

ROLE AND RESPONSIBILITIES OF THE LEARNER AND THE SUPERVISOR



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GUIDE

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— Background

The idea of developing this guide was first proposed by Dr. Anne-Marie MacLellan, Director of Medical Education at the Collège des médecins du Québec (CMQ), who recognized the importance of clearly defining the role and responsibilities of the learner and the supervisor with the objective of promoting patient safety. A working group, coordinated by Dr. Louise Samson, Assistant Director of Medical Education at the CMQ, who was assisted by Dr. Yves Gervais, Inspector with the Practice Enhancement Division at the CMQ, as joint coordinator, was mandated by the Executive Committee to develop the guide. The members of the working group were selected based on their role as university officers, supervisor representatives or learner representatives. The working group carried out its activities over a two-year period. An extensive consultation of key partners and a literature review were conducted in order to validate the working group's reflections.

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INTRODUCTION

Medical education programs have to continually meet the numerous challenges imposed by advances in technology, science and education as well as by societal changes. Medical education must reflect these developments and also consider the public's values and expectations with respect to health care today.

These programs are governed by comprehensive rules and procedures and training is provided in a variety of settings where diverse health care teams, patients and their families interact.

To ensure quality medicine at the service of the public, learners in medicine and supervisors must be aware of the applicable rules, the health care environment, the competencies to be developed, the nature of the patient-physician relationship, modes of interaction between care providers, the codes of conduct that govern the medical profession and the legislation that governs the health care system in Quebec. The learner and the supervisor must have a shared understanding of their respective roles and responsibilities.

Numerous reference documents already provide a framework for medical education, such as competency-based training frameworks, training objectives, the CanMEDS framework, the *Code of ethics of physicians* (hereafter "Code"), the *Professional Code* as well as the regulations of institutions, faculties of medicine, universities and the Collège des médecins du Québec (CMQ).

This guide, which complements these documents, is intended to provide a framework for the organization and evaluation of learning as well as for the delivery of patient care in this context. Safety in patient care is the main objective. This guide in no way replaces the *Code of ethics of physicians* or the other codes and frameworks but is an additional aid in their application.

The different statements in the guide are intended to standardize, in a single document, principles regarding the role and responsibilities of the learner and the supervisor and to raise supervisors' awareness regarding the application of ethical principles in particular.

From the perspective of the CMQ's mission, it is important that physicians in Quebec practice in accordance with recognized standards in order to ensure quality medical care in the interest of patient health, well-being and safety. The guide is intended for both learners and supervisors. Usually, the supervisor is a physician who must teach and act in accordance with the same standards and ethical principles as any practicing physician.

The statements in this guide refer specifically to the physician's role as supervisor. They do not apply to the many other roles a practicing physician or teaching physician may undertake as part of their other university obligations.

This is why the CMQ, in keeping with its role in overseeing the quality of practice, believes it is important to focus on the supervision of training during the delivery of patient care.

For both learner and supervisor, five areas of interaction have been identified based on their responsibilities towards:

- › The patient, or their legal representative, and their family;
- › Training sites: health care institutions, non-hospital facilities, universities;
- › Health care teams in a health care delivery context and in an educational context;
- › The CMQ, the profession and the discipline of medicine;
- › Themselves.

Usually, the supervisor will be a physician who is given this responsibility by the faculty of medicine or training site. A resident, a fellow or another learner may also be given this responsibility.

WARNING

The statements in the guide are a practical expression of general principles that must be respected and standards of practice expected by the CMQ and universities. Moreover, the learner and the supervisor must also use their judgement when applying these statements in the different learning contexts.

In the statements that follow:

- › An asterisk (*) refers the reader to the glossary.
- › A reference mark corresponds to a hyperlink.
- › A hyperlink is provided to each section of the *Code of ethics of physicians* that is referenced.

In this publication, for ease of reading, “one”, “one’s” and “oneself” are used instead of “he/she”, “his/her” and “himself/herself”.

