



SCOPE OF PRACTICE

Sleep Medicine Fellowship
Director of Program: William Anderson, MD
USF Health Morsani College of Medicine
University of South Florida

This document pertains to fellow rotations under the auspices of the Sleep Medicine Fellowship at Tampa General Hospital and James A. Haley Veterans Hospital. 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 adequate and appropriate levels of supervision during 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

1. Emergency care
2. Management decision: where there is a change in the original plan, event report or unexpected complication, or fellow feels input is needed.
3. Decision regarding timing of sign off from a particular patient.
4. Change in status of a patient: i.e. transfer to the unit, patient upgrade to higher level of care or unexpected patient death.
5. Any final decision regarding a potentially inappropriate consult request.
6. Patient or staff request to speak with an attending.
7. Fellow concern for threat or harm to themselves.

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 Sleep Medicine Fellowship Program 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 Resident 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 procedure workshops, simulation training, and a minimum number of procedures that need to be completed before obtaining indirect supervision. There is no indirect supervision for DISE and Rhinoscopy. Semiannual decisions about competence are made by the program's clinical competency committee (CCC) to ensure a successful transition and preparation for the next 6-month period of fellowship. All fellows need to maintain current ACLS & BLS training.

	Supervising Physician present (Direct)	Supervising Physician immediately available for guidance to provide direct supervision(indirect supervision)	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-4	PGY-7
Perform patient care and procedures in outpatient setting					2	2
Admit patients and complete inpatient H&P for a service					2	2
Treat and manage common medical conditions					2	2
Make referrals and request consultations					2	2
Provide consultations within the scope of his/her privileges					2	2
Render any care in a life-threatening emergency					3	3
Actigraphy					2	2
DISE (Drug Induced Sleep Endoscopy)					1	1
Maintenance of Wakefulness Test					2	2
Multiple Sleep Latency Test					2	2
Non-Invasive Mechanical Ventilation					2	2

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	Supervising Physician present (Direct)	Supervising Physician immediately available for guidance to provide direct supervision(indirect supervision)	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		
Polysomnography Scoring- Adult					2	2
Polysomnography Scoring- Infant/Child					2	2
Polysomnography-Complete Patient Poly (PSG) Hookup					2	2
Polysomnography-Interpretation of Adult PSG					2	2
Polysomnography-Interpretation of Infant/Child PSG					2	2
Polysomnography-Performance of Baseline PSG					2	2
Polysomnography-Performance of CPAP/Bi-level titration PSG					2	2
Portable Sleep Monitoring					2	2
Rhinoscopy					1	1

DocuSigned by:

W. McDowell Anderson

William Anderson, MD

Program Director, Sleep Medicine Fellowship

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Effective Date