Updated: 7/24/2025

SCOPE OF PRACTICE

Neurocritical Care Fellowship
Director of Program: Keith Dombrowski, MD
University of South Florida
Morsani College of Medicine

This document pertains to fellows rotations under the auspices of the Neurocritical Care at Tampa General 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 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 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 are responsible for always asking for help from the supervising physician. A fellow should promptly call an attending physician when faced with critical situations or uncertainties in patient care. These situations include, but are not limited to, instances involving potential patient death, unexpected adverse outcomes, specific patient, or family requests, or when uncertain about the appropriate plan of care. Supervision may be provided by more senior fellow(s) 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 fellow involved in the care of the patient. Supervision must be documented in the medical record in accordance with the Neurocritical Care 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 residents, 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.

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 hands-on procedure training, simulation-based educational opportunities through facilities like CAMLS, and a progressive supervision model in which fellows must demonstrate sufficient competence in core procedures before performing them with 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 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 year of training		
CORE PROCEDURES				**1st Year Fellow**	**2nd Year Fellow**	
Perform patient care and procedures in ICU setting				1	2	
Admit patients postoperatively				1	2	
Admit patients to ICU and complete H&P for ICU level of care				1	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				2	2	

	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		
Initiate and manage mechanical ventilation for 24 hours				1	2	
SEDATION				**1st year Fellow**	**2nd year Fellow**	
Moderate anesthesia				1	1	
ICU Procedures				**1st year Fellow**	**2nd year Fellow**	
Endotracheal Intubation				1	1	
Thoracentesis/Paracentesis				1	1	
Arterial line placement (ultrasound guided)				1	2	
Tube Thoracostomy				1	1	
Central Line Femoral (ultrasound guided)				1	2	
Hemodialysis Linen (ultrasound guided)				1	2	
Central Line IJ (ultrasound guided)				1	2	
Cardiac pacing				1	1	
Cardioversion, emergent				1	2	
External Ventricular Drain Placement				1	2	
Lumbar Puncture				1	2	
Lumbar Drain Placement				1	2	
Point of Care Ultrasound Lung				1	3	
Point of Care Ultrasound Cardiac				1	3	
Feeding tube placement (nasal or oral)				1	3	

Fellows are supervised by teaching staff in such a way to ensure that fellows assume progressively increasing responsibility according to each fellow's level of training and ability, as well as patient complexity and acuity. Faculty members must delegate portions of care to fellows based on the needs of patient and skills of each fellow. Faculty schedules are structured to provide fellows with continuous supervision and consultation. The quality of fellow supervision and adherence to the above guidelines are monitored through annual review of the fellows' evaluations of their faculty and rotations.

DocuSigned by:
Keith Dombrowski, MD
7B3EDE5B9CEE4B0...

Keith Dombrowski, MD
Program Director, Neurocritical Care Fellowship

7/28/2025 | 13:55 EDT
Effective Date