Undergraduate Medical Education

Ethical Conduct of Clinical Teaching Encounters Policy

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Lead Writer: unknown
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1.0 Any use of a patient for teaching purposes should take place only with the consent of that patient.

- Where medical students form part of the health care team and are engaged in providing health care for patients, then the usual institutional consent process will apply, and specific additional consent is not required.

- Where the contact between the student and the patient is primarily for teaching purposes, then explicit prior consent must be obtained from the patient.

- Verbal consent will normally suffice. Where the patient is, or will be, incapable of giving consent at the time of the encounter, and the encounter will include a procedure or examination of an embarrassing or invasive nature, then prior consent should be documented.

- Clinical teachers who ask that medical students perform procedures or examinations on patients who are incapable of giving informed consent, purely for the purposes of education, should ensure that the students understand that either the patient has given prior consent, or that consent has been given by an appropriate surrogate.

2.0 The institutions must ensure that systems are in place so that all patients, including those in the ambulatory setting, are educated about the roles within their health care teams, including specific reference to medical students, to enable them to make informed decisions about the teaching process.

3.0 All clinical staff have a duty to inform patients of the role of students on their team; students must always be accurately identified as such.

4.0 Clinical teachers must not ask students to assume a task or responsibility beyond their competence without adequate instruction and supervision. The onus is on teachers to assure themselves of a student’s competence, but students have a responsibility to inform teachers if they are not competent to carry out a task.
5.0 Medical students should not be used to obtain written consent from patients, but they may witness signatures.

6.0 All members of the clinical team have a responsibility to ensure that these guidelines are followed. The final onus rests with clinical teachers.

6.1. The ethical clinical teacher:

6.1.1. Will treat students with respect regardless of level of training, race, creed, colour, gender, sexual orientation, or field of study.

6.1.2. Will teach the knowledge, skills, attitudes and behaviour, and provide the experience that the student requires to become a physician in his/her chosen career.

6.1.3. Will supervise students at all levels of training as appropriate to their knowledge, skills and experience.

6.1.4. Will support and encourage students in their endeavors to learn and to develop their skills and attitudes and a sense of enquiry.

6.1.5. Will allow responsibility commensurate with ability.

6.1.6. Will see patients when so requested by students.

6.1.7. Will teach to students the rationale for decisions, the reasons for conclusions, the reasoning behind investigation and treatment.

6.1.8. Will discuss alternate diagnoses, investigations and therapeutic choices and the merits and risks of these.

6.1.9. Will assess carefully and accurately students’ abilities and provide prompt verbal and written feedback.

6.1.10. Will assess only performance and not allow this assessment to be coloured by personal interactions.

6.1.11. Will provide remedial teaching when so indicated by assessment.

6.1.12. Will maintain a professional teacher-student relationship at all times and avoid the development of emotional, sexual, financial or other relationships with students.
6.1.13. Will strive to conduct herself/himself in a fashion to be an excellent role model for students.


6.1.15. Will refrain from intimidating or attempting to intimidate students.

6.1.16. Will refrain from harassment of students in any fashion – emotional, physical or sexual.