

Scope of Practice

UNIVERSITY OF SOUTH FLORIDA MUSCULOSKELETAL IMAGING FELLOWSHIP
SCOPE OF PRACTICE
DIRECTOR OF PROGRAM: NEELESH PRAKASH, M.D.

This document pertains to diagnostic radiology rotations at the University of South Florida Affiliated Hospitals (All Children's Hospital, Bay Pines VA Hospital, James A. Haley VA Hospital, Moffitt Cancer Center, and Tampa General Hospital). This program is part of the fellow training program in Musculoskeletal Imaging at the University of South Florida. All ACGME and JCAHO guidelines pertaining to graduate medical education apply to this rotation.

In keeping with ACGME and JCAHO guidelines, the faculty and program director are responsible for providing fellows with direct experience in progressive responsibility for patient management. All patient care at the affiliated hospitals provided by fellows will be provided under direct or indirect faculty supervision. Supervision must be documented in the medical record in accordance with Musculoskeletal Imaging at the University of South Florida compliance guidelines.

Activities performed ***without direct supervision*** require access to the supervisory physician for communication and physical access ***within 30 minutes***. Activities performed with direct supervision require presence of the supervisory physician. Fellows are authorized to perform any activity assigned while under direct supervision. **Final interpretation of all diagnostic and therapeutic studies requires direct supervision.** Fellows at each postgraduate year of training, while not limited to the following activities, are specifically allowed to do these 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 fellows **must** review all imaging examinations with an attending radiologist before dictating a final report.
- Diagnostic radiographs, mammography, fluoroscopy, intravenous urography, ultrasound, and nuclear medicine do not require both the fellow and the attending radiologist to be present during the procedure.
- Fellows may monitor intravenous contrast injections for MRI or CT.
- All procedures defined by CPT as "Supervision and Interpretation (S&I)" procedures are considered interventional. These procedures include all biopsy procedures and needle or catheter placements, regardless of the modality. "By definition, the attending radiologist **must** be present and supervise the fellow during the essential portion of the procedure". In essence, all invasive procedures in diagnostic radiology require direct or indirect supervision by an attending radiologist regardless of the fellow's level of training.

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UNIVERSITY OF SOUTH FLORIDA MUSCULOSKELETAL IMAGING PROGRAM

SCOPE OF PRACTICE

DIRECTOR OF PROGRAM: NEERESH PRakash, M.D.

This document outlines the scope of diagnostic radiology services offered by the University of South Florida. It includes All Children's Hospital, Bay Pines VA Hospital, James A. Haley VA Hospital, Moffitt Cancer Center, and Tampa General Hospital.

This program is part of the fellow training program in Diagnostic Radiology at the University of South Florida. All ACGME and JCAHO guidelines pertaining to Graduate Medical Education apply to this fellowship.

In keeping with ACGME and JCAHO guidelines, the faculty and program director are responsible for providing fellows with direct experience in professional responsibility for patient management. All fellows will be assigned to specific subspecialty clinics at the University of South Florida, such as orthopaedic imaging, musculoskeletal imaging, and abdominal imaging.

Activities performed within the subspecialty clinics include access to the subspecialty privileges for communication and physical access within 30 minutes. Activities performed within direct supervision include the evaluation and treatment of patients with musculoskeletal problems, the performance of diagnostic procedures, and the interpretation of all diagnostic studies and therapeutic studies under direct supervision. Fellowes are limited to the following activities in a subspecialty clinic:

- Direct consultation with respect to each骨盆骨折, while not limited to the following activities, is a subspecialty clinic.
- Fellowes of the spine will perform direct consultation. This document may be modified by the program director to allow for other subspecialties if the following activities are a subspecialty of the training program.

• Radiographs of the orbits or level of cranial nerves. It follows that review of the imaging examinations may be performed by radiologists practicing in final report.

• Diagnostic radiology, ultrasound, fluoroscopy, interventional procedures, and nuclear medicine do not require both the fellow and the attending radiologist to be present during the procedure and nuclear medicine do not require both the fellow and the attending radiologist to be present during the procedure.

• Fellowes may undergo intravenous contrast injection for MRI or CT.

All procedures defined by CPT as "Subscription and interpretation (S&I)" procedures are considered interventional. These procedures include all basic procedures and those of arteriovenous fistula, bypass procedures, interventional radiology, and nuclear medicine. In most cases, the fellow and supervisor will determine the essentiality of the procedure. In cases where it is unclear whether the procedure is essential, the fellow and supervisor will determine the essentiality of the procedure.

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- Fellows may issue a preliminary report for non-interventional imaging studies while on-call. All on-call studies will subsequently be reviewed by an attending radiologist, usually within 24 hours. An attending radiologist is always available, either in-house or by pager, if the fellow has questions or concerns regarding the significance of an imaging finding.
- Fellows may take unsupervised after-hours call with attending radiologist back up.

X Neelakshi Patel 10/18/2011

Director of Program

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- All non-cellular substances will suspendedly be removed by the standard radiological sensibility within 24 hours. An additional radiologist is always available, either in-house or by pager, if the fellow may issue a preliminary report for non-intraoperative imaging studies while on-call.

• Fellowes may take unsupervised after-hours calls with a telephone radiotelephone pack or

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