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| Policy Name: | PGME Policy for Supervision of Learners |
| Application/ Scope: | Residents, College, and Staff in the Max Rady College of Medicine |
| Approved (Date): | PGME Policy Development Committee: May 9, 2022; PGME Executive Committee: June 14, 2022 |
| Review Date: | Five (5) years from approved date |
| Revised (Date): | |
| Approved By: | College Executive Council: August 16, 2022 |

BACKGROUND

The College of Physicians and Surgeons of Manitoba Standards of Practice of the Regulated Health Professions Act (RHPA): **Professional Responsibilities in Undergraduate and Postgraduate Medical Education** stipulate that “the supervisor and/or most responsible physician must provide appropriate supervision to the trainee”. Furthermore, the **CanERA** Standards of Accreditation for Institutions with Residency Programs and the CanERA Standards of Accreditation for Residency Programs requires that the safety and wellness of patients and residents are actively promoted and that residents are appropriately supervised.

This Policy, in conjunction with the Max Rady College of Medicine Policy: **Supervision of Learners (engaged in clinical activities)** sets out the guiding principles underlying the supervision that must be provided to all postgraduate medical residents in the course of their training. Furthermore, this policy explains and emphasizes the shared responsibility of residents, supervising faculty members (Supervising Physician Preceptors), Program Directors, Residency Program Committees, the Academic Lead of the Discipline (Department Head) and the Postgraduate Medical Education (PGME) Office in ensuring that appropriate supervision is provided. Moreover, this policy outlines the principles and procedures involved in identifying, reporting and remediating instances of inadequate learner supervision.

Residency Programs, including the Postdoctoral and Clinical Health Psychology Residency Programs may have their own discipline-specific/program-specific contexts and variations of this policy, as appropriate which will complement this PGME Policy for Supervision of Learners **(sample template for programs is provided in Appendix I)**

DEFINITIONS

AFC Program – Area of Focused Competence (Diploma) Program

CanERA – means Canadian Excellence in Residency Accreditation and refers to the system of residency education accreditation developed by CanRAC

CanRAC – is the Canadian Residency Accreditation Consortium, comprised of the three medical residency education accrediting colleges in Canada: Royal College of Physicians and Surgeons of

Canada (RCPSC), College of Family Physicians of Canada (CFPC) and Collège des médecins du Québec (CMQ)

CFPC – College of Family Physicians of Canada

Clinical Supervisor/Preceptor – the physician to whom a learner reports during a given interval of time such as an on-call shift. Residents or clinical fellows often serve in the role of Clinical Supervisor, but do not act as the Most Responsible Provider for patient care

CMO – means Chief Medical Officer

Competency – is an observable ability of a health care professional that develops through stages of expertise from novice to master

CPSM – College of Physicians and Surgeons of Manitoba

Fatigue Risk Management – A set of ongoing fatigue prevention practices, beliefs, and procedures integrated throughout all levels of an organization to monitor, assess, and minimize the effects of fatigue and associated risks for the health and safety of healthcare personnel and the patient population they serve

Fellow – is an individual who has completed sufficient postgraduate medical training for specialty or subspecialty qualification in Canada or in a foreign country. The fellowship is intended to permit the learner to acquire additional or more specialized experience and expertise over and above that achieved during residency training. There are different types of fellowships, including:

- Clinical fellowships
- Areas of Focused Competency (AFC) Programs
- Research Fellowships
- Combined clinical and research fellowships

Home Residency Program – the Residency Program in which the Resident is based

Host Residency Program – Is the program providing an off-service rotation to a resident from a different Residency Program

Learning Environment – the diverse physical locations, contexts, and cultures in which trainees learn

LEA – Learning Environment Assessment

Must – as it relates to this policy, the use of the word “must”, indicates that meeting the standard is absolutely necessary

