Supervision of Medical Students on Clinical Rotations Policy

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<th>Office of Accountability:</th>
<th>Dean, Faculty of Medicine &amp; Dentistry</th>
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<td>Office of Administrative Responsibility:</td>
<td>MD Program</td>
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<tr>
<td>Approver:</td>
<td>MD Program Committee</td>
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<tr>
<td>Scope:</td>
<td>Compliance with this policy extends to all members of the team involved in patient care.</td>
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Overview

This policy provides for the supervision of medical students on clerkship rotations. Clinical supervision is fundamental to safeguarding standards, professional expertise and the delivery of quality care.

This policy addresses the Committee on the Accreditation of Canadian Medical Schools (CACMS) standards ED-25 and ED-25-A.

ED-25. Supervision of medical student learning experiences at an institution that offers a medical education program must be provided throughout required clerkships (or in Canada, clerkship rotations) by members of the institution’s faculty.

ED-25-A. At a medical education program, medical students in clinical learning situations involving patient care must be appropriately supervised at all times. While students learn through graded responsibility as their skills progress, supervision at all times must ensure patient and medical student safety.

Purpose

Clinical supervision is a formal process of professional support and learning which enables medical students to develop knowledge and competence, assume supervised responsibility and enhance patient safety in complex clinical situations. To ensure patient safety and medical student safety, the three main functions of clinical supervision are to educate, support and evaluate the medical student.

The faculty, the supervising physician and/or surgeon, the medical student and the attending physician and/or resident all play important roles and share responsibility in this process. The Faculty of Medicine & Dentistry is committed to these principles and has developed this policy which outlines the standards for supervising medical students and the role of each member of the team.

POLICY

1. RESPONSIBILITIES

The responsibilities of the Faculty of Medicine & Dentistry, the supervising physician or surgeon, and the medical student are set out below.

a. Faculty of Medicine & Dentistry shall:
   i. support clinical supervision as an integral part of patient care;
   ii. ensure that appropriate experienced practitioners are identified and trained.

b. Supervising physician or surgeon shall:
   i. promote and model professional conduct at all times with medical students;
   ii. follow and support the College of Physicians & Surgeons of Alberta Standards of Practice;
   iii. identify issues relating to such matters as: conflict of interest, harassment, intimidation, and medical student safety; and be familiar with university, faculty and program specific...
policies relating to these issues. When issues arise, provide support and direction in addressing these issues.

iv. be aware of the medical student’s educational objectives for the period the medical student is working with them;

v. ensure that a supervising physician/resident is identified and available, when not immediately available to assist the medical student;

vi. ensure on-call schedules for attending physicians and residents be structured to provide medical students with continuous supervision;

vii. ensure that when urgent judgments by responsible physicians are required, supervising physicians/residents are available. Under certain circumstance it may be necessary to be offsite; if so, the most responsible physician or surgeon’s presence must be assured within a reasonable time in case of need.

viii. respond in a timely fashion when paged by the medical student and be available to return to the hospital in an emergency;

ix. ensure the medical student understands his or her role and responsibilities in the orientation process at the beginning of each clinical rotation. The supervising physician or surgeon must inform the medical student of what to do and who to call across the spectrum of clinical rotations.

x. take into consideration the medical student’s level of training and ensure the medical student is competent in a given procedure before delegating a clinical task;

xi. ensure that the patient is informed of the medical student’s status;

xii. determine the medical student is capable of caring for the number of delegated patients, and ensure the medical student is aware of all patients designated to them;

xiii. Recognize when a medical student is unable to provide safe patient care because of the number and/or complexity of patients assigned and/or because of stress and/or fatigue, and to intervene immediately to support the medical student and the patient’s care that has been delegated to the medical student;

xiv. confirm the clinical findings of the medical student and review the management plan, as well as patient progress with the medical student;

xv. make necessary modifications to the patient care plan managed by the medical student;

xvi. complete the rotation evaluation before the conclusion of the rotation or hand-over by the supervisor to another supervisor. Feedback should, where possible, be done in person following the timely submission of the necessary documents.

c. The medical student shall:

i. maintain a professional relationship with physician/resident supervisor, and display professional conduct at all times with peers, paramedical staff, co-workers, patients and/or members of the public;

ii. exercise caution and consider their experience when providing clinical care;

iii. strive to be cognizant of the limits of their knowledge and clinical skills;

iv. inform their supervising physician if they are not able to care for the delegated patients because of the number and/or complexity of the patients assigned and/or because of stress and/or fatigue to ensure patient safety;

v. when no resident is involved in the care of a patient, the medical student is responsible for notifying the supervising physician;

vi. inform patients (or responsible family member) of their status as a medical student and provide the name of the responsible supervising physician (resident or staff);

vii. inform their supervisor when a patient’s condition deteriorates, the diagnosis and/or management of the patient are in doubt;

viii. complete an evaluation of their rotation at the end of a clinical rotation.

2. MEDICAL STUDENT CONFIDENTIALITY
a. In order for clinical supervision to be effective, the medical student must feel safe that any issues reflected upon will be shared in confidence.

   There are circumstances where confidentiality may be broken, including:

   i. concerns for the well-being of the medical student is revealed;
   ii. illegal activity is revealed; and/or
   iii. unsafe or unethical practice is revealed.

RELATED LINKS

| Committee on Accreditation of Canadian Medical Schools (CACMS) |
| Discrimination, Harassment and Duty to Accommodate Policy |
| Medical Students Writing Patient Orders Procedure |

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<th>APPROVER</th>
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<th>DATE</th>
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<tr>
<td>MD Program Committee</td>
<td>Approved</td>
<td>26 September 2013</td>
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<tr>
<td>Kent Stobart, associate dean, MD Program</td>
<td>Revised scope from Applicable to all members of the team involved in patient care to Compliance with this policy extends to all members of the team involved in patient care. First sentence under Purpose, deleted “clinical rotations” and replaced with “clerkship rotations.”</td>
<td>26 February 2014</td>
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