

CFMS/FEMC POSITION PAPER

Principles to Support and Protect the Clinical Learning Environment for Medical Students



BACKGROUND

The clinical learning environment plays a critical role in medical education across Canada through structured rotations and various clinical opportunities available to medical students. In the early stages of training, students often take the role of clinical observer where they have no patient care responsibilities and their level of patient interaction is limited. However, early patient contact is increasingly recognized and employed as a tool for the development of communication skills and clinical judgement. In later stages of training, students become *clinical clerks* and are expected to engage in full-time patient care responsibilities in partnership with hospital housestaff. In this document, the term *medical student* applies to students at all levels of medical training, whereas the term *clinical clerk* refers to students in later stages of training who have direct clinical responsibilities. 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 recommends the following set of principles regarding the creation of a safe and supportive environment for medical student learning and development. We believe these principles support the important goals of effective medical education and good patient care, and that all Canadian medical students would benefit from the implementation of these principles. We hope that this document will serve as a framework for discussion among Canadian medical schools and their faculty and students with regard to the implementation of common safety and support standards in clinical learning for medical students.

PRINCIPLES

1. Medical students have the right to work in a system and environment free of harassment and coercion from other students, residents, staff members, or patients.
2. Medical students should have access to a faculty member with the appropriate training and authority to deal with harassment related issues and/or stress management when challenging ethical, educational, and clinical situations are encountered (e.g., Director of Student Affairs).
3. Medical students should not be expected to make clinical decisions beyond their level of training. They should be provided at all times with accessible clinical decision-making support from residents, fellows, and attending physicians.

4. Medical students in turn should be aware of their own limitations and seek support when necessary from house staff and attending staff and should not be discouraged from or reprimanded for doing so.
5. Non-educational hospital service (e.g. - fetching coffee, non-clinical secretarial work, etc) by medical students should be limited to ensure that clinical learning is not compromised. This does not include health related service such as starting IV's, suturing, taking blood pressure or other tasks related directly to the care of a patient.
6. To support their ongoing professional development, medical students should be permitted to attend educational conferences as well as meetings of representative bodies at local, provincial, national and international levels.
7. Medical students should have access to parental leave (non-paid maternity and paternity leave, as defined by the Government of Canada) and compassionate leaves (for serious life events which would prevent the student from carrying out necessary duties) that emphasize flexibility for the student and do not negatively impact long-term educational outcomes.
8. Medical students who are required to complete mandatory rotations in locations away from their primary residence should have all reasonable expenses covered (e.g. - accommodations, basic utilities and travel expenses) by the province, community and/or medical program.
9. Medical students should have access to a secure area within the clinical setting in which to store their belongings (e.g. - staff rooms, private lockers or secure offices).
10. Before being required to report for active service, clinical clerks should have an orientation session for each service and/or hospital at which they are expected to work. The session should include an overview of clinical responsibilities, schedule of academic activities, training on occupational health and safety, and overall working arrangements to enable the student to focus on educational opportunities rather than administrative and organizational details once their clinical rotation has begun.
11. Clinical clerks should have protected educational time in each rotation, during which they are not scheduled for clinical shifts, in order to attend seminars/teaching sessions.
12. In order to adequately fulfill their clinical duties, clinical clerks should be provided with a personal pager for all rotations where they are expected to be on call.
13. When fulfilling in-house call responsibilities, clinical clerks must have access to safe, secure sleeping facilities that are not accessible to the public and have appropriate security measures in place (e.g. - locked doors, secure storage of personal items, etc).
14. For safety, educational and liability reasons, clinical clerks who are post "in-house" call should be relieved from clinical service after appropriate patient handover in

accordance with the collective agreement for the housestaff in their respective provinces. Clinical clerks should not be coerced into working longer hours.

15. Clinical clerks should be provided with adequate after-hours safety and security support upon completion of call and late night shifts in the form of on-site security and/or safe transportation home.

16. Clinical clerks in their final year of training require time away from clinical duties to attend CaRMS interviews and should be provided with adequate time to attend interviews and not be penalized for their absence during this time period.

17. Medical students have a responsibility for taking ownership of their education and facilitating the best possible learning experience for themselves and their classmates; students should always strive to maintain a high degree of professionalism in their interactions with patients, peers, faculty and staff.

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2010 - Cait Champion (University of Toronto, 2012), Jonathan DellaVedova (Northern Ontario School of Medicine, 2009), Tyler Johnston (McMaster University, 2010), Danielle Rodin (University of Toronto, 2012)