

General Orientation Package

General Policies

1. Infection Control:

Hand washing is the single most important thing you can do to prevent getting infections. Wash your hands properly and frequently to help prevent the spread of infection. Please access the Public Health Ontario (PHO) Infection Prevention and Control Core Competencies Online Learning Courses, if you have not completed these modules or the equivalent of these modules. If you have any questions or concerns, please contact Infection Control at X3854.

<http://www.publichealthontario.ca/en/LearningAndDevelopment/OnlineLearning/InfectiousDiseases/IPACCore/Pages/default.aspx>

2. Risk Management:

Risk management is the responsibility of everyone at Lakeridge Health. Risk is exposure to an untoward event which may cause harm to the patient, staff or corporation. There is a process to manage incidents of risk and error. This process is important to minimize the exposure and harm, to identify opportunities to enhance current processes and practice, and to ensure responsibility and accountability of all. If you are involved in such an incident, discuss with your Faculty/Clinical Instructor or Preceptor. Contact Risk Management at ext. 3207.

3. Occupational Health & Safety:

Everyone at Lakeridge Health, including students, need to be vigilant of Occupational Health and Safety hazards. Some of the responsibilities expected of students are to:

- Report any unsafe conditions to the appropriate supervisors immediately such as wet slippery floors; equipment left in the halls, stairways or walkways; defective equipment; careless handling of equipment; and use and storage of combustible material near open flames;
- Always be alert to safety issues with wheelchairs, beds, and other equipment used by the patient;
- Never operate electrical equipment with wet hands;
- Never place any pressurized containers, needles or glass containers in regular garbage;
- Use or wear required safety equipment as directed;
- Report all accidents and potential hazards in your work area to your preceptor immediately.

You can reach Occupational Health, Wellness & Safety at ext. 3710.

4. Security:

The role of Security is to provide a safe and secure environment at Lakeridge Health. Security is operated on a 24/7 central dispatch basis at ext. 4069. If you require a security escort to your car during evening or night shifts, contact ext. 4069. Security personnel are in full uniform, although are not assigned to all sites 24/7. The current security schedule is:

- Lakeridge Health Bowmanville: 2030 – 0630h, 7 days per week
- Lakeridge Health Port Perry: 2030 – 0630h, 7 days per week
- Lakeridge Health Oshawa: 24 hours per day, 7 days per week

- Lakeridge Health Whitby: 1700h – 0700h Monday to Friday, 24/7 weekends and holidays

Students might not have access to the limited number of lockers and offices at Lakeridge Health. Check with your preceptor on available storage space. Please do not bring large amounts of cash or valuables to your practicum area.

5. Emergency Measures Codes:

During a code, the role of the student will depend on their level of knowledge and experience, and can be defined by their Preceptor at the beginning of the placement. Please familiarize yourself with these codes.

Our Emergency Preparedness Manual provides the framework to enable staff to respond to various emergency situations such as fire, reception of multiple casualties, hazardous spill etc. A “code” will be announced over the paging system when necessary. Staff members should respond according to departmental procedures.

All staff should become familiar with Emergency Codes to ensure patient and personal safety is not jeopardized. Reference to specific responsibilities can be found in the Emergency Preparedness Manual, both on our intranet Wave and in hardcopy binders within each department.

Emergency Codes:

Code RED	Fire
Code YELLOW	Missing Person
Code AMBER	Missing/Abducted Child
Code WHITE	Violent Person
Code BROWN	In-Facility Hazardous Spill
Code ORANGE	External Disaster
Code ORANGE CBRN	Chemical/Biological/Radiological/Nuclear Disaster
Code GREEN	Evacuation (Precautionary)
Code GREEN (STAT)	Evacuation (Crisis)
Code GREY	Infrastructure Loss/Failure
Code GREY BUTTON DOWN	External Air Exclusion
Code PURPLE	Hostage Taking
Code BLACK	Bomb Threat/Suspicious Object
Code PINK	Medical Emergency (Newborn > 1 month)
Code BLUE	Medical Emergency Adult
Code BLUE PAEDIATRIC	Medical Emergency up to 12 Years

6. Code of Conduct

Everyone at Lakeridge Health is expected to fulfill their roles in a professional and ethical manner. We are all expected to:

- Hold the health, safety, welfare and dignity of patients as our first priority in the performance of our roles and responsibilities;
- Demonstrate a sincere commitment to provide the highest quality care and service;
- Demonstrate courtesy, tact, empathy and compassion in interactions with others;
- Acknowledge and respect the inherent worth and individuality of each person and, therefore, do not engage in harassing or discriminatory behaviour;
- Strive for excellence in our roles through regular assessment of personal strengths, limitations and effectiveness and by continued education and training;
- Support and reward work performance and achievement of others; and,
- Accept responsibility for our actions.

