

# UBC Clinical Clerk Requirements for Supervision & Service



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In the UBC MD Undergraduate Program, the third and fourth years of our four-year program are both clerkship years: Year 3 is considered junior and “core”; Year 4 is considered senior.

Students may provide a spectrum of medical services, with stipulations as follows:

1. They must be **supervised directly or indirectly at all times**; this can be done by a post-graduate resident or an attending physician.
2. Histories and physicals must be completed, reviewed, and countersigned by the attending physician or resident **within 24 hours of admission**.
3. **Orders:** Orders written by clerks under appropriate supervision are recognized by the hospital as equivalent to orders written by other members of the resident and medical staff. “Appropriate supervision” in this section means: **previous** discussion of such orders with a resident or attending staff physician. Clerks must sign all their orders as follows:

*Signature*

*Printed name*

Year 3, Class 2012

College of Physicians and Surgeons of British Columbia identity number (CPSID)

Pager or Cell #:

Discussed with Dr. \_\_\_\_\_

When ordering medications, students must follow the guidelines for abbreviations to be used and to be avoided outlined in “Do Not Use Abbreviations...” from ISMP Canada. Document can be found at the following link: <http://www.ismp-canada.org/download/ISMPCanadaListOfDangerousAbbreviations.pdf>

The clerk shall, except in an emergency, write the name of the resident or attending physician with whom the orders have been discussed after this signature. The above orders must be countersigned by the responsible resident or attending physician. Preferably, the responsible resident or attending staff physician should countersign orders before they are carried out. If this is not possible, the order may be carried out and then countersigned at the earliest opportunity.

All orders written and signed in the Emergency Department require prior discussion with an **on-site** resident or attending staff physician before the orders are carried out.

6. **Procedures:** Clerks may perform certain procedures under appropriate supervision. “Appropriate supervision” in this section means that the supervising medical and/or resident staff shall ensure that the clerk has been sufficiently trained to carry out the procedure and that he/she is capable of performing the particular elements of patient care. It is also the responsibility of the clerk to ensure that he/she is competent to undertake these elements of patient care. Patient and student safety must be ensured by supervisors in clinical settings. Students must not be required to attempt procedures that they are inadequately trained to perform, or procedures with any significant potential risk, e.g. attempting to suture an agitated HIV/HepC patient.

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7. Clerks may **not** discharge a patient from a ward in the hospital, from the Emergency Department, or the Outpatient Department. Patients can only be discharged once approval has been given by a senior resident or attending.
8. Clerks **cannot** sign birth and death certificates, Mental Health Certificates or other medico-legal documents, although they may carry out the clinical task of certifying death.
9. Prescriptions to be filled outside the hospital **cannot** be signed by clerks.
10. Physicians and clerks are advised to exercise care and caution during introductions to hospital staff and patients, so that the role of the clerk is not misinterpreted. Each department, service or hospital to which a clerk is attached must be able to identify by name, the person responsible for the educational experience of the clerk while he/she is attached to the department, service, or hospital. Temporary registration is provided to the clerk under Section 38 [2](d) of the Medical Practitioner's Act.
11. Learning how to prepare discharge summaries or consultation letters under supervision has potential educational value and should be encouraged. In settings in which the organizational (hospital, clinic) rules permit clerks to dictate discharge summaries or consultation letters, the preceptor may allow the clerk to dictate these notes based on the clerk's skills and knowledge of the case. Clerks must be given feedback on these documents by the supervisor on whose behalf the documents are prepared. The preceptor bears the responsibility for the document produced on his/her behalf. The dictation should be directly related to the student's learning and not a service requirement.
12. The Faculty of Medicine documents on *Professional Standards* and *Policy and Processes to Address Unprofessional Behaviour* can be found on the Faculty of Medicine website by using the following links:

[http://med.ubc.ca/files/2012/02/Professional\\_Standards\\_for\\_faculty\\_and\\_learners\\_in\\_FoM\\_and\\_Dentistry65.pdf](http://med.ubc.ca/files/2012/02/Professional_Standards_for_faculty_and_learners_in_FoM_and_Dentistry65.pdf)

[http://med.ubc.ca/files/2012/02/Policy\\_\\_\\_Process\\_to\\_Address\\_Unprofessional\\_Beahvior\\_\\_\\_Including\\_Harassment\\_\\_\\_Intimidation92.pdf](http://med.ubc.ca/files/2012/02/Policy___Process_to_Address_Unprofessional_Beahvior___Including_Harassment___Intimidation92.pdf)

These documents apply both to and for students, staff, faculty and administrators.