— General principles

Certain roles and responsibilities apply equally to the learner and the supervisor, for both learning activities and clinical activities. They are presented together in the following statements:

1. Ensure care is patient-centred and that patient care is the priority within the learning process.
2. Acknowledge the patient as a partner in care.*
3. Know the rules regarding free and informed consent to care as stipulated in the *Code of ethics of physicians*¹ (ss. 28, 29, 30) and the *Civil Code of Québec*² (ss. 1 to 21).
4. Ensure the safety of the patient, the learner and team members at all times. Comply with training site safety standards.
5. Supervise and assign professional activities to learners based on their level of autonomy and competence, taking patient safety considerations into account.
6. Ensure effective communication between team members in order to provide safe care.
7. Know the mission, the role and the organizational structure* of training sites as well as the profiles of the care they provide.
8. Comply with the policies, regulations and procedures of the university, the training site* and the CMQ. Comply with the *Code of ethics of physicians* and training site requirements, including codes of conduct, dress codes and codes of ethics.
9. Behave in a professional manner, with honesty, respect and integrity: respect the dignity of the medical profession (ss. 4, 5 of the Code and s. 59.2 of the *Professional Code*). Respect the principles of civility and professional courtesy.
10. Demonstrate social responsibility through the judicious and respectful use of human, environmental, technical, electronic or other resources.
11. Assume responsibility for one's learning and the maintenance of one's competence* in order to meet the needs of the patient and the public while satisfying training requirements (s. 44 of the Code).

— General principles

12. Foster a healthy and equitable learning environment; interact respectfully with everyone (s. 17 of the Code).
13. Prevent, prohibit and report any discrimination, stigmatization, intimidation, harassment, defamatory comments, fraud and plagiarism³ (ss. 110, 111 of the Code).
14. Acknowledge each health professional's essential role and promote collaborative practice* in patient care (s. 112.1 of the Code).
15. Recognize situations that jeopardize one's physical and psychological health; take the necessary steps to remedy the situation using the available resources.

Part 1/ The learner* (student,* resident,* fellow*): professional role and responsibilities

A. TOWARDS THE PATIENT, OR THEIR LEGAL REPRESENTATIVE,* AND THEIR FAMILY

1. Identify oneself, inform the patient of one's role as care provider and learner* and explain one's level of training. Give the patient one's supervisor's* name and inform the patient about the supervisor's role too.
2. Use clear and understandable language in all communications with the patient and validate the patient's understanding (s. 29 of the Code).
3. Obtain the patient's free and informed consent^{4a} to being treated by a learner under supervision. More specifically, before undertaking an examination, investigation, procedure or treatment alone, a learner must obtain the patient's free and informed consent. The latter must also be informed of the supervisor's name and role (ss. 28, 29, 30 of the Code). Acknowledge the patient's right to refuse to be treated by a learner.
4. Acknowledge the patient's autonomy to participate in the decision-making process concerning the most appropriate care for them and their ability to be a partner in care.*
5. Acknowledge that the learner, based on their level of training, assumes professional responsibility for taking care of the patient.
6. Respect the limits of one's competence and refrain from performing a medical or surgical activity that exceeds one's capabilities and seek guidance from one's supervisor, where applicable (s. 42 of the Code).
7. Ensure continuity of care and that all handovers or transitions of care are done safely and diligently (ss. 32, 33, 35 of the Code).

8. Discuss any incidents*/accidents* that one has knowledge of with one's supervisor as well as the principles, procedures and stages involved in the disclosure of accidents^{5, 6} to the patient (s. 56 of the Code). Know when and how to document and report incidents/accidents in accordance with the policies in place.^{5, 7}
9. Be aware of the influence of one's values and convictions on patient care and discuss them with one's supervisor, where applicable (ss. 23, 24 of the Code).
10. Maintain professional secrecy, in all forms of communication, in accordance with the *Code of ethics of physicians* (s. 20 of the Code). Recognize and validate exceptions to professional secrecy with the supervisor^{4b} (s. 21 of the Code and s. 60.4 of the *Professional Code*).
11. Ensure one's professional conduct towards the patient is beyond reproach; maintain a healthy distance between oneself and the patient; avoid conflict and prevent abuse in the relationship (ss. 17, 22, 25 of the Code and s. 59.1 of the *Professional Code*).
12. Use social networks, smartphones, text messages and email, or any other communications technology, in a professional and secure manner.^{9b}

