

PERMITTED ACTIVITIES FOR McMASTER MEDICAL LEARNERS

Definition:

Learners: Medical students and Residents

When do these guidelines apply?

These guidelines apply when a medical student or resident is involved in patient care or patient contact. Most typically in the MD Program, this would apply to clinical skills sessions, horizontal and block electives, and Clerkship rotations. For residents this document should be used in conjunction with the goals and objectives of an individual rotation as established by the resident's training program and the clinical site.

Principles:

1. Graded Responsibility

Generally, in medical training, learners experience "graded responsibility". Responsibility falls within a graded continuum that includes: observation, partial participation (e.g. performing one aspect of a procedural skill), full demonstration under direct supervision, and full demonstration under indirect supervision (e.g. the supervisor is not directly observing the learner during skill performance). In determining the appropriate level of responsibility to give to a learner, supervisors will consider the following:

- a) Supervisor's personal experience supervising the learner on prior or similar clinical activities;
- b) Complexity of clinical activity and potential risk to patient (e.g. taking a history vs. suturing a simple laceration vs. endotracheal intubation vs. defining a treatment plan);
- c) Learner's knowledge of proposed clinical activity. Where the clinical activity is a procedural skill, supervisors will consider the learner's previous experience with the skill and ability to describe the procedure, including potential side effects or complications and their management.

2. Professionalism/Scope of Practice

The learner's level of training alone (e.g. first year, second year) is not prescriptive of the level of responsibility that is appropriate. This is consistent with the medical profession's approach to lifelong development of competence. Even experienced physicians learning new skills often do so along the continuum described above. Regardless of the level of responsibility given to learners (or level of supervision by supervisors), the supervisor is ultimately responsible for ensuring that patients receive appropriate care and that learners feel adequately supported in their clinical learning. Learners also have a professional responsibility to give appropriate care and to communicate with their supervisor when they feel the level of responsibility is inappropriate.

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References:

- *CPSO Policy Statement #2-03: Professional Responsibilities in Undergraduate Education.* While this is a CPSO policy, the guidelines within this policy are appropriate to guide any clinician supervising undergraduate medical learners regardless of the supervisor's professional affiliation (i.e. non-physicians)
<http://www.cpso.on.ca/policies/policies/default.aspx?ID=1854>
- *CPSO Policy Statement #2-11: Professional Responsibilities in Postgraduate Education*
<http://www.cpso.on.ca/policies/policies/default.aspx?ID=1846>

For a list of the expected level of skill performance by medical students in Canadian MD Education Programs, supervisors should refer to the Association of Faculty of Medicine of Canada National Clinical Skills Working Group Initiative: <http://clinicalskills.machealth.ca/>

For a list of the expected level of skill performance by residents, supervisors should refer to the objectives of the resident's home training program.

Below you will find general guidelines about the types of clinical activities in which learners will be involved at various levels of training. These guidelines should be calibrated within the context of the considerations listed above.

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Guidelines for Supervision of Undergraduate Medical Learners

1. First year medical students (UG-1) generally may:
 - a) Perform and document patient histories and patient physical examinations which will be reviewed and countersigned by a licensed professional with appropriate scope of practice (i.e. their preceptor, another physician, a resident on the team, Nurse Practitioner, Pharmacist, etc. as described above).
 - b) Consider and discuss management with their supervisor and initiate the plan under appropriate supervision.
 - c) Write orders which must be countersigned by a licensed professional with scope of practice to sign the orders written (i.e. their preceptor, another physician, a resident on the team, Nurse Practitioner, Pharmacist, etc. as described above) before the orders can be enacted.
 - d) Perform diagnostic or therapeutic procedures under appropriate (usually direct) supervision by an appropriate supervisor.
2. Clinical clerks are second and third year medical students (UG-2 & UG-3) who generally may:
 - a) Perform those activities described above for first year medical students.
 - b) Generally, based on graded responsibility, students will take on increasing responsibility and perform activities of increasing complexity throughout Clerkship.

Regarding patient management, it is reasonable to expect that clinical clerks will:

- i. Look up/interpret test results and discuss them with supervisor;
- ii. Chart/document daily progress, discussions, new findings, management plans (countersigned by the supervisor);
- iii. Complete necessary records, including admission and discharge dictations, laboratory/radiology requisitions, requests for assessment (e.g. CCAC), etc.;
- iv. Conduct discussions with patients, caregivers, other members of the healthcare team, etc. under appropriate supervision;
- v. Perform diagnostic or therapeutic procedures under appropriate supervision.

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Guidelines for Supervision of Postgraduate Medical Learners

1. Residents (PGY1-PGY8) are licensed physicians; however, they are still in-training and therefore, must be supervised. The level of supervision will vary depending on the level of the resident and the type of clinical exposure as relevant to their specialty. The resident's work environment is governed by the agreement between the Professional Association of Interns and Residents of Ontario (PAIRO) and the Council of Academic Hospitals of Ontario (CAHO).

<http://www.pairo.org/Content/Default.aspx?pg=1003>

2. Residents do not require approval or countersignature of orders, however, concerns regarding orders written by a resident should be directed to the most responsible physician (MRP) for clarification. Residents also perform based on "graduated responsibility". It is always best to clarify the level of training, the understanding of the task, and the resident's knowledge of how to deal with complications and when to call for help. This will vary between every resident and supervisor based on their prior training and experience, their level of confidence, the supervisor's need to be involved, the task, the setting, and the patient.
3. The Resident's Program Director can be consulted for advice regarding specific clinical situations. For guidelines that are used for Teaching Hospitals and Clinics please refer to the following link:

<http://fhs.mcmaster.ca/postgrad/documents/McMasterGuidelinesfortheSupervisionofClinical...pdf>

Supervisors of Family Medicine Residents doing Family Medicine clinical placements can also refer to guidelines developed by the Family Medicine Residency Program which further specifies the appropriate level of supervision of these learners:

<http://postgrad.medportal.ca/programs/fammed/PG%20Supervision%20Guidelines.aspx>

4. Chief residents are trainees in the final year of training.
 - a) Chief residents are treated as "junior consultants".
 - b) Chief residents supervise more junior residents and clinical clerks/medical students.
 - c) Chief residents care for patients under the supervision of the most responsible physician (MRP) but usually do so with only minimal supervision.

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