



## RESIDENCY TRAINING PROGRAMS

### Resident Supervision Policy

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#### 1 Purpose

- 1.1 This policy has been developed to ensure that appropriate supervision of residents throughout their period of training, including the carrying out of clinical duties.

#### 2 Scope

- 2.1 This policy applies to all Residents in all Residency Training Programs

#### 3 Jurisdiction

- 3.1 The overall criterion for resident supervision is determined by the Programs Administration Committee. (Approved by PAC)
- 3.2 Modification to the policy warranted by each specialty is determined by the Program Committee.
- 3.3 The policy will be reviewed every three years.
- 3.4 It is communicated to all participants in teaching and training of residents as part of College of Medicine Policies Booklet and advertised on the College's website.

#### 4 Preamble

- 4.1 During the course of the training program, the responsibilities given to residents will increase. Each department is responsible for ensuring that its policies related to postgraduate training and specifically the supervision of residents are in compliance with the Accreditation of Royal College of Physicians & Surgeons of Canada and the National Regulation of the Kingdom of Saudi Arabia. The following are guidelines for physicians supervising residents.
- 4.4.1 The department will ensure that residents are assigned to hospitals only after the department has confirmed that effective support for the training program is available at that hospital.



- 4.4.2 Physicians supervising residents have to be either board-certified in their specialty or board-eligible.
- 4.4.3 Physicians supervising residents have to have the appropriate privileges at King Fahd Hospital, including privileges that cover surgical procedures.
- 4.4.4 Supervise the clinic sessions, particularly for major physical examinations.
- 4.4.5 The attending physician must be present during major surgical Procedure.
- 4.4.6 Chart documentation, dictation of operative needs and discharge summaries do not require direct supervision. However, the co-signature of the attending physician is required.
- 4.4.7 Supervising physicians do not need to be present when a resident is carrying our routine patient care. These activities include the writing of routine orders, changing a dressing, venipuncture and tracheostomy changes.
- 4.4.8 The Program Director is responsible for monitoring the supervision of residents to ensure that all regulations are fully complied with.
- 4.4.9 The orientation process for new residents should include the policies related to the supervision of residents.
- 4.4.10 The policies for the supervision of residents are reviewed with residents and physicians annually or as required.

## **5 Guidelines for Residents Gaining Progressive Competence and Independent Performance**

5.1 Residents develop competence gradually and progress gradually through the various stages of ability. During their training, residents are faced with increasing responsibility according to their individual clinical and technical experience, knowledge and skills. Each resident's clinical responsibilities are based on the competency of the resident in addition to the severity and complexity of the patient's condition.

### **5.1.1 Junior Residents (Year 1)**

Junior residents are initially supervised by the attending physicians and senior residents when caring for patients. As a general rule, the junior resident is the first point of contact when questions arise concerning the care of a patient. In situations when a junior resident is unable to satisfactorily answer questions or concerns, a senior resident or the attending physician should be contacted. As the resident gains competence and experience, he/she can be indirectly supervised with more direct supervision being provided when required by a senior resident or attending physician.

### **5.1.2 Intermediate Residents (Year 2)**

Intermediate residents can either be indirectly or directly supervised by a senior resident or the attending physician. Intermediate residents can supervise medical students and junior residents, but responsibility for the patient lies with the attending physician.



**5.1.3 Senior Residents (Years 3 & 4)**

Senior residents can either be indirectly or directly supervised while providing direct care to patients. They are given greater responsibilities as in line with their competence and experience, but responsibility for the patient lies with the attending physician. Senior residents are given the responsibility of supervising medical students, junior residents and intermediate residents and this gives them the gradual independence required of a physician as long as the needs of the patient are met. However, responsibility for the patient lies with the attending physician.

**5.1.4 Resident Competency and Delegated Authority**

The Program Director is responsible for determining the level of authority and responsibility can be assigned to the resident. The abilities of a resident will determine when these responsibilities can be granted based on evaluations, oral examinations and simulation exercises. These criteria are not the only indicators of a readiness for greater responsibility. A greater indicator of readiness for greater responsibility and independence is the relationship built up between the resident and the attending physician as it is important that the attending physician has a high level of trust in the resident.

**5.1.5 Faculty Development and Resident Education around Supervision and Progressive Responsibility.** Faculty who supervise residents should adhere to the following:

- 5.1.5.1 Seek input earlier rather than later from the faculty or senior resident.
- 5.1.5.2 If the clinical status of a patient changes, a new care plan should be formulated and discussed with the faculty or senior resident.
- 5.1.5.3 Request input from the faculty or senior resident if you are uncertain about a clinical decision.
- 5.1.5.4 In the event that there is concern over a medical error or legal issue or if you feel that a patient may not survive, contact the faculty or senior resident immediately.
- 5.1.5.5 In the event that the patient's status becomes acute and you think it may be necessary to admit the patient to ICU, contact the faculty or senior resident immediately prior to involving the ICU.
- 5.1.5.6 In the event that you are faced with obstacles related to the patient's care due to system problems or the unavailability of a consultant or other, contact the faculty or senior resident immediately.



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