

# Understanding Learner Levels in the MD Undergraduate Program: Years 3 & 4

This document supports clinical preceptors by summarizing medical student competencies at each stage of training. This document was created in collaboration with the MD Undergraduate Program (MDUP) curricular leads, and is informed by MDUP policies, curriculum, and exit competencies.

## At a Glance

### Year 3 & 4 students can:

- Take a focused history
- Perform a focused physical examination

### They are learning skills in (see table on page 2):

- Year 3:
  - Developing differential diagnoses and management plans
  - Completing their [Direct Observations \(DOs\)](#), [Patient Encounters \(Must See's\)](#) and [Clinical Procedures \(Must Do's\)](#)
  - Learning core topics covered in the Clinical Case Presentation List
- Year 4: Putting together and discussing treatment/management plans, counselling patients



### All students cannot:

1. Sign prescriptions independently.
2. Sign birth and death certificates, or other medico-legal documents.
3. Discharge a patient from hospital, emergency department, or clinic.
4. Enter orders in the medical record.

*Students can add to the medical record, but all additions must be reviewed by their supervising preceptor within 24 hours of patient admission to ensure that hospital admission history, physical examinations, and documentation are entered and countersigned.*

Learn more:  
[Policy 031A](#)



## Guidelines on Artificial Intelligence

The Faculty of Medicine provides guidance on acceptable and prohibited uses of Artificial Intelligence (AI) tools in clinical environments.

Per [clinical documentation guidelines](#), students cannot use AI tools to:

1. Enter patient-identifiable information.
2. Draft, edit, summarize, or rewrite patient histories, admission/case notes, consults, proposed management plans, daily notes, assessments, or discharge summaries.
3. Initially generate clinical reasoning activities, such as differential diagnoses, investigations, or treatment recommendations, without guidance from their preceptor.
4. Ambiently scribe for documentation in Years 1-3, and only in exceptional circumstances for Year 4, per [broader AI-use guidelines](#).

Learn more:  
[Guideline](#)



|                                         | Year 3                                                                                                                                                                                                                                                                                                                                    | Year 4                                                                                                                                                                                                                                                     |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Professionalism & Ethics                | Adheres to ethical standards, seeks feedback, recognizes boundaries                                                                                                                                                                                                                                                                       | Models professionalism, navigates ethical dilemmas, takes ownership of responsibilities                                                                                                                                                                    |
| Patient Evaluation & Clinical Reasoning | Performs history and exam with guidance, identifies common conditions                                                                                                                                                                                                                                                                     | Conducts focused assessments, begins integrating clinical reasoning for differentials, attempts patient-centered management plans applying FIFE (Feelings, Ideas, Functioning, Expectations) and local contexts (rural limitations, urban resources, etc.) |
| Documentation/Communication             | Full notes in the SOAP (Subjective, Objective, Assessment and Plan) format. Requires guidance for clarity, organization and details                                                                                                                                                                                                       | More structured, improving clarity, relevance, and timelines                                                                                                                                                                                               |
| Patient Management & Decision Making    | Manages patients under supervision (beginning with 2-3, then working towards 3-5 on the wards/in a day of clinic), formulates basic plans, recognizes abnormal findings                                                                                                                                                                   | Develops structured diagnostic and treatment plans                                                                                                                                                                                                         |
| Procedural & Critical Care Skills       | <p>Observes and assists in basic procedures, participates in resuscitations under supervision</p> <ul style="list-style-type: none"> <li>• Year 3: Refining physical exams, no unsupervised sensitive exams</li> <li>• Year 4: Able to perform most physical exams but needs support for atypical findings and sensitive exams</li> </ul> | Performs minor procedures with oversight, recognizes unstable patients, initiates assessments                                                                                                                                                              |

Table adapted from the [UBC MD Undergraduate Program Exit Competencies](#).

**For more information on teaching Year 3 and 4 medical students, review:**

- [Introduction to Clinical Teaching and Assessment for New Faculty](#)
- [Year 3 and 4 Resources for Clinical Faculty & Residents](#)
- [Expectations of Medical Students in Supervised Clinical Settings Policy \(031A\)](#)
- [Expectations for Supporting Students in Clinical Settings Policy \(031B\)](#)
- [Guidelines for Dress Code in Clinical Experiences](#)



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Or contact us at [fac.dev@ubc.ca](mailto:fac.dev@ubc.ca)