Supervision Policy & Scope of Practice

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. 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 aspiration and infusion therapies. Venous interventions include thrombolytic therapy, recanalization procedures, angioplasty, stent placement, ablation and hemodialysis procedures among others. 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 guided 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 during the key portions of the patient interaction; or, the supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.
Indirect Supervision	The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.
Oversight	The supervising physician is available to provide review of procedures/encounters with feedback after care is delivered.

The supervisory level applies the principles of conditional independence. 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 supervision 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.

The below tables provide guidance of supervision of resident based on PGY level. Note that the as conditional independence advances throughout the year(s), these supervision thresholds may be advanced or retracted as necessary:

	Supervising Physician present (Direct Supervision)	**Supervising Physician is not physically present (Indirect Supervision)**	**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		
PATIENT CARE					**PGY-6**	**PGY-7**	
Perform patient care in outpatient setting					2	3	
Perform follow-up exam on patients					2	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					3	3	

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Designated Levels	1	2	3		See below for level of supervision required for each procedure and year of training		
Provide consultations within the scope of his/her privileges					2,3	2,3	
Render any care in a life-threatening emergency					3	3	
SEDATION							
Local anesthesia					3	3	
Moderate Sedation					3	3	
PROCEDURES							
Abscess drainage					2	3	
Arthrocentesis					2	3	
Biliary Drainage					1,2	1,2	
Removal of existing drains/biliary/nephrostomy tubes					3	3	
Bone biopsy					1,2	2	
Central venous access/Port insertion					1,2	2	
A/V dialysis access interventions					1	2	
Gastrostomy/Gastrojejunostomy/Jejunostomy tube insertion					1	2	

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Designated Levels	1	2	3		See below for level of supervision required for each procedure and year of training		
Gastrostomy/Gastrojejunostomy/Jejunostomy tube exchange					2	2	
Venous access/venogram					1,2	3	
Portal interventions (TIPS/variceal embolization/recanalization)					1	2	
Removal of tunneled catheters					3	3	
IVC filter placement					1,2	3	
IVC filter removal					1	2	
Nephrostomy tube insertion					1	2	
Nephrostomy tube exchange					2	4	
Tumor ablation					1	1,2	
Bone marrow aspiration					1,2	2	
Transarterial embolization (TACE/Bland Embolization)					1	2	
Y90 Radioembolization					1	2	
Spinal augmentation/ablation					1	1,2	
Paracentesis					2,3	3	
Thoracentesis					2,3	3	

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Designated Levels	1	2	3		See below for level of supervision required for each procedure and year of training		
Pericardiocentesis					1	1,2	
Transjugular Intrahepatic Portosystemic Shunt (TIPS)					1	1	
Endovascular Aneurysm Repair (EVAR)					1	1,2	
Brachiocephalic interventions					1	1,2	
Carotid artery stent					1	1	
Renal/Mesenteric angioigram					1	1,2	
Arterial access/angiogram					1,2	2	
Arterial embolization/stenting					1	2	
Venous stent					1	1,2	
Venous lysis					1	1,2	
Pulmonary angiography					1	1,2	
Interpretation of noninvasive imaging					1,2,3	3	
Interpretation of cross-sectional imaging					1,2,3	3	

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Supervision Guidelines

The intent of the policy is to ensure the privilege of progressive authority and responsibility and conditional independence. A progressive supervisory role in patient care delegated to each resident is assigned by the program director with input by faculty members. The attending physician is responsible for supervising both procedures and patient care. In circumstances when decisions and patient treatment are to be administered by the resident in the absence of the attending physician, such as may occur at night or on weekends, the attending physician must be notified of all decisions and treatments plans in a timely fashion, to be determined by the resident based on the circumstances of the case. Residents can identify the attending on call by open communication between the resident and attending on call, reviewing the on-call calendar which is routinely updated or by calling the hospital operator who keeps a log of the schedule. It is the responsibility of the resident to notify the attending physician under all of the above situations and any other situation that may necessitate supervision by the attending, when he or she is not immediately available. In no circumstance should the trainee perform a procedures without notifying the attending physician.

Guidelines for Communicating with Supervising Faculty

Specific circumstances are outlined below for **guidelines for communicating with supervising faculty in accordance with Program Requirement VI.A.2.e).(1)**. Residents are encouraged to contact faculty at any time without fear of retribution or reprisal. Optimal patient care is the shared goal of each resident, faculty member, and the program. As such, residents should contact faculty at any time with any questions or when a patient's needs exceed the resident's ability. **Faculty must be contacted** in circumstances involving:

- A resident who feels that circumstances and events have exceeded his/her permitted conditional independence.
- At the start of any invasive procedure and prior to 'time out.'
- A significant deterioration of a patient's condition. For example, a change that leads to a patient being transferred to a higher level of care such as from a regular floor to the ICU.
- Unexpected death of a patient.
- Involvement in a procedure that the trainee may not be credentialed to do.
- Any conflict that arises with staff, other services, or family members.

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If the faculty member does not respond in a timely manner, the resident will then contact the program director or associate program director for assistance. This policy is reviewed annually at orientation of new residents, and faculty are reminded at the start of each academic year.

Brian J. Schiro, MD
Program Director, IR-Independent Residency

8/16/22
Date

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