Updated: 3/19/2024

SCOPE OF PRACTICE – Supervision Policy

DIAGNOSIC RADIOLOGY RESIDENCY

This document pertains to diagnostic radiology rotations at the University of South Florida (USF) affiliates (Johns Hopkins All Childrens Hospital, Bay Pines VA Hospital, James A. Haley VA Hospital, Moffitt Cancer Center and Research Institute and Tampa General Hospital). This program is part of the resident training Program in DIAGNOSTIC RADIOLOGY at the University of South Florida. All Accreditation Council of Graduate Medical Education (ACGME), Joint Commission (JC), Agency for Health Care Administration (AHCA), and CMS guidelines pertaining to graduate medical education apply to this scope of practice.

The purpose of this policy is to ensure that residents are provided adequate and appropriate levels of supervision during 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 is assigned by the program director and faculty members to ensure effective oversight of resident supervision.

Each resident 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 the resident does not have sufficient documented experience for independently performing floor procedures or requires assistance in interpreting images, providing consultative services, protocoling imaging studies or work up for image guided procedure or therapy. Supervision may be provided by more senior residents in addition to attendings. However, 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 DIAGNOSTIC RADIOLOGY residency program at the University of South Florida compliance guidelines.

The residency program has a curriculum for providing knowledge and performance competence that includes procedure training, procedure log tracking and designation of independent procedure competence for floor procedures, semi-annual review with documentation of competence levels and annual review of resident promotion to the next PGY level and ongoing formative feedback throughout all four years of residency. Annual decisions about competence are made by the program's clinical competency committee to ensure a successful transition and preparation for the next PGY level. All residents need to maintain current ACLS training.

All house staff radiology physicians meet the qualifications for resident eligibility outlined by the Accreditation Council for Graduate Medical Education program REQUIREMENTS for DIAGNOSTIC RADIOLOGY.

The competence of the radiology resident physician is assessed on a regular ongoing basis through evaluations by attending physicians who observe the resident's performance of critical tasks and key physician attributes in radiology. Evaluations are maintained by the residency program. However, should a resident demonstrate unacceptable performance, the program and supervising physician would take steps to monitor that physician's care of patients and provide a greater degree of supervision as necessary.

In the clinical learning environment, each patient must have an identifiable, appropriately credentialed attending physician with site privileges who is ultimately responsible for that patient's care. The level of supervision required in the learning environment is defined by multiple factors, including the level of skill and knowledge of the resident, the patient and clinical task at hand, and the role of the supervisor. Supervision in the clinical learning environment is provided by the attending physician, and the Levels of supervision are defined by the ACGME.

Direct supervision: The supervising physician is physically present with the resident and patient.

Indirect supervision:

- 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.
- With direct supervision available: The supervising physician is not 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 provided after care is delivered.

Activities performed without direct supervision require access to the supervisory physician and access to direct supervision (typically within 30 minutes). Activities performed with direct supervision require the presence of the supervisory physician. Residents are authorized to perform any assigned activity assigned while under direct supervision. Residents are expected to use reasonable clinical judgement on when to seek attending consultation and assistance. Final interpretation of all diagnostic and therapeutic studies encountered in radiology requires direct supervision. Residents at all levels of postgraduate training, while not limited to the following activities, are specifically allowed to perform the following physician activities without direct supervision. This document may be modified by the program director based on additions to the training program.

- Regardless of the modality or level of training, all residents must review all imaging examinations with an attending radiologist before submitting a final report.
- Diagnostic radiographs, mammography, fluoroscopy, intravenous urography, ultrasound, and nuclear medicine examinations do not require both the resident and attending radiologist to be present during the procedure.
- Residents may monitor intravenous contrast injections for MRI or CT.
- Procedures defined by CPT as “Supervision and Interpretation (S&I) procedures are considered interventional. These procedures include all biopsy procedures and most image guided drainage procedures. Image guided paracentesis, thoracentesis and lumbar puncture may be done with indirect supervision as per the ACGME. The remaining interventional procedures require direct supervision or indirect supervision with direct supervision immediately available. The attending radiologist must be present and supervise the resident during the essential portion of the procedure, with the exceptions for image guided paracentesis, thoracentesis and lumbar puncture. All invasive procedures in radiology require direct or indirect supervision with direct supervision regardless of the resident’s level of training.
- Residents may issue a preliminary report for non-interventional imaging studies while on-call. All on-call studies are subsequently reviewed, and final report issued by the attending radiologist within 24 hours. An attending radiologist is available, either in house or by pager/telephone, if the resident has questions or requires assistance in determining the significance of an imaging finding or if attending consultation is necessary. Schedule of responsible attending radiologist is required for any on-call resident assignment at any site.
- In regard to stipulating when a trainee should reach out to an attending, please consider adding to your criteria an event report filed, patient or staff requesting to speak with attending or trainee threat or harm.

