

Guideline for Supervision and Direct Observation of Residents in Family Medicine

Source: Department of Family and Community Medicine

A. Definition and Purpose of Supervision:

1. Supervision, defined as the guidance, observation and assessment of residents, serves the dual purpose of a) ensuring safe, high quality patient care, and b) providing appropriate teaching and evaluation of trainees. Supervision is carried out in a graded fashion consistent with the training level and skill of the learner. The provision of graduated responsibility promotes trainee self-confidence while ensuring that standards of care are met and requires that supervisors routinely assess the competence of trainees.
2. Supervision may take place through direct (real time) observation of resident-patient interactions, review of interactions recorded on videotape or audiotape (with explicit patient permission), and/or by discussion and review of patients currently being assessed or previously seen.
3. Supervisors are providers with responsibility in overseeing the education of trainees and are often the most responsible provider (MRP) (unless a senior trainee is providing supervision under an MRP). Allied health professionals may play a role in supervision and feedback in accordance with their expertise.

B. Guidelines for Supervision:

1. Identification and role of the supervising physician:

Whenever a resident provides care to patients, a MRP/supervising physician must be identified for both the resident and patient, and be readily available for advice and assistance.

The level of supervision provided, in terms of degree of involvement with direct patient care, will vary with the nature of the care provided, in addition to the level of training and competence of the resident.

The supervising physician's responsibilities include:

- a) Ensuring that patients receive care that meets current standards.
 - This responsibility is met by reviewing patient care activities (including charting) either during the course of the day or during a designated period of "chart review".
 - Being available to assess patients when required.
- b) Providing teaching and timely feedback to residents, in accordance with program objectives, and involving observation of resident-patient interactions as described below.

2. Trainee Observation:

For the purpose of teaching elements of the doctor-patient relationship, verbal and non-verbal communication skills, and the patient-centered clinical method, and to ensure that patients receive high quality care, observations of resident-patient interactions should be conducted periodically.

Observations may take place in real time using audio-video equipment or direct observation, or through review of previously recorded videotapes or audiotapes of patient encounters.

Observations should occur at periodic intervals over the course of residency to provide an opportunity to measure resident progress and to capture a variety of patient encounters.

To ensure a balanced perspective in teaching and evaluation, two or more Family Medicine supervisors should conduct observations of each resident over the course of training.

3. Clinical Supervision in Family Medicine:

Teacher-learner ratios are approximately 1:3 to 1:4 at Family Medicine Teaching Unit (FMTU) sites. In situations where a 1:1 ratio exists (e.g. teaching practices, preceptor-based teaching sites, some FMTUs), supervisors may see patients concurrent with teaching and supervising responsibilities provided they remain readily accessible.

In situations where more than one resident is being supervised, the supervising physician will not normally participate in patient care or other activities that compete with supervising responsibilities.

4. Resident Assessment:

Residents should be monitored for and assessed on their acquisition of the Family Medicine Competencies.

Field notes are the main source of documented formative feedback for residents. It is the shared responsibility of the resident and supervisor to ensure that an adequate number of field notes are completed throughout the residency program. Field note completion should span the duration of training, capture a variety of feedback parameters and be sufficient in number to support supervisors and Site Directors in the completion of ITERS.

When a supervisor identifies a resident-in-difficulty, in addition to providing timely feedback to the resident, the supervisor should notify the Site Director of their concerns.

5. Supervisor Assessment:

Supervisors are responsible for acting as role models in the provision of professional, patient-centered and collaborative care.

Competence of supervisors will be measured through regular teaching evaluations completed anonymously by learners. Site Chiefs are expected to meet with teachers to review evaluations and take appropriate action in the case of substandard performance.

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