



**UNIVERSITY OF
CALGARY**

Departmental Policy

Departmental Procedure
Instructions/Forms

POSTGRADUATE MEDICAL EDUCATION Supervision of Residents

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| Classification Residency Training | Table of Contents |
| Approval Authority PGME Committee | Purpose 1 |
| Implementation Authority Associate Dean, PGME | Scope 1 |
| Effective Date February 2002 | Definitions..... 2 |
| Latest Revision January 14, 2022 | Policy Statement..... 4 |
| | Preamble..... 4 |
| | Requirements for Preceptors 4 |
| | Responsibilities 5 |
| | Preceptor Responsibilities 5 |
| | Preceptor Responsibilities for Supervision of Virtual Clinical Encounters..... 6 |
| | Resident Responsibilities 7 |
| | Program Director and RPC Responsibilities 8 |
| | Approval and Implementation..... 9 |
| | Related Information..... 9 |
| | References: 9 |

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| Purpose | 1 | The purpose of this policy is to outline the general principles governing the supervision of Residents in Programs in the Cumming School of Medicine at the University of Calgary. It is expected that Programs will also have more specific policies that reflect the unique needs of their disciplines. |
| Scope | 2 | This policy applies to all Residents in all Cumming School of Medicine Residency Training at the University of Calgary. |

- 2.1 This policy primarily addresses supervision of Residents providing direct patient care. The supervisory responsibilities articulated in this policy also apply to Preceptors in the Cumming School of Medicine who supervise Residents other than in delivery of direct patient care (such as, but not limited to, in the setting of research or other scholarly activity).
- 2.2 This policy only applies to Resident supervision at the Cumming School of Medicine. Residents on elective at another institution are subject to the policies of that Centre.

Definitions 3

In this policy,

- a) “Academic Advisor” means a faculty member who establishes a longitudinal relationship with a Resident for the purpose of monitoring and advising with respect to educational progress.
- b) “Associate Dean” means Associate Dean of Postgraduate Medical Education in the Cumming School of Medicine at the University of Calgary. The Associate Dean is the faculty member responsible for the overall conduct and supervision of PGME within the faculty.
- c) “CBME” means Competency Based Medical Education, a medical curriculum paradigm that focuses on outcomes (acquisition of skills, competencies, or Program elements) that may or may not be constrained by defined periods of time, such as rotations, for their acquisition. In this policy, CBME Program refers to both an entire Program or a stream within a Program that is based on CBME.
- d) “CFPC” means the College of Family Physicians of Canada.
- e) “CPSA” means the College of Physicians and Surgeons of Alberta.
- f) “Educational Experience” means an experience in a particular environment or set of environments selected/designed to support the Resident’s achievement of competencies. This may or may not occur in a block, or rotation. Other terms used are: “block”, “training experience”, or “program element”.
- g) “EPA” or Entrustable Professional Activity in CBME means a task that may be delegated to a Resident by their Preceptor once sufficient competence has been demonstrated.
- h) “Milestone” means an observable marker of a Resident’s

ability along a developmental continuum. Milestones are used for planning and teaching. Typically, multiple Milestones constitute an EPA.

- i) “PGME” means Postgraduate Medical Education in the Cumming School of Medicine at the University of Calgary.
- j) “Preceptor” means a physician responsible for a period or segment of the Resident’s professional medical training, teaching, and instruction and who contributes to the assessment process. This includes consulting physicians. In CBME, it means a physician who is responsible to teach, guide, observe, and assess the educational activities of the Resident. “Attending Physician” or “Supervisor” are equivalent terms used. For this policy, the term “Preceptor” is also inclusive of non-physician faculty members of the Cumming School of Medicine who supervise Residents outside of the patient care setting (such as, but not limited to, in the setting of research or other scholarly activity).
- k) “Program” means a RCPSC or CFPC accredited PGME training program in the Cumming School of Medicine at the University of Calgary.
- l) “RCPSC” means the Royal College of Physicians and Surgeons of Canada, the body responsible for Program accreditation, examination and Resident certification for RCPSC disciplines.
- m) “Resident” means a physician registered in a PGME training Program that is administered by the Cumming School of Medicine at the University of Calgary and leads to RCPSC or CFPC certification.
- n) “Stages of Training” in RCPSC CBME means four developmental stages: transition to discipline, foundations of discipline, core of discipline, and transition to practice. Each stage has its own set of markers for learning and assessment.
- o) In this policy, the word “must” is used to denote something that is required, and the word “should” is used to denote something highly recommended.

