

Clinical Supervision of Medical Students

Purpose

The Pritzker School of Medicine is committed to fostering a positive and supportive learning environment for medical students. When students are in the in the clinical setting, this environment must coexist with one that maintains the highest possible level of safety for both patients and medical students. A medical school ensures that medical students in clinical learning situations 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.

Overview

It is necessary to document the appropriate level of clinical supervision required to uphold excellence in patient care and to ensure patient safety is a top priority, all while allowing medical students the practical experience required to excel in the clinical setting.

The active involvement of medical students in the care of patients is critical for their education. Their involvement aids the consolidation and application of preclinical learning, allows practice of clinical skills, provides a setting for acculturation and development of professional values, and above all, allows for mastery and retention of clinical knowledge.

Related LCME Standards:

- 9.2 Faculty Appointments
- 9.3 Clinical Supervision of Medical Students

Principles

The Pritzker School of Medicine fully supports medical students in the clinical setting in order to foster their ability to provide patients outstanding clinical care. Faculty are to provide medical students with appropriate levels of supervision with incremental independence and deliver meaningful, timely feedback while also providing a safe, supportive, and positive learning environment.

Terms

Direct: The supervisor is physically present with the medical student and the patient.

Indirect Supervision with Direct Supervision Immediately Available: The supervisor is physically present at the clinical site and is immediately available to provide Direct Supervision. The supervisor may not be engaged in activities which would delay his/her response to a student requiring direct supervision.

Oversight: The supervisor is available to provide review of encounters and provide feedback after care is delivered.

Policy

Pritzker School of Medicine students will be supervised according to their level of training while engaging in patient care during all required and elective clinical activities.

1. Medical students are not permitted to independently provide care to patients. Medical students are expected to adhere to their scope of practice (outlined below) when participating in clinical care of patients.
2. Medical students may be supervised in the clinical setting by various providers including faculty, house-staff (residents and/or fellows) and other inter-professional providers (e.g. RN, PA, APN, PT, PharmD, etc.) who are acting within their own scope of clinical practice.
3. Student supervision may be provided according to the aforementioned ACGME levels of supervision including:
 - a. Direct supervision: the supervising individual is physically present with the student and the patient.
 - b. Indirect supervision with direct supervision immediately available: the supervising physician is immediately physically available within the hospital/clinic where care is being delivered and is available to provide direct supervision.
4. Medical students may not perform procedures independently, without direct supervision.

Medical Student Roles/Scope of Practice

Medical Students who have not entered the clerkship/core clinical year scope of practice (otherwise referred to as Pre-Clinical Medical Students):

1. Must be under the direct, indirect, or oversight supervision, as outlined above, of a supervisor at all times. Student supervision may be delegated to a resident, fellow, or a licensed independent interprofessional practitioner.
2. May participate in history-taking, physical exam, data analysis and have access to medical records with oversight supervision from the supervisor, and with verbal patient consent, that the student may be involved in this level of care.
3. May observe or scrub into surgery with appropriate verbal consent from the patient and surgeon of record.
4. May assist in minor procedures under direct supervision at all times when the supervisor agrees that the student has achieved the required level of competence and consent is granted by the patient (e.g., immunizations, venipuncture, blood glucose testing and IV placement).
5. Must adhere to the Pre-Clinical Scope of Practice Guidelines (see attached, designed for the Student-Run Free Clinics, at all times.

Medical students in the core clinical year and post-clerkship phase of the curriculum scope of practice:

1. Must be under the direct, indirect, or oversight supervision, as outlined in this policy, of a faculty physician at all times. Student supervision may be delegated to a resident, fellow, or a licensed independent interprofessional practitioner.
2. May participate in care and management of the patient under the direct, indirect, or oversight supervision of the supervising physician or designee depending on the situation as defined above. Duties may include history-taking, physical examination, patient counseling and documentation.
3. The supervisor should determine the appropriate level of supervision by taking into account the complexity of the situation or procedure; risk for adverse events; and the medical student's level of training, demonstrated competence, maturity, and responsibility.
4. May assist in procedures always under direct supervision when the supervisor agrees that the student has achieved the required level of competence and consent is granted by the patient. (See Procedures section of this policy)
5. May participate in consultation to other specialty services, communicate patient information during multi-disciplinary team-based rounds and schedule appointments.
6. May "pend" orders to the supervisor who is required to review said orders before countersigning.
7. May participate in both the written and verbal handoff communication regarding patients for whom they are participating in their care (M3) or their panel of patients (M4).
8. May document in the medical record with clear indication of the student role as the author of said note. The supervisor will remain directly responsible for ensuring the accuracy of the content of admission notes, progress notes, discharge summaries, and operative reports/procedure notes and assure compliance with CMS guidelines for student documentation in the medical record.

Medical Procedures:

1. A procedure is defined as any diagnostic or therapeutic activity that is physically invasive to the patient, performed in an operating room or at the bedside, requiring a procedure note, and requiring informed consent of the patient.
2. Except as outlined below, all medical students must be under direct supervision at all times for all procedures by a supervisor for whom that procedure is within their scope of practice.

3. The supervisor must determine the extent to which that student is competent to participate in the procedure, and the patient must provide prior consent to the student's involvement in the procedure.
4. Medical students are expected to assume developmentally appropriate, graduated levels of involvement/participation in procedures during their training.
5. For each clinical clerkship, the faculty leadership defines the types of patients and clinical conditions that medical students are required to encounter, the skills to be performed by medical students, the appropriate clinical settings for these experiences, and the expected levels of medical student responsibility when performing these skills (see Appendix Required Clinical Encounters).
6. As with all clinical encounters, students must ask for assistance as needed if faced with any circumstance beyond their skill level or comfort. It is the professional expectation that each medical student knows the limits of their capabilities and request assistance in the interest of patient safety without regard for their assessment or fear of reprisal.
7. It is the supervisor's and medical student's responsibility to ensure compliance with this policy. Ultimately, the supervisor shall make the determination of the level of involvement/participation each student should have when providing patient care in a clinical learning environment dependent upon the student's developmental level, the complexity of the care or procedure, the potential for adverse effects to the patient, the demonstrated competence, maturity and responsibility of the student and the consent of the patient to have the student involved in their care.

Procedures

1. Supervising faculty, house-staff and interprofessional providers are required to independently authenticate medical student findings, including pertinent documentation, history, physical examination, ancillary data and assessment/plan.
2. The Dean for Medical Education is responsible for communicating pertinent and critical policies to the faculty, graduate medical education trainees and interprofessional providers on an annual basis to establish expectations for clinical supervision of medical students.
3. The clerkship or course director must inform all participating faculty, house-staff, interprofessional providers and students of all policies and procedures concerning appropriate supervision requirements. Clerkship or course directors are also required to monitor compliance of supervision policies and procedures at all times.
4. The clerkship director or course director will inform students of standard procedures for reporting concerns relating to lack of appropriate supervision.
5. Medical student supervision or mistreatment concerns should be reported via existing channels to report said concerns including the online mistreatment form, the Ombudspeople, any of the Pritzker Faculty Deans, relevant faculty members,

or Executive Director for Medical School Education. Additionally, students are strongly encouraged to document their concerns about appropriate supervision via anonymous end of course/clerkship evaluations.

6. Individuals who have experienced or witnessed a lapse in medical student supervision must report the incident to the course/clerkship director.

Accountable Dean or Director: Dean for Medical Education, Dean of Students

Related Policies/Procedure: Scope of Pritzker Student Practice by Stage of Training; CMS Documentation Provided by Students; PSOM Required Clinical Experiences (LCME Element 6.2; Table 6.2-1)

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