POSTGRADUATE MEDICAL EDUCATION
Supervision of Residents

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Purpose 1 The purpose of this policy is to outline the general principles governing the supervision of Residents in Programs in the Cumming School of Medicine at the University of Calgary. It is expected that Programs will also have more specific policies that reflect the unique needs of their disciplines.

Scope 2 This policy applies to all Residents in all Residency Training Programs in the Cumming School of Medicine at the University of Calgary.

2.1 In this policy, the word “must” is used to denote something that is required, and the word “should” is used to denote something highly recommended.

Definitions 3 In this policy,

a) “Academic Advisor” means a faculty member who establishes a longitudinal relationship with a Resident for the purpose of monitoring and advising with respect to educational progress.

b) Associate Dean” means Associate Dean of Postgraduate Medical Education in the Cumming School of Medicine at the University of Calgary. The Associate Dean is the faculty member responsible for the overall conduct and supervision of PGME within the faculty.

c) “CBME” means Competency Based Medical Education, a medical curriculum paradigm that focuses on outcomes (acquisition of skills, competencies, or Program elements) that
may or may not be constrained by defined periods of time, such as Rotations, for their acquisition. In this Policy, CBME Program refers to both an entire Program or a stream within a Program that is based on CBME.

d) “CFPC” means the College of Family Physicians of Canada.

e) “CPSA” means the College of Physicians and Surgeons of Alberta.

f) “Educational Experience” means an experience in a particular environment or set of environments selected/designated to support the Resident’s achievement of competencies. This may or may not occur in a block, or Rotation. Other terms used are: “block”, “training experience”, or “Program element”.

g) “EPA” or Entrustable Professional Activity in CBME means a task that may be delegated to a Resident by their Preceptor once sufficient competence has been demonstrated.

h) “Milestone” means an observable marker of a Resident’s ability along a developmental continuum. Milestones are used for planning and teaching. Typically multiple Milestones constitute an EPA.

i) “PGME” means Postgraduate Medical Education in the Cumming School of Medicine at the University of Calgary.

j) “Preceptor”, means a physician responsible for a period or segment of the Resident’s professional medical training, teaching, and instruction and who contributes to the evaluation or assessment process. This includes consulting physicians. In CBME, it means a physician who is responsible to teach, guide, observe, and assess the educational activities of the Resident. “Attending Physician” or “Supervisor” are equivalent terms used.

k) “Program” means a RCPSC or CFPC accredited PGME training program in the Cumming School of Medicine at the University of Calgary.

l) “RCPSC” means the Royal College of Physicians and Surgeons of Canada, the body responsible for Program accreditation, examination and Resident certification for RCPSC disciplines.

m) “Resident” means a physician registered in a PGME training Program that is administered by the Cumming School of Medicine at the University of Calgary and leads to RCPSC or CFPC certification.
n) “Stages of Training” in RCPSC CBME means four developmental stages: transition to discipline, foundations of discipline, core of discipline, and transition to practice. Each stage has its own set of markers for learning and Assessment.

Policy Statement

4 Preamble

4.1 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.

4.2 Residents have a dual professional responsibility to ensure that patients (and 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.

4.3 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 Educational Experiences as they progress through the Stages of Training.

Policy Statement

5 To assume the role of supervising Residents, the following requirements must be met. A Preceptor:

5.1 Must be in good standing with the CPSA,
5.2 Must hold an appointment within a Department in the Cumming School of Medicine at the University of Calgary or similar Department in another medical school,
5.3 Must attend appropriate faculty development activities to develop and maintain teaching and assessment skills, including the use of Milestones and/or EPAs in CBME and Stages of Training in RCPSC CBME Programs, and
5.4 Cannot be currently involved in any way in the medical care of the Resident.

Responsibilities

6 A Preceptor has the following Responsibilities:

6.1 To provide safe, effective, high quality patient care.
6.2 To advise patients (and/or family) that Residents may be involved in their care.
6.3 Provide appropriate supervision, teaching, and assessment of Residents based on PGY level or Stage of Training. In particular,

6.3.1 Review the chart with the Resident within 24 hours of the admission or consultation and routinely thereafter,
6.3.2 Discuss the findings and their significance, and patient management.

6.3.3 Involve the Resident in decisions relating to patient management.

6.3.4 Involve the Resident in the planning and performance of procedures, including direct supervision when required for patient safety or when requested by the Resident.

6.3.5 Identification of aspects of the case affording educational emphasis.

6.3.6 Identify, teach, observe, and assess skills and knowledge (both clinical and professional) described in Milestones and/or EPAs that reflect a Resident’s Stage of Training in RCPSC CBME Programs. Some of these tasks may be delegated to other health care professionals under the supervision of the Preceptor.

6.3.7 Promote a safe, supportive, and collaborative learning environment free of intimidation, harassment, or discrimination.

6.4.8 Guide the Resident on administrative tasks related to patient care.

6.4 Be available by pager or phone at all times when not available in person.

7 **A Resident has the following Responsibilities:**

7.1 To inform patients (and/or families) that they are a Resident, and that patient care is a team approach under the supervision of the Preceptor.

7.2 To notify the Preceptor when:

7.2.1 An emergency patient is admitted to hospital,
7.2.2 A patient’s condition is deteriorating,
7.2.3 The diagnosis or management is in doubt,
7.2.4 A procedure with possible serious morbidity is planned.
7.2.5 A procedure is planned and the Resident feels he/she requires close supervision and/or feels he/she is not competent to perform the procedure,
7.2.6 There is a question as to primary responsibility or admitting service.
7.2.7 An out-patient has been examined or treated.

7.3 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.

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

7.5 In RCPSC CBME Programs, Residents **must** be aware of the Milestones and/or EPAs that relate to their Educational
Experiences in their Stage of Training and identify Preceptors or others responsible for their assessment.

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

Approval and Implementation

8 Approval Authority: PGME Committee

8.1 PGME Committee ensures appropriate rigor and due diligence in the development and/or revision of this policy.

8.2 The Associate Dean has the following responsibilities:
   8.2.1 To ensure that University of Calgary staff is aware of and understands the implications of this policy and related procedures.
   8.2.2 To monitor compliance with this policy and related procedures.
   8.2.3 To regularly review this policy and related procedures to ensure consistency in practice.
   8.2.4 To sponsors the revision of this policy and related procedures when necessary.

Related Information

9 All Residents must be given a copy of, or access to, this document as well as any program-specific documents relating to assessment when they enter a PGME Program at the University of Calgary.

History

10. Approved PGME Committee: February 2002
    Revised: March 14, 2014
    Revised: June 27, 2018
    Approved: June 27, 2018