Preamble

- 4.1 Preceptors working with Residents have a dual professional responsibility to provide appropriate patient care and to provide supervision of and education for Residents. There **must** be careful assessment of the responsibility delegated to the Resident.
- 4.2 Residents have a dual professional responsibility to ensure that patients (and or their families) for whom they are providing care know they are working under the supervision of the Preceptor, and to keep Preceptors informed about their patients.
- 4.3 In RCPSC CBME Programs each Resident should be assigned an Academic Advisor to guide and inform the Resident on the attainment of Milestones and or EPAs in the context of their Educational Experiences as they progress through the Stages of Training.

Requirements for Preceptors

To assume the role of supervising Residents, the following requirements must be met.

- 5.1 Clinician/physician preceptors who are regulated members of CPSA must be in good standing with this body.
- 5.2 Preceptors must hold an appointment within a Department in the Cumming School of Medicine at the University of Calgary or similar Department in another medical school.
- 5.3 Preceptors who are members of AHS staff must adhere to the AHS Medical Bylaws 4.11 Supervision of Medical Students and Residents (if AHS medical staff)
- 5.4 Preceptors should attend appropriate faculty development activities to develop and maintain teaching and assessment skills
- 5.5 Preceptors should attend faculty development activities with respect to the use of Milestones and/or EPAs in CBME and Stages of Training in RCPSC CBME Programs, and
- 5.6 Preceptors cannot be currently involved in any way in the medical care of the Resident.
- 5.7 The supervising physician **cannot** be a member of the Resident's family.
- 5.8 The supervising physician cannot be involved in the delivery of medical care to the Resident

Responsibilities 6

Preceptor Responsibilities

A preceptor has the following responsibilities:

- 6.1 Provide safe, effective, and high-quality patient care.
- 6.2 Be aware of and facilitate achievement of the learning objectives of the Resident.
- 6.3 Ensure that Residents understand their roles and responsibilities for each Educational Experience.
 - 6.3.1 Be personally aware of and ensure that the Resident is aware of all the patients whose care is delegated to the Resident.
- 6.4 Advise patients (and/or their families) that Residents may be involved in their care.
- 6.5 Provide appropriate supervision, teaching, and assessment of Residents based on PGY level or Stage of Training. In particular,
 - 6.5.1 Review the chart with the Resident within 24 hours of the admission or consultation and routinely thereafter.
 - 6.5.2 Discuss the findings, their significance, and patient management.
 - 6.5.3 Involve the Resident in decisions relating to patient management.
 - 6.5.4 Involve the Resident in the planning and performance of procedures, including direct supervision when required for patient safety or when requested by the Resident,
 - 6.5.5 Identification of aspects of the case affording educational emphasis.
 - 6.5.6 Identify, teach, observe, and assess skills and knowledge (both patient care-related and professional) described in Milestones and/or EPAs that reflect a Resident's Stage of Training in RCPSC CBME Programs. Some of these tasks may be delegated to other health care professionals under the supervision of the Preceptor.
 - 6.5.7 Promote a safe, supportive, and collaborative learning environment free of intimidation, harassment, or discrimination.
 - 6.5.8 Guide the Resident on administrative tasks related to patient care.
- 6.6 The Preceptor must notify the Program Director immediately if there is a perceived conflict of interest with a Resident or group of Residents assigned to work with the Preceptor for a rotation or educational experience .

