

SUNY DOWNSTATE HEALTH SCIENCES UNIVERSITY

POLICY AND PROCEDURE

DEPARTMENT: College of Medicine

EFFECTS: School of Health Related Professions
 School of Graduate Studies
 College of Medicine
 College of Nursing
 School of Public Health

SUBJECT AND KEY WORDS: STUDENT SUPERVISION POLICY

PREPARED BY: Associate Dean for Clinical Medicine

REVIEWED BY: Office of Education Leadership Team
Core Clerkship Directors' Team

APPROVED BY: Dean's Council for Education

LAST REVISION DATE:

APPROVAL DATE: July 28, 2020

DISTRIBUTION: Handbook, Policy Website

Purpose and Scope:

In keeping with our combined duties to patient care and safety, to student safety and high-quality education in the practice of medicine, and in keeping with accreditation requirements, this policy describes the requirements to meet the standard of appropriate supervision and appropriate delegation of responsibility to medical students in the clinical environment.

This policy applies to individuals who supervise medical students across all courses and clerkships at all training sites. The purpose of this policy is to ensure that the school adheres to expectations that protect patients and ensures student safety, and to describe the mandatory training, teaching, and assessment skills and procedure required to be a medical student supervisor. Appropriate supervision ensures that medical students are provided with opportunities to learn that are progressive and commensurate with the student's level of training and in accordance with the supervisor's level of training and specialization.

Rationale:

1. At SUNY Downstate Health Science University's College of Medicine, we value the role of learners in the provision of excellent clinical care and aim to maximally support learners in their development of clinical expertise within a structure of graded responsibility
2. At SUNY Downstate Health Science University's College of Medicine, we assert that appropriate supervision is not only in the best interest of student and patient safety, but also critical to performing assessments of the learner and providing meaningful feedback.

Relevant LCME Standards:

9.1 Preparation of Resident and Non-Faculty Instructors

- In a medical school, residents, graduate students, postdoctoral fellows, and other non-faculty instructors in the medical education program who supervise or teach medical students are familiar with the learning objectives of the course or clerkship and are prepared for their roles in teaching and assessment. The medical school provides resources to enhance residents' and non-faculty instructors' teaching and assessment skills and provides central monitoring of their participation in those opportunities

9.3 Clinical Supervision of Medical Students

- 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.

Definitions:

Supervisors in the Clinical Setting

A supervisor has the capacity to allow a learner to receive progressive responsibility for patient care. Examples of possible supervisors include: Attending physicians on inpatient wards, Teaching physicians in practice and/or clinics, Resident Intern, Fellows and Residents in a Graduate Medical Education (GME) program, and Allied health professionals, such as Nurses, Physician Assistants, Nurse Practitioners and Social Workers.

Levels of Supervision - Direct vs. Indirect

1. Observer – The student watches and does not perform
2. Perform Under Direct Supervision - The student performs a task with the supervisor physically present in the same location as the student; able to provide direct instruction/feedback to the student; able to take over patient care duties if and when necessary
3. Perform Under Indirect, but Immediately Available Supervision - The supervisor may not be physically present with the student; however, they are on-duty, immediately available, and can be called to the physical location of the student if and when necessary.

The limitations for the requirements of proximity and timing of supervision, as well as the specific tasks that a student may perform without direct supervision depends on various factors, including:

- Level of training (i.e. year in or stage of medical school)
- Skill and experience of the student within the scope of the clinical care situation
- Familiarity of the supervisor with the student's skills
- Acuity of the situation
- Degree of risk to the patient.

Policy:**Clinical Supervision – General Guidelines**

- In the clinical setting (in-patient or out-patient), Year 1 and 2 medical students are under both direct and indirect supervision and are engaged in low acuity situations (for example, conducting a history on a patient), while medical students in Years 3 and 4 are primarily under indirect supervision. It should be noted that in any instance, the supervisor should always be available.
- The course/clerkship/site director will determine who can supervise the medical student, such as fellows, residents, and/or appropriately credentialed allied healthcare providers.
- All medical students, during the course of their educational curriculum, may conduct medical interviews and perform physical examinations on patients with their consent. The supervisor will review all of the medical student's documentation in a patient's medical record, when relevant and/or indicated, and provide correction to the record and feedback to the student for educational purposes.
- Ongoing Resident as Teacher training must be provided to all physicians in training who supervise medical students beginning, but not exclusive to the time of the initial hospital center's orientation and including, but not limited to, the topics of formative and summative assessments (feedback and evaluations), bedside teaching.
- Clinical decisions are never enacted by medical students without a supervisor's input.
- Student documentation of the components of evaluation and management within a patient's record must be verified by the supervisor before they are enacted and before considered a part of the patient's record.
- A supervising physician has the medical and legal responsibility for patient care at all times.

Procedure Supervision - General Guidelines

- Medical students may be assigned to provide patient care services for medical procedures, under direct supervision; including, but not limited to intravenous line placement, obtaining consent, and discharge planning.
- It is required that a medical student be appropriately supervised during all clinical procedures in which they are involved; including, but not limited to bedside, emergency department, and/or operating room procedures.
- The degree of supervision needed will take into account: the complexity of the procedure, the stability of the patient, potential for adverse effects, and the demonstrated

competence, and responsibility of each student in order to ensure the safety and comfort of the patient and the student.

- In all cases, the supervisor must have privilege or authorization to perform the procedure in which they are supervising.
- The course/clerkship director, with oversight from the Associate Dean for Clinical Medicine and the Curriculum Evaluation Committee, will determine the patient encounters and procedures for which medical student supervision may be provided by fellows, residents, and/or appropriately credentialed healthcare providers.

Procedures to Monitor Supervision Policies:

- Students are instructed to contact their Course or Clerkship Director regarding any immediate concerns with supervision. Additionally, reports can be made to the Associate Dean of Clinical Medicine, or the Confidential SUNY College of Medicine Ombudsman.
- Students report on the adequacy and availability of supervision during mid-rotation feedback.
- Course and Clerkship Directors review student feedback in evaluations, as well as during mid-rotation feedback, and provide prompt follow-up to address any supervision concerns that may arise. The Associate Dean of Clinical Medicine and the College of Medicine Assessment Dean/staff review these reports on an ongoing basis to identify any trends of supervision concerns being reported. Furthermore, the Curriculum Evaluation Committee reviews the end-of-course student surveys as well and may request changes and regular review.
- Course/clerkship directors must submit a report, which documents how they ensure that supervising physicians and healthcare providers adhere to the provisions of this policy, annually to the Curriculum Evaluation Committee.
- The Curriculum Evaluation Committee will submit a report, which documents adequacy of student supervision or concerns regarding supervision raised by medical students in course evaluations, annually to the Dean's Council for Education

Accountable Dean or Director:

Associate Dean for Clinical Medicine
Senior Associate Dean for Undergraduate Medical Education
Director of clerkship or course

Adoption and Review:

1. This policy is subject to initial adoption by DCE. Adoption includes the definitions, implementation method, and adoption and review requirements as well as the policy statement.
2. DCE will set a deadline for full implementation.
3. The Curriculum Evaluation Committee (CEC) will report to DCE on the adherence of each clerkship to the requirements of this policy as part of the clerkship's regular annual review.