

## Resources to Support the Learning Environment for Clinical Clerks

### **First Drafted: 2004**

### **First Revision: 2010**

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### **Second Revision: 2014**

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*Approved: 2004*

*Revised: 2010, 2014*



**CFMS**  
Canadian Federation  
of Medical Students

**FEMC**  
Fédération des étudiants et des  
étudiantes en médecine du Canada

## **Background**

The clinical learning environment plays an important role in medical education through structured rotations and opportunities available to medical students. In the early stages of training, medical students often act as clinical observers with limited patient interaction and no patient care responsibilities. In later stages of training, medical students become clinical clerks and engage in full-time patient care responsibilities in partnership with hospital house staff.

Optimal clinical experiences require the provision of an environment that is safe and conducive to learning. Each Canadian medical school has policies focused on the clinical learning experiences at their institution but many of these policies do not fully address the protections and supports necessary for medical student learning in clinical settings.

As the national representative body of Canadian medical students, the CFMS/FEMC endorses the following principles and recommendations regarding a safe and supportive environment for medical student learning and development. We believe these principles and recommendations support the important goals of effective medical education and good patient care, and that all Canadian medical students would benefit from their implementation.

We hope that this document will serve as a framework for discussion among Canadian medical schools, their faculty and their students with regard to the implementation of safety and support standards in clinical learning for medical students.

## **Principles**

- 1. Medical students have a responsibility for taking ownership of their education and facilitate the best possible learning experience. They should strive to maintain a high degree of professionalism in their interactions with patients, peers, faculty, and staff.**
- 2. Medical students should not be expected to make clinical decisions beyond their level of training and should not be discouraged from or reprimanded for acknowledging these limitations to staff or residents.**
- 3. Medical students have the right to work in an environment free of harassment and coercion from other students, residents, staff members, or patients.**

## **Recommendations**

- 1. Expand medical school and hospital policies to increase resources to clinical clerks to support their learning**

In order to enable medical students to focus on educational opportunities during their clinical rotations and minimize administrative details, they should be provided with access to appropriate support and resources, that include but are not limited to:

- Overview of clinical responsibilities, working arrangements, and academic activities<sup>1</sup>

- Providing proper assessment and feedback<sup>1</sup>
- Coverage of reasonable living expenses when completing mandatory rotations away from their primary residence such as accommodations and travel expenses<sup>2,3</sup>
- Training on occupational health and patient safety involving topics such as preventing medication errors and maintaining sterile conditions<sup>4,5,6</sup>
- Training for appropriate use of electronic health records<sup>7,8</sup>
- Training for effective handoffs and discharge planning including clarification of roles and responsibilities, appropriate details of the patient's medical course, and identifying providers involved in the transition<sup>9,10,11,12</sup>
- Strategies for supporting personal and professional development in areas such as self-wellness, time management, and professionalism<sup>13,14,15</sup>

## **2. Undergraduate medical offices should support clinical clerks in their personal and professional development**

In order to support their ongoing development, medical students should have access to protected time-off away from clinical duties in situations that include but are not limited to:

- Conferences, seminars, and teaching sessions for educational or research purposes<sup>16</sup>
- Meetings as representatives for organizations or committees in an official capacity at local, provincial, national, or international levels<sup>17</sup>
- Support career planning including adequate time to attend their CaRMS interviews<sup>18,19</sup>
- Non-paid parental or maternal leave as defined by the Government of Canada<sup>20</sup>
- Compassionate leave as defined by the Government of Canada for a serious life event which would prevent a clinical clerk from carrying out their necessary duties<sup>21</sup>

## **3. Medical schools and hospitals should update and revise policies concerning the safety and security of clinical clerks**

In order to provide safety and security to their clinical clerks, medical schools should update and revise policies to ensure mechanisms that include but are not limited to:

- Access to a secure area within the clinical setting in which to store their belongings such as staff rooms, private lockers or secure offices<sup>22</sup>
- Secure sleeping facilities for in-house call that have appropriate security measures such as locked doors and storage

- Adequate after-hours support upon completion of call and late night shifts in the form of on-site security and safe transportation home
- Relieving clerks from service who are post “in-house” call after appropriate patient handover in accordance with the collective agreement for the house staff in their respective provinces
- Clinical clerks should not be coerced into working longer hours<sup>23,24</sup>
- Respecting clinical clerks and preventing their mistreatment through verbal and power abuse<sup>25,26</sup>

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