SCOPE OF PRACTICE

Emergency Medical Services Fellowship
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This document pertains to fellow rotations under the auspices of the Emergency Medical Services fellowship at Tampa Fire Rescue, Pinellas County EMS. 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 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.

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: any event in which the fellow is injured, any mass casualty event (injury of more than six individuals on one scene, or any biohazardous material exposure. It is recommended that the fellow call faculty on call for consultation for difficult termination of resuscitation scenarios, and difficult refusal of transport cases. All patient care must be provided under one of the agencies' Medical Directors. 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 Emergency Medical Services 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 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 resident that who has been given supervisory privilege. These supervisory levels are used throughout the Scope of Practice document.

<u>Direct Supervision</u>

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.

<u>Indirect Supervision</u>

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 orientation to EMS equipment and procedures on an orientation day with simulation available. All field time in first quarter of fellowship is performed with faculty directly present with fellow. Monthly evaluations include review of procedures performed and determination of competency towards indirect supervision. The clinical competency committee also meets semiannually to review procedure evaluations and make recommendations on competency and level of supervision. All fellows 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	See below for level of supervision required for each procedure and phase of training		
CORE PROCEDURES				**First quarter**		**Remainder of training**
• Perform assessment of patients in the prehospital setting with direction of emergent treatments and transport to appropriate hospital destination				*1*		*3*
• Conduct assessment for informed refusal when clinically appropriate				*1*		*3*
• Determine incapacity for informed refusal when clinically appropriate				*1*		*3*
• Determine appropriateness of patients in cardiac arrest for termination of resuscitation				*1*		*3*
• Obtain prehospital vascular access				*1*		*3*
• Manage cardiac arrest in the prehospital setting				*1*		*3*
• Manage compromised airway in the prehospital setting				*1*		*3*
• Participate in mass casualty/disaster triage						
• Participate in sentinel event investigation						

	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	See below for level of supervision required for each procedure and phase of training		
• Conduct quality management audits				*1*		*3*
• Participate in development of mass gathering medical plans and implementation				*1*		*3*
• Participate in development and revision of prehospital medical protocols				*1*		*3*
• Participate in HazMat response training				*1*		*3*
• Participate in tactical EMS training				*1*		*3*
• Participate in confined space, technical rescue, or collapse/trench rescue training				*1*		*3*
• Participate in vehicle rescue/extrication training				*1*		*3*
• Provide direct medical oversight on-scene, by radio or phone				*1*		*3*
Floor Procedures				**First quarter**		**Remainder of training**
• *Cardioversion, emergent*				*1*		*3*
• *Cardiac pacing, emergent*				*1*		*3*
• *ECG interpretation panel, emergent*				*2*		*3*
• *ECG interpretation panel, elective*				*2*		*3*
• *Finger/needle thoracostomy*				*1*		*3*
• *Venipuncture*				*1*		*3*
• *Peripheral IV placement*				*2*		*3*
• *Procedural sedation*				*1*		*3*
• *Restraint placement*				*1*		*3*
• *Limb immobilization*				*1*		*3*
• *Cervical/spinal immobilization*				*1*		*3*
• *Obstetric delivery*				*1*		*3*
• *Endotracheal intubation*				*1*		*3*
• *Supraglottic airway placement*				*1*		*3*
• *Cricothyrotomy*				*1*		*3*
• *Ventilator management*				*1*		*3*
• *Tourniquet placement*				*1*		*3*
• *Pelvic binder placement*				*1*		*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			
Designated Levels	1	2	3	See below for level of supervision required for each procedure and phase of training		
• *Intraosseous access*				*1*		*3*

Rachel Semmons MD

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Program Director, Emergency Medical Services

8/16/25
Effective Date