



Last Reviewed 20 February 2025 | Review every 4 years (Next Review in 2029)

Supervision of Medical Students on Clinical Rotations Policy

Office of Accountability:	Associate Dean, MD Program, Faculty of Medicine & Dentistry
Office of Administrative Responsibility:	MD Program
Approver:	MD Curriculum & Program Committee
Scope:	This policy applies to all primary preceptors, supporting preceptors, and residents who work with medical students at the University of Alberta irrespective of the geographically distributed site at which they are located.

OVERVIEW

Clinical supervision is fundamental to safeguarding standards, professional expertise and the delivery of quality care. This policy provides for the supervision of medical students on clerkship rotations at all sites of the MD Program at the University of Alberta.

ACCREDITATION STANDARDS

This policy addresses the **Committee on the Accreditation of Canadian Medical Schools (CACMS)** element 9.3, Clinical Supervision of Medical Students, which states: A medical school monitors the supervision of medical students in all clinical learning experiences to ensure patient and student safety. The level of responsibility delegated to the student is appropriate to the student's level of training, and the delegated activities supervised by the health professional are within the health professional's scope of practice.

PURPOSE

Clinical supervision is a formal process of professional support and learning which enables medical students to develop knowledge and competence, assume supervised responsibility and enhance patient safety in complex clinical situations. To ensure patient safety and medical student safety, the three main functions of clinical



supervision are to educate, support and assess the medical student.

The Faculty of Medicine & Dentistry (FoMD), the primary preceptor and/or resident and the medical student all play important roles and share responsibility in this process. The Faculty of Medicine & Dentistry is committed to these principles and has developed this policy which outlines the standards for supervising medical students and the role of each member of the team.

POLICY

Responsibilities

The responsibilities of the Faculty of Medicine & Dentistry, the primary preceptor or resident and the medical student are set out below.

Expectations of the Faculty of Medicine & Dentistry / MD Program

The Faculty of Medicine & Dentistry (FoMD) will support clinical supervision of medical students as an integral part of patient care. The FoMD will ensure that appropriate, experienced practitioners are licensed by the College of Physicians and Surgeons of Alberta and are provided with a formal appointment with the FoMD prior to supervising medical students in required clinical learning experiences.

The MD Program has a role in supporting all preceptors who supervise medical students on required clinical learning experiences and commits to:

- Collecting and reporting student feedback through annual teaching evaluation reports (that are released when there are 3 or more evaluations completed);
- Providing a stipend for eligible preceptors;
- Recognizing preceptor contributions to the undergraduate medical education;
- Providing access to faculty development and ongoing teacher support;
- Ensuring preceptors have access to program level and clerkship objectives
- Providing information about student assessments
- Ensuring primary preceptors are assigned in the MD Program's program delivery system, Cally
- Providing access to the MD Program's program delivery system, Cally

Expectations of Primary Preceptors

Primary Preceptors have a number of roles, which they are expected to perform when having a medical student with them on required clinical learning experiences, including:

- Promote and model high standards of professional conduct at all times with medical students;
- Comply with [College of Physicians & Surgeons of Alberta Standards of Practice](#);



- Maintain a professional relationship with medical students and identify issues including those related to conflict of interest, harassment, intimidation, and medical student safety; and be familiar with university, faculty and program specific policies relating to these issues. When issues arise, provide support and collaborate with the Office of Professionalism, the Office of Advocacy and Wellbeing, the clerkship coordinator and the MD Program;
- Be aware of the medical student's educational objectives and the required patient encounters and procedures for the period during which the medical student is working with them;
- Ensure that all supporting preceptors, residents, or other non-faculty instructors who may be instructing medical students are oriented to supervision expectations and all other teaching responsibilities (see [Preparation of Resident and Non-Faculty Instructors Policy](#));
- Ensure that any clinical activities supervised by a non-physician health professional are within the scope of practice of the supervising health professional, and that this supervisor has explicitly accepted delegated responsibility from the supervising physician for overseeing the medical student's participation in those specific activities. (Note: This is not intended to imply that the many opportunities for informal interactions between medical students and other health professionals in the clinical setting necessarily comprise instances of clinical supervision by those professionals).
- Ensure that medical students are supervised at all times by the primary preceptor or a delegate (who may be a resident) and that the primary preceptor is immediately contactable by phone /pager if not physically present and can attend in person promptly depending on the urgency of the situation;
- Ensure on-call schedules for supporting preceptors and residents are structured to provide medical students with continuous supervision;
- Confirm that the medical student has received orientation at the start of the clinical rotation and understands their role and responsibilities at the start of each learning situation where this is the first time meeting the medical student or the situation is new to the medical student;
- Confirm communication arrangements with medical student for each clinical learning situation;
- Take into consideration the medical student's level of training and ensure the medical student is capable to attempt a delegated clinical activity;
- Ensure that the patient is informed that the medical student is a medical student and not a graduated physician;
- Determine the medical student is capable of caring for the number of delegated patients, and ensure the medical student is aware of all patients designated to them;
- Recognize when a medical student is unable to provide safe patient care because of the number and/or complexity of patients assigned and/or because



of fatigue, illness or perceived risk of contracting illness or any other reason and to intervene immediately to support the medical student and the patient's care that has been delegated to the medical student;

- Confirm the clinical findings of the medical student and review the management plan, as well as patient progress with the medical student;
- Make necessary modifications to the patient care plan managed by the medical student;
- Complete midpoint evaluations when required and complete all assessments in a timely manner according to guidelines issued by the MD Program.

