

RESIDENT SUPERVISION

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Topics

- Definition
- Benefits
- Types of supervision
- Role of PDs

Clinical Education Principles

- Gradual or graded assumption of responsibility for patient care while under supervision
- Adequate time to engage in reflective learning
- Sufficient continuity in the care of individual patients to understand the natural evolution of illness and to reinforce professionalism and its obligations

Clinical Education Principles

- Gradual or graded assumption of responsibility for patient care while under **supervision**
- Adequate time to engage in reflective learning
- Sufficient continuity in the care of individual patients to understand the natural evolution of illness and to reinforce professionalism and its obligations

Definition

- Along the pathway of skill acquisition, supervision is the single most important element upon which this education model depends.
- The provision of monitoring, guidance and feedback on matters of personal, professional and educational development in the context of the doctor's care of patients.
- This would include the ability to anticipate a doctor's strengths and weaknesses in particular clinical situations in order to maximize patient safety.

Components of Supervision

- The involvement of role models and mentors who demonstrate appropriate professional practice
- Specific learning objectives communicated to learners in advance of their interactions with patients
- Periodic assessment of how well learners have met those objectives
- Timely and actionable feedback to residents

Benefits

- Patients' safety
- Reassurance for regulatory and insurance agencies
- Better learning of residents

Why residents don't call their supervisors

- Concern over revealing a knowledge gap
- A desire to make decisions on their own
- Perception that the attending physician does not want to be called

Good Supervisory Practices

- Continuity in monitoring over time
- The supervisor's skill at providing oversight and promoting intellectual autonomy among trainees
- The opportunity for both trainee and supervisor to reflect on their work

Barriers to good supervision

- Overemphasis on the evaluative aspects of supervision can have negative impacts by generating defensive behaviors that interfere with learning

Barriers to good supervision

- Unfavorable supervisor behavior:
 - Rigidity
 - Intolerance
 - lack of empathy
 - failure to offer support
 - lack of concern with teaching

Strategies for supervision

- **For attending physicians:**

- setting expectations
- recognizing uncertainty
- planning communication
- having easy availability

- reassuring residents
- balancing supervision & autonomy

Strategies for supervision

- **For residents:**
 - seeking input early
 - contacting for active clinical decisions or feeling uncertain
 - end of life issues
 - transitions in care
 - help with systems issues

Levels of supervision

- Direct Supervision
- Indirect supervision, with direct supervision immediately available
- Indirect Supervision, with direct supervision available
- Oversight

Levels of supervision

- **Direct Supervision:**
 - the supervising physician is physically present with the patient.
- **Indirect supervision, with direct supervision immediately available:**
 - the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision

Levels of supervision

- **Indirect Supervision, with direct supervision available:**
 - the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.
- **Oversight:**
 - The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered

Role of PDs

Recommendation 4-1:

- To increase patient safety and enhance education for residents, the ACGME should ensure that programs provide adequate, direct, onsite supervision for residents.
- The ACGME should require:
 - RRCs, in conjunction with teaching institutions and program directors, to establish measurable standards of supervision for each level of doctor in training, as appropriate to their specialty
 - First-year residents not to be on duty without having immediate access to a residency program-approved supervisory physician in-house.