



**Departmental Policy**  
**Resident Supervision Policy**

**DEPARTMENT OF FAMILY MEDICINE**  
**Policy Name: Resident Supervision Policy**

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Approval Authority	
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- Purpose**            1    The purpose of this policy is to identify the requirements of a supervising physician and identify Resident responsibilities.
- Scope**            2    This policy applies to the Family Medicine Residency Programs at the University of Calgary, including the enhanced skills program, and should always be considered with reference to the University of Calgary, Cumming School of Medicine, Post-Graduate Medical Education (PGME) Policy on the supervision of residents. (<http://wcm.ucalgary.ca/pgme/files/pgme/uofcpgmepolicyforthesupervisionofresidentsfeb2002.pdf>).
- Policy Statement**    3    **3.1** The supervising physician or other health care professional has a dual professional responsibility: to provide appropriate, high quality patient care, and to provide education for trainees.
- 3.2** There must be careful assessment of the responsibility delegated to the trainee. To help in this assessment, the Family Medicine Residency Program has developed and implemented various assessment tools to ensure that the level of supervision is appropriate both to ensure safe patient care and to maximize learning by the Resident. The supervising physician or other health care professional is expected to provide a learning environment where graduated autonomy and responsibility for each Resident occurs as he/she progresses through their training.

- 3.3** The resident also has a dual responsibility: to ensure that patients, (and their families) for whom they are providing care, know that a Preceptor-Resident “team” is caring for them and to keep their supervising Physician or other health care professional informed about their patients.

**Special Situations**    **4**

**4.1** Requirements to be a Supervisor

- 4.1.1** To take on the role of supervising physician, the following requirements must be met:
- 4.1.1.1.** Must hold an academic appointment with the Department of Family Medicine or similar Department within a medical school
  - 4.1.1.2** If a Family Physician involved in a major assessment role of the Resident (e.g. completion of a Pass/Fail ITER or equivalent summative assessment tool; completion of a Progress Report; final sign-off on an entrustable professional activity-EPA), then the physician must hold Certification with the College of Family Physicians (CCFP).
  - 4.1.1.3** Must be in good standing with the local medical regulatory authority (e.g College of Physicians and Surgeons of Alberta)
  - 4.1.1.4** If a Family Physician involved in a major/lead supervision and assessment role for a Resident over their training, he/she must attend appropriate Faculty Development activities to develop and maintain his/her teaching skills
  - 4.1.1.5** The supervising physician cannot be a family member of the Resident
  - 4.1.1.6** The supervising physician cannot be involved in any way in the medical care of the Resident.
- 4.1.2** To take on the role of supervising non-physician health care professional, the following requirements must be met:
- 4.1.2.1** Must be in good standing and hold full registration with own professional organization, where this exists
  - 4.1.2.2** Must not be a family member of the Resident
  - 4.1.2.3** Cannot involved in any way in the health care of the Resident

**4.2** Supervisor Responsibilities

- 4.2.2** It is the responsibility of the supervising physician or other health care professional to provide appropriate supervision for residents at all times and to:
- 4.2.2.1** Provide safe and effective, high quality patient care
  - 4.2.2.2** Carry out any/all of the following in ambulatory clinical settings, including Family Medicine clinics:
    - (a)** Discuss the patient’s presentation, findings, and their significance;
    - (b)** Discuss patient management;
    - (c)** Involve the Resident in major decisions relating to management;
    - (d)** Involve the Resident in the planning and performance of procedures, including direct supervision when required to ensure patient safety or when requested by the trainee;
    - (e)** Identification of aspects of the case affording educational

emphasis;

- (f) Guide the Resident on administrative tasks related to patient care e.g. patient referrals,, 3<sup>rd</sup> party communication;
- (g) Usually be present in person. When providing supervision for a Resident on call where the physician would usually be outside of the hospital (i.e. Home Call), if not present in person, the supervisor must be immediately available, by phone or pager, at all times that a resident is involved in direct patient care;
- (h) Provide a safe, supportive, and collaborative learning environment free of intimidation, harassment or discrimination.

**4.2.2.3** Advise the patient that residents may be involved in his/her care.

**4.2.2.4** Provide appropriate supervision and teaching of the Resident based on the level of training and expected levels of supervision at various time-points over the Resident's training period.

**4.2.2.5** Additional responsibilities as described in:

- (a) Professional Standards for Faculty & Learners  
<http://cumming.ucalgary.ca/equity/files/equity/professional-standards.pdf>
- (b) Code of professional ethics  
<http://www.ucalgary.ca/policies/files/policies/code-of-conduct.pdf>

### **4.3 Resident Responsibilities:**

**4.3.2** It is the responsibility of every resident to:

**4.3.2.1** Inform every patient (or family) that they are a resident and that they are on a teaching unit or being seen in a teaching clinic and that patient care is a team approach under the supervision of an attending/supervising physician.(the name of the attending physician should be explicitly stated).

**4.3.2.2** In Hospital clinical settings:

- (a) Notify the supervising physician when:
  - (i) An emergency patient is admitted to hospital
  - (ii) A patient's condition is deteriorating
  - (iii) The diagnosis or management is in doubt
  - (iv) A procedure with possible serious morbidity is planned
  - (v) There is a question as to primary responsibility or admitting service

**4.3.2.3** Notify the supervising or attending physician prior to discharge of a patient from the emergency department, hospital inpatient service, or ambulatory care setting (unless previously approved by the responsible physician).

**4.3.2.4** In Ambulatory clinical setting:

- (a) Notify the supervising physician when:
  - (i) a patient's condition is deteriorating or when a patient presents who is acutely unwell

- (ii) a procedure is planned by the Resident and the Resident feels he/she requires close supervision and/or feels he/she is not competent to carry out the procedure
- (iii) A patient expresses concerns or complains about the standard of care he/she is receiving from the Resident
- (iv) A member of the health care team expresses concerns or complains about the standard of care he/she feels is being provided by the Resident

**4.3.2.5** Participate in and contribute to the provision of a safe, supportive and collaborative learning environment free of intimidation, harassment and discrimination.

**4.3.2.6** Complete an accurate medical record of any clinical encounter with a patient in a timely manner.

**4.3.2.7** Additional responsibilities as described in:

- (a) Professional Standards for Faculty & Learners  
<http://cumming.ucalgary.ca/equity/files/equity/professional-standards.pdf>

## History

**5** *Approved: 2014-12-23*

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