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POLICIES AND PROCEDURES MANUAL

For Students in Years 1 and 2 of the UBC Medical and Dental Programs 2009-2010

6.1 Students Engaging in Clinical Activities

Supervision of Students Engaged in Clinical Activities

All UBC medical students who are undertaking scheduled, supervised clinical experiences, either during an academic semester or between such semesters are eligible for coverage by the University's General Liability and Medical Malpractice Insurance policy and hold valid educational licenses at the College of Physicians and Surgeons of British Columbia.

Year 1 and 2: Clinical Supervision and Assessment Policies

Medical students engage in clinical activities early in their training. Formal, scheduled pre-clerkship clinical activities take place in hospital and ambulatory settings, as part of the Clinical Skills Course and the Family Practice Continuum. The focus during these courses is of an academic nature yet includes the acquisition of skills in history taking, physical examinations and observing a variety of clinical practices and procedures. As a supplement to the primary focus of the theoretical knowledge acquisition in Years 1 and 2, students may arrange limited, informal, supplemental experiences such as "shadowing" of physicians and other health care workers and summer early clinical experiences. The following are examples of specific clinical activities first and second year may engage in:

1. Carry out a history and physical assessment in physicians' offices, hospital wards or the Emergency Room.
2. Observe the normal delivery of an infant.
3. Observe a surgical procedure in an OR.
4. Participate as an observer in multi-disciplinary team activities in an ambulatory setting.

First and second year medical student's participation should be tailored to their knowledge and abilities, and with the following limitations:

1. Students must be supervised at all times: this may be done by a post-graduate resident or an attending physician.
2. Physicians and medical students are advised to exercise care and caution during introductions to hospital staff and patients, so that the role of the student cannot be misinterpreted. The person responsible for the educational experience of the student while he/she is attached to the department, service, or hospital must be identifiable by name.

- 3 If a student writes a history and/or physical examination it must be signed by the student noting the year of their program and then must be completed, reviewed and signed by the attending physician or resident responsible for the care of the patient before being considered to be part of the patient's medical record.
4. Students can only write orders under direct supervision and the orders must be countersigned at the time by the postgraduate resident or attending physician.
5. First and second year medical students may observe medical procedures under appropriate supervision. However, in the context of Clinical Skills courses or the Family Practice Continuum, course preceptors who are familiar with the student's skills and abilities may provide an opportunity for the student to assist with simple procedures such as routine vaccinations.
6. First and second year students must not engage in any procedure involving "sharps" (needles, scalpels, etc.) until their hepatitis immunization is completed and documented. There is an expectation that students who have contracted a blood-born communicable disease will abide by the guidelines approved by the College of Physicians and Surgeons of British Columbia.
7. A student's introduction to suturing must be on a model or simulated tissue, not on a patient.
8. First and second year medical students cannot discharge a patient from a ward in the hospital, from the Emergency Department, or the Outpatient Department.
9. First and second year medical students cannot sign prescription orders.
10. First and second year medical students cannot sign birth and death certificates, or carry out the clinical task of certifying death.
11. Medical students are not permitted to dictate final versions of discharge summaries or consultation letters. Learning how to prepare discharge summaries or consultation letters under supervision, has potential educational value and should be encouraged.

Examples of:

What Year 1 and 2 Students CAN Do

- Carry out a history and physical assessment in physicians' offices, hospital wards or the emergency room.
- Write orders only under direct supervision and the orders must be countersigned at the time by the most responsible physician or postgraduate resident.
- Observe the normal delivery of an infant.
- Observe a surgical procedure in an operating room.
- Participate as an observer in multi-disciplinary team activities in an ambulatory setting.
- Observe medical procedures under appropriate supervision. However, in the context of Clinical Skills courses or the Family Practice Continuum, course preceptors who are

familiar with the student's skills and abilities may provide an opportunity for the student to assist with simple procedures such as routine vaccinations.

Examples of:

What Year 1 and 2 Students *CAN'T* Do

-Engage in any procedure involving "sharps" (needles, scalpels, etc.) until their hepatitis immunization is completed and documented. There is an expectation that students who have contracted a blood-borne communicable disease will abide by the guidelines approved by the College of Physicians and Surgeons of British Columbia.

-Sign prescription orders.

-Sign birth and death certificates or carry out the clinical task of certifying death.

-Discharge a patient from a ward in the hospital, from the emergency department, or the outpatient department.

-Dictate discharge summaries or consultation letters.