Updated: 08/04/2025

SCOPE OF PRACTICE

Neurology Residency Program
Director of Program: Alfred T. Frontera, Jr., MD
USF Health Morsani College of Medicine
University of South Florida

This document pertains to resident rotations under the auspices of the Neurology Residency at James A Haley VA Hospital, Tampa General Hospital, Moffitt Cancer Center, Bay Pines VA Hospital, Johns Hopkins All Children Hospital, and all affiliated clinics throughout USF and above hospitals. 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 with 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 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. Any change in a patient's condition that requires an escalation in the level of care (i.e. transfer from the floor to a step-down unit or to an intensive care unit).
2. Any complications or unexpected outcomes from treatment have occurred.
3. Any end-of-life care decisions (i.e. patient is made comfort care).
4. Any deaths.
5. Any situation where a trainee feels that a situation is more complicated than they can manage.
6. Any situation where any ancillary staff, patient, or patient's family request the attending be contacted.
7. Any decision to admit a patient to a neurology service.
8. Any decision to discharge a patient from a neurology service.
9. Any decision to transfer a patient from a neurology service to another service within the hospital or to another hospital facility.

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 Neurology Residency Program 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 attending an annual simulation training on performing lumbar punctures at CAMLS (typically held in June), an annual simulation training on managing acute stroke at CAMLS (typically held in June) as well as annual neurology “Boot Camp” also held in May/June timeframe for resident physicians with a specific focus on current PGY1s as they start their transition to PGY2 year (their first full year of neurology-focused training). Additionally, all neurology residents attend a weekly didactic lecture series, weekly Morning Report teaching conferences, weekly departmental Grand Rounds, monthly Chairman teaching conferences and journal clubs throughout the academic year. Annual 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.

	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 year of training		
CORE PROCEDURES				**PGY-1**	**PGY-2**	**PGY-3/4**
• Perform patient care and procedures in outpatient setting				*1*	*1*	*1*
• Admit patients and complete inpatient H&P for general ward service				*2*	*3*	*3*
• Admit patients to ICU and complete H&P for ICU level of care				*2*	*3*	*3*
• Treat and manage common medical conditions				*2*	*3*	*3*
• Make referrals and request consultations				*2*	*3*	*3*
• Provide consultations within the scope of his/her privileges				*2*	*3*	*3*
• Render any care in a life-threatening emergency						
SEDATION				**PGY-1**	**PGY-2**	**PGY-3/4**
N/A						
Floor Procedures				**PGY-1**	**PGY-2**	**PGY-3/4**
• EEG interpretation				*1*	*2*	*2*
• EMG and nerve conduction study				*1*	*1*	*1*
• Lumbar puncture				*1*	*3*	*3*
• Performance of peripheral nerve block				*1*	*2*	*3*
• Intramuscular injection of botulinum toxin				*1*	*2*	*2*
Operative Procedures				**PGY-1**	**PGY-2**	**PGY-3/4**
N/A						

DocuSigned by:
Alfred T. Frontera Jr.
7FAA94AF863F407...

Alfred T. Frontera, Jr., MD
Program Director, Neurology Residency

8/4/2025 | 16:58 EDT
Effective Date