B. TOWARDS TRAINING SITES (HEALTH CARE INSTITUTIONS, NON-HOSPITAL FACILITIES AND UNIVERSITIES)

1. Obtain and maintain, at all times, in accordance with one's status as student, resident or fellow, a valid certificate of registration* or training card* issued by the CMQ.
2. Provide care only to patients admitted to or registered with training sites that are accredited or approved by the CMQ and do not provide a diagnosis and/or prescription to anyone who is not a patient at the training site.
3. Comply with the standards and regulation governing record keeping,* and follow the recommendations in the relevant practice guidelines.^{8, 9a, 9b, 10}
4. Follow established policies and procedures for dealing with reports or complaints, depending on whether they are dealt with by the university, the training site or the CMQ.¹¹

5. Inform those in authority of any unforeseen circumstances that prevent one from completing one's teaching and clinical duties, including on-call duty, without delay (s. 37 of the Code).
6. Be mindful of the use of resources throughout one's clinical reasoning and avoid or give the rationale for seemingly inappropriate requests, including the duplication of tests or consultations, where applicable (ss. 12, 44, 46 of the Code).
7. Contribute constructively to practice improvement as well as the evaluation of training programs, supervisors and training sites.

C. TOWARDS PROFESSIONAL TEAMS (INCLUDING SUPERVISORS, STUDENTS, RESIDENTS, FELLOWS, ATTENDING PHYSICIANS, CONSULTANTS AND ALL HEALTH PROFESSIONALS) IN A COLLABORATIVE INTER- AND INTRAPROFESSIONAL PRACTICE*

I. IN A HEALTH CARE DELIVERY CONTEXT

1. Validate expectations, modalities and objectives of supervision with one's supervisor.
2. Cooperate fully with the supervisor, including the supervisor who is assigned temporarily during on-call hours.
3. In addition to the usual information collected in the case history, progress notes and investigations for a patient, communicate any relevant information regarding the following situations to the supervisor and/or the health care team:
 - admission/discharge/departure/transfer or death of the patient;
 - urgent condition or risk identified with respect to the patient;
 - significant change in the patient's clinical condition or treatment plan;
 - any discussions concerning the level of medical intervention* for the patient;
 - any relevant request made by the patient.

4. Request or respond to a request for a consultation in accordance with training site rules and the following conditions (ss. 112, 112.1, 113 of the Code):
 - timeframes must be appropriate to the clinical situation;
 - the information provided must be complete and relevant;
 - information must be transmitted to professionals in a secure and vigilant manner.
5. Foster a work climate that is respectful and conducive to learning as well as an environment that is free of intimidation or harassment and report any instances where such issues arise (ss. 110, 111 of the Code).^{3, 11} Also report any serious or recurrent situations or behaviours that are in contravention of the Code.
6. Contribute to maintaining the professional, psychological and physical safety* and well-being of everyone in one's environment and report any unsafe situations to the supervisor or another person in authority.
7. Contribute to the fair and equitable sharing of on-call and clinical duties.
8. Provide assistance when requested by a colleague in all emergency or non-emergency clinical situations, during or outside on-call hours (s. 114 of the Code).
9. Accept and manage the patients assigned by the supervisor in accordance with one's limits and capabilities and one's competence.
10. Document the clinical approach and interventions clearly in the record so that they can be easily understood by health care teams.^{8, 9a, 9b, 10}
11. Recognize that one's behaviour, attitude and emotional reactions can influence quality of care.
12. Demonstrate initiative and leadership^{17a} when required by the situation.

II. IN AN EDUCATIONAL CONTEXT

1. Respect the role and responsibilities of the supervisor and other professionals on the team.
2. Be a role model* (ss. 14, 15 of the Code).

3. Serve as supervisor for other learners under one's responsibility as assigned by the supervisor or other persons in authority (ss. 14, 15 of the Code).
4. Provide educational support to other learners and acknowledge that cooperation promotes learning.
5. Recognize the potential repercussions of the non-official curriculum, commonly known as the hidden curriculum,* which refers to the transmission of practice standards, principles, values or beliefs that are parallel or contradictory to the official curriculum or in contravention of the Code, and learn lessons from these situations.
6. Apply the principles of interpersonal conflict prevention, management and resolution.^{17b}
7. Comply with ethical principles and ethical obligations while participating in a clinical research project and while providing care (ss. 30, 31, 45, 48, 61, 78, 87 of the Code).
8. Contribute to the equitable sharing of teaching responsibilities.
9. Be proactive and open to asking for and being given feedback on one's knowledge, competence and behaviour.

