

# SAUSHEC Nuclear Medicine Fellowship Supervision Policies

Approved: September 26, 2014

## I. Applicability

The SAUSHEC Command Council [Commanders of Brooke Army Medical Center (BAMC) and 59th Medical Wing (59th MDW)], SAUSHEC Board of Directors and the Graduate Medical Education Committee (GMEC) of SAUSHEC have approved this policy. It applies to all staff physicians, program directors, and trainees of SAUSHEC's member component commands (BAMC and 59th MDW) and establishes minimum requirements for supervision of trainees who provide medical care to patients at these facilities under these commands. This policy applies to all personnel assigned, attached, or on contract to BAMC and the 59th MDW. SAUSHEC Graduate Medical Education (GME) program directors will also comply with any additional supervision requirements of their respective Residency Review Committees (RRCs) or accrediting organizations. This SAUSHEC policy is written specifically to apply to trainees in graduate medical education programs.

## II. Definitions and Responsibilities.

The following definitions are used throughout the document:

A. A **trainee** is defined in this policy as a medical intern, resident or fellow who has graduated from a medical school, and is either in the first (intern) or subsequent post graduate training program in a specialty or subspecialty. Personnel rotating through SAUSHEC Programs for training purposes and are graduates or students from other than allopathic/osteopathic schools (e.g., dental, physical therapy, other allied health schools) are not covered by this policy. When supervision is provided by program faculty and residents to trainees not defined in this policy, training program-specific supervision policies will define the trainee and the supervision necessary.

B. A **student** as defined in this policy is someone who is currently enrolled in an allopathic or osteopathic school.

C. A **supervising staff provider** (also known as the "attending") is a licensed independent practitioner (LIP) who is credentialed to supervise trainees and students. This is an individual with appropriate training and an unrestricted state license who has been privileged at the treatment facility in the field, specialty or subspecialty of medicine that allow that individual to practice without supervision. LIPs may supervise trainees and students in the areas of medical care in which they are privileged, if they are approved to do so by the appropriate program director. Supervising staff providers (LIPs) are ultimately responsible for all aspects of their patient's care within each SAUSHEC training facility.

D. "**Supervision**" constitutes any method of oversight of patient care for the purpose of ensuring quality of care and enhancing learning. Supervision may occur through a variety of methods. Some activities will require the physical presence of a staff provider, yet many aspects of patient care may be supervised by a more advanced resident or fellow.

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

## 2. Indirect Supervision –

(a.) with direct supervision ***immediately available*** – the supervising physician is physically within the treatment facility and is immediately available to provide Direct Supervision. Program specific policies following their RRC definitions may have minor variations (e.g., noting minimum response times in emergencies rather than physical location of the supervisor).

(b.) with direct supervision ***available*** – the supervising physician is not physically present within the treatment facility, but is immediately available by means of telephone and/or electronic modalities, and is available to provide Direct Supervision.

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

E. San Antonio Uniformed Services Health Education Consortium (SAUSHEC) is the GME sponsoring institution for BAMC and 59th MDW. The Command Council of SAUSHEC is the Institutional Governing Body (IGB) for military GME in San Antonio. Voting Members of the Command Council are the Commanders of and BAMC. The Command Council is ultimately responsible for GME program needs and obligations in planning, decision-making, providing necessary resources to programs, and ensuring appropriate trainee supervision.

F. Designated Institutional Official (DIO) is the GME individual recognized by the Accreditation Council for Graduate Medical Education (ACGME) and SAUSHEC as having the authority and the responsibility for oversight and administration of SAUSHEC GME programs. This person is the Dean of SAUSHEC.

G. The SAUSHEC Graduate Medical Education Committee (GMEC) is composed of the DIO (who is the Chair), Associate Deans, Program and Associate Program Directors, peer selected resident representatives, and faculty appointed by the Dean. The GMEC approves all institutional GME policies and actions. The GMEC is managed by the SAUSHEC Board of Directors with SAUSHEC Command Council oversight.

H. Program directors are the institutional officials designated by SAUSHEC and recognized by ACGME as having responsibility for all training activities within their training program. Program directors are responsible for the quality of educational experiences provided to trainees and for ensuring appropriate trainee supervision.

