



Resident Supervision

Category:	Supervision
Responsibility:	Associate Dean, PGME
Approval:	PGME Committee
Date:	Date initially approved: June 2009 Date(s) reformatted or revised: 2018/2022

Purpose:

To establish the optimal process and environment for supervision of medical residents.

Principles:

Residents (postgraduate medical trainees) are not independent practitioners.

Patient safety and well-being must be the primary concern in 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 family medicine or a specialty or subspecialty. Residents will be under the supervision of the Most Responsible Physician (MRP) or a consultant physician in their interaction with a patient or group of patients.

House Staff Team: includes all learners involved in the care of a group of patients including senior and junior residents and medical students.

Re-entry Trainee: resident who has previously held (or are eligible to hold) a license to practice medicine in a particular discipline but has returned to training in a new field or a subspecialty of their original discipline.

Supervising Physician: the licensed physician who is ultimately responsible for the supervision of a resident or group of residents in a particular practice or service. Supervising physicians may be:

- a) Most responsible physician: the medical staff member deemed most responsible for a given patient's (or group of patients') care; referred to as attending physician in this document.

- b) Consultant physician: a physician involved in the care of a patient on a consultation basis.
- c) The on-call physician for a particular practice or specialty.

Scope of this Policy:

This policy applies to all residents enrolled in residency training programs at the College of Medicine, University of Saskatchewan.

Policy:

Residents are pursuing further training in a particular discipline and must acquire the sufficient experience, knowledge, and skills to undertake such practice in an independent and unsupervised manner following completion of their training program. The training program must provide an environment in which experience and competencies are acquired in a manner that is responsive to the need for supervision and hands-on practice and decision making.

As a general rule, the level of direct supervision lessens as residents progress through the training program. However, residents acquire skills and knowledge at different paces and where necessary/appropriate usual supervision levels must be adjusted to the needs of the particular resident/situation.

Disclosure of the role of residents and the teaching environment must be provided to patients.

Supervising physicians must be available at all times to residents under their supervision, in keeping with the policies of the health region. Whether this availability requires on site presence by supervising physicians will be governed by the situation and regional and program specific policies and procedures.

Attending physicians should strive to create an atmosphere in which residents feel comfortable seeking assistance and disclosing lack of sufficient experience, skills, or knowledge to deal with a particular situation. Open and supportive communication along with prompt responses to requests for help are essential in encouraging residents to express concerns or need for assistance.

Attending physicians should provide sufficient direct observation to form a robust assessment of the resident's strengths, weaknesses and skill level including the resident's self-assessment skills.

The training process requires residents to assume responsibility for more junior learners. It is both appropriate and necessary for more senior residents to have delegated responsibility for supervision of other learners. This must be done with due care and attention to the experience, knowledge and skill level of the more senior resident, the needs of the more junior learners, as well as the clinical context.

Re-entry trainees often bring into their training programs extensive experience and skills. However, they must be prepared to assume the role of trainee with responsibility to attending

physicians and other delegated supervisors and must work within the parameters of the training program and level.

Supervising physicians and residents must collaborate in patient care within appropriate ethical and professional boundaries. Particularly where there are differences of opinion with respect to conscientious refusal to provide certain services, there must be a respectful approach between residents and supervising physicians that allows such choices to be exercised appropriately and without inappropriately involving the patient, family, or other staff members/residents.

Responsibilities:

Responsibilities of the Supervising Physician

- a) Ensure that residents under their supervision are aware of their responsibilities and expectations about performance, learning objectives, and communication.
- b) To promote a safe, supportive learning environment free of intimidation or harassment.
- c) 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.
- d) Be always available by phone or pager and when necessary, in person. The Health Authority guidelines for maximum response times must be followed.
- e) 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.
- f) 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.

Supervising physician status may only be delegated to another fully licensed practitioner in the specialty.

When delegating supervisory responsibility, ensure that the individual to whom supervision is delegated has appropriate knowledge, skills, and experience.

- g) Intervene in situations of dispute and where appropriate, assist the resident in identifying strategies for appropriate dispute resolution and in pursuing resolution.

Responsibilities of the Resident

- a) 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.
- b) Residents must perform their designated clinical responsibilities to the best of their abilities under the guidance and instruction of their supervising physician.

- c) Documentation is an essential component of the exchange of information between resident and supervising physician (or delegate). Documentation is separate from notification.
- d) Inform their supervising physician if for any reason they are unable to carry out assigned duties.
- e) Develop awareness of their limitations and seek assistance appropriately.
- f) 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.

Responsibilities of the Residency Training Program

- a) 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.
- b) Ensure that residents are aware of and comply with policies around disclosure of their trainee status to patients.
- c) Identify expectations as to when residents should/must notify supervising physicians.
- d) Ensure that there are appropriate mechanisms and clear expectations around appropriate communication of patient information for call and post call coverage and sign over.
- e) 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.
- f) The program must ensure that both residents and supervisors are aware of the College of Physician and Surgeons of Saskatchewan Principles and Guidelines: *Supervision of postgraduate clinical trainees*.

Responsibilities of the Postgraduate Medical Education Office

- a) To ensure faculty, residents, and staff are aware of the process to report concerns regarding resident supervision.
- b) To ensure support is provided to physicians, residents, and programs for the implementation of this policy.
- c) 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 Associate Dean, PGME.

Contact:

Coordinator for Academic and Non-Academic Processes, PGME Office
Phone: 306-966-6145