Expectations of Medical Students

Medical students also have a role in ensuring appropriate supervision during clinical experiences/rotations. These expectations include:

- Maintain a professional relationship with physician/resident supervisor, and display professional conduct at all times with colleagues, paramedical staff, patients and members of the public;
- Comply with [College of Physicians & Surgeons of Alberta Standards of Practice](#);
- Inform patients (or responsible family members) of their status as a medical student and provide the name of the supervising physician (primary preceptor, supporting preceptor, or resident);
- Identify the limits of their personal knowledge and clinical skills;
- Practice within the limits of their personal knowledge, skills and experience and when unknown or uncertain seek confirmation and guidance from the supervising physician (primary preceptor, supporting preceptor, or resident);
- Inform the primary preceptor, supporting preceptor, or resident if they feel unable to care for patients delegated to their care for any reason including fatigue, illness or perceived risk of contracting illness;
- Inform their primary preceptor or resident when a patient's condition deteriorates and/or if the diagnosis and/or management of the patient are in doubt;
- Complete feedback for primary preceptors, supporting preceptors, and residents as requested, as well as end of rotation evaluations.

Medical Student Confidentiality

For clinical supervision to be effective, the medical student must feel safe that any issues reflected upon will be shared in confidence.

There are circumstances where confidentiality does not apply, examples include:

- concern for medical student well-being (contact with Office of Advocacy and Wellbeing, itself a confidential service);
- concern for possible illegal activity;
- concern for unsafe or unethical practice.



A medical student retains a right of appeal if it is felt that confidentiality has been breached and may seek advice from the Office of Advocacy and Wellbeing, the Office of Professionalism or other university services outside of the Faculty of Medicine & Dentistry.

RELATED POLICIES

Policy on Faculty Appointments for Physicians Supervising Medical Students
Preparation of Resident and Non-Faculty Instructors Policy
Conflict of Interest in Assessment Policy

RELATED LINKS

Committee on Accreditation of Canadian Medical Schools (CACMS)
University of Alberta's Discrimination, Harassment and Duty to Accommodate Policy
Office of Advocacy and Wellbeing
Office of Professionalism
College of Physicians and Surgeons of Alberta (CPSA) Standards of Practice

DEFINITIONS

Any definitions listed in the following table apply to this document only with no implied or intended institution-wide use.	
Primary Preceptors	Faculty-appointed physicians who directly supervise medical students' clinical learning experiences and assessments. If applicable, the primary preceptor oversees any student engagement with other faculty or non-faculty supporting preceptor or other healthcare providers. Primary preceptors are required to have a faculty appointment (academic or clinical) with the FoMD prior to being assigned to a student.
Supporting Preceptor	Interact with medical students and may be involved in teaching them, but are not primarily responsible for overseeing the student's clinical experiences and assessments. Supporting preceptors should have a faculty appointment (academic or clinical) with the FoMD.
Required Learning Experience	An educational unit (e.g., teaching session, course, block, clerkship rotation or longitudinal integrated clerkship) that is required of a student in order to complete the medical



	education program. These educational units are usually associated with a university course code and appear on the student's transcript.
Required Clinical Learning Experience	A subset of required learning experiences that take place in a health care setting involving patient care that are required of a student in order to complete the medical education program. These required clinical learning experiences may occur any time during the medical educational program.

APPROVAL HISTORY

APPROVER	STATUS	DATE
MD Program Committee	Approved	26 September 2013
Kent Stobart, Associate Dean, MD Program	Revised scope from <i>Applicable to all members of the team involved in patient care</i> to <i>Compliance with this policy extends to all members of the team involved in patient care.</i> First sentence under <i>Purpose</i> , deleted "clinical rotations" and replaced with "clerkship rotations."	26 February 2014
Dr. Tracey Hillier, Associate Dean, MD Program	Updated formatting for consistency and changed the approving committee to MD Curriculum & Program Committee	10 June 2020
MD Curriculum & Program Committee (MDCPC)	Approved	28 April 2022
MD Curriculum & Program Committee (MDCPC)	Approved with updates to definitions of primary and supporting preceptors. Updated responsibilities of supervisors.	20 February 2025



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