



Document Type	Policy on Supervision of Trainees
Date Approved	November 19, 2024
Approved By	PGMEC
Approved by SOMAC	December 6 th , 2024
Received by Faculty Board	December 6 th , 2024
Review to Commence	3 years post PGMEC approval or as needed to meet operational requirements.
Responsible Portfolio/Unit/Committee	Postgraduate Medical Education
Responsible Officer(s)	Associate Dean, Postgraduate Medical Education
Related Documents	CPSO Policy Statement: Professional Responsibilities in Postgraduate Education CMPA Good Practices Guide: Delegation and Supervision CanERA General Standards for Accreditation of Institutions with Residency Programs CanERA General Standards for Accreditation of Residency Programs COFM Resolution of Resident Conflict with Attending Physician or Supervisor on an Issue of Patient Care PARO-OTH Collective Agreement PGME Assessment, Promotion and Appeals Policy PGME Safety Policy

1. Purpose

This policy is informed by the CanERA accreditation standards as well as policies from the College and Physicians and Surgeons of Ontario (CPSO) and the PARO-OTH Collective agreement. It outlines the shared responsibilities of Trainees, Supervisors, programs, and the PGME office ensuring patient safety while providing graduated learning experiences with proper supervision as trainees gain competence.

This policy addresses the following [CanERA Institutional Accreditation Standards](#):

4.1.1.1 There are effective central policies or guidelines regarding supervision that consider discipline- and program-specific contexts and allow for program-specific additions and/or variations, as appropriate.



4.1.1.2 Residency programs are supported to identify and remediate inadequate supervision.

4.1.1.3 Teachers, residents, and learning site staff (e.g., Site Coordinators, Site Directors) are aware of the process to report concerns regarding trainees.

2. Scope

This policy applies to all postgraduate trainees registered with the PGME Office at Queen's University and the physicians and regulated health care professionals (RHP) involved in their clinical teaching and supervision. At Queen's University and affiliated sites, compliance with this policy is expected from all supervisors and trainees. This policy may be used by individual programs with necessary additions to develop program-specific supervision guidelines based on the appropriate clinical context. This policy establishes the baseline for supervision in hospital and clinical placement settings. Hospital and clinical placement settings may have their own policies and procedures over and above the baseline required herein.

3. Definitions

3.1 Delegated Tasks: Tasks that are outside an RHP's regulated scope of practice but are temporarily transferred to them by a physician or other authorized provider. The physician retains legal responsibility for the completion of the task, even though the RHP may perform or supervise it. Delegation involves a transfer of work, but not of accountability.

3.2 Postgraduate Trainee: Includes residents, elective residents, and clinical fellows.

3.3 Program Director (PD): Refers to the director of a residency or fellowship program.

3.4 Regulated Health Professionals (RHP): an individual authorized to practice a specific health profession in accordance with federal, provincial, or territorial legislation. These professionals must have certification or licensure from a designated regulatory body and follow the standards of practice and ethical guidelines as established by their governing authority.

3.5 Regulated Tasks: Tasks that a regulated health professional (RHP) is legally authorized and competent to perform within their professional scope of practice, as defined by their regulatory body. These tasks are typically set out in legislation and are within the standard duties of the RHP's role.

3.6 Physician Supervisor: The physician responsible for supervising a postgraduate trainee or trainees in a specific practice or service. This supervisor could be:



- a. The most responsible physician
- b. A consultant physician
- c. The on-call physician for a specific practice or service
- d. A non-Queen's faculty member from a partnering or distributed medical education location.
- e. A senior trainee

4. Principles

This policy is guided by the [CMA Code of Ethics and Professionalism](#) and the College of Physicians and Surgeons of Ontario's [Professional Responsibilities in Postgraduate Medical Education Policy](#) and prioritizes:

4.1 Patient Safety: The primary responsibility of clinical supervision is to ensure the safety, well-being and confidentiality of patients is always maintained. Recognizing the limitations of a trainee is a shared responsibility between the trainee and the supervisor.

4.2 Communication: Clear lines of communication between supervisors and trainees are necessary. Supervisors must be accessible and should provide timely feedback and guidance.

4.3 Defined Roles and Responsibilities: The roles and responsibilities of both supervisors and trainees must be defined at the beginning of each rotation, including expectations for clinical tasks and reporting processes. Supervisors must monitor trainees' performance and provide appropriate oversight.

4.4 Supervision Proportional to Competence and Circumstances: Supervision should be matched to the trainee's stage of training, competence, and the complexity of the clinical situation. More direct supervision should be provided to junior trainees, trainees early in a rotation/learning experience or in high-risk scenarios or as directed by modified learning/remediation/probation plans.

4.5 Competency-Based Assessment: Supervisors are to regularly assess trainees' competencies and provide constructive feedback to support professional development.

4.6 Balancing Service and Education: Supervisors will ensure that trainees' educational needs are balanced with the clinical service demands. Trainees should have adequate time for learning, reflection, and rest.