### **III. General Principles of Supervision.**

A. SAUSHEC and its member institutions are committed to ensuring patient safety, quality health care, and trainee well-being. In keeping with the institutional and common requirements of the ACGME, SAUSHEC's GMEC promulgates this updated policy and procedures regarding trainee supervision. Careful supervision and observation are required to determine the trainee's ability to gather and interpret clinical information, perform technical procedures, interpret procedures and safely manage patients. Although not privileged for independent practice, trainees must be given progressively graduated levels of patient care responsibility while concurrently being supervised to ensure quality patient care. Each patient must have a responsible supervising staff provider whose name is recorded in the patient record, who is available to the trainee's, and who is involved with and takes responsibility for the patient care being provided by the trainees he/she is supervising.

This information should also be available to patients. Trainees and faculty members of a health care team will inform patients of their respective roles in each patient's care.

B. Supervision of trainees should be organized to provide gradually increased responsibility and maturation into the role of a judgmentally sound, technically skilled, and independently functioning privileged provider. Each SAUSHEC program director will define policies that specify how trainees in that program progressively become conditionally independent in specific patient care activities in his/her program while still being appropriately supervised by staff provider. Each trainee must know the limit of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence.

C. Ultimately, the supervising staff is responsible for the care of the patient and for the conduct and performance of all trainees under his/her supervision, unless a trainee willfully disregards SAUSHEC, hospital or program policy or the directions of a staff supervisor; conceals his/her intentions or actions from a staff or supervisor; performs medical care outside the scope of normally delegated responsibility without the knowledge and approval of the supervisor; or fails to appropriately perform duties that would generally be expected at his/her level of training without staff knowledge of the specific activities.

D. Each program should assign faculty supervisors for a sufficient duration to enable them to adequately assess the knowledge and skills of each trainee and thereby delegate the appropriate level of patient care authority and responsibility. RRC-specific guidelines will be followed.

E. SAUSHEC Associate Deans at both sponsoring institutions' Executive Medical Staff Committee meetings will be informed about reports submitted by patient care and patient safety committees. The Dean or Associate Deans will ensure that communication about trainee supervision and patient safety issues occurs between SAUSHEC and the Organized Medical Staff and hospital governing bodies.

#### **IV. Nuclear Medicine Program Supervision Policies**

A. It is the responsibility of the Nuclear Medicine Program Director to establish detailed written policies describing the Nuclear Medicine trainee supervision at each level of their training program. These written descriptions of trainee supervision must be distributed annually and/or made readily available (e.g. electronic format) to all Nuclear Medicine trainees and faculty/attending physicians in the Nuclear Medicine training program. At all times, patient care will be the responsibility of a licensed independent practitioner with appropriate clinical privileges. The requirements for on-site supervision will be established by the Nuclear Medicine Program Director in accordance with ACGME requirements and will be monitored through periodic departmental reviews, with institutional oversight through the GMCE internal review process. Careful supervision and observation are required to determine the trainee's abilities to perform technical and interpretive procedures and to manage patients. Although they are not licensed independent practitioners, trainees must be given graded levels of responsibility while assuring quality care for patients. Supervision of trainees should be graded to provide gradually increased responsibility and maturation into the role of a judgmentally sound, technically skilled, and independently functioning credentialed provider. The type of supervision (physical presence of attending physicians, home call backup, etc.) required by trainees at various levels of training must be consistent with the requirement for progressively increasing trainee responsibility during a residency program and the applicable program requirements of the individual RRCs, as well as common standards of patient care.

In addition, the policy for each program must be in compliance with applicable Joint Commission standards, summarized below:

- At all times, patient care will be the responsibility of a licensed independent practitioner with appropriate clinical privileges in that health care system.
- Written descriptions of the roles, responsibilities, and patient care activities of the trainees, by level, are available to medical faculty and to health care staff.
- The following parameters may aid in identifying mechanisms by which the program faculty and the program director make decisions about an individual trainee's progressive involvement and independence. Additionally, a general impression of competence and professionalism as perceived by the supervising faculty is also an important parameter in this clinical decision. The supervising faculty is always available for consultation by the Nuclear Medicine trainee.

#### **INITIAL ROTATIONS:**

1. **Diagnostic procedures:** The Nuclear Medicine trainee understands the general operation of a Nuclear Medicine clinic; able to triage and begin monitoring routine procedures (i.e., bone scans, myocardial perfusion studies, V/Q scans, gastric emptying studies, and hepatobiliary scans); and accurately dictate the written report under direct faculty supervision. All thyroid cases will be presented to the supervising staff before a diagnostic radioiodine dose is administered. Any modification from the standard operating procedure must be approved by the supervising attending physician.