OEFD – Office of Educational and Faculty Development

Office of Professionalism – is the office overseen by the Associate Dean, Professionalism and the team available to all faculty and learners within the Max Rady College of Medicine through a variety of proactive and reactive activities to ensure that all teaching faculty and learners are held to professional standards consistent with the practice of medicine, recognizing the responsibility and privilege that accompanies the physician role

Off-Service Resident Coordinator – the faculty member of a Receiving Residency Program who oversees the orientation, supervision, curricular activities and assessment of off-service residents

Off-Service Rotation – is a rotation usually residing in a Clinical Section/Department/Residency Program other than that in which the resident's Home Residency Program resides

PARIM – Professional Association of Residents and Interns of Manitoba

PGME – means Postgraduate Medical Education and refers to the Office of Postgraduate Medical Education, which operates within the Max Rady College of Medicine. It represents postgraduate medical education at the University of Manitoba through residency, fellowship, Areas of Focused Competence, postdoctoral and other training programs. The programs which PGME oversees are those accredited by the Royal College of Physicians and Surgeons of Canada (RCPSC), the College of Family Physicians of Canada (CFPC), the Canadian Psychological Association (CPA), the Canadian Academy of Clinical Biochemistry (CACB), the Canadian College of Microbiology (CCM) and the Canadian College of Medical Genetics (CCMG). Applicable to all of its training programs, PGME develops and administers policies and governs through the PGME committees. The PGME Office is overseen by the Associate Dean, PGME, Max Rady College of Medicine

PGME Continuous Quality Improvement (CQI) Committee – refers to the Committee which serves as an advisory body regarding provision of detailed qualitative formative accreditation evaluation data and to assist in the formulation of action plans, in order to facilitate CQI of the Residency Programs, AFC Programs, the PGME Office (Institution) and the PGME learning sites

PGME Student Affairs and Wellness Office – serves as a liaison to many campus services such as career and personal coaching, student accessibility services and student advocacy. Work on behalf of postgraduate trainees with all levels of medical program administrators, Deans, faculty and various departments in the Max Rady College of Medicine

Post-Doctoral (Postdoctoral) Residency Program – non-Royal College/College of Family Physicians of Canada/Clinical Psychology Residency Programs within PGME. Examples of such Residency Programs include:

- Clinical Biochemistry
- Clinical Microbiology
- Genetic and Genomic Diagnostic (formerly Molecular Genetics and Cytogenetics)

Postgraduate Trainee – is a resident, fellow or learner, who has been accepted into or is enrolled in a program within the Max Rady College of Medicine, Postgraduate Medical Education

Provider of Record/Most Responsible Provider – the practitioner who has final accountability for the medical care of a patient when the learner is providing care. One practitioner must be designated the Most Responsible Provider or Provider of Record for every patient to ensure continuity of care and appropriate monitoring and management of care. Whether the practitioner is on site or not, they remain responsible for the care of the patient and would be expected to come in if the need arose

RCPSC – Royal College of Physicians and Surgeons of Canada

Receiving Residency Program – the Residency Program that receives residents to provide the mandatory components that are lacking in the Home Residency Program

Regulated Health Professions Act (RHPA) – refers to the Government of Manitoba act pertaining to the licensing and registration of physicians (including residents and clinical assistants), medical students and physician assistants in Manitoba

Residency Program Committee (RPC) – the committee and sub-committees, as applicable, chaired by the Program Director that supports the Program Director in the administration and coordination of the Residency Program. The Program Director is Chair of the RPC

Resident – an individual enrolled in one of the Residency Programs under the authority of the Associate Dean, PGME. The following is a listing of Resident categories within PGME at the Max Rady College of Medicine:

- A postgraduate learner who has obtained a Doctorate of Medicine (MD) and has an educational or a general license from the College of Physicians and Surgeons of Manitoba (CPSM)
- A learner enrolled in the Clinical Health Psychology Program
- A learner enrolled in one of the non-medical Residency Programs:
 - Clinical Biochemistry
 - Molecular Genetics and Cytogenetics
 - Clinical Microbiology
- A learner enrolled in one of the College of Dentistry Programs
 - Oral and Maxillofacial Surgery
 - Dental Internship
 - Pediatric Dentistry