PGY levels in DIAGNOSTIC RADIOLOGY

PGY-2: This resident level is considered the beginning of resident training in radiology and is expected to seek attending physician assistance more frequently than residents in the later years of training. The PGY-2 level resident is not allowed to take “call” without direct supervision until completion of twelve (12) consecutive months of radiology residency training. Residents at this level are primarily tasked with the interpretation of images, work up of patients prior to invasive image-guided procedures and therapies under the supervision of the attending radiologist. Residents at this level are expected to provide consultative services in the realm of diagnostic and interventional radiology under the direction of the attending radiologist. The resident at this level is also tasked with teaching medical students with attending guidance.

PGY-3: During this year, the resident is expected to perform the tasks of image interpretation, image-guided procedures and therapies and consultative services under the direction of the attending radiologist. The resident at and above this level will also be tasked with call responsibility, to include the issuance of preliminary reports during on call rotation assignments and consultation with referring physicians in routine and emergent circumstances. An increased level of knowledge, interpretive skill, consultative skill and procedural skills is expected in residents of this level as compared to PGY-2 level residents. Residents at the PGY-3 level are also expected to assist the attending radiologist in the supervision PGY-2 level residents in consultative tasks and provide teaching to PGY-2 level residents and medical students.

PGY-4: During this year, the resident is expected to continue the tasks of image interpretation, image-guided procedures and therapies and consultative services under the direction of the attending radiologist. The resident at this level will also be tasked with call responsibility, to include the issuance of preliminary reports during on call rotation assignments and consultation with referring physicians in routine and emergent circumstances. An increased level of knowledge, interpretive skill, consultative skill and procedural skills is expected in residents of this level as compared to PGY-2 and PGY-3 level residents. Residents at the PGY-4 level are also expected to assist the attending radiologist in the supervision of other residents in consultative tasks and provide teaching to residents and medical students.

PGY-5: This year is considered the final training year for the radiology resident. During this year, the resident is expected to master the tasks of image interpretation, image-guided procedures and therapies and consultative services under the direction of the attending radiologist. The resident at this level will also be tasked with call responsibility, to include the issuance of preliminary reports during on call rotation assignments and consultation with referring physicians in routine and emergent circumstances. An increased level of knowledge, interpretive skill, consultative skill and procedural skills is expected in residents of this level as compared to more junior residents. Residents at the PGY-5 level are also expected to assist the attending radiologist in the supervision of other residents in consultative tasks and provide teaching to residents and medical students.

	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		
CORE PROCEDURES					**PGY-2**	**PGY-3**	**PGY-4**	**PGY-5**
Interpret radiology imaging and render final report					1	1	1	1
Interpret radiology imaging and issue preliminary report					2	3	3	3
Provide consultative services in the realm of diagnostic and interventional radiology					2	3	3	3
Monitor intravenous contrast agent administration for imaging procedures					2	4	4	4
Administer contrast for diagnostic gastrointestinal tract or genitourinary tract fluoroscopic procedures (such as barium esophagram and cystogram)					2	4	4	4
Administer intravascular contrast for interventional procedures					1	1	1	1
Complete work up and planning for image guided interventional procedures					2	3	3	3
Perform image guided biopsy, drainage procedure and diagnostic and therapeutic interventional radiology procedures (except for floor procedures as listed below).					1	1	1	1
Complete imaging protocols for radiography					2	3	3	3
Administer therapeutic radiopharmaceuticals (such as Iodine-131 for thyroid ablation therapy)					1	1	1	1
SEDATION					**PGY-2**	**PGY-3**	**PGY-4**	**PGY-5**

	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			
Local anesthesia					2	3	3	3
Floor Procedures					**PGY-1**	**PGY-2**	**PGY-3**	**PGY-5**
Ultrasound guided paracentesis					2	3	3	3
Ultrasound guided thoracentesis					2	3	3	3
Fluoroscopic guided lumbar puncture					2	3	3	3

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