

Policies and Procedures

<i>Section:</i> School of Medicine (Phoenix)		<i>NO.</i>				
<i>Chapter:</i> Diagnostic Radiology Residency	<i>Issued:</i> 7/1/2020	<i>REV. A</i> 10/1/2020	<i>REV. B</i>	<i>REV. C</i>	<i>REV. D</i>	<i>REV. E</i>
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PURPOSE

In compliance with the ACGME Institutional and Common Program Requirements, this policy outlines the requirements to be followed when supervising residents. The Radiology Residency Training Program recognizes and supports the importance of graded autonomy and progressive responsibility in graduate medical education. The goal is to promote assurance of safe patient care and the resident's maximum development of the skills, knowledge and attitudes needed to enter the unsupervised practice of medicine.

SCOPE

This policy applies to all residents in the Diagnostic Radiology Residency Program at Creighton University School of Medicine (Phoenix).

POLICY

The departmental policy is outlined below, along with a link to access Creighton University GME policy.

GOAL

To define the responsibility for supervision of radiology residents: "In the clinical learning environment, each patient must have an identifiable, appropriately credentialed and privileged supervising faculty who is ultimately responsible for that patient's care. This information should be available to residents, faculty members, ancillary members of the care team and patients. Residents and faculty members should inform patients of their respective roles in each patient's care."

The program must demonstrate that the appropriate level of supervision is in place for all residents who care for patients. Supervision may be exercised through a variety of methods. Some activities require the physical presence of the supervising faculty member. For many aspects of patient care, the supervising physician may be a more advanced resident. Other portions of care provided by the resident can be adequately supervised by the immediate availability of the supervising faculty member or resident supervision may include post-hoc review of resident-delivered care with feedback as to the appropriateness of that care.

Residents involved in patient care are responsible ultimately to the supervising physician with immediate supervision potentially under the auspices of a more senior radiology resident.

LEVELS OF SUPERVISION

To ensure oversight of resident supervision and graded authority and responsibility, the program must use the following classifications of supervision:

1. Direct Supervision: The supervising physician is physically present with the resident. All PGY-1 Resident must be initially supervised directly.
2. 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

In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.

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3. Oversight: the supervising physician is available to provide review of procedure/encounter with feedback provided after the care is delivered.
 - The privilege of progressive authority and responsibility, conditional independence and a supervisory role in patient care delegated to each resident must be assigned by the Program Director (PD) in conjunction with the CCC recommendations and supervising faculty feedback.
 - The PD must evaluate each resident's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.
 - Faculty members functioning as supervising physicians should delegate portions of care to residents based on the needs of the patient and skills of the residents.
- Senior residents should serve in a supervisory role of junior residents in recognition of their progress toward independence based on the needs of each patient and the skills of the individual resident. Residents in their first, second and third year of radiology residency are considered to be at the intermediate level. Residents in their fourth year of radiology residency are considered to be in their final year of training.
- Faculty supervision assignments should be of sufficient duration to access the knowledge and skills of the resident on that rotation and delegate to him/her the appropriate level of patient authority and responsibility (ACGME Requirements).

Each resident must know the limits of his/her own scope of authority and the circumstances under which he/she is permitted to act with conditional independence (based on CCC recommendations).

- There are set guidelines for circumstances and events in which residents must communicate with the appropriate supervising faculty members. In the event that a resident determines that a particular case or circumstance is beyond his/her scope of educational knowledge/experience (despite granted authority) he/she must communicate with the appropriate supervising faculty member.
- Residents are encouraged to contact the supervising faculty with any question to assure appropriate patient care, but **must** call in the following circumstances:
 - ✓ inability to interpret the imaging findings
 - ✓ protocoling of complex cases beyond the scope of the resident's experience
 - ✓ serious contrast reaction or extravasation requiring hospital administration
 - ✓ the ordering provider requesting attending overread

PROCEDURE

The radiology residency program provides a schedule which assigns qualified faculty physicians to supervise at all times and in all settings in which residents provide any type of patient care. Attendings will demonstrate to residents how to interpret images, perform various radiology studies during interventional, ultrasound, nuclear medicine and fluoroscopy rotations. In addition, attendings will demonstrate to residents how to protocol various studies using US, CT and MR imaging. Residents will take an active role in daily protocols. Residents will demonstrate competency in these hands-on areas and their competency will be evaluated by the supervising faculty in the end of the rotation evaluation (monthly) and by the CCC during the semi-annual Milestone evaluation.

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The minimum amount/type of supervision required in each situation is tailored specifically to the demonstrated skills, knowledge and ability of the individual resident. In all cases, the faculty member functioning as supervising physician may delegate portions of the patient's care to the resident based on the needs of the patient and the skills of the resident.

Progressive authority and responsibility, conditional independence and a supervisory role in patient care is delegated to the resident by the PD and faculty members.

- First year (PGY-2) residents are supervised, either directly or indirectly, with immediate direct supervision available at all times. First year residents must seek direct supervision or senior resident oversight before providing reads on critical results or performing Gastroenterology procedures.
- Senior (PGY-3) residents serve in a supervisory role of junior residents in recognition of their progress toward independence.
- All invasive procedures must be performed under direct attending supervision.
- Residents will dictate preliminary radiology reports that will be reviewed and finalized by the supervising attending radiologist within 24 hours.
- Radiology residents must successfully complete 12 months of core training prior to beginning call in the PGY-3 year.

Indirect supervision, with direct supervision immediately available, will be provided to PGY 2-5 residents on-call. Resident will dictate preliminary reports which will be reviewed by the on-call staff during work hours until 11 PM. Studies read between 11 PM and 7 AM will be reviewed by faculty the following morning. Residents may call the nighthawk service or the assigned faculty with questions at any time. Faculty and the nighthawk service have access to radiology imaging studies from outside the hospital via the internet.

REFERENCES

ACGME

Creighton University GME Policy link: <https://alliance.creighton.edu/sites/g/files/indaly966/files/2019-05/gme-resident-supervision.pdf>

AMENDMENTS OR TERMINATION OF THIS POLICY

Creighton University reserves the right to modify, amend or terminate this policy at any time.

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