

## Postgraduate Medical Education (PGME)

Title:	<b>Postgraduate Trainee Supervision Policy</b>	Number:	<b>001</b>
Approved By:	PGME Committee		
Approval Date:	Feb 14, 2019		
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### Purpose

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The purpose of this document is to outline the components of supervision of postgraduate medical trainees and the respective responsibilities of physician supervisors, trainees and program administration. This is a general policy which may require interpretation by programs. It is expected that each program will consider a more specific policy or guidelines that reflect the nature, location and organization of their discipline and training program.

Postgraduate education prepares physicians for independent practice through graded responsibility and autonomy.

Clinical supervision is required both to ensure safe and appropriate patient care and to promote resident professional development. Professional development of trainees includes not only clinical competence but also development of professional attributes such as judgment, self-assessment and time management.

### Definitions

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1. "Postgraduate trainee supervisor" or "PG trainee supervisor" or "PGTS" refers to the faculty member in the Faculty of Medicine who has direct responsibility for supervising the resident or group of residents in a particular practice or service. This physician may be:
  - a. Most responsible physician or "MRP"
  - b. Consultant physician
  - c. The on-call physician for a particular practice or service.

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d. The designation of PG trainee supervisor is in relation to a physician who may or may not be responsible for the resident's clinical academic program during a rotation and may or may not be the Program Director.

2. "Resident" refers to a trainee enrolled in a postgraduate training program at the University of British Columbia.

All residents will be registered with the College of Physicians and Surgeons of BC. Normally this will be for educational purposes as described by the CPSBC. In some cases, physicians with full registration status may be undertaking additional training either as 'fellows', enhanced skills or re-entry candidates.

Regardless of registration status, physicians undertaking duties in a postgraduate training program are deemed to be in training and requiring supervision by a PG trainee supervisor.

### Principles

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1. PG trainee supervisor, trainees and programs should be guided by the CMA Code of Ethics and Professionalism ( <http://policybase.cma.ca/dbtw-wpd/Polycypdf/PD19-03.pdf> ) , specifically but not limited to:

- Consider first the well-being of the patient.
  - Recognize your limitations, and, when indicated, recommend or seek additional opinions and services.
2. Each patient has a "most responsible physician" (MRP) who maintains overall responsibility for patient care. Overall responsibility cannot be delegated to a trainee.
3. The educational environment must facilitate safe patient care and effective learning.

### Responsibility of the Postgraduate trainee supervisor

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The attending/supervising physician must provide appropriate supervision for residents at all times, specifically:

1. Establish a supportive learning environment with open communication.
2. Assess, review and document resident competence in accordance with program specific policies and delegate responsibilities for patient care accordingly. The attending/supervising physician should take into account patient, trainee and context specific factors. It is expected that the PG trainee supervisor will review the residents findings, diagnosis and management plan in a timely fashion. This should be documented on the patient record.

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3. Ensure residents under their supervision are aware of their responsibilities.
4. Advise patients, or their designate, that residents may be involved in their care and obtain consent for such participation. Depending on the setting this may be done by way of signage or practice brochure with negative consent (opting out).
5. Be available by phone or pager, when not available in person, respond in a timely manner and be available to attend to the patient in an emergency. When not immediately available, ensure that an appropriate alternate PG trainee supervisor is available and has agreed to provide supervision.
6. In addition to the above, when delegating specific responsibility for a diagnostic or therapeutic procedure, the PG trainee supervisor must specifically consider the need for direct observation, supervision and/or assistance.

Except in an emergency, when a trainee is performing a procedure or act without direct observation, the patient or designate must be advised and provide specific consent.

The responsibility for supervising junior trainees may be delegated to a more senior resident. The PG trainee supervisor must assess trainee competence and delegate supervisory responsibility with the same care and consideration as delegation of clinical responsibility.

