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FACULTY OF MEDICINE SUPERVISION POLICY FOR UNDERGRADUATE AND POSTGRADUATE MEDICAL TRAINEES IN THE CLINICAL TEAM

Purpose

The purpose of this document is to outline the mechanism of supervision of undergraduate and postgraduate medical trainees in the clinical field, and the respective responsibilities of clinical supervisors, trainees and program administration. This is intended as a general policy, which may require specific interpretation when implemented by individual programs. It is expected that each program will consider a more specific policy or guidelines that reflect the nature, location and organization of their discipline and program based on this policy.

Clinical medical education prepares trainees for independent practice through acquisition of graded, yet explicit, levels of responsibility and autonomy. Clinical supervision is required both to ensure safe and appropriate patient care and to promote professional development of trainees. This includes clinical competence as well as development of professional attributes such as judgment, self-assessment, time management and teamwork.

Definitions

1. "Clinical Supervisor" refers to the faculty member in the McGill Faculty of Medicine who has direct responsibility for supervising undergraduate and postgraduate clinical trainees in a particular practice or service. It replaces the term "*attending physician."* The Clinical Supervisor is a physician who may or may not be responsible for the trainee's clinical academic program during a rotation and who may or may not be the Program Director. This Clinical Supervisor may be the:
    a. Most Responsible Clinical Supervisor or "MRCS"
    b. Consultant Clinical Supervisor
    c. On-call physician for a particular practice or service.
    d. Clinical Trainee who has been delegated the role of the Clinical Supervisor.
2. "Clinical Trainee" refers to a trainee enrolled in a clinical course of training at McGill University.
    a. All medical students will have been registered with the *Collège des médecins du Québec* (CMQ).
    b. All medical residents and clinical fellows will have a training card with the CMQ. This is a temporary license for educational purposes as described by the CMQ. In some cases, physicians may have full licensure and may be undertaking additional training. While a resident or a clinical fellow, one's license is converted into a training card and the resident must respect the conditions

of their new status. Regardless of licensure status, physicians undertaking duties in a postgraduate training program are deemed to be trainees requiring supervision by a Clinical Supervisor.

Principles

1. Clinical Supervisors, trainees and programs should be guided by the Code of Ethics of their profession, the *CMQ Code of Ethics of Physicians*, specifically but not limited to:
    a. Article 3. A physician's paramount duty is to protect and promote the health and wellbeing of the persons they attend to, both individually and collectively.
    b. Article 42. A physician must, in the practice of his/her profession, take into account their capacities, limitations and the means at their disposal. They must, if the interest of the patient requires it, consult a colleague, another professional or any competent person, or direct them to one of these persons.
2. Each patient has a "Most Responsible Clinical Supervisor" (MRCS) who maintains overall responsibility for patient care. Overall responsibility cannot be delegated to a trainee.
3. The educational environment must assure safe patient care and effective learning.

Responsibility of the Clinical Supervisor

The Clinical Supervisor must provide appropriate supervision for trainees at all times, specifically:

1. Establish and maintain a supportive learning environment with open, respectful communication (Faculty of Medicine Code of Professional Conduct).
2. Ensure that trainees' clinical workload conforms to the relevant workload policy and objectives of the clinical rotation.
3. Assess, review and document the trainee's competence in the clinical milieu, in accordance with program-specific policies and delegate responsibilities for patient care accordingly.

    a. The Clinical Supervisor should take into account patient-, trainee-, and context-specific factors. It is expected that the Clinical Supervisor will review the trainee's findings, diagnosis (if applicable) and management plan, and discuss the different aspects of care with the trainee.
    b. The Clinical Supervisor must countersign trainees' notes;
    c. The names of both trainee and the Clinical Supervisor must be documented legibly in the patient's chart.
    d. The Clinical Supervisor is expected to provide each trainee with a meaningful narrative assessment, in accordance with that trainee's program-specific policies and procedures.

4. In collaboration with the Program Director (or their designate), ensure that the trainees under their supervision are always aware of their responsibilities.
5. Advise patients, or their designate, that trainees may be involved in their care and obtain consent for such participation. This is a shared responsibility between the MRCS, the institution to advise patients of the academic mission and the trainee to clearly identify themselves and ask the patient if they can proceed; the MRCS will be involved in the consent process when appropriate.

