



SCOPE OF PRACTICE & SUPERVISION POLICY

Transplant Hepatology Fellowship Program
Director of Program: Kawtar AL khalloufi, MD
USF Health Morsani College of Medicine
University of South Florida

This document pertains to fellow rotations under the auspices of the Transplant Hepatology fellowship program at Tampa General Hospital/Tampa General Medical Group. 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:

1. When there is a change in the original plan, or fellow feels input is needed when making a management decision.
2. Signing off needs approval of faculty member covering the service on the official day of sign off from the individual patient's case.
3. Any time they feel uncomfortable or incapable of making decisions related to patient care or performing a procedure. This includes, but is not limited to, emergency care, patient upgrade to higher level of care, unexpected patient death, event report or unexpected complication, patient or staff request to speak with an attending, and fellow threat or harm. Supervision may be provided by more senior fellows 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 fellows involved in the care of the patient. Supervision must be documented in the medical record in accordance with the Transplant Hepatology 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 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 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.

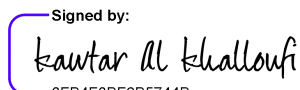
Oversight

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

The residency program has a curriculum for providing knowledge and performance competence that includes training in performing liver biopsy, fellows will complete at least 20 supervised liver biopsies before 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 immediately available for guidance to provide direct supervision(indirect supervision)	The trainee may perform the procedure without supervising Attending/ resident (oversight)			
Designated Levels	1	2	3	See below for level of supervision required for each procedure and area of training		
CORE PROCEDURES				PGY-7		
<ul style="list-style-type: none"> • Participate at selection conferences of at least 10 potential transplant candidates • Provide follow-up for at least 20 new liver transplant recipients for a minimum of three months from the time of their transplantation • participate in the follow-up of at least 20 or more liver transplant patients who have survived more than one year after transplantation • Participate in transplant recipients' medical care, including management of acute cellular rejection, recurrent disease, infectious diseases, and biliary tract complications, and serve as a primary member of the transplantation team and participate in making decisions about immunosuppression • Observe in three cadaveric liver procurement and three liver transplant surgeries • Participate in interpretation and review of a minimum of 200 native and allograft liver biopsies • Esophagogastroduodenoscopy • Colonoscopy • Flexible Sigmoidoscopy • Interpretation of fibroscan • Knowledge of indications, contraindications, limitations, complications, alternatives, and techniques of noninvasive methods of assessment • Knowledge of indications, contraindications, limitations, complications, alternatives, and techniques of native and allograft biopsies 				1		

Signed by:



0EB4F0BE6B5744B...

Kawtar Al Khalloufi, MD
Program Director, Transplant Hepatology Fellowship

7/29/2025 | 11:36 EDT

Effective Date