

Title:	<b>Expectations of Medical Students in Supervised Clinical Settings</b>	Number:	<b>031A</b>
Approved By:	Undergraduate Medical Education Committee		
Approval Date:	17 July 2023	Next Review	01 June 2026
Effective Date:	17 July 2023		
Audience:	Students (all years), clinical supervisors, teaching faculty and staff in supervised clinical settings		
Purpose:	To describe the activities and responsibilities expected of students in supervised clinical settings.		
Related Policies and Procedures:	<ol style="list-style-type: none"> <li>1. Professional Standards for Learners and Faculty Members in the Faculties of Medicine and Dentistry at the University of British Columbia</li> <li>2. Process to Address Complaints of Mistreatment of Learners or Concerns About the Learning Environment</li> <li>3. UBC Blood and Bodily Fluids Exposure Protocol</li> <li>4. Dual Relationships – Medical Service Provider and Assessor (#005)</li> <li>5. Attendance Policy and Absence Procedure (#006)</li> <li>6. Scheduling Medical Students in Required Clinical Learning Experiences (#010)</li> <li>7. Student Physical Examination of Clinical Teaching Associates, Standardized Patients and Volunteer Patients (#027)</li> <li>8. Extracurricular Activities - Registration and Approval (#028)</li> <li>9. Expectations of Clinical Supervisors and Supervisors of Students in Clinical Settings (#031B)</li> <li>10. Blood Borne Communicable Diseases and Guidelines (#032)</li> <li>11. Complaints Against Students in the Clinical Setting (#034)</li> <li>12. Students Examining Student Volunteers in Y1&amp;2 Clinical Skills – Guidelines (#043)</li> <li>13. Pregnancy &amp; New Parenthood (#044)</li> </ol>		
Exclusions:	None		
Calendar Statement:	None		
Contact:	Director, Curriculum and Associate Directors of Curriculum		

## Preamble

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Medical students are involved in many aspects of patient care as part of a health care team. Clinical learning experiences for medical students are intended to help them achieve the goals of their educational program. Specific limitations are set on maximum allowable work and on-call hours – see Policy #10. Students will be guided by their clinical supervisors to take on gradually increasing clinical responsibilities as they progress through the MD undergraduate program, enhancing their learning while ensuring patient safety. Medical students must always be supervised, directly or indirectly, depending on the clinical activity and on their level of skill and experience (Policy 031B). The expectations outlined in this Policy apply to the clinical practice of all medical students working in clinical settings.

## Definitions

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Appropriate Supervision	The supervision of a student in a clinical setting by a certified/ registered and academically qualified practitioner, at all times, until student competence in a given activity is demonstrated. Once competence in a given clinical activity is demonstrated, students must still be supervised by a certified/registered and academically qualified practitioner but the supervision may be indirect, provided the supervisor is on-site or in a position to assist the student urgently if required. Direct supervision appropriate to the stage of the student’s training is required, but not necessarily for the full duration of the patient encounter.
Other Health Professional	A non-physician who “... exercises skill or judgment or provides a service related to (a) the preservation or improvement of the health of individuals, or (b) the treatment or care of individuals who are injured, sick, have a disability or illness”. ( <i>Health Professions Act, RSBC 1996</i> )
Clinical Education	The planned learning experiences for students in a clinical environment (e.g., hospital, clinic, laboratory or ambulance), that is representative of the current practice setting of the designated health profession.
Clinical Supervisor	A clinician who oversees and is the most responsible physician for the clinical work of one or more trainees. (RCPSC Terminology in Medical Education Project Glossary of Terms (October 2012)).
Practitioner	A practicing member of a designated health profession.
Resident	A physician in an accredited training program following undergraduate training leading to certification or attestation in a recognized specialty or subspecialty, a PGME trainee.
Supervising Physician	A physician who provides supervised practice-based training in which the learner is immersed in the practitioner’s practice for a defined period of time. The delegated preceptor may be a resident.

## Policy

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1. All medical students must be able to identify by name, the person responsible for supervising their educational experience in that setting.
2. Students must hold an active educational license with the College of Physicians & Surgeons of British Columbia (CPSBC).
3. Students must keep their Basic Life Support certification updated and current.

## Identification of Medical Students

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- 1.1. Students must identify themselves and be identified as medical students:
  - 1.1.1. Students must use their CPSBC license number on all entries into medical records.
  - 1.1.2. Students must wear clearly visible UBC (or Health Authority) identification that shows their name and that they are medical students.
  - 1.1.3. Students must introduce themselves by name, and as “a medical student” to patients and other members of the health care team, so that their role is clear.

## **Infection Control, Workplace Safety and Professional Attire**

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- 1.1. Students must maintain safe standards of care and attire in a manner consistent with their professional role and appropriate to the clinical setting. Students are encouraged to clarify what constitutes appropriate professional attire with the preceptor in their specific clinical learning environment.
- 1.2. Students must comply with all WorkSafeBC guidelines regarding apparel.
  - 1.2.1. Students must wear appropriate personal protective equipment (PPE) as required.
  - 1.2.2. Students must wear appropriate footwear and ensure that it is in a condition to provide the required protection.
  - 1.2.3. Hospital scrubs and other clothing owned and provided by hospitals must not be worn outside the hospital and must be removed before leaving the hospital. Hospital-owned clothing must be worn in accordance with infection control rules and regulations and must not be altered in any way. Personal clothing (including student purchased scrubs) must not be worn as substitutes for hospital-owned clothing and PPE, where required, for infection control.
- 1.3. Students must comply with Health Authority and specific building and office policies, for example, refraining from the use of scented products.
- 1.4. If a lanyard is worn, it must be “break-away”.
- 1.5. Medical Alert medallions on a pendant or bracelet can be worn but should not interfere with hand-washing or patient care.

