Interventional Radiology Independent Residency

SUPERVISION POLICY AND 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/fellow is assigned by the program director and faculty members to ensure effective oversight of resident supervision.

Each resident/fellow 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 assistance from the supervising physician when they are dealing with a complex clinical scenario, when they are dealing with a severely ill patient with an acute medical issue, when their procedural skills are insufficient for the task at hand or if they are unsure of the optimal treatment plan. 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 University of South Florida compliance guidelines.

The program follows 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.

Notification to faculty

Faculty should be notified after hours of the following scenarios:

Degradation of patient clinical status – change from floor to ICU admission
Code Blue or patient death in IR patient that was unexpected
Complication following procedure that is unexpected
Potential transfer of patient from outside facility to TGH for Interventional Radiology care
Emergent situation when other clinical services are not available for decision making
IR outpatient referred to emergency room for care
Ambulatory patient being admitted for inpatient care following recent IR procedure
Ambulatory patient calling on-call physician with unexpected complication

Direct Supervision

LEVEL 1 - The supervising physician is physically present with the resident during the key portions of the patient interaction.

Indirect Supervision

LEVEL 2 - The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available (in the hospital/on the ward) to the resident for guidance and is available to provide appropriate direct supervision.

LEVEL 3 – 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.

IR procedures

For interventional radiology procedures performed in the IR department and suites, all procedures require an attending physician to perform the “time-out” prior to the procedure. Therefore, all procedures in the IR labs require at least a supervision level of 1/2.

All Independent IR Residents will require direct supervision (level 1) for the first two months in the IR suites during procedures. As confidence in the abilities of the resident by the faculty increases, the supervision level will increase to level 2 for all procedures. Procedures should not begin without an attending physician in the department – nor should “time out” be permitted without attending present by current TGH guidelines.

Low risk procedures, which are only performed on the floor, can be performed with indirect supervision (level 3) after demonstrating competency with these procedures during Level 1/2 supervision. The following procedures can be performed by Independent IR residents after normal hours, however, the faculty on-call should be made aware of these procedures.

Central venous catheter manipulation (tunneled or non-tunneled)
GI tube manipulation (G tube, GJ tube, J tube)
Tunneled central venous catheter removal

Inpatient consults

Inpatient consults will be performed without attending physicians present; however, all stat consults will be reviewed with the faculty immediately after the evaluation of the patient. Routine consults can be reviewed daily and rounding performed when clinical time permits.

	Supervising Physician present (Direct)	Supervising Physician immediately available (Indirect)	The trainee may perform the procedure without supervising Attending/ resident (Oversight)		
Designated Levels	1	2	3	See below for level of supervision required for each procedure and year of training	

CORE PROCEDURES	PGY-6	PGY-7
Perform patient care and procedures in outpatient setting	2	2
Admit patients and complete inpatient H&P for general ward service	3	3
Remove or manipulate central venous catheters	3	3
Admit patients to ICU and complete H&P for ICU level of care	2	2
Treat and manage common medical conditions	3	3
Make referrals and request consultations	2	3
Provide consultations within the scope of his/her privileges	2	3

Render any care in a life-threatening emergency	2	3
Initiate and manage mechanical ventilation for 24 hours	1	1
Perform any procedures in the IR procedural suite	1,2	1,2
SEDATION		
Conscious Sedation	1	1
Local anesthesia	2	2,3

	Supervising Physician present (Direct)	Supervising Physician immediately available (Indirect)	The trainee may perform the procedure without supervising Attending/ resident (Oversight)		
Designated Levels	1	2	3		See below for level of supervision required for each procedure and year of training

Specific Procedures	PGY-6	PGY-7
Image guided drainage abscess/fluid	1,2	2
Arterial access/angiogram	2	2
Arterial embolization/stenting	1	2
Removal of existing drains/biliary/nephrostomy	3	3
Fistulagram and intervention	1	1,2
Suprapubic and gastric tubes	2	2
Venous access/venogram	2	2
Venous intervention (stent/embolization)	1,2	2
Non-vascular visceral access (biliary/renal)	1,2	1,2
Biopsy – Image guided	2	2
Central venous catheter placement	1,2	2
Arterial/Venous thrombolysis	1	1,2
Portal Intervention (TIPS/variceal embolization)	1	1,2
Delivery of transarterial radiopharmaceuticals and chemoembolics	1	1,2
Removal of tunneled catheters	2,3	3
IVC filter placement/removal	1	1

Program Director