



## POLICY AND PROCEDURE



**DEPARTMENT:**  
**Graduate Medical Education**

**Title:**  
**Fellow (PGY 4)**  
**Supervision & Scope of**  
**Practice Policy**

**Original Date: 07/01/2009**

**Revisions: 12/2018, 3/2023,**  
**7/21/2025**

**SCOPE: All Sports Medicine Fellows (PGY-4)**

**PURPOSE: To provide clear understanding of levels of supervision and scope of practice for fellow physicians.**

**POLICY: Fellow (PGY-4) Supervision & Scope of Practice**

**PROCEDURE:**

This document pertains to PGY-4 rotations under the auspices of the USF/MPM Primary Care Sports Medicine Fellowship. 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 educational year and to ensure that patient care is 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 resident supervision.

Each fellow and faculty must inform each patient of their respective roles in patient care. Fellows must know the limits of their scope of authority and the circumstances under which they are permitted to act with conditional independence. All patient care must be provided under a credentialed and privileged attending physician. Fellows are authorized to perform any activity assigned while under the direct supervision of 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 same compliance guidelines utilized for the USF/MPM Family Medicine Residency. Fellows should reach out to faculty when providing emergency care, unexpected patient death or event reporting, patient or staff request to speak to attending or if the trainee is harmed or threatened.

Fellows and faculty can report concerns regarding inadequate supervision on the GME website. Any reports will be protected from reprisal. This document is available on the GME website (<https://health.usf.edu/medicine/gme/clinical-learning-environment>) 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 or a fellow (PGY-4) 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 PGY-4 during the key portions of the patient interaction.

The supervising physician and/or patient is not physically present with the PGY-4 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 PGY-4 for guidance and is either immediately and personally available or is available via electronic or telephonic communications 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 assessing performance competence that includes clinical, academic and administrative areas. Competency evaluations are given after procedures and assessed by core faculty prior to permitting indirect supervision. Decisions about competence are made by the program's clinical competency committee to ensure a successful transition to independent practice. All fellows need to maintain current BLS & ACLS training.

Due to the unique nature of sports medicine training, there are five distinct areas to summarize supervisory lines of responsibility for the PGY-4 resident:

**Primary Care Sports Medicine Clinics:** During these clinics, the sports medicine faculty members are ultimately responsible for the care of patients. The sports medicine fellow (PGY-4) actively participates in the care of these patients under the direct supervision of the primary care sports medicine faculty members.

**Continuity Clinics:** During their continuity clinics, the sports medicine fellow (PGY-4) actively provides care to patients under the supervision of a Family Medicine faculty member designated as their preceptor for that session and receive patients appropriate for their board certification or eligibility.

**Training Rooms, Games, Events (including Mass Participation):** In any of these locations, the sports medicine fellow (PGY-4) actively provides care to patients under either direct or indirect supervision of a sports medicine faculty member (either primary care sports medicine attending or orthopedic surgery attending) who may be present at the time. The supervision may progress to oversight after a determination of competence is completed by the sports medicine faculty. In cases when care has already been delivered, the faculty are available for oversight and discussion to provide guidance and to assist in directing any necessary changes in the follow up care of the patient.

**Orthopedic Subspecialty, Physical Therapy, Cardiology, Diagnostic Imaging and Elective Rotations.** During these rotations, the respective attending physicians are ultimately responsible for

the care of patients. The sports medicine fellow (PGY-4) actively participates in the care of these patients under the direct and indirect supervision of these respective faculty members during those rotations.

**Unique Circumstances.** In the event that a patient suffers an apparent life threatening or catastrophic injury and needs immediate care or transportation to an Emergency Room from a game or event venue, the resident may continue to act according to accepted resuscitative protocols such as BLS or ACLS until such time as a transfer has occurred. The resident should then immediately communicate with the appropriate faculty member for debriefing.

	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	See below level of supervision required for each procedure and year of training.
CORE PROCEDURES				PGY-4
<ul style="list-style-type: none"><li>• Perform applicable patient care and procedures in game/event venues</li><li>• Perform patient care and procedures in the outpatient setting</li><li>• Evaluate, diagnose, and treat common medical problems as it relates to the field of sports medicine</li><li>• Evaluate, diagnose, and treat common orthopedic conditions as it relates to the field of sports medicine</li><li>• Make referrals and request consultation</li><li>• Provide consultation within the scope of their privileges in the role of sports medicine physician</li><li>• Render appropriate care in a life-threatening emergency</li></ul>				3
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PROCEDURES				PGY-4
<ul style="list-style-type: none"><li>• Abscess I&amp;D</li><li>• Landmark guided arthrocentesis</li><li>• Landmark guided aspirations and injections of joint or bursa</li><li>• Burn care (superficial, superficial partial-thickness)</li><li>• Casting and splinting</li><li>• Cryotherapy</li><li>• ECG interpretation, emergent</li><li>• ECG interpretation in the athlete</li><li>• Excisions of skin tags</li><li>• Excisions of skin and subcutaneous lesions</li><li>• I&amp;D Hemorrhoid</li></ul>				3
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• Local anesthesia	2	
• Manage minor closed fractures	2	
• Manage stress fractures	2	
• Manage osteoarthritis	2	
• Manage tendon disorders	2	
• Manage uncomplicated dislocations	2	
• Nasal packing	2	
• Pap smear	3	
• Peripheral nerve blocks	2	
• Suturing - simple lacerations	2	
• Tendon injections	1	
• Diagnostic Ultrasound	1	
• Ultrasound guided arthrocentesis	2	
• Ultrasound guided aspiration or injection of joint or bursa	2	
• Limited Ultrasound	2	

**Medical Staff Communication:**

The medical staff will be apprised of fellow performance, patient safety issues and quality of patient care as it pertains to graduate medical education. The medical staff is also provided with written descriptions of the roles, responsibilities and patient care activities of fellows as denoted in the scope of practice statements that are maintained in the graduate medical education office and on the BayCare Intranet under Policies and Procedures. The fellowship program director is a standing member of the Graduate Medical Education Committee of the sponsoring University and regularly reports on these areas. The program will have a regular report to the department of Family Medicine. The fellowship program for PGY-4 in sports medicine does not perform any procedures nor manage any patients in the hospital, they do not take hospital call, nor do they manage any patients in long term care facilities. Where indicated by the medical staff, ad hoc committees may be convened to address issues relevant to fellow supervision, medical records, fellow performance, patient safety, and quality patient care.

Program Director:  Date: 7/21/2025

**REFERENCES: USF GME Policies, ACGME requirements**