

POSTGRADUATE MEDICAL EDUCATION

SCHULICH SCHOOL OF MEDICINE & DENTISTRY

POLICY ON FACULTY SUPERVISION OF POSTGRADUATE TRAINEES

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Preamble

This policy establishes supervision guidelines for all postgraduate trainees appointed to postgraduate medical education (PGME) programs sponsored by the Schulich School of Medicine & Dentistry at Western University. Postgraduate trainees include postgraduate trainees, clinical fellows, trainees in Royal College of Physicians and Surgeons of Canada Areas of Focused Competence (AFC) programs and trainees in Practice Ready Assessment (PRA) programs.

This policy applies to all clinical settings where residents and fellows are training, including community settings and diagnostic settings (for example imaging or laboratory, outpatient and ambulatory clinics, operating rooms). Supervision is required to ensure safe and appropriate patient care and to promote postgraduate trainee professional development including clinical competence and professionalism.

This policy does not address the role of postgraduate trainees as supervisors or teachers for more junior trainees and medical students.

In addition to this policy, postgraduate trainees, residency programs, fellowship programs and supervising physicians must comply with policies or guidelines on supervision issued by the College of Physicians and Surgeons of Ontario (CPSO).

Individual programs may have specific guidelines and policies that reflect the needs of their unique disciplines. Hospital and/or clinical placement setting policies may also dictate the availability and responsibilities of the faculty supervisor in patient care and diagnostic settings. This policy does not supersede established hospital or clinical placement setting policies.

Applicable Standards

General Standards of Accreditation for Institutions with Residency Programs:

- Standard 2.1: There are effective policies and processes to govern residency education.
- Standard 4.1.1: Residents are appropriately supervised.

General Standards of Accreditation for Residency Programs:

- Standard 3.4: There is an effective, organized system of resident assessment.

- Standard 4.2.1: Teachers appropriately implement the residency curriculum, supervise and assess trainees, contribute to the program, and role model effective practice.
- Standard 5.1.1: Residents are appropriately supervised.
- Standard 5.1.2: Residency education occurs in a safe learning environment.
- Standard 5.1.3: Residency education occurs in a positive learning environment that promotes resident wellness.
- Standard 7: Teachers deliver and support all aspects of the residency training program effectively.

General Standards of Accreditation for Areas of Focused Competence (AFC) Programs:

- Standard 2.1.1.5: Teachers and trainees are aware of the competencies for each experience and assessment.
- Standard 2.2.2.1: Teachers are aware of the expectations for trainee performance and use these expectations in their assessment of trainees.
- Standard 4.1.1: Trainees are appropriately supervised.

Relevant Policies and Guidelines:

- [Professional Responsibilities in Medical Education CPSO](#)
- [Professional Association of Residents in Ontario \(PARO\) – Council of Academic Hospitals of Ontario \(CAHO\) Agreement \(PARO-CAHO Agreement\)](#)
- [PGME Policy on Program Responsibilities in Clinical Fellowship Education](#)
- [CMPA Good Practices Guide – Delegation and Supervision](#)

In accordance with Canadian Medical Protective Association (CMPA) Guidelines, a trainee might not avoid liability if harm is caused to a patient as a result of their actions solely on the basis that the supervising physician or hospital protocol required the trainee to undertake tasks the supervisor knew or ought to have known were beyond the abilities of the trainee. If a trainee is unprepared to perform a certain task or procedure, they are responsible for voicing their concerns to their supervisor.

If the supervising physician delegates a task or does not properly supervise the trainee doing the task, the physician could be held liable for any harm caused by the trainee's negligence. In the event that litigation is commenced, the court will evaluate whether the supervising physician met the standard of care when delegating the task to the trainee and supervising the performance of the designated task.

Definitions

Postgraduate trainee: Physicians who hold a degree in medicine and are continuing in postgraduate medical education. Trainees cannot practice independently within their training program. All postgraduate trainees must be supervised.

Most Responsible Physician (MRP): Physicians who have overall responsibility for directing and coordinating the care and management of a patient at a specific point in time, regardless of the amount of involvement that a postgraduate trainee has in that patient's care.

