

## Policies and Procedures

<b>Subject:</b> Resident Supervision	
Created: June 2014	Revised: Sept 2016
Reviewed and approved by the Residency Program Committee: Sept 2023	Next review date: September 2026

The following policy needs to be implemented acknowledging the concept of graded responsibility and a valid assessment of each resident's abilities and stage of training. A resident should be more closely supervised at the beginning of a rotation and earlier in the academic year than at the end of the Clinical Learning Experience (CLE) or at the end of the academic year assuming the resident has progressed as expected and has demonstrated competence such that greater independence is deemed appropriate by the supervising physician. Patient safety will always be paramount, but supporting learners in their development to becoming independent practitioners is the mandate of our educational program.

For more information on Resident Supervision, please see the [Dalhousie Postgraduate Medical Education Policy on Resident Supervision](#).

### **PGY1s (First Year Family Medicine Residents):**

1. Generally, in any setting, until competence has been confirmed, PGY1s should review each patient with their supervisor before the patient leaves the office or ER.
2. PGY1s in outpatient settings can advise patients over the phone. All phone advice should be reviewed by the supervisor at some point during the call period. PGY1s should not see patients on their own on call - the supervisor should be present
3. In hospital, PGY1s can attend patients in hospital and write orders. Inpatients should be reviewed on a daily basis by the supervisor. Depending upon circumstances and the supervisor's confidence in the resident, the case can be discussed for review the following day.

### **Senior Residents (PGY2 or higher):**

The guiding principle is the supervisor must be readily available if the senior resident needs them to see a patient or if the resident has a question about diagnosis or management.

1. In the office or the Outpatient/Emergency Department senior residents can see and discharge patients on their own. The supervisor should provide an opportunity to review all cases seen by the resident at some time during the session. Generally, if a patient requires admission they should be seen by the supervisor as well.
2. On Call Senior residents can see patients on their own. All cases should be reviewed by the supervisor at some time during the on call period.
3. In hospital, Senior residents can attend patients in hospital. Depending on the supervisor's confidence in the senior resident they may not necessarily need to review the cases every day.

### **All Residents:**

Discharge summaries for hospitalized patients and all outpatient charts must be co-signed by the supervisor.