

## **SCOPE OF PRACTICE**

### **FAMILY PRACTICE RESIDENTS**

#### **DEPARTMENT OF PEDIATRICS**

1. General Scope of Practice follows guidelines per Memorandum for Scope of Practice from Department of Family Medicine dated 22 Mar 89.
2. All medical activities must be supervised by upper level residents or Pediatric staff when in clinic or on inpatient ward and Nursery rotations. All clinic patients, ER consults, and inpatient admission initially evaluated by residents must ultimately be precepted by a supervising Pediatric staff physician.
3. FP residents are expected to take histories, perform physical examinations, and record the information on appropriate forms in medical records.
4. FP residents are expected to learn about patient management, review charts, participate in rounds, and attend Pediatric morning report.
5. FP residents are expected to learn about the feeding development, care, and anticipatory guidance of the normal newborn.
6. FP residents are expected to learn about the pathophysiology, differential diagnoses, and management of common newborn and pediatric inpatient and outpatient medical problems.
7. Within Department of Pediatrics, first year Family Practice residents (interns) may be credentialed to perform certain diagnostic, therapeutic, and operative procedures. These providers will be credentialed after performing three of each of the listed procedures under direct observation of a staff pediatrician. Exception is the operative procedure, circumcision, which requires five direct observations. The diagnostic procedures allowed are:
  - a. Venipuncture.
  - b. Lumbar puncture.

- c. Urethral Catheterization.
- d. Arterial puncture.

The therapeutic procedures allowed are:

- a. Oral Tracheal Intubations.
- b. Intravenous Catheterization.
- c. Intraosseous Infusion.

The following operative procedure is allowed:

- a. Circumcision.

8. Second year and third year residents are allowed no further procedural privileges than the first year residents. This is because additional procedures would occur at such low frequency that a rotating resident would not see the required three procedures for credentialing during his one to two month rotation.

9. An obvious exception is the performance of procedures as required in advanced cardiac life support on a pediatric patient.

**SCOPE OF PRACTICE**  
**PHYSICIAN ASSISTANT STUDENTS**  
**DEPARTMENT OF PEDIATRICS**

1. All medical activities must be supervised by a Pediatric staff physician.
2. PA students are expected to take histories, perform physical examinations and record the information on appropriate forms in medical records.
3. PA students are expected to learn about the feeding development, care and anticipatory guidance of the normal newborn.
4. PA students are expected to learn about the pathophysiology, differential diagnoses and management of common newborn and pediatric inpatient and outpatient medical problems.
5. PA students are expected to attend Pediatric morning report.

## **SCOPE OF PRACTICE**

### **NURSE PRACTITIONER STUDENTS**

#### **DEPARTMENT OF PEDIATRICS**

1. All medical activities must be supervised by a Pediatric staff physician.
2. NP students are expected to take histories, perform physical examinations and record the information on appropriate forms in medical records.
3. NP students are expected to learn about the feeding development, care and anticipatory guidance of the normal newborn.
4. NP students are expected to learn about the pathophysiology, differential diagnoses and management of common newborn and pediatric inpatient and outpatient medical problems.
5. NP students are expected to attend Pediatric morning report.