Lakeridge Health strives to maintain a safe environment free of all forms of discrimination, harassment, and abuse.

Discrimination is the less favourable treatment of persons because of their race, ancestry, place of origin, colour, ethnic origin, age, citizenship, creed, record of offenses, marital status, family status, disability, gender, pregnancy, or sexual orientation.

Harassment is comments or conducts that humiliates, insults, intimidates or degrades another person. It is behaviour that is known or ought to be known, to be unwelcome, whether or not that effect was intended. It can occur in a variety of forms including inappropriate remarks, gestures, pictures or jokes.

Sexual Harassment is unwelcome conduct of a sexual nature. It includes sexual advances, requests for favour, or verbal or physical conduct that is unwelcome and cause insecurity, discomfort, offense or humiliation; have or appear to have a job-related condition or promise associated with it; and interfere with a person's work performance or create an intimidating, hostile or offensive work environment.

Abuse can be in the form of physical (unnecessary action that results in bodily harm, discomfort or injury), psychological (actions that result in fear or diminish a person's dignity or self-worth), sexual (unwelcome sexual activity), and/or verbal (comments that are embarrassing, offensive, threatening, or degrading to another person).

If you are subjected to, or accused of discrimination, harassment or abuse, discuss with your Faculty or Preceptor. Human Resources can be contacted at ext. 4582.

7. Fragrances and Scents:

In support of our commitment to a healthy workplace, Lakeridge Health is a fragrance free facility. Scented products contain certain chemicals that can cause serious problems for people with asthma, allergies, migraines and environmental illness. Please do not use scented perfumes, deodorants, aftershave lotions and other scented personal hygiene products during the course of your practicum.

8. Smoking:

Smoking on hospital property is permitted only in outdoor/external designated smoking areas. These areas are clearly marked, are not closer than 9 meters from any hospital entrance, and do not include walkways leading to hospital entrances. Only the Bowmanville and Port Perry site have designated smoking areas at this time. Patients leaving their patient care unit for the purpose of smoking must advise their nurse or staff within the patient care area.

9. Cell Phone Use:

Cell phones may interfere with medical devices. Please obey signage posted and do not use your cell phone while at a patient bedside or anywhere signage advises not to use it, i.e. Critical care, Cardio, O.R. etc.

10. Chart Completion

It is the responsibility of the resident to ensure sign-off of all medical records at Lakeridge Health before departure. Failure on the part of the resident to complete a chart demonstrates a lack of professional responsibility, and will be duly noted in the evaluation of the resident.

11. Accessibility for Ontarians with Disabilities Act (AODA)

As part of its commitment to accessibility, the Ontario Government passed Accessibility Standards for Customer Service (Ontario Regulation 429/07) in January 1, 2008. This is the first of five standards related to the Accessibility for Ontarians with Disabilities Act (AODA), 2005 to be implemented.

The purpose of the AODA is to achieve a fully accessible Ontario by 2025.

As a public sector organization, Lakeridge Health (LH) is required to comply with the legislative requirements such as having a policy in place on accessible customer service and providing accessibility education to all individuals (including physicians, contractors, students) by January 1, 2010 (see below). Private businesses, non-profit organizations, or any other service provider with at least one employee in Ontario, must comply by January 1, 2012.

Please review the link below:

<http://thewave.corp.lakeridgehealth.on.ca/programs/hr/Pages/Orientation.aspx>

Student Support

1. Regional & Municipal Information

Regional Municipality of Durham

www.region.durham.on.ca

www.tourismdurham.ca

Municipality of Clarington

www.municipality.clarington.on.ca

City of Oshawa

www.oshawa.ca

The Town of Whitby

www.town.whitby.on.ca

Township of Scugog

www.township.scugog.on.ca

2. Transportation

Clarington Transit

www.claringtontransit.com

Oshawa Transit

www.oshawatransit.com

Whitby – General Information

www.town.whitby.on.ca/publicworks/transit

Durham Region

www.durhamregion.com

GO Transit

www.gotransit.com/publicroot/default.htm

Greater Toronto Airport Authority

www.gtaa.com

407 Express Toll Route

www.407etr.com

3. Accommodation

Trainees for whom accommodation is not provided can access rental apartments at Durham College, a few blocks from Lakeridge Health Oshawa.

