



POLICY

Professional Responsibilities in Postgraduate and Undergraduate Education

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| STATUS: | APPROVED |
| Approved by Council: | March 2018 |
| Amended: | n/a |
| To be reviewed: | March 2023 |

INTRODUCTION

The purpose of this guideline is to clarify the roles and responsibilities of the most responsible physicians (MRPs), supervisors, postgraduate trainees and medical students engaged in postgraduate and undergraduate medical education programs. This policy focuses on professional responsibilities related to the following aspects of postgraduate medical education:

1. Supervision and Training
2. Professional Relationships
3. Patient Care within the Postgraduate Educational Environment
4. Designation of Most Responsible Physician
5. Reporting Responsibilities

COLLEGE OF MEDICINE POLICIES

The College of Physicians and Surgeons recognizes that the College of Medicine, University of Saskatchewan, has developed a policy **Supervision of Postgraduate Trainees** and a policy **Supervision of Medical Students on Clinical Rotations**.

The College of Physicians and Surgeons accepts those two documents as expectations of the College related to the responsibilities of most responsible physicians (MRPs), supervisors, postgraduate trainees and medical students engaged in postgraduate and undergraduate medical education programs.

Those documents as they existed in January 2018 are attached to this document.

Policy ([index.php](#))

Supervision

Categories: [RESIDENTS](#) [PGME](#)

- **Definitions**
- **Guiding principles**
- **Responsibilities of the supervising physician**
- **Responsibilities of the resident**
- **Responsibilities of the training program**

Definitions

- *Postgraduate medical trainees*: a medical trainee with MD (or equivalent) certification who is undertaking training in family medicine or a specialty or subspecialty; referred to as 'resident' in this document. Residents will be under the supervision of the Most Responsible Physician (MRP) or a consultant physician in their interaction with a patient or group of patients.
- *Housestaff team*: includes all learners involved in the care of a group of patients including senior and junior residents and medical students.
- *Re-entry trainees*: residents who have previously held (or are eligible to hold) a license to practice medicine in a particular discipline but have returned to training in a new field or a subspecialty of their original discipline.
- *Supervising physician*: the licensed physician who is ultimately responsible for the supervision of a resident or group of residents in a particular practice or service. Supervising physicians may be:
 - Most responsible physician: the medical staff member deemed most responsible for a given patient's (or group of patients') care: referred to as attending physician in this document.
 - Consultant physician: a physician involved in the care of a patient on a consultation basis.
 - The on call physician for a particular practice or specialty

Guiding principles

- *Postgraduate medical trainees (residents) are not independent practitioners.*
 - Residents are pursuing further training in a particular discipline and must acquire the sufficient experience, knowledge and skills to undertake such practice in an independent and unsupervised manner following completion of their training program. The training program must provide an environment in which experience and competencies are acquired in a manner that is responsive to the need for supervision and hands-on practice and decision making.
 - As a general rule, the level of direct supervision lessens a residents progress through the years of the training program. However, residents acquire skills and knowledge at different paces and where necessary / appropriate usual supervision levels must be adjusted to the needs of the particular resident / situation.
 - Disclosure of the role of residents and the teaching environment must be provided to patients.
- *Patient safety and well-being must be the primary concern in determining the degree of supervision required.*
 - Supervising physicians must be available at all times to residents under their supervision, in keeping with the policies of the health region. Whether this availability requires on site presence by supervising physicians will be governed by the situation and regional and program specific policies and procedures.
- *The educational environment must facilitate safe patient care and effective learning.*
 - Attending physicians should strive to create an atmosphere in which residents feel comfortable seeking assistance and disclosing lack of sufficient experience, skills or knowledge to deal with a particular situation. Open and supportive communication along with prompt responses to requests for help are essential in encouraging residents to express concerns or need for assistance.
 - Attending physicians should provide sufficient direct observation to form a robust assessment of the trainee's strengths, weaknesses and skill level including the trainee's self assessment skills.

