

# PGME Information Sheet

## Clinical Supervision

**Clinical Supervision** is a formal process of professional support and learning which enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice, and enhance safety of care in clinical situations.<sup>1</sup> “High quality supervision is vital to the development of doctors in training regardless of the stage in the training pathway or specialty. This is recognised across the system, as it directly relates to patient safety and the safety of doctors in training as well as recruitment and retention”.<sup>2</sup>

**Clinical Supervisors** have a responsibility to create a suitable environment for clinical supervision and to:<sup>3</sup>

- Ensure patient safety/care.
- Provide initial training and continuing education planning.
- Promote high standards.
- Identify trainee problems.
- Support the trainee and give feedback on performance.
- Monitor trainee progress.
- Ensure safety of the trainee.
- Remove barriers to effective clinical supervision.
- Foster open and honest clinical supervision relationships.
- Promote equality in the clinical supervision relationship.

Effective Clinical Supervision:	Ineffective Clinical Supervision can result from: <sup>3</sup>
<ul style="list-style-type: none"> <li>▪ Enhances team relationships through improved communication.<sup>4</sup></li> <li>▪ Mitigates the risk of [resident] burnout,<sup>5,6</sup> sickness, and absence.<sup>5</sup></li> <li>▪ Promotes staff morale, motivation to work, and well-being.<sup>4</sup></li> <li>▪ Develops learner clinical competence and knowledge.<sup>5</sup></li> <li>▪ Has a positive effect on organizational outcomes, such as increase job satisfaction.<sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li>▪ Poorly organized training programs.</li> <li>▪ Trainers who have poor supervisory skills.</li> <li>▪ Tension between service delivery and supervision or training needs</li> <li>▪ Whether the trainee can learn from experience and to manage errors.</li> <li>▪ Whether trainees feel confident enough to acknowledge/address difficulties.</li> </ul>

### Capabilities of effective supervisors

To be effective, in addition to supervisory skills, supervisors need to have good interpersonal, teaching skills, and be clinically competent and knowledgeable. The distinction between supervision and teaching is not easily made, however, empirical and review evidence indicates that:<sup>3</sup>

<b>Helpful supervisory behaviours</b>	<ul style="list-style-type: none"> <li>▪ Giving direct guidance on clinical work</li> <li>▪ Linking theory and practice</li> </ul>	<ul style="list-style-type: none"> <li>▪ Engaging in joint problem-solving and offering feedback</li> <li>▪ Reassurance and providing role modelling</li> </ul>
<b>Ineffective supervisory behaviours</b>	<ul style="list-style-type: none"> <li>▪ Rigidity</li> <li>▪ Low empathy</li> <li>▪ Failure to offer support</li> <li>▪ Not teaching</li> </ul>	<ul style="list-style-type: none"> <li>▪ Failure to follow supervisees' concerns</li> <li>▪ Being indirect, intolerant, and emphasizing evaluation and negative aspects</li> </ul>
<b>Good interpersonal skills</b>	<ul style="list-style-type: none"> <li>▪ Involving trainees in patient care</li> <li>▪ Negotiation and assertiveness skills</li> <li>▪ Counselling skills</li> <li>▪ Appraisal skills</li> <li>▪ Self-awareness</li> <li>▪ Warmth</li> <li>▪ Empathy</li> </ul>	<ul style="list-style-type: none"> <li>▪ Respect for others</li> <li>▪ Listening skills</li> <li>▪ Expressing one's own emotions appropriately</li> <li>▪ Offering support</li> <li>▪ Being positive</li> <li>▪ Having enthusiasm</li> </ul>
<b>Clinical competence</b>	<ul style="list-style-type: none"> <li>▪ Being seen as a good clinician and having up-to-date theoretical and clinical knowledge</li> </ul>	
<b>Teaching skills</b>	<ul style="list-style-type: none"> <li>▪ Offering opportunities to carry out procedures</li> <li>▪ Giving direction</li> <li>▪ Having knowledge of teaching resources</li> </ul>	<ul style="list-style-type: none"> <li>▪ Giving feedback (see separate PGME information sheet on feedback)</li> <li>▪ Knowledge of certification requirements</li> <li>▪ Individualizing the teaching approach</li> <li>▪ Being available and having evaluation skills</li> </ul>