Supervisors: Physicians who have taken on the responsibility to observe, teach, and assess postgraduate trainees. The supervisor of a postgraduate trainee who is involved in the care of a patient may or may not be the most responsible physician for that patient.

Degrees of Supervision (as defined by the Canadian Medical Protective Association (CMPA)):

1. **Direct Supervision:** observing while being in the same room with a trainee (can also be conducted by video or one-way mirror).
2. **Immediately Available Supervision:** supervisor is immediately available to come to the aid of a trainee if problems arise.
3. **Local Supervision:** supervisor is in the building/hospital and is available at short notice.
4. **Distant Supervision:** supervisor is on call and available for advice or able to come into the hospital in an appropriate timeframe.

General Principles of Clinical Supervision

1. Acting in the best interest of the patient is central to the role of the postgraduate trainee and the supervisor.
2. MRPs, supervising physicians and postgraduate trainees must demonstrate a model of professional, ethical, and compassionate care and promote a safe, supportive, and collaborative learning environment free of intimidation, harassment, or discrimination.
3. MRPs, supervising physicians and postgraduate trainees must not engage in disruptive behavior that interferes with, or is likely to interfere with, the learning environment, patient care or quality medical education.
4. The educational environment must facilitate safe patient care and effective learning. The supervising physician's open and supportive communication and readiness to assist the postgraduate trainee are necessary to enable the postgraduate trainee to voice concerns about a delegated task.
5. Postgraduate trainees must always be appropriately supervised during their training; the degree of supervision will be dependent on the stage of training, clinical setting, achievement of required competencies, and relevant hospital policies.
6. The call schedule must be structured to provide postgraduate trainees with continuous supervision, twenty-four hours a day and seven days a week.
7. The supervising physician must be aware that postgraduate trainees may fail to recognize their limitations and take on more responsibility than is appropriate. Postgraduate trainees may have difficulty identifying and/or reporting their own limitations. It is the responsibility of the supervising physician to recognize when a postgraduate trainee is unable to provide safe patient care because of the number and/or complexity of patients assigned or because of postgraduate trainee stress or fatigue. In these circumstances the supervising physician must intervene to support the postgraduate trainee and the patients whose care has been delegated to the postgraduate trainee.
8. The supervising physician must respond in an appropriate and timely manner to a postgraduate trainee's request for assistance in the care of their patients.
9. As appropriate, supervising physicians may delegate certain supervisory tasks to senior postgraduate trainees.

Responsibilities of the Supervising Physician

The supervising physician must:

1. Be aware of the learning objectives/expected competencies of the postgraduate trainee for the duration of their supervisor-trainee relationship.
2. Consider a postgraduate trainee's skill and level of training when delegating a clinical task and assign graded responsibility accordingly.

3. Create a learning environment where the trainee feels comfortable stating whether they are able to perform the task. Trainees must be provided with the environment and opportunity to disclose personal fatigue impacting performance without fear of retribution.
4. Ensure that patients or substitute decision-makers are informed of a postgraduate trainee's medical trainee status.
5. Be immediately available under circumstances where urgent judgment by highly experienced physicians is typically required, as determined by the Program Director assisted by the Residency Program Committee, Fellowship or AFC Committee. Supervision may be provided from an off-site location in circumstances where the quality of supervision can be maintained and, when required, the supervising physician's physical presence can be assured within a reasonable amount of time. The degree of availability and the means of availability must be appropriate and reflect factors including the patient's circumstances, the clinical care setting and resources available, and the education, experience and judgment of the postgraduate trainee.
6. Respond in a timely fashion when paged or called by the postgraduate trainee. When not immediately available, the supervising physician must inform the postgraduate trainee and identify a supervising physician who will be available in their absence.
7. Ensure that a postgraduate trainee is aware of all the patients designated to their care. The supervising physician must also determine that the postgraduate trainee is capable of caring for these delegated patients.
8. Communicate regularly with the postgraduate trainee to discuss and review patient assessments, management, and documentation
9. Be familiar with the PARO-CAHO Collective Agreement, including Maximum Duty Hour provisions, and ensure that residents will not be scheduled or to work beyond maximum duty hours. Ensure that residents can be relieved of duties post-call under the terms of the Agreement.
10. Assess, review and document postgraduate trainee competencies and objectives, which may include for example In-training Evaluation Reports (ITERS), or Entrustable Professional Activities (EPAs), or any other program specific assessments. Assessments must be completed in a timely manner according to program requirements. The supervisor must provide constructive feedback to the postgraduate trainee during the course of supervision.
11. No faculty member should supervise or assess a close relative or other person with whom they have a significant personal relationship in the performance of their academic or clinical roles; except during occasional supervision of on-call duties if this cannot be avoided. Faculty must remain sensitive to all potential conflicts of interest with regard to supervision and deal with them in a professional manner.