Listings can be accessed at www.durhamc.on.ca/mycampus/centralscheduling or by calling (905) 721-3111 ext. 2285.

4. Food

All Lakeridge Health sites have Retail Food Service Operations with varying hours of operation from site to site. Please check Retail Cafeterias for posted hours of operation at each site.

5. Library Services:

The Health Sciences Library is available 24/7 in the LHEARN Centre at Lakeridge Health Oshawa. The library is staffed Monday to Friday (0800 – 1700) and after hours students can show their student photo ID to Security for entry. The library provides six computers, tables for group study, three individual study rooms, printer and photocopier. Other Lakeridge Health sites enjoy virtual access to library services and resources via email and phone requests as well as web access to books, journals, databases, point-of-care tools such as LexiComp and eCPS (drug information) and UpToDate (topic reviews for over 10,000 medical conditions).

Contact the Manager of Library Services at ext. 3334 for a personal orientation to the library or encourage your Preceptor to book your group for a library information session.

You can also access all library resources [via the WAVE](#).

6. Medical Education / Grand Rounds:

Regular medical education rounds are held at all the sites; please check with the site Academic Affairs Office for dates and topics. Queen's University offers Clinical Teaching Seminars via video-conferencing, and all trainees are welcome to attend their topic of interest. A schedule is included in this orientation package.

LH covers a wide range of services and programs in the Durham Region. If you are interested in completing another elective in selected areas of practice, contact:

Gail Patterson
Medical Trainee Liaison
Academic Affairs
Telephone: 905.576.8711 ext 4203
gpatterson@lakeridgehealth.on.ca

7. Placement Evaluation:

Please take a few minutes to complete the *Practicum Student: Evaluation of Student Practicum Program* form. This anonymous survey helps us improve the Student Practicum Program. Just fold it in half and return to the self-addressed form to Academic Affairs via interoffice mail.

8. Annual Preceptor Award:

An annual Preceptor Award, anonymously nominated by a student or team, is presented to an outstanding Preceptor during our Preceptor Appreciation Luncheon in June. Please complete the *Preceptor Award Nomination Form* if you wish to nominate your preceptor.

9. Human Resources Information Contact:

Lakeridge Health actively recruits new graduates to join our healthcare team. If you wish, please complete the Medical Trainee Human Resources Information Contact form. Physician recruitment is coordinated via the Medical Affairs office:

Sandy Bastarache
Physician Services Specialist
Telephone: 905-576-8711x3720
sbastarache@lakeridgehealth.on.ca

GUIDELINES FOR SUPERVISION OF MEDICAL TRAINEES

Statement of Principles Regarding Supervision of Medical Trainees

Supervision of medical trainees includes the guidance, observation, and assessment of the professional activities of the trainee by the preceptor with respect to the assessment, diagnosis and treatment requirements of his or her patients in keeping with the scope of practice of the preceptor and the educational objectives defined and agreed upon between the academic centre, trainee, and preceptor.

The Degree of Supervision Required

The degree of supervision is determined by the following three (3) components:

(i) The Preceptor:

The degree of supervision of the trainee places a finely balanced weight of responsibility on the preceptor as the patient's attending physician or midwife. This is a balance between personal responsibility for the nature and quality of patient care, and the established process of delegation of appropriate responsibility for patient care to a trainee for educational purposes.

The preceptor is responsible for the ongoing evaluation of the trainee's competence and performance at regular intervals, in order to ensure feedback to the trainee as part of the educational process, and to substantiate the basis for delegating levels of responsibility. This assessment must include direct observation of the trainee's clinical and communicative skills.

(ii) The Medical Trainee:

Postgraduate residents, undergraduate medical students and midwifery students have a diverse background in experience, clinical competence and performance. They are not independent practitioners nor are they specialists. Rather, they are pursuing their individual objectives in a graded and integrated fashion towards independence, providing healthcare services under the appropriate supervision of their assigned preceptors in a particular training program.

