

<b>Title:</b>	<b>Expectations of Clinical Supervisors and Preceptors of Students in Clinical Settings</b>	<b>Number:</b>	<b>031B</b>
<b>Approved By:</b>	Undergraduate Medical Education Committee		
<b>Approval Date:</b>	17 July 2023	<b>Next Review:</b>	01 June 2026
<b>Effective Date:</b>	17 July 2023		
<b>Audience:</b>	Clinical supervisors and preceptors of students in supervised clinical settings		
<b>Purpose:</b>	Provides guidelines for supervised teaching, learning and assessment in the clinical setting.		
<b>Related Policies and Procedures:</b>	<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. Processes 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. WorkSafeBC Occupational Health &amp; Safety Regulations</li> <li>5. Dual Relationships – Medical Service Provider and Assessor (#005)</li> <li>6. Attendance Policy and Absence Procedure (#006)</li> <li>7. Scheduling Medical Students in Required Clinical Learning Experiences (#010)</li> <li>8. Assessment of Teachers by Learners (#022)</li> <li>9. Student Physical Examination of Clinical Teaching Associates, Standardized Patients and Volunteer Patients (#027)</li> <li>10. Expectations of Medical Students in Supervised Clinical Settings (#031A)</li> <li>11. Blood-Borne Communicable Diseases Policy and Guidelines (#032)</li> <li>12. Complaints Against Students in the Clinical Setting (#034)</li> </ol>		
<b>Exclusions:</b>	None		
<b>Calendar Statement:</b>	None		
<b>Contact:</b>	Associate Dean, Undergraduate Medical Education		

## Preamble

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Students in Years 1 and 2 learn in clinical situations involving patient care during their weekly Clinical Experiences sessions. In Year 3 rotations and Year 4 clinical electives, most of the teaching and learning activities take place in the context of patient care in both inpatient and ambulatory settings.

Clinical learning experiences for medical students are primarily intended to help them achieve the goals of their educational program rather than to fulfill the service requirements of a clinical team or institution. 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 their medical education, 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 031A). The expectations outlined in this policy apply to the supervision of all medical students in clinical settings. This policy is annotated with the relevant standards and elements from the Committee on Accreditation of Canadian Medical Schools (CACMS).



### Definitions

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”. (Health Professions Act RSBC 1996)
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 science 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 science profession.
Resident	A physician in an accredited training program following undergraduate training, leading to certification or attestation in a recognized specialty or subspecialty.
Supervising Physician/ Preceptor	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

1. The MD Undergraduate Program must ensure that medical students in clinical learning situations involving patient care are supervised as follows:
  - 1.1. Students must be appropriately supervised at all times to ensure patient and student safety.
  - 1.2. The level of responsibility delegated to the student is appropriate to his or her level of training.
  - 1.3. Delegated activities supervised by the health care professional are within the scope of practice of that health care professional.
  - 1.4. All medical students must be able to identify by name, the person responsible for supervising their educational experience in that setting.
  - 1.5. Students must be given an orientation to each new clinical environment in accordance with [WorkSafeBC OHS Regulations 3.23](#).<sup>1</sup>

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<sup>1</sup> The Occupational Health and Safety (OH&S) program for clinical education is managed by the Faculty of Medicine’s Health & Safety Advisor (Education).

## Roles & Responsibilities of Clinical Supervisors

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Clinical Supervisors must have or be eligible for a faculty appointment with the UBC Faculty of Medicine. Clinical Supervisors of students in the clinical setting are required to:

1. Ensure students are appropriately supervised at all times;
2. Be familiar with the learning objectives and expectations of students;
3. Provide direct clinical instruction, suggestions for self-guided learning, and guidance related to ethical and professional matters;
4. Delegate, as appropriate, supervision of clinical activities and assessment; and
5. Ensure students are directly observed and receive timely feedback and assessment.

## Supervision of Students Engaged in Clinical Activities<sup>2</sup>

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- 1.1. For office-based teaching, the preceptor is the Clinical Supervisor.
- 1.2. In the hospital environment, a faculty member is identified as the Clinical Supervisor. This may be the Preceptor, Discipline-Specific Site Leader (DSSL) or, at the Vancouver sites, the Clerkship Director.
- 1.3. The Clinical Supervisor assumes a leadership role, with responsibility for oversight of the quality of education at their site or office.
- 1.4. The Clinical Supervisor is responsible to ensure that:
  - 1.4.1. When Clinical Supervisors or other team members introduce a medical student to hospital staff and/or patients it must be clear that the student is a medical student, not a graduate physician, so that the student's role will not be misinterpreted. Medical students must never be introduced as "doctor".
  - 1.4.2. Students are appropriately supervised at all times for patient and student safety. This means the supervising resident or attending physician 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.
  - 1.4.3. The level of responsibility delegated to the student is appropriate to their level of training.
  - 1.4.4. Teaching and assessment activities delegated to Other Health Professionals are within those Health Professionals' scopes of practice.
- 1.5. The Clinical Supervisor is responsible for clarifying which clinical duties should be performed by students and which should not - see Policy O31A.
- 1.6. The Clinical Supervisor is responsible for clarifying the extent to which each expected activity will be supervised versus independently performed by students.

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<sup>2</sup> **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 - Professional Standards for Learners and Faculty Members in the Faculties of Medicine and Dentistry at the University of British Columbia.