2. **Therapeutic procedures:** The Nuclear Medicine trainee is able to interview and consent a patient for radionuclide therapy procedures; understand basic radiation safety for patients, their families, the public and health care professionals; and understand the principles for radioiodine therapy for benign thyroid disease under direct faculty supervision.

#### **INTERMEDIATE ROTATIONS:**

1. **Diagnostic procedures:** The Nuclear Medicine trainee will take greater responsibility and oversight in the daily operations of the Nuclear Medicine clinic under indirect supervision with direct supervision available by the attending to include: gradually allowed to monitor and independently tailor studies to address the clinical question; increased role in quality control and radiation safety concerns; begin to be an interdisciplinary consultant in the appropriateness of Nuclear Medicine procedures; able to triage and monitor the routine Nuclear Medicine procedures (see Initial Rotations) and begin to monitor more complex procedures (i.e. thyroid scans, oncologic PET and non-PET imaging; labeled leukocyte studies; gallium scans; radioiodine whole body scans; renal and endocrine procedures); understand how to determine a pediatric dose; preview exams and give preliminary "wet" readings, prior to faculty review; and be able to perform accurate procedure interpretation for on-call studies. Approval will be documented by the Clinical Competency Committee and the Program Director.

2. **Therapeutic procedures:** The Nuclear Medicine trainee will prepare and begin to present patient cases at interdisciplinary conferences; acquire an increasing understanding as to the current indications for radioiodine therapy for benign and malignant disease; begin to understand the regulatory issues in regards to the medical use of isotopes; and understand basic

radiopharmacy as it applies to Nuclear Medicine procedures under direct faculty supervision.

### **ADVANCED/SENIOR ROTATIONS:**

1. **Diagnostic procedures:** The Nuclear Medicine trainee will be able to appropriately monitor and supervise the daily operations of the Nuclear Medicine clinic and be a consultant to other health care providers, triage and monitor diagnostic procedures; understands and monitors the quality control and radiation safety issues in the Nuclear Medicine clinic; prepare and accurately present the Nuclear Medicine information at interdisciplinary conferences; accurately pre-dictate the completed Nuclear Medicine report prior to staff review of the study; understand regulatory issues as they pertain to Nuclear Medicine (i.e. TJC, NRC and state) under indirect faculty supervision with direct supervision available. The Nuclear Medicine trainee, however, will always have the supervising staff directly present during all brain death procedures.

2. **Therapeutic procedures:** The Nuclear Medicine trainee will understand the current controversies, indications, recommendations, and radiation safety issues in the radionuclide therapy of malignancies; and be able to appropriately discuss and recommend this therapy to the patient, their family and other health care providers. Due to regulatory requirements, all therapeutic procedures must be performed under direct faculty supervision by an approved Authorized User credentialed for therapeutic uses of radiopharmaceuticals.

The Advanced/Senior Nuclear Medicine trainee will be responsible for supervising the Nuclear Medicine Clinic independently (without direct faculty supervision) for both diagnostic and therapeutic procedures. The supervising faculty, however, will be readily available in the event that a question may arise. All studies will continue to be double-read by the staff and radionuclide therapy doses signed by the supervising faculty, the latter as required by the NRC and state regulatory agencies.

Nuclear Medicine trainees are capable of order-writing privileges for diagnostic procedures as delineated by the Nuclear Medicine procedure protocol after approval by the Nuclear Medicine Clinical Competency Committee with the exception of radionuclide therapy and doses of  $> 30\mu\text{Ci}$  of I-131 for which a written directive is required and signed by the Authorized User/supervising faculty.

Additional parameters for increasing independence may also include but may not be limited to: a given number of successfully performed, observed procedures or a total number of procedures or processes performed as determined by the individual supervising faculty.

The SAUSHEC Nuclear Medicine Program Director and Clinical Competency Committee annually reviews the trainee's clinical activity by level, and makes changes as needed. This review is performed during the end of the academic year and during the trainee and program director individual meeting which reviews the trainee evaluations, required trainee documentation (i.e. procedure logs, research activity, involvement in GME Internal Review processes, etc), and discusses the attainment level in the trainee's self-delineated learning goals for the residency.

