



## **SCOPE OF PRACTICE**

**Plastic Surgery Residency**  
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This document pertains to resident rotations under the auspices of Plastic Surgery at Tampa General Hospital, the Moffitt Cancer Center, James A. Haley Veterans Hospital, Bay Pines Veterans Hospital, Johns Hopkins All Children's Hospital, and the Florida Orthopedic Institute (FOI). 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.

Faculty and residents are educated to recognize fatigue and sleep deprivation and must adopt and apply policies to prevent and counteract its potential and negative effects on patient care and learning.

Scope of Practice is defined as "authorized care" of the procedures, actions, and processes that are permitted for the licensed individual. The scope of practice is limited to that which the individual has received education and experience, and in which he/she has demonstrated competency.

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:

- 1) Critical changes in patient status
  - a. Acute changes: A patient's clinical status is deteriorating, such as a change in level of consciousness, vital signs, or a "code blue" event.
  - b. Higher level of care: A patient needs to be transferred to a higher level of care, such as from the general ward to the ICU.
  - c. Admissions and discharges: Notifying the attending of new admissions and all patient deaths is a standard protocol.
  - d. Unexpected events: Any unanticipated complications or adverse events that occur during patient care require immediate notification.
- 2) Procedural and treatment-related issues

- a. New or unplanned procedures: An interventional procedure (like a chest tube insertion or angiography) that has not been discussed with the attending should not be ordered or performed without notification.
  - b. Drug errors: All drug administration errors, adverse drug reactions, and incompatibilities must be immediately reported to the attending.
  - c. Insufficient skills: When a trainee or other provider recognizes that their skills are insufficient for a complex clinical scenario or procedure.
- 3) Legal and administrative matters
- a. Malpractice concerns: Any threat of a malpractice action by a patient or their family should be reported to the attending and program director.
  - b. Legal contact: If contacted by a lawyer or presented with a subpoena, the attending should be notified as soon as possible.
  - c. Patient and provider communication issues: If there is a serious communication breakdown with a patient, their family, or another healthcare provider.
- 4) Communication and documentation
- a. Explicit instruction: The attending is expected to explicitly communicate their specific notification preferences at the beginning of a rotation or assignment.
  - b. "If you have to check, call": Some institutions promote a policy that if a trainee feels the need to consult a "triggers" card or document, they should simply call the attending.
  - c. Documentation: All communication with the attending, and the patient's condition leading up to it, must be thoroughly documented in the patient's medical record.

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 Plastic Surgery 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 orientation specific to each of the rotation, a Plastic Surgery Rotation Handbook, grand rounds presentations, and direct supervision by Attending Physicians and Chief Level Residents. The residents meet with the Program Director/Associate Program Director and resident progress is discussed the Clinical Competency Committee on a semi-annual basis. During these meetings, 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.

### General Core Competencies Expected for Plastic Surgery Residents

#### 1) Patient Care:

- a. Gather accurate and essential information about the patient using the following clinical skills: medical interviewing, physical examination, and diagnostic studies.
- b. Make informed diagnostic and therapeutic decisions based on patient information, current scientific evidence, and clinical judgment with review by the attending physician.
- c. Use consultants and referrals appropriately with review by the attending physician.
- d. Develop and carry out patient care management plans with review by the attending physician.
- e. Prescribe and perform competently all medical procedures considered essential for the scope of practice with the level of supervision as determined by the attending physician.
- f. Counsel patients and families in order to provide their care through the provision of information necessary to understand illness and treatment, share decisions, and obtain informed consent with review by the attending physician.
- g. Prioritize and delegate multiple tasks to deliver patient care efficiently with review by the attending physician.
- h. May assist in surgery and perform certain operations at the discretion of the attending physician.
- i. Can write orders for restraints.
- j. Can perform minor procedures including suturing lacerations under indirect supervision once a minimum number of ten (10) procedures have been directly supervised.

#### 2) Medical Knowledge:

- a. Use of current medical information and scientific evidence for patient care.

#### 3) Interpersonal Skills and Communication:

- a. Communicate effectively in a developmentally appropriate manner with patients and families to create and sustain a professional and therapeutic relationship across broad range of socioeconomic and cultural backgrounds.

