

SCOPE OF PRACTICE

**Interventional Radiology Independent
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This document pertains to PGY6/7 resident rotations under the auspices of the Interventional Radiology independent Program at Tampa General Hospital and Moffitt Cancer Center. 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. Residents must communicate with the supervising faculty in the following circumstances: any critical finding that may result in patient irreversible damage or death, any unexpected finding, finding that would change patient management, and prior to any invasive procedure. All patient care must be provided under a credentialed and privileged attending physician. 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 IR Independent 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 procedural training and simulation. 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.

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 Independent IR Residents will require 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 increase 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.

Low risk procedures, which are only performed on the floor, can be performed with indirect supervision (level 3) after demonstrating competency with these procedures during Level 1/2 supervision. The following procedures can be performed by Independent IR residents after normal hours, however, the faculty on-call should be made aware of these procedures.

Central venous catheter manipulation (tunneled or non-tunneled) GI tube manipulation (G tube, GJ tube, J tube)

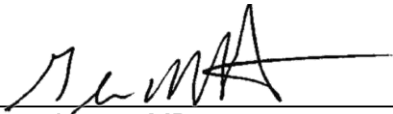
Tunneled central venous catheter removal

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.

	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)		
Designated Levels	1	2	3		
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				3	3
Remove or manipulate central venous catheters					
Admit patients to ICU and complete H&P for ICU level of care				3	3
Treat and manage common medical conditions				2	2
Make referrals and request consultations				3	3
Provide consultations within the scope of his/her privileges				2	3
Render any care in a life-threatening emergency				2	3
Initiate and manage mechanical ventilation for 24 hours				2	3
Perform any procedures in the IR procedural suite					
SEDATION				PGY-6	PGY-7
Conscious Sedation				1	1
Local Anesthesia				2	2,3
Procedures				PGY-6	PGY-7
Image guided drainage abscess/fluid				1,2	2
Arterial access/angiogram				2	2
Arterial embolization/stenting				1	2
Removal of existing drains/biliary/nephrostomy				3	3
Fistulagram and intervention				1	1,2
Suprapubic and gastric tubes				2	2
Venous access/venogram				2	2
Venous intervention (stent/embolization)				1,2	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	1,2

	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)		
Designated Levels	1	2	3		
Portal Intervention (TIPS/variceal embolization)				1	1,2
Delivery of transarterial radiopharmaceuticals and chemoembolics				1	1,2
Removal of tunneled catheters				2,3	3
IVC filter placement/removal				1	1



 Glenn Hoots, MD
 Program Director, IR Independent Program

6/20/2025

 Date