### **V. Documentation of Staff Supervision**

A. Documentation in writing, by staff and trainees, must be in accordance with hospital policies.

B. Staff supervision of patient care must be documented in the record as specified in the treatment facility and/or program supervision policies.

C. For emergent or urgent situations that require action direct, where supervision of the attending may not be possible, please reference Section VIII.

D. If treatment facility policy allows medical students to document in the medical record, the documentation must be reviewed and co-signed by the attending if not previously signed by a trainee.

## **VI. Supervision of Trainees Performing Conscious Sedation and Invasive Procedures.**

A. Conscious sedation will only be performed under the *direct* supervision of a resident, fellow, or staff physician who is qualified to perform conscious sedation. The Conscious Sedation Policy for each institution must be followed.

B. A trainee will be considered qualified to perform an invasive procedure without direct supervision if, in the judgment of the supervising staff (and according to his/her specific training program guidelines), the trainee is competent to safely and effectively perform the procedure. Trainees at certain year levels in a training program may be designated as competent to perform certain procedures under indirect supervision with or without direct supervision immediately available based upon specific criteria defined by the program. Trainees may perform procedures that they are deemed competent to perform for standard indications under oversight, provided that the staff is notified in a timely fashion. The patient's attending of record will be ultimately responsible for all procedures performed on patients. See section IX for performance of procedures in emergencies.

C. All procedures will have the attending of record documented in the procedure note and the identified staff will ultimately be responsible for the procedure.

D. Students will not perform procedures without direct supervision of an LIP or a trainee qualified to perform the procedure without direct supervision.

## **VII. Supervision in the Inpatient Setting**

A. The Nuclear Medicine trainee does not have primary inpatient responsibilities. Nuclear Medicine is a consulting service for inpatients by providing diagnostic imaging services and interpretation of such procedures and in the use of therapeutic radioiodine doses for the management of thyroid malignancies. These services (with the exception of inpatient radionuclide therapy) are performed in the Nuclear Medicine clinic.

B. General goals and objectives of trainees by level of competence are available in the section entitled GOALS AND OBJECTIVES of the Nuclear Medicine Fellowship Manual.

## **VIII. Staff Confirmation of Trainee Procedural Competencies.**

A. When requested by hospital nurses or other personnel with need to know, attending staff physicians must verify whether trainees can perform procedures without direct supervision. Attending staff can comply with this Medical Staff requirement because:

1. Trainees will demonstrate professionalism by informing their attending physician and other hospital personnel when they are not approved to perform a procedure without direct supervision or not approved to supervise another trainee perform a procedure.

2. The program director will inform attending physicians in the specialty how to access the trainee-specific information to identify procedures each trainee is approved to perform without direct supervision and/or supervise other trainees' procedures.

B. When necessary, **hospital nurses and other personnel will telephone/page the attending staff physician (who is available 24/7)** to confirm whether a trainee is approved to perform a procedure without direct supervision.

#### **IX. Supervision in Emergency Situations.**

A. An "emergency" is defined as a situation where immediate intervention is necessary to preserve the life of, or to prevent serious impairment to the health of, a patient.

B. In such situations, a trainee is expected to do what he/she is capable of to save the life of a patient or to save a patient from serious harm. Trainees may perform emergency procedures without prior staff approval when life or limb would be threatened by delay. In this case the most experienced trainee available will perform or directly supervise the procedures. Trainees will make reasonable efforts to obtain assistance from more senior trainees and/or appropriate staff available in the hospital and will contact the appropriate attending as soon as possible.

C. The trainee will document emergency patient care rendered, (including who was contacted) in the patient's record.

#### **X. Trainee Grievances Regarding Supervision.**

A. Program directors are responsible for ensuring that trainees are aware that their concerns regarding adequate technical or professional supervision or professional behavior by their supervisors will be addressed in a safe and non-threatening environment per SAUSHEC and ACGME guidelines.

B. All SAUSHEC GME programs must follow SAUSHEC trainee grievance policies. Trainee grievance mechanisms will be established for each Department/Training Program, and will be clearly stated and made available to all trainees during orientation to that Department/Program. These grievance mechanisms must ensure that fair and just relationships between trainees and teachers are perpetuated.