

SCOPE OF PRACTICE



Spinal Cord Injury Fellowship Program
Director of Program: Tommy Yu, MD
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University of South Florida

This document pertains to Spinal Cord Injury rotations under the auspices of the Spinal Cord Injury Fellowship Program at the James

A. Haley VA. 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 fellow 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 when needed. Supervision may be provided by more senior fellow 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 Spinal Cord Injury Fellowship Program 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 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.

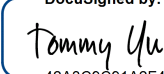
Indirect Supervision

- 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.

Oversight

The supervising physician is available to provide review of procedures/encounters with feedback after care is delivered.

	Supervising Physician present (Direct)	Supervising Physician in hospital and available for consultation (Indirect supervision immediately available)	The trainee may perform the procedure without supervising Attending/resident (oversight)				
Designated Levels	1	2	3				See below for level of supervision required for each procedure and year of training
CORE PROCEDURES					PGY-5		
Periph joint/intra-artic inj/tendon sheath/bursa inj (Total)					1		
Periph joint/intra-artic inj/tendon sheath/bursa inj (Performed)					1		
Botulinum toxin injection (Total)					1		
Botulinum toxin injection (Performed)					1		
Intrathecal medication pump refill (Total)					1		
Intrathecal medication pump refill (Performed)					1		
Intrathecal pump access					1		

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Tommy Yu, MD
 Program Director, Spinal Cord Injury Fellowship

9/30/2024

Effective Date