Rotation – is an interval of time, usually consisting of a portion (two (2) weeks) of a block to multiple blocks to which residents are assigned for training. Rotations may consist of consecutive blocks or may be fractionated over longer periods of time as in the case of horizontal rotations. Learning experiences are organized to allow the resident to acquire competencies and to demonstrate entrustment within a hybrid model of competency-based, timed rotations

Shared Health – is the organization that delivers specific province-wide health services and supports centralized administrative and business functions for Manitoba health organizations

Should – the use of the word “should”, means that meeting the standard is an attribute to be highly desirable

SPEAK UP Button – an online mechanism for trainees to report urgent concern anonymously and confidentially

Supervising Physician/Preceptor – a physician who oversees and is the Most Responsible Provider for the clinical activities of one or more trainees and must have the appropriate privileges at the clinical setting

Wellness – A state of health, including physical, mental, and social wellbeing, that goes beyond the absence of disease or infirmity

1. PURPOSE

- 1.1 Minimize the risk of adverse events related to supervision of postgraduate learners and promote a safe and healthy learning environment for all those involved in postgraduate medical education

- 1.2 Provide the guiding principles underlying supervision of postgraduate learners in the course of their training
- 1.3 Outline the responsibilities of those involved in postgraduate medical education with respect to supervision of postgraduate learners
- 1.4 Provide a procedure to report inadequate resident supervision and a mechanism to take corrective action for remediation of inadequate supervision

2. POLICY STATEMENTS

- 2.1 With respect to the **Guiding Principles** underlying supervision of postgraduate learners, the following apply:
 - 2.1.1 Residents have a right to a safe and equitable workplace and learning environment. As such, their learning environment must enable residents to meet the competencies of the rotation/educational experience through delegation of patient care in a safe and practical manner and acquire the necessary knowledge and skills to independently deliver health care when they have completed their training
 - 2.1.2 It is impracticable and inappropriate for a Clinical Supervisor/Preceptor to oversee every decision or action made by a resident so tasks may be delegated where appropriate
 - 2.1.3 Clinical Supervisor/Preceptors are responsible for ensuring that residents are only delegated tasks that fall within their competency spectrum
 - 2.1.4 Open and supportive communication and readiness to help the resident on the part of the Clinical Supervisor/Preceptor are necessary to enable to voice concerns about a delegated task
 - 2.1.5 Recognizing the limitation of residents is a shared responsibility between the resident and the Clinical Supervisor/Preceptor
- 2.2 With respect to the **responsibilities of the Supervising Physician Preceptor**, the following apply:
 - 2.2.1 The Clinical Supervisor/Preceptor/Preceptor will ensure that residents understand their roles and responsibilities during an orientation provided at the beginning of each clinical rotation
 - 2.2.1.1 The Clinical Supervisor/Preceptor must inform residents of what to do and whom to call across the spectrum of clinical situations
 - 2.2.2 The Clinical Supervisor/Preceptor must be aware of the learning objectives/competencies of the resident
 - 2.2.3 The Clinical Supervisor/Preceptor must ensure that patients are informed of a resident's status as a postgraduate learner
 - 2.2.4 The Clinical Supervisor/Preceptor must take into consideration a postgraduate learner's skill and level of training when delegating a clinical task
 - 2.2.4.1 The Clinical Supervisor/Preceptor must reasonably ensure that a resident is competent in a given procedure or task before delegating same

