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Standard for Supervision of Learners by DoM Physicians

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December 2022

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Table of Contents

Introduction

The Department of Medicine (DoM) within the Temerty Faculty of Medicine (TFoM) deeply values the contributions of our teachers and educators. All DoM faculty members are expected to contribute to fulfilling our education mandate through their interactions with ***Learners***, including medical students, residents, and fellows. Thus, it is essential that we ensure that those interacting with learners understand the expectations of them. To this end, the DoM has developed this Standard for Supervision of Learners by DoM Physicians *(Supervising Physicians),* with the goal to optimize the learning environment by demonstrating a consistent and mutual understanding of roles and responsibilities.

Clinical teaching is, fundamentally, about forming strong, trusted relationships and communications between teacher and learner. The general principles outlined in this Standard should be reviewed with Learners at the beginning of all clinical rotations. Discussing with Learners shared expectations regarding patient care, education, and professional conduct initiates a mutual dialog and helps to create a safe environment. Broadly, this initial contracting conversation is a chance to speak about "What can you expect from me?" and "What do I expect from you?" All team members are encouraged to exchange ideas and feedback in a respectful and professional way. This conversation can facilitate formal and informal coaching and feedback, competency-based evaluations, and ultimately improve team communication to ensure quality of care and patient safety.

The Medicine Workplace

Medical education occurs across diverse settings (ambulatory clinics, in-patient specialty units/teams, IM Clinical Teaching Units [CTUs], in-patient consult services, and the emergency department) involving patients presenting with a vast range of acuity and complexity. In any clinical setting, there is often a high volume of patient transitions, which demands effective communication among team members, patients, and their families. This collaborative, highly effective, and team-based environment allows learners to acquire competence in all CanMEDs roles.

Learners at different levels work closely with each other, nurses, allied health professionals, and the Supervising Physician, often called the attending physician. Supervising Physicians must be members of the College of Physicians and Surgeons of Ontario (CPSO) and hold a clinical faculty appointment at the TFOM to have the privilege of guiding, observing, and evaluating the educational activities of Learners. On in-patient services, at times a senior Learner will serve as the "junior attending", assuming the supervisory role with support from the senior Supervising Physician.

Supervising physicians provide oversight, feedback, and support, *proportionate to the Learner's level of training and experience*, to ensure safe and effective patient care in a

respectful learning environment where learning is embedded within patient care as much as possible.

Orientation of Learners to the Rotation

Supervising physicians should ensure that Learners receive an orientation at the start of the rotation. The orientation may be provided by a faculty rotation coordinator or other individual. Irrespective of who provides the orientation, it should include:

- Review of rotation-specific goals and objectives.
- Provision of the name and contact information of Supervising Physician(s) for each day, night, and weekend, e.g., via distribution of a coverage or clinic schedule.
- Clear communication to Learners of their responsibility to reach out, day or night, to discuss changes in patient status and enable urgent review of patients with uncertain clinical presentations.
- Introduce clinical team members and their contact information, e.g., nursing, allied health professionals, administrative staff
- Provide an orientation to the physical clinical environment, including all resources and facilities available to the Learners, e.g., where to keep belongings, eat lunch, location of on-call rooms, lactation facilities, etc.
- Provide a schedule of weekly activities, including expectations for the start and end of the workday (when not on-call), and timing of patient rounds and formal teaching sessions.
- Provide and review all relevant protocols, e.g., CODE Blue, Code STEMI, Code STROKE.
- Review when and how feedback will be provided to Learners and how Learners can provide feedback on supervising physicians and/or the rotation.

Responsibilities of the Supervising Physician *(irrespective of clinical setting)*

Learner Education and the Learning Environment

Teaching is a core responsibility of the supervising physician. Supervising physicians should be familiar with rotation-specific goals and objectives for each Learner's level of training and specialty to enable them to provide Learners appropriate, *graduated* responsibilities in their clinical experiences, framed by the CanMEDS competencies, and achieve their training objectives.

