Advice to the Profession: Professional Responsibilities in Medical Education

Advice to the Profession companion documents are intended to provide physicians with additional information and general advice in order to support their understanding and implementation of the expectations set out in policies. They may also identify some additional best practices regarding specific practice issues.

The *Professional Responsibilities in Medical Education* policy sets out expectations for physicians involved in medical education and training, including most responsible physicians (MRPs), supervisors, and trainees. This *Advice to the Profession (Advice)* document is intended to help physicians interpret their obligations as set out in this policy and to provide guidance around how these obligations may be effectively discharged. In addition, this document provides resources for medical students and trainees.

Does an MRP and/or Supervisor need to provide direct supervision at all times?

An MRP and/or supervisor do not need to provide direct supervision at all times; however, as the policy states, MRPs and/or supervisors must ensure that they are identified and available to assist medical students and/or trainees when they are not directly supervising them (i.e. in the same room) or if unavailable, they must ensure that an appropriate alternative supervisor is available and has agreed to provide supervision.

If an MRP and/or supervisor is not available in person and they are called or paged, it is best practice to respond to these pages/phone calls within a reasonable length of time and be available to return to the hospital, or other training institution, if necessary. What is reasonable will depend on a number of factors including: the level of training and experience of the medical student and/or trainee, the nature of the patient's concerns, other available support, etc.

It may also be beneficial to ensure that on-call schedules be structured to provide continuous supervision to medical students. For trainees, it may be beneficial to provide guidance with respect to on-call interactions as sometimes residents are off-service and may not know what is expected of them. For example, it may be helpful to have a phone call/in-person meeting at the start of a shift to determine the trainee's PGY level, home program, how long they have been on the particular service, what procedures they have done, when staff would like to be called overnight, etc.

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It is also important for medical students and trainees to develop awareness of their limitations and inform the MRP and/or supervisor and, seek appropriate assistance when necessary if they are unable to carry out their duties. Good communication is vital to facilitating good supervision and optimal patient care.

How can physicians demonstrate a model of compassionate and ethical care to medical students and trainees?

Students and trainees 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 the principles of professionalism taught to medical students and trainees.

Characteristics of effective role models are well established. They include availability, clinical excellence, empathy, good communication skills, interest in teaching, self-reflection, transparency and respect for others.[1] Being an effective role model is not only beneficial to medical students and trainees, but it is also an important part of ensuring the best possible care for patients.

Engaging in favouritism of students and/or trainees is detrimental to the learning environment and affects all students. Similarly, predatory behaviour is unacceptable anywhere, but it is particularly problematic in a learning environment where medical students and trainees model the behaviour of their teachers. For these reasons, it is imperative that clinical teachers consistently uphold and display the highest values of the medical profession.

The policy requires physicians to not engage in disruptive behaviour including, violence, harassment, and discrimination against medical students and trainees. These behaviours are the antithesis to being a positive role model and physicians must not engage in them.

Is posting a sign informing patients that care in teaching hospitals may be provided by students and/or trainees sufficient?

Having a sign posted in a teaching hospital or other clinical placement setting where students and/or trainees are involved in care is helpful and promotes patient education and understanding, but it is not sufficient in terms of meeting the policy expectations.

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[1] *Canadian Family Physician*, Vol.66. February 2020, e55-61.

The policy requires that express consent be obtained from patients when either medical students and/or trainees observe the care provided to patients and when medical students participate in care. (See question below regarding express consent and trainee participation in care).

When should express consent be obtained for trainee participation in care?

The policy states that MRPs and/or supervisors **must** use their professional judgment to determine whether to obtain express consent from patients when trainees participate in the care of patients.

Trainees are medical doctors as they have obtained a certificate for postgraduate education, yet they are not permitted to practise independently. Obtaining express consent for participating in patient care is not needed in all cases, as it is for medical students. However, there may be circumstances where it may make sense to obtain consent for trainee participation in patient care. MRPs and/or supervisors can look to the experience and competency of the trainee. It may be appropriate to obtain express consent from patients when a less experienced trainee is providing care. It may be appropriate to obtain express consent in situations where a trainee is performing a procedure or examination for the first time or first few times or is providing a significant component of complex care. For those trainees who are transitioning to independent practice, it would be unlikely that express consent is necessary.

In addition, MRPs and/or supervisors can involve the patient in making this determination and look at the wishes and needs of the patient.

What are some examples of procedures/exams/investigations unrelated to patient care?

This happens often with learners, especially medical students - a physician performs a procedure/exam/investigation and then the medical student and/or trainee repeats it. For example, if a patient has an unusual heart murmur, a patient will be asked if the medical student can listen for educational purposes. Likewise, learners are asked to examine a skin rash, or check peripheral circulation, or do an eye or ear exam for their educational purposes. Intimate examinations (as defined by the medical schools) are also sometimes done by medical students and trainees and can be unrelated to patient care.

<u>Resources</u>

The information below provides additional information related to professional responsibilities in medical education as well as information that may be helpful to

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medical students and/or trainees. It is important for MRPs and/or supervisors to encourage medical students, who are not yet members of the CPSO, to become familiar with this information.

Medical schools and institutions where learning takes place also have relevant policies, guidelines, statements and procedures which are relevant to medical students and/or trainees. MRPs and/or supervisors are advised to be familiar with this information and direct their medical students and/or trainees to it.

Dialogue Articles

Dialogue, the College's quarterly publication for members, regularly addresses themes or issues relating medical education.

CPSO's Professionalism and Practice Program

How a physician delivers care is just as important as the care provided. To that end, the CPSO has partnered with medical schools across Ontario to develop modules on key professionalism topics. These modules include PowerPoint presentations, and case studies ground in real life issues and trends seen by the CPSO. They are also grounded in relevant frameworks, such as CanMEDs. We encourage medical students and trainees — and anyone else interested in medical professionalism — to visit the Professionalism and Practice area on our website and to download the modules.

***Canadian Medical Protective Association* (*CMPA*)**

The CMPA is a national organization and provides broad advice about a number of medico-legal issues. For Ontario specific information physicians are advised to look at the CPSO policy and advice document regarding professional responsibilities in medical education. However, the CMPA has a number of resources on the issues generally that physicians may find helpful.

For example:

Delegation and Supervision of Medical Trainees

Responsibilities of Physicians as Teachers

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