Policies and Procedures

Program Policies

Resident Supervision Policy – PGME

Preamble

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.

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.

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 Education Experiences as they progress through the Stages of Training.

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.

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.

Attending Radiologist Responsibilities

It is the responsibility of the attending radiologist to:

1. Review the examinations and procedures with the resident in a timely manner. This includes:
    - Discussing the findings and their significance for patient management.
    - Involvement and agreement concerning major decisions relating to diagnosis and management.
    - Involvement with the planning and performance of procedures including direct supervision when required by patient safety or requested by the trainee.
    - Identification of aspects of the case affording educational emphasis.

2. Supervise the residents on-call as follows:
    - All residents (PGY-2 to PGY-5):
        - Subspecialty radiologists (Body and Neuro) in-house at Foothills Medical Centre until 2300h, 7 days/week.
        - 6 subspecialty radiologists (2 Body, 1 Neuro, 1 Interventional Body, 1 Interventional Neuro, 1 Nuclear Medicine) available by pager 24 hours/day.
    - PGY-2 residents (second 6 months of the year) and PGY-3 residents (first 6 months of the year):
        - Residents are on-call overnight only when a staff radiologist is working, either in-house or remotely, 24 hours/day at Foothills Medical Centre (2 weeks/4-week block).
    - PGY-3 residents (second 6 months of the year):
        - Resident's responsibilities are graduated as they are now on call when a staff radiologist is not in-house 24 hours/day.
        - However, the staff radiologist will phone resident at 0200-0300h to complete a remote review session via PACS.
    - PGY-4 and PGY-5 (first 6 months) residents:
        - This is the final stage of graduated responsibilities on call as the resident is now on call independently from 2300h-0700h.
        - However, 6 subspecialty radiologists remain available by pager 24 hours/day.
    - PGY-5 residents (second 6 months):
        - Residents are no longer taking call from January 1-June 30 of the PGY-5 year.

3. Be available by pager or phone when on service at all times.

4. Complete the resident ITERs and EPAs in a timely manner and to notify the Competence Committee and/or Residency Program Director if a resident is failing or borderline passing a rotation. These concerns must also be discussed with the resident, both in the CBD and the non-CBD cohorts.

5. At the Alberta Children's Hospital, during the 4-block Pediatric Radiology rotation, the following Staff responsibilities also apply:

- Minimum of 3 staff radiologists on site at all times (Monday-Friday), not including the 1 IR staff
    - e.g. 1 staff on MR, 1 staff on US, 1 staff on CT/Fluoro
- The staff radiologist listed on the schedule should be present for clinical duties and readily available for resident supervision and review.
- Any staff radiologist on administrative duties should be identified as such on the schedule and should not be listed on the staff schedule as one of the 3 staff radiologists on site for clinical duties to avoid any confusion.