Postgraduate Medical Education Policy

Supervision of Clinical Activities of Postgraduate Trainees

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McMaster University

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Section A: Introduction

A1: Background

Trainees require supervised, hands-on experience to acquire the necessary skills and knowledge for independent practice after completion of training. Effective clinical supervision requires the appropriate balance between providing graded responsibilities for the trainee and ensuring patient safety. The guidelines set out in this policy are informed by the accreditation standards of the Royal College of Physicians and Surgeons of Canada (Royal College/RCPSC) and the College of Family Physicians of Canada (CFPC) and the policies and procedures of the CPSO and affiliated teaching sites. This policy outlines the shared responsibility of trainees, faculty supervisors, programs and PGME in ensuring appropriate supervision is provided to trainees during postgraduate training.

It is expected that, within the Faculty of Health Sciences at McMaster University and affiliated teaching sites, all faculty supervisors and trainees will comply with this policy. These are general guidelines which may require interpretation by individual programs according to the clinical context.

Arrangements for supervision must be discussed with the trainee, the MRP/faculty supervisor, the Clinical Teaching Unit (CTU) or site director (where applicable) and the program director. The initiation of this discussion is the joint responsibility of the trainee and the supervisor/site or CTU Director. The discussion of supervisor roles and associated activities must be covered when the structure for supervision is outlined at the start of each rotation.

A2: Definitions

Associate Dean, Postgraduate Medical Education (PGME): senior faculty member appointed to be responsible for the overall conduct and supervision of postgraduate medical education within the Faculty of Health Sciences.

Canadian Medical Protective Agency (CMPA): a membership-based, not-for-profit organization that provides legal defense, liability protection, and risk-management education for physicians in Canada.

Clinical Teaching Unit (CTU): teaching unit consisting of different levels of trainees who work with faculty members and interdisciplinary health care professionals to care for patients.

Clinical Teaching Unit (CTU) Director**:** a faculty member within the program responsible for the educational activities, supervision, and safety of trainees within a CTU.

College of Family Physicians of Canada (CFPC): a professional association and the legal certifying body for the practice of family medicine in Canada.

College of Physicians and Surgeons of Ontario (CPSO): health regulatory body of Ontario responsible for ensuring that physicians (including trainees) provide health services in a safe, professional, and ethical manner. This includes setting standards of practice for the profession, investigating complaints about members of the profession, and, when appropriate, disciplinary action.

Degrees of Supervision (as defined by the Canadian Medical Protective Association (CMPA)

1. Direct Supervision – observing while in the same room with a trainee (can also be conducted by video or one-way mirror).
2. Immediately Available Supervision – supervisor is immediately available to come to the aid of a trainee if problems arise. The supervisor should not be engaged in an activity they cannot leave.
3. Local Supervision – the supervisor is in the building/hospital and is available at short notice.
4. Distant Supervision – the supervisor is on call and available for advice or able to come into the hospital in an appropriate timeframe.

Entrustable Professional Activities (EPA): an essential task of a discipline that an individual can be entrusted to perform safely and independently. In CBD, each EPA has milestones which define the abilities of the task.

Faculty Supervisor: most responsible faculty member to whom the trainee directly reports during a training experience.

Most Responsible Physician (MRP): the physician who has final responsibility for making decisions about patient care. Every patient has an identified MRP. The person who is the MRP may vary from the daytime compared to after-hours care or from service to service. However, the delegation of the MRP role must be made clear to the trainee.

Postgraduate Clinical Trainees ("trainees"): doctors who hold a degree in medicine and are continuing in specialist or post-certification education. They are registered with the Postgraduate Medical Education (PGME) Office and are members of the CPSO with an educational certificate of registration and are bound by the legislation and policies of the College. Trainees cannot practice independently within the confines of their training program.

For the purposes of this policy, all "postgraduate trainees" will be referred to as "trainees."

Postgraduate Medical Education (PGME) Office: Associate Dean, PGME, Postgraduate Program Manager, and other administrative personnel responsible for coordination, administration, and oversight of residency and fellowship programs.

Program Director: faculty member responsible for the overall conduct and organization of the residency program and accountable to the Associate Dean, PGME, and the Division/Department Chair.

Residency Program/Home Program: Royal College or CFPC accredited postgraduate training program. Home Program refers to the program in which the trainee is registered.

