School *of* Medicine
Operating Policy and Procedure

SOM OP: 30.10, Clinical Supervision of Medical Students

PURPOSE: The purpose of this School of Medicine (SOM) policy and procedure is

to define the expectations for supervision of medical students on clinical

services in the curriculum of the School of Medicine.

REVIEW: This SOM Policy and Procedure shall be reviewed within each even-

numbered fiscal year by the Curriculum and Educational Policy Committee.

Revisions will be forwarded to the Office of the Dean for publication.

POLICY/PROCEDURE:

1. General. Medical students should be provided with appropriate levels of supervision as they progress through their education towards a career in patient care. A supervising physician will ensure that medical students are provided with opportunities to learn that are progressive and commensurate with the student's level of learning. The purpose of this policy is to describe the procedures that should be followed by supervising physicians to ensure that the school adheres to expectations that protect patient and student safety in accordance with LCME Element 9.3:

A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his or her level of training, and that the activities supervised are within the scope of practice of the supervising health professional.

- 2. Scope. This policy applies to students in all courses and clerkships on all campuses.
- 3. Definitions.
 - a. Supervisor:
 - 1) Attending physician of the School of Medicine
 - 2) Community physician with a faculty appointment with the School of Medicine
 - Resident physician in a Graduate Medical Education program of the School of Medicine
 - b. Levels of Supervision:
 - 1) Direct Supervision: The supervisor is present in the same location as the learner and is able to provide direct instructions and feedback to the learner and can take over patient care duties if necessary. Alternatively, a resident physician or another health professional acting within her/his scope of practice may provide direct supervision under the indirect supervision of an attending physician.

- 2) *Indirect Supervision*: The supervisor is on duty, immediately available, and can be called to the location of the learner if necessary
- 4. Interactions with non-faculty health professionals. In situations where learners interact directly with non-faculty health professionals (physician assistants, nurse practitioners, etc.) the supervisor and /or course director is responsible for ensuring that the non-faculty health professional is appropriately credentialed or functioning under the supervision of a credentialed faculty member and is performing tasks that are within their scope of practice. The attending faculty member is responsible for the integrity of information and/or clinical procedures. Supervisors should be familiar with the processes for credentialing of non-faculty health professionals and ensure that students are only assigned to those individuals with credentials relevant to the clinical service.

5. Expectations of Supervisors/Course Directors.

- a. Model professional behavior in interactions with patients, learners, staff and all other individuals in the health care team.
- b. Provide students with graded opportunities for learning that are commensurate with the learner's level of knowledge and technical skill and address specific learning objectives for the course.
- Ensure the student is appropriately supervised to ensure patient and student safety according to policies and procedures of the School of Medicine and of the medical facility.
- d. Ensure call schedules permit availability of a supervising physician within a timeframe that is reasonable for the clinical setting. In situations where a supervisor may be off-site, a suitable supervising physician (including resident) must be available and be aware of this expectation.
- Ensure medical students are aware of expectations for their behavior and of the procedures or other tasks they are permitted to perform according to their level of competence.
- f. Ensure medical students have appropriate access to medical records and are aware of their ability to enter information into such records. Note that the specific policies and procedures of each medical facility may vary and any variations should be explained to the medical students.
- g. Ensure patients are aware of the status of medical students and that they accept that medical students may participate in their care.
- h. Review and confirm information collected by students through history taking, physical examination or other activity on a regular basis and provide feedback that enhances the student's learning experience.
- i. Ensure medical students are fit to perform their duties, particularly in situations where fatigue might be a factor.
- j. Complete student assessments in a timely manner, with all assessments completed in time for calculation of final grades.

6. Expectations of Students.

- a. Maintain professional behavior standards with the supervising physician, other members of the medical team, including resident physicians and other health professionals, members of the staff, patients and any other individuals encountered in the clinical setting.
- b. Maintain self-awareness of own competence and seek assistance/advise when clarification is needed.
- c. Maintain self-awareness of fatigue levels and inform supervisor if this is a concern.
- d. Inform patients and/or family members of their status as a medical student and the name of the supervising physician under whom they are working.
- e. Proactively inform the supervising physician or course director concerns about levels of supervision (excessive or sub-standard).
- f. Complete rotation evaluations in the time specified by the School of Medicine.

7. Reporting Concerns.

- a. Any student who is concerned about the level of supervision they are receiving should address their concerns as soon as possible with the supervisor and/or course director. Any student who is dissatisfied with the outcome of such a report should report their concerns to the appropriate administrator with responsibility for clinical curricular activities on their home campus.
- b. Expressions of concern will be held in strict confidence if possible. However, this may not be possible in situations where student or patient safety may be compromised, illegal activities may have occurred, or other situations needing immediate contact with reporting individuals.

8. Monitoring.

- a. <u>Office of Curriculum/Clinical Education Operations Committee</u>: Review questionnaire data to identify any ongoing concerns with clinical supervision and report on consistent problem identified by student reporting.
- b. Variances from this policy must be approved by the Curriculum and Educational Policy Committee.

9. Responsibilities.

- a. The supervisor and/or course director is responsible for ensuring that this policy is followed and that all individuals who interact with the learner are appropriately trained and credentialed for the patient care interaction.
- b. <u>Curriculum and Education Policy Committee</u>: Development/review of this and related policies. Certification that all faculty supervisors have current faculty appointments using data provided by the Office of Academic Affairs
- c. <u>Medical Students</u>: Will be aware of the details of this policy and will identify and assist in rectifying any concerns about clinical supervision.
- d. Office of Academic Affairs:

- 1) Will ensure that all faculty and residents/fellows are aware of this policy at the beginning of each academic year, or more frequently if that is deemed necessary.
- 2) Will ensure that all faculty who will supervise medical students have current faculty appointments. This will be achieved as follows:
 - Compile a complete list of faculty supervisors at the beginning of each academic year and certify all have current faculty appointments in coordination with the Office of Faculty Recruitment, Affairs and Development.
 - Track new faculty on all campuses and ensure that they have faculty appointments before supervising students.
 - Include faculty appointment information in each Phase 2 clerkship evaluation utilized by the Curriculum and Educational Policy Committee.

10. Related Documentation.

a. LCME Standard 9 covers the topics of Teaching, Supervision, Assessment, and Student and Patient Safety.

b. <u>Element 9.3, Clinical Supervision of Medical Students</u>: A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his or her level of training, and that the activities supervised are within the scope of practice of the supervising health professional.