Harlem Hospital Center/
Lincoln Medical and Mental Health Center
Department of Radiology Integrated Residency

POLICY OF RESIDENT RESPONSIBILITIES/SUPERVISION

1. The resident works under the supervision of a qualified attending, and, with the attending, is responsible for patient care within the department.

2. There is progressive responsibility for patient management commensurate with the level of the resident in the radiology program. This is determined by the appropriate evaluations of the resident by rotation evaluations and by the semi-annual evaluation process. The residents obtain imaging competencies based upon graduated performance vis-à-vis the six competencies, patient care, medical knowledge, interpersonal and communication skills, practice-based learning and improvement, professionalism, and systems-based practice.

3. At all times, the resident is supervised regarding the final dictation of reports by a qualified member of the faculty. The residents can render preliminary interpretation but are required to review every case with an attending. The attending finalizes each case so that the interpretation of the resident is reviewed and modified if necessary. Teaching and supervision occurs for each dictated case. The residents are also supervised for all procedures as well.

4. On-call responsibilities are not taken independently until a full twelve months of training has been completed. There are attendings on-call to provide support for general radiology and interventional radiology. The call schedule allows for attending supervision during the evenings, weekends, and holidays. The on-call attending reviews the cases from the call period with the resident from the night float hours. The attendings are always available by phone or pager during their on-call assignments.

5. Resident Call periods are as follows:
   a. Short call or ERC rotation: 4 PM – 10 PM
   b. Long call weekends: 9 AM – 10 PM
   c. Night Float (arranged as 6 consecutive nights or a single night): 10 PM – 9 AM

6. The Resident Call schedule is arranged with special attention to the duty hours to ensure that none of the residents violate the Duty Hour Regulations as defined by the ACGME or New York State Health Code, Section 405.
   a. The short call resident can arrive at the following morning’s 7:30 am conference at 8:00 am to ensure 10 hours out of the hospital.
   b. Calls are scheduled to ensure that the frequency of calls does not exceed the number allowed.

7. The policy for the supervision of residents includes the development of skills, knowledge, and attitudes leading to proficiency in the domains of the clinical competencies and requires the resident physician to assume personal responsibilities for the care of patients. The essential learning activity is interaction with patients/images under the guidance and supervision of faculty. The supervision by faculty assures the provision of safe and effective care to each patient. This then leads the resident to develop the skills, knowledge and attitudes to eventually enter into the unsupervised practice to medicine establishing a foundation for continued professional growth.

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