

**University of Illinois (UIC)  
College of Medicine at Chicago**

1. Method of confirming certification of diagnostic a radiology resident to perform an activity without direct supervision (e.g., New Innovations resident procedure tracker).

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**Diagnostic Radiology  
Policy and Procedure**

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**XVII. Radiology Resident Supervision**

**17.1 Purpose**

- A. The purpose of this policy is to outline the minimal supervision requirements for the diagnostic radiology program in order to ensure that patients receive safe, effective, and efficient care, and that residents develop the requisite skills, knowledge, and attitudes required to enter the unsupervised practice of radiology. The University of Illinois radiology program specifically defines how radiology attending physicians supervise radiology resident practice in order to facilitate resident learning and resident capacity to render competent and safe care to patients.

**17.2 Policy**

- A. The diagnostic radiology program director has established written descriptive policies delineating supervision requirements for each level of training in the program. These requirements are distributed annually and/or made readily available in a web-based format to all residents and faculty for each program. The requirements for on-site supervision have been established by the program director in accordance with ACGME institutional, common, and program-specific requirements. Supervision of residents is graded to provide increasing responsibility and maturation into the role of the independent-functioning licensed provider, with sound judgment and good technical skills.

**17.3 General Requirements**

- A. All attending radiologists who supervise University of Illinois diagnostic radiology residents are licensed, privileged, and credentialed physician in good standing with the Medical Staff physician's group, and who meets the ACGME Residency Review Committees' requirements for the care of the patient. This information is available to residents, faculty, nurses, other care providers, and patients.
- B. All faculty who supervise University of Illinois diagnostic radiology residents and University of Illinois diagnostic radiology residents must inform patients of their respective roles in the patients' care.
- C. Faculty give University of Illinois diagnostic radiology residents the appropriate level of supervision for their level of training.
- D. Supervision requirements are met through a variety of methods. Some clinical care activities require the physical presence of the supervising faculty member; other clinical care activities are adequately supervised by the immediate availability of the supervising faculty member or

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resident, either in the institution, by telephone, or by the use of other electronic modalities. In some circumstances, supervision includes post-hoc review of services delivered by residents as to the appropriateness of the delivered care. The University of Illinois diagnostic radiology residency complies fully with Diagnostic Radiology RRC supervisory requirements.

- E. To ensure oversight of resident supervision and graded authority and responsibility, the diagnostic radiology residency uses the following classifications of supervision:
1. Direct Supervision: The supervising physician is physically present with the resident and patient
  2. Indirect Supervision with Direct Supervision Immediately Available: The supervising physician is physically within the clinical learning environment and is immediately available to provide direct supervision
  3. Indirect Supervision with Direct Supervision Available: The supervising physician is not physically within the clinical learning environment, but is immediately available via telephone or other electronic communication modalities, and is available to provide direct supervision
  4. Oversight: The supervising physician is available to provide review of clinical care/procedures with feedback provided after care is delivered
- F. The radiology residency program director, in conjunction with the radiology Clinical Competency Committee and faculty, provide written descriptions of the roles, responsibilities, and patient care activities of the residents by level. These are available to the supervising faculty, residents, and health care staff in the clinical work environment.
- G. The privilege of progressive responsibility and authority, conditional independence, and a supervisory role in patient care delegated to each radiology resident is assigned by the program director and faculty members.
1. The program director evaluates each resident's abilities based on specific criteria.
  2. Faculty members supervising residents delegate portions of care to the residents, based on the needs of the patient and skills of the residents
  3. Senior residents may serve in a supervisory role over junior residents in recognition of their progress toward independence, based on the needs of the patient and skills of the individual resident
- H. University of Illinois diagnostic radiology residents have guidelines for circumstances and events in which residents must communicate with the appropriate supervising faculty members (e.g., uncertainty in accurate image acquisition, interpretation, or communication).
1. Each radiology resident knows at all times the limit of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.
  2. PGY2 residents are supervised either directly or indirectly with direct supervision immediately available in accordance with the diagnostic radiology RRC requirements.

