



Preceptor Supervision Level Guide

Please indicate for each EPA the supervision level you feel applies for this Resident - you are not being asked to make the final decision on this for completion of training, just the level you and your colleagues feel applies to this Resident at this point in time"

For any EPAs that you don't feel you can assess, please simply tick "unable to assess."

Notes on Expanded Levels of Supervision (built on those originally defined by Ten Cate & Scheele):

Level 1 - has acquired knowledge and skills, but insufficient to perform. May observe a more senior learner or preceptor, but is not allowed to perform the activity themselves.

Level 2 - may perform an activity under full, proactive supervision: the supervisor decides about the intensity of supervision.

The preceptor must also assess the patient in one of the following ways:

- by observing the interaction between the resident and patient (directly in the examining room or by video monitor);
- or by interacting directly with the patient, e.g., repeating or supplementing parts to the history and/or physical examination;
- or by first hearing the resident's case presentation and then seeing the patient.

Level 3 - may perform an activity under qualified, reactive supervision: the Resident asks for the supervision. This assumes that the preceptor is comfortable with the Resident's ability to judge their need for assistance. (If not, the Resident is at Level 2.)

Level 4 - may perform an activity with "back stage" supervision, i.e. case discussion or chart review at the end of the day. This is threshold of competence. Once this level is reached, the activity may be safely entrusted to the resident – i.e. Independent practice.

Level 5 - may provide supervision to others

The following factors must also be considered in deciding on a supervision level for a listed EPA:

1. Personal Attributes

- Trustworthiness (of the Resident and those who have contributed to the Resident's assessment). For the Resident-You can trust that what they said or recorded are accurate reflections of what they actually did. They are honest about their confusion or lack of knowledge. They do not modify their presentations simply to impress you.
- Conscientiousness. The Resident goes the extra mile for patients when necessary and takes responsibility for their actions.

The Resident does not cut corners in ways that might compromise patient welfare. The Resident is effective at "self-directed assessment seeking."



- Discernment (ability of the Resident to recognize when they need help and willingness to ask for it even in uncomfortable learning settings). The Resident is aware of their limits and when they need help and will take appropriate steps to get assistance, demonstrating a degree of vulnerability in so doing. Patient welfare is their first concern and is more important than "looking good" in the eyes of a supervisor. The Resident is aware of their personal beliefs, attitudes and emotions that may impair their judgment.
2. Basic Clinical Skills
- Interviewing, history taking, physical examination, clinical reasoning, record-keeping and case presentation skills. Safe assessment and management of several patients in the relevant EPA category ("several" = enough that I as a Preceptor can be confident that this Resident will safely handle the next patient in this category such that I can reduce my supervision by one level)
3. Content and Context
- The Resident must demonstrate ability across a range of presentations in each EPA category such that once the Preceptor has seen a Resident perform well in managing several patients with a range of conditions, it is reasonable to assume that they will do well with the next patient. This will be based on evidence of the Resident's applied knowledge and skills and how transferable this might be to different settings. Often this will reference the CFPC priority topics, their key features, the phases of the clinical encounter and the skill dimensions.
 - Other context factors to consider when deciding on supervision levels include - the seriousness of any patient's condition, the complexity of multiple co-morbidities, challenging behavioral or social factors, the clinical environment in which the supervision occurs, and the experience of the Preceptor.