



SCOPE OF PRACTICE & SUPERVISION POLICY

Nephrology
Director of Program:
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This document pertains to fellow (PGY 4 & PGY5) rotations under the auspices of the Nephrology Program at James A. Haley Veterans Administration Hospital, H. Lee Moffitt Cancer Center, Tampa General Hospital and our USF outpatient clinical sites. 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 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: emergency care rendered by trainee, patient upgrade to higher level of care, unexpected patient death, unexpected complication, or event report or if the trainee is harmed or threatened. Supervision may be provided by more senior fellows (PGY 5) 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 Nephrology 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 procedure training, simulation, 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.

Clinical Rotations:

A synopsis of all the Participating Institutions (PI) that include one or another clinical rotation to our trainees in nephrology, is outlined below:

The James A. Haley Veterans Administrations Hospital

The service of nephrology, which maintains daily inpatient consults census averaging 18-22 patients, is a referral center serving the area of southwest Florida. The nephrology division also provides inpatient consultation services for a wide variety of acute and chronic renal disorders. The trainee sees all nephrology consultations, and performs percutaneous renal biopsies, placement of intravenous catheters for acute hemodialysis. The advanced nephrology subspecialty fellows on this rotation attend all weekly nephrology clinics. In addition, the trainee rounds on the in-center dialysis unit and assists with the management of all patients receiving dialysis therapy for ESRD. Multi-disciplinary dialysis rounds includes the advanced nephrology subspecialty fellow, the attending physician, a first, second or third-year fellow, a renal dietitian, a social worker and the nurse manager of the Dialysis Unit. Daily teaching rounds standard.

The H. Lee Moffitt Cancer Center

The trainee will rotate through the H. Lee Moffitt Cancer Center and see all nephrology inpatient consultations and daily follow-ups. The average daily census is between 15-18. The Division of Nephrology provides consultation services for a wide variety of acute and chronic renal disorders, including acid-base and electrolyte disorders and provides the full range of nephrology procedures such as acute/chronic inpatient dialysis, including continuous renal replacement therapy (CVVH/D). The renal team includes the trainee and an attending physician who conducts daily teaching rounds. Each consult is staffed by an attending physician who cosigns all consults and follow-up notes.

Tampa General Hospital

The trainee sees all inpatient consultations in Nephrology and Hypertension at Tampa General Hospital. Daily consults and follow up visits are provided by the nephrology trainees under the supervision of an attending physician. The average daily census is between 18-22. The trainee also performs the full range of procedures and has daily supervision of the attending physician. The renal team includes the trainee, an attending physician, and a second- or third-year Internal Medicine fellow.

Transplant Service

During the rotation on the Transplant Service at TGH, the responsibilities of the nephrology trainee include active participation in the pre-transplant evaluation of transplant candidates with ESRD; short and long-term care to all transplant patients followed by the transplant team; specific observation of unique problems and complications related to immunosuppression and the post-transplant period; development of an understanding of current immunosuppressive drugs, including their mechanisms of action, dosing, drug interactions, and their acute and long term side effects; acquisition of an understanding of the concepts of brain death, and how a potential organ donor is assessed and deemed acceptable; if possible, it is recommended that the trainee scrubs in and visits the operating room, for any transplant-related procedure during their rotation; perform transplant biopsies, and will participate in the review of biopsies with the transplant team.

It is encouraged that our trainees visit the LifeLink immunology Laboratory, whenever possible, and comply with the laboratory safety policies enforced at this institution, as this has proven to be a valuable experience. While on the transplant rotation, the trainee will be included as an integral part of the transplant team. The local program director for the transplant rotation is Dr. Martin Aldana-Campos, Transplant Fellowship Program Director.

