



Professional Responsibilities in Undergraduate Medical Education

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COLLEGE CONTACT:	Quality Management Division

Professional Responsibilities in Undergraduate Medical Education

INTRODUCTION

The delivery of undergraduate medical education in Ontario has significantly evolved over time. Today education occurs in a variety of environments – teaching sites are not limited to traditional teaching hospitals but also extend to community settings such as community hospitals, interdisciplinary clinics, and physicians' private practices. Also, education relies on a team-based approach to care, involving the provision of comprehensive health services to patients by multiple health-care professionals. There are no longer exclusive domains of physician practice; rather, care is delivered through multidisciplinary teams. This collaborative, team-based approach promotes optimal health care for patients and learning opportunities for students.

As part of the training endeavour, medical students need to be given opportunities to observe and actively participate in clinical interactions in order to acquire the knowledge, skills, behaviours, attitudes and judgment required for future practice. This occurs through a process of graduated responsibility, whereby students are expected to assume increased responsibility as they acquire greater competence. For this to occur safely, supervisors must assess the competencies of the students they are supervising on an ongoing basis.

During the educational process, students will also gain an understanding of the values of the profession, as well as their individual duties to the patient, collective duties to the public, and duties to themselves and colleagues.¹ These are all essential components of medical professionalism. Students cultivate attitudes and behaviours about professionalism through observing their supervisors. Positive role-modeling is therefore of the utmost importance and supervisors are expected not only to demonstrate a model of compassionate and ethical care but also to interact with colleagues, patients, patients' families or their representatives, students, and other staff in a professional manner. This is consistent with the College's expectations of all

physicians regardless of practice circumstances.

An understanding of the responsibilities and expectations placed on supervisors is essential for ensuring patient safety in this complex environment. Thus, while this policy focuses on professional responsibilities in the undergraduate environment, supervisors are expected to be familiar with other applicable College policies as well; these include, but are not limited to Delegation of Controlled Acts, Mandatory Reporting, Consent to Medical Treatment, Disclosure of Harm, and Medical Records.

Supervisors should also encourage medical students to become familiar with the above-named policies, this policy, as well as any applicable medical school policies, guidelines and statements relevant to undergraduate medical education.

PURPOSE

The purpose of this policy is to clarify the roles and responsibilities of most responsible physicians (MRPs) and supervisors of medical students, thereby optimizing the education of medical students and ensuring the safety and proper care of patients in educational settings. Ultimately, the goal is to ensure quality professionals and the best possible patient outcomes. This policy focuses on professional responsibilities related to the following aspects of undergraduate medical education:

1. Designation of Most Responsible Physician
2. Identification of Medical Students
3. Supervision and Education of Medical Students
4. Professional Relationships
5. Reporting Responsibilities
6. Patient Care in the Undergraduate Educational Environment

1. Supervisors should be aware of the MD program requirements set out in the "Standards for Accreditation of Medical Education Programs Leading to the M.D. Degree" prepared by the Liaison Committee on Medical Education, as well as university and hospital policies and procedures relating to professionalism, e.g., Codes of Conduct.



SCOPE

This policy applies to all physicians who supervise² undergraduate medical students for educational experiences that fall both within and outside of an Ontario undergraduate medical education program.

DEFINITIONS

Undergraduate medical students (“medical students”) are students enrolled in an undergraduate medical education program in any jurisdiction. They are not members of the College of Physicians and Surgeons of Ontario.³

The **most responsible physician** (“MRP”) is the physician who has final accountability for the medical care of the patient, whether or not a student is involved in the clinical encounter.

Supervisors are physicians who have taken on the responsibility to guide, observe, and assess the educational activities of medical students. The supervisor of a medical student involved in the care of a patient may or may not be the most responsible physician for that patient. Residents or fellows often serve in the role of supervisors but do not act as the most responsible physician for patient care.

PRINCIPLES

1. Safe, quality patient care must always take priority over the educational endeavour.
2. Proper education optimizes patient care, as well as the educational experience.
3. The autonomy and personal dignity of students and patients must be respected.
4. Allowing students to have insight into the decision-making process enables an optimal educational experience.

5. Professionalism, which includes demonstration of compassion, service, altruism, and trustworthiness, is essential in all interactions in the educational environment in order to provide the best quality care to patients.⁴

POLICY

1. Designation of Most Responsible Physician

As there are multiple health-care professionals involved in patient care, one physician must always be designated the most responsible physician for every patient to ensure continuity of care and appropriate monitoring. The MRP and/or the supervisor are responsible for ensuring that patients are given the name of the MRP, along with an explanation that the MRP is responsible for directing and managing their care.⁵

2. Identification of Medical Students

Medical students will be involved in observation and interaction with patients from the start of their undergraduate medical education. The supervisor and/or MRP are responsible for ensuring that the educational status of medical students and nature of their role are made clear to the patient, the patient’s family, and members of the health-care team as early as possible during the educational process. Students must be introduced as medical students and it should be made clear to patients that they are not physicians. An explanation could be provided that the student is a member of the health/clinical care team and the experience forms an important part of their undergraduate medical education program. Where appropriate, medical students may introduce themselves to patients instead of relying on a supervisor and/or MRP to make a formal introduction.