D. TOWARDS THE CMQ, THE PROFESSION AND THE DISCIPLINE OF MEDICINE

1. Comply, in the same manner as practicing physicians, with the *Code of ethics of physicians*,¹ the *Regulation respecting standards relating to prescriptions made by a physician*¹² and the *Regulation respecting records, places of practice and the cessation of practice by a physician*,⁸ in particular.
2. Respond with diligence to requests from the CMQ (ss. 116, 118, 120 of the Code) in the required time period, including questions regarding declarations in CMQ forms. Understand that making a false declaration is a breach of professional ethics.
3. As prevention, acknowledge acts or behaviour that are likely to result in a criminal offence or a disciplinary decision and that may lead to the certificate of registration or training card being revoked.^{14, 15, 16}

4. Adjust one's career goals based on one's abilities, interests and population needs.
5. Ensure that one's professional and personal behaviour respects the dignity of the profession (ss. 17, 20 of the Code) both on and off training sites as well as on social media.

E. TOWARDS ONESELF

1. Refrain from investigating one's own medical condition, treating oneself or investigating or treating family members or anyone with whom one has a personal relationship (s. 70 of the Code).
2. Avoid behaviours that could compromise one's physical or psychological health, credibility (substance abuse, deviant behaviour, etc.) (s. 43 of the Code), one's learning and the profession's image (s. 16 of the Code). Recognize circumstances that could lead to burnout. Use appropriate resources (university, Quebec Physicians Health Program [QPHP], training site, Fédération des médecins résidents du Québec [FMRQ], Fédération médicale étudiante du Québec [FMEQ], etc.) to remedy these situations. As prevention, ensure a healthy work-life balance.
3. Protect one's psychological, physical and professional safety*. Inform those in authority if one's safety is threatened.
4. Take into consideration any factors that contribute to fatigue and develop strategies to minimize their impact on one's performance.¹³
5. Ensure that one maintains appropriate liability insurance at all times.

Part 2/

The supervisor* (physician, student,* resident,* fellow*): professional role and responsibilities

A. TOWARDS THE PATIENT, OR THEIR LEGAL REPRESENTATIVE,* AND THEIR FAMILY

1. Identify oneself to the patient and explain that, at a training site, care is provided in close collaboration with a team that includes the learner.* Explain the supervisor's* and the learner's roles to the patient.
2. Obtain the patient's free and informed consent^{4a} to being treated by a learner under supervision. Obtain the patient's consent when the learner is the main person who undertakes an examination, investigation, procedure or treatment. Respond to the patient's concerns regarding the learner's involvement (ss. 26, 28, 29, 30 of the Code). Acknowledge the patient's right to refuse to be treated by a learner (s. 26 of the Code).
3. Be aware of one's responsibility regarding one's decision to assign professional activities to the learner, based on the latter's capabilities, level of autonomy and limits (s. 11 of the Code).
4. Ensure, with the learner's cooperation, that the patient is properly informed of any accident or complication that is likely to have or that has had a significant impact on their state of health or physical integrity (s. 56 of the Code).
5. Maintain professional secrecy when exchanging information with the learner, irrespective of the method of communication used (s. 20 of the Code).

B. TOWARDS THE LEARNER

1. Ask the learner to state their level of training and level of autonomy, including their limits and capabilities, with respect to their proficiency in the expected competencies, as well as their educational and personal needs.
2. Be cognizant of the competencies the learner is required to develop and know what stage the learner is at in their competency trajectory.
3. Support the learner in developing their professional autonomy in accordance with their competency trajectory while maintaining patient safety.
4. Clearly state one's expectations of the learner and define the latter's duties and responsibilities.
5. Provide regular formative feedback on the learner's overall competence, in particular regarding serious or dangerous behaviour or learning problems. Respect constructive feedback principles. Ensure feedback is rigorous and is not lenient. Avoid bias and undue delays.
6. Respect the confidentiality of the learner's academic record.
7. Be diligent and make oneself available to the learner in all supervisory situations, including during on-call hours. If one is not available, identify a replacement (s. 37 of the Code).
8. Establish a procedure for communicating with the learner that ensures patient and team safety.
9. Help the learner to obtain access to any relevant patient information.
10. Maintain any clinical and teaching competencies that are specific to one's role as supervisor (s. 44 of the Code).
11. Clearly document the judicious use of resources in one's clinical approach and avoid or give the rationale for the duplication of investigations or consultations, where applicable (ss. 12, 44, 46 of the Code).
12. Acknowledge one's influence as a role model* on the learner and be aware of the repercussions of one's own personal values and convictions in one's teaching.

