



SCOPE OF PRACTICE

Pain Management Fellowship
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University of South Florida

This document pertains to Pain Fellows rotations under the auspices of the Pain Management Fellowship at James A Haley Veterans Hospital, Moffitt Cancer Center, Tampa General Hospital, Florida Pain Medicine and Aspire Pain Relief Institute. 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 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 resident is assigned by the program director and faculty members to ensure effective oversight of resident supervision.

Each fellow 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 are responsible for asking for help from the supervising physician according to their training and skill level as delineated in the following tables below. Supervision may be provided by more senior fellows 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 Pain Management Fellowship at the University of South Florida compliance guidelines.

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 The supervising physician is physically present with the resident and patient.

Indirect Supervision

- 1) With Direct Supervision Immediately Available – The supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision.
- 2) With Direct Supervision Available – The supervising physician is not physically present within the hospital or other site of patient care but is immediately available by means of telephonic and/or electronic modalities and is available to provide 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 Patient Care, Medical Knowledge, Practice Base Learning & Improvement, Interpersonal & Communication Skills, Professionalism and System Based Practice. 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 in hospital and available for consultation (Indirect but direct supervision immediately available)	Supervising Physician out of hospital but available by phone or can come in (Indirect but direct supervision available)	The trainee may perform the procedure without supervising Attending/ resident (oversight)			
Designated Levels	1	2	3	4	See below for level of supervision required for each procedure and year of training		
CORE PROCEDURES					PGY-5		
Perform patient care outpatient setting					3		
Admit patients and complete inpatient H&P for general ward service					3		
Admit patients to ICU and complete H&P for ICU level of care					3		
Treat and manage common medical conditions					3		
Make referrals and request consultations					3		
Provide consultations within the scope of his/her privileges					3		
Render any care in a life-threatening emergency					3		
SEDATION					PGY-5		
Local anesthesia					3		
Floor Procedures					PGY-5		

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Designated Levels	1	2	3	4	See below for level of supervision required for each procedure and year of training		
Image-guided spinal injection-cervical spine					1		
Aspirations and injections, joint or bursa					2		
Image-guided spinal injection-lumbar spine					1		
Tendon/joint injections					2		
Trigger Point Injection					2		
Sympathetic Blockade					1		
Placement of permanent spinal drug delivery system or spinal cord stimulator					1		
Botox Injection					2		
Intradiscal Procedures					1		
Lumbar puncture					3		
Suturing					2		
Peripheral IV placement					3		

	Supervising Physician present (Direct)	Supervising Physician in hospital and available for consultation (Indirect but direct supervision immediately available)	Supervising Physician out of hospital but available by phone or can come in (Indirect but direct supervision available)	The trainee may perform the procedure without supervising Attending/resident (oversight)			
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