## **Responsibility of the Resident**

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With respect to clinical supervision, residents must be aware of their status as a trainee, exercise caution and consider their experience when providing patient care, specifically:

1. Advise patients or their designate of their status as a trainee who is working under the supervision of a named physician, the PG trainee supervisor.
2. Notify the PG trainee supervisor of their assessment and actions with regard to a patient. Notification implies direct contact and should be documented in the patient record. Notification is specifically required upon:
  - a. Patient admission to a facility or service.
  - b. Significant change in status.
  - c. Prior to discharge from a facility or service.
  - d. In emergency situations.
  - e. When the resident, patient or designate has concerns about status or care.

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3. Provide clinical supervision of more junior trainees. In this role, residents are expected to abide by the expectations as described for PG trainee supervisors above.
4. Notify their PG trainee supervisor if they are, for any reason, unable to carry out their assigned duties.
5. Notify the residency program director with concerns regarding level of supervision.
6. Strive to develop awareness of their limitations and seek appropriate assistance.

### **Responsibility of the Program**

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It is the responsibility of the residency program director or designate, in conjunction with the residency training committee, to:

1. Ensure that faculty and trainees are made aware of policies regarding clinical supervision.
2. Review this policy in light of discipline specific needs and, if necessary, develop and distribute a more specific policy or guidelines that reflect the nature, location and organization of their discipline and training program.
3. Ensure a mechanism is in place for residents to report concerns about the level of supervision.
4. Investigate and manage complaints regarding supervision.

### **Responsibility of the office of Postgraduate Medical Education**

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In conjunction with the Associate Dean, Faculty Development, it is the responsibility of the PGME Dean or delegate (Assistant Dean or Faculty Lead Educational Environment for example):

1. To ensure educational materials and workshops are available to faculty regarding where there is an identified need.

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### **Procedure for breach of adequate supervision**

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Trainees or others who have identified lack of appropriate supervision as an issue are advised to report the concern to the immediate supervisor (if available), and the program director.

The Program Director has the authority to remove trainees from clinical placements if a risk (including patient safety) is seen to be unacceptable.

If a decision is taken to remove a trainee, this must be communicated promptly to the Department Head, the Residency Program Committee, the site Clinical Head (or equivalent) and the PGME Dean.

These parties will coordinate gathering the necessary information to formulate an individualized plan to remediate the situation. This may include faculty development as per above.

### **Resources**

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1. CMPA. Delegation and supervision of medical trainees. [https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/teams/Delegation\\_and\\_supervision/delegation\\_and\\_supervision-e.html](https://www.cmpa-acpm.ca/serve/docs/ela/goodpracticesguide/pages/teams/Delegation_and_supervision/delegation_and_supervision-e.html)

2. The Faculty of Medicine strictly prohibits any form of discrimination or harassment including abuses of power.

Please refer to the following Faculty wide policies:

a. Professional Standards for Faculty Members and Learners' in the Faculties of Medicine and Dentistry

<https://www.med.ubc.ca/files/2012/02/Professional-Standards-for-the-Faculties-of-Medicine-and-Dentistry.pdf>

b. Policy and Processes to address unprofessional behaviour (including harassment, intimidation) in the Faculty of Medicine

<https://www.med.ubc.ca/files/2019/01/Process-to-Address-Mistreatment-and-Learning-Environment.pdf>

c. Relevant UBC Policies

UBC Policy #3, Discrimination and Harassment

<https://universitycounsel.ubc.ca/files/2018/09/policy3.pdf> UBC Policy #131: Sexual Assault and

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other Sexual Misconduct [https://universitycounsel.ubc.ca/files/2017/05/policy131\\_final.pdf](https://universitycounsel.ubc.ca/files/2017/05/policy131_final.pdf) UBC

Statement on Respectful Environment for Students, Faculty and Staff

<http://www.hr.ubc.ca/respectful-environment/files/UBC-Respectful-Environment-Statement.pdf>

3. Kilminster S, Cottrell D, Grant J, Jolly B. AMEE Guide No. 27: Effective educational and clinical supervision. Med Teach 2007 02:29(1):2-19.

Action	Committee	Date	Status