13. Respect the learner's obligations with respect to training program requirements.
14. Refer the learner to appropriate resources in the event of medical, personal or educational need (s. 70 of the Code).
15. Recognize the non-official curriculum, commonly known as the hidden curriculum,* which refers to the transmission of practice standards, principles, values or beliefs that are parallel or contradictory to the official curriculum or in contravention of the Code, and explain the repercussions on training.
16. Report any conflicts of interest that could interfere with learner supervision and evaluation to the relevant authorities.
17. Contribute to the professional, psychological and physical safety* and well-being of everyone in one's clinical or educational environment and report any unsafe situations to the relevant authorities.

C. TOWARDS TRAINING SITES (HEALTH CARE INSTITUTIONS, NON-HOSPITAL FACILITIES AND UNIVERSITIES)

1. Create learning opportunities for the learner and adapt clinical duties to the training program's competency trajectory.*
2. Comply with deadlines for submitting learner evaluations.
3. Follow established policies and procedures for dealing with reports or complaints, depending on whether they are dealt with by the university, the training site or the CMQ¹¹ (s. 119 of the Code).
4. Inform those concerned of any unforeseen circumstances that prevent one from completing one's teaching and clinical duties, including on-call duty, without delay, and provide the learner with the name of the replacement supervisor (s. 37 of the Code).
5. Report any serious or repeated lack of professionalism on the part of the learner in accordance with the mechanisms in place (s. 119 of the Code).¹¹

6. Take the necessary steps to ensure the patient's and the team's safety in the event of reprehensible or dangerous behaviour on the part of the learner. These steps may include but are not limited to: removing the learner from the site, referring them to an attending physician, removing patients from their list of responsibilities, reporting the issue (s. 119 of the Code).¹¹
7. Contribute constructively to practice improvement and the evaluation of training programs and sites.

D. TOWARDS THE CMQ, THE PROFESSION AND THE DISCIPLINE OF MEDICINE

1. Obtain and maintain, at all times, a valid permit to practice or a certificate of registration and/or training card issued by the CMQ.
2. Comply with the *Code of ethics of physicians*,¹ integrate its principles into one's teaching and role modelling* (s. 2 of the Code). This integration should include the *Regulation respecting the standards relating to prescriptions made by a physician*,¹² the regulation and guides on record keeping^{8, 9a, 9b, 10} and the position statements of the CMQ.¹⁸
3. Comply with accreditation standards and quality criteria for training programs and sites.
4. Be familiar with the CMQ's reporting procedure and understand its position and role with respect to other reporting procedures at training sites or universities (s. 119 of the Code).¹¹

E. TOWARDS ONESELF

1. Demonstrate self-criticism in one's role as supervisor in order to ensure patient safety in one's teaching interventions at all times.
2. Avoid behaviours that are likely to compromise one's personal and professional credibility with respect to one's role as physician and supervisor, irrespective of the context, including the use of social media (s. 43 of the Code).

CONCLUSION

This guide is intended to be a succinct, easy-to-consult document that clearly defines the role and responsibilities of the learner and the supervisor. The statements in the guide reflect the main objective which is to ensure compliance with the CMQ's mission, namely, protection of the public through the provision of quality medical care. The guide is not normative and is not intended to extend the scope of the *Code of ethics of physicians* but to promote the behaviours expected of the learner and the supervisor.

The authors would like the guide to be widely used and to stimulate reflection and discussion among the learner and the supervisor based on their respective practice.

This is the first version of the guide which will be updated to reflect developments in medical practice in Quebec and innovations in education.

In sum, all learners and supervising physicians must strive to improve medical practice and ensure the delivery of quality medical care.

