

# **POLICY FOR MEDICAL STUDENTS**

**At**

## **King Faisal Specialist Hospital and Research Centre (Gen. Org.)**

### **I. INTRODUCTION**

King Faisal Specialist Hospital and Research Centre (Gen. Org.) provides teaching and clinical experience (full time) to medical students in collaboration with affiliated medical schools at the Kingdom. It also provides pre-internship short elective training and summer observer training to medical students from global and national medical schools according to Undergraduate Medical Education (UME) selection criteria.

### **II. OVERVIEW AND GENERAL OBJECTIVES**

Medical students gain initial clinical experience at KFSH&RC (Gen. Org.) under direct supervision of clinical instructors from the medical school and KFSH&RC (Gen. Org.). The Hospital regards medical training as a major mission. Contributing to this mission and the profession development process is highly regarded by the Organization. Affiliation with medical schools for implementing undergraduate training programs will benefit the graduates, the patients, and all medical staff in the Institution. It also offers an opportunity to identify future healthcare professionals for KFSH&RC (Gen. Org.). The program for medical students aims to:

- A) Provide the basic bed-side skills on history taking and physical assessment.
- B) Teach the students clinical medicine and link it to basic biomedical sciences.
- C) Introduce students to work within clinical teams and acknowledge limits.
- D) Acquire professionalism in medicine, respect for patients, and medical ethics.
- E) Gain experience in proper documentation.
- F) Enhance communication skills with patients, their families, nursing, and colleagues.
- G) Apply medical knowledge to clinical scenarios.
- H) Offer an opportunity to identify the potential candidates for training at the hospital future staff.

### **III. SUPERVISION**

Academic & Training Affairs (ATA) provides an overall supervision of the program. The Undergraduate Medical Education (UME) Committee grants student training capacity for each department. The Course Director or his/her designee- based on the approval of the UME is delegated to accept, train and evaluate students. Suitability of selecting the program for the curriculum is the responsibility of the collaborating medical schools.

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*1436/ UME KFSH&RC coordinator/Medical Student Policy. Revised 2015- Sh*

Medical schools are to communicate the following information directly to UME-Hospital Coordinator during the submission period through the application of training:

- 1- Academic year calendar.
- 2- Selected programs and objectives.
- 3- Medical student's rotations and any other related documents; in order to seek UME committee's approval.

#### IV. ADMISSION PROCESS & PRIVILEGES

##### **A. Eligibility and Admission**

Medical schools nominate individual students for enrollment to the program. Admission to KFSH&RC's medical departments is approved by the UME of Academic and Training Affairs.

##### **B. Available Rotations and Capacity**

The medical schools nominate and send candidates lists and request letters (names, GPA & contact information) to the UME- Hospital Coordinator Office. Upon Undergraduate Medical Education Committee's approval of number of students in individual departments, ATA communicates the accepted medical students to medical schools.

##### **C. Registration of Students**

The UME Hospital Coordinator Office is delegated to conduct Hospital Registration Orientation Training Program prior to medical student's starting dates during the Academic Year. Once this process is completed, students will be eligible to the following:

- 1- Official acceptance to program.
- 2- ID badge.
- 3- Official registration and necessary accesses to various systems.
- 4- Certificate of completion at the end of the training.

Management of hospital permitted accesses (assignment, deposits, return, etc...) is the UME hospital coordinator's responsibility.

Badges should be displayed clearly in all areas along with the badges of the medical school. The duration of the badge is for the entire academic year or according to the approved clinical rotations.

##### **D. Clinical Privileges**

Clinical privileges are limited to history taking and physical assessments; no orders can be written by medical students. Final year medical students can use separate progress notes to practice documentation and this should not be part of patients' medical records

and should not be stamped with patient identified plate. Electronic chart access is granted only to full-time medical students as “read only” for the duration of the rotation as needed.

### **E. Operating Room Activities Privileges**

Medical students should be oriented before starting Operating Room (OR) activities. Such orientation includes and not limited to all common surgical devices, instruments, suturing techniques, NGT, urinary catheter insertion, gowning & gloving and any other related skills. Medical students (groups/individuals) are only allowed to enter OR with their respective surgeon. They should introduce themselves to OR team and follow roles as team members. They are allowed to observe and interact with other members of the surgical team. Scrubbing during procedures at the discretion of the consultant surgeon and his team is allowed for observation only but they are not allowed to perform any surgical procedures. Medical students should follow all OR Hospital rules and policies. Granting OR Scrub access is activated through UME- Hospital Coordinator Office.