Responsibility of Postgraduate Trainees

The postgraduate trainee must:

1. Strive to recognize and be aware of the limits of their knowledge and clinical skills.
2. Notify their supervisors of their perceived knowledge, skill, and experiences with delegated tasks.
3. Specifically state any concerns they have to their supervisor if they are asked to perform tasks beyond their abilities.
4. Inform patients or the substitute decision makers of their status as trainees who are acting on the behalf of a specific, named supervising physician.
5. Communicate with the supervisor and/or MRP:
 - i. in accordance with the guidelines of their postgraduate program and/or clinical placement setting;
 - ii. about their clinical findings, investigations, and treatment plans;

- iii. in a timely manner, urgently, if necessary, when there is a significant change in a patient's condition;
 - iv. when the postgraduate trainee is considering a significant change in a patient's treatment plan or has a question about the proper treatment plan;
 - v. about a patient's discharge;
 - vi. when a patient or family expresses concerns; or
 - vii. in an urgent or emergent situation when there is a risk to the patient's well-being;
6. Document their clinical findings and treatment plans; identify the MRP/supervising physician who has reviewed their reports; and indicate the MRP/supervising physicians' approval of the report.
 7. In the interest of patient safety, inform their supervising physician if they are not able to care for all the patients delegated to them. An inability by the postgraduate trainee to provide adequate care may arise from the number and complexity of the patients assigned or because of stress or fatigue.
 8. Inform the residency Program Director when they believe that they have insufficient supervision and/or the supervising physician is not responsive to their requests for assistance.
 9. Inform their supervisor of any absences, expected or unexpected.
 10. Inform the supervising physician and/or Program Director and/or PARO if their duty hours are in breach of the PARO-CAHO Agreement, or in excess of duty hours expected by the program for trainees not covered by the [PARO-CAHO Agreement](#) (see Article 16.1 to 16.10).

Responsibility of the Postgraduate Program Director and the Program Committee

The Postgraduate Program Director and Program Committee must:

1. Review the PGME Supervision of Postgraduate Trainees Policy with respect to specific program/discipline requirements and develop a program specific policy as required. Ensure that faculty and postgraduate trainees are aware of and comply with policies regarding clinical supervision. Provide supervisors with the objectives or expected competencies of the program.
2. Provide supervisors with the specific postgraduate trainee assessment requirements as well as timelines for completion.
3. Ensure a mechanism is in place for postgraduate trainees to report concerns regarding adequacy of supervision, including learner mistreatment.
4. Investigate and manage concerns with respect to supervision including completion of assessments in a timely manner. This may include notification to PGME if it is not resolved at the program level.
5. Provide regular written evaluations to supervisors of their teaching and supervisory roles.

Responsibility of the Postgraduate Medical Education (PGME) Office

The PGME Office will:

1. Ensure that the central PGME policy is reviewed and approved by the PGME Committee and reviewed and revised at consistent and appropriate intervals as required.
2. Ensure that programs, trainees, and faculty are aware of the policy.
3. Encourage programs to develop program specific guidelines with respect to duty hours, assessment, and supervision of trainees.
4. Provide support to programs to identify and remediate inadequate supervision, in collaboration with Medical and Faculty Affairs.
5. Provide educational materials, support and faculty development to programs and supervisors to facilitate implementation of this policy.