Royal College of Physicians and Surgeons of Canada (Royal College/RCPSC): a regulatory college which acts as a national, non-profit organization to oversee the medical education of specialists in Canada.

Site Director: faculty member within the program responsible for the educational and clinical activities, supervision, and safety of trainees within a specified site.

Supervisors – are usually physicians but can be other healthcare providers or clinicians (e.g., interprofessional care settings) who are approved by a College committee, University, or other agency in charge of the supervision requirement. Supervisors must always be members in good standing of their

respective regulatory College. The supervisor has taken on the responsibility within their respective training programs to guide, observe and assess the educational activities of trainees. The supervisor of a trainee involved in the care of a patient may or may not be the MRP for that patient. Trainees often serve in the role of supervisors but do not act as the MRP for patient care.

For the purpose of this policy, the term "supervisor" can refer to faculty or postgraduate trainee supervisors as appropriate.

A3: Purpose

The purpose of this policy is to clarify the roles and responsibilities of the faculty supervisor, the trainee, the program and the PGME office for the clinical supervision of trainees to ensure the safety of patients while providing level-specific learning experiences to trainees that allow them to progress towards independent practice.

A4: Scope

This policy applies to all postgraduate trainees (residents and clinical fellows), registered with the PGME Office at McMaster University and the physicians involved in their clinical teaching and supervision.

This policy applies to all clinical settings (e.g., ambulatory clinics, in-hospital care, laboratory/diagnostic care, operating room, etc.). The level of supervision may depend on the clinical environment (e.g., chronic care facility versus the operating room versus ambulance transports). Hospital policies may also dictate the level of availability of the faculty supervisor in certain patient care environments.

This policy does not supersede established hospital policies (e.g., mandatory in-person supervision for certain activities or mandating immediate contact of faculty supervisor in the event of specific patient events).

Section B: General Principles of Appropriate Clinical Supervision

1. Acting in the best interests of the patient and optimal patient outcomes are central to the roles of the trainee and faculty supervisor and must guide appropriate clinical supervision.

2. Respect for the autonomy and personal dignity of the patient, trainee and faculty supervisor optimizes patient care and the learning and supervisory experiences.

3. Professional development of the trainee (practice relationships, enhanced clinical skills) requires their active involvement in the provision of health care with hands-on delivery in a system of delegated and graded responsibility.

4. Trainees are expected to take on a graduated level of clinical responsibility in step with their demonstrated growing competency, although never completely independent of appropriate supervision.

5. Trainees must always be appropriately supervised during their training. The degree of supervision, as described in the *A2: Definitions*, will be dependent on the stage of training, achievement of required competencies, clinical settings, and relevant hospital policies regarding supervision.

6. Trainees acquire skills and knowledge at different paces, and, where necessary or appropriate, usual supervision levels must be adjusted to the trainee's needs and/or situation.

7. Every patient must have a designated MRP, and it must be understood by the patient and those involved in providing care that the MRP is ultimately responsible for the care delivered.

8. Clear delineation of the faculty supervisor, decision-making process, and exchange of information between the faculty supervisor and trainee is necessary for appropriate patient care and supervision.

9. Programs and services (and affiliated sites, as appropriate) must determine the degree of supervision required for the level of training and clinical situation.

10. Key stakeholders in postgraduate education (faculty supervisors, programs, PGME and affiliated teaching sites) must create a learning environment that supports and encourages the trainee to seek help when required, report instances of suboptimal supervision, and openly discuss clinical cases in which there is disagreement about management.

11. The faculty supervisor accepts the responsibility to supervise and assess the trainee to ensure that delegation is appropriate.

12. Delegation of supervisory roles to trainees must be preceded by an assessment of achievement of required competencies related to supervision and clear program-specific orientation and guidelines about the supervisory role.

Section C: Roles and Responsibilities

C1: The Trainee must

13. Participate in the care of patients as appropriate to their competencies and specific circumstances, as well as to meet identified educational goals.

14. Inform the patient or substitute decision-maker of their name, role, and degree of involvement in patient care. Trainees must always wear their assigned badges in the clinical setting.

15. Inform the patient or substitute decision-maker of the name and role of the faculty supervisor/MRP and that the faculty supervisor/MRP is ultimately responsible for the patient's care.

16. Inform the faculty supervisor of their perceived knowledge, skill, and experience with delegated tasks. If a trainee has any concerns regarding their ability to perform a given task, they must state their concerns to the supervisor in a timely manner.