- 2.2.4.2 When a resident has acquired sufficient skill and knowledge to perform a given procedure or task independently, the Clinical Supervisor/Preceptor must be readily available to intervene, as necessary
- 2.2.5 The Clinical Supervisor/Preceptor must be immediately available under circumstances in which urgent judgment by highly experienced physicians is typically required. Such scenarios will be determined by the Home Program Director assisted by the Residency Program Committee
 - 2.2.5.1 Supervision may be provided from an off-site location in circumstances where the quality of supervision can be maintained and when required, the Clinical Supervisor/Preceptor's physical presence can be assured within a reasonable period of time
- 2.2.6 The Clinical Supervisor/Preceptor must respond in an appropriate and timely manner to a resident's reasonable request for assistance in the care of their patients. Such a response could be through telephone or electronic communication but should include in-person support if this is requested by the resident and/or if deemed by the Clinical Supervisor/Preceptor to be the most appropriate assistance to meet the patient needs
- 2.2.7 The Clinical Supervisor/Preceptor must respond in a timely manner when contacted by the resident and if necessary, must be available to return to the hospital in an emergency
 - 2.2.7.1 When not immediately available to assist the resident, the Clinical Supervisor/Preceptor must inform the resident and identify another faculty member who will be available in their absence
- 2.2.8 The Clinical Supervisor/Preceptor must ensure that a resident is aware of all the patients whose care is delegated to them
 - 2.2.8.1 The Clinical Supervisor/Preceptor must determine that the resident is capable of caring for all of the patients delegated to them
- 2.2.9 The Clinical Supervisor/Preceptor must recognize the signs of fatigue that could potentially impair judgment in a resident and must intervene to ensure that the patients receive appropriate care while supporting the well-being of the resident
- 2.2.10 The Supervising Physician Preceptor must provide verbal and written feedback on a resident in a form and manner defined by the Home Program Director and Residency/AFC Program Committee
 - 2.2.10.1 When possible, feedback should be provided in-person followed by the timely submission of the necessary documentation
- 2.2.11 The Clinical Supervisor/Preceptor is responsible for creating a learning environment which is safe for the resident and for the patients assigned to the supervised care. This environment should be conducive to residents' acquiring the competencies outlined in the training experiences for the resident's discipline
- 2.2.12 The resident and the Clinical Supervisor/Preceptor will review the progress of all acutely ill patients, make the necessary modifications to the care plans, highlight aspects of the case affording educational emphasis and will ensure that appropriate documentation is entered into the medical record
- 2.2.13 The Clinical Supervisor/Preceptor must provide residents with support and direction in addressing conflict

2.2.14 The Clinical Supervisor/Preceptor must promote and model professional conduct at all times

2.3 With respect to the **responsibilities of the resident**, the following apply:

2.3.1 Residents must inform patients of their status as medical residents who are acting on behalf of a specifically named Clinical Supervisor/Preceptor

2.3.2 Residents must strive to be cognizant of the limits of their knowledge and clinical skills and must take their experience into consideration when providing clinical care

2.3.3 Residents must notify their Clinical Supervisor/Preceptor of their perceived knowledge, skills and experience with delegated tasks

2.3.3.1 Resident must specifically state any concerns to their Clinical Supervisor/Preceptor if they are asked to perform tasks they believe to be beyond their abilities

2.3.4 In the interest of patient safety, residents must immediately inform their Clinical Supervisor/Preceptor if they are not able to care for all of the patients who have been delegated to them. An inability by the resident to provide adequate care may arise for various reasons, including the number and complexity of the patients assigned or because of resident stress or fatigue

2.3.5 Residents must provide appropriate and timely supervision of more junior learners rotating on the same clinical service

2.3.5.1 The resident must stay current with the Teaching Development Program (TDP). In this role, a resident may assume some of the responsibilities of the Clinical Supervisor/Preceptor but in such cases the expectation for same must be explicit. Furthermore, the Clinical Supervisor/Preceptor ultimately remains responsible for the supervision of care delivered by both learners

2.3.6 Residents must keep their Clinical Supervisor/Preceptor informed of their actions if these actions have the potential to harm the patient or have resulted in patient harm

