Updated: 10/02/2025

SCOPE OF PRACTICE

USF Medicine Pediatrics (Med Peds)
USF Health Morsani College of Medicine
University of South Florida

This document pertains to USF Health Internal Medicine - Pediatric residents at all our inpatient affiliate sites including Tampa General Hospital, Johns Hopkins All Children's Hospital, James A. Haley Veterans Hospital, Moffitt Cancer Center, and their associated outpatient clinical sites as well as USF Health outpatient clinical sites and Community-based rotations. 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 an adequate and appropriate level of supervision during the course of their 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 ACGME 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.

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 with the supervising faculty in the following circumstances: if there is a critical change in a patient's condition (code scenario, death, transfer to ICU); a sentinel adverse event; any medical concerns resident may have or situation they are uncomfortable with; when a trainee is harmed or threatened; discharge; and if a family or patient requests it. 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 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.

<u>Direct Supervision</u>

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.

PGY-1 and PGY-2 intern residents have either direct supervision or indirect supervision with direct supervision immediately available on all rotations. PGY-2 seniors, PGY-3 and PGY-4 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. For procedures specifically, procedure logs are reviewed by the Program Director to document ability to perform under indirect or oversight supervision. This is reviewed with each resident.

The residency program has a curriculum for providing knowledge and performance competence that includes orientations for all years of training, procedure training, ongoing simulation training, ACLS, NRP, and PALS training. 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, PALS and NRP training.

	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 (oversight)**				
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 intern**	**PGY-2 senior**	**PGY-3,4**
• *Admit patients and complete inpatient H & Ps for ward service* • *Performs patient care and procedures in outpatient setting* • *Admit patients to ICU and complete H and Ps* • *Treat and manage common medical conditions* • *Make referrals and request consultations* • *Provide consultations within the scope of privileges* • *Render any care in a life-threatening emergency*				*1* *1* *1* *1* *1* *1* *1* *1*	*1* *1* *1* *1* *1* *1* *1* *1*	*2,3* *2,3* *2,3* *2,3* *2,3* *2,3* *2,3* *2,3*	*2,3* *2,3* *2,3* *2,3* *2,3* *2,3* *2,3* *2,3*
SEDATION				**PGY-1**	**PGY-2 intern**	**PGY-3 senior**	**PGY-4**
Local anesthesia				*1*	*1*	*2,3*	*2,3*

	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 after care is delivered (oversight)				
Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training			
FLOOR PROCEDURES				PGY-1	PGY-2 Intern	PGY-2 Senior	PGY-3,4
• *Arthrocentesis*				*1*	*1*	*1,2,3*	*1,2,3*
• *Aspirations and injections, joint or bursa*				*1*	*1*	*1,2,3*	*1,2,3*
• *Bladder catherization*				*1*	*1*	*1,2,3*	*1,2,3*
• *Abscess drainage*				*1*	*1*	*1,2,3*	*1,2,3*
• *Arterial line placement*				*1*	*1*	*1,2,3*	*1,2,3*
• *Cardioversion, emergent*				*1*	*1*	*1,2,3*	*1,2,3*
• *Central venous catheterization*				*1*	*1*	*1,2,3*	*1,2,3*
• *ECG interpretation panel, emergent*				*1,2*	*1,2*	*2,3*	*2,3*
• *ECG interpretation panel, elective*				*1,2*	*1,2*	*2,3*	*2,3*
• *Feeding tube, nasal or oral*				*1*	*1*	*1,2,3*	*1,2,3*
• *Lumbar puncture*				*1*	*1*	*1,2,3*	*1,2,3*
• *Pap smear*				*1*	*1*	*1.2,3*	*1.2,3*
• *Paracentesis*				*1*	*1*	*1,2,3*	*1,2,3*
• *Pericardiocentesis, emergent*				*1*	*1*	*1,2,3*	*1,2,3*
• *Suturing*				*1*	*1*	*1,2,3*	*1,2,3*
• *Tracheal intubation, emergent*				*1*	*1*	*1,2,3*	*1,2,3*
• *Thoracentesis*				*1*	*1*	*1,2,3*	*1,2,3*
• *Venipuncture*				*1,2*	*1,2*	*2,3*	*2,3*
• *Peripheral IV placement*				*1,2*	*1,2*	*2,3*	*2,3*

Program Procedural Preparation

The residency program has a curriculum for providing knowledge and performance competence that includes orientation training, procedure training, ongoing simulation, ACLS, NRP and PALS certification. 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. 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 procedures. For those procedures that PGY-2, 3, or 4 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).

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Date