17. Provide appropriate, timely supervision of more junior trainees and/or medical students and ensure that they understand the role of the trainee supervisor. The trainee supervisor must assume the responsibilities of the faculty supervisor as defined below. The faculty supervisor remains ultimately

responsible for the supervision of care delivered by both trainees.

17.1. Trainee supervisors should provide timely feedback on the care delivered by junior trainees/medical students.

17.2. Trainee supervisors must inform the faculty supervisor if significant performance concerns are identified while supervising junior trainees/medical students.

18. Strive to develop an awareness of the limits to their knowledge and skills and seek timely assistance appropriately.

CMPA Guidelines (these expectations are consistent with the most up to date *CMPA Delegation and supervision guidelines: Responsibilities of supervisors and trainees* as of June 2, 2022)*:*

A trainee might not avoid liability if harm is caused to a patient as a result of their actions solely on the basis that the supervising physician or hospital protocol required the trainee to undertake tasks the supervisor knew or ought to have known were beyond the abilities of the trainee. If a trainee is unprepared to perform a certain task or procedure, they are responsible for voicing their concerns to their supervisor.

19. Notify the program director/delegate of concerns:
    - Regarding the level and quality of supervision they are receiving, or
    - Regarding a faculty supervisor being unresponsive to requests for assistance in the care of delegated patients.

20. Notify the faculty supervisor if, for any reason, they are unable to carry out assigned duties (due to stress, illness, fatigue, etc.).

21. Notify the faculty supervisor if the number and complexity of patients warrants their attendance in person to facilitate patient flow and timely patient care.

22. Communicate with the faculty supervisor in a timely manner during, but not limited to, the following clinical scenarios:
    - Review of all new outpatient or inpatient consults
    - Review of all admissions to and discharges from inpatient care
    - When there is a significant change leading to an acute deterioration in the patient's condition
    - Whenever the diagnosis or management is in doubt
    - When the trainee is considering a significant change in a patient's treatment plan or has a question about the proper treatment plan
    - Prior to the undertaking of a procedure or therapy that has the potential for immediate or future serious morbidity
    - When a patient or substitute decision-maker and family express significant concerns
    - When a patient leaves against medical advice
    - In any emergency situation (e.g., post-code blue)
    - Prior to arranging a patient referral to another service
    - Before signing off on a consult
    - Prior to transfer to another facility

Note: "Timely" could mean immediately or done in a "pooled" fashion (e.g., at the end of the shift) depending on the type of rotation, circumstances, and level of acuity. Faculty supervisors and trainees must determine in advance what clinical situations require immediate or batched notification.

23. Ensure timely, complete, and accurate documentation is maintained in the medical record including, but not limited to, progress notes, consultation letters and discharge summaries, in compliance with hospital policies regarding medical record documentation.

C2: The Faculty Supervisor must

24. Be familiar with the learning objectives of the trainee for the duration of the supervisor-trainee relationship.

25. Model and always promote appropriate professional conduct and communication.

26. Ensure their own competence for any clinical tasks and procedures for which they are supervising the trainee.

27. Ensure the patient or substitute decision-maker is aware of the identity of:
    - The MRP and the fact that the most responsible physician is ultimately responsible for the patient's care, and
    - The identity of the trainee(s) who is a member of the healthcare team and their involvement in patient care.

28. Provide trainees with support and direction in addressing conflict around patient care, assisting trainees in identifying strategies for effective conflict resolution, and intervening on behalf of the trainee when necessary.

29. Be willing, accessible, and available to see patients when required or requested. If unavailable, ensuring that an appropriate alternative supervisor is available and has agreed to provide supervision for the trainee. This information must be communicated to all appropriate individuals and groups in a timely fashion.

30. Establish efficient and effective communication methods regarding patient care with trainees at the start of the learning experience, including, but not limited to, call activities.
    30.1. Modes of communication (email, telephone, in-person), respecting the principles of health information privacy.
    30.2. Specific times for communication including, but not limited to, handover.
    30.3. It is highly recommended that faculty supervisors' check in' with trainees at least once during after-hours work.

31. Review all new patient admissions and consultations in a timely manner.

32. Regularly review the progress of all admitted patients, make necessary modifications to the care plan, and ensure that appropriate documentation is entered into the medical record.

