Schulich MEDICINE & DENTISTRY

POSTGRADUATE MEDICAL EDUCATION
SCHULICH SCHOOL OF MEDICINE & DENTISTRY

POLICY ON RESIDENTS AND AREA OF FOCUSED COMPETENCE (AFC) TRAINEES AS TEACHERS

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Preamble

This policy establishes guidelines for residents and Area of Focused Competence (AFC) trainees appointed to Postgraduate Medical Education (PGME) programs sponsored by the Schulich School of Medicine & Dentistry at Western University in their role as teachers of postgraduate trainees, medical students, other health care professionals, and the public.

Supervising faculty and Most Responsible Physicians (MRPs) may delegate the role of supervisor to residents and AFC trainees where appropriate. Supervising and teaching postgraduate trainees and medical students is an expected and essential responsibility of residency and AFC training. It is a core competency of the CanMEDS and CanMEDS-FM framework.

In addition to this policy, residents and AFC postgraduate trainees must follow policies or guidelines on supervision issued by the College of Physicians and Surgeons of Ontario (CPSO), the Canadian Medical Protective Association (CMPA) and affiliated hospitals.

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.

Royal College CanMEDS Scholar Role:

Teaches students, residents, the public, and other health care professionals:

- 2.1 Recognize the influence of role-modelling and the impact of the formal, informal, and hidden curriculum on learners
- 2.2 Promote a safe learning environment
- 2.3 Ensure patient safety is maintained when learners are involved
- 2.4 Plan and deliver a learning activity
- 2.5 Provide feedback to enhance learning and performance
- 2.6 Assess and evaluate learners, teachers, and programs in an educationally appropriate manner

CFPC CanMEDS-FM Scholar Role:

Teaches students, residents, the public, and other health care professionals:

- 2.1 Recognizes and addresses the impact of the formal, informal, and hidden curriculum on learners including the public

- 2.2 Promotes a safe learning environment
- 2.3 Ensures patient safety is maintained even when learners are involved
- 2.4 Plans and delivers a learning activity
- 2.5 Provides feedback to enhance learning and performance
- 2.6 Assesses and evaluates learners, teachers, and programs in an educationally appropriate manner
- 2.7 Integrates coaching, mentorship, and role-modelling into teaching practice

Applicable Accreditation Standards

General Standards of Accreditation for Residency Programs:

- Indicator 3.2.2.3: The curriculum plan addresses expert instruction and experiential learning opportunities for each of the CanMEDS/CanMEDS-FM Roles with a variety of suitable learning activities.

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

- Indicator 2.1.1.2: The AFC program incorporates all required competencies contextual to the AFC discipline for the relevant CanMEDS Roles.

Relevant Policies and Guidelines

- Policy on Faculty Supervision of Postgraduate Trainees
- Professional Responsibilities in Medical Education CPSO
- Advice to the Profession: Professional Responsibilities in Medical Education CPSO
- PARO-OTH Collective Agreement
- CMPA Good Practices – Delegation and Supervision
- Royal College CanMEDS Scholar Role
- CFPC CanMEDS-FM Scholar Role

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

AFC Trainee: Trainees who are registered in an accredited AFC Program. They must meet the eligibility requirements for the Competency Training Requirements (CTR) for the AFC in which they are registered.

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.

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. Postgraduate trainees include residents and AFC trainees.

Resident: Trainees enrolled in a RCPSC or CFPC accredited training program, including RCPSC subspecialties and CFPC Enhanced Skills. Residents are eligible for certification from the RCPSC or CFPC.

Supervisors: Physicians, including residents and AFC trainees, who have taken on the responsibility to observe, teach, and assess postgraduate trainees and medical students.

Teacher: An individual with the responsibility for teaching postgraduate trainees and medical students.

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 Teaching and Clinical Supervision

1. Acting in the best interest of the patient is central to the role of our residents and AFC trainees.
2. Residents and AFC trainees must demonstrate a model of professional, ethical, and compassionate care and promote a safe, supportive, and collaborative learning environment free of intimidation, harassment, and discrimination.
3. Residents and AFC trainees must not engage in disruptive behavior that interferes with, or is likely to interfere with, the learning environment, patient care or quality of medical education.
4. The educational environment must facilitate safe patient care and effective learning. The supervising resident or AFC trainee's open and supportive communication and readiness to assist a postgraduate trainee or medical student are necessary to enable them to voice concerns about a delegated task.

5. Postgraduate trainees and medical students 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 supervising physician must be aware that residents, AFC trainees, and medical students may fail to recognize their limitations and take on more responsibility than is appropriate. Residents and AFC trainees may have difficulty identifying and/or reporting their own limitations. It is the responsibility of the supervising physician to recognize when a resident or AFC 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 resident or AFC trainee and the patients whose care has been delegated to the postgraduate trainee.
7. Similarly, when a resident or AFC trainee is in the role of teacher or supervisor, they must recognize that postgraduate trainees and medical students may fail to identify or recognize or report their own limitations.
8. The supervising physician must respond in an appropriate and timely manner to a request for assistance in the care of their patients.

Responsibilities of the Supervising Resident or AFC Trainee

The supervising resident or AFC trainee must:

1. Be aware of the learning objectives/expected competencies of the postgraduate trainee and medical student for the duration of their supervisor-trainee-student relationship.
2. Consider skill and level of training when delegating a clinical task and assign graded responsibility accordingly.
3. Create a learning environment where the postgraduate trainee or medical student feels comfortable stating whether they are able to perform the task. They must be provided with the environment and opportunity to disclose personal fatigue impacting performance without fear of retribution.
4. Respond in a timely fashion when paged or called by the postgraduate trainee or medical student. When not immediately available, the resident or AFC trainee must inform the postgraduate trainee or medical student and identify a supervising physician who will be available in their absence.
5. Communicate regularly with the postgraduate trainee or medical student to discuss and review patient assessments, management, and documentation.
6. Be familiar with the PARO-OTH Collective Agreement, including Maximum Duty Hour provisions, and ensure that postgraduate trainees will not be scheduled or to work beyond maximum duty hours. Ensure that postgraduate trainees can be relieved of duties post-call under the terms of the Agreement. Assess, review and document postgraduate trainee or medical student competencies and objectives as required by the program or undergraduate medical education, which may include for example In-training Evaluation Reports (ITERs), 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.

7. Report any concerns related to patient safety, resident safety, or professionalism, to the program director.
8. No resident or AFC trainee 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. They must remain sensitive to all potential conflicts of interest with regard to supervision and deal with them in a professional manner.