SCOPE OF PRACTICE

Name of Program Residency/Fellowship

Director of Program: (Name of Director), MD

USF Health Morsani College of Medicine

University of South Florida

This document pertains to (resident/fellow) rotations under the auspices of the (Name of Program) at (Name of Hospital—list all hospitals that trainees rotate through). 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.

**Note: ALL Scope of Practices MUST HAVE:**

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* Include all hospitals that residents will rotate through
* Use of PGY Level rather than intern/resident/fellow
* Patient care activities
* How competence is determined
* Signature and date of program director indicating date of review

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 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 are responsible for asking for help from the supervising physician under (list circumstances). 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 Name of 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

1) With Direct Supervision Immediately Available – The supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision.

2) With Direct Supervision Available – The supervising physician is not physically present within the hospital or other site of patient care but is immediately available by means of telephonic and/or electronic modalities and is available to provide 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 & BLS training.

|  | **Supervising Physician present (Direct)** | | **Supervising Physician in hospital and available for consultation (Indirect but direct supervision immediately available)** | **Supervising Physician out of hospital but available by phone or can come in (Indirect but direct supervision available)** | **The trainee may perform the procedure without supervising Attending/ resident (oversight)** |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Designated Levels | 1 | 2 | | 3 | 4 | See below for level of supervision required for each procedure and year of training | | |
| **CORE PROCEDURES** | | | | | | **PGY-1** | **PGY-2** | **PGY-3** |
| Perform patient care and procedures in outpatient setting | | | | | | 2 | 2 | 2 |
| Admit patients and complete inpatient H&P for general ward service | | | | | | 2 | 4 | 4 |
| Admit patients to ICU and complete H&P for ICU level of care | | | | | | 1 | 2 | 2 |
| Treat and manage common medical conditions | | | | | | 2 | 4 | 4 |
| Make referrals and request consultations | | | | | | 2 | 4 | 4 |
| Provide consultations within the scope of his/her privileges | | | | | | 1 | 4 | 4 |
| Render any care in a life-threatening emergency | | | | | | 3 | 4 | 4 |
| Initiate and manage mechanical ventilation for 24 hours | | | | | | 1 | 2 | 2 |
|  | | | | | |  |  |  |
| **SEDATION** | | | | | | **PGY-1** | **PGY-2** | **PGY-3** |
| Local anesthesia | | | | | | 3 | 3,4 | 3,4 |
| **Floor Procedures** | | | | | | **PGY-1** | **PGY-2** | **PGY-3** |
| Abscess drainage | | | | | | 2 | 4 | 4 |
| Arterial blood gas | | | | | | 2 | 4 | 4 |
| Arterial line placement | | | | | | 1 | 4 | 4 |
| Arthrocentesis | | | | | | 1 | 4 | 4 |
| Aspirations and injections, joint or bursa | | | | | | 1 | 4 | 4 |
| Bladder catheterization | | | | | | 2 | 4 | 4 |
| Bone marrow aspiration | | | | | | 1 | 1 | 1 |
| Bone marrow needle biopsy | | | | | | 1 | 1 | 1 |
| Cardioversion, emergent | | | | | | 1 | 4 | 4 |
| Cardioversion, elective | | | | | | 1 | 1 | 1 |
| Central venous catheterization | | | | | | 1 | 3 | 3 |
| ECG interpretation panel, emergent | | | | | | 2 | 4 | 4 |
| ECG interpretation panel, elective | | | | | | 2 | 4 | 4 |
| Excisions of skin tags/other | | | | | | 1 | 1 | 1 |
| Feeding tube placement (nasal or oral) | | | | | | 2 | 4 | 4 |
| Flexible sigmoidoscopy | | | | | | 1 | 1 | 1 |
| Lumbar puncture | | | | | | 2 | 4 | 4 |
| Pap smear | | | | | | 2 | 4 | 4 |
| Paracentesis | | | | | | 1 | 4 | 4 |
| Pericardiocentesis (emergent) | | | | | | 1 | 2 | 2 |
| Swan-Ganz catherization | | | | | | 1 | 1 | 1 |
| Suturing | | | | | | 2 | 4 | 4 |
| Tendon/joint injections | | | | | | 1 | 3 | 3 |
| Thoracentesis | | | | | | 1 | 4 | 4 |
| Tracheal intubation, emergent | | | | | | 1 | 4 | 4 |
| Tube thoracostomy | | | | | | 1 | 1 | 1 |
| Venipuncture | | | | | | 4 | 4 | 4 |
| Peripheral IV placement | | | | | | 4 | 4 | 4 |
| **Operative Procedures** | | | | | | **PGY-1** | **PGY-2** | **PGY-3** |
| Perform strabismus surgery | | | | | | **1** | **1** |  |
| Perform lid surgeries | | | | | | **1** | **1** |  |

Note: DELETE THIS BOX ON FINAL VERSION

Add header to each new page that the table extends on

Modify table by adding rows for additional PGY levels or combining PGY levels if supervision status is similar

Modify table by adding or deleting patient care responsibilities

Add patient care activities and procedures that are in your current scope of practice

Consider reviewing an attending physicians privileging document to look for any missed procedures

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PD NAME, MD Date

Program Director, NAME OF PROGRAM