33. Evaluate the clinical situation (e.g., urgent, emergent) and stage of training and competencies of the

trainee when delegating tasks and determining the degree of supervision required.

CMPA Guidelines: *If the supervising physician delegates a task or does not properly supervise the trainee doing the task, the physician could be held liable for any harm caused by the trainee's negligence. In the event that litigation is commenced, the court will evaluate whether the supervising physician met the standard of care when delegating the task to the trainee and supervising the performance of the designated task.* See the CMPA's Delegation and Supervision website, specifically information about the Supervision of Trainees.

34. Strive to create a learning environment in which trainees feel comfortable seeking assistance and disclosing a lack of sufficient experience, skills, or knowledge to deal with a particular situation.
    34.1. Be open and supportive and demonstrate a willingness to assist trainees when help is requested.
    34.2. Provide assistance over the phone, electronically, or in person, depending on the clinical context and acuity of the patient.
    34.3. Express expectations as to when trainees should call for help when first working together, whether at the start of a shift or during a formal orientation to a clinical service.

35. Regularly assess a trainee's clinical competence (knowledge, skills, experience, and judgment) and learning needs and assign graduated responsibility accordingly.

36. Observe a trainee's clinical activities to assess strengths and areas for improvement to inform delegation, degree of participation in the patient's care and graduated responsibility.

37. Ensure that the trainee is competent in each procedure before delegating that procedure and be readily available to intervene.

38. Be aware that trainees may have difficulty recognizing and/or reporting their limits and take on more responsibility than appropriate.
    38.1. Recognize that feelings of anxiety, self-doubt, fatigue, and stress can also compromise one's ability to make decisions, ask for help, and/or provide safe medical care.
    38.2. Ensure that patients receive appropriate care while supporting the well-being of the trainee.

39. Provide frequent, timely and supportive feedback on the care delivered by trainees.

40. Regularly review medical documentation completed by trainees to ensure timeliness and accuracy, with provision of feedback in areas for improvement.

41. Promptly complete written assessments and identify concerns with a trainee's clinical skills or professionalism to the academic program.
    41.1. Use Entrustable Professional Activities (EPAs), a clinical task that a supervisor can delegate to a trainee once sufficient competence has been demonstrated, as part of the regular assessment of trainees in making this determination.
    41.2. Assess factors that can determine whether more active supervision is required, including the patient's condition, the complexity of the procedure, and the level of experience and skill of the trainee.

42. Ensure that all relevant clinical information is made available to the trainee, and directly assess the patient as appropriate.

43. Communicate regularly with the trainee to discuss and review the trainee's patient assessments, management, and documentation of patient care in the medical record, and highlight aspects of the case affording educational emphasis.

44. Provide support, debriefing and education for the trainee after any adverse patient outcomes.

45. Inform the appropriate hospital chiefs, program director and/or Associate Dean PGME if there are consistent and significant concerns with the quality of supervision provided to trainees in the program.

46. Inform the program director if there is a potential conflict of interest in supervising a trainee (e.g., personal relationship, professional relationship beyond that in medicine, family member, etc.).

C3: The Program must

47. Review and disseminate the central PGME Supervision Policy and any supplementary program-specific guidelines/policies. Each program may develop program-specific supervision policies or guidelines to supplement this policy, which reflect the nature, location and organization of their discipline and training program.
    - 47.1. Program-specific supplementary policies and guidelines should outline program or rotation-specific factors including, but not limited to, supervision expectations for after-hours clinics or home visits.
    - 47.2. Identify program-specific expectations, if appropriate, when trainees must call faculty supervisors in a relatively short timeframe and/or prior to any patient management (e.g., specific clinical scenarios and/or procedures).

48. Ensure that PGME and program policies on supervision of trainees are reviewed during formal orientation sessions and be made readily available to trainees and supervisors.
    - 48.1. Ensure all supervisors are aware and comply with the PGME/program policies on supervision, as appropriate.
    - 48.2. Ensure that the trainee is adequately supervised and that faculty supervisors are evaluated on their ability to supervise trainees.

49. Document that the trainee has been taught to perform relevant procedures and is appropriately supervised according to the complexity of the procedure, potential risk to the patient, trainee skill and experience, and hospital regulations.

50. Ensure trainees understand their roles and responsibilities in the provision of clinical care during orientation provided at the beginning of each learning experience.

