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USF Health

Scope of Practice

Urology Residency
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USF Health Morsani College of Medicine
University of South Florida

This document pertains to resident rotations under the auspices of the Urology Program at Tampa General Hospital, Advent Health, James Haley VA, Moffitt Cancer Center, and Orlando Health. 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 in the following circumstances.

Communication to Faculty from Residents

Residents at any level of training are encouraged to call any faculty member at anytime with patient care concerns, regardless if the faculty member is on call.
Specific Indications when residents must communicate with faculty. Junior residents can consult with senior residents first, but Attending must ALWAYS be notified.
-All emergency room consults upon discharge from ER or admission to hospital
-All in patient or OR consults
-Escalation of care of an inpatient (ie ICU admission)
-Transfer of patient to another service
-Identification and management of a patient complication
-Death of a Patient
-Discharge of a patient from the hospital

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 Urology Program at the University of South Florida compliance guidelines.

Residents 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 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 who has been given supervisory privilege. These supervisory levels are used throughout the Scope of Practice document.

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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 procedure training, simulation, number of procedures that need to be completed before obtaining 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 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	See below for level of supervision required for each procedure and year of training				
CORE PROCEDURES				**PGY-1**	**PGY-2**	**PGY-3**	**PGY-4**	**PGY5**
• Perform patient care and procedures in outpatient setting				*1*	*2*	*2*	*2*	*2*
• Admit patients and complete inpatient H&P for general ward service				*1*	*2*	*2*	*3*	*3*
• Admit patients to ICU and complete H&P for ICU level of care				*1*	*2*	*2*	*2*	*2*
• Make referrals and request consultations				*2*	*2*	*3*	*3*	*3*
• Provide consultations within the scope of his/her privileges								

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Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training				
• Render any care in a life-threatening emergency				*1* *3*	*2* *3*	*2* *3*	*3* *3*	*3* *3*
SEDATION				**PGY-1**	**PGY-2**	**PGY-3**	**PGY-4**	**PGY-5**
Local anesthesia				*1*	*2*	*2*	*2*	*2*
Floor Procedures				**PGY-1**	**PGY-2**	**PGY-3**	**PGY-4**	**PGY-5**
Abscess drainage				1	2	2	2	2
Arterial blood draw				3	3	3	3	3
Aspirations and injections for Priapism				1	2	2	2	2
Bladder catheterization				2	2	2	3	3
Bedside Cystoscopy				1	2	2	2	2
Suprapubic Tube Placement				1	2	2	2	2
Urethral Dilation				1	2	2	2	2
Excisions of skin tags/foreign bodies off of external genitalia				1	2	2	2	2
Feeding tube placement (nasal or oral)				1	2	2	2	2
Aspiration and Suturing of wounds				1	2	2	2	2
Venipuncture				1	2	2	3	3
Peripheral IV placement				3	3	3	3	3
Perform Urodynamic Study				3	3	3	3	3
Transrectal ultrasound biopsy of the prostate				1	1	2	2	2
Sonographic imaging of bladder for post-void volume determination				1	2	2	2	2
Testosterone implant placement				2	3	3	3	3

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Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training				
Xiaflex penile injection				1	1	2	2	2
Penile doppler ultrasound				1	1	1	1	2
Condylomata, excision of				1	2	2	2	2
Operative Procedures				**PGY-1**	**PGY-2**	**PGY-3**	**PGY-4**	**PGY-5**
Cystoscopy				*1*	*1*	*2*	*2*	*2*
Ureteroscopy and urethroscopy, including treatment of all benign and malignant processes				*1*	*1*	*2*	*2*	*2*
Transurethral Surgery (TURP, TURBT, HOLEP)				*1*	*1*	*2*	*2*	*2*
Minor scrotal surgery (circumcision, Hydrocele, Varicocele)				*1*	*1*	*1*	*2*	*2*
Implant placement (Penile implant/artificial sphincter)				*1*	*1*	*1*	*1*	*2*
Reconstructive procedures on external male genitalia requiring prosthetic implants or foreign materials				*1*	*1*	*1*	*1*	*2*
Major laparoscopic/robotic surgery on the urinary tract				*1*	*1*	*1*	*1*	*2*
Major intrabdominal surgery on the urinary tract				*1*	*1*	*1*	*1*	*2*
Major female pelvic surgery (all prolapse and incontinence procedures)				*1*	*1*	*1*	*1*	*2*
Microscopic surgery (epidiymovasostomy and vasovasostomy				*1*	*1*	*1*	*1*	*2*
Extracorporeal shockwave lithotripsy				*1*	*2*	*2*	*2*	*2*
Placement of sacral nerve stimulator				*1*	*1*	*1*	*1*	*2*
Cyroblation of prostate				*1*	*1*	*1*	*1*	*2*
Urinary Diversion and restoration				*1*	*1*	*1*	*2*	*2*
Retroperitoneal lymphadenectomy for testicular cancer				*1*	*1*	*1*	*1*	*2*
Total/partial penectomy with or without lymph node dissection				*1*	*1*	*1*	*1*	*2*

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Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training				
Inguinal/pelvic lymphadenectomy				1	1	2	2	2
Open/laparoscopic/robotic adrenalectomy				1	1	1	2	2
Pediatric minor surgery (endoscopy, hydrocele, hernia, ochiopexy)				1	1	1	1	1
Pediatric major surgery (hypospadias, ureteral reconstruction, laparoscopic/robotic surgery)				1	1	1	1	1

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