2. Supervision may include, but is not limited to the guidance, teaching, observation, and assessment of undergraduate medical students.

3. Students are able to participate in the delivery of health care through a provision in the *Regulated Health Professions Act, 1991*, which permits them to carry out controlled acts “under the supervision or direction of a member of the profession,” i.e., a clinical teacher or supervisor. Medical students are not independent practitioners or specialists. They are pursuing both program and individual objectives in a graded fashion under the supervision of the undergraduate medical education program. While some students hold “Affiliate Status” with the College, they are not licensed to practise medicine in Ontario, and are not members of the College.

4. For more information about professionalism and the key values of practice, please refer to The Practice Guide: Medical Professionalism and College Policies: <http://www.cpso.on.ca/policies/guide/default.aspx?id=1696>

5. The MRP is ultimately responsible for disclosure of harm to a patient or his or her substitute decision-maker, even if the harm is sustained as a result of an action or inaction on the part of the medical student.

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3. Supervision and Education of Medical Students

The supervisor and/or MRP must provide appropriate supervision. This includes:

- a) determining the medical student's willingness and competency or capacity to participate in the clinical care of patients, as a learning experience;
- b) closely observing interactions between the medical student and the patient to assess:
 - i. the medical student's performance, capabilities and educational needs,
 - ii. whether the medical student has the requisite competence (knowledge, skill and judgment) to safely participate in a patient's care without compromising that care, and
 - iii. whether the medical student demonstrates the necessary competencies and expertise to interact with patients without the supervisor being present in the room;
- c) meeting at appropriate intervals with the medical student to discuss their assessments;
- d) ensuring that the medical student only engages in acts based on previously agreed-upon arrangements with the MRP;
- e) reviewing, providing feedback and countersigning documentation by a medical student of a patient's history, physical examination, diagnosis, and progress notes as soon as possible;
- f) managing and documenting patient care, regardless of the level of involvement of medical students; and
- g) counter-signing all orders concerning investigation or treatment of a patient, written under the supervision or

direction of a physician. Prescriptions, telephone or other transmitted orders may be transcribed by the medical student, but must be countersigned.

In addition, appropriate supervision and education requires clear communication between the MRP and supervisor in order to ensure the best possible care for the patient.

Supervision of Medical Students for Educational Experiences not Part of an Ontario Undergraduate Medical Education Program

Physicians are occasionally asked to supervise medical students who are either not on an approved rotation from an Ontario medical school⁶ or are from another jurisdiction. In addition to fulfilling the obligations set out elsewhere in this policy, physicians who choose to supervise medical students for educational experiences not part of an Ontario undergraduate medical education program must also:

- be familiar with the Delegation of Controlled Acts policy;⁷
- obtain evidence that the student is enrolled in and in good standing at an undergraduate medical education program at an acceptable medical school;⁸
- ensure that the student has liability protection that provides coverage for the educational experience;
- ensure that the student has personal health coverage in Ontario;
- ensure that they have liability protection for that student to be in the office; and
- ensure that the student has up-to-date immunizations.⁹

In addition, physicians who do not have experience supervising medical students or are unable to fulfill the expectations outlined above should limit the activities of the med-

6. Ontario medical students sometimes seek rotations outside of their undergraduate medical education program for added educational experience.

7. The College's Delegation of Controlled Acts policy applies to any physician who supervises:

1) an Ontario medical student completing an extra rotation that is not part of their MD program, and

2) a student from outside Ontario completing an Ontario educational experience where the student will be performing controlled acts.

8. For the purposes of this policy, an "acceptable medical school" is a medical school that is accredited by the Committee on Accreditation of Canadian Medical Schools or by the Liaison Committee on Medical Education of the United States of America, or is listed in either the World Health Organization's Directory of Medical Schools: <http://www.who.int/hrh/wdms/en/>, or the Foundation of Advancement of International Medical Education and Research's (FAIMER's) International Medical Education Directory (IMED): <https://imed.faimer.org/>.

9. Please refer to the Council of Ontario Faculties of Medicine's Immunization policy which is available on the websites of the Ontario medical schools, for more information.



ical student to the observation of clinical care only. While it is laudable for physicians to assist students in acquiring the experience they need for future practice, patient safety must prevail in all situations.