51. Ensure trainees are appropriately assessed before assuming the supervisory role and educated on the responsibilities and principles of effective and safe supervision.

52. Ensure that trainees are aware of and comply with policies around disclosure of their trainee status to patients.

53. Identify expectations as to when trainees must notify faculty supervisors.

54. Ensure that there are appropriate mechanisms and clear expectations around appropriate communication of patient information for handover.

55. Provide support and education for trainees to address conflict in the workplace and, if required, mediate conflicts between trainees and supervisors.

56. Provide a fair process for the assessment of all faculty supervisors, which includes the adequacy of supervision.

57. Ensure there is a clear mechanism in place to report/address trainee concerns about the quality and level of supervision they are receiving.

58. Adjudicate conflict of interests between supervisor and trainee and determine if alternate supervisors must be assigned depending on the circumstances.

C4: The PGME office must

59. Ensure that the central PGME policy is reviewed and approved by the Postgraduate Medical Education Committee (PGEC) and revised at consistent intervals to reflect any changes based on feedback from supervising faculty, program directors, hospital leadership and trainees.

60. Ensure that the central policy is appropriately disseminated to training programs and readily accessible to faculty supervisors, program directors, and trainees.

61. Collaborate with appropriate university and hospital leadership to ensure systemic issues regarding adequacy of supervision are identified and appropriately addressed.

62. Ensure that there is an appropriate and accessible process in place for trainees to report issues regarding supervision.

Section D: Disagreement Between a Trainee and a Clinical Supervisor Regarding Clinical Management

63. Faculty supervisors and trainees must demonstrate professional behaviour in their interactions with each other, as well as with patients, other trainees, colleagues, and support staff. When a disagreement between a trainee and a clinical supervisor involves the appropriateness of patient care and, in the mind of the trainee, the patient's care is in jeopardy, the same mechanism as already exists in the hospitals to guarantee patient safety shall be used. Specifically, these include, but are not limited to, contact with the program director, head of the appropriate service, the Chief of the appropriate department or the Chief of Staff of the hospital.

N.B. Use of such mechanisms does not implicitly reaffirm the position of either party, but patient safety is "of paramount importance."

Section E: Informed Consent

64. In accordance with the *Health Care Consent Act* and the CPSO's policy on Consent to Medical Treatment, informed patient consent is required in all situations where a treatment or a change in treatment is proposed. In addition, there are some factors unique to the postgraduate environment which should be disclosed to the patient for them to make an informed decision as to whether to give or refuse consent:
    64.1. **Significant component of procedure performed independently by trainee:** When a significant component, or all, of a medical procedure is to be performed by a trainee without direct supervision, the patient or family of the patient must be made aware of this fact and, where possible, express consent must be obtained. Express consent is directly given, either orally or in writing.
    64.2. **Examinations performed solely for educational purposes:** An examination is defined as solely "educational" when it is unrelated to or unnecessary for patient care or treatment. An explanation of the educational purpose behind the proposed examination or clinical demonstration must be provided to the patient and their express consent must be obtained. This must occur whether the patient will be conscious during the examination. If express consent cannot be obtained (e.g., the patient is unconscious) then the examination cannot be performed. The MRP and/or supervisor should be confident that the proposed examination or clinical demonstration will not be detrimental to the patient, either physically or psychologically.

65. The physician who performs an investigation or treatment is ultimately responsible for ensuring the patient has given informed consent:
    65.1. Supervisors may delegate this duty to a trainee, but they should be confident that the trainee has the necessary knowledge and experience to give patients adequate explanations and answer the patient's questions about the procedure, medication prescribed, risks involved, etc.
    65.2. If a patient asks a question that the trainee cannot answer, or if they are uncertain what should be included in the consent conversation, they have a responsibility to alert their supervisor and arrange for the information to be communicated to the patient.

CPMA Guidelines: *If a patient has concerns about medical trainees being involved in their care, supervisors and trainees must be prepared to respond to these concerns and acknowledge the right of the patient to refuse treatment.*

66. In the case for patient refusal of care provided by trainees, the faculty supervisor must notify the appropriate hospital Chief and Risk Management (or equivalent office) to ensure the patient is aware of potential consequences of refusing to have trainees involved in their care (e.g., after-hours coverage). Trainees should immediately notify the faculty supervisor if a patient delegated to their care has refused involvement by trainees.