Specific responsibilities include:

1. Elicitation of the Learner's own goals for the rotation.
2. Facilitation of self-directed learning, bedside teaching, case-based learning, and where appropriate, didactic sessions.
3. Role-modelling ethical and compassionate care and professionalism
4. Evaluation of Learners' performance against goals through meaningful informal feedback on their assessments of patients (verbal presentation and clinical

notes), at the half-way point of the rotation, and via timely evaluation of competency-based Entrustable Professional Activities (EPAs) and completion of the In-training Assessment Report (ITAR).

5. Being mindful of the hidden curriculum (e.g., negative attitudes toward certain patient populations, derogatory views on other specialties), which may negatively influence the learning environment (see *References and Resources*).
6. Ensuring Learner attendance in Royal College mandated academic activities, including Academic Half Day sessions. Learners must not be coerced, explicitly or implicitly (e.g., subtle language, non-verbal cues), into staying back at the hospital and not attending or partially attending these mandated academic activities or asked to carry out hospital duties while attending mandated academic activities.
7. On rotations that incorporate both ambulatory *and* inpatient experiences, ensuring Learners are freed of active responsibility for inpatients whilst attending ambulatory clinic
8. Ensuring the daily schedule on the rotation meets the requirements of the Professional Association of Residents of Ontario (PARO) with respect to duty hour restrictions and with program-specific expectations (see below for Typical Work Hours)
9. Ensure post-call teaching is efficient and focused.

For ambulatory rotations, the supervising physician is expected to ensure that the number of patients assigned to be assessed by a Learner is appropriate to their level of training and the complexity of the patients being seen. This is typically 1 new or 2 follow-up patients per hour for the first two hours, leaving enough time for completion of notes and teaching about the cases prior to the resident leaving the clinic. This can be adjusted based on individual learning needs and competence. The supervising physician should review patients seen by Learners immediately after being assessed.

Feedback to Learners on Performance

Feedback is critical for the professional growth and self-improvement of Learners. Supervising Physicians are expected to provide feedback in a *timely manner,* in the *most appropriate setting,* based on specific behaviours that they *observed.* Feedback should incorporate both strengths and areas for improvement and be provided in such a manner as to facilitate an effective and iterative improvement process.

Concerns regarding Learner Performance

If learner performance issues arise during a rotation, the supervising physician should reach out to the site director as soon as the problem is identified so that the program can advise on how best to address the concerns identified.

Clinical Care Responsibilities

Typical Work Hours

The typical workday begins **between 7:30 and 8:00 am** (when overnight call coverage is complete) and should be organized such that residents are able to complete *all routine work* by 5 p.m. EST, to allow them appropriate time for completion of other tasks, e.g., completion of notes, and to sign-over to the on-call team, as appropriate and when not on-call, **by 6 pm** most days.

The PARO contract stipulates that following a 24-hour on-call period *in hospital*, residents must be able to carry out their handover of patients within a maximum two additional hours, making the total duration of time a maximum of 26 hours. Assuming a typical on-call start of 8 am, this means that residents should be leaving the hospitals site **by 10 am** (or leave by 24 hours plus two hours for handover at sites that start at a different time). Residents scheduled for home call are entitled to a post-call day if they have been required to work *in the hospital between 12AM and 6AM* OR to work for *at least 4 consecutive hours, with at least one hour after midnight.* Post-call relief may also be provided by the PD or supervising physician, at their discretion, **at the request of a resident or group of residents,** to residents on home call if they do not meet the above criteria, but **where the home call is sufficiently intense, onerous or heavy, e.g., in** situations where a resident is on home call, but spends hours on the phone with consults.

While uncommon, the nature of clinical medicine is such that typical work hours may be disrupted by unanticipated patient emergencies that impact the availability of the Supervising Physician or end of day routine activities. In such situations, the DoM expects that all team members will do their utmost to ensure patient safety and optimal care. However, if Learners on a rotation are routinely finishing late, the site leads and supervising physicians are expected to take action to address the situation.

Availability of the Supervising Physician

The Supervising Physician must ALWAYS be identified and available *to assist Learners* in providing optimal patient care. In addition to availability during scheduled activities, the supervising physician must be available to speak with Learners at any time to discuss changes in patient status and provide urgent review of patients with uncertain clinical presentations.