2.3.7 Residents must inform their Clinical Supervisor/Preceptor when a patient's condition deteriorates, the diagnosis and/or management are in doubt or when a procedure with potential morbidity or mortality is planned

2.3.8 Residents must inform the Clinical Supervisor/Preceptor prior to admitting or discharging a patient to/from hospital care or the emergency department

2.3.9 Residents must report concerns that they have regarding insufficient supervision and/or when the Clinical Supervisor/Preceptor is not responsive to their reasonable requests for the assistance in the care of delegated patients

2.3.10 Residents must participate in the timely evaluation of their supervisors

2.4 With respect to the **responsibilities of the Program Director and the Residency Program Committee**, the following apply:

2.4.1 The Residency Program Director assisted by the Residency Program Committee, is responsible for the implementation and ongoing evaluation of compliance with the guiding principles and practices of supervision of their residents by Clinical Supervisors/Preceptors on home and off-service clinical rotations

2.4.2 The Residency Program Director assisted by the Residency Program Committee and the Academic Lead of the Discipline must make teachers, residents and

learning site staff (Site Coordinators, Site Directors) aware of the process to report concerns regarding inadequate supervision

2.4.3 Each Residency Program may develop program-specific supervision policies or guidelines to supplement this policy. In any situation in which a program-specific supervision policy or guideline conflicts with this policy, this policy shall prevail

2.4.4 The Residency Program Director must report instances of inadequate supervision by faculty to the Associate Dean, PGME and to the Academic lead of the Discipline (Section Head/Department Head) in a timely manner

2.5 With respect to the **responsibilities of the PGME Office**, the following apply:

2.5.1 The PGME Office has a duty to provide a safe and equitable environment for patients and for residents to work and to learn. This includes appropriate supervision of residents in all Residency/AFC Programs at all PGME learning sites

2.5.2 The PGME Office will ensure that PGME stakeholders (residents, Program Directors, teaching faculty) are aware of the process to report concerns regarding inadequate resident supervision

2.5.3 The PGME Office will support Residency Programs in identifying, addressing, remediating and monitoring instances of inadequate resident/trainee supervision

2.5.4 The PGME Office will work collaboratively with Residency/AFC Programs and learning sites in identifying, addressing, remediating and monitoring learning site-specific or system-wide concerns related to supervision of residents/trainees

2.5.5 For disciplines with Residency Programs providing rotations (Receiving Residency Programs) to a large number of off-service residents (e.g., Core Internal Medicine, General Surgery, Pediatrics, Obstetrics and Gynecology, Adult Emergency Medicine), it is recommended by the PGME Office that a faculty member from the Receiving Residency Program (Off-Service Resident Coordinator) be appointed specifically to oversee the off-service residents during the rotation

3. PROCEDURES

3.1 Residents may report concerns pertaining to their supervision by means of at least one of the following processes:

- Evaluation of teaching faculty process (see Policy)
- Evaluation of rotation and educational experiences process (see Policy)

3.2 There is a mechanism for residents to report serious concerns regarding supervision on an urgent basis by means of any of the following:

- Confidential online **SPEAK UP Button** (see Appendix 2)
- Direct reporting to the resident's Home Program Director
- Direct reporting to the Associate Dean, PGME
- Direct Reporting to the Associate Dean, PGME Student Affairs and Wellness
- Direct Reporting to the Associate Dean, Professionalism

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3.3 In the event that a Clinical Supervisor/Preceptor is identified as failing to provide adequate supervision to residents, the Associate Dean, PGME in collaboration with the Academic Lead of the Discipline of the Clinical Supervisor/Preceptor will address the concern in a timely manner by means of one or more of the following:

- Remove residents from the Supervising Physician Preceptor's clinical teaching service/rotation
- Refer the Supervising Physician Preceptor for coaching and remedial training
- Refer the Supervising Physician Preceptor to the Office of Professionalism
- Report the teacher performance to CPSM, if necessary

