Policies and Procedures

Section: **School of Medicine**		*NO.*				
Chapter: **Radiology**	*Issued:*	*REV. A* *10/29/19*	*REV. B*	*REV. C*		
Policy: Resident Supervision Policy		***Page 1 of 4***				

PURPOSE

The GMEC must monitor programs' supervision of residents and ensure that supervision is consistent with:

a. Provision of safe and effective patient care;
b. Educational needs of residents;
c. Progressive responsibility appropriate to residents' level of education, competence, and experience; and,
d. Other applicable Common and specialty/subspecialty-specific Program requirement

SCOPE

This policy applies to all Creighton University **Radiology Residents**.

POLICY

GOAL:

To define responsibility for supervision of radiology residents.

"In the clinical learning environment, each patient must have an identifiable, appropriately credentialed and privileged attending physician who is ultimately responsible for that patient's care. This information should be available to residents, faculty members 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 physician either in the institution or by means of telephone or electronic modality. In some circumstances, 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.

1. Levels of Supervision

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

A. Direct Supervision The supervising physician is physically present with the resident.

B. Indirect Supervision i .

i. with direct supervision immediately available: the supervising physician is physically within the hospital or site of care and is immediately available to provide direct supervision

ii. With direct supervision available: the supervising physician is not present within the hospital or other site of care, but is immediately available by means of telephone and/or electronic modalities, and is available to provide direct supervision.

C. Oversight

The supervising physician is available to provide review of procedure/encounter with feedback provided after the care is delivered.

2. 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 and faculty members.

a . The Program Director must evaluate each resident's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.

b . 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.

c . 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.

3 . There are set guidelines for circumstances and events in which residents must communicate with the appropriate supervising faculty members.

a . 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.

i . A resident must immediately report to the supervising physician when the resident deems that a case or circumstance is beyond his/her scope of medical knowledge or experience.

4. 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)

PROCEDURE:

1. 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.

2. Attendings will demonstrate to residents how to interpret images, perform various radiology studies during 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 biannual Milestone evaluation.

3. 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.

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

a. First year (PGY2) 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 GI procedures.

b. Senior (PGY3-5) residents serve in a supervisory role of junior residents in recognition of their progress toward independence.

c. All invasive procedures must be performed under direct attending supervision.

2. Residents will dictate preliminary radiology reports that will be reviewed and finalized by the supervising attending radiologist within 24 hours.

3. Radiology residents must complete 12 months of core training prior to beginning call in the PGY 3 year.

4. ”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 11PM. Studies read between 11PM and 7AM will be reviewed by faculty in 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.

5. 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 (based on CCC eval). 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 residents experience, serious contrast reaction or extravasation requiring hospital admission, the ordering provider requesting attending overread.

REFERENCES

https://www.acgme.org/

AMENDMENTS OR TERMINATION OF THIS POLICY

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

The GME policy supersedes all program level policies regarding this area/topic. In the event of any discrepancies between program policies and the GME policy, the GME policy shall govern.