Updated: 09/30/2024

SCOPE OF PRACTICE

Physical Medicine and Rehabilitation Residency
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This document pertains to resident rotations under the auspices of the Physical Medicine and Rehabilitation Residency Program at Tampa General Hospital, James A. Haley Veterans Hospital, Moffitt Cancer Center, and Florida Pain Medicine. 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: Transferring a patient, chest pain, fall, change in status. 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 Physical Medicine and Rehabilitation Residency program 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.

<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

2) 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 procedure training, simulation, and the 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**				
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**	**PGY-3**	**PGY-4**
Acupuncture, 1 or more needles; without electrical stimulation, initial 15 minutes of personal one-one-one contact with the patient				*1*	*2*	*2*	*2*
Chemodenervation of muscle(s); extremity(s) and/or trunk muscle(s) (eg, for dystonia, cerebral palsy, multiple sclerosis)				*1*	*1*	*1*	*1*
Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming				*1*	*2*	*2*	*2*
Injection(s); single or multiple trigger point(s), 1 or 2 muscle(s)				*1*	*2*	*2*	*2*
Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical, thoracic or lumbar, single level				*1*	*1*	*2*	*2*
Injection, anesthetic agent and/or steroid, transforaminal epidural; cervical, lumbar or sacral, single level				*1*	*1*	*2*	*2*
Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)				*1*	*1*	*1*	*1*
Injection, anesthetic agent; stellate ganglion (cervical sympathetic)				*1*	*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				
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**	**PGY-3**	**PGY-4**
Major joint injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)				*1*	*2*	*2*	*2*
Needle electromyography; 2 extremities with or without related paraspinal areas				*1*	*1*	*2*	*2*
Needle electromyography; 3 extremities with or without related paraspinal areas				*1*	*1*	*2*	*2*
Needle electromyography; 4 extremities with or without related paraspinal areas				*1*	*1*	*2*	*2*
Needle electromyography; one extremity with or without related paraspinal areas				*1*	*1*	*2*	*2*
Nerve conduction, amplitude and latency/velocity study, each nerve; motor, without F-wave study				*1*	*1*	*2*	*2*
Nerve conduction, amplitude and latency/velocity study, each nerve; sensory				*1*	*1*	*2*	*2*
Refilling and maintenance of implantable pump or reservoir for drug delivery, spinal (intrathecal, ipidural) or brain (intraventricular); administered by physician				*1*	*1*	*1*	*1*
SI Joint Injection				*1*	*1*	*2*	*2*
Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation				*1*	*1*	*2*	*2*
Ultrasound, extremity, nonvascular, real time with image documentation				*1*	*1*	*1*	*2*
Arthrocentesis, Aspiration and/or Injection, major Joint or Bursa (eg, Shoulder, Hip, Knee, Subacromial Bursa); with Ultrasound Guidance, with Permanent Recording and Reporting				*1*	*2*	*2*	*2*
Arthrocentesis, Aspiration and/or Injection, Intermediate Joint or Bursa (eg, Temporomandibular, Acromioclavicular, Wrist, Elbow or Ankle, Olecranon Bursa); without Ultrasound Guidance				*1*	*2*	*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				
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**	**PGY-3**	**PGY-4**
Arthrocentesis, Aspiration and/or Injection, Small Joint or Bursa (eg, Fingers, Toes); without Ultrasound Guidance				*1*	*2*	*2*	*2*

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Effective Date