

POSTGRADUATE MEDICAL EDUCATION

SUPERVISION OF POSTGRADUATE MEDICAL TRAINEES ON CLINICAL ROTATIONS

This policy establishes school-wide supervision guidelines for all postgraduate medical trainees appointed to postgraduate medical education programs sponsored by the Schulich School of Medicine & Dentistry at The University of Western Ontario.

The term “postgraduate medical trainees” includes both residents and clinical fellows. The use of the term “resident” throughout this policy shall be taken to mean resident or clinical fellow.

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

A. Principles Guiding the Supervision of Postgraduate Medical Trainees

1. Residents require hands-on experience to acquire the necessary knowledge and skills to be able to independently deliver health care when they have completed their training.
2. Both the resident and supervising physician owe a duty of care to the patient which includes the obligation to act in the patient’s best interests.
3. If the supervising physician inappropriately delegates a task or does not properly supervise the resident doing a task, the physician could be held liable for any harm caused by a resident’s negligence.
4. The supervising physician is responsible for creating a learning environment which is safe for both residents and for the patients assigned to their supervised care. This environment should be conducive to residents acquiring the knowledge and skills set out in the objectives of training.
5. The supervising physician’s open and supportive communication and readiness to help the resident are necessary to enable the resident to voice concerns about a delegated task.
6. It is impractical for a supervising physician to oversee every decision or action made by a resident so tasks may be delegated where appropriate; however, supervising physicians are responsible for ensuring that residents are only given tasks within their competency.
7. The supervising physician needs to be aware that residents may fail to recognize their limitations and take on more responsibility than is appropriate. Residents may have difficulty identifying and/or reporting their own limitations. It is the responsibility of the supervising physician to recognize when a resident is unable to provide safe patient care because of the number and/or complexity of patients assigned or because of resident stress or fatigue. In these circumstances the supervising physician must intervene to support the resident and the patients whose care has been delegated to the resident.

8. The supervising physician should create a learning environment that enables the resident to meet the learning objectives of the rotation through delegation of both patients and procedures in a safe and practical manner.

9. The supervising physician must respond in an appropriate and timely manner to a resident's reasonable request for assistance in the care of their patients.

10. As appropriate, supervising physicians may delegate certain supervisory tasks to senior residents. In their supervisory role such residents must comply with the responsibilities set out in Section B.

11. It must be understood that every patient must have an identified medical staff person who is ultimately responsible for his or her care. This ultimate responsibility cannot be delegated to a resident.

12. The residency Program Director, assisted by the Residency Program Committee, is responsible for the implementation and ongoing evaluation of compliance with this policy. Each program may develop program specific supervision policies supplementary to this policy. In any situation in which a program specific supervision policy conflicts with this policy, this policy shall prevail.

B. Responsibilities of the Supervising Physician

1. The supervising physician must be aware of the learning objectives of the resident for the duration of their supervisor-trainee relationship.

2. The supervising physician must take into consideration a resident's skill and level of training when delegating a clinical task.

3. The supervising physician must ensure that patients are informed of a resident's medical trainee status.

4. The supervising physician must ensure that a resident is competent in a given procedure before delegating that procedure. When a resident has acquired sufficient skill and knowledge to independently perform a given procedure, the supervising physician must be readily available to intervene should it be necessary.

5. The attending physicians' call schedule must be structured to provide residents with continuous supervision, twenty-four hours a day and seven days a week.

6. Supervising physicians must be immediately available under circumstances in which urgent judgement by highly experienced physicians is typically required, as determined by the Program Director assisted by the Residency Training 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.

7. The supervising physician must respond in a timely fashion when paged by the resident and if necessary, the supervising physician must be available to return to the hospital in an emergency. When not immediately available to assist the resident, the supervising physician must inform the resident and identify a supervising physician who will be available in his or her absence.

8. The supervising physician must ensure that a resident is aware of all the patients designated to him or her. The supervising physician must also determine that the resident is capable of caring for all of these delegated patients. Moreover, the supervising physician must recognize the signs of fatigue in a resident and intervene to ensure that the patients receive appropriate care while supporting the well-being of the resident.

9. The supervising physician must confirm a resident's documentation of a patient's admission, which includes the relevant history, clinical findings and the management plan. This should be performed within 24 hours of admission or sooner if a patient's acuity warrants it.

10. At least daily the resident and the supervising physician will review the progress of all acutely ill patients, make the necessary modifications to the care plans and ensure that appropriate documentation is entered into the medical record.

11. The supervising physician must provide residents with support and direction in addressing conflict, discrimination and harassment in the learning environment.

12. The supervising physician will ensure that residents understand their roles and responsibilities during orientation at the beginning of each clinical rotation. The supervising physician must inform the resident of what to do and who to call across the spectrum of clinical situations.

13. The supervising physician must promote and model professional conduct at all times.

C. Responsibility of Postgraduate Medical Trainees

1. Residents must strive to be cognizant of the limits of their knowledge and clinical skills.

2. Residents must exercise caution and consider their experience when providing clinical care.

3. Residents must notify their supervisors of their perceived knowledge, skill and experiences with delegated tasks. Residents must specifically state any concerns they have to their supervisor if they are asked to perform tasks beyond their abilities.

4. Residents must keep their supervisor informed of their actions if these actions have the potential to harm the patient.

5. Residents must inform patients of their status as medical trainees who are acting on the behalf of a specific, named supervising physician.

6. Residents must provide appropriate timely supervision of undergraduate clinical trainees or more junior residents rotating on the same service. In this role residents must assume the responsibilities of supervising physicians as outlined above.

7. Residents must inform the supervising physician:

- a) whenever there is a significant change in the patient's condition
- b) whenever the diagnosis or management is in doubt
- c) prior to undertaking a procedure or therapy which has the potential for immediate or future serious morbidity

- d) whenever the resident becomes involved because of a patient referral from another service
- e) prior to arranging a patient referral to another service
- f) prior to the patient's discharge from the emergency department
- g) prior to the patient's discharge from an ambulatory setting whenever the diagnosis or immediate management is in doubt
- h) prior to discharge from hospital (unless previously approved by the supervising physician).

8. In the interest of patient safety residents must inform their supervising physician if they are not able to care for all of the patients who have been delegated to them. An inability by the resident to provide adequate care may arise from the number and complexity of the patients assigned or because of stress or fatigue.

9. Residents must inform the residency Program Director when they believe that they have insufficient supervision and/or the supervising physician is not responsive to their reasonable requests for assistance in the case of delegated patients.

D. Responsibility of the Postgraduate Program Director and the Resident Training Committee

In the event that a supervising physician consistently fails to provide adequate supervision of residents, the Chair of the relevant department or the Associate Dean PGME, in consultation with the Program Director and the Residency Training Committee may:

- a) provide written feedback outlining their concerns and suggested solutions
- b) provide counselling and further training to enable the supervising physician to fulfil his or her role, or
- c) dismiss the supervising physician from further participation in the postgraduate training program.

E. Responsibility of the PGME Office

The Postgraduate Medical Education Office will provide education and advice to faculty where there is an identified need regarding the implementation of this policy.

F. Additional Policies/Guidelines

College of Physicians and Surgeons of Ontario (CPSO)

Policy Statement #2-11, *Professional Responsibilities in Postgraduate Medical Education* (updated May 2011) <http://www.cpso.on.ca/policies/policies/default.aspx?ID=1846>

Guidelines for Supervision

<http://www.cpso.on.ca/uploadedfiles/registration/international/Supervision%20Guidelines.pdf?terms=guidelines+for+supervision>