

Procedure for conflicts of clinical and educational roles

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PREAMBLE:

Many teachers in the Faculty of Medicine are also practising clinicians, creating the potential for a conflict of professional roles to arise:

- First, a Faculty of Medicine teacher may be assigned to teach or assess a medical student previously cared for or currently being seen as a patient.
- Second, a Faculty of Medicine 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 as defined below, or if the care is provided in the context of an ongoing clinical relationship,.

(1) 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.

(NB: “Supervision” is defined here 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 such a situation, 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.

Responsibility and procedure:

Both the teacher and the student are individually responsible for reporting the potential conflict of professional roles to the appropriate UME leader of their choosing; this may include the course director, the student’s Academy Director, the Preclerkship or Clerkship Director, and/or the Associate Dean, Health Professions Student Affairs. Once either party contacts any of the above individuals, that individual 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 then after student consent is provided. 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.

Special provision regarding senior teachers/leaders in curriculum:

When the faculty member in question is in a unique senior position, as, for example, a course director, Preclerkship Director, or Clerkship Director, 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.¹ Instead, it is expected that the senior teacher/leader in curriculum report their potential conflict of professional roles to the Vice-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 Vice-Dean UME 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, professionalism concerns, or petitions for consideration) 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 at his/her discretion may notify the student of the arrangement from the outset.

(2) 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 UME leader² prior to commencing care. The provisions and procedure in Section 1 of this policy will

¹It should be noted that such "senior teachers" or "leaders in curriculum" do not generally participate in direct assessment of students; rather, they typically make judgements about the overall performance and behaviour of students based on feedback from others, and these decisions are normally made by a group rather than by the senior teacher alone. Consequently, the situations in which a risk of unequal treatment would arise are more limited than they would be for a person involved in direct teaching and assessment.

² An appropriate UME leader may include the course director, the student's Academy Director, the Preclerkship or Clerkship Director, and/or the Associate Dean, Health Professions Student Affairs.

then apply. For clarity, teachers should never encourage students to confide personal health-related concerns to them.³

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.

³ Students may be referred to the Associate Dean, Health Professions Student Affairs, or their Academy Director for assistance in accessing appropriate resources. Online information on health care resources is maintained by the Office of Health Professions Student Affairs.