The goal of any medical training program is to bring medical trainees to the point where they can act independently in their area of demonstrated competence. This ability to function independently does not come suddenly at the end of the training but as a progressive and selective process throughout the course of their rotation. The degree of independence and the type of service rendered independently correspond to the level of experience, training, and the progress of the trainee.

(iii) Reciprocal and complementary obligations between the responsible Preceptor and the Medical Trainee:

The medical trainee and preceptor have reciprocal and complementary obligations. The responsibility of the preceptor is to supervise the trainee in independent practice and decision making only to the extent that it is justified, in the opinion of the preceptor, by the demonstrated competence and experience of the trainee.

The trainee has an obligation to report to the preceptor sufficient information on the cases at hand and the trainee's experience and training so that a reasonable preceptor can make a proper decision about appropriate delegation of clinical authority. The preceptor will not require independent exercise of judgement from the trainee which is beyond the trainee's capacity.

Exchange of Information and Notification of Health Status

Adequate supervision is dependent upon an ongoing exchange of information. The trainee, by accepting responsibility for each element of service to the patient from the preceptor, also inherently assumes the responsibility of documenting the services performed and keeping the preceptor informed of the health status of the patient.

(i) Principles of notification:

- The responsible physician is to be notified of any patient admitted to hospital under elective or emergency situations. The name of the preceptor and admitting physician should be given by the trainee to the patient (and relatives) during the admission.
- The preceptor is to be informed of any significant change in the patient's condition, including but not limited to the following:
 -
 - a. whenever an unusual or unexpected finding is observed;
 - b. whenever the assessment, diagnosis, treatment and management is in doubt; and,
 - c. prior to undertaking a procedure for diagnosis or treatment which has potential for immediate or future serious harm or morbidity.
- The responsible physician is to be notified prior to a patient's discharge from either an emergency, outpatient or hospital inpatient service, unless such discharge has been previously approved for that particular patient by the preceptor.
- The preceptor should be notified of specific requests by the patient and/or relatives.
- It is recognized that in certain emergency situations, prior notification may not be possible, but the preceptor should be notified as soon as possible thereafter.
- In order to minimize potential problems, the notifications should be documented in the patient's chart by the trainee and countersigned by the preceptor as per regulatory requirements of the respective professional College By-laws, Standards of Practice, Guidelines and Legislation governing their discipline.

(ii) Validation:

- The preceptor will, within a reasonable time, have recorded validation of pertinent aspects of each patient's history and physical findings obtained by the trainee, including but not limited to the following:
 - a. a discussion of the findings, significance and plans for management;
 - b. major decisions relating to management and disposition;
 - c. appropriate involvement with planning and performance of procedures;
 - d. reassessment;
 - e. follow-up; and,

- f. discharge.
- Written chart documentation by trainees should be countersigned by the preceptor as per the regulatory requirements of the respective professional College, By-laws, Standards of Practice, Guidelines and Legislation governing their discipline.
- Electronic charting by trainees can be countersigned by the preceptor as follows:
 - a. if an error is made in the Customer Defined Screens, the trainee must edit or undo the documentation.
 - b. in Free Text Patient Notes, the preceptor can “amend” the note as an indication of approval or correction of the entry, which will be reflected as the preceptor’s electronic countersignature.

Standards of Professional Behaviour for Medical Trainees

Traditionally, society has expected and physicians and midwives have held sacred, a standard of behaviour and ethical values of the highest order. Trainees will adhere to the standards of ethical behaviour, as outlined in the respective College of Physician and Surgeons of Ontario; College of Family Physicians of Canada, College of Midwives of Ontario, and the Colleges of the respective Regulated

Health Professionals. In general, their professional activities will be characterized by honesty, integrity, conscientiousness and reliability. Behaviour inconsistent with being a physician, or midwife, is viewed as a demonstration of lack of suitability to be a practicing healthcare professional.

