



SCOPE OF PRACTICE & SUPERVISION POLICY

Moffitt Cancer Center-USF Gynecologic Oncology Fellowship

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This document pertains to fellow rotations under the auspices of the (Moffitt Cancer Center Gynecologic Oncology Fellowship-USF) at (H. Lee Moffitt Cancer Center & Research Institute). All Accreditation Council for 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 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 fellow is assigned by the program director and faculty members to ensure effective oversight of fellow supervision.

Each fellow and faculty must inform each patient of their respective roles in patient care. Fellows must know the limits of their scope of authority and the circumstances under which they are permitted to act with conditional independence. Fellows must communicate with the supervising faculty in the following circumstances: The fellows are aware that any decisions for transfer of care to or from the Gynecologic Oncology service, decisions for surgery or procedures, chemotherapy, radiation therapy or termination/end of life decisions, all require supervisory attending approval. Most of these decisions are made during the daytime hours under direct supervision. However, in most cases of indirect supervision, the fellow should call the attending on call and discuss the rationale for the decisions and the management plan. 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 fellows involved in the care of the patient. Supervision must be documented in the medical record in accordance with the Moffitt Cancer Center Gynecologic Oncology Fellowship at the University of South Florida compliance guidelines.

Fellows 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 fellows, 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 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 fellowship program has a curriculum for providing knowledge and performance competence that includes procedure training, simulation, and conditional independence. Indirect supervision to be granted by attending faculty as appropriate, guided by milestones. 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 fellows need to maintain current ACLS 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		
Operative Procedures				PGY-5	PGY-6	PGY-7
Brachytherapy				1*	1*	2
Abdominal hysterectomy				1*	1*	2
Bedside Assist, Docking, Instrument Exchange				1*	1*	2
Bowel resection/anastomosis				1*	1*	1*
Central Line				1*	1*	2
Cervical conization (LEEP and cold knife cone)				1*	1*	2
Chemoradiation				2	2	2
Chemotherapy				1*	2	2

	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		
Conduit				1*	1*	1*
Diaphragmatic stripping/resection				1*	1*	1*
Exenteration				1*	1*	1*
Foley Catheter Insertion				3	3	3
Foley Catheter Removal				3	3	3
Hysterectomy				1*	1*	2
Inguinal node dissection				1*	1*	1*
Interval debulking BSO				1*	1*	1*
IV Stick				2	3	3
Laser therapy				1*	1*	1*
Lymphadenectomy				1*	1*	1*
Lymphatic mapping/sentinel node biopsy				1*	1*	1*
Omentectomy				1*	1*	2
Ostomy/NOS				1*	1*	1*
Primary debulking BSO/omentectomy				1*	1*	1*
Primary Surgeon on the Simulator Console				1*	1*	2
Radical adnexal cytoreductions;				1*	1*	1*
Radical hysterectomy				1*	1*	1*
Radical trachelectomy				1*	1*	1*

	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		
Radical vulvectomy				1*	1*	1*
Simple trachelectomy				1*	1*	1*
Simple vulvectomy				1*	1*	1*
Splenectomy				1*	1*	1*
Staging laparotomy				1*	1*	1*
Suction curettage of molar pregnancy				1*	2	2
Targeted therapeutic				1*	2	2
Urinary tract procedures				1*	1*	1*
Vaginal reconstruction				1*	1*	1*
Vulvar biopsies				1*	2	3
Wound Packing				1*	2	3

* - indicates direct supervision for the critical portions of operative procedure.


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6/1/2023
 Effective Date