

Role Conflict: Physicians as Care Providers and Teachers (MD PROGRAM)

Departmental Policy

Authorizing Unit Undergraduate Medical Education (UME) Management	Table of Contents: Purpose	1
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Purpose

1 Create a UME policy that specifies that providers of health and psychiatric/psychological services to a medical student will have no involvement in the academic assessment of or in decisions about the promotion of that student.

Scope

2 This policy applies to all students and preceptors in UME at the Cumming School of Medicine, University of Calgary.

Definitions

- In this Policy
 - a. UME means the Undergraduate Medical Education program with the Cumming School of Medicine, University of Calgary.
 - b. "MD" means Doctor of Medicine.
 - c. Approval Authority means the office or officer responsible for approving Undergraduate Medical Education policy and procedures.

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- d. Implementing Authority means the office and officer responsible for implementing Undergraduate Medical Education policies and procedures.
- e. Confidential means that access to the records is limited to those with a demonstrated need to know. Information that is classified as Confidential must be stored within a controlled access system. It may be transmitted on internal networks with or without encryption. Information must be encrypted if transmitted on a public network.
- f. Student Inactive Files refers to records about a former medical student.
- g. Student File refers to records about a current or former medical student held by UME.
- h. Medical Student Performance Report (MSPR) letters refers to the specific document compiled by the UME Administration team in preparation for CaRMS match.
- i. Canadian Resident Matching Service (CaRMS).
- j. FOIP refers to Alberta's Freedom of Information and Protection of Privacy Act.
- k. Academic file refers to information pertaining to the MD curriculum, marks, rotation information etc.
- 1. Non-academic file refers to information of a personal nature of the medical student.
- m. UME administration refers to: Associate Dean, Assistant Deans,
 Manager, Curriculum & Administration, Administrative Assistants and
 Coordinator and Program Supervisors.
- n. Student Academic Review Committee (SARC).
- o. Student Evaluation Committee (SEC).
- p. "Pre-Clerkship" means years one and two of the MD Program.
- q. "Clerkship" means the third and final academic year of medical school.
- r. "Learning Management System" means a web-based system for curriculum management in UME. Currently, the learning management system in use is called OSLER.
- s. "OSLER" means Online Schemes, Learning and Education Resources.
- t. "IST" means Independent Study Time.
- u. "ITER" means In Training Evaluation Report, these are forms that are completed by preceptors after interacting with a student, either in a classroom (i.e small group) or clinical setting. They can assess a variety of domains of performance, and usually also include a global rating of the Students' performance.

Policy Statement

4 Many medical teachers are also practising clinicians, creating the potential for a conflict of professional roles to arise. A teacher may be assigned to supervise (i.e. teach or assess) a medical student previously cared for or currently being seen as a patient. This must be carefully managed, particularly if the care is of a sensitive nature or if the care is provided in the context of an ongoing clinical relationship

Responsibilities 5 UME will ensure adherence to this policy.

Procedures

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If a medical student comes under the supervision of a teacher who is currently treating or has previously treated that student for a sensitive health concern, or who is their primary care physician or specialist consultant for ongoing regular care, a conflict of professional roles between the teacher's clinical and educational responsibilities arises. In this context, "supervision" is defined to include any small group teaching or teaching of clerks in a clinical setting but does not include large group lectures. "Sensitive health concerns" include but are not limited to mental health conditions and conditions that are sexual in nature; the threshold for sensitivity is recognized to be an individual decision, which should fully consider reasonable expectations of the patient. The physician teacher must not participate in the assessment of the student in question, either directly or indirectly (e.g., by providing feedback to the director of a clinical rotation). It is also preferable that the student be scheduled for alternative supervision, if possible, without disrupting the educational experience of the student in question and other students in the course, and without drawing any unnecessary attention to either the student or teacher.

Both the teacher and the student are individually responsible for reporting the potential conflict of professional roles to the Associate/Assistant Dean, UME. After being contacted by either the student or teacher, the MD Program leader will make arrangements to remove the student from the teacher's supervision or at a minimum to ensure that assessment is conducted exclusively by other faculty members with no input from that teacher.

Students who make a report shall disclose that the conflict pertains to the teacher's clinical role but shall not be required to disclose the nature of the health care they received. Teachers who make a report need disclose only that a conflict of interest has arisen without making explicit that it pertains to their clinical role; this provision has been included in recognition of physician teachers' primary responsibility to uphold patient confidentiality.

If it is the student who reports the conflict, the teacher in question will not be informed of the reason for the change unless it proves necessary, and only after consent is provided by the student. If it is the teacher who reports the conflict, the student will be informed of institutional policies around conflicts of interest and the reason for the transfer of supervision.

If additional faculty or staff need to be involved in order to transfer the student to another supervisor, explanations are to be provided to them on a need-to-know basis only, with the minimum amount of information required.

If cases where there is a conflict of clinical and educational roles during an OSCE or other oral examination, either the student or examiner may stop the

station and notify staff immediately. The student will be reassigned to a different examiner/standardized patient when time allows.

It is possible that academic leaders (e.g. clerkship director, assistant dean) may have current or former patients as students within their portion of the UME program. In this situation, it will generally not be possible to remove that individual entirely from the oversight and involvement of a student who is a former or current patient. Instead, it is expected that the curriculum leader reports their potential conflict of professional roles to the Associate Dean, UME as soon as they become aware that a former or current patient is enrolled in a course under their jurisdiction.

Upon such notification, the Associate Dean UME will take measures to ensure that any required interactions with the leader in question is handled by a suitable alternate. The curriculum leader in conflict may be involved only insofar as this is deemed necessary to ensure consistent treatment of all students. The involvement of the alternate will be documented.

If the conflict does not become apparent until the end of a rotation, the current clerkship ITER offers the option for faculty to opt out of the evaluation based on the conflict. This is flagged for the Assistant Dean, who will contact the faculty member, as well as the appropriate Course Chair/Clerkship Director, to determine an appropriate evaluation option. This could result in the need for a student to be reassessed by a different preceptor.

A student may, in the interest of their own education, request an exception to this policy, if application of this policy will adversely affect the quality of their educational experience. This will need to be approved by the supervising faculty member and the Assistant or Associate Dean UME. Issues related to the health of a family member will be considered on a case-by-case basis for reassignment.

The UME will not maintain health records of medical students with the exception of a summary of their immunization records related to their ability to work in the healthcare field. Student can review their immunization records at any time, upon request. Medical information submitted to UME is confidential and separated from the student's academic record, as per the UME student file policy.

Students will be made aware of this policy via the MD program website and during orientation. Faculty will be made aware of this policy via a link provided with each In-training Evaluation Report (ITER).

History 7 Approved: UME Management: May 1, 2015

November 2021

Approved: Undergraduate Medical Education Committee (UMEC): February 2022