

Policy on Resident Supervision During Postgraduate Training

This policy has been reviewed and the following summarizes the main changes to include procedure of reporting of lack of supervision by resident and tutor

INTRODUCTION

The purpose of this document is to outline the components of supervision of postgraduate medical trainees and the respective responsibilities of physician supervisors. This is a general policy from the Postgraduate Medical Education Committee (Scientific Council) at the KIMS. It is expected that programs will also have a more specific policy that reflects the unique needs of their discipline/program specific needs.

Most supervision is time-based and is designed with a graduated model of increasing independence and delegation. The intended outcome is to gradually remove the supervisor and support the resident towards fully independent practice; but the best interests of patients must always be considered first and foremost. It also ensures each resident's development of the skills, knowledge, and attitudes required to enter the unsupervised practice of medicine, and establishes a foundation for continued professional growth.

This policy must be available to residents, faculty members, other members of the health care team, and patients.

The attending physician has a dual professional responsibility:

1. To provide appropriate patient care and
2. To provide education for residents.

There must be careful assessment of the responsibility delegated to the residents.

The resident has a dual responsibility:

1. To ensure that patients (and their families) for whom they are providing care know that they are doctors in a postgraduate specialty program and
2. It is mandatory to keep attending and consulting physicians informed about their patients.

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ATTENDING/ SUPERVISING PHYSICIAN RESPONSIBILITIES

It is the responsibility of the attending physician/ supervisor to provide appropriate supervision for residents at all times (personally or delegate the task to a certified senior colleague) and to:

1. Ensure that patients are informed of the resident involvement in his/her care.
2. Establish a supportive learning environment with open communication.
3. Review the chart with the residents within 24 hours of admission and routinely thereafter (hospital settings).
4. It is expected that the supervisor will review the resident's findings, diagnosis and management plan in a timely fashion. This should be documented on the patient record.
5. Be available by phone, when not available in person, respond in a timely manner and be available to attend to the patient in an emergency. When not immediately available, ensure that an appropriate alternate PG trainee supervisor is available and has agreed to provide supervision.
6. Faculty members functioning as supervising physicians should delegate portions of care to residents, based on the needs of the patient and the skills of the residents.
7. Involvement with the planning and performance of procedures, including direct supervision when required for patient safety or requested by residents
8. Identification of aspects of the case offering educational emphasis.
9. Shall co- sign on resident's reports.
10. Should provide a mid and end of rotation reports for each resident in a timely manner in line with in-training evaluation policies.

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11. To report unsupervised event to the site coordinator/ program director at the time of the event.

RESIDENT RESPONSIBILITIES

Every resident:

1. Shall inform patient (or family) that they are enrolled in Postgraduate Training Program and that patient care is a team approach under the supervision of the attending physician.
2. Report all cases to supervisor/ attending physician.
3. Should notify the attending or supervisor physician when:
 - a. Patient admission to a facility or service.
 - b. An emergency patient is admitted to hospital or attending the clinic.
 - c. A patient's condition is deteriorating
 - d. The diagnosis or management is in doubt
 - e. A procedure with possible serious morbidity is planned
 - f. The primary responsibility or admitting service is in doubt.
 - g. In doubt of the appropriate decision (home visit, ethical, medicolegal etc.).
4. Resident's reports to the attending physician should include:
 - a. A discussion of the findings and their significance, differential diagnosis and of patient management plan
 - b. Involvement and agreement concerning major decisions relating to Management
5. Should notify the attending or supervisor physician prior to discharge of a patient from the emergency department, hospital inpatient service, or ambulatory care setting (unless it was planned and documented earlier).
6. Shall record in writing on the patient's chart the notification of the attending or consulting physician.

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7. Provide clinical supervision of more junior trainees. In this role, residents are expected to abide by the expectations as described for supervisors above.
8. Notify their attending/ supervisor physician, site coordinator or program director if they are, for any reason, unable to carry out their assigned duties.
9. Notify the residency program director with concerns regarding level of supervision.
10. Strive to develop awareness of their limitations and seek appropriate assistance.