1. All trainees must introduce themselves as a trainee status or equivalent, and must obtain informed consent from the patient or appropriate Substitute Decision Maker before performing any clinical activity or procedure on the patient.
2. Assessment of behavioural and ethical performance will be related to the following educational objectives:
 - 2.1 The trainee should display skill at communicating and interacting appropriately with patients, families and co-workers. Qualities that the trainee should demonstrate include, but are not limited to the following:
 - a. empathy and compassion for patients and their families;
 - b. concern for the needs of the patients and their families to understand the nature of the illness and the goals and possible complications to investigations and treatment;
 - c. concern for the psychosocial aspects of the patient’s illness;]
 - d. respect for, and ability to work harmoniously with physicians, allied healthcare professionals, and other staff;
 - e. recognition of the importance of self-assessment and of continuing medical education, and a willingness to teach others in their own profession, as well as to other allied healthcare professionals;
 - f. understanding of the appropriate requirements for involvement of patients and their families in research; and,
 - g. awareness of the effects that differences in gender, cultural and social background may have on the maintenance of health and the progression and treatment of illness.
 - 2.2 Behaviour unacceptable to the professional practice of healthcare may include, but are not limited to the following:

- a. referring to oneself as, or holding oneself to be, more qualified than one is;
- b. performing any clinical activity or procedure without the informed consent of the patient, parent, or appropriate Substitute Decision Maker;
- c. theft of drugs;
- d. violation of the criminal code;
- e. failure to be available while on call;
- f. failure to respect patients' rights;
- g. breach of confidentiality;
- h. failure to provide transfer of responsibility for patient care;
- i. failure to keep proper documentation in patient charts;
- j. sexual impropriety with a patient;
- k. being under the influence of alcohol or drugs while participating in patient care or on call; and,
- l. any other conduct unbecoming of a practicing healthcare professional.

2.3 Breach of any of the above principles of behaviour may result in a report to the Chief of Staff, to the VP Medical & Academic Affairs, to the appropriate faculty's training program, or as required by statute, be reported to the relevant professional association. Any such breach may be cause for dismissal from the elective at Lakeridge Health.

General Responsibilities for Medical Trainees

Assigned privilege and responsibilities will be given in accordance with the trainee's education, experience and clinical background.

- A comprehensive and detailed list of scope of services that may be performed by specific types and training levels of medical trainees are outlined by the educational institution and the LHC program. This list reflects the regulatory requirements of the respective professional College By-laws, Standards of Practice, Guidelines and Legislation governing their discipline, and should be clearly articulated to all members of the program and to the trainee.
- At the preceptor's discretion, based on clinical and professional judgement, s/he may limit the trainee's scope of services as necessary.
- All trainees must comply with LH's policies that help protect patient information in particular the Personal Health Information Protection Act policy and the Appropriate Use of Technology and Information System policy.
- The following table outlines the general scope of services that may be performed by the varying types and academic training levels of medical trainees, notwithstanding the above three points:

	<u>Patient Related Services</u>	<u>Trainee Eligibility</u>
I.	<u>Access to Patient Charts</u>	• All
II.	<u>Patient Access</u>	
a.	Observation of active staff member interaction with patients.	• All
b.	Performance of history and physical exam, with or without preceptor present; results to be reviewed with preceptor.	• All

c.	Orders for investigation and treatment to be validated by the preceptor or supervising physician.	<ul style="list-style-type: none"> • Postgraduate Resident
d.	Orders for investigation and treatment to be countersigned by postgraduate resident, preceptor, or supervising physician prior to execution of orders.	<ul style="list-style-type: none"> • Postgraduate Resident • Undergraduate Medical Student
III.	<u>Therapeutic Procedures</u>	
a.	Observing – all areas.	<ul style="list-style-type: none"> • All
b.	Assisting at diagnostic therapeutic procedures in all areas.	<ul style="list-style-type: none"> • All
c.	Performance of diagnostic / therapeutic procedures, with supervision of preceptor, consistent with preceptor's privileges.	<ul style="list-style-type: none"> • All
d.	Performance of diagnostic / therapeutic procedures with unsupervised performance, compatible with preceptor's privileges, pre-approved by preceptor.	<ul style="list-style-type: none"> • Postgraduate Resident
IV.	<u>Meeting Attendance</u>	
a.	Educational rounds.	<ul style="list-style-type: none"> • All
b.	Office and hospital committees.	<ul style="list-style-type: none"> • All
c.	Opportunity for exposure to LHC administration process including Medical Advisory Committee.	<ul style="list-style-type: none"> • All

Scope of Services Guidelines for Postgraduate Residents

Residents are graduates registered in an accredited medical program of an Ontario university. They have a valid educational license to enable them to do postgraduate training, under the terms, conditions and limitations of a certificate of registration authorizing postgraduate education, as per the Ontario Regulations, Medicine Act 1991, Section 11 (1 - 9). The assignments to clinical services prescribed or elected shall be the responsibility of the university and hospital. The Resident shall be under the supervision of a licensed physician who is a member of the medical or resident staff at LHC. Final responsibility for medical acts performed by Residents shall rest with the preceptor.

