

PROGRAM LEVEL POLICY FOR SUPERVISION AND ACCOUNTABILITY
for
INTERVENTIONAL RADIOLOGY
JULY 1, 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 learner is attached. The resident must notify the program director if the faculty assigned is not available.

SUPERVISING ANOTHER LEARNER

A senior resident may supervise junior residents and medical students commensurate to their level of skill, experience, and complexity of the procedure which will be determined and communicated to each IR resident.

PROGRESSIVE AUTHORITY

The program director and supervising faculty assign the level of supervision based on specific criteria guided by the ACGME milestones of interventional radiology. 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

A resident must report to the supervising faculty if fatigued and not fit for duty, who must make arrangements to transfer the responsibilities. In addition to other residents, the Radiology Department has two physician assistants who work as back-up.

FATIGUE

If a 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. If the

resident cannot find another qualified person to assume these responsibilities, then the supervising faculty member must make arrangements to transfer the responsibilities. The Residency Program Director must be notified of this transfer of responsibilities.

HAND-OVER PROCESS

Non on-call residents transfer patient care to the on-call resident at 4:00 pm in-person. The on-call resident is expected to stay until they have finished their daily clinic duties. IR Residents are on home call every 4th night (Q4). If the resident is called in to do a case in the middle of the night with the attending physician, the resident is not required to come in the next day and stay at home for a minimal of 10 hours, but required to leave a note for the daytime team. In addition, the attending physician is responsible to transfer the care to the day time team.

COMMUNICATION WITH THE SUPERVISING FACULTY

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

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
Admission	PGY2+	Direct Clinical Instruction	Staff	This is always performed under supervision	As defined by RRC	This is always performed under supervision
H & P	PGY2+	Direct Clinical Instruction	Staff	This is always performed under supervision	As defined by RRC	This is always performed under supervision
Extremity arteriography	PGY2+	Direct Clinical Instruction	Staff	This is always performed under supervision	As defined by RRC	This is always performed under supervision
Mesenteric arteriography	PGY2+	Direct Clinical Instruction	Staff	This is always performed under supervision	As defined by RRC	This is always performed under supervision
Renal arteriography	PGY2+	Direct Clinical Instruction	Staff	This is always performed under supervision	As defined by RRC	This is always performed under supervision
Dialysis fistula evaluation	PGY2+	Direct Clinical Instruction	Staff	This is always performed under supervision	As defined by RRC	This is always performed under supervision
Arterial angioplasty	PGY2+	Direct Clinical Instruction	Staff	This is always performed under supervision	As defined by RRC	This is always performed under supervision

Arterial stent placement	PGY2+	Direct Clinical Instruction	Staff	This is always performed under supervision	As defined by RRC	This is always performed under supervision
Lower extremity arterial re-vascularization	PGY2+	Direct Clinical Instruction	Staff	This is always performed under supervision	As defined by RRC	This is always performed under supervision
Peripheral thrombolysis	PGY2+	Instruction Method	Instructor Level	Requirement to Perform without Direct Supervision	Supervision Level	Method of Resident OK to Perform without Direct Supervision
Embolization	PGY2+	Direct Clinical Instruction	Staff	This is always performed under supervision	As defined by RRC	This is always performed under supervision
TIPS	PGY2+	Direct Clinical Instruction	Staff	This is always performed under supervision	As defined by RRC	This is always performed under supervision
Port placement	PGY2+	Direct Clinical Instruction	Staff	This is always performed under supervision	As defined by RRC	This is always performed under supervision
Tunneled catheter placement	PGY2+	Direct Clinical Instruction	Staff	This is always performed under supervision	As defined by RRC	This is always performed under supervision
IVC filter placement	PGY2+	Instruction Method	Instructor Level	Requirement to Perform without Direct Supervision	Supervision Level	Method of Resident OK to Perform without Direct Supervision
Venous ablation	PGY2+	Direct Clinical Instruction	Staff	This is always performed under supervision	As defined by RRC	This is always performed under supervision

Hemodialysis intervention	PGY2+	Direct Clinical Instruction	Staff	This is always performed under supervision	As defined by RRC	This is always performed under supervision
Biopsy	PGY2+	Direct Clinical Instruction	Staff	This is always performed under supervision	As defined by RRC	This is always performed under supervision
Chest tube placement	PGY2+	Direct Clinical Instruction	Staff	This is always performed under supervision	As defined by RRC	This is always performed under supervision
Nephrostomy tube placement	PGY2+	Instruction Method	Instructor Level	Requirement to Perform without Direct Supervision	Supervision Level	Method of Resident OK to Perform without Direct Supervision
Biliary drainage catheter placement	PGY2+	Direct Clinical Instruction	Staff	This is always performed under supervision	As defined by RRC	This is always performed under supervision
Percutaneous GI tract tube placement	PGY2+	Direct Clinical Instruction	Staff	This is always performed under supervision	As defined by RRC	This is always performed under supervision
Abscess drainage	PGY2+	Direct Clinical Instruction	Staff	This is always performed under supervision	As defined by RRC	This is always performed under supervision
Tumor ablation	PGY2+	Direct Clinical Instruction	Staff	This is always performed under supervision	As defined by RRC	This is always performed under supervision
Vertebroplasty/kyphoplasty	PGY2+	Instruction Method	Instructor Level	Requirement to Perform without Direct Supervision	Supervision Level	Method of Resident OK to Perform without Direct Supervision

Imaging studies interpretation	PGY2+	Direct Clinical Instruction	Staff	This is always performed under supervision	As defined by RRC	This is always performed under supervision
Fluoroscopic guided procedures	PGY2+	Direct Clinical Instruction	Staff	This is always performed under supervision	As defined by RRC	This is always performed under supervision
US guided procedures	PGY2+	Direct Clinical Instruction	Staff	This is always performed under supervision	As defined by RRC	This is always performed under supervision
Thoracocentesis and Paracentesis	PGY2+	Direct Clinical Instruction	Staff	This is always performed under supervision	As defined by RRC	This is always performed under supervision