



## SCOPE OF PRACTICE

**Transplant Nephrology Fellowship**  
**Director of Program: Martin Aldana, MD**  
**USF Health Morsani College of Medicine**  
**University of South Florida**

This document pertains to fellow's rotations at the post graduate year-six level (PGY-6) under the auspices of the (Transplant Nephrology fellowship Program) at (Tampa General Hospital/Tampa General Medical Group). 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 fellow in this program has already completed training equivalent to an internal medicine residency program and a nephrology fellowship program-from the review

The purpose of this policy is to ensure that the PGY-6 are provided adequate and appropriate levels of supervision during 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 of the PGY-6 trainees are assigned by the program director and faculty members to ensure effective oversight of the PGY-6 trainee's supervision.

Each fellow and faculty must inform each patient of their respective roles in patient care. Fellows must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence. Fellows must communicate with the supervising faculty in the following circumstances.

1. Management decision: where there is a change in the original plan, or the PGY-6 feels further input is needed.
2. Decision regarding timing of sign off from a particular patient. Sign off needs approval of faculty member covering the service on the official day of sign off from the individual patient's case.
3. Any time the PGY-6 feels uncomfortable or incapable of making decisions related to patient care or performing a procedure. This includes, but is not limited to, emergency care, patient upgrade to higher level of care, unexpected patient death, event report or unexpected complication, patient or staff request to speak with an attending, and the PGY-6 feels threat or harm. Supervision may be provided by different 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 Transplant Nephrology Fellowship program 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 residents/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 PGY-6 during the key portions of the patient interaction.
- 2) The supervising physician and/or patient is not physically present with the PGY-6 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 PGY-6 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 training in performing kidney biopsies, completing at least 10 transplanted kidney biopsies\*, prescribing dialysis such as intermittent hemodialysis, peritoneal dialysis and continues renal replacement therapy (CRRT) related to transplantation, managing induction and immunosuppressive medications 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 level. All fellows need to maintain current ACLS training. \*Kidney biopsies will have to be performed always under direct supervision.

	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			
Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training		
<b>CORE PROCEDURES</b>				<b>PGY-6</b>		

## Additional material

Updated: 11/27/2024

The PGY-6 who did not gain exposure to apheresis procedures in their previous nephrology training, are encouraged to gain familiarity with this procedure at Tampa General Hospital (TGH). The attending physician will facilitate their access to such technology, when available\*. The PGY-6 should become familiar with the basic technology of plasmapheresis, indications, and complications, and preferably, gain practice with the procedure as it relates to transplantation. **\*It is the responsibility of the local program director to ascertain early in the training that the fellow had training in plasmapheresis.**

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Martin Aldana, MD

Program Director, Transplant Nephrology Fellowship

12/2/2024 | 10:37 PST

Effective Date