Residency Program Guidelines for Best Practices in Teaching and Supervision

Principles

The overarching goals of residency education is purposeful instructive support to achieve and demonstrate competence in the required training experiences set out by the discipline and the Royal College of Physicians and Surgeons of Canada in preparation for independent practice.

The Program Director (PD) and Resident Program Committee (RPC) are responsible for the management and ongoing development of the Anesthesia Residency Training Program to ensure that the Accreditation Standards set by the Royal College are achieved and ideally exemplified by the Program. The daily assignment, supervision and teaching of residents to clinical and education experiences must be thoughtful, intentional, and evaluate educational opportunities to ensure the benefit to resident training is maximized.

The program recognizes the value of a broad variety of training experiences for residents including 1-1 teaching from skilled consultants, opportunities to participate in rare or challenging clinical cases, exposure to subspecialty cases, didactic, and experiential learning through lectures and simulation. While clinical service is a component of all training programs, service is neither the exclusive nor predominant feature of the Program.

Clinical Supervision

With these values in view and in response to the residency program accreditation report in 2021, residents will be supervised 1:1 with faculty without competing obligations. Simultaneous supervision of residents by faculty with other significant concomitant obligations will cease now. Sites have a grace period until July 1, 2021 to operationalizing this, should there be significant resource constrains which could directly affect patient care if implemented immediately.

The RPC recognizes that in rare, emergent clinical situations, simultaneous supervision may be needed briefly to ensure timely patient care. In these circumstances, every effort should be made to minimize the time during which the simultaneous supervision occurs by mobilizing additional consultant staff for

coverage. The resident must always know who is supervising them in cases of emergency or when staff handover care.

The goal is to foster a safe learning environment. Single coverage alone does not guarantee staff presence or engagement; staff must adhere to all guideline goals and objectives while working with residents. This includes balancing teaching, level appropriate autonomy and patient safety.

Graded Supervision and level appropriate autonomy include:

- Consideration of resident stage of training and competence
- Consideration of complexity of the case
- Reviewing each case with the resident, including considerations around case management
- Presence during critical, key moments for learning and patient safety (e.g. induction and emergence).
- Staff must be immediately available when requested.

Perioperative Safe Learning Environment

We own our learning environment, and every staff must be committed to a positive atmosphere free from intimidation, harassment and discrimination. The learning environment must promote a safe learning environment demonstrating professionalism, respect, and collegiality worthy of role modeling.

There is zero tolerance for incivility. The processes for managing disclosure of incidences of incivility and learner maltreatment are outlined in the Resident Safety Policy and the University's Guideline for Managing Disclosures about Learner Mistreatment. The Departmental policy for managing incivility (to be drafted) describes the process for management of incidences.

Perioperative Teaching

Staff are responsible to provide a safe learning environment. Effective teachers must balance assessment and education, allowing residents the space to be "wrong" without compromising patient safety and to foster knowledge acquisition. Identify non-evaluative learning opportunities and provide opportunity for inquiry.

Expectations for staff and residents are to come prepared to work together with a plan for optimal patient care and learning.

Check list for learning encounters:

- ☐ Introduce yourself to the resident
- ☐ Identify the resident's level of training
- ☐ Residents must come fully prepared for the clinical encounters
- ☐ Staff and residents must discuss/brief before each case
- ☐ Discussion includes:
  - Plan for patient care
  - Plan for level of autonomy, appropriate for resident level of training and complexity of the case
  - Discuss a plan for learning objectives
- ☐ Ensure the resident is introduced to the surgical faculty
- ☐ Give feedback
- ☐ Debrief at the end of the day
- ☐ Complete an assessment, ideally together

Assessment and Feedback

There is a shared responsibility to provide timely, constructive, professional feedback to both residents and staff. Both faculty and residents need to be prepared to give and receive feedback. The time, space and opportunity must be created daily.

Principles of daily feedback and assessment is that these are frequent and low stakes. In addition feedback should be completed face to face each day.

Feedback comes in three forms:

1. Appreciation (notice and acknowledge efforts, motivate to continue with progress and growth)
2. Coaching (for improvement of performance)
3. Assessment (benchmarking performance)

Emphasis is on feedback and coaching for improvement.
Consider three questions for effective feedback:

1. What should I/you stop doing?
2. What should I/you keep doing?
3. What should I/you start doing?

Site Coordinators will be responsible for coordinating the tracking of assessment completion and ensuring a system of accountability, shared at minimum with the Site Chief. This includes a site-specific process for cQI around completion of assessments, faculty feedback and compliance.

Additional Information

The Department of Anesthesiology and Pain Medicine's steering committee and working groups will continue to work on the following:

- **Working Group on Teaching Effectiveness**: responsible for identifying professional development opportunities, resources and strategies that can improve the quality of teaching within the Department, especially in clinical settings.
- **Working Group on Evaluation Tools and Techniques**: responsible for identifying tools, techniques and strategies that can improve the quality and response rates of evaluation and feedback within the Department.
- **Working Group on Civility**: responsible for clear standards of civility in clinical settings, developing a confidential process for making concerns about incivility known to program leadership, and developing a confidential process for reporting on complaints about incivility.
- **Working Group on Culture and Communications**: responsible for identifying tools, techniques and training opportunities that can facilitate a culture of open communications within the Department that would encourage ongoing dialogues between learners and faculty.

As additional information and resources become available, these will be added

Resources:

1. Definitions and guidance for appropriate graded supervision (to follow)
2. Faculty Development Resources
    a. Effective Teaching
    b. Effective Feedback and Coaching
    c. Completion of Assessments
3. Resources for expectations, managing and reporting issues with incivility and maltreatment
    a. Resident Safety Policy
    b. Departmental Policy for Incivility (to follow)
    c. PGME Guidelines for Managing Disclosures about Learner Mistreatment
    d. Standards of Professional Behaviour for Clinical (MD) Faculty
    e. CPSO Policy - Physician Behaviour In The Professional Environment

   f. CPSO Policy - Professional Responsibilities In Postgraduate Medical Education

4. Handout on the Hidden Curriculum