



EM Resident Supervision Policy

Category:	Supervision
Responsibility:	Royal College Emergency Medicine Program Director
Approval:	Emergency Medicine Residency Program Committee
Date:	Date initially approved: May 2023 Date(s) reformatted or revised: June 20, 2023

Purpose:

The purpose of this policy is to establish the optimal process and environment for supervision of Emergency Medicine Residents in the Royal College Emergency Medicine Program.

Principles:

- Residents are not independent practitioners. Patient safety and well-being must be the primary concern when determining the degree of supervision required.
- The educational environment must facilitate safe patient care and effective learning.
- Both supervising physicians and residents must adhere to appropriate ethical and professional boundaries.

Definitions:

- **Resident** (postgraduate medical trainee): a medical trainee with MD (or equivalent) certification who is undertaking training in Emergency Medicine. Residents will be under the supervision of the Most Responsible Physician (MRP) in their interaction with a patient or group of patients.
- **Supervising physician**: the licensed physician who is responsible for the supervision of an Emergency Medicine Resident or group of residents. The supervising physician may or may not be the patient's MRP.

Scope of this Policy:

This policy pertains to the residents in the Royal College Emergency Medicine Residency Training Program.

Policy:

The program follows the general policy of [Resident Supervision](#) from the PGME Office.

In our program there are 4 progressive levels of supervision and resident responsibility:

- Level 1 – Transition to Discipline and Foundations stages (first year of training)
- Level 2 – First half of Core stage (second year of training)
- Level 3 – Second half of Core stage (third and fourth years of training)
- Level 4 – Transition to Practice stage (fifth year of training)

Responsibilities:

Responsibilities of the Supervising Physician

1. To promote a safe, supportive learning environment free of intimidation or harassment.
2. To recognize signs of fatigue in a resident and to intervene if required to ensure support of the resident's wellbeing, while protecting the patient's health and safety. To connect the resident with wellness resources if needed.
3. Be always available by phone or pager and when necessary, in person. The Saskatchewan Health Authority guidelines for maximum response times must be followed.
4. Review in a timely manner all new patient cases with the resident(s) involved.
5. If unavailable, ensure that an appropriate alternative supervising physician is available and has agreed to provide supervision for residents. This information must be communicated to all appropriate individuals/groups in a timely fashion.
6. Intervene in situations of dispute and where appropriate, assist the resident in identifying strategies for appropriate dispute resolution and in pursuing resolution.
7. Ensure that residents under their supervision are aware of their responsibilities and expectations about performance, learning objectives, and communication.

Responsibilities of the Resident

1. Residents must inform each patient under their care of their status as trainees, the training environment and the name of the attending physician who is supervising the resident in their role with the patient.
2. Residents must perform their designated clinical responsibilities to the best of their abilities under the guidance and instruction of their supervising physician.
3. Documentation is an essential component of the exchange of information between resident and supervising physician (or delegate). Documentation is separate from notification.
4. Inform their supervising physician if for any reason they are unable to carry out assigned duties.
5. Develop awareness of their limitations and seek assistance appropriately.
6. Inform the program when they believe that they have inadequate supervision. Residents may report concerns to the Program Director/Site Director, PGME Resident Resource Office or PGME Associate Dean.
7. Residents are responsible to be aware of and adhere to this policy, and to the principles laid out by the [Post Graduate Medical Education Resident Supervision Policy](#)

Responsibilities of the Residency Training Program

1. Ensure appropriate communication occurs about the role of residents in provision of clinical care to patients and the expectations for resident supervision by Supervising physicians.
2. Ensure that residents are aware of and comply with policies around disclosure of their trainee status to patients.
3. Identify expectations as to when residents should/must notify supervising physicians.
4. Ensure that there are appropriate mechanisms and clear expectations around appropriate communication of patient information for sign over.
5. If a supervising physician fails to provide adequate supervision to residents, the Provincial Head of that department or the Postgraduate Associate Dean, in consultation with the Program Director/Site Director and the Residency Program Committee may:
 - Meet with the supervising physician to address any concerns and discuss potential solutions. A new supervising physician may be provided to the resident if required.
 - Provide faculty development training to support the supervising physician to achieve their supervisory role duties.

Responsibilities of the Postgraduate Medical Education Office

1. To ensure faculty, residents, and staff are aware of the process to report concerns regarding resident supervision.
2. To ensure support is provided to physicians, residents, and programs for the implementation of this policy.
3. To ensure the implementation, review, and evaluation of this policy.

Non-compliance:

Instances or concerns of non-compliance with this policy should be brought to the attention of the Program Director, Emergency Medicine.

Resources:

[PGME Supervision Policy](#)

[PGME Resident Resource Office](#)

Contact:

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