

**UNIVERSITY OF OTTAWA, FACULTY OF MEDICINE  
POSTGRADUATE MEDICAL EDUCATION  
POLICY FOR SUPERVISION OF POSTGRADUATE MEDICAL TRAINEES**

<b>Policy for:</b> Supervision of Postgraduate Medical Trainees	
<b>Responsible Educational Unit:</b> Postgraduate Medical Education	
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**PURPOSE**

The purpose of this policy is to provide requirements and general guidelines for supervision of postgraduate medical trainees. More specific program policies and guidelines that reflect the unique needs of each discipline are the responsibility of each residency program and must incorporate all points in this policy. Hospital and/or clinical setting policies may also dictate the additional availability and responsibilities of the faculty supervisors in patient care and diagnostic settings.

This policy is in compliance with but does not supersede the following policies, guidelines and standards:

- [Professional Responsibilities in Medical Education - CPSO](#)
- [PARO-OTH Collective Agreement](#)
- [CMPA Good Practices Guide - Delegation and Supervision](#)
- [CanRAC- General Standards of Accreditation for Institutions with Residency Programs](#)
- Accreditation Standards for Residency Programs ([version 3.0](#))

**DEFINITIONS**

**PGEC:** Postgraduate Education Committee, Faculty of Medicine, University of Ottawa.

**PGME:** Postgraduate Medical Education at the University of Ottawa.

**Postgraduate Medical Trainee** (henceforth called **Trainee**): a postgraduate medical trainee (resident, AFC trainee or fellow) who is enrolled within a postgraduate program under the oversight of the Postgraduate Medical Education office.

- a. All medical trainees must be licensed through CPSO.
- b. A Resident is a trainee who must abide by the PARO-OTH collective agreement
- c. Regardless of registration status or stage/level of training, Trainees are deemed to be in training and requiring supervision by a postgraduate Supervisor.
- d. Trainees may serve in the role of supervising more junior learners, but do not act as the MRP and also must have a Supervisor for patient care.
- e. Trainees may provide teaching to UGME learners.

**Stages of training:** in Royal College (RC) competency based medical education terminology, stages of training refer to four developmental stages:

- a. transition to discipline,
- b. foundations of discipline,
- c. core of discipline and
- d. transition to practice.

Each stage has its own set of markers for learning and assessment, and as trainees move through the stages, increasing supervisory tasks may be delegated to them.

**Supervisor:** a faculty member who has direct responsibility to oversee the work of postgraduate medical trainees in a particular practice or service. The Supervisor may be:

- a. The Most Responsible Physician (MRP)
- b. Consultant supervisor
- c. On-call physician

## PRINCIPLES

Supervisors have a dual professional responsibility to provide high quality, safe, ethical patient care and appropriate supervision of, and education for Trainees. Supervisors must provide adequate oversight of the Trainee after careful assessment of the appropriate level of responsibility that can be delegated to the Trainee. Additionally, Supervisors should appropriately allow opportunities for Trainees to assume graduated responsibilities based on their assessed knowledge, skills, competencies and stage of training.

Supervisors must take action to support delivering a positive training experience in a safe learning environment. A psychologically safe learning environment is defined as being conducive to behaviours such as speaking up or asking for help ([CMA](#)).

Postgraduate medical trainees are licensed physicians and have a professional responsibility to ensure that patients (and/or their families) to whom they are providing care know that they are working under the supervision of a faculty Supervisor and have a duty to inform the Supervisor about their patients.

1. The Supervisor and Trainee together determine the appropriate degree of independence for a trainee in any given clinical or on call situation, with the goal of providing a learning environment that enables high quality patient care and appropriate educational support to trainees. The degree of availability of an MRP and/or supervisor and the means of availability (by phone, pager or in-person) **must** be appropriate and reflective of the following factors:
  - a. the patient's specific circumstances (e.g., clinical status, specific health-care needs);
  - b. the setting where the care will be provided and the available resources and environmental supports in place; and
  - c. the education, training and experience of the postgraduate trainee.

## GENERAL GUIDELINES OF APPROPRIATE CLINICAL SUPERVISION

1. Acting in the best interest of the patient is central to the role of the Trainee and Supervisor interaction.

2. Professionalism is essential in all interactions in the learning environment in order to provide the best care to patients. This is demonstrated in a model of professional, ethical and compassionate care to promote a safe, supportive and collaborative learning environment free of intimidation, harassment or discrimination.
3. All learning environments must promote an open and free exchange of ideas, questions, discussion and feedback between Trainees and Supervisors to optimize patient care and learning.
4. Communication from Supervisors must enable the Trainee to voice concerns about a delegated task and request assistance at any time.
5. Programs guide the determination of the degree of supervision required for the level of training and clinical situation.
6. Trainees and Supervisors must know how to reach each other at all times while on duty.
7. The call schedule must be structured to provide Trainees with continuous supervision commensurate with the trainee's level of competence 24 hours a day, 7 days a week.
8. For residents, clinical work, including on-call duties, must conform to the PARO-OTH Collective Agreement. Supervisors must ensure that Trainees are relieved of duties post-call under the terms of the Agreement.

