



SCOPE OF PRACTICE

University of South Florida Surgical Critical Care Fellowship

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This document pertains to fellow rotations under the auspices of the University of South Florida Surgical Critical Care Fellowship at Tampa General Hospital and the James A. Haley Veterans 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 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 about new consults, new admissions, patients who require an urgent or emergent operation and significant changes in patient status. 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 compliance guidelines of the Surgical Critical Care Fellowship at the University of South Florida.

Residents and faculty can report concerns regarding inadequate supervision on the GME website or the hospital reporting system. Any such 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 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 didactics, procedural training, simulation training, and initial direct supervision prior to graded responsibility in the operating room. Our fellows have completed a general surgery residency and begin training with a significant amount of experience in pre-operative and post-operative management of patients. Fellows will assume progressive responsibility for patient management as their training progresses while remaining under supervision. Fellows may be involved in the education and supervision of residents and students.

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 (oversight)	
Designated Levels	1	2	3	
CORE PROCEDURES				PGY-6
Admit patients and complete H&P for general ward service and ICU level of care				3
Perform patient care and procedures in the outpatient setting				3
Treat and manage common medical conditions				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/encounter s with feedback after care is delivered (oversight)	
Designated Levels	1	2	3	
Make referrals and request consultations				3
Provide consultations within the scope of his/her privileges				3
Render any care in a life-threatening emergency				3
Initiate and manage mechanical ventilation				3
SEDATION				PGY-6
Local Anesthesia				3
Conscious Sedation				2*
Floor Procedures				PGY-6
Abscess drainage				3
Arterial blood gas				3
Arterial line placement				3
Bedside ultrasound, performance and interpretation				3
Bladder catheterization				3
Bronchoscopy				2
Cardioversion, emergent				3
Central venous catheterization				3
ECG interpretation panel, emergent				3
ECG interpretation panel, elective				3


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Designated Levels	1	2	3	
Esophagogastroduodenoscopy				2
Excisional or incisional biopsies				3
Excisions of skin tags/other				3
Feeding tube placement (nasal or oral)				3
Flexible proctosigmoidoscopy				2
Paracentesis				2
Pericardiocentesis (emergent)				2
Peripheral IV placement				3
Rigid proctosigmoidoscopy				2
Swan-Ganz catheterization				3
Suturing				3
Thoracentesis				2
Tracheal intubation, emergent				2
Tube thoracostomy				3
Venipuncture				3
Operative Procedures				PGY-6
Perform thoracic procedures (thoracotomy, VATS) for hemorrhage control, evacuation of hemothorax, empyema, rib fixation				2*

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	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 (oversight)	
Designated Levels	1	2	3	
Perform abdominal procedures – open, laparoscopic or robotic				2*
Perform tracheostomy, open and percutaneous				2*
Perform wound drainage and debridement procedures, simple abscess as well as necrotizing soft tissue infections				2*
Perform other trauma and emergency general surgery procedures				2*
Perform endoscopic procedures				2*

* Trainees will be granted increasing responsibility in the operating room as determined by the supervising attending surgeon for the case. The attending surgeon will provide direct supervision for critical portions of major cases.

DocuSigned by:



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Steven Lorch, MD

Program Director, Surgical Critical Care Fellowship

5/7/2025 | 11:52 EDT

Date