels

1. Required Physical Presence of a Supervising Physician (Direct Supervision)
2. Supervising Physician is in the hospital and available for consultation (Indirect Supervision)
3. Supervising Physician out of hospital but available by phone or can come in (Indirect Supervision)
4. The trainee may perform the procedure without supervising Attending/resident (Oversight)

See below for level of supervision required for each procedure and year of training

CORE PROCEDURES	PGY-1	PGY-2	PGY-3
Admit patients to service	2	2,3,4	2,3,4
Complete H&P	2	2,3,4	2,3,4
Treat and manage common medical conditions	2	2,3,4	2,3,4
Make referrals and request consultations	2	2,3,4	2,3,4
Provide consultations within the scope of his/her privileges	1	2,3,4	2,3,4
Render any care in a life-threatening emergency	3	2,3,4	2,3,4
SEDATION	**PGY-1**	**PGY-2**	**PGY-3**
Local anesthesia	3	2,3,4	2,3,4
GENERAL INTERNAL MEDICINE	**PGY-1**	**PGY-2**	**PGY-3**
Abscess drainage	1	2,3,4	2,3,4
Arterial blood gas	1	2,3,4	2,3,4
Arterial line placement*	1	2,3,4	2,3,4
Arthrocentesis*	1	2,3,4	2,3,4
Aspirations and injections, joint or bursa*	1	2,3,4	2,3,4
Bladder catheterization	1	2,3,4	2,3,4
Bone marrow aspiration/ needle biopsy	1	1	1
Bronchoscopy	1	1	1
Cardioversion, emergent	1	2,3,4	2,3,4

Cardioversion, elective	1	1	1
Central venous catheterization*	1	2,3,4	2,3,4
ECG interpretation panel, emergent	2	2,3,4	2,3,4
ECG interpretation panel, elective	2	2,3,4	2,3,4
Excisions of skin tags/other	1	1	1
Feeding tube placement (nasal or oral)	1	2,3,4	2,3,4
Endoscopy	1	1	1
Lumbar puncture*	1	2,3,4	2,3,4
Pap smear	1,2	2,3,4	2,3,4
Paracentesis*	1	2,3,4	2,3,4
Pericardiocentesis (emergent)	1	2	2
Swan-Ganz catheterization	1	1	1
Suturing	2	2,3,4	2,3,4
Tendon/joint injections	1	2,3	2,3
Thoracentesis*	1	2,3,4	2,3,4
Tracheal intubation, emergent	1	2,3,4	2,3,4
Tube thoracostomy	1	1	1
Venipuncture	1,2	2,3,4	2,3,4
Peripheral IV placement	1,2	2,3,4	2,3,4

* For those procedures that PGY-2 or 3 residents have not achieved supervisory status, PGY-1 procedural guidelines should be applied.

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Date