



## OPERATING PROCEDURES: ROLE OF LEARNERS DURING HEALTH CARE EMERGENCIES

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### Preamble:

Resident physicians and medical students work and learn in the clinical environment. Program safety policies provide guidance to ensure the physical and psychological well-being of the learner. These policies reflect discipline – specific variables and risks that arise in unique clinical circumstances. Broader guiding principles are required to address the appropriate role of trainees and students when health care crises develop that potentially impact all learners at all health care teaching sites.

“Learners” includes undergraduate medical students, clinical clerks, and resident physicians in any of the postgraduate medical education sponsored training programs.

### Guiding Principles:

#### Learners

1. In general, learners should not be excluded from participating during health care crises. These situations present an important opportunity for residents and students to develop medical expert, communication and leadership skills to address health care emergencies.
2. Permission to participate in direct patient interactions under crisis conditions will depend on competence and skills of the trainee, balanced with the assessed risk of the clinical presentation. In most instances the supervising or Most Responsible Physician (MRP) will make this determination in consideration of the following:
  - a. Entry-level (pre-clerkship or clerkship level) students and 1<sup>st</sup> year postgraduate trainees may need to be restricted from direct involvement in clinical care but could be mobilized for ancillary functions, e.g. for public health calls, information sessions etc.:
    - UME, Pre-clerkship Students (Observers, Shadowing & Electives) **WILL** be restricted from direct involvement in clinical care during health care emergencies as relative inexperience may increase the risk of unintended breaks in personal protective procedures.
    - UME, Clerkship students **MAY** need to be restricted from direct involvement in clinical care at the discretion of the MRP.



- UME leadership may provide direction restricting the clinical care involvement of their students during health care emergencies taking into consideration the risks involved when required. Such direction will override the discretion of the MRP. Such directives will be electronically communicated to students and preceptor through appropriate channels.
  
- b. Where appropriate, resident physicians at or above the PGY2 level should continue to engage in clinical activities as they would during non-emergency situations. Safety precautions must be instituted and respected as for all other health care workers and in consideration of any special circumstances which arise.

#### Teachers and Educational Leaders

1. Where appropriate, faculty will continue to fulfill their clinical teaching responsibilities.
2. Teaching faculty and educational leaders (i.e. PGME and UME) should develop effective strategies to provide psychological support to learners throughout and following the health crisis.
3. Educational leadership should ensure frequent, effective two-way communication (i.e. via e-mail or social media as appropriate) is maintained with all learners throughout and following the health care crisis.
4. When necessary, education leadership may need to develop alternate means of curriculum delivery, especially the use of distance technologies such as video conferencing.
5. Wherever possible, educational leaders should ensure that new opportunities and new modalities be incorporated into the curriculum around the crisis (including natural disasters, violence, civil disruption, etc.), e.g. public health approaches to outbreaks of infectious diseases of known or unknown etiology, triage in the face of natural disasters with massive casualties, the epidemiology of massive infection, etc.

**Approved: UME Management  
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