



## SCOPE OF PRACTICE

**Pain Management Fellowship**  
**Director of Program: Charles W. Brock, MD**  
**USF Health Morsani College of Medicine**  
**University of South Florida**

This document pertains to fellows' rotations under the auspices of Pain Management at James A Haley Veterans Hospital, Moffitt Cancer Center, Tampa General Hospital, Florida Pain Medicine and Apollo Pain Management. 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 with 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 fellow is assigned by the program director and faculty members to ensure effective oversight of fellow 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: Allergic reaction, syncope, appearance of complications and patient status is high level of acuity. 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 fellows involved in the care of the patient. Supervision must be documented in the medical record in accordance with the Pain Management 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 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 fellow 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 Fellow during the key portions of the patient interaction.
- 2) The supervising physician and/or patient is not physically present with the Fellow 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 Fellow 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 Botox, trigger point injections, peripheral nerve block, joint injections and all procedures come with procedure training simulation. 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 fellows 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		
<b>CORE PROCEDURES</b>				<b>PGY-5</b>		
<ul style="list-style-type: none"> <li>Perform patient care outpatient setting</li> <li>Admit patients and complete inpatient H&amp;P for general ward service</li> <li>Admit patients to ICU and complete H&amp;P for ICU level of care</li> <li>Treat and manage common medical conditions</li> <li>Make referrals and request consultations</li> <li>Provide consultations within the scope of his/her privileges</li> <li>Render any care in a life-threatening emergency</li> </ul>				2		
<b>SEDATION</b>				<b>PGY-5</b>		
<ul style="list-style-type: none"> <li>Local anesthesia</li> </ul>				2		

Updated: 7/16/25

	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>Floor Procedures</b>				<b>PGY-5</b>		
<ul style="list-style-type: none"> <li>Tendon/joint injections</li> <li>Trigger Point Injection</li> <li>Botox Injection</li> <li>Lumbar Puncture</li> <li>Suturing</li> <li>Peripheral IV placement</li> </ul>				2		
				2		
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				2		
<b>Operative Procedures</b>				<b>PGY-5</b>		
<ul style="list-style-type: none"> <li>Image-guided spinal injection-cervical spine</li> <li>Image-guided spinal injection-lumbar spine</li> <li>Sympathetic Blockade</li> <li>Aspirations and injections, joint or bursa</li> </ul>				1		
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Signed by:

*Charles W. Brock*

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Charles W. Brock, MD

Program Director, Pain Management Fellowship

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Effective Date