Neuroradiology Fellowship

Supervision Policy - Scope of Practice

The purpose of this policy is to ensure that fellows 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 fellow is assigned by the program director and faculty members to ensure effective oversight of supervision.

Each 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. Fellows 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 fellows 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 faculty or fellow who has been given supervisory privileges. These supervisory levels are used throughout the Scope of Practice document.

Direct Supervision - The supervising physician is physically present with the fellow and patient during key portions of the patient interaction.

Indirect Supervision - the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision.

Oversight - the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

With respect to feedback, the fellow will be evaluated at the 12-week and semi-annual milestones. A comprehensive evaluation of the fellow's perceived level of dependance will be made with adjustments (increased or decreased supervision) as deemed necessary.

All fellows need to maintain current BLS/ACLS training.

Few examples of the procedures expected from the Neuroradiology Fellow are as

follows: Computed tomography angiogram/venogram: 3

Magnetic resonance angiogram/venogram: 3

Myelography: 1

Conventional cerebral angiogram: 1

Aneurysm coiling: 1

Endovascular stenting: 1

Vertebroplasty/kyphoplasty:

1 Nerve root injection: 1

Biopsy: 1

Direct Supervision	Indirect Supervision	Oversight
Supervising physician is physically present with fellow during key portions of the patient interaction (Direct) -1	Supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the fellow for guidance and is available to provide appropriate direct supervision (Indirect) -2	Supervising physician is available to provide review of procedures/ encounters with feedback provided after care is delivered. (Oversight) -3

Attending notification: Faculty should be notified if the following occur:

- Code Blue or patient death in patient post-procedure that was unexpected
- Complication following procedure that is unexpected
- Potential transfer of patient from outside facility to TGH for Radiology care
- Emergent situation when other clinical services are not available for decision making
- Ambulatory patient referred to ER post procedure
- Ambulatory patient being admitted for inpatient care following recent procedure
- Ambulatory patient or faculty requesting to speak to on-call physician with unexpected complication
- Trainee is harmed or threatened
- Event report concerning a patient or trainee

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Ryan Murtagh, MD   Date