Outpatient Clinics

1. **Renal Continuity Clinic:** Each nephrology trainee is assigned to one, or the other of our two USF Nephrology/Hypertension Continuity Clinics. In this weekly half-day clinic, the fellow follows, for his/her entire two years of training, the same set of nephrology patients specifically assigned to him/her by name. The fellow is fully responsible for these patients under the guidance of USF staff Nephrology attending physicians. The average daily census is between 7-8. The fellows will be exposed to a variety of renal disorders including CKD, AKI, ESRD, Renal transplant patients, Nephrolithiasis, Renal cystic and hereditary diseases, GN, SLE, resistant HTN, fluid and electrolyte disorders. The trainee is expected to gain an understanding of the progressive nature of chronic kidney disease (CKD), which leads eventually to End Stage Renal Disease (ESRD). The trainee is expected to learn how to design a meaningful "clinical action plan", treat and prevent metabolic bone disease and the cardiovascular complications of CKD, including anemia management. He/she will learn how to prepare his/her patient for vascular or peritoneal dialysis access, dialysis training, and eventually dialysis and/or transplantation. The trainee will gain an understanding of how to utilize the current resources available for his/her CKP in view of dialysis and/or transplantation.
2. **Dialysis Continuity Clinic:** Chronic Hemo and Peritoneal Dialysis patients who are also followed by the VA will be assigned to the fellow on that rotation. The fellows will follow this cohort of patients and monitor adequacy of dialysis prescription (i.e., Kt/V, urea reduction ratio, Ca-PO4 product, potassium level, anemia management, blood pressure and diet and fluid control, etc.), in collaboration with an attending physician from the dialysis unit. The fellow will, for each of his/her chronic dialysis patients formulate, and implement, under the guidance of the attending

physician, a meaningful clinical action plan, based on the K/DOQI guidelines. By the second year of training, the fellow will have a total of four months on the dialysis rotation, to allow him/her to devote more time on acquiring a direct “hands-on” experience with chronic dialysis, as performed in the community.

3. Clinics: The James A. Haley VAMC holds weekly outpatient clinics. The renal clinic is staffed by three nephrology attending physicians, a PA and an ARNP. Each fellow, depending on the specific rotations at that institution, will also attend each Monday morning “pre-ESRD/Transplant clinic.

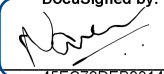
	Direct	Indirect	Oversight			
Designated Levels	1	2	3		See below for level of supervision required for each procedure and year of training	
CORE PROCEDURES					PGY-4	PGY-5
Percutaneous Renal Biopsy (Native and Transplant)					1	1
Acute and Chronic Peritoneal Dialysis					1-3	3
Acute and Chronic Hemodialysis Orders					1-3	3
Continuous Renal Replacement Therapy (CRRT orders)					1-3	3
Placement of Temporary Vascular Access for Hemodialysis and Related Procedures – Dialysis Line Placement – Femoral Line					1-3	3
Placement of Temporary Vascular Access for Hemodialysis and Related Procedures – Dialysis Line Placement - IJ					1-3	3
Therapeutic Plasmapheresis/Apheresis Orders					1-3	3
Placement of Temporary Vascular Access for Hemodialysis and Related Procedures – Dialysis Line Placement - IJ					1-3	3

	Direct	Indirect	Oversight			
Designated Levels	1	2	3		See below for level of supervision required for each procedure and year of training	
CORE PROCEDURES CONT'D					PGY-4	PGY-5
Therapeutic Plasmapheresis/Apheresis Orders					1-3	3

	Direct	Indirect	Oversight			
Designated Levels	1	2	3		See below for level of supervision required for each procedure and year of training	
CORE PROCEDURES					PGY-4	
Femoral Line – Placement of temporary vascular access for hemodialysis and related procedures. The first 5 lines are placed under personal supervision by an Attending physician after this, lines are placed under direct supervision.					3	

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	Direct	Indirect	Oversight		
Designated Levels	1	2	3		See below for level of supervision required for each procedure and year of training
IJ Line – Placement of temporary vascular access for hemodialysis and related procedures. The first 5 lines are placed under personal supervision by an Attending physician after this, lines are placed under direct supervision					3
Acute hemodialysis – These orders are written under direct supervision of an Attending physician for the Fellow's first 10 procedures.					3
Chronic hemodialysis – These orders are written under direct supervision of an Attending physician for the Fellow's first 10 procedures.					3
Peritoneal dialysis – (excluding placement of temporary peritoneal catheters) These orders are written under direct supervision of an Attending physician for the Fellow's first 5 procedures					3
Continuous renal replacement therapy (CRRT) – These orders are written under direct supervision of an Attending physician for the Fellow's first 10 procedures.					3

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6/27/2025 | 14:00 EDT

Effective Date