

**Resident Supervision Policy**  
**Pediatric Emergency Medicine Subspecialty Residency Program**

The program follows the general description of the guidelines for approved resident supervision by the Postgraduate Medical Education Office Policy for the Supervision of Residents and the specific description of Objectives of the Pediatric Emergency Medicine Rotation.

There are 4 progressive levels of supervision and resident responsibility, which are aimed to correspond to successive 6-month periods of training:

Level 1 – Transition to Discipline and Foundations stages (first half of first year of training)

Level 2 – First half of Core stage (second half of first year of training)

Level 3 – Second half of Core stage (first half of second year of training)

Level 4 – Transition to Practice stage (second half of second year of training)

In the charts below,

X indicates expected duties; preceptors should evaluate the resident's ability to perform these tasks.

(X) indicates optional duties; residents are not expected to perform these tasks, but may choose to do so if agreed upon by the resident and preceptor.

**Supervising Staff Physician Responsibility:**

The preceptor must provide the current level of supervision at minimum; if the preceptor is uncomfortable and would prefer a more intensive (i.e. more junior level) of supervision, the preceptor shall inform the resident of this plan. The preceptor may not provide less supervision (i.e. more senior level) than the resident's currently approved level.

<b>Supervision Duties of Staff</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>
Discussion of patients prior to management (investigations, consultations, treatment)	Resident may initiate simple work-up and treatment on own; discuss more complex, CTAS 1/2 patients prior to management	Resident may initiate simple work-up and treatment on own; discuss more complex, CTAS 1/2 patients prior to management	Resident may initiate complete work-up and treatment to extent agreed upon by resident and preceptor at start of shift	As in Level 3
Patient assessment by staff prior to discharge home	See CTAS 1 and 2 patients (with room for discretion), patients <3 mo old, and patients sent in for consult before discharge	Discuss all patients prior to discharge; preceptor to see patients prior to discharge as per their own practice	At start of shift, establish which cases resident may see and discharge on their own without prior discussion; discuss all cases during/at end of shift	At start of shift, establish which cases resident may see and discharge on their own without prior discussion; review all charts during/at end of shift
Resuscitation/Trauma Room	Prepare for patient arrival, be present for duration of case	Supervise resident in their preparation for patient arrival, be present for duration of case	Be present for critical aspects of case (patient arrival, intubation, major procedures)	B present for critical aspects of case (patient arrival, intubation, major procedures)
Procedural Sedation	Observe resident get consent or confirm consent obtained, remain in room for duration	Confirm consent obtained, remain in room for duration	Be present for appropriate portion	As in Level 3
Stay online for entire RAAPID call	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
Instruction/guidance on billing				<b>X</b>

**Resident Graded Responsibility:**

The PEM residency program is structured to provide increasing levels of decision-making and autonomy in the management of patients and the department as whole. The resident should be provided with increasing opportunities to more independently manage complex and challenging patient presentations, as well as opportunities for teaching and supervision of junior learners and department management, over the course of their training.

<b>Graded Responsibilities for Residents</b>	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>
Inform family they are a learner and under supervision of attending physician	X	X	X	X
Notify preceptor of seriously ill or deteriorating patient status	X	X	X	X
Act as bedside physician in trauma room	X	(X)	(X)	(X)
Act as team leader in trauma room	(X)	X	X	X
Take sign-over (with preceptor present)	(X)	(X)	X	X
Review Results box during Intake shift		(X)	X Review all results and suggested plan with preceptor	X Review selected results and suggested plan with preceptor
Listen in on RAAPID calls	X	X		
Give advice as primary MD on RAAPID calls		(X)	X	X
Primary teacher for ED junior learner teaching sessions	X	X	X	X
On-shift teaching of junior learners	(X)	Informal	Junior learner reviews all cases with resident (if that is the learning objective for the resident for that shift)	As in Level 3
Department flow goals	high quality, efficient patient care for individual patients	high quality, efficient patient care for several patients in tandem	high quality, efficient patient care for several patients in tandem, with awareness of overall dept. flow and function	high quality, efficient patient care for several patients in tandem, with awareness of overall dept. flow and function, and supervision of learners