

Interventional Radiology Independent Residency Director of Program: Brian J. Schiro, MD

Trainees in the Independent IR Residency Program have a broad scope of practice that includes all areas of interventional radiology. This practice is based at Miami Cardiac & Vascular Institute. The residents perform procedures, carryout clinical duties and interpret imaging studies with the supervision of attending staff physicians in all instances.

The scope of interventional procedures includes arterial interventions including but not limited to recanalization procedures, angioplasty, stent placement, embolization, aneurysm repair and infusion therapies. The scope also includes venous interventions including thrombolytic therapy, recanalization procedures, angioplasty, stent placement, ablation and hemodialysis procedures. Interventional oncologic procedures including tumor therapy with thermal devices and embolization procedures including chemoembolization, drug eluting bead embolization and radioembolization are a core part of the practice. Nonvascular interventions that are included in the scope of practice include gastrointestinal, genitourinary and biliary percutaneous interventions. The scope of practice includes image guided abscess drainage and image guided biopsies as well as image spine interventions such as vertebroplasty.

The residents are responsible for the interpretation of vascular imaging which includes CT angiography/ MR angiography, and noninvasive vascular lab studies including carotid duplex, venous duplex and physiologic arterial testing and arterial duplex. As part of the residents' scope of practice, they admit patients, perform consultations, discharge patients, and round on patients on a daily basis.

The program follows the ACGME classification of supervision as noted below. The supervising physician can refer to a faculty or resident 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.



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In the PGY6 year of the Independent Residency all residents will begin the year with direct supervision for all resident activities including procedures, patient encounters and testing/imaging interpretation. As the PGY6 years progresses, depending on the resident's competency and the complexity of the task, residents are expected to graduate to indirect supervision first with direct supervision immediately available and then with direct supervision available and ultimately for certain tasks with oversight. In the PGY7 year, residents should be able to work with indirect supervision for all but complex tasks and by the end of the year graduate to oversight for all but the most difficult tasks. PGY 7 residents will be charged with supervision of PGY6 residents as determined by the Clinical Competency Committee (CCC).

The residency program has a curriculum for providing knowledge and performance competence that includes, procedure training, simulation, exposure, experience, and knowledge base. Annual decisions about competence are made by the program's CCC biannually to ensure a successful transition and preparation for graduation or the next PGY level.

| | 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 | | | | |
| PATIENT C | ARE | | | PGY-6 | PGY-7 | | | | |
| Perform pati | ent care in ou | tpatient setting | | 3 | 4 | | | | |
| Perform follo | ow-up exam o | n patients | 3 | 4 | | | | | |
| Admit patien | ts to ICU and | complete H&P | 2 | 3 | | | | | |
| Treat and m | anage commo | on medical con | 4 | 4 | | | | | |
| Make referrals and request consultations | | | | | 4 | 4 | | | |



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| PATIENT CA | ARE | | | | PGY-6 | PGY-7 | | | |
| Provide cons | sultations with | in the scope of | his/her privileg | es | 3 | 3 | | | |
| Render any care in a life-threatening emergency | | | | | | 4 | | | |
| SEDATION | | | | | | | | | |
| Local anesth | esia | | | | 4 | 4 | | | |
| Moderate Se | edation | | | | 3 | 4 | | | |
| PROCEDUR | ES | | | | | | | | |
| Abscess dra | inage | | | | 2 | 4 | | | |
| Arthrocentesis | | | | | | 3 | の できます。 では、一般 を持ちます。 | | |
| Biliary Drainage | | | | | | 3 | | | |
| Removal of existing drains/biliary/nephrostomy tubes | | | | | | 4 | | | |
| Bone biopsy | | | 1,2 | 3 | | | | | |
| Central venous access/Port insertion | | | | | 1,2 | 3 | | | |
| A/V dialysis access interventions | | | | | 1 | 3 | | | |



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| PROCEDUR | RES | | | | PGY-6 | PGY-7 | | | |
| Gastrostomy | //Gastrojejuno | stomy/Jejunos | tomy tube inser | tion | 1 | 3 | | | |
| Gastrostomy | //Gastrojejuno | stomy/Jejunos | tomy tube exch | ange | 2 | 3 | | | |
| Venous acce | ess/venogram | | | 1,2 | 4 | | | | |
| Portal interve | entions (TIPS | /variceal embol | ization/recanali | zation) | 1 | 2 | | | |
| Removal of t | unneled cath | eters | | | 3 | 4 | | | |
| IVC filter place | cement | | | | 1,2 | 3 | | | |
| IVC filter rem | noval | | | | 1 | 1,2 | | | |
| Nephrostom | y tube insertic | on | | | 1 | 3 | | | |
| Nephrostomy | y tube exchar | ige | 2 | 4 | | | | | |
| Tumor ablati | on | | 1 | 1,2 | | | | | |
| Bone marrov | v aspiration | | 1,2 | 3 | | | | | |
| Transarterial embolization (TACE/Y90) | | | | | 1 | 2 | | | |
| Y90 Radioembolization | | | | | 1 | 2,3 | | | |
| Spinal augmentation/ablation | | | | | 1 | 1,2 | | | |



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| PROCEDUR | RES | | | | PGY-6 | PGY-7 | | | |
| Paracentesis | 3 | | | | 2,3 | 3 | | | |
| Thoracentes | is | | | | 2,3 | 3 | | | |
| Pericardioce | ntesis | | | 1 | 1,2 | | | | |
| Transjugular | Intrahepatic | Portosystemic S | Shunt (TIPS) | | 1 | 1 | | | |
| Endovascula | ar Aneurysm F | Repair (EVAR) | | | 1 | 1 | | | |
| Brachioceph | alic interventi | ons | | | 1 | 1,2 | | | |
| Carotid arter | y stent | | | | 1 | 1 | | | |
| Renal/Meser | nteric angioig | ram | | | 1 | 1,2 | | | |
| Arterial acce | ss/angiogram | 1 | | 1,2 | 3 | | | | |
| Arterial emb | olization/stent | ing | 1 | 3 | | | | | |
| Venous sten | t. | | 1 | 1,2 | | | | | |
| Venous lysis | | | 1 | 1,2 | | | | | |
| Pulmonary a | ngiography | | 1 | 1,2 | | | | | |
| Interpretation of noninvasive imaging | | | | | 1,2,3 | 3 | | | |



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|---|---|--|---|---|---|-------|--|
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| PROCEDURES | | | | | PGY-6 | PGY-7 | |
| Interpretation of cross-sectional imaging | | | | | 1,2,3 | 3 | |

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Program Director, IR-Independent Residency

4/29/2021

Date