



Postgraduate Medical Education

POLICY FOR THE SUPERVISION OF RESIDENTS

INTRODUCTION

This is a general guideline from the Postgraduate Medical Education Committee at the University of Calgary. It is expected that programs will also have a more specific policy that reflects the unique needs of their discipline.

The attending physician has a dual professional responsibility: to provide appropriate patient care and to provide education for trainees. There must be careful assessment of the responsibility delegated to the trainee. The resident has a dual responsibility: to ensure that patients, (and their families) for whom they are providing care, know that they are on a teaching unit and to keep attending and consulting physicians informed about their patients.

ATTENDING PHYSICIAN RESPONSIBILITIES

It is the responsibility of the attending physician to provide appropriate supervision for residents at all times and to:

1. Advise the patient that residents may be involved in his/her care.
2. Review the chart with the resident within 24 hours of the admission or consultation and routinely thereafter. This includes:
 - A discussion of the findings and their significance, and of patient management;
 - Involvement and agreement concerning major decisions relating to management;
 - Involvement with the planning and performance of procedures, including direct supervision when required by patient safety or requested by the trainee;
 - Identification of aspects of the case affording educational emphasis.
3. Be available by beeper or phone at all times, if not available in person.

RESIDENT RESPONSIBILITIES

It is the responsibility of every resident to:

1. Inform every patient (or family) that they are on a teaching unit and that patient care is a team approach under the supervision of the attending physician.
2. Notify the attending or consulting physician when:
 - An emergency patient is admitted to hospital
 - A patient's condition is deteriorating
 - The diagnosis or management is in doubt
 - A procedure with possible serious morbidity is planned
 - There is a question as to primary responsibility or admitting service
 - An out-patient has been examined or treated.

3. Notify the attending or consulting physician prior to discharge of a patient from the emergency department, hospital inpatient service, or ambulatory care setting (unless previously approved by the responsible physician).
4. Record in writing on the patient's chart the notification of the attending or consulting physician.

Approved by the PGME Committee - February 2002