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SCOPE OF PRACTICE

Diagnostic Radiology Residency
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This document pertains to Resident rotations under the auspices of the University of South Florida (USF) at 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). 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 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 is assigned by the program director and faculty members to ensure effective oversight of resident supervision.

Each resident and faculty must inform each patient of their respective roles in patient care. Residents must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence. A resident must communicate with the supervising faculty in the following circumstances: the resident does not have sufficient documented experience for independently performing procedures or requires assistance in interpreting images, providing consultative services, protocoling imaging studies, or preparing the 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.

Residents and faculty can report concerns regarding inadequate supervision on the GME website or the hospital reporting system. Any reports will be protected from reprisal. This document is available on the GME website for all residents, faculty, other team members, and patients.

The program follows the ACGME 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

1) The supervising physician is physically present with the Resident during the key portions of the patient interaction.
2) 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 residency program has a curriculum for providing knowledge and performance competence that includes procedure training on rotation and the number of procedures that need to be completed before obtaining indirect supervision. Procedure competence is evaluated by faculty on each rotation via New Innovations. 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 BLS and ACLS training.

- 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 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 on-site 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. Access to the schedule of responsible attending radiologist is required for any on-call resident assignment at any site.
- Trainees should contact the attending radiologist if an event report is filed, patient or staff requests 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 skills, consultative skills 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 of 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, including 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, including 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 is not providing physical or concurrent visual or audio supervision but is immediately available (Indirect)	Supervising physician is available to provide a review of procedures/ encounters with feedback after care is delivered (oversight)	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-1**	**PGY-2**	**PGY-5**	**PGY-3**
Local anesthesia				2	3	3	3
Floor Procedures				**PGY-1**	**PGY-2**	**PGY-5**	**PGY-3**
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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