- b. Communicate effectively with physicians, other health care professionals, and health related agencies.
  - c. Work effectively as a leader of a health care team.
  - d. Maintain comprehensive, timely, and legible medical records
- 4) Practice-based Learning and Improvement:
- a. Actively participate in the education of patients, families, students, and other health professionals with the level of supervision as determined by the attending physician.
  - b. Acknowledge medical errors and mechanisms for prevention to supervising Attending physician, program director, and Risk Management at facility when occurs.
- 5) Professionalism:
- a. Demonstrate respect for and respond to the needs of patients
  - b. Assure continuity of care is maintained by availability and appropriate transfer of information when going off duty.
  - c. Demonstrate high standards of ethical behavior.
- 6) System-Based Practice:
- a. Practice cost-effective health care and resource allocation that does not compromise quality of care.
  - b. Advocate for quality patient care and assist patients in dealing with the system complexities.
  - c. Work with health care managers and health care providers to assess, coordinate, and improve patient care.

	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					
<b>General Floor Duties</b>				<b>PGY-1*</b>	<b>PGY-2</b>	<b>PGY-3</b>	<b>PGY-4</b>	<b>PGY-5</b>	<b>PGY-6</b>
<ul style="list-style-type: none"> <li>Can perform rounds on all plastic surgery inpatients, assess their progress, and identify any potential complications. This includes reviewing lab results, vitals, and surgical site status.</li> </ul>				1	3	3	3	3	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					
<ul style="list-style-type: none"> <li>Can coordinate each patient's care plan with attending physicians and other services, such as other medicine services, physical/occupational therapy, oncology, etc.</li> <li>On-call residents respond to requests from other services and the Emergency Department for plastic surgery consults. They evaluate the patient, formulate a care plan.</li> <li>Can insert IV lines, and Foley catheters</li> <li>Can initiate surgical procedures following a timeout</li> <li>Apply and manage splints, casts, dressings, and topical agents to optimize wound healing.</li> <li>Timely and accurate histories and physical examinations</li> <li>Oversee all aspects of post-operative care, including managing pain, monitoring for complications, and preparing patients for discharge.</li> </ul>				1	3	3	3	3	3
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<b>Operating Room Duties</b>				<b>PGY-1*</b>	<b>PGY-2</b>	<b>PGY-3</b>	<b>PGY-4</b>	<b>PGY-5</b>	<b>PGY-6</b>
<ul style="list-style-type: none"> <li>Can bring patients into operating room for induction of anesthesia</li> <li>Can insert IV lines, and Foley catheters</li> <li>Can write admission orders, pre and post-op orders and notes</li> </ul>				1	2	2	2	2	2
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	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					
<ul style="list-style-type: none"> <li>Can dictate admission history and physical, write progress notes, orders, and prescriptions</li> <li>Review patient history, labs, and imaging</li> <li>Prepare the patient for the procedure (e.g., positioning, prepping, and draping).</li> <li>Assist the attending surgeon by performing tasks commensurate with their skill level and experience. (eg holding retractors and cutting sutures to making incisions, suturing, and performing dissections.)</li> <li>Dictate operative notes and discharge summaries</li> <li>Coordinating postoperative patient care, including managing dressings, splints, and other wound-healing techniques</li> </ul>	1			1	3	3	3	3	3
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Operative Procedures				PGY-1*	PGY-2	PGY-3	PGY-4	PGY-5	PGY-6
<ul style="list-style-type: none"> <li>Administer Local anesthesia</li> <li>Remove benign and malignant lesions of the skin and soft tissue</li> <li>Reconstructive grafts and flaps</li> <li>Scar revisions</li> <li>Laser therapy for vascular lesions</li> <li>Breast reconstruction</li> </ul>	1			1	3	3	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					