## **ROLES AND RESPONSIBILITIES**

### **Faculty Supervisors Must:**

9. Review and be familiar with the learning objectives of the Trainee for the duration of the Supervisor-Trainee relationship, prior to undertaking supervisory responsibilities.
10. Complete written assessments and identify concerns of clinical performance using appropriate program assessment forms which may include (but not exclusive of) EPAs, ITERs, ITARs, daily evaluation forms, O-SCORE, etc.
11. Regularly assess the Trainee's learning needs and clinical competence (knowledge, skill, judgement) to assign appropriate graduated responsibility for patient care.
12. Review all new patient admissions and consultations completed by a Trainee in a timely manner.
13. Regularly review medical documentation completed by the Trainee to ensure accuracy, with provision of coaching or feedback as appropriate for ongoing improvement.
14. Evaluate the clinical situation and stage of training/competency of the Trainee when delegating tasks and determining the degree of supervision required, including procedural skills:
  - 14.1. Ensuring any procedures performed by the Trainee is within their competence level
  - 14.2. Directly supervise procedures if required for patient safety or if requested by the patient or Trainee
  - 14.3. Ensure their own competence for any clinical tasks and procedures for which they are supervising the Trainee

15. Understand their professional liabilities as a physician if patient care tasks are inappropriately delegated to Trainees without ensuring proper supervision
16. Ensure the patient or substitute decision-maker is informed of:
  - 16.1. The identity of the MRP
  - 16.2. The MRP has ultimate responsibility for the patient care decisions
  - 16.3. The identity of the Trainee(s) who is a member of the healthcare team and their involvement in patient care
17. Provide support and direction to the Trainee including:
  - 17.1. Addressing conflict around patient care
  - 17.2. Identifying strategies for effective conflict resolution
  - 17.3. Intervening on behalf of the Trainee when necessary
18. Be accessible, willing and available to assess the patient when requested to do so by the resident or as required based on the clinical status of the patient.
  - 18.1. Should there be a situation where the Supervisor is unavailable, the Supervisor must ensure that an appropriate alternative faculty member is available to take their place, including agreeing to supervise the Trainee.
  - 18.2. Should there be a transfer of care and supervision, this information must be communicated to all team members in a timely fashion
19. Have effective communication methods regarding patient care, including:
  - 19.1. being available for handover for on-call activities.
  - 19.2. communicate the necessary information about a patient's condition to the resident
  - 19.3. responding to pages, texts or phone calls within a reasonable length of time defined by the discipline and clinical context
20. Provide information and reporting of safety concerns to the Program or the relevant divisional/departmental/hospital authority on the following:
  - 20.1. Patient safety concerns
  - 20.2. Trainee safety concerns
  - 20.3. Mistreatment concerns
  - 20.4. Supervision concerns
  - 20.5. Learning environment concerns
  - 20.6. Professionalism concerns
21. Be responsible for supporting and sustaining a learning environment which is safe for the Trainee to acquire the knowledge and skills set out in the training and learning objectives.
22. Be aware that Trainees may not recognize their own limitations and take on more responsibility than is appropriate. The Supervisor is responsible for recognizing when a Trainee is unable to provide safe patient care due to number, complexity of patients assigned or other factors and intervening to support the Trainee.

23. Be aware and recognize signs of fatigue that could potentially impair judgement of a Trainee. The Supervisor has a duty to intervene to ensure that patient care is appropriate while also supporting the well-being of the Trainee.
24. Be aware that there is a collective agreement in place between PARO-OTH and that there are specific entitlements that must be adhered to.
25. Be aware that accommodations may be in effect for the Trainee that they are supervising, and when informed should apply as appropriate.
26. Know about Trainee mistreatment, how to prevent it, and provide guidance on when / where to report issues of professionalism.

