Definitions

**Resident:**
A physician who is engaged in a graduate training program in medicine (which includes all specialties, e.g., internal medicine, surgery, psychiatry, radiology, nuclear medicine, etc.), and who participates in patient care under the direction of attending physicians (or licensed independent practitioners) as approved by each review committee. **Note:** The term “resident” includes all residents and fellows including individuals in their first year of training (PGY1), often referred to as “interns,” and individuals in approved subspecialty graduate medical education programs who historically have also been referred to as “fellows.”

As part of our training program, residents are given graded and progressive responsibility according to the individual resident’s clinical experience, judgment, knowledge, and technical skill. 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. Residents are responsible for asking for help from the supervising physician (or other appropriate licensed practitioner) for the service they are rotating on when they are uncertain of diagnosis, how to perform a diagnostic or therapeutic procedure, or how to implement an appropriate plan of care.

**Attending of Record (Attending):** An identifiable, appropriately-credentialed and privileged attending physician *(or licensed independent practitioner as approved by the Review Committee)* who is ultimately responsible for the management of the individual patient and for the supervision of residents involved in the care of the patient. The attending delegates portions of care to residents based on the needs of the patient and the skills of the residents.

**Supervision**
To ensure oversight of resident supervision and graded authority and responsibility, the following levels of supervision are recognized:

1. **Direct Supervision** – the supervising physician is physically present with the resident and patient.

2. **Indirect Supervision:**
   a) *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.
b) 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 come to the site of care in order to provide Direct Supervision.

3. Oversight – the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Responsibilities and Patient Care Activities

Residents are part of a team of providers caring for patients. The team includes an attending and may include other licensed independent practitioners, other trainees and medical students. Residents may provide care in both the inpatient and outpatient settings. They may serve on a team providing direct patient care, or may be part of a team providing consultative or diagnostic services. Each member of the team is dedicated to providing excellent patient care.

Residents evaluate patients, obtain the medical history, and perform physical, diagnostic and therapeutic examinations. They may develop a differential diagnosis and problem list. They may participate in procedures performed in the operating room or procedure suite under appropriate supervision. Residents may help provide for the educational needs and supervision of junior residents and medical students.

The specific role of each resident varies with his or her clinical rotation, experience and years of clinical training. The following is a guide to the specific patient care responsibilities by year of clinical training. Please note some residents may be engaged in one or more years of research training during their residency. Only years of clinical training are considered below.

PGY 2-5

Residents generally provide direct patient care and consultation within the radiology department, though they may serve on other inpatient or outpatient services as assigned by the program. They most frequently provide consultative and diagnostic services for inpatients (including those in the ICU) and outpatients (including emergency department). They may participate in procedures performed in the clinic, procedure suite or operating room under the supervision of a qualified member of the medical staff or senior trainee. They provide all services under the supervision of an attending physician.

Attending of Record

In the clinical learning environment, each patient must have an identifiable, appropriately credentialed and privileged primary attending physician (or licensed independent practitioner if approved by your RRC) who is ultimately responsible for that patient’s care. The attending physician is responsible for assuring the quality of care provided and for addressing any problems that occur in the care of patients and thus must be available to provide direct supervision when appropriate for optimal care of the patient and/or as indicated by individual program policy. The availability of the attending to the resident is expected to be greater with less experienced residents and with increased acuity of the patient’s illness. The attending must notify all residents on his or her team of when he or she should be called regarding a patient’s status. In addition to situations the individual attending would like to be notified of, the attending should include in his or her notification to residents all situations that
require attending notification per program or hospital policy. The primary attending physician may at times delegate supervisory responsibility to a consulting attending physician if that consultant recommends a procedure.

The attending may specifically delegate portions of care to residents based on the needs of the patient and the skills of the residents and in accordance with hospital and/or departmental policies. The attending may also delegate partial responsibility for supervision of junior residents to senior residents assigned to the service, but the attending must assure the competence of the senior resident before supervisory responsibility is delegated. Over time, the senior resident is expected to assume an increasingly larger role in patient care decision making. The attending remains responsible for assuring that appropriate supervision is occurring and is ultimately responsible for the patient’s care. Residents and attendings should inform patients of their respective roles in each patient’s care.

