

Review Committee for Radiology Supervision Policy Guidance

The Review Committee for Radiology is offering guidance intended to simplify and clarify the process of creating a supervision policy for radiology programs. This document explains Review Committee expectations regarding the required elements of a supervision policy, including supervision level definitions, the process of resident assessment for progressive authority, and communication with supervising faculty members. It also includes key reminders for interventional radiology-integrated programs, and programs that are approved for the clinical year. The purpose of this document is to ensure that programs understand and incorporate the required components of a supervision policy, to reduce burden for program administration, and to allow residents to understand the policy and how it applies to them.

Item #1: Definitions of Supervision Levels

Levels of Supervision: To promote appropriate resident supervision while providing for graded authority and responsibility, the program must use the following classifications of supervision.

Direct Supervision:

- The supervising physician is physically present with the resident during the key portions of the patient interaction.
- The supervising physician and/or patient is not physically present with the resident and the supervising physician is concurrently monitoring the patient care through appropriate telecommunication technology.

Indirect Supervision:

- The supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.

Oversight:

- The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

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- The current ACGME supervision definitions should be included in the program's supervision policy and faculty members and residents should be aware of the circumstances under which each level applies.
- The supervision policy should include a representative list of specific situations that require physically present direct supervision (program requirements VI.A.2.b).(1).(b).(ii) and VI.A.2.c)).
- The supervision policy should describe when or if advanced practice providers, senior residents, or fellows serve in a supervisory role (program requirement VI.A.2.d).(3)).

Item #2: Process of Resident Assessment for Progressive Authority

Additional details should be provided to describe the processes in place for a program to ascertain when a resident might progress from direct supervision to indirect supervision to oversight, as noted in program requirement VI.A.2.d): “The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members. ^(Core)”

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- Supervision policies should *briefly* summarize the processes and assessments that programs use to advance residents incrementally, *moving from direct to indirect supervision and to oversight (program requirement VI.A.2.b).(1).(b).(i))*. This may include, but is not limited to, items such as Clinical Competency Committee discussions, program director assessments, resident portfolio reviews with Case Logs, program written/oral exams, and entrustable professional activities (EPAs) with entrustment scales.
- The Review Committee has reviewed an array of supervision policies and some of the most clearly written ones include a representative table delineating levels within residency and the expected type of faculty supervision.

Item #3: Communication with Supervising Faculty Members

“Programs must set guidelines for circumstances and events in which residents must communicate with the supervising faculty member(s). ^(Core)” (program requirement VI.A.2.e))

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- The supervision policy should list circumstances in which a resident who is not under direct supervision must communicate directly with the supervising faculty member(s).

Key Reminders

SPECIAL NOTE FOR INTERVENTIONAL RADIOLOGY-INTEGRATED PROGRAMS:

Ensure that the supervision policy includes policies related to the PGY-2–PGY-4 diagnostic radiology program years. Many interventional radiology-integrated policies focus only on interventional procedures and workflow. Interventional radiology-integrated programs are also responsible for ensuring that residents and integrated diagnostic radiology faculty members are aware of the program’s supervision expectations for all residents.

SPECIAL NOTE TO PROGRAMS APPROVED FOR THE CLINICAL YEAR WITH PGY-1 RESIDENTS:

Ensure that the supervision policy includes details for the program’s PGY-1.