— Glossary

LEARNER

Any person engaged in a learning process as part of a medical or medical specialty program, most often involving competency-based learning. In the guide, a learner may be a medical student, resident, fellow or a practicing physician who is completing a period of refresher training.

SUPERVISOR

Any person who has been given the responsibility of overseeing a learner's clinical work and learning. Most of the time, the supervisor will be a physician who was given this responsibility by the faculty of medicine or teaching facility. A resident or another learner may also be given this responsibility.

ACCIDENT

Under Quebec law, an “accident” means an “action or situation where a risk event occurs which has or could have consequences for the state of health or welfare of the user, a personnel member, a professional involved or a third person.”

Source: *Act respecting health services and social services*.

ALDO-QUÉBEC

Document that provides information about the legal, ethical and organizational aspects of medical practice in Quebec. Participation in the ALDO-Québec educational activity is mandatory and is a prerequisite to the issue of a permit to practice.

CanMEDS

“Framework that identifies and describes the abilities physicians require to effectively meet the health care needs of the people they serve. These abilities are grouped thematically under seven roles: medical expert, communicator, collaborator, leader, health advocate, scholar and professional”.

Source: Royal College of Physicians and Surgeons of Canada.

CERTIFICATE OF REGISTRATION

Issued by the CMQ, a certificate of registration authorizes a learner (student, resident or fellow) to perform, under supervision, professional activities required to complete their training.

CODE OF ETHICS OF PHYSICIANS

Set of rights and duties that govern the medical profession, the conduct of physicians engaged in the profession and relations between physicians and the public. Students, residents and fellows must also comply with the Code.

— Glossary

COLLABORATIVE PRACTICE

“Dynamic interactive process consisting of information sharing, education and decision making. It is a practice whereby the entire team of health professionals contributes to a coordinated intervention by providing personalized, integrated and continuous care.”

Collaborative practice is intended to foster both interprofessionalism (between individuals from different professions) and intraprofessionalism (between individuals from the same profession, in this case, between physicians).

Source: The Canadian Interprofessional Health Consortium, 2010.

COMPETENCE

“Complex knowledge of how to act based on the mobilization and effective combination of a variety of internal and external resources within a family of situations” (Tardif, 2006; translated from the French). Body of knowledge and skills (how to be, do and act) that must be repeated and integrated into different, increasingly complex tasks. Developing competence requires a cognitive investment, constant exposure to the area of expertise, reflection on one’s learning and personal commitment through experience. Competence requires time, repetition, integration and sustainability.

COMPETENCY TRAJECTORY

Progression in the gradual development of a competency based on the learner’s level of training. The competency trajectory is defined by the training program.

DISCLOSURE OF ACCIDENTS

“Action of bringing to the attention of the user or their family any necessary information regarding an accident that occurred and that has consequences for the user. The measures taken to address the consequences and prevent such an accident from recurring must also be disclosed. This disclosure must be made to the user as soon as possible or as soon as their condition allows, or to the representative of a user of full age under legal incapacity, or, in the event of the user’s death, to the persons provided for by law. If the situation requires, support measures must also be proposed to the user or their family, including appropriate care.” This definition applies to both intra- and extra-institutional disclosure.

Source: Ministère de la Santé et des Services sociaux [Translated from the French].

FELLOW

Person who completes advanced training in a university program or in a host or exchange program approved by a faculty of medicine in Quebec or the government authorities. Fellows must also have a certificate of registration and a training card.

— Glossary

HANDOVER

“A handover is the transfer of responsibility and accountability for some or all aspects of care for a patient or group of patients, on a temporary or permanent basis.”

Source: Canadian Medical Protective Association.

HEALTH CARE TEAM

Members of staff and professionals who intervene directly or indirectly with a patient. In an educational context, this team also includes all learners who contribute to care and have one or more supervisors.

HEALTH INSTITUTION

Administrative structure defined by the *Act respecting health services and social services* (ARHSSS), a health institution is comprised of various facilities and provides health care services to the population of a territory. These facilities are grouped into integrated health and social services centres (centres intégrés de santé et de services sociaux – CISSS) or integrated university health and social services centres (centres intégrés universitaires de santé et de services sociaux – CIUSSS). This reorganization of the network, with the abolition of health and social services agencies, came into force on April 1, 2015 following the adoption of Bill 10, the definition of which is now part of the *Act respecting health services and social services*, CQLR, c. S-4.2. The services provided in institutions encompass not only inpatient but also outpatient care, including some types of specialized care and primary care, such as home care.