Residents include R1 to R5, dependent on years of postgraduate residency training. They would have a valid educational license to enable them to do postgraduate training, and must have current and relevant Canadian Medical Protective Association membership during the course of their elective. They are unable to practice independently.

Services that may be permitted by R1 – R5:

- (i.) Services that may be permitted by R1 – R5 are dependent on the Resident's skill level, experience, and level of training. The preceptor must take this into consideration when determining the degree of supervision required for clinical activities, particularly with major medical decisions and procedures. All orders should be validated by the preceptor either by countersigning the orders or signing the medical health record's face sheet upon discharge.

- (ii.) Within the principles of graded responsibility, a Resident may carry out clinical activities, either under direct or remote supervision, depending on the level of demonstrated competence.

Senior residents may supervise other residents and clinical clerks that are junior to them.



Professional Responsibilities in Postgraduate Medical Education

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RELATED TOPICS:	Consent to Medical Treatment, Delegation of Controlled Acts, Mandatory Reporting, Medical Records, Disclosure of Harm, Physician Behaviour in the Professional Environment, The Practice Guide: Medical Professionalism and College Policies
LEGISLATIVE REFERENCES:	<i>Regulated Health Professions Act, 1991; O. Medicine Act, 1991; Health Care Consent Act, 1996;</i>
COLLEGE CONTACT:	Quality Management Division

Professional Responsibilities in Postgraduate Medical Education

INTRODUCTION

The delivery of postgraduate medical education in Ontario has significantly evolved over time. Today training occurs in a variety of environments – teaching sites are not limited to traditional teaching hospitals, but also extend to community settings, such as physicians' private practices. Also, training relies on a team-based approach to care, involving the provision of comprehensive health services to patients by multiple health-care professionals. There are no longer exclusive domains of practice; rather, care is delivered through multidisciplinary teams. This collaborative, team-based approach promotes optimal health care for patients.

In order to ensure both an appropriate educational experience for trainees and a safe and effective delivery of health care to patients, it is essential that supervisors and trainees in the postgraduate environment are aware of the responsibilities and expectations that their roles entail.

Trainees need to be given opportunities to observe and actively participate in clinical interactions in order to acquire the knowledge, skills, and judgment required for future practice. This occurs through a process of graduated responsibility, whereby trainees are expected to take on increased responsibility as they acquire greater competence. For this to occur safely, supervisors must be capable of assessing the competencies of the trainees they are supervising on an ongoing basis.

Trainees cultivate attitudes about professionalism through observing the attitudes and behaviours displayed by their supervisors. Positive role-modeling is therefore of the utmost importance and supervisors are expected not only to demonstrate a model of compassionate and ethical care, but also to interact with colleagues, patients, trainees, and other support staff in a professional manner.

An understanding of the responsibilities and expectations placed on supervisors and trainees is essential for ensuring patient safety in this complex environment. Thus, while this policy focuses on professional responsibilities in the postgraduate environment, supervisors and trainees are expected to be familiar with other applicable CPSO policies as well; these include, but are not limited to Delegation of Controlled Acts, Mandatory Reporting, Consent to Medical Treatment, Disclosure of Harm, Medical Records, and Physician Behaviour in the Professional Environment.

PURPOSE

The purpose of this policy is to clarify the roles and responsibilities of the most responsible physicians (MRPs), supervisors and postgraduate trainees engaged in postgraduate medical education programs. This policy focuses on professional responsibilities related to the following aspects of postgraduate medical education:

1. Supervision and Training
2. Professional Relationships
3. Patient Care within the Postgraduate Educational Environment

SCOPE

This policy applies to all physicians who are involved in the guidance, observation and assessment of postgraduate trainees enrolled in postgraduate medical programs in Ontario and to the postgraduate trainees, themselves.

DEFINITIONS

Postgraduate Trainees (“trainees”)¹ are physicians who hold a degree in medicine and are continuing in postgraduate medical education. Regardless of the class of certificate 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 a patient when the trainee is providing care.