- Delegated responsibility: the training process requires residents to assume responsibility for more junior learners. It is both appropriate and necessary for more senior residents to be delegated responsibility for supervision of other learners. This must be done with due care and attention to the experience, knowledge and skill level of the more senior resident, the needs of the more junior learners and the clinical context.
- *Re-entry trainees often bring into their training programs extensive experience and skills. However, they must be prepared to assume the role of trainee with responsibility to attending physicians and other delegated supervisors and must work within the parameters of the training program and level.*
- *Ethical practice and appropriate professionalism:* both supervising physicians and residents must collaborate in patient care within appropriate ethical and professional boundaries. Particularly where there are differences of opinion with respect to conscientious refusal to provide certain services, there must be a respectful approach between residents and supervising physicians that allows such choices to be exercised appropriately and without inappropriately involving the patient, family or other staff members / trainees.

Responsibilities of the supervising physician

- Ensure that residents under their supervision are aware of their responsibilities and expectations about performance and communication.
- Be available at all times by phone or pager and when necessary, in person. Health region guidelines for maximum response times must be followed.
- Review in a timely manner all new patient consults / admissions / cases with the resident / housestaff team involved, including both clinical and educational aspects of the case / procedure. Regularly review patients under their care with the assigned resident and housestaff team.
- If unavailable, ensure that an appropriate alternative supervising physician is available and has agreed to provide supervision for residents. This information must be communicated to all appropriate individuals / groups in a timely fashion. Supervising physician status may only be delegated to another fully licensed practitioner in the specialty.
- When delegating supervisory responsibility, ensure that the individual to whom supervision is delegated has appropriate knowledge, skills and experience.

- Intervene in situations of dispute (where appropriate, assist the resident in identifying strategies for appropriate dispute resolution and in pursuing resolution).

Responsibilities of the resident

- Residents must inform each patient under their care of their status as trainees, the training environment and the name of the attending physician who is supervising the resident in their role with the patient.
- Residents must perform their designated clinical responsibilities to the best of their abilities under the guidance and instruction of their supervising physician.
- Document notification of the attending physician and the information exchanged. Documentation is an essential component of the exchange of information between resident and supervising physician (or delegate). Documentation is separate from notification.
- Inform their supervising physician if for any reason they are unable to carry out assigned duties.
- Develop awareness of their limitations and seek assistance appropriately.

Responsibilities of the training program

- Ensure appropriate communication occurs about the role of residents in provision of clinical care to patients.
- Ensure that residents are aware of and comply with policies around disclosure of their trainee status to patients.
- Identify expectations as to when residents should / must notify supervising physicians.
- Ensure that there are appropriate mechanisms and clear expectations around appropriate communication of patient information for call and post call coverage and sign over.
- The program must ensure that both residents and supervisors are aware of the College of Physician and Surgeons of Saskatchewan Principles and Guidelines: *Supervision of postgraduate clinical trainees*.

Supervision of Medical Students on Clinical Rotations Policy

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| Category: | Academic |
| Number: | TBA |
| Responsibility: | Associate Dean, Undergraduate Medical Education |
| Approval: | Student Academic Management Committee |
| Date: | Revised: |

Purpose:

The purpose of the *Supervision of Medical Students on Clinical Rotations Policy* is to prescribe college-level standards for supervising medical students which will enable medical students to develop knowledge and competence, assume supervised responsibility and enhance patient safety in complex clinical situations as well as to ensure medical student safety.

This policy ensures that the Undergraduate Medical Education program meets or exceeds the following Committee on Accreditation of Canadian Medical Schools (CACMS) and Liaison Committee on Medical Education (LCME) accreditation standards:

9.3 Clinical Supervision of Medical Students: A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his or her level of training, and that the delegated activities supervised by the health professional are within his or her scope of practice.

Principles:

This policy provides for the supervision of medical students on clinical rotations. Clinical supervision is fundamental to safeguarding standards, professional expertise and the delivery of quality care. The Faculty, the supervising physician and/or surgeon (hereinafter, “physician”), the medical student and the attending physician and/or resident all play important roles and share responsibility in this process.

Scope of this Policy:

This policy applies to all undergraduate students registered in the Doctor of Medicine (MD) program at the University of Saskatchewan irrespective of the geographically distributed site/campus to which they are currently assigned.

This policy replaces and supersedes the *Supervision of Medical Students on Clinical Rotations* (2014).

Policy:

1.0 Expectations of the College of Medicine

The College of Medicine will support clinical supervision of medical students as an integral part of patient care and will ensure that appropriate, experienced practitioners are identified and trained.