3.4 With respect to concerns related to resident supervision that are learning site-specific or more systemic, the following apply:

3.4.1 The problem will be identified from feedback reported by one or more of the following:

- Reporting by members of the PGME Executive Committee
 - Program Directors
 - WRHA Chief Medical Officer
 - PARIM representatives
 - Shared Health Patient Safety representative
 - Assistant Dean, PGME Accreditation/Chair, PGME CQI Committee
 - Registrar, CPSM
 - Associate Dean, PGME Student Affairs and Wellness
 - Chair, PGME Distributed Education Committee
- The Office of Professionalism (Associate/Assistant Dean, Professionalism) might become aware of a concern at one or more particular learning site(s) through the following:
 - SPEAK UP Button
 - Direct reporting
 - Learning Environment Assessment (LEA)
- PGME Stakeholder Surveys
- PGME Resident Survey
- Feedback from Hospital Site Coordinators (CMO) at the learning site(s) to the Associate Dean, PGME during site visit or more urgently, as required

3.4.2 Once identified and reported, the concern regarding supervision will be addressed and monitored as follows:

3.4.2.1 Information from the sources outlined in 3.4.1 will be reviewed by the Associate Dean, PGME and the PGME CQI Committee with respect to the issue of inadequate supervision impacting the learning environment at the learning site(s) and will be shared with Residency program Directors, Academic Leads of the Disciplines involved (Section/Department Heads) and the Dean, Max Rady College of Medicine. It will be presented and discussed at the PGME Executive Committee meeting(s) to determine the most appropriate course of action required. Possible actions might include one or more of the following:

- Removal of the resident(s) from the learning site(s)
- Involvement of the Associate Dean, Professionalism, the Assistant Dean, Professionalism and the Office of professionalism
- Involvement of OEFD
- Involvement of the Hospital Site Coordinator(s) at the learning site(s)
- Involvement of the Shared health Quality Improvement representative
- Involvement of the Rady Faculty of Health Sciences Legal office
- Reporting to CPSM

3.4.2.2 The Associate Dean, PGME will closely monitor the outcome of actions taken to address the supervision issue(s) impacting the learning environment at the learning site(s) and might take further action as necessary

3.4.2.3 The Associate Dean, PGME will closely communicate with the appropriate individuals at the learning site(s) under scrutiny in order to make certain that the concern(s) have been addressed completely

POLICY CONTACT: Associate Dean, PGME

REFERENCES

CanERA, General Standards of Accreditation for Institutions with Residency Programs
<http://www.canera.ca/canrac/canrac/documents/general-standards-accreditation-for-institutions-with-residency-programs-e.pdf>

CanERA, General Standards of Accreditation for Residency Programs
<http://www.canera.ca/canrac/canrac/documents/general-standards-accreditation-for-residency-programs-e.pdf>

[*The Human Rights Code, C.C.S.M. c. H175*](#), Manitoba, 1987

University of Manitoba, Health and Safety Policy
https://umanitoba.ca/admin/governance/governing_documents/staff/551.html

University of Manitoba, Max Rady College of Medicine, Essential Skills and Abilities for Admissions, Promotion and graduation in the MD Program
[http://umanitoba.ca/faculties/health_sciences/medicine/education/undergraduate/media/Essential_Skills_Abilities_for_Admissions_Promotion_Graduation_\(approved_June_26_2019\).pdf](http://umanitoba.ca/faculties/health_sciences/medicine/education/undergraduate/media/Essential_Skills_Abilities_for_Admissions_Promotion_Graduation_(approved_June_26_2019).pdf)

University of Manitoba, Max Rady College of Medicine, Supervision of Learners Policy
http://umanitoba.ca/faculties/health_sciences/medicine/education/ed_dev/media/Supervision_of_Learners_Policy_-_June_21_2018.pdf

APPENDICES

Appendix 1 - sample template for programs

Appendix 2 – [Speak Up](#)

