



Policy: Supervision Policy for Trainees in the Clinical Team in UGME and PGME

Approved By: Developed in collaboration between UGME and PGME and approved by School of Medicine Policy Council (SoMPC).

Approved On: October 2015

Updated On: April 11, 2023

Purpose: Faculty policy regarding the supervision of medical students, residents, and fellows in clinical settings.

Preamble

The purpose of this policy 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.

This policy is aligned with the [CMQ's Guide – Role and Responsibilities of the Learner and the Supervisor](#).

Definitions

1. **Clinical Supervisor:** a faculty member in the McGill Faculty of Medicine and Health Sciences who has direct responsibility for supervising undergraduate and postgraduate clinical trainees in a particular practice or service. 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:** 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. 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.
3. **Direct Observation:** a healthcare professional observing a clinical trainee performing a task or a portion of a task and using their findings for summative and/or formative assessment. Relevant tasks include but are not limited to:
- a. Taking a history from a patient
 - b. Performing a physical examination
 - c. Performing a procedure
 - d. Providing explanations/counselling to a patient and/or member of a patient's family
 - e. Eliciting informed consent from a patient or the patient's representative
 - f. Collaborating with another member of the healthcare team/system

Guiding Principles

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.

- 1. The Clinical Supervisors, trainees and programs should be guided by 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 well-being of the persons he attends to, both individually and collectively."*
 - b. *Article 42: "a physician must, in the practice of his profession, take into account his capacities, limitations and the means at his disposal. He must, if the interest of his patient requires it, consult a colleague, another professional or any competent person, or direct him 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 be safe for patient care and effective learning.

Responsibility of the Clinical Supervisor

The Clinical Supervisor must always provide appropriate supervision for their trainees, specifically:

1. Establish and maintain a supportive learning environment with open, respectful communication ([The Faculty of Medicine and Health Sciences Code of Conduct](#)).
2. Ensure that their trainees' clinical workload conforms to the relevant workload expectations and objectives of the clinical rotation.
3. Directly oversee their trainee's patient-care activities in the clinical milieu, in accordance with best practices.
 - a) The Clinical Supervisor should delegate patient assignment commensurate to their trainee's ability and stage of training.
 - b) When delegating specific responsibility for a diagnostic or therapeutic procedure to their trainee, the Clinical Supervisor must specifically consider the need for direct observation, supervision of and/or assistance to their trainee.
 - c) The Clinical Supervisor should take into account patient-, trainee-, and context-specific factors. It is expected that the Clinical Supervisor will review their trainee's findings, diagnosis and management plan, and discuss any relevant aspects of care with their trainee.
 - d) The Clinical Supervisor must countersign their trainees' notes.
 - e) The names of both trainee and the Clinical Supervisor must be documented legibly in the patient's chart.
4. Assess, review, and document their trainee's competence in the clinical milieu based on direct and indirect observation.
 - a) The Clinical Supervisor is expected to provide each trainee with timely feedback and a narrative assessment, in accordance with each trainee's program-specific policies and procedures.
5. In collaboration with the Program Director or Course/Site Director (or their designate), ensure that their trainees under their supervision are always aware of their rotation objectives and responsibilities.



6. Advise patients, or their designate, that their trainees may be involved in their care and obtain consent for such participation.
 - a) It is a shared responsibility between the MRCS and the institution to advise patients of the institutional academic mission.
 - b) It is a shared responsibility of the MRCS and the trainee to clearly delineate their roles and obtain patient consent for trainee participation in their care. The MRCS will be directly involved in the consent process when appropriate.
 - c) When the Clinical Supervisor determines it is appropriate to delegate a part of their 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.
7. Be readily available in person, by phone/text or pager, to respond in a timely and appropriate manner to their trainees for patient care including urgent care. Whenever not immediately available, the Clinical Supervisor must ensure that an appropriate alternate Clinical Supervisor is available and agrees to ensure clinical supervision. The MRCS must inform the trainee of the change in supervision.
8. Provide supervision when a clinical trainee is providing care via telemedicine. More specific regulations related to supervision of trainees during telemedicine can be found on the [CMQ Fiche 20 - Téléconsultations réalisées par un résident/moniteur : quel est le cadre à respecter?](#) and [Fiche 21 - Participation de l'étudiant en médecine à une téléconsultation : quel est le cadre à respecter?](#).
9. May delegate the responsibility for supervising junior trainees 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 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 Clinical Trainee

With respect to clinical supervision, trainees 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. Review the case with the Clinical Supervisor. Notify the Clinical Supervisor of their findings, diagnosis, and management plan with regards to each patient. The review of the case must be documented in the patient record. Notification is specifically required upon:
 - a) Patient admission to a facility or service.
 - b) When the clinical trainee, patient and/or designate has concerns about change in status or care.
 - c) Prior to discharge from a facility or service.
 - d) In emergency situations.
3. Notify their Clinical Supervisor if they are, for any reason, unable to carry out their assigned duties.
4. Notify the Clinical Program Director or Course/Site Director with concerns regarding level and quality of supervision by the Clinical Supervisor.
5. Strive to develop awareness of their limitations and seek appropriate assistance.

Responsibility of the Program

It is the responsibility of the Program to:

1. Ensure that faculty and trainees are always aware of policies regarding clinical supervision, program objectives, course objectives, and other relevant documents such as EPAs and Patient Encounters and Procedure Logs.
2. Ensure that there is a curriculum for residents to foster and develop teaching skills and how to provide clinical supervision.
3. Ensure that there is an evaluation mechanism in place to assess the competence level of the trainees' teaching/supervision skills.
4. Review this Policy considering 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.
5. Ensure that trainees are aware of a mechanism to report concerns about the quality and level of supervision.



6. Participate in investigations related to complaints regarding supervision when appropriate.

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 Program Directors and Course/Site Directors are familiar with the Supervision Policy for Trainees in the Clinical Team, program objectives, course objectives, and other relevant documents such as EPAs and Patient Encounters and Procedure Logs.
2. Participate in investigating complaints when appropriate with regards to adherence to this policy raised to the Undergraduate & Postgraduate Medical Education Offices by the Program and include or refer relevant stakeholders such as Academic Affairs.

History: Since onsite accreditation visit 2019

School of Medicine Policy Council (SoMPC)

- Approved: 2015-10
- Updated: 2023-04-11
- Reviewed: 2024-08

Central PGME policies take precedence over all program-specific policies.