

PROGRAM LEVEL POLICY FOR SUPERVISION AND ACCOUNTABILITY
for
NEURORADIOLOGY FELLOWSHIP
JULY 1, 2017

RESPONSIBILITIES AND ACCOUNTABILITY

The fellow 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 fellow must report any complication, near miss, or patient problem/safety issue to the supervising faculty. In addition, the fellow 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 fellow is attached. The fellow must notify the program director if the faculty assigned is not available.

SUPERVISING ANOTHER LEARNER

A fellow 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 neuroradiology. The faculty supervision assure the provision of safe and effective care to the individual patient, and assure the fellow 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 fellow must report to the supervising faculty if fatigued and not fit for duty, who must make arrangements to transfer the responsibilities.

FATIGUE

If the fellow 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 fellow must transfer clinical responsibilities to another fellow or supervising faculty member. If the fellow 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 fellow will transfer patient care to the on-call resident at 5:00 pm in-person. The on-call fellow is expected to stay until they have finished any added procedures after 16:45. Fellows are on home call every 4th week.

COMMUNICATION WITH THE SUPERVISING FACULTY

The fellow 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 Fellow OK to Perform without Direct Supervision
MRI interpretation	fellow	Direct Clinical Instruction	Staff	This is always performed under supervision	As defined by RRC	This is always performed under supervision
CT interpretation	fellow	Direct Clinical Instruction	Staff	This is always performed under supervision	As defined by RRC	This is always performed under supervision
Plain film interpretation	fellow	Direct Clinical Instruction	Staff	This is always performed under supervision	As defined by RRC	This is always performed under supervision
Lumbar puncture	fellow	Direct Clinical Instruction	Staff	Certified by program with 3 procedure checklists completed	As defined by RRC	Verification of certification
Biopsy	fellow	Direct Clinical Instruction	Staff	Certified by program with 3 procedure checklists completed	As defined by RRC	Verification of certification
Myelogram	fellow	Direct Clinical Instruction	Staff	Certified by program with 3 procedure checklists completed	As defined by RRC	Verification of certification