4. Professional Relationships

Physicians must demonstrate professional behaviour in their interactions with each other, as well as with students, patients, other trainees, colleagues from other health professions, and support staff. Displaying appropriate behaviour and providing an ethical and compassionate model of patient care is particularly important for the MRP and supervisor, as students often gain knowledge and develop attitudes about professionalism through role modeling. MRPs and supervisors have a duty to lead by example and to translate into action those principles of professionalism taught to students during the undergraduate didactic curriculum.

The MRP and supervisor must be mindful of the power differential in their relationship with the student. Also, they should not allow any personal relationships to interfere with the student's education, supervision, or evaluation. Any relationship which pre-dates or develops during the educational phase between the MRP or supervisor and the medical student (e.g., family, clinical care, dating, business, friendship, etc.), must be disclosed to the appropriate responsible member of faculty (such as the department or division head or undergraduate program director). The appropriate faculty member would need to decide whether alternate arrangements for supervision and evaluation of the student are warranted and, if necessary, make these arrangements.¹⁰

Moreover, the undergraduate medical education environment should be safe, and free of harassment, discrimination and intimidation. Any form of behaviour that interferes with, or is likely to interfere with, quality health care

delivery or quality medical education is considered “disruptive behaviour.” This includes the use of inappropriate words, actions, or inactions that interfere with a physician's ability to function well with others.¹¹ Failure to display professional behaviour may also interfere with students' education. Physicians, in any setting, are expected to display professional behaviour at all times.

5. Reporting Responsibilities

Physicians involved in the education of medical students are expected to report to the medical school and, if applicable, to the health-care institution when a medical student exhibits behaviours that would suggest incompetence, incapacity, or abuse of a patient; or when the student fails to behave professionally and ethically in interactions with patients, supervisors or colleagues; or otherwise engages in inappropriate behaviour.¹²

Similarly, educational institutions should provide a safe, supportive environment that allows medical students to make a report if they believe their supervisor and/or the MRP exhibits any behaviours that would suggest incompetence, incapacity, or abuse of a patient; or when the supervisor and/or MRP fails to behave professionally and ethically in interactions with patients, supervisors or colleagues; or otherwise engages in inappropriate behaviour. The College expects that students will not face intimidation or academic penalties for reporting such behaviours.

6. Consent and the Educational Nature of the Undergraduate Environment

The MRP and/or supervisor are responsible for communicating to patients that patient care in teaching hospitals and other affiliated sites where education occurs relies on a team-based approach, i.e., care is provided by multiple health-care professionals, including students.¹³

10. Physicians should also be aware of university policies and procedures on these issues.

11. For more information, please refer to the College policy on Physician Behaviour in the Professional Environment, as well as the Guidebook for Managing Disruptive Physician Behaviour.

12. This obligation equally extends to physicians who supervise medical students from other jurisdictions. They are required to report these behaviours to the medical student's school.

13. Typically, a hospital would have signage notifying patients that it is a teaching institution. However, physicians in private offices and clinics need to explicitly communicate this information.

Professional Responsibilities in Undergraduate Medical Education

Student involvement in patient care will vary according to the student's stage in the undergraduate medical education program as well as their individual level of competency. Student-patient interaction may be limited to observation alone, while students who develop and demonstrate competencies may be actively involved in patient care, including performance of procedures. While patient consent¹⁴ is necessary for treatment in any setting, there are circumstances unique to the undergraduate environment, which require additional consideration:

a) Significant Component of Procedure Performed Independently by Student:

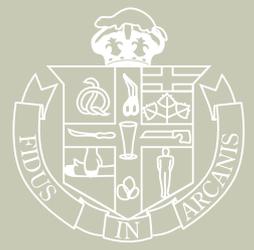
In the rare situation where a significant component, or all, of a medical procedure is to be performed by a student and the MRP and/or supervisor is not physically present in the room, the patient must be made aware of this fact and, where possible, express consent must be obtained. Express consent is directly given, either orally or in writing.

b) Investigations and Procedures Performed Solely for Educational Purposes:

An investigation or procedure 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 investigation or procedure must be provided to the patient and his or her express consent must be obtained. This must occur whether or not 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 most responsible physician and/or supervisor should be confident that the proposed examination or clinical demonstration will not be detrimental to the patient, either physically or psychologically.¹⁵

14. Obtaining informed consent includes the provision of information and the ability to answer questions about the material risks and benefits of the procedure, treatment or intervention proposed. For more information, please refer to the College policy on Consent to Medical Treatment and also, the *Health Care Consent Act, 1996*, S.O. 1996, c. 2, Sched. A.

15. For more information, please refer to the joint policy statement “Pelvic Examinations by Medical Students” dated September 2010 prepared by the Society of Obstetricians and Gynaecologists of Canada (SOGC) Ethics Committee and the Association of Professors of Obstetrics and Gynaecology of Canada (APOG).



PROFESSIONAL RESPONSIBILITIES IN UNDERGRADUATE MEDICAL EDUCATION



COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

80 COLLEGE STREET, TORONTO, ONTARIO M5G 2E2