Updated: 11/19/2024

SCOPE OF PRACTICE

Vascular Surgery Residency and Fellowship
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This document pertains to both resident and fellow rotations under the auspices of the Vascular Surgery Integrated Residency Program AND the Vascular Surgery Fellowship Program at **Tampa General Hospital, Bay Pines VA Hospital,** and **James A. Haley VA Hospital**. 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:

I. Emergency Care Rendered by Trainee: In the event that a trainee provides emergency care to a patient, they must document the care rendered in detail, including the patient's initial presentation, diagnosis, interventions performed, and the patient's response to the care. The supervising physician must be notified as soon as possible, and appropriate faculty oversight will be required to review the care delivered. This documentation should be included in the patient's medical record and reported to the program director for review.

II. Patient Upgrade to Higher Level of Care: If a trainee is involved in the decision to upgrade a patient to a higher level of care (such as from a general ward to an ICU), they are responsible for documenting the reasons for the transfer, including the changes in the patient's condition that prompted the escalation. The trainee must communicate with the supervising physician before initiating the transfer and ensure that all relevant patient information is relayed to the receiving team.

III. Unexpected Patient Death: In the case of an unexpected patient death while under the care of a trainee, immediate notification of the supervising physician and program director is required. The trainee must document the sequence of events leading up to the patient's death, including the patient's medical status prior to the incident and any interventions performed. This report should be included in the medical record, and a formal review will be conducted by the program’s morbidity and mortality committee.

IV. Unexpected Complication or Event Report: Trainees must report any unexpected complications or adverse events that occur during patient care to the supervising physician as soon as possible. A

detailed report of the event, including the patient's condition before and after the complication, interventions made, and the outcome, should be documented in the medical record. These events will be reviewed to ensure proper follow-up and to provide educational opportunities.

V. Patient or Staff Request to Speak with Attending: If a patient or a member of the healthcare team requests to speak directly with the attending physician, the trainee must facilitate this communication promptly. The trainee is responsible for informing the supervising physician of the request and documenting it in the patient's medical record, along with any outcomes from the discussion.

VI. Trainee Harm or Threatened Harm: If a trainee is harmed or feels threatened while providing patient care, they must immediately remove themselves from the situation if possible and notify their supervising physician and program director. A report should be made detailing the circumstances of the incident, including any physical or psychological harm. The program director will ensure that appropriate steps are taken to safeguard the trainee and provide support as needed.

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 Vascular Surgery Integrated Residency and Vascular Surgery Fellowship programs 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 has been given supervisory privilege. These supervisory levels are used throughout the Scope of Practice document.

<u>Direct Supervision</u>

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.

<u>Indirect Supervision</u>

1) 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.

<u>Oversight</u>

1) 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				**PGY1**	**PGY2**	**PGY3**	**PGY4**	**PGY5**	**PGY6**	**PGY7**
Perform H&P and develop plans for outpatient vascular/general surgery patients Perform H&P and develop plans for inpatient vascular/general surgery patients Perform patient care and procedures in outpatient setting Admit patients and complete inpatient H&P for general ward service Admit patients to ICU and complete H&P for ICU level of care Treat and manage common medical conditions Make referrals and request consultations Provide consultations within the scope of his/her privileges Render any care in a life-threatening emergency Provide ongoing care for inpatient vascular/general surgery patients Provide consults to physicians regarding arterial and venous problems				2	2	2	2	2	2	2
Provide ICU care in vascular ICU				N/A	2	2	2	2	2	2

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	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						
Floor Procedures				**PGY1**	**PGY2**	**PGY3**	**PGY4**	**PGY5**	**PGY6**	**PGY7**
Perform central venous access				1	1	1	1	2	2	2
Perform diagnostic angiography, including use of imaging equipment				1	1	2	2	2	2	2
Perform basic endovascular interventions				1	1	2	2	2	2	2
Perform advanced endovascular interventions (e.g., thoracic stent graft placement, carotid stent placement)				N/A	N/A	N/A	1	1	1	1
Operative Procedures				**PGY1**	**PGY2**	**PGY3**	**PGY4**	**PGY5**	**PGY6**	**PGY7**
Perform minor surgical procedures in vascular and general surgery				1	1	2	2	2	2	2
Perform basic open vascular procedures				1	1	2	2	2	2	2
Perform advanced open vascular procedures (e.g., carotid endarterectomy, aortic reconstruction)				N/A	N/A	N/A	2	2	2	2
Manage general and vascular surgery emergencies (e.g., ruptured aneurysms, acute limb ischemia)				2	2	2	2	2	2	2
Educational and Other Practices				**PGY1**	**PGY2**	**PGY3**	**PGY4**	**PGY5**	**PGY6**	**PGY7**
Prepare educational seminars on vascular and endovascular topics				2	2	2	2	2	2	2
Develop a research project with a plan for manuscript publication and presentation				2	2	2	2	2	2	2
Function as a Fellow/Chief on vascular services				N/A	N/A	N/A	2	2	2	2

DocuSigned by:
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Program Director, Vascular Surgery Residency and Fellowship

Effective Date