## Clinical Supervision is Linked to the Following Accreditation Standards:

**STANDARD 5:** Safety and wellness are promoted throughout the learning environment.

**Requirement:** 5.1.1: Residents are appropriately supervised

**STANDARD 7:** Teachers deliver and support all aspects of the residency program effectively.

**Requirement:** 7.1.2: Teachers in the residency program are effective role models for residents

## PGME policies outline supervision responsibilities for the following:

Supervising Physician	Resident	Program
<ol style="list-style-type: none"> <li>1.Ensure that residents are aware of their responsibilities and expectations (appropriate to the level of training and ensure increasing autonomy) about performance, learning objectives, and communication.</li> <li>2.To promote a safe, supportive learning environment free of intimidation or harassment.</li> <li>3.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.</li> <li>4.Be always available by phone or pager and when necessary, in person. The Health Authority guidelines for maximum response times must be followed.</li> <li>5.Review in a timely manner all new patient consults/admissions/cases with the resident/ house staff team involved, including both clinical and educational aspects of the case and procedure. Regularly review patients under their care with the assigned resident and house staff team.</li> <li>6.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.</li> </ol>	<ol style="list-style-type: none"> <li>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.</li> <li>2.Residents must perform their designated clinical responsibilities to the best of their abilities under the guidance and instruction of their supervising physician.</li> <li>3.Documentation is an essential component of the exchange of information between resident and supervising physician (or delegate). Documentation is separate from notification.</li> <li>4.Inform their supervising physician if for any reason they are unable to carry out assigned duties.</li> <li>5.Develop awareness of their limitations and seek assistance appropriately.</li> <li>6.Inform the program when they believe that they have inadequate supervision and/or the Supervising Physician is not responsive to their reasonable requests for assistance in the care of delegated patients. Residents may report concerns to the Program Director/Site Director, PGME Resident Resource Office or PGME Associate Dean.</li> </ol>	<ol style="list-style-type: none"> <li>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.</li> <li>2.Ensure that residents are aware of and comply with policies around disclosure of their trainee status to patients.</li> <li>3.Identify expectations as to when residents should/must notify supervising physicians.</li> <li>4.Ensure that there are appropriate mechanisms and clear expectations around appropriate communication of patient information for call and post call coverage and sign over.</li> <li>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:             <ul style="list-style-type: none"> <li>•Meet with the supervising physician to address any concerns and discuss potential solutions.</li> <li>•Provide faculty developmentThe program must ensure that both residents and supervisors are aware of the CPSS Principles and Guidelines.</li> </ul> </li> </ol>

### References:

1. D. H. Barlow (Ed.) (1993) Clinical handbook of psychological disorders. New York: The Guilford Press
2. Enhancing supervision for postgraduate doctors in training Health education, Health Education England, www.hee.nhs.uk
3. Kilminster, S., Cottrell, D., Grant, J., & Jolly, B. (2007). AMEE Guide No. 27: Effective educational and clinical supervision. *Medical Teacher* 29, 2-19
4. Impact of clinical supervision on healthcare organisational outcomes: A mixed methods systematic review. doi: [10.1371/journal.pone.0260156](https://doi.org/10.1371/journal.pone.0260156)
5. Clinical Supervision (2023). [https://www.heti.nsw.gov.au/\\_data/assets/pdf\\_file/0009/428571/Workbook-for-Interdisciplinary-Student-Learning-and-Supervisor-Skills-Development.pdf](https://www.heti.nsw.gov.au/_data/assets/pdf_file/0009/428571/Workbook-for-Interdisciplinary-Student-Learning-and-Supervisor-Skills-Development.pdf)
6. Pitman, S. (2011). Handbook for Clinical Supervisors: Nursing Post- Graduate Programmes. <https://www.semanticscholar.org/paper/Handbook-for-Clinical-Supervisors%3A-Nursing-Post-Pitman/d41b2a135ccaf166167cbd6d715423d01643ab7f>

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