Section F: Clinical Supervision of Trainees During a Pandemic

F1: General Principles

67. During a pandemic, the educational needs of trainees must be prioritized as much as possible. There should be minimal restrictions placed on their clinical placements if trainees can be provided with a safe learning environment. However, the provision of clinical supervision may be different due to these changes in healthcare delivery during pandemic conditions.

68. Supervision must still be adequate for the level, skill, and experience of trainees. Provision of adequate supervision must occur for all patient encounters. In some situations (e.g., airway management), only the most experienced individuals may participate in some elements of care.

69. Access to specific opportunities for trainees may be limited and guided by the level of case complexity relative to stage of training when necessary to minimize risk and preserve Personal Protective Equipment (PPE).

F2: The Faculty Supervisor must

70. Ensure the appropriateness of the trainee participating in the care of a patient under infection control precautions, considering stage of training, acquired competencies, and risk of procedure, as well as trainee disclosed factors (e.g., medical conditions, etc.).

71. Ensure trainees use appropriate infection control measures, as defined by Public Health and local Infection Prevention and Control (IPAC) committees.
    - 71.1. Act as role models by practicing these measures themselves.
    - 71.2. Ensure that residents have access to appropriate PPE and that residents are not being required to participate in providing care where they do not have appropriate PPE.
    - 71.3. Ensure that a trainee has had instruction and, if possible, directly observe them in donning and doffing PPE prior to physically assessing patients under infection control precautions.

72. Be aware of the appropriate processes if a trainee encounters a person who tests positive for the infectious agent or during a declared outbreak in the clinical setting. These processes will be defined by the learning site's Occupational Health and Safety (or equivalent) office.

73. Ensure appropriate supervision for trainees from different programs who have been redeployed to services in need.
    - 73.1. Ensure redeployed trainees have appropriate orientation to the service/unit etc., prior to starting any redeployment clinical activities.
    - 73.2. Recognize that competencies achieved while redeployed will be considered as applicable and transferrable to rotations where those competencies are relevant; therefore, assessment of redeployed trainees should occur as reasonably possible.

74. Continue to assess trainees for the appropriate competencies as much as possible, recognizing restrictions in place in terms of group size and appropriate physical distancing.

F3: Supervision During Virtual Care

75. As a result of the COVID-19 pandemic, outpatient and consultation care in many disciplines has transitioned to a virtual care model, depending on the type of care needed. Supervisors and trainees must understand their mutual roles and responsibilities in providing safe, adequately supervised patient care in this context.

76. Trainees and supervisors must have a discussion at the start of the learning experience involving virtual care to establish guidelines for effective supervision during virtual care encounters, including but not limited to:
    - 76.1. Communication with the patient regarding the virtual visit, the faculty supervision, and limitations of a virtual assessment.
    - 76.2. Platforms for virtual visits and ensuring accessibility by the trainee.
    - 76.3. Importance of ensuring privacy for the patient and the trainee (e.g., private space to conduct virtual visits, block phone number if a personal phone is to be used by a trainee).
    - 76.4. Contact information of trainee and faculty supervisor must be exchanged if the faculty supervisor is conducting virtual care from different areas.

77. Faculty supervisors must set clear expectations for check-in times during the virtual care learning experience.

78. Supervisors must always be readily available during the virtual care learning experience.

79. Trainees must be provided with teaching and instruction for determining when the patient requires an in-person assessment.

80. Faculty supervisors must instruct trainees about medical documentation for a virtual visit, including inserting any disclaimers provided by the affiliated sites.

Section G: Related Documents for Further Reference

- CPSO Policy Statement – Professional Responsibilities in Postgraduate Education
- CMPA Good Practices Guide – Delegation and Supervision -
- CanERA General Standards for Accreditation of Institutions with Residency Programs
- CanERA General Standards for Accreditation of Residency Programs
- COFM Resolution of Resident Conflict with Attending Physician or Supervisor on an Issue of Patient Care
- Hamilton Health Sciences – Policy Library – available on HHS Hub
- Perioperative Supervision of Learners in the Operating Room
- Endoscopy Supervision of Learners in Endoscopy
- St. Joseph's Healthcare Health & Safety Policies
- McMaster PGME Guidelines re: Patient Safety
- RCPSC Virtual Teaching Resources
- McMaster University Redeployment Principles