## Teaching and Learning

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- 1.7. The Clinical Supervisor is responsible for providing or appropriately delegating:
  - direct instruction;
  - guidance to assume gradually increasing clinical responsibilities;
  - suggestions for self-guided learning; and
  - guidance related to ethical and professional matters.
- 1.8. The Clinical Supervisor is responsible for clarifying for students, when necessary, what constitutes appropriate professional attire in their specific clinical learning environment.
- 1.9. The Clinical Supervisor must be familiar with the relevant MDUP learning objectives and exit competencies.<sup>3</sup>
- 1.10. Clinical supervisors must guide students towards achieving the Clinical Learning Experience objectives and the year-end competencies.<sup>4</sup>

## Histories and Physical Examinations

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- 1.11. Students' documentation of hospital admission histories and physical examinations must be completed, reviewed, and countersigned in the medical record by the supervising physician/preceptor within 24 hours of patient admission.

## Observation, Assessment and Feedback<sup>5</sup>

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- 1.12. For Years 1 & 2, preceptors who spend sufficient time with a student to be able to form a judgement regarding the student's performance in the clinical learning environment may be required to complete workplace-based assessments, based on their direct observations.
- 1.13. For Year 3 students in rotations of four or more weeks, the Clinical Supervisor or delegate must meet with each student at the rotation mid-point<sup>6</sup> to discuss the student's clinical performance based on direct observations and contributory stream information. The purpose of this meeting is to provide feedback and recommendations on the student's clinical performance and support the student's learning.
- 1.14. For Years 3 & 4 students, the Clinical Supervisor or delegate is required to complete the End of Rotation assessment for each student, which includes direct observation and contributory stream information. The clinical departments are responsible for the distribution of the End of Rotation assessments electronically.
- 1.15. Years 3 & 4 Clinical Supervisors are required to submit the End of Rotation forms within three (3) weeks of the end of rotation. At the end of the academic year, this must be done by the specified

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### <sup>3</sup> 6.1 Program and Learning Objectives

... The medical school ensures that the learning objectives for each required learning experience are made known to all medical students and those faculty, residents, and others with teaching and assessment responsibilities in those required experiences.

### <sup>4</sup> 6.2 Required Clinical Learning Experiences

The faculty of a medical school define the types of patients and clinical conditions that medical students are required to encounter, the skills and procedures to be performed by medical students, the appropriate clinical settings for these experiences, and the expected levels of medical student responsibility.

### <sup>5</sup> 9.4 Assessment System

A medical school ensures that, throughout its medical education program, there is a centralized system in place that employs a variety of measures (including direct observation) for the assessment of student achievement, including students' acquisition of the knowledge, core clinical skills (e.g., medical history-taking, physical examination), behaviors, and attitudes specified in medical education program objectives, and that ensures that all medical students achieve the same medical education program objectives.

### <sup>6</sup> 9.7 Timely Formative Assessment and Feedback

A medical school ensures that the medical education program provides timely formative assessment consisting of appropriate measures by which a medical student can measure his or her progress in learning. Each medical student is assessed and provided with formal formative feedback early enough during each required learning experience four or more weeks in length to allow sufficient time for remediation. Formal feedback occurs at least at the midpoint of the learning experience. In medical education programs with longer educational experiences (e.g., longitudinal integrated clerkship, year-long courses) formal feedback occurs approximately every six weeks. For required learning experiences less than four weeks in length alternate means are provided by which a medical student can measure his or her progress in learning.

deadline. The Clinical Supervisor must complete and submit all summative assessments in sufficient time for advancement, promotions and graduation to move forward.<sup>7</sup>

## Student Assessment of Teachers

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To comply with the UBC Policy on Student Evaluation of Teaching ([SEOT](#)) and the CACMS standards on faculty feedback<sup>8</sup> and the use of student evaluation data in program improvement<sup>9</sup>, all teachers (tutors, advisors, instructors, clinical supervisors, preceptors, lecturers, etc.) can expect to be assessed and to receive feedback on their teaching. This applies to all teaching faculty, clinical and full or part time.

## Review History

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Action	Committee	Date	Status
Reviewed	Year 3/4 Subcommittee	20 March 2018	Endorsed
Reviewed	Policy Advisory Subcommittee	32 March 2018	Endorsed
Reviewed	Family Practice Undergraduate Education Committee	April, 2018	Endorsed with minor edits
Reviewed	Undergraduate Medical Education Committee	14 May 2018	Approved
Reviewed	Years 3/4 Subcommittee	April 2021	Bullet added
Reviewed	Policy Advisory Subcommittee	20 May, 2021	Endorsed
Reviewed	Legal Counsel	4 June 2021	Endorsed
Reviewed	Undergraduate Medical Education Committee	21 June 2021	Approved
Reviewed	Policy Advisory Subcommittee	18 May 2023	Revised
Reviewed	Policy Advisory Subcommittee	08 June 2023	Endorsed
Reviewed	Legal Counsel	02 July 2023	Endorsed
Reviewed	Undergraduate Medical Education Committee	17 July 2023	Approved

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

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### <sup>7</sup> 9.8 Fair and Timely Summative Assessment

A medical school has in place a system of fair and timely summative assessment of medical student achievement in each required learning experience of the medical education program. Final grades are available within six weeks after the end of a required learning experience.

### <sup>8</sup> 4.4 Feedback to Faculty

A medical school faculty member receives regularly scheduled and timely feedback from departmental and/or other programmatic or institutional leaders on his or her academic performance and progress toward promotion and, when applicable, tenure.

### <sup>9</sup> 8.5 Medical Student Feedback

In evaluating medical education program quality, a medical school has formal processes in place to collect and consider medical student evaluations of their required learning experiences, teachers, and other relevant aspects of the medical education program.