6. Be available by phone or pager, when not available in person, to respond in a timely manner and if necessary be available to attend to the patient in an emergency. When not immediately available (e.g., during an academic half-day), ensure that an appropriate alternate Clinical Supervisor is available, has agreed to provide supervision and inform the trainee of the change in supervision.
7. Ensure that the graded level of responsibility delegated to a trainee for required clinical exposures corresponds to the discipline's Patient Encounter & Procedure Logs.
8. In addition to the above, when delegating specific responsibility for a diagnostic or therapeutic procedure, the Clinical Supervisor must specifically consider the need for direct observation, supervision of and/or assistance to the trainee. When the Clinical Supervisor determines it is appropriate to delegate a part of his/her responsibility for performing a diagnostic or therapeutic procedure, then the patient or their designate must be informed as per current ethical and legal guidelines for informed consent.
9. The responsibility for supervising junior trainees may be delegated to a more senior trainee. The Clinical Supervisor must assess trainee competence and delegate supervisory responsibility with the same care and consideration as delegation of clinical responsibility. The delegation of the supervisory tasks to a trainee must be done in a graded fashion based on the trainee's clinical competence in a supervisory capacity. In such instances the senior trainee must also be aware of the responsibilities of the Clinical Supervisor outlined within this Supervision Policy. It is imperative that the all parties are aware that the ultimate patient care/outcome remains the responsibility of the delegating Clinical Supervisor. Moreover, it is the responsibility of the training program to make sure that senior trainees who have been delegated supervisory responsibilities have the appropriate teaching skills necessary for clinical supervision.

Responsibility of the Resident or Clinical Trainee

With respect to clinical supervision, residents must be aware of their status as a trainee, and consider their experience and level of clinical competence when providing patient care, specifically:

1. Advise patients or their designate of their status as a trainee who is working under the supervision of a named physician, the Clinical Supervisor.
2. Notify the Clinical Supervisor of their assessment and actions with regard to a patient. Notification implies direct contact and should be documented in the patient record. Notification is specifically required upon:
    a. Patient admission to a facility or service
    b. Significant change in status
    c. Prior to discharge from a facility or service
    d. In emergency situations
    e. When the clinical trainee, patient and/or designate has concerns about status or care
3. Provide clinical supervision to more junior trainees. In this role, senior trainees are expected to abide by the expectations as described for Clinical Supervisors above (see Responsibility of Clinical Supervisor).
4. Notify their Clinical Supervisor if they are, for any reason, unable to carry out their assigned duties.
5. Notify the clinical Program Director with concerns regarding level and quality of supervision.
6. Strive to develop awareness of their limitations and seek appropriate assistance.

Responsibility of the Program

It is the responsibility of the clinical training Program Director or designate, in conjunction with the program training committee, to:

1. Ensure that faculty and trainees are always aware of policies regarding clinical supervision.
2. Ensure that the Clinical Supervisor is made aware of the program objectives, course objectives, and Patient Encounter & Procedure Logs.
3. Ensure that there is a program-wide curriculum for residents to foster and develop how to teach, how to assess and how to provide clinical supervision skills.
4. Ensure that there is an evaluation mechanism in place to assess the competence level of the trainees' teaching/supervision skills.
5. Review this Policy in light of discipline-specific needs and, if necessary, develop and distribute more specific policies or guidelines that reflect the nature, location and organization of their discipline and training program.
6. Ensure a mechanism is in place for trainees to report concerns about the quality and level of supervision.
7. Investigate and manage all complaints regarding supervision.

Responsibility of the Undergraduate & Postgraduate Medical Education Offices:

Under the direction of the Associate Deans, Undergraduate and Postgraduate Medical Education, it is the responsibility of the Undergraduate & Postgraduate Medical Education Offices to:

1. Ensure all Clinical Program Directors are familiar with the **McGILL SUPERVISION POLICY FOR UNDERGRADUATE AND POSTGRADUATE MEDICAL TRAINEES IN THE CLINICAL TEAM**
2. Ensure all Clinical Program Directors are provided with program objectives, course objectives, and required Patient Encounter & Procedure Logs.
3. Investigate complaints with regards to adherence to this policy raised to the Undergraduate & Postgraduate Medical Education Offices by the Program. If deemed necessary this investigation will be conducted in collaboration with the office of Faculty Affairs.
4. In collaboration with the office of Faculty Development ensure educational materials and workshops are available to faculty to address identified needs in providing clinical supervision and learning to teach clinical supervision to trainees.

Resources

1. CMPA Delegation and supervision of medical trainees. IS0888-E. 2008
2. The Faculty of Medicine strictly prohibits any form of discrimination or harassment, including abuses of power. Please refer to the following Faculty-wide policies:
    a. Faculty of Medicine Code of Professional Conduct
    b. CMQ Code of Ethics for Physicians
    c. McGill Handbook on Student Rights and Responsibilities
3. Kilminster S, Cottrell D, Grant J, Jolly B. AMEE Guide No. 27: Effective educational and clinical supervision. Med Teach 2007 02:29(1):2-19.