



SCOPE OF PRACTICE

Glaucoma Residency/Fellowship
Director of Program: Ramesh Ayyala, MD
USF Health Morsani College of Medicine
University of South Florida

This document pertains to fellow rotations under the auspices of the Glaucoma Fellowship at USF Morsani Health Center and Tampa General Hospital (TGH). All ACGME and JCAHO guidelines pertaining to graduate medical education apply to this scope for practice. The purpose of this policy is to ensure fellows are provided adequate and appropriate levels of supervision during the course of their educational training experience and to ensure 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 the 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 their scope of authority and the circumstances under which they are permitted to act with conditional independence. Fellows must always communicate with the supervising faculty member in the following circumstances: 1) Acute Glaucoma, 2) Open Globe, 3) Infections. Supervision of fellows is always 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 fellow(s) involved in the care of the patient. Supervision must be documented in the medical record in accordance with Department of Ophthalmology at the University of South Florida compliance guidelines.

In keeping with ACGME and JCAHO guidelines, the faculty and program director are responsible for providing fellows with direct experience in progressive responsibility for patient management. All patient care at TGH provided by fellows will be provided under direct or indirect faculty supervision. Supervision must be documented in the medical record in accordance with Ophthalmology residency/fellowships 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 AUPO 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.

- 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 and feedback of procedures/encounters once care is delivered.

The fellowship program has a curriculum for providing clinical and surgical knowledge and performance competence which includes the direct supervision of the first six months of surgical and procedure training, independent exam followed by presentation to assigned faculty member, direct observation by assigned faculty member, case presentations, journal club presentation and attendance, and grand rounds presentation and attendance. All residents 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			
CORE PROCEDURES				PGY-5		
<ol style="list-style-type: none"> 1. Glaucoma laser procedures 2. Anterior chamber paracentesis 3. Intravitreal injections 4. Subconjunctival injections 				2		
SEDATION				PGY-5		
<ol style="list-style-type: none"> 1. Retrobulbar anesthesia 				2		

Updated: 5/7/2025

Floor Procedures	PGY-5		
<ol style="list-style-type: none"> 1. <i>History and Physical</i> <ol style="list-style-type: none"> a) <i>Ambulatory</i> b) <i>Hospitalized</i> 2. <i>Develop diagnostic and therapeutic plans</i> 3. <i>Plan of care for patients</i> 4. <i>Examine patients with eye equipment</i> 5. <i>Prepare informal and formal educational seminars for residents, subspecialty fellows and faculty</i> 6. <i>Develop a plan for research project</i> <p><i>Interpret and, in some cases, perform common diagnostic tests such as automated humphrey visual fields, optical coherence tomography, ultrasonography</i></p>	2		
Operative Procedures	PGY-5		
<ol style="list-style-type: none"> 1. <i>Perform major intraocular surgery such as:</i> <ol style="list-style-type: none"> a. <i>Cataract extraction with intraocular lens implantation</i> b. <i>Glaucoma procedures including but are not limited to trabeculectomy and aqueous tube shunt placement</i> c. <i>Diode cyclophotocoagulation</i> 	1		
<ol style="list-style-type: none"> d. <i>Master the management of complex anterior segment disorders (Steven Johnson Syndrome)</i> e. <i>Master the treatment of Glaucoma in patients with cornea problems (for example, corneal transplants)</i> f. <i>Master stem cell transplantation and artificial cornea (Boston Keratoprotheses) in patients with rare syndromes (Aniridia chemical balance)</i> g. <i>Master canal-based procedures</i> h. <i>Master corneal-based procedures</i> 	2		

DocuSigned by:

Ramesh Ayyala

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Ramesh Ayyala, MD
Program Director, Glaucoma Fellowship

12/2/24

Effective Date