



SCOPE OF PRACTICE

**Obstetrics and Gynecology Residency
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This document pertains to residents rotations under the auspices of the Obstetrics and Gynecology residency at Tampa General Hospital and Moffitt Cancer Center. 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 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.

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: (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 can manage (3) at the request of any ancillary staff or patient, and (4) for any discharge from the hospital or transfer to another unit should also be discussed with the attending. 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 involved in the care of the patient. Supervision must be documented in the medical record in accordance with the Obstetrics and Gynecology residency at the University of South Florida compliance guidelines.

Residents 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, 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.

Levels of Supervision

To ensure appropriate oversight of resident supervision, each program must use the following classification of supervision:

1. Direct Supervision:

- the supervising physician is physically present with the resident during the key portions of the patient interaction;
 - PGY-1 residents must initially be supervised directly,

- or, 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.
2. **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
 3. **Oversight:** the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

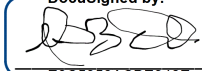
Direct Contact: In the following situations the trainee should reach out to an attending:

- a. Emergency care rendered by trainee
- b. Patient upgrade to higher level of care
- c. Unexpected patient death
- d. Unexpected complication or event report
- e. Patient or staff request to speak with attending
- f. Trainee is harmed or threatened

The residency program has a curriculum for providing knowledge and performance competence that includes procedure training, simulation, in training exams 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. All residents 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			
Floor Procedures				PGY-1	PGY-2	PGY-3	PGY-4
• 1st and 2nd degree repair				2	2	2	2
• 3rd degree repair				1	1	1	1
• 4th degree repair				n/a	1	1	1
• Artificial rupture of membranes				2	2	2	2
• Bakri balloon placement				n/a	1	1	1
• Banjo curettage				1	1	1	1
• Bartholin's Gland Abscess Drainage				1	1	1	1
• Bedside Assist, Docking, Instrument Exchange				1	1	1	1
• Bimanual Vaginal Pelvic Exam				2	2	2	2
• Cervical Biopsy				1	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			
• Cervical Exam (assess dilation/effacement/station)				2	2	2	2
• Cervical Polypectomy				1	2	2	2
• ECV				1	1	1	1
• Endometrial Biopsy				1	2	2	2
• Evaluation of rupture of membranes				2	2	2	2
• FSE placement				2	2	2	2
• IUPC placement				2	2	2	2
• Manual Vacuum Aspiration				1	1	1	1
• NST evaluation and interpretation				2	2	2	2
• Operative vaginal delivery - forceps				1	1	1	1
• Operative vaginal delivery - vacuum				1	1	1	1
• Pap Smear				2	2	2	2
• Primary Surgeon on the Simulator Console				1	1	1	1
• Spontaneous Vaginal Delivery				1	1	2	2
• Transvaginal Ultrasound				1	1	2	2
• Ultrasound - AFI				2	2	2	2
• Ultrasound - BPP				2	2	2	2
• Ultrasound - fetal presentation				2	2	2	2
• Vaginal Speculum Exam				2	2	2	2
• Vulvar Abscess Draining				1	1	1	1
• Vulvar Biopsy				1	1	1	1
• Cesarean Delivery for Twins				1	1	1	1

DocuSigned by:


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Effective Date