

Policies and Procedures

<i>Section:</i> School of Medicine		<i>NO.</i>				
<i>Chapter:</i> Radiology	<i>Issued:</i> 10/29/2019	<i>REV. A</i> 5/25/2023	<i>REV. B</i>	<i>REV. C</i>		
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PURPOSE

Supervision in the setting of graduate medical education provides safe and effective care to patients; ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine; and establishes a foundation for continued professional growth.

SCOPE

This policy applies to all Creighton University Radiology Residents.

DEFINITIONS

- **Direct supervision:** Unless specified by a specific Review Committee, direct supervision means the supervising faculty is physically present during key portions of the patient interaction. Physically present is defined as the teaching physician is either located in the same room as the patient and/or performs a face-to-face service or it can be met through interactive video real-time communications technology that is synchronous when permitted by the appropriate Review Committee. Audio only technology does not meet this requirement.
- **Indirect supervision:** The supervising physician is not providing physical or concurrent visual supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.
- **Oversite supervision:** The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.
- **Supervising faculty:** An appropriately credentialed and qualified physician or licensed independent practitioner (as allowed by each accrediting body) appointed to the program faculty to provide resident education and supervision and who has responsibility for the patient's care.
- **Regulatory requirements:** Those dictate by a GME accrediting body, the sponsoring institution, a governmental or other oversight body such as, but not limited to, Medicare or Joint Commission.

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POLICY

1. The radiology residency program provides a schedule which assigns qualified faculty physicians to always supervise 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, and 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 biannual Milestone evaluations.
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 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 always supervised either directly or indirectly with immediate direct supervision available. 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.
5. Residents will dictate preliminary radiology reports that will be reviewed and finalized by the supervising attending radiologist within 24 hours.
6. Radiology residents must complete 12 months of core training prior to beginning call in the PGY 3 year.
7. "Indirect supervision with direct supervision immediately available" will be provided to PGY 2-5 residents on call. The 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

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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.

8. Each resident must know the limits of their scope of authority and the circumstances under which they are permitted to act with conditional independence (based on CCC evaluation). If a resident determines that a particular case or circumstance is beyond their scope of educational knowledge/experience (despite granted authority), they 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:

- a) inability to interpret the imaging findings
- b) protocoling of complex cases beyond the scope of the resident's experience
- c) serious contrast reactions or extravasation requiring hospital admission
- d) the ordering provider requesting attending overread

REFERENCES

ACGME

American Board of Radiology

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.