HIDDEN CURRICULUM

Non-official curriculum that refers to the transmission of practice standards, principles, values or beliefs that are parallel or contradictory to the official curriculum or in contravention of the Code.

INCIDENT

“Action or situation that does not have consequences for the state of health or welfare of a user, a personnel member, a professional involved or a third person, but the outcome of which is unusual and could have had consequences under different circumstances.”

Source: *Act respecting health services and social services*.

INCIDENT OR ACCIDENT REPORTING

“Action of bringing to the attention of the organization (institution or health care facility), using the AH-223 form and in accordance with the procedure established by the institution, any accident or incident witnessed by an employee, a professional who engages in their profession in the institution, any intern or any other person who, pursuant to a contract, provides services to the users of the institution.”

Source: Ministère de la Santé et des Services sociaux [Translated from the French].

— Glossary

LEGAL REPRESENTATIVE

Person who is authorized by law to perform an act on behalf of, in place of and for another person.

With respect to consent to care, the following persons may be representatives, to the extent provided for by the *Civil Code of Québec*.²

- › The person having parental authority or tutor of a minor under 14 years of age (a minor 14 years of age and over may give their consent alone, subject to certain exceptions);
- › The mandatary, tutor or curator of a person of full age who is incapable of giving consent;
- › If the person of full age who is incapable of giving consent is not so represented, consent is given by their spouse or, if the person has no spouse or their spouse is prevented from giving consent, it is given by a close relative or a person who shows special interest in the person of full age.

It should be noted that a person of full age who is under protective supervision (tutorship or curatorship) is not necessarily unable to give consent to care.

Source: Collège des médecins du Québec.

LEVEL OF MEDICAL INTERVENTION (LMI) (LEVEL OF CARE)

“Expression of the values and wishes of a patient in the form of goals of care resulting from discussion between the patient or his/her representative and the physician concerning the anticipated evolution of health status as well as medically appropriate care options and their consequences in order to orient care and guide the choice of diagnostic and therapeutic interventions.”

Source: Institut national d’excellence en santé et en services sociaux (INESSS).¹⁹

MEDICAL STUDENT

Person enrolled in a program of studies leading to a medical degree and any person enrolled in such a program as part of a host or exchange program approved by the faculty of medicine or the government authorities. The student must have a certificate of registration issued by the Collège des médecins du Québec (CMQ).

ORGANIZATIONAL STRUCTURE

Hierarchical organizational chart that defines the levels of responsibility, mandates and tasks required to operate a health care institution. All institutions have a similar organizational structure, including a board of directors, management personnel (which includes a chief executive officer and a director of professional services), a council of physicians, dentists and pharmacists, a council of nurses, a multidisciplinary council, a users’ committee and a council

— Glossary

of midwives, if need be, as well as the departments, services and various specific subcommittees. Each of these bodies performs its functions in all centres operated by the institution.

Source: ALDO-Québec.

PARTNER IN CARE

“The term ‘patient as partner in care’ refers to a person who is gradually empowered, in the course of their clinical trajectory, to make free and informed health choices. Their experiential knowledge is recognized and their self-care skills are developed by the members of the clinical team. Respected in all aspects of their humanity, they are a full-fledged member of the health care delivery team. While recognizing the team members’ expertise, the partner in care centres the team’s concerns around their life plan and in this way participates in decisions that concern them.”

“In a partnership approach, the care and services provided by the health care provider and the clinical team are built around the patient’s life plan. The provider partner recognizes the patient’s experiential knowledge and shares their own knowledge to enable the patient to develop their self-care skills and gradually empower them to make free and informed health choices. The provider partner respects all aspects of the patient’s humanity and considers them a full-fledged member of the team, encouraging their active participation in decisions that concern them.”

Source: Faculty of Medicine, Université de Montréal [Translated from the French].

