

UBC Nuclear Medicine Residency: Supervision Policy

Updated: August 9, 2022

RPC Approval: August 11, 2022

1. Introduction

This policy defines principles, responsibilities and expectations that govern supervision of UBC Nuclear Medicine postgraduate trainees. Its provisions are applicable to the physician supervisors, trainees, and program administrators who are involved in the practice and teaching of nuclear medicine. Postgraduate education prepares physicians for independent practice through graded responsibility and autonomy. Clinical supervision is required both to ensure safe and appropriate patient care and to promote resident professional development. Professional development of trainees includes not only clinical competence but also development of professional attributes such as judgment, self-assessment, and time management. This policy is a program-specific addition to the UBC PGME policy on resident supervision ((UBC PGME [Policy Manual](#))).

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2. Principles

1. The staff nuclear medicine physician, nuclear medicine resident and residency program should be guided by the CMA Code of Ethics and Professionalism (<http://policybase.cma.ca/dbtw-wpd/Policypdf/PD19-03.pdf>) , specifically but not limited to:
 - a. Consider first the well-being of the patient.
 - b. Recognize your limitations, and, when indicated, recommend, or seek additional opinions and services.
2. The staff nuclear medicine physician maintains overall responsibility for all patient care related to medical imaging. Overall responsibility cannot be delegated to a nuclear medicine resident.
3. The educational environment must facilitate safe patient care and effective learning

3. Responsibility of the Postgraduate trainee supervisor

The staff nuclear medicine physician must provide appropriate supervision for residents at all times. The staff nuclear medicine physician is expected to:

1. Establish a supportive learning environment with open communication.
2. Assess, review and document resident competence in accordance with program specific policies and delegate responsibilities for patient care accordingly. The nuclear medicine staff physician should take into account patient, trainee and context specific factors. It is expected that the nuclear medicine physician will review the resident's findings, diagnosis and management plan in a timely manner.

3. Ensure residents under their supervision are aware of their responsibilities.
4. Advise patients, or their designate, that residents may be involved in their care and obtain consent for such participation. Depending on the setting this may be done verbally, by way of signage or practice brochure with negative consent (opting out).
5. Be available by phone or pager, when not available in person, respond in a timely manner and be available to attend to the patient in an emergency and to assist with key elements of image acquisition and interpretation. When not immediately available, ensure that an appropriate alternate postgraduate trainee supervisor is available and has agreed to provide supervision.

4. Responsibility of the Resident

Residents must be aware of their status as a trainee, exercise caution and consider their experience when providing patient care. The nuclear medicine resident is expected to:

1. When appropriate during procedures or other patient interactions, advise patients of their status as a resident who is working under the supervision of a named physician, the supervising nuclear medicine physician.
2. Promptly notify the supervising staff physician when they have concerns about an imaging study that might significantly impact patient care (i.e., a potential critical result) or when there is a complication related to a study, such as a radiopharmaceutical infiltration or medication reaction.
3. Promptly notify the staff nuclear medicine physician or Program Director if they are, for any reason, unable to carry out their assigned duties.
4. Promptly notify the residency Program Director with concerns regarding level of supervision.
5. Strive to develop awareness of their limitations and seek appropriate assistance.

5. Responsibility of the Program

It is the responsibility of the residency Program Director or designate, in conjunction with the Residency Program Committee (RPC), to:

1. Ensure that faculty and residents are made aware of policies regarding clinical supervision by providing clear documentation and publication of said policies:
 - a. Policies are approved by and distributed to the RPC.
 - b. Policies are available on the program website and are part of resident orientation materials.
2. Ensure that residents are aware of appropriate reporting mechanisms if there are concerns about the level of supervision, by reporting them to the designated rotation supervisor and discussing any concerns that arise with the residency Program Director.
3. Investigate and respond to complaints regarding resident supervision.
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6. Responsibility of the Office of Postgraduate Medical Education

In conjunction with the Associate Dean, Faculty Development, it is the responsibility of the PGME Dean or delegate to ensure educational materials and workshops are available to faculty regarding professional development where there is an identified need.

7. Procedure for breach of adequate supervision

Trainees or others who have identified lack of appropriate supervision as an issue are advised to report the concern to their immediate supervisor (if available), and the Program Director. The Program Director has the authority to remove trainees from clinical placements if a risk (including patient safety) is seen to be unacceptable. If a decision is taken to remove a trainee, this must be communicated promptly to the Department Head, the Residency Program Committee, the site supervisor and the PGME Dean. These parties will coordinate gathering the necessary information to formulate an individualized plan to remediate the situation. This may include faculty development as per above.