## **Patient Confidentiality and Privacy**

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- 1.1. Students must respect and maintain the privacy and confidentiality of information about patients. This includes limiting discussion of patient health issues to appropriate settings for clinical or educational purposes and to those family member caregivers identified by patient consent (Professional Standards for the Faculties of Medicine and Dentistry).
- 1.2. Students may only access the medical record of a patient whose case is under discussion, in the context of teaching with patient care and under appropriate supervision by a supervising physician/preceptor.
- 1.3. Students must ensure they have the appropriate access to patient information systems through the relevant Health Authority. Instructions for access to information systems is provided through the UGME program or departments.
- 1.4. The use of personal communication devices must not be disruptive or interfere with interactions with patients, families, or other health care providers. Students must comply with requests from patients or other health professionals to cease using personal communication devices in the academic or health care setting.

## **Orders in the Medical Record**

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- 1.1. Years 1 and 2 students are not allowed to enter orders in the medical record. They can add to the medical record (for example, Progress Notes in Family Medicine). Any additions must be reviewed and counter-signed by their supervisor.
- 1.2. A Year 3 or Year 4 student may enter “physician orders” under appropriate supervision by a physician. “Appropriate supervision” in this section means students have had previous discussion of such orders with a supervising physician/preceptor.



- 1.3. Orders written by students under appropriate supervision are recognized by the hospital staff as equivalent to orders written by other members of the medical staff.
- 1.4. Students must sign all orders, and indicate “student” and their College of Physicians and Surgeons of British Columbia identity number after their names and contact number. Students must also indicate the time of discussion and the name of the physician with whom the orders have been discussed.
- 1.5. All orders entered and signed by students must be countersigned by the responsible supervising physician/preceptor before they are carried out. If this is not possible, the order may be carried out with clear documentation that this was a verbal order and will be countersigned at the earliest opportunity.

## Procedures

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- 1.1. Students may perform certain procedures under appropriate supervision. “Appropriate Supervision” in this section means that the supervising physician/preceptor must ensure that the student has been sufficiently trained to carry out the particular procedure and that the student is capable of performing the particular elements of patient care.
- 1.2. Students must not attempt procedures for which they are inadequately trained or procedures with significant potential risk.
- 1.3. During clinical experiences (family practice placements, clerkship, electives) students are considered workers by WorkSafeBC. If students have reasonable cause to believe that performing a job or task puts them at risk, it is their right to not perform that job or task. Students are to notify their supervisor/preceptor immediately, as supervisors must investigate the matter and correct it if possible. Unresolved situations should be reported to the Faculty of Medicine Health & Safety team at [fom.safety@ubc.ca](mailto:fom.safety@ubc.ca).
- 1.4. Year 3 students have a Mandatory Clinical Case List/Patient Encounters and Clinical Procedures that they must log.
- 1.5. Students must not sign birth and death certificates or other medico-legal documents (e.g. mental health certification forms, insurance forms etc.).
- 1.6. Students must not independently sign prescriptions. All prescriptions must be countersigned by the supervising physician/preceptor.

## Discharges and Consultation Letters

- 1.1. Students may dictate consultation letters and hospital discharge summaries, if the student has developed sufficient knowledge of the case, and the rules of the clinical setting allow for this activity.
- 1.2. Dictating discharge summaries and consultation letters are primarily intended as learning activities and the student should seek feedback from the Clinical Supervisor on their content and quality.
- 1.3. Students must not independently discharge a patient from a ward in the hospital, from the Emergency Department, or from the Outpatient Department.

## Review History

Action	Committee	Date	Status
Initiate	Policy Advisory Subcommittee from legacy P&P manual	April/May 2017	Redrafted
Reviewed	Policy Advisory Subcommittee	29 June 2017	Amended
Reviewed	Year 3/4 Subcommittee	18 July 2017	Amended
Reviewed	Clerkship Directors	Email Sept/ Oct 2017	Endorsed
Reviewed	Policy Advisory Subcommittee	5 October 2017	Endorsed subject to direction from MDUEC on Section 4.5.2
Reviewed	MD Undergraduate Education Committee	16 October 2017	Approved minor amendments
Reviewed	Policy Advisory Subcommittee	January 2018	Incorporate subsequent amendments required by HAs
Reviewed	Undergraduate Medical Education Committee	19 February 2018	Approved
Reviewed	Year 3/4 Subcommittee	16 February 2021	Endorsed
Reviewed	Policy Advisory Subcommittee	18 February 2021	Endorsed
Reviewed	Legal Counsel	30 March 2021	Endorsed
Reviewed	Undergraduate Medical Education Committee	12 April 2021	Approved
Reviewed	Policy Advisory Subcommittee	18 May 2023	Revised
Reviewed	Policy Advisory Subcommittee	08 June 2023	Endorsed
Reviewed	Legal Counsel	03 July 2023	Revised
Reviewed	Undergraduate Medical Education Committee	17 July 2023	Approved
Minor Edit to Name Change	Policy Advisory Subcommittee (PAS)	25 October 2023	Endorsed

*\*\*Please note that Policy 031 was merged into 031A and 031B\*\**