2.0 Expectations of the Supervising Physician

The supervising physician has a number of roles which they are expected to perform during clinical supervision, including:

- Promote and model professional conduct at all times with medical students;
- Follow and support the Practice Standards of the College of Physicians & Surgeons of Saskatchewan.
- Identify issues relating to such matters as: conflict of interest, harassment, intimidation, and medical student safety; and be familiar with University, College and Program specific policies relating to these issues. When issues arise, provide support and direction in addressing these issues.

The supervising physician is expected to provide the medical students who they are supervising with appropriate orientation to their clinical experience as well as assessment of their performance. These expectations include:

- 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 must ensure that the medical student is informed of what to do and who to call across the spectrum of clinical assignments and rotations;
- Be aware of the medical student's educational objectives and, in clerkship, the required clinical encounters for the period during which the medical student is working with them;
- Take into consideration the medical student's level of training and ensure the medical student is competent in a given clinical task before delegating that task;
- Provide ongoing feedback to medical students, and complete any required mid-point performance assessments and end-of-rotation performance assessments in a timely manner. When possible, feedback should be provided in person, along with the timely completion of the necessary documents.

The supervising physician is further expected to ensure medical student and patient safety during clinical experiences/rotations. This is one of their primary responsibilities and one

which ensures that the learning environment is one that is conducive to student learning. The expectations include:

- Ensure that a supervising physician/resident is identified and available, when not immediately present to assist the medical student;
- Ensure on-call schedules for attending physicians and residents be structured to provide medical students with continuous supervision;
- 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's presence must be assured within a reasonable time in case of need.
- Respond in a timely fashion when paged by the medical student and be available to return to the hospital in an emergency; Determine that the medical student is capable of caring for the number of delegated patients, and ensure the medical student is aware of all patients assigned to them;
- Recognize when a medical student is unable to provide safe patient care because of the number and/or complexity of patients assigned as well as because of student stress and/or fatigue, and to intervene immediately to support both the medical student and the care of the patients that have been delegated to the medical student;
- Confirm the clinical findings of the medical student and review the management plan as well as patient progress with the medical student;
- Make necessary modifications to the patient care plan managed by the medical student;
- Ensure that the patient is informed of the medical student's status;
- Ensure that any clinical activities supervised by a non-physician health professional are within the scope of practice of the supervising health professional, and that this supervisor has explicitly accepted delegated responsibility from the supervising physician for overseeing the medical student's participation in those specific activities. (Note: This is not intended to imply that the many opportunities for informal interactions between medical students and other health professionals in the clinical setting necessarily comprise instances of clinical supervision by those professionals).

3.0 Expectations of the Medical Students

Medical students also have a role in ensuring appropriate supervision during clinical experiences/rotations. These expectations include:

- Maintain a professional relationship with physician/resident supervisor, and display professional conduct at all times with peers, paramedical staff, co-workers, patients and members of the public;
- Exercise caution and consider their experience when providing clinical care;
- Strive to be cognizant of the limits of their knowledge and clinical skills;

- 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 or because of stress and/or fatigue to ensure patient safety;
- When no resident is involved in the care of a patient, the medical student is responsible for notifying the supervising physician;
- 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);
- Inform their supervisor when a patient's condition deteriorates or when the diagnosis and/or management of the patient are in doubt;
- Complete an evaluation of their rotation at the end of a clinical rotation.

Responsibilities

The Associate Dean, Undergraduate Medical Education, is responsible for providing oversight to the overall administration of the *Supervision of Medical Students on Clinical Rotations Policy*.

The Manager, Undergraduate Medical Education, with the assistance of the Undergraduate Medical Education Office, is responsible for the implementation, monitoring, maintenance, and evaluation of the *Supervision of Medical Students on Clinical Rotations Policy*.

Non-compliance:

Instances or concerns of non-compliance with the *Supervision of Medical Students on Clinical Rotations Policy* should be brought to the attention of the Vice-Dean, Education or the Associate Dean, Undergraduate Medical Education, within the College of Medicine.

Procedures:

The Manager, Undergraduate Medical Education, provides overall stewardship to the standard operating procedures associated with the *Supervision of Medical Students on Clinical Rotations Policy*.

Contact:

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