



SUPERVISION POLICY
Ophthalmology Residency
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University of South Florida

This document pertains to resident rotations under the auspices of the Ophthalmology Residency at Tampa General Hospital, Morsani Ambulatory Outpatient Surgery Center, James A. Haley VA Hospital, Tampa John's Hopkin's Hospital, 30th Street Clinic, Davis Island Ophthalmology Clinic, Tampa 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.

- a. A patient death.
- b. A serious medical event (i.e., code, M.I.) requiring a transfer of service.
- c. A vision-threatening complication of treatment or surgery.

Residents must notify the Resident Director and their Chief of Service as soon as possible if:

- a. Any contact by a lawyer.
- b. Presentation of a subpoena.
- c. Patient or family threat of malpractice action.

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 Ophthalmology 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.

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 residency program has a curriculum for providing knowledge and performance competence that includes weekly lectures based on the Basic Science 13 volume course provided by the American Academy of Ophthalmology, and upon which both the OKAP and AAO Board Certification written and oral examinations are based. 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.

Residents will not be allowed to perform procedures with indirect supervision or oversight until at least 1 procedure has been proctored satisfactorily by a senior (PGY-4) or attending ophthalmologist with direct supervision.

Competence will be determined by the Program Director or Associate Program Director based on the recommendation of faculty in that subspecialty.

	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		
Exam Techniques				PGY-2	PGY-3	PGY-4
Eight-point exam <ul style="list-style-type: none"> • Vision testing • Pupil testing • Visual fields • External exam • Lid eversion • Lid position • Levator function • Hertel measurement • Slit lamp basics • Intraocular pressure • Goldmann visual fields • Tonopen • Motility exam basics • Indirect ophthalmoscopy • Direct ophthalmoscopy Lensometer Keratometer Gonioscopy basic Retinoscopy Refraction				*1	3	3
Non-Surgical Diagnosis and Management				PGY-2	PGY-3	PGY-4
Chemical burn Corneal abrasión Corneal foreign bod Conjunctival laceration Rust ring Conjunctival FB Traumatic iritis Hyphema Commotio retinae Traumatic retrobulbar bleed Open globe management Traumatic optic neuropathy Interpretation of imaging Interpretation of ultrasound Enucleation				*1	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		
<i>Lateral canthotomy/cantholysis</i> <i>Tarsorrhaphy</i> <i>Epilation</i> <i>Punctal occlusion: plugs</i> <i>Corneal epithelial debridement</i> <i>Corneal epithelial micropuncture</i> <i>Corneal glue application</i> <i>Suture removal from corneal transplant</i> <i>Eyelid retraction</i> <i>Trichiasis</i> <i>Canaliculitis</i> <i>Dacryocystitis</i> <i>Preseptal cellulitis</i> <i>Orbital cellulitis</i> <i>Thyroid ophthalmopathy</i> <i>Orbital pseudotumor</i> <i>Retinopathy of prematurity</i> <i>ALT</i> <i>Laser PI</i> <i>Laser suture lysis</i> <i>Scleral depression</i> <i>Intravitreal injections</i>						
Operative Procedures				PGY-2	PGY-3	PGY-4
<i>Corneal laceration</i> <i>Scleral laceration</i> <i>Lid laceration repair</i> <i>Orbital blow-out fracture</i> <i>Open globe repair</i> <i>Intraocular foreign body</i> <i>Enucleation</i> <i>Punctal occlusion: cautery</i> <i>Pterygium surgery</i> <i>Conjunctival biopsy/resection</i> <i>Corneal biopsy</i> <i>Penetrating keratoplasty: phakic or pseudophakic</i> <i>Penetrating keratoplasty with cataract surgery</i> <i>Ectropion</i>				*1, 3	3	3

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Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training		
<i>Entropion</i> <i>Blepharospasm</i> <i>Hemifacial spasm</i> <i>Involitional lid changes</i> <i>Brow ptosis</i> <i>Lacrimal outflow disorders</i> <i>Eyelid Skin cancers (BCC, SCC, Melanoma, Merkel Cell, Sebaceous cell ca)</i> <i>Surgery</i> <i>Orbital tumor in adult</i> <i>Orbital tumor in child</i> <i>Chronic dacryoadenitis</i> <i>Iris tumor</i> <i>Evisceration</i> <i>Ptosis repair</i> <i>Blepharoplasty</i> <i>Dacryocystorhinostomy</i> <i>Orbital decompression</i> <i>Optic nerve fenestration</i> <i>Lateral orbitotomy</i> <i>Pediatric ptosis</i> <i>Strabismus surgery</i> <i>Trabeculectomy</i> <i>Cyclodestructive procedure</i> <i>Tube shunt</i> <i>Antimetabolites</i> <i>Retinal detachment</i> <i>Cryoretinopexy</i> <i>Intravitreal gas/oil</i>						
Key						
*Direct Supervision Initially, Then Oversight						

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 Program Director, Ophthalmology

9/18/23 _____ Date