4.7 Safety: Supervisors should promote cultural, psychological, professional and physical safety and respect for all in the clinical environment. Trainees should provide care that



is respectful of, and responsive to, the cultural needs of patients and work collaboratively in the health care team environment.

5. Roles and Responsibilities

5.1 The Trainee

5.1.1 Must notify their program director if there is a perceived conflict of interest when assigned to a supervisor.

5.1.2 Must notify program director if they have any concerns regarding the level of their supervision. In instances where the PD is supervising, must notify the department head.

5.1.3 Inform patients of their role as a trainee working under the oversight of their supervisor and ensure compliance with the guidelines for informed consent (see section 8) when applicable.

5.1.4 Engage only in patient care appropriate for their stage and level of training and state any concerns to their supervisor if they are asked to perform any tasks that they believe to be outside of their ability.

5.1.5 In cases of disagreement over patient care where patient care is jeopardized, trainees should contact the program director, department head, or senior hospital administration.

5.1.6 Notify supervisor if unable to perform duties due to the following:

- Wellness, fatigue and other factors that may impair performance.
- Safety, including professional, cultural, psychological and physical.
- Duty hours are in breach of the PARO-OTH agreement or in excess of duty hours for those trainees not covered by PARO-OTH agreement.

5.1.7 Confirm with their supervisor the process for notifying the supervisor of their decisions regarding patient care and ensure it is documented in the patient record.

Notification of decision is required in, but not limited to, the following scenarios:

- Admitting a patient to a facility or service.
- Significant worsening in patient status.
- Prior to discharge to a facility or from a service.
- In situations when the trainee, health care team, patient or patient delegate has concerns about patient care.

5.1.8 Ensure documentation of patient care, including documentation of when they have called a supervisor and what was discussed.

5.1.9 Report medical errors and Safe Reports in a timely way following hospital and community clinical site policies and processes and complete any necessary documentation.

5.1.10 Upon request, provide supervision to more junior trainees.



5.1.11 Report any significant performance concerns by a junior trainee to that junior trainee's program director.

5.1.12 Participate in timely assessment of their supervisor(s).

5.2 The Supervisor

5.2.1 Must discuss supervision arrangements and expectations with the trainee at the start of working with the trainee, including when they must be notified of patient care decisions.

5.2.2 Must notify the program director if there is a perceived conflict of interest when assigned to supervise a trainee(s).

5.2.3 Be aware of and compliant with all applicable policies on relationships with trainees, including but not limited to the policies of Queen's University, PGME, and CPSO.

5.2.4 May delegate the supervision of a junior trainee to a senior trainee, recognizing that the p supervisor maintains responsibility for clinical care and outcomes.

5.2.5 May delegate the supervision of a trainee and point of care assessments to a qualified (see section 6) regulated health professional recognizing that the physician supervisor maintains responsibility for clinical care and outcomes.

5.2.6 Must be reachable when not present in person, respond promptly, and be ready to attend to emergencies. If unavailable, they must arrange for an alternate supervisor.

This applies to all clinical and community-based settings including virtual encounters.

5.2.7 Ensure patients know the identities of the supervisor and trainees involved in their care.

5.2.8 Ensure compliance with guidelines of informed consent (see section 8) when applicable.

5.2.9 Assist trainees when dealing with conflict around patient care, identify strategies for conflict resolution and intervene on behalf of the trainee when necessary.

5.2.10 Recognize the signs and symptoms of a distressed trainee (e.g. due to fatigue, emotional distress or other factors that may impair performance), support the trainee and ensure patient care is not compromised.

5.2.11 Be prepared to intervene to support a trainee in patient care when necessary.

5.2.12 Understand the learning objectives of trainees and ensure their educational needs are met by actively engaging in teaching and mentorship and providing opportunities for clinical learning.

5.2.13 Assess and document trainee competence as per program requirements, provide timely feedback to trainees in person, where possible, and document in a timely way.

5.2.14 Model professional conduct and ensure trainee competence in supervised tasks.

5.2.15 Regularly review trainee clinical notes including findings, diagnosis, and management of patient care.



5.2.16 Create a physically, culturally, professionally and psychologically safe learning environment and ensure trainees can raise concerns and seek assistance without fear of reprisal.

5.2.17 Provide information to trainees on how to report medical errors and complete Safe Reports when there are injuries or near misses, following hospital and community clinical site policies and processes.

5.2.18 Attend faculty development training as required.

5.3 The Program Director (or delegate)

5.3.1 Must ensure that the number, credentials, competencies and scope of practice of supervisors are adequate to provide the breadth and depth of the clinical care being supervised.

5.3.2 Must ensure that supervisors are aware of hospital or community clinic policies on implied and express consent for trainee involvement in patient care (see section 8 and CPSO policy on trainee supervision).

5.3.3 Must ensure that supervisors receive appropriate educational handover in accordance with the [Assessment, Promotion and Appeals Policy](#), for trainees who require close supervision resulting from a modified learning plan, remediation or probation plan.

