Procedure for conflicts of clinical and educational roles

Approved by: MD Program Curriculum Committee
Date of original adoption: 17 May 2011
Date of last review: 09 July 2019
Date of last amendment: 09 July 2019
Date of next scheduled review: 09 July 2023

1. Preamble

Many teachers in the Faculty of Medicine are also practising clinicians, creating the potential for the following 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.
- A teacher may be asked to provide care to a current or former student.

Both kinds of situations 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. Included below are guidelines and procedures intended to address both kinds of situations summarized above.

Guidelines with respect to the separation of MD Program leadership roles from other decision-making positions (e.g. Resident Selection Committee; MD Program Board of Examiners, unless ex officio) are included in the MD Program’s Access to student academic records.

2. Guidelines and procedures with respect teachers assigned to supervise a medical student previously cared for or currently being seen as a patient

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 didactic 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.

In situations where there is a conflict of professional roles between the teacher’s clinical and educational responsibilities, as defined above, the teacher must not participate in the assessment of the student in question, either directly or indirectly (e.g., by providing feedback to the site 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 appropriate MD Program leader of their choosing, which include the course director; the student’s Academy Director; the Foundations or Clerkship Director; and/or the Associate Dean, Health Professions Student Affairs. 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.

Procedures with respect to OSCEs and other oral assessments
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.

Special provisions with respect to curriculum leaders
In this context, curriculum leaders include course and component directors, theme leads, and the Foundations Director and Clerkship Director. When the faculty member in question is considered a curriculum leader, 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 report their potential conflict of professional roles to the Vice Dean, MD Program as soon as they become aware that a former or current patient is enrolled in a course under their jurisdiction.

Upon such notification, the Vice Dean, MD Program will take measures to ensure that any “extra attention” that may subsequently need to be paid to the student in question (e.g., for academic difficulty or professionalism concerns) 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 duly documented. It is not required that the student be advised that an alternate has been put in place unless their performance or behaviour necessitates “extra attention” as defined above; nevertheless, depending on the circumstances, the Vice Dean may, at his/her discretion, notify the student of the arrangement from the outset.

3. Guidelines and procedures with respect teachers asked to provide care to a current or former student
If a student is supervised, tutored, or mentored in a formal or informal capacity by a teacher, then an educational relationship is established. Consequently, a conflict of professional roles would arise if a teacher accepted a request to provide health care services or clinical advice to such students during the period of the educational relationship. If a student requests such advice or assistance, he or she should be advised to seek care from their family physician or other appropriate health care provider (except in cases of an emergent/urgent nature).

Alternatively, if a teacher wishes to accept the request to provide care to a student, the teacher must inform the appropriate MD Program leader of their choosing prior to commencing care. Appropriate MD Program leaders include: the course director; the student’s Academy Director; the Foundations Director or Clerkship Director; and/or the Associate Dean, Health Professions Student Affairs. The provisions and procedure in Section 2 above will then apply.
Teachers should never encourage students to confide personal health-related concerns to them. Rather, students may be referred to the Associate Dean, Health Professions Student Affairs or their Academy Director for assistance in accessing appropriate resources.

With regard to the provision of medical services or advice after the educational relationship has come to an end, teachers are strongly urged to exercise caution and familiarize themselves with the relevant professional regulations; they should also bear in mind the possibility that the educational relationship may be renewed at a later date.