Supervisors are physicians who have taken on the responsibility by their respective training programs to guide, observe and assess the educational activities of trainees. The supervisor of a trainee involved in the care of a patient may or may not be the most responsible physician for that patient. Residents or fellows often serve in the role of supervisors, but do not act as the most responsible physician for patient care.

PRINCIPLES

1. Safe and effective care of the patient takes priority over the training endeavour.
2. Proper training optimizes patient care as well as the educational experience.

1. The majority of trainees in Ontario hold a certificate of registration authorizing postgraduate education, and are commonly referred to as “residents” or “fellows” in most teaching sites. However, a trainee may have a different class of registration depending on his/her individual circumstances: 1) pre-entry assessment program certificate of registration – commonly issued to international medical graduates (IMGs) for an initial “assessment phase”; this would include completing a “pre-entry assessment program” or “assessment verification period”; 2) restricted certificate of registration – trainees who have qualified under the “Residents Working Additional Hours for Pay” policy: <http://www.cpso.on.ca/policies/policies/default.aspx?ID=1648>; 3) certificates of registration authorizing independent practice – trainees who have completed their residency program and qualified for full registration, but who continue to do fellowship training.



3. The autonomy and personal dignity of trainees and patients must be respected.
4. Joint decision-making and exchange of information between most responsible physician, supervisor, and trainee provides an optimal educational experience.
5. Professionalism, which includes demonstration of compassion, service, altruism, and trustworthiness, is essential in all interactions in the training environment in order to provide the best quality care to patients.²

1. Supervision and Training

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

- a) being familiar with program objectives;
- b) making the patient or substitute decision-maker³ 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;
- c) 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;
- d) being willing and available to see patients when required or when requested;
- e) regularly evaluating a trainee's clinical competence and learning needs, and assigning graduated responsibility accordingly;
- f) 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;
- g) ensuring that all relevant clinical information is made available to the trainee, and directly assessing the patient as appropriate; and
- h) communicating regularly with the trainee to discuss and review the trainee's patient assessments, management, and documentation of patient care in the medical record.

The trainee must:

- a) participate in the care of patients as appropriate to his or her competencies, and specific circumstances, as well as to meet identified educational needs;
- b) make the patient or substitute decision-maker aware of their name, role, stage in the postgraduate program, and degree of involvement in patient care;
- c) 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;
- d) communicate with the supervisor and/or most responsible physician:
 - i) in accordance with guidelines of the postgraduate program and/or clinical placement setting;
 - ii) about patient assessments performed by the trainee;
 - iii) when there is a significant change in a patient's condition;
 - iv) when the trainee is considering a significant change in a patient's treatment plan or has a question about the proper treatment plan;
 - v) about a patient discharge;
 - vi) when a patient or substitute decision-maker and family expresses significant concerns; or
 - vii) in any emergency situation or when there is significant risk to the patient's well-being;
- e) document his or her clinical findings and treatment plans and discuss these with the most responsible physician and/or the supervisor.

2. Professional Relationships

The most responsible physician, supervisor and trainee must demonstrate professional behaviour in their interactions with each other, as well as with patients, other trainees, colleagues and support staff. Displaying appropriate behaviour and providing an ethical and compassionate model of patient care is particularly important for the most responsible physician and supervisor, as trainees often gain knowledge and develop attitudes about professionalism

2. For more information about professionalism and the key values of practice, please refer to The Practice Guide: Medical Professionalism and College Policies.

3. For details about substitute decision-maker and consent, please refer to the CPSO policy Consent to Medical Treatment.

PROFESSIONAL RESPONSIBILITIES IN POSTGRADUATE MEDICAL EDUCATION

through role modeling.

The most responsible physician and supervisor must be mindful of the power differential in their relationship with the trainee. Also, they should not allow any personal relationships to interfere with their supervision and evaluation of the trainee. Any personal relationship, which pre-dates or develops during the training phase between the most responsible physician or supervisor and the trainee, e.g., family, dating, business, friendship, etc., must be disclosed to the appropriate responsible member of faculty (such as department or division head or postgraduate program director). The appropriate faculty member would need to decide whether alternate arrangements for supervision and evaluation of the trainee are merited and, if necessary, make these arrangements.

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 the ability to function well with others⁴. Physicians, in any setting, are expected to display professional behaviour at all times.