5.3.4 Implement and disseminate any program-specific trainee supervision guidelines and processes and ensure compliance with the central PGME supervision policy. Any significant additions or variations from the central PGME policy must be reviewed by the PGME Office.

5.3.5 Ensure a mechanism is in place for the reporting, investigating and managing of concerns about the level of supervision.

5.3.6 Ensure trainees are familiar with the PGME Safety Policy [LINK] that outlines the supports and resources available to trainees in understanding and addressing professional, physical, psychological and cultural safety.

5.3.7 Provide orientation to trainees regarding their roles and responsibilities in providing supervision to junior trainees and ensure that they are aware of the program-specific policies and procedures.

5.3.8 Provide orientation to RHPs regarding their roles and responsibilities in providing supervision to trainees and ensure that they are aware of the program-specific policies and procedures.

5.3.9 Provide a fair process for trainees to assess supervisors and provide feedback to supervisors in a safe and timely way. (See [Faculty Assessment and Rotation Evaluation Policy](#))



5.3.10 Have a process in place to deal with conflicts that may arise between the trainee and the supervisor (See PGME Safety Policy reporting).

5.4 The PGME Office

5.4.1 Create the central PGME supervision policy and ensure regular review.

5.4.2 Ensure the policy is accessible to programs, trainees and supervisors.

5.4.3 Ensure all programs are familiar with the supervision policy, and other documents relevant to trainee supervision (e.g. EPAs, program objectives, patient encounters).

5.4.4 Collaborate with university and working environments leadership to address systemic supervision issues.

6. Supervision of Trainees by a Regulated Health Professional

If a Regulated Health Professional (RHP) is assigned training responsibilities by the trainee's supervisor:

6.1 The RHP must have individual or institutional liability insurance.

6.2 The RHP must be in good standing with their regulatory authority.

6.3 There is clear documentation that outlines activities the RHP will supervise and/or have been delegated, in advance of the assigned training.

6.4 For tasks within the RHP's regulated scope (see: definitions; regulated tasks), they may act as the most responsible provider for that task.

6.5 If the delegation of tasks (see: definitions; delegated tasks) from the supervising physician falls out of the RHPs regulated scope, the delegator transfers the responsibility and authority for completing a task to the delegate; however, the delegator always maintains accountability for the task's completion.

7. Breach of Adequate Supervision

Individuals who identify inadequate trainee supervision should report the issue to the site lead or program director (or delegate). The program director (or delegate) or site lead supervisor has the authority and discretion to remove trainees from clinical placements if risks are deemed unacceptable. The program director will collaborate with others as necessary to investigate any complaints and determine appropriate next steps. In instances where the program director is the supervisor, the issue should be reported to the site lead or department head.

8. Informed Consent

As per the [Health Care Consent Act](#) and the CPSO's policy on [Consent to Medical Treatment](#), and in regards to the supervision of trainees, the following must be disclosed to the patient to facilitate an informed decision regarding consent:



8.1 Significant Component of Procedure Performed Independently by Trainee:

- 8.1.1 The supervisor and the trainee must be familiar with hospital policies or community clinical sites policies on implied consent and engagement with learners.
- 8.1.2 The supervisor and the trainee must be familiar with hospital policies or community clinical sites policies on steps to take if a patient refuses care by a trainee.
- 8.1.3 The patient and/or family must be informed if a procedure or component of a procedure will be performed by the trainee without direct supervision.
- 8.1.4 Consent must be given orally or in writing and, barring exceptional circumstances, must be obtained.

8.2 Examinations Performed Solely for Educational Purposes:

- 8.2.1 An examination is considered "educational" when it is unnecessary for current patient care.
- 8.2.2 The educational purpose behind the proposed examination or clinical demonstration must be explained to the patient, and their express consent must be obtained.
- 8.2.3 Without the patient's consent, the examination must not be performed.

8.3 Responsibility for Informed Consent:

- 8.3.1 The person performing an investigation or treatment is ultimately responsible for ensuring the patient has given informed consent during the point of care.
- 8.3.2 Supervisors may delegate responsibility for obtaining informed consent to a trainee, provided that the trainee has demonstrated competence, knowledge and experience to summarize the procedure and risks and is adequately informed to properly address any patient questions or concerns.
- 8.3.3 Trainees must immediately inform the supervisor if a patient assigned to their care refuses involvement by trainees or consent for a procedure.

8.4 Patient Refusal:

If a patient refuses care from a trainee, the supervisor should inform the hospital leadership to ensure the patient understands the possible consequences (e.g. limited after hours coverage). Trainees must inform their supervisor if a patient refuses their involvement.

9.0 Reporting Mechanisms

An individual who identifies a potential issue with trainee supervision or supervisors is required to report their concerns through the most appropriate channel designated by their program-specific guidelines. Programs may elect to escalate any issues with trainee supervision to the PGME office for formal investigation and action. Similarly, an individual may approach the PGME office directly if they feel uncomfortable approaching the program for supervisory issues.