**Trainees Must:**

27. Review learning objectives with the Supervisor at the beginning of each rotation, shift or on-call.
28. Inform each patient and/or family member of their status as a Trainee and provide the name of their Supervisor and the MRP (if not the Supervisor).
29. Recognize and be aware of the limits of their knowledge, clinical and procedural skills
  - 29.1. Ensure that they practice within their competence and seek assistance appropriately
  - 29.2. Notify the Supervisor of these limits when delegated clinical tasks
  - 29.3. Express concerns if asked to perform tasks beyond their abilities
  - 29.4. Request for direct supervision when asked to perform tasks where they have limited experience
30. Communicate with the Supervisor immediately when:
  - 30.1. A patient's condition deteriorates significantly
  - 30.2. In any emergency situation when the patient is at risk
  - 30.3. A procedure with potential significant risk is being considered for the patient
  - 30.4. The patient or family member expresses concerns
  - 30.5. If any management actions have the potential to harm the patient or have resulted in patient harm
31. Communicate with the Supervisor in a timely manner as determined by program policy when:
  - 31.1. A patient is admitted to hospital
  - 31.2. A patient is discharged from hospital
  - 31.3. The diagnosis of the patient is in doubt and there is concern about potential patient harm
  - 31.4. There is uncertainty regarding the management plan and there is concern about potential patient harm
  - 31.5. An outpatient (e.g., emergency room or clinic) has been examined or treated
32. In the interest of patient safety, inform the Supervisor if they are not able to care for all the patients delegated to them.
33. Inform the Program Director (PD) and/or delegate (examples include Division/Department Head, site education lead, etc.) when they believe that they have insufficient supervision and/or the Supervisor is not responsive to their requests for assistance.

34. For any single breach of the PARO-OTH Collective Agreement, Inform the PD and/or the Supervisor, or the Program Administrator.
35. For any recurrent breach of the PARO-OTH Collective Agreement, inform the PD and/or PGME and/or PARO.
36. Know when, where, and how to report issues of professionalism or mistreatment ([Reporting Tool](#)).
37. Provide information as required, relating to accommodations or matters of wellness, specific to the functional limitations, to the extent that it may require modification of shifts and/or learning objectives.

**PDs and Program Committees Must:**

38. Review, ratify and disseminate the central PGME Policy for Supervision of Medical Trainees and any supplementary program-specific guideline/policy.
  - 38.1. Each program may develop program specific supervision policies or guidelines to supplement this policy to reflect the nature and general organization of their training program.
  - 38.2. Program specific supplementary policies or guidelines should outline rotation specific factors and supervision expectations for after-hours work which may include clinics or home visits.
  - 38.3. Identify program specific expectations for communication strategies between Trainees and Supervisors.
  - 38.4. Identify program specific expectations for communication if they are unable to reach the designated on-call Supervisor.
39. PGME and program policies on supervision are reviewed during formal orientation sessions and made readily accessible to Trainees.
  - 39.1. Ensure that the Trainee understands their roles and responsibilities in the provision of clinical care.
  - 39.2. Ensure that the Trainee is aware of and complies with policies regarding disclosure of their trainee status to patients.
  - 39.3. Ensure that the Trainee understands their role and expectations to communicate with and notify the Supervisor for clinical decisions.
  - 39.4. Ensure that Trainees and Supervisors have clear expectations around appropriate mechanisms for and communications of patient information for handover.
  - 39.5. Ensure that the Trainee understands mechanisms of reporting in cases of inadequate supervision.
40. PGME and program policies on supervision are provided to and readily accessible to all Supervisors.
  - 40.1. Ensure all Supervisors are aware of and comply with the PGME and any supplemental program policies on supervision.
  - 40.2. Provide Supervisors with Trainee learning objectives and assessment requirements, including timelines for completion.
41. Ensure that the Trainee is adequately supervised and that Supervisors are assessed appropriately.
  - 41.1. Provide a fair process, free from reprisal, for assessment of Supervisors, which includes adequacy of supervision.
  - 41.2. Provide regular written evaluations to Supervisors of their teaching and supervisory roles.

- 41.3. Provide a clear mechanism of reporting of Trainee concerns about quality and level of supervision they are receiving.
- 41.4. Ensure a mechanism for Trainees to report concerns of mistreatment.
- 42. Each PD and program faculty have a responsibility to report any egregious unsafe or unprofessional supervisory behavior by faculty members.
  - 42.1. In the event that a Supervisor consistently fails to provide adequate supervision to Trainees, the Division Head or Department Chair is to be informed and will work with Hospital Leads (Chief of Staff office), PGME and Faculty Affairs to address the matter in accordance with article 7.3 within the [Faculty of Medicine Professionalism Policy](#).

**PGME Must:**

- 43. Ensure that the central PGME policy for supervision is reviewed on a regular cycle of 3 years and approved by PGEC to be compliant with required regulations and standards.
- 44. Ensure that the central policy is disseminated and freely accessible to all programs and trainees, and readily accessible by faculty members.
- 45. Assist programs to develop any supplementary program specific guidelines
- 46. PGME will maintain an accessible and appropriate process for Trainees to report issues regarding supervision and provide support for Trainees where there is an identified need regarding the implementation of this policy.
- 47. PGME will contribute to providing a safe and supportive environment that allows postgraduate trainees to make a report if they believe the MRP and/or their supervisor does not provide sufficient supervision, in a manner where trainees will not face intimidation or academic penalties for reporting such behaviours.
- 48. PGME will provide support to Programs where there are issues identified regarding the implementation of this policy.
- 49. PGME will work in conjunction with Department Chairs, hospital leadership and Faculty Affairs to address unprofessional supervisory behavior by faculty members.