



Interventional Radiology Independent Residency

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 help 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.



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.

1	2	3	4
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)

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 Integrated Resident will required 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 increased 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.

Less risky procedures performed on the floor can be performed with indirect supervision (level 3). Attendings should be made aware of procedures planned outside normal working hours. Acceptable procedures which can be performed on the floor by the IR resident by indirect supervision include:


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.

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Designated Levels	1	2	3	4	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					4	4
Admit patients to ICU and complete H&P for ICU level of care					2	2
Treat and manage common medical conditions					3	4
Make referrals and request consultations					3	4
Provide consultations within the scope of his/her privileges					3	4
Render any care in a life-threatening emergency					3	4
Initiate and manage mechanical ventilation for 24 hours					1	1
SEDATION						
Conscious Sedation					1	1
Local anesthesia					3	3,4

	Supervising Physician present (Direct)	Supervising Physician in hospital and available for consultation (Indirect but direct supervision)	Supervising Physician out of hospital but available by phone or can come in (Indirect but direct supervision)	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	
Floor Procedures					PGY-6	PGY-7
Image guided drainage abscess/fluid					1	2
Arterial access/angiogram					2	2
Arterial embolization/stenting					1	2
Removal of existing drains/biliary/nephrostomy					4	4
Fistulagram and intervention					2,1	1
Suprapubic and gastric tubes					2	2
Venous access/venogram					2	2
Venous intervention (stent/embolization)					1	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
Portal Intervention (TIPS/variceal embolization)					1	1
Delivery of transarterial radiopharmaceuticals and chemoembolics					1	1
Removal of tunneled catheters					3	4
IVC filter placement/removal					1	1



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 Date