



SCOPE OF PRACTICE & SUPERVISION POLICY
Transplant Hepatology Fellowship Program
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University of South Florida

This document pertains to fellows 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 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 asking for help from the supervising physician under the following circumstances:

1. Management decision: where there is a change in the original plan, or fellow feels input is needed
2. Decision regarding timing of sign off from a particular patient. Sign 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 residents involved in the care of the patient. Supervision must be documented in the medical record in accordance with the transplant hepatology fellowship program at the University of South Florida compliance guidelines.

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 The supervising physician is physically present with the resident and patient.

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 fellowship 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 year of training		
CORE PROCEDURES					PGY-7	
Participate at selection conferences of at least 10 potential transplant candidates					1	
Provide follow-up for at least 20 new liver transplant recipients for a minimum of three months from the time of their transplantation					1	
participate in the follow-up of at least 20 or more liver transplant patients who have survived more than one year after transplantation					1	
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					1	
Observe in three cadaveric liver procurement and three liver transplant surgeries					1	
Participate in interpretation and review of a minimum of 200 native and allograft liver biopsies					1	

	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 year of training		
Perform at least 20 liver biopsies					1	
Esophagogastroduodenoscopy					1	
Paracentesis					1	
Colonoscopy					1	
Flexible Sigmoidoscopy					1	

Signed by:

Kawtar Al Khalloufi

Kawtar Al Khalloufi, MD
 Program Director, Transplant Hepatology Fellowship

8/14/2024 | 06:21 EDT

Date