Roles, Responsibility and Patient Care Activities for Sub-Specialty Trainees

Pediatric Radiology

University of Washington Medical Center
Harborview Medical Center
Seattle Cancer Care Alliance
Seattle Children’s Hospital

Roles
Sub-specialty trainees, having completed a residency in Radiology, are generally referred to as fellows. Fellows are engaged in a program of study intended to qualify them for subspecialty board certification.

Fellows in pediatric radiology, as members of pediatric radiology section of the Department of Radiology, provide consultative, diagnostic and interventional pediatric radiology services. They may evaluate patients for their need/ability to undergo invasive diagnostic procedures. They provide all services under the supervision of an attending physician.

Responsibilities and Patient Care Activities
Fellows 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. Fellows 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.

In a written weekly schedule, a faculty member will be assigned to each imaging service, including that covered by a fellow. The faculty radiologist will be available throughout the day to supervise and assist the fellow and will review all cases with the fellow by the end of the day.

The fellow will be responsible for running the service, reviewing indications for studies, performing examinations, evaluating completeness of exams, etc. The attending will participate actively until the fellow demonstrates proficiency and confidence.

When a fellow is on call, a specific attending will be designated as back-up. That radiologist will be available by telephone or in person, as needed, to assist the fellow. All work done by a fellow will be reviewed by an attending within 24 hours.

In the following imaging areas the fellow may perform and interpret all routine examinations including, but not limited to, the specifically mentioned studies.
1. **Fluoroscopy**  
   UGI, SBFT  
   Contrast enemas, reduction of intussusception  
   VCUG  
   Injection of contrast in catheters  
   Placement of gastrointestinal tubes  
   IVP

2. **Ultrasound**  
   Real time imaging of all body parts  
   Doppler imaging of all vessels  
   Imaging of renal and hepatic transplants  
   Assist with renal biopsies

3. **Computed Tomography**  
   Head and Spine  
   Thorax, abdomen, pelvis, extremities  
   Supervision of contrast injection for vascular studies

4. **Nuclear Medicine**  
   All routine diagnostic examinations

5. **Magnetic Resonance**  
   Neuroimaging  
   Musculoskeletal imaging  
   Cardiovascular imaging

6. **Plain Films**  
   All routine diagnostic examinations

7. **Contrast Media**  
   A fellow may inject and/or supervise contrast injection into catheters and for vascular studies. In the rare circumstance of a contrast reaction, the fellow may treat a contrast reaction according to guidelines established by the Radiology Department.

**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 fellow 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, the attending should be contacted.
No supervision required (after individual abilities have been appropriately assessed by faculty) for the following procedures

- Replace or remove tubes that do not need imaging
- Needle aspirations
- Placement of nasoduodenal or nasojejunal tubes
- Assist faculty from other services in performing biopsy with ultrasound guidance
- Reduce intussusceptions

Supervision required for the 12 months of fellowship

- All remaining invasive/interventional procedures

Policy from UWSOM for supervision of procedures will be followed.

**Emergency procedures**

It is recognized that in the provision of medicine sudden, 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.

**Fellow review and promotion process**

Because of the daily interactions between attending and fellow in the work situation, an attending has opportunity for daily assessment of a fellow’s ability and progress. Evaluation is based on the following:

- Knowledge
- Educational attitudes
- Perception and judgment
- Technical skills
- Clinical effectiveness
- Communication/consultation skills
- Interpersonal relationships with hospital personnel

Written evaluations will be prepared quarterly by each attending and will be summarized and discussed with the fellow by the program director.

The Department of Radiology at CHRMC adheres to the UWSOM policy on Resident Progress and Probation.

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