

UBC Vascular Surgery

Vascular Surgery Trainee Supervision Policy

Purpose

The purpose of this document is to outline the components of supervision of vascular surgery trainees and the respective responsibilities of physician supervisors, trainees and program administration. Postgraduate education prepares physicians for independent practice through graded responsibility and autonomy.

Clinical supervision is required both to ensure safe and appropriate patient care and to promote resident professional development. Professional development of trainees includes not only clinical competence but also development of professional attributes such as judgment, self-assessment and time management.

Definitions

1. “Postgraduate trainee supervisor” or “PG trainee supervisor” or “PGTS” refers to the faculty member in the Faculty of Medicine who has direct responsibility for supervising the resident or group of residents in the Division of Vascular Surgery. This physician may be:
 - a. Most responsible physician or “MRP”
 - b. Consultant physician
 - c. The on-call physician for a particular practice or service.
 - d. The designation of PG trainee supervisor is in relation to a physician who may or may not be responsible for the resident’s clinical academic program during a rotation and may or may not be the Program Director.

2. “Resident” refers to a trainee enrolled in a postgraduate training program at the University of British Columbia. All residents will be registered with the College of Physicians and Surgeons of BC with an educational license. Normally this will be for educational purposes as described by the CPSBC. The University of British Columbia Division of Vascular Surgery no longer has a fellowship training program and does not train vascular fellows. For instances when a vascular surgery fellow or other surgical fellow is undergoing a rotation in vascular surgery at one of the 4 core training sites, the same supervision policy stated below pertaining to residents will also apply to surgical fellows, regardless of the nature or degree of previous training.

Principles

1. The PG trainee supervisor, trainees and programs should be guided by the CMA Code of Ethics and Professionalism (<http://policybase.cma.ca/dbtw-wpd/Policypdf/PD19-03.pdf>), specifically but not limited to:
 - Consider first the well-being of the patient.
 - Recognize your limitations, and, when indicated, recommend or seek additional opinions and services

2. Each patient has a “most responsible physician” (MRP) who maintains overall responsibility for patient care. Overall responsibility cannot be delegated to a trainee. Patients that are not admitted under the care of an MRP who is a vascular surgeon but in whom vascular surgery consultation has been sought must still have a surgeon who is responsible for the vascular care of that patient.

3. The educational environment must facilitate safe patient care and effective learning with the priority for safe patient care in all circumstances

4. The resident’s privileges and responsibilities are restricted to the hospital at which the resident is currently working. Residents at all levels of training are not permitted to make recommendations or direct patient care from outside referring services or physicians.

Responsibility of the Postgraduate trainee supervisor

The attending/supervising physician must provide appropriate supervision for residents at all times, specifically:

1. Establish a supportive learning environment with open communication.
2. Review the resident's findings, diagnosis and management plan in a timely fashion.
3. Ensure residents under their supervision are aware of their roles and responsibilities.
4. Arrange for care at an alternative site when patients explicitly request for there not to be a resident or trainee involved in their care
5. Be available by phone or pager, when not available in person, and respond in a timely manner and be available to attend to the patient in an emergency. When not immediately available, ensure that an appropriate alternate postgraduate trainee supervisor is available and has agreed to provide supervision.
6. In addition to the above, when delegating specific responsibility for a diagnostic or therapeutic procedure, the postgraduate trainee supervisor must specifically consider the need for direct observation, supervision and/or assistance.
7. The responsibility for supervising junior trainees may be delegated to a more senior resident. The postgraduate trainee supervisor must assess trainee competence and delegate supervisory responsibility with the same care and consideration as delegation of clinical responsibility.
8. To provide immediate in-person support when requested by the trainee.
9. To provide appropriate graduated autonomy to residents in training for the assessment and management of patients in the emergency room or admitted as inpatients. Appropriate autonomy should be directly reflective of the resident's judged knowledge and competence and is not granted based on time in training or PGY status alone. Residents determined to be unable to safely provide clinical or operative care in a particular circumstance should not be requested to do so.
10. Residents should be adequately supervised in the operating room commensurate with their degree of judged surgical/technical skill, intraoperative judgement, and safety such that the safety to the patient is maximized. Operative autonomy is to be allocated as appropriate based solely on resident competence, preparation and knowledge and is not determined by time in training or PGY-status.
11. The postgraduate trainee supervisor must be inside the hospital during the conduct of any surgical operation performed by the resident learner, regardless of the deemed level of technical/clinical competence or PGY level.
12. Provide appropriate clinical supervision for postgraduate elective vascular fellows. Existing certification as a general/cardiac surgeon does not mean the postgraduate supervisor is not required to follow postgraduate supervision protocols. All postgraduate trainees/residents must be supervised according to the protocols listed in this document.

