



Supervision Policy and Scope of Practice

Pediatric Allergy & Immunology Fellowship Program at USF MCOM

Director of Program: Panida Sriaroon, MD

USF Health Morsani College of Medicine

University of South Florida

This document pertains to fellow rotations under the auspices of the Pediatric Allergy and Immunology fellowship at *Johns Hopkins All Children's Hospital and Allergy, Asthma, and Immunology Associates of Tampa Bay*. 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 Supervision Policy and 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 fellow is assigned by the program director and faculty members to ensure effective oversight of fellow 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 when (1) fellows have any uncertainty, (2) at the request of other team members or patients, (3) patients have unexpected outcomes. 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 Pediatric Allergy and Immunology fellowship 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 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 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.
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Indirect Supervision

- 1) 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.
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Oversight

- 1) The supervising physician is available to provide review of procedures or encounters with feedback after care is delivered.
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The fellowship program has a curriculum for providing knowledge and performance competence that includes procedure training and 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.

First Year Fellow – Under Indirect Supervision:

- 1) Do pertinent history and physical examination and develop diagnostic and therapeutic plans for all patients seen in outpatient clinics and initial hospital consults.
- 2) Provide ongoing care for clinic patients and inpatient hospital consults.
- 3) Learn proper techniques for common allergy/immunology procedures. These procedures should be performed under Direct Supervision until the faculty feels that the fellow has achieved a competency to allow for indirect supervision with direct supervision immediately available.
 - a) Prick-puncture skin testing
 - b) Intradermal skin testing
 - c) Patch skin testing
 - d) Spirometry
 - e) Peak flow determination
 - f) Allergen immunotherapy
 - g) Oral food or medication challenge
 - h) Drug desensitization
 - i) IVIG and SCIG infusions
 - j) Immunodeficiency laboratory evaluation
 - l) Management of anaphylaxis
- 4) Recognize and provide proper management/care for patients seen in outpatient clinic and inpatient hospital consults.
- 5) Provide consultations to physicians in other specialties regarding allergy/immunology related problems of their patients.
- 6) Assure ordering of proper dose of medication(s) for allergic/immunologic problems of patients seen in outpatient clinic and inpatient hospital consults.
- 7) Discuss diagnosis, prognosis, diagnostic testing, therapeutic considerations and alternatives, support care, end-of-life issues, and psychosocial issues with patients who have allergic/immunologic disorders.

First Year Fellow – Under Oversight:

- 1) Follow up on inpatient hospital or Emergency Department consults and report to the attending physician upon completion of the consult. For first year fellows, all urgent/emergent consultants should be staffed with the attending within an hour of the completion of the consult in the first 3 months of fellowship.

Second Year Fellow – Under Indirect Supervision:

- 1) Do pertinent history and physical examination and develop diagnostic and therapeutic plans for patients seen in outpatient clinic and initial hospital consult.
- 2) Provide ongoing care for clinic patients and inpatient hospital consults.
- 3) Learn proper techniques for common allergy/immunology procedures. Second year fellows should have achieved competency to perform these following procedures with indirect supervision with direct supervision immediately available.
 - a) Prick-puncture skin testing
 - b) Intradermal skin testing
 - c) Patch skin testing
 - d) Spirometry
 - e) Peak flow determination
 - f) Allergen immunotherapy
 - g) Oral food or medication challenge
 - h) Drug desensitization
 - i) IVIG and SCIG infusions
 - j) Immunodeficiency laboratory evaluation
 - k) Management of anaphylaxis
- 4) Recognize and provide proper management/care for all patients seen in outpatient clinic and inpatient hospital consults.
- 5) Provide consultations to physicians in other specialties regarding allergy/immunology related problems of their patients.
- 6) Assure ordering of proper dose of medication(s) for allergic/immunologic problems of patients seen in outpatient clinic and inpatient hospital consults.
- 7) Discuss diagnosis, prognosis, diagnostic testing, therapeutic considerations and alternatives, support care, end-of-life issues, and psychosocial issues with patients who have allergic/immunologic disorders.

Second Year Fellow – Under Oversight

- 1) Follow up on inpatient hospital consults and report to the attending physician upon completion of the consult.



Panida Sriaroon, MD
Program Director
Pediatric Allergy and Immunology fellowship

January 7, 2025

Effective Date