- 6.7 Recognize the signs of fatigue in a Resident and intervene to support the well-being of the Resident, while ensuring that patients receive the appropriate care.
- 6.8 Promote and model professional and ethical conduct at all times.
- 6.9 Be available by pager or phone at all times when not available in person.
- 6.10 Be immediately available under circumstances in which urgent judgement by a supervising physician is typically required. Supervision may be provided from an off-site location in circumstances where the quality of supervision can be maintained and when required the Preceptor's physical presence can be assured within a reasonable amount of time.
- 6.11 Respond in an appropriate and timely manner to a Resident's request for assistance in patient care through phone or electronic communication when appropriate but **must** include timely in-person support if this is requested by the Resident and or if indicated for appropriate patient care.

7 Preceptor Responsibilities for Supervision of Virtual Clinical Encounters

A preceptor has the following responsibilities:

- 7.1 Appropriate supervision must be provided during virtual patient clinical encounters. Preceptors must be immediately available to Residents for consultation during a virtual encounter, in a similar manner to expectations for outpatient clinical encounters.
- 7.2 Preceptors must be immediately available to provide guidance and supervision when emergency situations arise during a virtual encounter. The Preceptor may be physically present during the encounter or communicate with the Resident by phone or on a secure virtual platform.
- 7.3 Preceptors must be immediately available to supervise Residents providing medical advice to community and referring physicians. This requirement applies equally to routine day-time communications and on-call periods.
- 7.4 Preceptors must adhere to the guidelines for delivery of virtual care and supervise in a manner that is consistent with principles for delivery of virtual care articulated in PGME Operating Standard on the Provision of Virtual Care.

Resident Responsibilities

The resident has the following responsibilities:

- 8.1 To inform patients (and or their families) that they are a Resident, and that patient care is a team approach under the supervision of the Preceptor.
- 8.2 To discuss with their Preceptor their perceived knowledge, skill, and experience with delegated tasks. Residents **must** state any concern they have if asked to perform tasks what they believe to be outside of their abilities
 - 8.2.1 Immediately inform their Preceptor if they are not able to care for all of the patients whose care been delegated to them. This could arise for various reasons, including the number and complexity of patients assigned or due to Resident stress or fatigue.
 - 8.2.2 Inform one or more of the following resources when they believe they have insufficient supervision and/or the Preceptor is not responsive to their reasonable requests for assistance in the care of delegated patients:
The home or hosting Program Director, Program Ombudsman, Associate Dean PGME, the Office of Resident Affairs and Wellness Team, or the Directors of Resident Support
- 8.3 To notify the Preceptor when:
 - 8.3.1 An emergency patient(s) is admitted to hospital,
 - 8.3.2 A patient's condition is deteriorating,
 - 8.3.3 The diagnosis or management is in doubt,
 - 8.3.4 A procedure with possible serious morbidity is planned.
 - 8.3.5 A procedure is planned and the Resident feels they require close supervision and or feels they are not competent to perform the procedure,
 - 8.3.6 There is a question as to primary responsibility or admitting service.
 - 8.3.7 An out-patient has been examined or treated.
- 8.4 The Resident must notify the Program Director immediately if there is a perceived conflict of interest with the assigned supervisor for a rotation or educational experience.
- 8.5 Notify the Preceptor prior to discharge of a patient from the emergency department, hospital in-patient service, or ambulatory care setting (unless previously approved by the Preceptor) and record the notification on the patient record.
- 8.6 Complete an accurate medical record of any patient care encounter with a patient in a timely manner.
- 8.7 Provide appropriate and timely supervision of junior trainees providing patient care on their service. It is both appropriate and necessary for senior Residents to have delegated responsibility

for supervision of junior trainees. This must be done with due care and attention to the experience, knowledge, and skill level of the senior Resident, with consideration of both the needs of the junior trainees and the patient care context.