RESPONSIBILITY OF THE PROGRAM/ PROGRAM DIRECTOR

The program must demonstrate that the appropriate level of supervision in place for all residents is based on each resident's level of training and ability, as well as patient complexity and acuity. Supervision may be exercised through a variety of methods, as appropriate to the situation.

It is the responsibility of the residency program director or designate, in conjunction with the residency training committee, to:

1. Ensure that faculty and trainees are made aware of policies regarding clinical supervision.
2. Review this policy in light of discipline specific needs and, if necessary, develop and distribute a more specific policy or guidelines that reflect the nature, location and organization of their discipline and training program.
3. The privilege of progressive responsibility, authority and a supervisory role in patient care delegated to each resident must be assigned by the program director and faculty members.

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4. The program director must evaluate each resident's abilities based on specific criteria. When available, evaluation should be guided by specific national standards-based criteria.
5. Programs must set guidelines for circumstances and events in which residents must communicate with appropriate supervising faculty members, such as the transfer of a patient to an intensive care unit, or end-of-life decisions.
6. Ensure a mechanism is in place for residents to report concerns about the level of supervision that is free from reprisal.
7. Investigate and manage complaints regarding supervision.
8. The program director should provide clear feedback, including feedback about errors; on the other hand, ineffective supervision includes rigidity, low empathy, failure to offer support, and failure to follow the supervisees' concerns.
9. Notify their resident supervisor if they are, for any reason, unable to carry out their assigned duties.

RESPONSIBILITY OF THE POSTGRADUATE MEDICAL EDUCATION

1. Notify the residency program director with concerns regarding level of supervision.
2. In conjunction with faculty development ensure educational materials and workshops are available to faculty regarding where there is an identified need.

PROCEDURE OF BREACH OF ADEQUATE SUPERVISION

1. Trainees, faculty tutors or others who have identified lack of appropriate supervision as an issue are advised to report the concern to the immediate supervisor/ site coordinator (if available), and the program director.

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2. The Program Director has the authority to remove trainees from clinical placements if a risk (including patient safety) is seen to be unacceptable.
3. If a decision is taken to remove a trainee, this must be communicated promptly to the Department Head, the Residency Program Committee, the site coordinator and the PGME office.
4. These parties will coordinate gathering the necessary information to formulate an individualized plan to remediate the situation. This may include faculty development.
5. The plan should be discussed and signature of resident, tutor involved, site coordinator and program director should be obtained.
6. If the tutor failed to supervise the resident the PD and PGTC may choose to put faculty on probation from the list of active tutors.
7. This may include faculty development.

Documenting Clinical Supervision

Examples of evidence of supervision documentation would be:

- An attending note
- Informal and formal evaluation procedures
- Attending addendum to a resident note, including, "Patient seen and examined, discussed with the resident and agree with plan", when the patient is seen by the attending
- Attending addendum to a resident note, including, "Chart Reviewed, discussed with the resident and agree with plan", if the patient is not seen by the attending.

Potential Conflict of interest During Clinical Supervision Due to a Personal Relationship

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The PGME at KIMS recognizes the inherent conflict of interest potential and the difficulties that arise when a close relative is involved in the supervision and evaluation of another close relative in the resident role.

KIMS recognizes a close relative in the context of its policy on professional ethics as any parent, spouse, son, daughter, brother, or sister, or any person who has the same home as the faculty member, or a treating physician, or an individual within whom the trainee has a close relationship.

The policy of the Faculty thus is that no faculty member should supervise or evaluate a close relative or other person with whom they have a significant personal relationship, in the performance of their academic or clinical roles, except during occasional supervision of on-call duties, if the latter cannot be avoided. Faculty must remain sensitive to all potential conflicts of interest with regard to supervision and deal with them in a professional manner.

Review

This Policy will be reviewed 1 year after adoption and every 3 years subsequently.