Responsibility of the Resident

With respect to clinical supervision, residents must be aware of their status as a trainee, exercise caution and consider their experience 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 postgraduate trainee supervisor.



2. Notify the postgraduate trainee supervisor of their assessment and actions with regard to a patient. Notification implies direct contact and should be documented in the patient record. Notification is specifically required upon:
 - a. Patient admission to a facility or service.
 - b. Significant change in status.
 - c. Prior to discharge from a facility or service.
 - d. In emergency situations.
 - e. When the resident, patient or designate has concerns about status or care.
3. Provide clinical supervision of more junior trainees. In this role, residents are expected to abide by the expectations as described for postgraduate trainee supervisors above.
4. Notify their postgraduate trainee supervisor if they are, for any reason, unable to carry out their assigned duties.
5. Notify the residency program director with concerns regarding level of supervision.
6. In the conduct of therapeutic or diagnostic procedures to explicitly follow the instructions of the postgraduate trainee supervisor and to request clarification or assistance whenever this is felt to be required.
7. In the conduct of therapeutic or diagnostic procedures, to be thoroughly prepared regarding the indications, treatment options, surgical techniques and outcomes regarding the procedure being performed. A resident unfamiliar with these features listed above should not be permitted to perform part or all of that procedure until they can clearly demonstrate knowledge of these components.
8. In the conduct of therapeutic or diagnostic procedures, all resident-initiated delegation of the operative procedure to another trainee must be explicitly discussed with the postgraduate trainee supervisor prior to the initiation of the procedure. It is not appropriate to delegate all or a component of a therapeutic or diagnostic procedure to another trainee when that task was delegated to a specific resident by the postgraduate trainee supervisor without the postgraduate trainee supervisor's explicit consent.

Responsibility of the Program

It is the responsibility of the residency program director or designate, in conjunction with the residency training committee to:

1. Ensure that faculty and trainees are made aware of policies regarding clinical supervision.
2. Ensure a mechanism is in place for residents to report concerns about the level of supervision.
3. Investigate and manage complaints regarding supervision.

Responsibility of the office of Postgraduate Medical Education

In conjunction with the Associate Dean, Faculty Development, it is the responsibility of the PGME Dean or delegate (Assistant Dean or Faculty Lead Educational Environment for example) to ensure educational materials and workshops are available to faculty regarding where there is an identified need.

Procedure for breach of adequate supervision

Trainees or others who have identified lack of appropriate supervision as an issue are advised to report the concern to the immediate supervisor (if available), and the program director.

The Program Director has the authority to remove trainees from clinical placements if a risk (including patient safety) is seen to be unacceptable.

If a decision is taken to remove a trainee, this must be communicated promptly to the Department Head, the Residency Program Committee, the site Clinical Head (or equivalent) and the PGME Dean. These parties will coordinate gathering the necessary information to formulate an individualized plan to remediate the situation. This may include faculty development as per above.

Resources

1. CMPA. Delegation and supervision of medical trainees. https://www.cmpaacpm.ca/serve/docs/ela/goodpracticesguide/pages/teams/Delegation_and_supervision/delegation_and_supervision-e.html
2. The Faculty of Medicine strictly prohibits any form of discrimination or harassment including abuses of power.

Please refer to the following Faculty wide policies:

- a. Professional Standards for Faculty Members and Learners' in the Faculties of Medicine and Dentistry <https://www.med.ubc.ca/files/2012/02/Professional-Standards-for-the-Faculties-of-Medicine-and-Dentistry.pdf>
 - b. Policy and Processes to address unprofessional behaviour (including harassment, intimidation) in the Faculty of Medicine <https://www.med.ubc.ca/files/2019/01/Process-to-Address-Mistreatment-and-Learning-Environment.pdf>
 - c. Relevant UBC Policies
UBC Policy #3, Discrimination and Harassment <https://universitycounsel.ubc.ca/files/2018/09/policy3.pdf> UBC Policy #131: Sexual Assault and other Sexual Misconduct https://universitycounsel.ubc.ca/files/2017/05/policy131_final.pdf UBC Statement on Respectful Environment for Students, Faculty and Staff <http://www.hr.ubc.ca/respectful-environment/files/UBC-Respectful-Environment-Statement.pdf>
3. Kilminster S, Cottrell D, Grant J, Jolly B. AMEE Guide No. 27: Effective educational and clinical supervision. Med Teach 2007 02:29(1):2-19.
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