8.7.1 In this role, a Resident may assume some of the responsibilities of the Preceptor, but in such cases, the expectations **must** be explicit.

8.7.2 The Preceptor remains ultimately responsible for the supervision of care delivered by both the Resident and the junior trainees.

8.8 In RCPSC CBME Programs, Residents **must** be aware of the Milestones and/or EPAs that relate to their Education Experiences in their Stage of Training and identify Preceptors or others responsible for their assessment. Participate in and contribute to the provision of patient care in a safe, supportive, and collaborative learning environment free of intimidation, harassment, and discrimination.

9 Program Director and RPC Responsibilities

The Program Director and Resident Program Committee has the following Responsibilities:

9.1 Ensure appropriate communication occurs regarding the role of Residents in the provision of patient care and the expectations for Resident supervision by Preceptors.

9.2 Communicate expectations as to when Residents should and must notify supervising physicians.

9.3 Ensure that there are appropriate mechanisms and clear expectations around appropriate communication of patient information for on-call coverage, post-call coverage, and sign over.

9.4 Ensure that Residents and Preceptors are aware of applicable PGME policies, the Cumming School of Medicine Professional Standards for Faculty Members and Learners, and CPSA Supervision of Restricted Activities.

9.5 Ensure that Residents are aware of and comply with policies around disclosure of their trainee status to patients.

9.6 Ensure that both Residents and Preceptors are aware of:

9.6.1 Program-specific and Educational Experience-specific learning objectives, patient care expectations, and assessment plan.

9.6.2 Program-specific resident safety and fatigue risk management policies.

9.6.3 PARA Resident Physician Agreement, including Article 23: Duty Hour Scheduling.

- 9.6.4 Local resources to support resident well-being, including:
- 9.6.5 Program Ombudsperson,
- 9.6.6 Office of Resident Affairs and Wellness,
- 9.6.7 Directors of Resident Support (DRS)
- 9.6.8 AMA Physician and Family Support Program.

Approval and Implementation 10

Approval Authority: PGME Committee

- 10.1 PGME Committee ensures appropriate rigor and due diligence in the development and/or revision of this policy.
- 10.2 The Associate Dean has the following responsibilities:
 - 10.2.1 To ensure that University of Calgary staff is aware of and understands the implications of this policy and related procedures.
 - 10.2.2 To monitor compliance with this policy and related procedures.
 - 10.2.3 To regularly review this policy and related procedures to ensure consistency in practice.
 - 10.2.4 To sponsor the revision of this policy and related procedures when necessary.

Related Information 11

All Residents must be given a copy of, or access to, this document as well as any program-specific documents relating to resident expectations, assessment, and safety when they enter a PGME Program at the University of Calgary.

References:

The following reference documents can be found on the PGME website:

<https://cumming.ucalgary.ca/pgme/current-trainees/residents/starting-residency-training/policies-guidelines>

PGME Policy on Resident Safety

PGME Operating Standard on Learner Wellness

PGME Operating Standard on Fatigue Risk Management

- *Fatigue Risk Management Toolkit*

PGME Operating Standard on the Provision of Virtual Care

PGME Operating Standard on the Safe Learning Environment

- *Appendix A*

PGME Residency Program Ombuds

- *Roles & Responsibilities of Residency Program Ombudsman*

Directors of Resident Support (DRS)

Office of Resident Affairs and Physician Wellness (403-210-6525)
residentwellness@ucalgary.ca

[AMA Physician and Family Support Program](#) (1-877-767-4637)

[PARA Resident Physician Agreement](#)

[Professional Standards for Faculty Members and Learners \(Cumming School of Medicine\)](#)

[CPSA Supervision of Restricted Activities](#)

[AHS Medical Staff Rules, Section 4.11 Supervision of Medical Students and Residents](#) (pg 39-40)

[CMPA Good Practices Guide – Delegation and supervision of trainees](#)

[CMA Code of Ethics and Professionalism](#)

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