



SCOPE OF PRACTICE

Cytopathology Fellowship
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University of South Florida

This document pertains to fellow rotations under the auspices of the Cytopathology Fellowship at Moffitt Cancer Center, James A. Haley VA Hospital, and Quest Diagnostics/Ameripath. 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 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: intraoperative touch prep for breast cancer sentinel lymph node evaluation, fine needle aspiration biopsy, rapid onsite evaluation for immediate treatment, notification to clinician or patients of critical diagnostic information such as new malignant diagnosis or change of diagnosis, situations that the fellow is uncomfortable carrying out any aspect of patient care for any reason, and in the events of error or unexpected serious adverse event. Supervision may be provided by credentialed and privileged cytotechnologists in addition to attending physicians. 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 Cytopathology 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 fellow to whom 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.

- 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

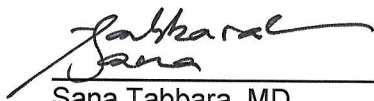
The supervising physician is available to provide review of procedures/encounters with feedback after care is delivered.

The fellowship program has a curriculum for providing knowledge and performance competence that includes procedure training and number of procedures that need to be completed before obtaining indirect supervision. 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 5 and Above				1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Fine Needle Aspiration (FNA)							
Review of clinical and radiological information				3	3	3	3
Patient informed consent				1	2	3	3
Perform procedure				1	1	1	1
Diagnostic interpretation and record on the requisition form				1	1	1	1
Communicate the result to ordering physician				1	2	2	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 year of training			
Documentation (FNA note) in electronic medical record				3	3	3	3
Intraoperative Touch Imprint Cytology for Sentinel Lymph Node				1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Review of clinical and radiological information				3	3	3	3
Prepare intraoperative form				3	3	3	3
Gross examination, serial section and touch preparations				1	2	2	3
Diagnostic assessment				1	1	1	1
Communication with physicians				1	1	1	1
Rapid Onsite Evaluation for Treatment (ROSE)				1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Clinical and radiological information gathering				3	3	3	3
Touch prep preparations				1	2	2	3
Adequacy reporting to physicians				1	2	2	3
Flow Cytometry Need Assessment				1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Clinical and radiological information gathering				3	3	3	3
Flow cytometry need assessment				1	2	2	3
Case Sign-Out							
Review of clinical and radiological information				3	3	3	3
Diagnostic work up				1	1	2	2
Diagnostic assessment and enter preliminary diagnosis in PowerPath				2	3	3	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 year of training			
CONSULTATION							
Clinical and radiological information gathering				3	3	3	3
Formulate work up plan and differential diagnosis				3	3	3	3
Diagnostic assessment and enter preliminary diagnosis in PowerPath				2	2	3	3



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7/1/2025
Effective Date