

PROGRAM LEVEL POLICY FOR SUPERVISION AND ACCOUNTABILITY
for
NUCLEAR MEDICINE RESIDENCY
NOVEMBER 20, 2017

RESPONSIBILITIES AND ACCOUNTABILITY

The resident must introduce himself/herself to the patient as a learner, who will be delivering the care and supervised by faculty, and inform every patient of their respective roles in each patient's care.

ADVERSE EVENTS

The resident must report any complication, near miss, or patient problem/safety issue to the supervising faculty. In addition, the resident is instructed to utilize the patient safety net reporting system (PSN). Depending on the PSN issue reported, one of several reviews may happen with subsequent followup, including the formation of a root cause analysis committee as recommended by the senior leadership safety review, with recommended changes as needed.

ACTIVITY LIST

The activities that require direct and/or indirect supervision of a resident are attached. The resident must notify the program director if the faculty assigned is not available.

SUPERVISING ANOTHER LEARNER

A resident may supervise resident and medical students commensurate to their level of skill, experience, and complexity of the procedure which will be determined and communicated to each learner by the faculty.

PROGRESSIVE AUTHORITY

The program director and supervising faculty assign the level of supervision based on specific criteria guided by the ACGME milestones of nuclear medicine residency. The faculty supervision assure the provision of safe and effective care to the individual patient, and assure the resident to gain graded and progressive responsibility, to develop the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine, and to establish a foundation for continued professional growth.

BACK-UP SYSTEM

The resident must report to the supervising faculty if fatigued and not fit for duty, who must make arrangements to transfer the responsibilities.

FATIGUE

If the resident is ill, fatigued, has a family emergency, or is impaired; or if another health care team member is unfit for duty due to possible impairment, the resident must transfer clinical responsibilities to another resident or supervising faculty member. The Residency Program Director must be notified of this transfer of responsibilities.

HAND-OVER PROCESS

Non on-call resident will transfer patient care to the on-call resident at 17 pm in-person. The on-call resident is expected to stay until they have finished any added procedures after 16:30.

COMMUNICATION WITH THE SUPERVISING FACULTY

The resident must communicate with the attending faculty regarding all patient care.

Attachment A

CLINICAL ACTIVITY AND SUPERVISION

Clinical Activity	Resident Level	Instruction Method	Instructor Level	Requirement to Perform without Direct Supervision	Supervision Level	Method of Resident OK to Perform without Direct Supervision
Interpretation of general nuclear medicine imaging studies	NM1-NM3	Direct Clinical Instruction	Staff	This is always performed under supervision	As defined by RRC	This is always performed under supervision
Interpretation of PET/CT scans	NM1-NM3	Direct Clinical Instruction	Staff	This is always performed under supervision	As defined by RRC	This is always performed under supervision
Performance of I-131 therapy	NM1-NM3	Direct Clinical Instruction	Staff	This is always performed under supervision	As defined by RRC	This is always performed under supervision
Performance of parenteral radionuclide therapy	NM1-NM3	Direct Clinical Instruction	Staff	This is always performed under supervision	As defined by RRC	This is always performed under supervision
Supervision of cardiac stress tests	NM1-NM3	Direct Clinical Instruction	Staff	(1) ACLS Certification AND (2) Performance of 3 cardiac stress tests with direct supervision	As defined by RRC	Verification of ACLS certification & performance of 3 cardiac stress tests with direct supervision
Lymphoscintigraphy injections	NM1-NM3	Direct Clinical Instruction	Staff	Performance of 3 procedures with direct supervision	As defined by RRC	Verification of 3 procedures with direct supervision

ACGME Supervision Guidelines:

Direct Supervision: Supervising physician is physically present with the resident and patient.

Indirect Supervision with direct supervision immediately available: The supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision

Indirect Supervision with direct supervision available: The supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

Oversight: The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered