



Standard of Practice Professional Responsibilities in Undergraduate & Postgraduate Medical Education

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Standards of Practice of Medicine set out the requirements related to specific aspects for the quality of the practice of medicine. Standards of Practice of Medicine provide more detailed information than contained in the *Regulated Health Professions Act*, Regulations, and Bylaws. All members must comply with Standards of Practice of Medicine, per section 86 of the *Regulated Health Professions Act*.

This Standard of Practice of Medicine is made under the authority of section 82 of the *Regulated Health Professions Act* and section 15 of the CPSM Standards of Practice Regulation.

[Changes due to s.5.18 of CPSM General Regulation under RHPA re physician assistants]]

Undergraduate medical students ("medical students") are students enrolled in an undergraduate medical education program in any jurisdiction who are registered as an associate member of CPSM in an educational class.

Postgraduate Trainees ("trainees") are:

- a. physicians who hold a degree in medicine and are continuing in postgraduate medical education who are registered as an associate member of CPSM in a resident, resident limited class or are registered as regulated members of CPSM in a full practising or academic class; or
- b. physician assistant students, who are registered as an associate member of CPSM in a physician assistant student class.

Regardless of the type of registration held, postgraduate trainees cannot practice independently within the confines of the training program.

Most responsible physician is the physician who has final accountability for the medical care of the patient, whether or not a medical student or a trainee is involved in the clinical encounter.

Supervisors are members who have taken on the responsibility to guide, observe, and assess the educational activities of medical students or trainees. The supervisor of a medical student or trainee involved in the care of a patient may or may not be the most responsible physician for that patient. Residents, fellows or physician assistants may serve in the role of supervisors but do not act as the most responsible physician for patient care. A physician assistant in the full, restricted purpose or academic s.181 faculty classes, may serve as a supervisor for a physician assistant student member provided he or she is legally permitted and competent to perform the reserved act(s) being supervised.

1. Principles

- 1.1. Safe, quality patient care must always take priority over the educational endeavour.
- 1.2. Proper education optimizes patient care, as well as the educational experience.
- 1.3. The autonomy and personal dignity of medical students, trainees and patients must be respected.
- 1.4. Allowing medical students to have insight into the decision-making process enables an optimal educational experience.
- 1.5. Joint decision-making and exchange of information between most responsible physician, supervisor, and trainee provides an optimal educational experience.
- 1.6. 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.

2. Requirements

2.1. Designation of Most Responsible Physician

Because 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. Every patient must be given the name of the most responsible physician along with an explanation that the most responsible physician is responsible for directing and managing their care.

2.2. Medical Students

2.2.1. Identification of Medical Student

The supervisor and/or the most responsible physician is responsible for ensuring that the educational status of medical students and the nature of their role is made clear to the patient, the patient's family, and the members of the health care team as early as possible during the educational process. Medical students must be introduced as medical students and it must be made clear to patients that they are enrolled on the educational register at the College of Physicians and Surgeons of Manitoba. Where appropriate, medical students may introduce themselves to the patients instead of relying on a supervisor and/or the most responsible physician to make the formal introduction.

2.2.2. Supervisor and Education of Medical Students

The supervisor and the most responsible physician must provide appropriate supervision which includes:

- 2.2.2.i. determining the medical student's willingness and competency or capacity to participate in the clinical care of patients, as a learning experience;
- 2.2.2.ii. closely observing interactions between the medical student and the patient to assess:
 - 2.2.2.ii.1. the medical student's performance, capabilities and educational needs;
 - 2.2.2.ii.2. whether the medical student has the requisite competence (knowledge, skill, behaviour and judgment) to safely participate in a patient's care without compromising that care; and
 - 2.2.2.ii.3. whether the medical student demonstrates the necessary competencies and expertise to interact with patients without the supervisor being present in the room.
- 2.2.2.iii. meeting at appropriate intervals with the medical student to discuss their assessments;
- 2.2.2.iv. ensuring that the medical student only engages in acts based on previously agreed-upon arrangements with the most responsible physician;
- 2.2.2.v. 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;
- 2.2.2.vi. managing and documenting patient care, regardless of the level of involvement of medical students; and
- 2.2.2.vii. 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 by the most responsible physician or supervisor before being put into action.