3. Patient Care within the Postgraduate Educational Environment

In the postgraduate environment, it is important for patients to understand that care involves a collaborative, team-based approach and that trainees are integral members of the health-care team.⁵ The delivery of care relies on MRPs, supervisors, and trainees fulfilling each of their obligations as outlined in section one “Supervision and Training”.

Trainee involvement in patient care will vary according to the trainee’s stage in a postgraduate training program as well as their individual level of competency. Trainees are

expected to take on a graduated level of clinical responsibility in step with their demonstrated growing competency, although never completely independent of appropriate supervision.

In accordance with the *Health Care Consent Act*⁶ and the CPSO’s policy on Consent to Medical Treatment,⁷ patient consent is required in all situations where a treatment or a change in treatment is proposed. In addition, there are some factors unique to the postgraduate environment which should be disclosed to the patient in order for them to make an informed decision as to whether to give or refuse consent:

a) 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.

b) 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, e.g., 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.

4. For more information, please refer to the CPSO policy Physician Behaviour in the Professional Environment.

5. Typically, hospitals and other clinical settings would have signage notifying patients that they are teaching institutions. However, physicians in private offices and clinics need to explicitly communicate this information.

6. *Health Care Consent Act, 1996*.

7. For more information, please refer to the CPSO policy Consent to Medical Treatment.



COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

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Scope of Services Guidelines for Undergraduate Medical Students

Undergraduate Medical Students are registered in an accredited medical program of an Ontario university, and are engaged in a required clinical placement. The assignments to clinical services as prescribed or elected shall be the responsibility of the university and hospital. The Undergraduate Medical Student shall be under the supervision of a licensed physician who is a member of the medical or resident staff at LHC. Final responsibility for medical acts performed by Undergraduate Medical Students shall rest with the preceptor. Since Undergraduate Medical Students are not licensed physicians, their name tags will clearly identify them by name, and identified as "Medical Student". They must not be addressed or introduced to patients as "Doctor" to avoid any misinterpretation by patients or hospital staff.

Services that may be permitted by Undergraduate Medical Students:

- (i) Documentation of a patient's history, physical examinations, diagnosis, and other progress notes must be reviewed and countersigned by either the attending physician or other licensed physician who is responsible for the care of the patient.
- (ii) Orders concerning investigation or treatment of a patient may be written under the direct supervision of a licensed physician and must be countersigned by a licensed physician prior to execution. The licensed physician may be that of a supervising resident.
- (iii) Within the principles of graded responsibilities, an Undergraduate Medical Student may carry out technical procedures on patients, either under direct or remote supervision, depending on the level of demonstrated competence. In the latter case, the procedures shall be restricted to those which a registered nurse is permitted to perform after special instruction and designation in accordance with the College's Policy on Special Procedures by Nurses.
- (iv) Undergraduate Medical Students will be covered by liability insurance carried by the medical school.
- (v) A Pharmacist is not permitted to accept prescriptions signed by an Undergraduate Medical Student unless they are countersigned by a licensed physician.

Scope of Services Guidelines for Midwifery Trainees

Midwifery Students are undergraduate or graduate students enrolled in an accredited midwifery program of an Ontario university, and are engaged in a required clinical placement. The assignments to clinical services as prescribed or elected shall be the responsibility of the university and hospital. It is expected that the Midwifery Student will practice within the scope of practice as outlined by the regulatory requirements of the College of Midwives of Ontario's By-laws, Standards of Practice, Guidelines and Legislation governing the profession of midwives. The Midwifery Student shall be under the supervision of a licensed midwife or physician who is a member of the medical or resident staff at LH. Final responsibility for medical acts performed by Midwifery Students shall rest with the midwife or physician preceptor.

Services that may be permitted by Midwifery Students:

- (i) Services that may be permitted by Midwifery Students are dependent on the individual student's knowledge, skill, judgment and experience. The preceptor must take this into consideration when determining the degree of supervision required for clinical activities, particularly with major medical decisions and procedures. All orders should be validated by the preceptor either by countersigning the orders or signing the medical health record's face sheet upon discharge. All documentation should be validated by the preceptor as per the regulatory requirements of the College of Midwives of Ontario.
- (ii) Within the principles of graded responsibilities, a Midwifery Student may carry out clinical activities, either under direct or remote supervision, depending on the demonstrated level of competence.