<ul style="list-style-type: none"> <li>Breast reduction</li> <li>Congenital anomalies</li> <li>Facial fractures including the mandible</li> <li>Acquired or congenital deformities of the nose, ear, jaw, eyelid, lips, palate</li> <li>Craniofacial surgery</li> <li>Facial deformity and wound treatment</li> <li>Tumors of the head and neck</li> <li>Soft-tissue wounds and congenital abnormalities of the hand and upper extremity</li> <li>Fractures and congenital abnormalities of the bones of the hand, wrist and distal forearm.</li> <li>Carpal tunnel syndrome (endoscopic and open)</li> <li>Dupuytren's contracture</li> <li>Tumors of the bones and soft tissues</li> <li>Microvascular flaps and grafts</li> </ul>				1	1	1	1	2	2
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	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					
<ul style="list-style-type: none"> <li>• Replantation and revascularization of the upper and lower extremities and digits</li> <li>• Reconstruction of peripheral nerve injuries</li> <li>• Initial burn management</li> <li>• Acute and reconstructive burn treatment</li> <li>• Vaginal reconstruction</li> <li>• Repair of penis deformities</li> <li>• Gender reassignment</li> <li>• Chest and abdominal wall reconstruction (e.g. abdominal wall reconstruction)</li> <li>• Body contouring</li> <li>• Facial contouring</li> <li>• Breast lift (mastopexy)</li> <li>• Cosmetic rhytidectomy</li> <li>• Cosmetic rhinoplasty</li> <li>• Cosmetic blepharoplasty</li> <li>• Subcutaneous injections/Botox/filler material</li> <li>• Skin peeling and dermabrasion</li> </ul>	1			1	1	1	1	2	2
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Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training					
<ul style="list-style-type: none"> <li>Liposuction</li> <li>CO2 Laser Therapy</li> </ul>									
Floor/Emergency Room Procedures				PGY-1*	PGY-2	PGY-3	PGY-4	PGY-5	PGY-6
<ul style="list-style-type: none"> <li>Complex laceration repair</li> </ul>				1	2	3	3	3	3
<ul style="list-style-type: none"> <li>Incision and Drainage of Abscesses</li> </ul>				1	3	3	3	3	3
<ul style="list-style-type: none"> <li>Simple laceration repair</li> </ul>				1	3	3	3	3	3
<ul style="list-style-type: none"> <li>Debridement of Complex Wounds</li> </ul>				1	3	3	3	3	3
<ul style="list-style-type: none"> <li>Dressing Changes for grafts and flaps</li> </ul>				1	3	3	3	3	3
<ul style="list-style-type: none"> <li>Doppler examination of free tissue transfer flaps</li> </ul>				1	2	3	3	3	3
<ul style="list-style-type: none"> <li>Suture removal</li> </ul>				1	3	3	3	3	3
<ul style="list-style-type: none"> <li>Changing complex dressings (eg VAC)</li> </ul>				1	3	3	3	3	3
<ul style="list-style-type: none"> <li>Applying splints and casts</li> </ul>				1	3	3	3	3	3
<ul style="list-style-type: none"> <li>Managing topical agents to promote wound healing</li> </ul>				1	3	3	3	3	3
Outpatient Care				PGY-1*	PGY-2	PGY-3	PGY-4	PGY-5	PGY-6
<ul style="list-style-type: none"> <li>Diagnosis and management, both operative and non-operative of all general plastic surgery patients</li> </ul>				1	2	3	2	2	2
<ul style="list-style-type: none"> <li>Diagnosis and management, both operative and non-operative, of all cosmetic plastic surgery patients</li> </ul>				1	2	2	2	2	2

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Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training					
<ul style="list-style-type: none"> <li>Can coordinate each patient's care plan with attending physicians and other services, such as other medicine services, physical/occupational therapy, oncology, etc.</li> <li>Perform non-invasive or minimally invasive procedures, such as laser treatments, Botox, and dermal fillers.</li> <li>Perform minor surgical procedures in-office, such as the resection of benign or malignant skin lesions and some scar revision techniques.</li> <li>Manage wound healing through splints, dressings, and other techniques.</li> <li>Conduct follow-up visits to monitor healing, remove stitches, and provide discharge instructions.</li> <li>Manage patients with burns or complex wounds that can be treated on an outpatient basis.</li> </ul>	1			1	3	3	3	3	3
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\* In compliance with ACGME requirements, PGY 1 residents must initially be supervised directly. They can be transitioned to indirect supervision when the supervising senior resident or attending gives them the privilege of progressive responsibility.



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8/25/2025  
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