



## SCOPE OF PRACTICE

**Advanced Emergency Medicine Ultrasonography Fellowship**  
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**University of South Florida**

This document pertains to fellow ultrasound rotations under the auspices of the Advanced Emergency Medicine Ultrasonography Fellowship at Tampa General Hospital. All 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 ultrasound 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 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:

- Patient injury or complication related to an ultrasound examination performed by the fellow
- Cardiac arrest, respiratory arrest or death during an ultrasound
- Serious complication or injury as a result of an ultrasound procedure
- Patient or staff request to speak with a supervisor
- If the trainee is harmed or threatened in any way

In addition, fellows should use discretion and contact their supervising physician for any unexpected or sudden medical decompensation. 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 Advanced Emergency Medicine Ultrasound 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 faculty, fellow, or resident 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 fellowship program has a curriculum for providing knowledge and performance competence that includes procedure training, simulation, teaching sessions and mentoring. Annual decisions about competence are made by the program's clinical competency committee to ensure a successful transition and completion of the training program. All fellows 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
Designated Levels	1	2	3
See below for level of supervision required for each procedure			
<b>Ultrasound</b>			<b>Fellow</b>
eFAST ultrasound			3
Focused abdominal ultrasound (biliary, renal, bladder, bowel, IVC, spleen, aorta)			3
Focused advanced abdominal ultrasound (appendix, pylorus)			3
Focused pelvic ultrasound			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/encounters with feedback after care is delivered
Designated Levels	1	2	3
Focused cardiac ultrasound			3
Central venous access			3
Peripheral venous access			3
Focused soft tissue ultrasound			3
Focused musculoskeletal ultrasound			3
Focused ocular ultrasound			3
Focused procedural ultrasound (LP, thoracentesis, paracentesis, arthrocentesis, joint injection)			3
Regional anesthesia- less difficult (forearm, ankle, abdominal wall)			3
Regional anesthesia- more difficult (brachial plexus, axillary, femoral, fascia iliaca, erector spinae, PECS, pop-sciatic)  Level 3 with call placed to supervising physician prior to procedure if fewer than 10 supervised documented exams.			3
Transesophageal Echo (has completed 10 TEEs, and has been signed off by faculty); otherwise level 1			3

*Charlotte Derr*

8/24/2025

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Date