3. Faculty supervision assignments are of sufficient duration to allow for the assessment of the skills, knowledge, and professional attitude development of each resident in order to facilitate the assignment to the appropriate level of care responsibility and authority.

## **17.4 Supervision Rules for Specific Clinical Activities and Procedures**

### 1. Image Interpretation

- a. PGY2 residents require direct supervision of an attending radiologist or direct supervision of a senior resident (PGY3 or greater) with concurrent indirect attending supervision or oversight. All imaging is reviewed and the resident receives assessment, evaluation and feedback during the readout session.
- b. PGY3 residents require indirect attending supervision or oversight. All imaging is reviewed and the resident receives assessment, evaluation and feedback during the readout session.
- c. All radiology residents are required to ask help from their supervising physician if they or the referring service believe that their interpretation of the imaging study is inadequate for immediate treatment of the patient.

### 2. Image Protocoling

- a. PGY2 residents require direct supervision of an attending radiologist or direct supervision of a senior resident (PGY3 or greater) with concurrent indirect attending supervision or oversight. All imaging is reviewed and the resident receives assessment, evaluation and feedback during the readout session.
- b. PGY3 residents require indirect attending supervision or oversight. All imaging is reviewed and the resident receives assessment, evaluation and feedback during the readout session.
- c. All radiology residents are required to ask help from their supervising physician if they or the referring service believe that their protocoling of the imaging study is inadequate for immediate treatment of the patient.

### 3. Procedures

- a. PGY2 residents initially require direct supervision of an attending radiologist or direct supervision of a senior resident (PGY3 or greater) with concurrent indirect attending supervision or oversight, but may perform procedures with indirect supervision or oversight when they have met the department standards as listed in the appendix. All imaging is reviewed and the resident receives assessment, evaluation and feedback during the readout session.
- b. PGY3 residents require indirect attending supervision or oversight. All imaging is reviewed and the resident receives assessment, evaluation and feedback during the readout session.

- c. All radiology residents are required to ask help from their supervising physician if they or the referring service believe that their protocolling of the imaging study is inadequate for immediate treatment of the patient.
  
- 4. Residents may perform emergency procedures without prior staff approval or direct supervision when the life of the patient would be threatened by delay. Common emergent and urgent situations when residents are expected to initially independently treat patients in accordance with hospital and department guidelines
  - A. Contrast Allergy (See hospital policy & ACR guidelines)
  - B. Contrast Extravasation (See department guidelines)
  - C. Code Blue
    - a. Call code team
    - b. CPR until code team arrives

## **Radiology Policy and Procedure**

- 1. Study Protocol**  
Indirect supervision or post hoc review
- 2. Image Creation**  
Indirect supervision or post hoc review
- 3. Image interpretation**  
R1 (direct supervision by attending or senior resident with indirect attending supervision or post hoc attending review)  
R2 or Greater (indirect attending supervision or post hoc attending review after CCC approval)

## **Procedures**

- 1. LP & Myelography (Consultation on each case to determine if direct supervision by attending or senior resident, indirect attending supervision or post hoc attending review is most appropriate)**
- 2. PGY2 do this in the first month of fluro under the direct supervision of a more senior resident, with indirect attending supervision. In the second month of fluro. the PGY2 resident is on their own, with indirect or direct senior resident or attending supervision as needed. The PGY3-5 are typically indirectly supervised by attending staff, with readouts after the procedure.**
- 3. MSK procedures, ie. Arthrograms, joint injections, aspirations, biopsies. PGy2 receive direct and indirect supervision from attending and/or senior residents depending on skill level. More senior residents are usually indirect attending supervision.**
- 4. Intussception Reduction (Consultation on each case to determine if direct supervision by attending or senior resident, indirect attending supervision or post hoc attending review is most appropriate.**
- 5. All other invasive procedures (Consultation on each case to determine if direct supervision by attending or senior resident, indirect attending supervision or post hoc attending review is most appropriate)**