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

2.3. Trainees

2.3.1. The supervisor and/or most responsible physician must provide appropriate supervision to the trainee. This includes:

- 2.3.1.i. being familiar with program objectives;
- 2.3.1.ii. making the patient or substitute decision-maker aware of the identity of the most responsible physician, and the fact that the most responsible physician is ultimately accountable for the patient's care;
- 2.3.1.iii. making the patient or substitute decision-maker aware of the

- identity of trainee(s) who are members of the treatment team, their stage in the postgraduate program, as well as their degree of involvement in patient care;
- 2.3.1.iv. being willing and available to see patients when required or when requested by the trainee;
 - 2.3.1.v. regularly evaluating a trainee's clinical competence and learning needs, and assigning graduated responsibility accordingly;
 - 2.3.1.vi. making reasonable efforts to determine that the trainee has the necessary competence (knowledge, skill and judgment) to participate in a patient's care and does not compromise that care;
 - 2.3.1.vii. ensuring that all relevant clinical information is made available to the trainee, and directly assessing the patient as appropriate; and
 - 2.3.1.viii. communicating regularly with the trainee to discuss and review the trainee's patient assessments, management, and documentation of patient care in the medical record.
- 2.3.2. The trainee must:
- 2.3.2.i. participate in the care of patients as appropriate to his or her competencies, and specific circumstances, as well as to meet identified educational needs;
 - 2.3.2.ii. make the patient or substitute decision-maker aware of their name, role, stage in the postgraduate program, and degree of involvement in patient care;
 - 2.3.2.iii. make the patient or substitute decision-maker aware of the name and role of the most responsible physician, and the fact that the most responsible physician is ultimately accountable for the patient's care;
 - 2.3.2.iv. communicate with the supervisor and/or most responsible physician:
 - 2.3.2.iv.1. in accordance with guidelines of the postgraduate program and/or clinical placement setting;
 - 2.3.2.iv.2. about patient assessments performed by the trainee;
 - 2.3.2.iv.3. when there is a significant change in a patient's condition;
 - 2.3.2.iv.4. when the trainee is considering a significant change in a patient's treatment plan or has a question about the proper treatment plan;
 - 2.3.2.iv.5. about a patient discharge;
 - 2.3.2.iv.6. when a patient or substitute decision-maker and family expresses significant concerns; and
 - 2.3.2.iv.7. in any emergency situation or when there is significant risk to the patient's wellbeing;
 - 2.3.2.v. document his or her clinical findings and treatment plans and discuss these with the most responsible physician and/or the supervisor.

2.4. Professional Relationships

- 2.4.1. Members must demonstrate professional behaviour at all times during interactions with colleagues, students, patients, other trainees, other health care professionals and support staff.
- 2.4.2. The most responsible physician and supervisor must:
 - 2.4.2.i. be mindful of the power differential in their relationship with all medical students and trainees.
 - 2.4.2.ii. not allow any personal relationships to interfere with the medical student's or the trainee's education, supervision, or evaluation.
 - 2.4.2.iii. disclose to the appropriate responsible member of the faculty (such as the department or section head or undergraduate program director) any relationship which pre-dates or develops during the educational phase between the most responsible physician or supervisor and a medical student or trainee (e.g., family, clinical care, dating, business, friendship, etc.) The appropriate faculty member must then decide whether alternate arrangements for supervision and evaluation of the medical student are warranted and, if necessary, make these arrangements.
 - 2.4.2.iv. support an environment which is 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 member's ability to function well with others.
 - 2.4.2.v. not enter into a sexual relationship with a medical student or trainee while responsible for teaching and/or evaluating that medical student or trainee.

2.5. Reporting Responsibilities

- 2.5.1. Members involved in the education of medical students or trainees must report to the University of Manitoba Max Rady College of Medicine, Rady Faculty of Health Sciences, the College of Physicians and Surgeons of Manitoba and, if applicable, to the health-care institution, when a medical student or trainee exhibits behaviours that would suggest incompetence, incapacity; or when the medical student or trainee fails to behave professionally and ethically in interactions with patients, supervisors or colleagues; or otherwise engages in inappropriate behaviour.

- 2.5.2. Members must support a safe, supportive environment that allows medical students and trainees to make a report if they believe their supervisor and/or the most responsible physician exhibit any behaviours that would suggest incompetence, incapacity, or abuse of a patient; or when the supervisor and/or most responsible physician fails to behave professionally and ethically in interactions with patients, supervisors, colleagues, medical students or trainees; or otherwise engages in inappropriate behaviour.

2.6. Consent and the Educational Environment

- 2.6.1. The most responsible physician 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 collaborative team-based approach, i.e., care is provided by multiple health-care professionals, including medical students, and that trainees are integral members of the health care team.

- 2.6.2. Medical student and trainee involvement in patient care requires patient consent including:

2.6.2.i. Significant Component of Procedure Performed Independently by Medical Student

In the rare situation where a significant component, or all, of a medical procedure is to be performed by a medical student and the most responsible physician 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 by the most responsible physician or supervisor. Express consent is directly given, either orally or in writing.

2.6.2.ii. Significant component of procedure performed independently by trainee

When a significant component, or all, of a medical procedure is to be performed by a trainee without direct supervision, 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.

2.6.2.iii. 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, for example if, the patient is unconscious, the examination cannot be performed. The most responsible physician and/or supervisor must be confident that the proposed examination or clinical demonstration will not be detrimental to the patient, either physically or psychologically.

2.6.2.iv. Examinations performed solely for educational purposes

An examination 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 examination or clinical demonstration must be provided to the patient and their 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, for example, if 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.