The degree and means of availability (by phone, pager, or in-person) is determined by the volume and acuity of patients being cared for, case mix, compliment of Learners (types, levels), and time of year, e.g., beginning versus end of the academic year. Depending on the trainee's seniority and comfort, this may require in-person patient assessment after hours by the supervising physician.

Supervising Physicians are expected to adjust their schedules (other clinical, academic, administrative activities) as needed to ensure residents are adequately supported throughout the day and consistently complete their workday by 6 pm. *If a Supervising Physician is unable to comply with these expectations, they must designate an eligible* ***Acting Clinical Supervisor****, confirm that the individual agrees to serve in this role, the time period of coverage, and contact information, and ensure Learners are notified and aware.*

The Supervising Physicians is expected to assist Learners in direct patient care activities when *optimal patient care is compromised* by an imbalance of medical staff to patient care needs, e.g., due to holidays, half-day off-site activities, illness, etc.

Supporting Resident Well-being

Supervising physicians are expected to create a safe and judgement-free learning environment in which Learners feel comfortable seeking assistance and disclosing lack of sufficient experience, skills, or knowledge to deal with a particular situation. Open and supportive communication, being approachable and available, along with prompt responses to requests for help, are all essential in encouraging Learners to express concerns and/or need for assistance.

References and Resources

Feedback in the Clinical Setting

- Optimizing Teaching Effectiveness and the Learner Environment
- Feedback in the Clinical Setting
- Improving the Giving and Receiving of Feedback
- Six Common Pitfalls of Feedback Conversations

PGME, University of Toronto

- Wellness Guidelines for Postgraduate Trainees
- Guidelines for Addressing Intimidation, Harassment and Other Kinds of Unprofessional or Disruptive Behaviour

MD Program, University of Toronto

- Student Mistreatment Protocol Faculty of Medicine, University of Toronto
- Standards of Professional Behaviour for Clinical (MD) Faculty

CPSO

- Physician Behaviour in the Professional Environment
- Professional Responsibilities in Undergraduate Medical Education
- Professional Responsibilities in Postgraduate Medical Education
- Guidelines for Supervision
- Transitions in Care
- Guidebook for Managing Disruptive Physician Behaviour

CMPA

- Good Practices Guide (Faculty Section)
- Delegation and Supervision: Guide | E-Module
- Handovers

RCPSC

- CanMEDS Handover Toolkit

CanRAC

- CanERA General Standards of Accreditation for Residency Programs

Feedback and Coaching

- Glover Takahashi S, Dubé R, Nayer M. Improving the Giving and Receiving of Feedback.
- Dubé R, Glover Takahashi S. Enhancing Feedback Culture and Coaching Skills in CBME.

- [Video] Glover Takahashi S. Best Practices: Feedback for CBME (09:26)
- [Video] Glover Takahashi S. Challenges in Developing a Culture of Feedback (03:07) • Palaganas JC, Edwards RA. Six Common Pitfalls of Feedback Conversations. *Acad Med*. 2021;96(2):313.
- Burgess A, van Diggele C, Roberts C, Mellis C. Feedback in the clinical setting. *BMC Med Educ*. 2020;20 (Suppl 2):460.
- Ramani S, Könings KD, Ginsburg S, van der Vleuten CP. Feedback Redefined: Principles and Practice. *J Gen Intern Med*. 2019; 34(5): 744-749.
- LaDonna KA, Watling C. In search of meaningful feedback conversations. *Med Educ*. 2018; 52(3): 250-251.
- [Video] Watling C. CBME Symposium 2019 – Feedback, Coaching and Assessment: A Sociocultural Perspective (22:16)
- [Video] Sargeant J. CBME Symposium 2018 – Feedback and Coaching (32:17)

Hidden Curriculum

- Lehmann LS, Sulmasy LS, Desai S; ACP Ethics, Professionalism and Human Rights Committee. Hidden Curricula, Ethics, and Professionalism: Optimizing Clinical Learning Environments in Becoming and Being a Physician: A Position Paper of the American College of Physicians. *Ann Intern Med*. 2018;168(7):506-508.

Appendices

Insert specialty-specific additional responsibilities