The attending and supervisory resident are expected to monitor competence of more junior residents through direct observation and review of the medical records of patients under their care.

Faculty supervision assignments should be of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.

**Supervision of Invasive Procedures**

In a training program, as in any clinical practice, it is incumbent upon the physician to be aware of his/her own limitations in managing a given patient, and to consult a physician with more expertise when necessary. When a resident requires supervision, this may be provided by a qualified member of the medical staff or by a trainee who is authorized to perform the procedure independently. In all cases, the attending physician is ultimately responsible for the provision of care by trainees. When there is any doubt about the need for supervision, contact the attending.

Visiting residents must receive specific approval from the training program to perform any of the procedures below without supervision.

**Emergency Procedures**

It is recognized that in the provision of medical care unanticipated and life-threatening events may occur. The fellow may attempt any of the procedures normally requiring supervision in a case where the death or irreversible loss of function in a patient is imminent, and an appropriate supervisory physician is not immediately available.

The following supervision requirements relate to Radiology residents (PGY2+):
Phlebotomy, dressing changes, suture placement and removal | No supervision required
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Fluoroscopic GI/GU diagnostic examinations | Supervision required for the first month of fluoroscopy and GI/GU procedure training
All other diagnostic or interventional procedures and sedation for procedures | Direct supervision by an attending or fellow is required

**Emergency Procedures**

It is recognized that in the provision of medical care, unanticipated and life-threatening events may occur. The resident may attempt any of the procedures normally requiring supervision in a case where death or irreversible loss of function in a patient is imminent, and an appropriate supervisory physician is not immediately available, and to wait for the availability of an appropriate supervisory physician would likely result in death or significant harm. The assistance of more qualified individuals should be requested as soon as practically possible. The appropriate supervising practitioner must be contacted and apprised of the situation as soon as possible.

**Supervision of Consults**

Residents may provide consultation services under the direction of supervisory residents including fellows. The attending of record is ultimately responsible for the care of the patient and thus must be available to provide direct supervision when appropriate for optimal care and/or as indicated by individual program policy. The availability of the attending and supervisory residents or fellows should be appropriate to the level of training, experience and competence of the consult resident and is expected to be greater with increasing acuity of the patient’s illness. Information regarding the availability of attendings and supervisory residents or fellows should be available to residents, faculty members, and patients. Any resident performing a consultation where there is credible concern for patient’s life or limb requiring the need for immediate invasive intervention MUST communicate directly with the supervising attending as soon as possible prior to intervention or discharge from the hospital, clinic or emergency department so long as this does not place the patient at risk. If the communication with the supervising attending is delayed due to ensuring patient safety, the resident will communicate with the supervising attending as soon as possible. Residents performing consultations will communicate the name of their supervising attending to the services requesting consultation.

**Supervision of Hand-Offs**

At each of our facilities, the on-call resident meets with the incoming resident on service to discuss the status of the department-ensuring patient care continuity.

**Resident review and promotion process**

The residency program uses a multifaceted assessment process to determine a resident’s progressive involvement and independence in providing patient care. Residents are observed directly by the attending staff and their performance discussed regularly. Formal assessments are generally obtained on a monthly basis from supervising physicians, students and
colleagues. These assessments include evaluation of the resident's clinical judgment, medical knowledge, technical skills, professional attitudes, behavior, and overall ability to manage the care of a patient. Annually, the program director and residency review committee determine if the trainee possess sufficient training and the qualifications necessary to be promoted to the next level.

The attending staff evaluates trainees continuously. If, at any time, their performance is judged to be below expectations, the program director (or designee) will meet with the trainee to develop a remediation plan. If the trainee fails to follow that plan, or the intervention is not successful, the trainee may be dismissed from the program. If a trainee's clinical activities are restricted (e.g., they require a supervisor's presence during a procedure, when one would not normally be required for that level of training) that information will be made available to the Medical Director, appropriate medical and hospital staff.

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