

STRATEGIES FOR EFFECTIVE ON CALL SUPERVISION FOR FAMILY MEDICINE RESIDENTS

STRATEGIES FOR FACULTY – guidelines for active supervision of residents

“SUPERB”

Set expectations for when to be notified:

- Give residents a plan for when to call you for admissions.
 - Do you want them to batch admissions and call you after two or more admissions or do you want to be called after every one

Uncertainty is a time to contact

- Let resident know that they can call you any time they are unsure any aspect of patient care

Planned communication

- Specify for and stick to a planned time for contact during the on call night
 - At start of your shift
 - At end of their short call (9 pm)

Easily available

- Give residents a way to contact you(pager, cell phone)
- Respond to their calls right away

Reassure fears

- Reinforce and reassure residents that it is always appropriate to call if they get nervous or worried about any aspect of patient care
 - Affirm that there will be no negative repercussions for seeking your input
 - No anger for calling g late , or calling at all
 - No berating for lack of knowledge

Balance supervision and autonomy

- Give residents time to make decisions and exercise clinical judgment
 - Electronic records allow us to read their orders and notes remotely
 - Not looking over their shoulders constantly

STRATEGIES FOR RESIDENTS – When to solicit faculty supervision

“SAFETY”

Seek attending input early

Active clinical decisions

- Let your attending know about urgent clinical decisions made by consultant before they proceed with the procedure
 - The attending should know about the recurrent DVT on Coumadin before the IVC filter is placed
- Patient with rapidly changing clinical picture

Feeling uncertain about clinical decisions

- Ambiguity about a clinical decision
- End of life decisions

Transitions of care

- Discharging a patient
- Transfer to the ICU

You need help to manage the system/ hierarchy

- Consultant wars