PHYSICAL SAFETY

Includes protection against biological risks, such as immunization, radiation protection, respiratory protection, exposure to body fluids; it also includes protection against risks associated with physical spaces, with care provided during home visits, travel and meetings with violent patients.

Source: Faculty of Medicine, Université de Montréal.

PROFESSIONAL SAFETY

Includes protection from allegations of malpractice, insurance against medical malpractice suits, disclosure assistance, academic and professional record confidentiality, as well as reporting procedures where confidentiality is assured and there are no reprisals.

Source: Faculty of Medicine, Université de Montréal.

PSYCHOLOGICAL SAFETY

Includes prevention, protection and access to resources to counter the risks of psychological distress, alcohol or drug dependence, intimidation and harassment.

Source: Faculty of Medicine, Université de Montréal.

— Glossary

RECORD KEEPING

Process involved in compiling the information needed for a person's medical follow-up. It is governed by regulations defined by the CMQ as well as by an institution's or training site's archives regulations. Record keeping includes compliance with requirements relating to the organization of the record, its content, elements relevant to the physician's clinical approach and the legibility of the information, as stipulated in the *Regulation respecting records, places of practice and cessation of practice by a physician*⁸ and by other legislative and regulatory standards in institutions or training sites. The learner and the supervisor are invited to consult three practice guidelines produced by the Collège des médecins du Québec: *Record keeping by physicians in non-hospital settings*, published in 2013,¹⁰ *La tenue des dossiers par le médecin en centre hospitalier de soins généraux et spécialisés*,^{9a} published in 2005 and *The physician, telemedicine and information and communications technologies*, published in 2015.^{9b}

RESIDENT

Person who holds a medical degree or who is recognized by the Collège des médecins du Québec as having an equivalent degree. A resident is enrolled in a postgraduate university program and completes training periods as part of this program. A resident must have a certificate of registration and a training card issued by the CMQ.

ROLE MODEL

Person who, through their attitude and behaviour, influences a learner, in particular in the development of their competence, the expression of their professionalism and their approach to medical practice in the different specialities in Quebec.

TRAINING CARD

Issued by the CMQ, a training card authorizes a resident or fellow to perform professional activities that correspond to their level of training at sites that are accredited or approved by the CMQ.

TRAINING SITE

Place where clinical and teaching activities are provided for learners. All training sites must be either affiliated with or authorized by a university, and must be accredited by the CMQ and meet the standards of the different accreditation bodies, i.e., the CMQ, the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada and the Committee on Accreditation of Canadian Medical Schools.

— Hyperlinks

1. *Code of ethics of physicians*
2. *Civil Code of Québec*
3. Position statement on intimidation:
The Royal College of Physicians and Surgeons of Canada (RCPSC), the College of Family Physicians of Canada (CFPC) and the Collège des médecins du Québec (CMQ)
4. a) ALDO-Québec – Consent
b) ALDO-Québec – Professional secrecy
5. Canadian Medical Protective Association (CMPA): “Disclosing harm from healthcare delivery: open and honest communication with patients”
6. Canadian Patient Safety Institute (CPSI)
7. Ministère de la Santé et des Services sociaux (MSSS)
8. *Regulation respecting records, places of practice and cessation of practice by a physician* (CMQ)
9. a) *La tenue des dossiers par le médecin en centre hospitalier de soins généraux et spécialisés* [Record keeping by physicians in general and specialized hospital centres; available in French only] (CMQ)
b) *The physician, telemedicine and information and communications technologies* (CMQ)
10. *Record keeping by physicians in non-hospital settings* (CMQ)
11. *How to file a complaint against a physician* (CMQ)
12. *Regulation respecting the standards relating to prescriptions made by a physician* (CMQ)
13. National Steering Committee on Resident Duty Hours, RCPSC
14. *Regulation respecting the procedures for supervising persons performing a period of professional training in medicine* (CMQ)
15. *Regulation respecting the terms and conditions for the issuance of the permit and specialist's certificates by the Collège des médecins du Québec*
16. *Regulation respecting professional activities that may be engaged in by persons other than physicians* (CMQ)
17. a) CanMEDS – Leader
b) CanMEDS – Collaborator
18. CMQ regulations and position statements
19. Institut national d'excellence en santé et en services sociaux (INESSS), *Levels of care: Norms and quality standards*

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