

## PERMITTED ACTIVITIES FOR McMASTER MEDICAL LEARNERS

### Who should read these guidelines?

Anyone who wants to understand the scope of practice of medical students and residents (medical learners) should refer to these guidelines. They will be useful for medical learners; anyone who supervises medical learners; other healthcare professionals, administrators, or leaders who want to understand the scope of practice of medical learners; and anyone who develops policies or practices regarding the scope of practice of medical learners.

### Definition:

Medical learners: Medical students and Residents. For the remainder of the document, “learners” means “medical learners”.

### When do these guidelines apply?

These guidelines apply where 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 on a graded continuum that includes: observation, partial participation (e.g. performing one aspect of a procedural skill), full demonstration under direct supervision, and full performance of the skill 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. managing a complex patient);
- 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.

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### 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 and other health professionals 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.

Occasionally, learners may be supervised by an individual whose occupation does not have a scope of practice defined within the *Regulated Health Professions Act (S.O. 1991, Chapter 18)* (e.g. Ambulance Attendant, Paramedic, Physician Assistant, etc.). For many of these supervisors, acts such as "medical acts" will be "delegated" or otherwise sanctioned by law, policy or procedures. Both supervisors and learners must be aware of who holds ultimate responsibility for patient care and who is ultimately responsible for learner supervision, including level of learner participation in patient care and issues related to learner safety.

#### 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 medical learners regardless of the supervisor's professional affiliation (i.e. non-physicians)  
<http://www.cpso.on.ca/uploadedFiles/policies/policies/policyitems/profrespUG.pdf>
- *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.

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**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 (e.g. graded responsibility and scope of practice).

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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3. 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 Residents of Ontario (PARO) and the Council of Academic Hospitals of Ontario (CAHO).  
[http://www.myparo.ca/PARO-CAHO\\_Agreement](http://www.myparo.ca/PARO-CAHO_Agreement)
4. 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.
5. 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>
6. Chief residents are trainees in the final year of clinical training
  - a) Chief residents are treated as "junior consultants"
  - b) Chief residents supervise the junior residents and the 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

May 7, 2010

Revised December 11, 2011

Revised May 3, 2012