Appendix 1
Supervision of Learners Policy – XXX Residency Program
University of Manitoba Max Rady College of Medicine

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| XXX Residency Program Policy on Supervision of Learners | |
| Approved (date) | |
| Review date | |
| Revised date | |
| Approved by | |

Background

The College of Physicians and Surgeons of Manitoba Standards of Practice of the Regulated Health Professions Act (RHPA): Professional Responsibilities in Undergraduate and Postgraduate Medical Education stipulate that “the supervisor and/or most responsible physician must provide appropriate supervision to the trainee”. Furthermore, the CanERA Standards of Accreditation for Institutions with Residency Programs and the CanERA Standards of Accreditation for Residency Programs requires that the safety and wellness of patients and residents are actively promoted and that residents are appropriately supervised.

This Policy, in conjunction with the Max Rady College of Medicine Policy: Supervision of Learners (engaged in clinical activities) and PGME Policy for Supervision of Learners which set out the guiding principles underlying the supervision that must be provided to all postgraduate medical residents in the course of their training. Furthermore, this policy explains and emphasizes the shared responsibility of residents, supervising faculty members (Supervising Physician Preceptors), Program Directors, Residency Program Committees, the Academic Lead of the Discipline (Department Head) and the Postgraduate Medical Education (PGME) Office in ensuring that appropriate supervision is provided. Moreover, this policy outlines the principles and procedures involved in identifying, reporting and remediating instances of inadequate learner supervision

Purposes of This Policy

The objective of this policy is to augment the PGME Supervision of Learners Policy by outlining the responsibilities for those involved in postgraduate medical education with respect to supervision of postgraduate learners for the XXX Program.

Definitions

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| Clinical Supervisor/Preceptor | The physician to whom a learner reports during a given interval of time such as an on-call shift. Residents or clinical fellows often serve in the role of Clinical Supervisor, but do not act as the Most Responsible Provider for patient care |
| Off-Service Resident Coordinator | The faculty member of a Receiving Residency Program who oversees the orientation, supervision, curricular activities and assessment of off-service residents |
| Supervising Physician/Preceptor | A physician who oversees and is the Most Responsible Provider for the clinical activities of one or more trainees and must have the appropriate privileges at the clinical setting |

Scope

This policy applies to all postgraduate trainees in the XXX program of the Max Rady College of Medicine for the duration of all activities associated with the performance of their trainee duties.

Key Roles and Responsibilities

For Residents:

Residents have a responsibility to themselves, their patients and the program to:

- Adhere to the responsibilities of the resident identified in item 2.3 of the PGME Policy for Supervision of Learners.
- Insert program-specific responsibilities and or requirements

For Programs:

Programs have a responsibility to their trainees, the University, and the public to:

- Adhere to the responsibilities of the resident identified in item 2.4 of the PGME Policy for Supervision of Learners.
- Insert program-specific responsibilities and or requirements

For Supervising Physician Preceptor:

- Adhere to the responsibilities of the resident identified in item 2.2 of the PGME Policy for Supervision of Learners.
- Insert program-specific responsibilities and or requirements

Procedure

Process for communication

Residents

- *Example - residents must immediately inform their Clinical Supervisor/Preceptor if they are not able to care for all of the patients who have been delegated to them. An inability by the resident to provide adequate care may arise for various reasons, including the number and complexity of the patients assigned or because of resident stress or fatigue*

Program Director and the Residency Program Committee

- *Example - The Program Director will closely monitor the outcome of actions taken to address the supervision issue(s) impacting the learning environment at the learning site(s) and might take further action as necessary*

Supervising Physician Preceptor

- *Example - The Clinical Supervisor/Preceptor must respond in an appropriate and timely manner to a resident's reasonable request for assistance in the care of their patients. Such a response could be through telephone or electronic communication but should include in-person support if this is requested by the resident and/or if deemed by the Clinical Supervisor/Preceptor to be the most appropriate assistance to meet the patient needs*