### **F. Clinical Research Training Privileges**

In collaboration with the Research Centre and medical departments, medical students can be granted basic research training according to the Research Centre policy. Registering and acceptance for clinical research training is granted to medical students in coordination with the UME- Hospital Coordinator Office and medical departments.

### **G. Summer Training Privileges**

Medical schools are required to submit their medical students’ list to the UME hospital coordinator office 2 months prior to the date of start and UME hospital coordinator office will arrange it with concerned training departments according to the UME committee roles outline above.

## **V. STRUCTURE OF PROGRAM**

Rotations’ structure and duration are decided by the medical school. Rotations will be coordinated with the Course Director. At the beginning of each academic year, the medical school will communicate the rotations and names of students to the Course Directors through the UME hospital coordinator office. Departments are: Medicine, General Surgery & Sub-specialties, Obstetrics and Gynecology, Pediatrics, Emergency Medicine, Radiology, Pathology, Orthopedic, Heart Centre, Oncology/Hematology, Critical Care, Anesthesia, Urology, Family Medicine, Neuroscience and Mental Health.

## VI. PROGRAM ORGANIZATION, RESPONSIBILITIES AND RIGHTS

### A. Student Rotation Manual

The medical school will prepare and submit a rotation manual to UME-Hospital Coordinator office of ATA. The manual should detail the structure of the rotation, clinical duties, and other related subjects. Approval for departments to train medical students is granted by Undergraduate Medical Education Committee. Course directors are expected to upload (publish) students' rotations, programs, faculty list and department's statistics and any other requested information on the hospital info gateway- departmental web page at the beginning of every academic year; Reports on the medical students are expected to be submitted to the medical school, outlining achievements and challenges.

### B. Student's Responsibilities

The responsibilities and duties of each student:

- 1) Student should complete the medical students' hospital registration, orientation training program which is conducted at the beginning of the academic year prior to their training by the ATA- UME Hospital Coordinator Office.
- 2) Student shall complete and submit a Medical Health Screening Form prior to commencement of hospital registration program. The medical school could certify the Form if information is already maintained by the school.
- 3) Student should abide by all rules, regulations, policies and procedures of the Hospital in performance and conduct, including acknowledgment of confidentiality statements.
- 4) Students should follow the Dress Code of the Hospital.
- 5) Students should identify the International Patient Safety Goals (IPSG) during their clinical training, attend and participate in hospital educational activities and quality projects such as: data collection projects, etc.
- 6) Student may take history and examine patients in coordination with his/her clinical instructor.
- 7) Student should attend the scheduled rounds with the team and follow the daily schedule with the clinical instructor. Clinical instructors will keep a record of attendance.
- 8) The Patient's rights should be respected.

### B. Student's Rights

- 1) Students will be directly supervised by the assigned clinical instructor.
- 2) Students will have exposure to a variety of cases to enrich their basic clinical knowledge.
- 3) Students will receive direct assistance from the medical team and nurses.
- 4) Each department will guarantee the students' appropriate training on bed-side teaching, presentations, etc.

- 5) In addition to hospital orientation, students shall receive appropriate departmental orientation at the beginning of their clinical rotations.
- 6) After completion of hospital registration, orientation training program, students will be officially activated in the hospital system and according to their level and type of training will receive an access to: Hospital applications, Read only ICIS, Health Sciences Library, Inpatient care and OR areas, hospital cafeterias (but no parking privilege).
- 7) Compliance with hospital policy and patient safety measurements will be reflected on students' evaluation/ assessments.

#### VII. PERFORMANCE EVALUATION/ ASSESMENT PROCESS

- A) The Course Director should provide an evaluation and assessment at the end of each departmental rotation/block, using the evaluation form of the medical school.
- B) The evaluation should be discussed with the student, emphasizing on strengths and weaknesses. The student's signature on the evaluation form is proof of acknowledgment and does not necessarily mean agreement to the evaluation.
- C) Completing and certifying the rotation is the jurisdiction of the medical school.
- D) Collecting evaluations are the responsibility of the medical school.

#### VIII. PROGRAM INTERRUPTION, HOLIDAYS, AND DISCIPLINARY ACTION

Program plan and holidays will be based on the medical school's rules. Misconduct within KFSH&RC (Gen. Org.) will be addressed according to the disciplinary action rules of KFSH&RC (Gen. Org.).