



Clinical Supervision of Medical Students

Purpose and Scope

The Pritzker School of Medicine is committed to fostering a positive and supportive learning environment for medical students. Their involvement in the clinical care of patients aids the consolidation and application of preclinical learning, allows practice of clinical skills and medical procedures, provides a setting for acculturation and development of professional values, and allows for mastery and retention of clinical knowledge. When students are in the clinical setting, this environment must coexist with one that maintains the highest possible level of safety for themselves and patients. 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. It must also ensure that the level of responsibility delegated to the student is appropriate to their level of training and that the activities supervised are within the scope of practice of the supervising health professional.

Related LCME Standards:

- 9.2 Faculty Appointments
- 9.3 Clinical Supervision of Medical Students

Educational Principle

Supervising providers will provide medical students with appropriate levels of supervision with incremental independence and meaningful feedback in the context of a safe, supportive, and positive learning environment.

Definition of Terms

Independent practice: A licensed practitioner provides medical care that is within their ability and scope of practice.

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

Indirect supervision: The supervisor is not physically present with the medical student and the patient but is immediately available to provide guidance and is available to provide direct supervision as necessary. Indirect supervision requires that the supervisor is not engaged in activities that would delay their response to a student requiring direct supervision.

Direct supervision: The supervisor is physically present with the medical student and the patient as care is being provided.

Medical procedure: Any diagnostic or therapeutic activity that is physically invasive to the patient and performed in an operating room, procedure suite, or at the bedside, requiring a procedure note and informed consent of the patient.

Policy

Pritzker School of Medicine students will be supervised according to their level of training and demonstrated progression towards competence while engaging in all patient care activities. Components of this policy are organized into sections common to all students, specific to pre-clerkship students, specific to core clerkship or post-clerkship students, and specific guidance for medical procedures.

Common Components

1. Medical students are not permitted to independently practice. They require direct supervision, indirect supervision, or oversight in all patient care activities.
2. Medical students may be supervised in the clinical setting by various providers including physician faculty, physician house-staff (residents and/or fellows), and other healthcare providers (e.g., RN, PA, APN, PT, OT, PharmD, RD, RT, LCSW, Chaplain, etc.) who are acting within their own scope of clinical practice.
3. Even under direct supervision, under no circumstance should a medical student perform any clinical care that is NOT part of the clinical experiences agreed upon by the leadership of the course, clerkship, or clinical rotation, nor should a medical student participate in any clinical care outside of the independent scope of practice of their supervising provider.
4. Supervising providers are required to independently authenticate medical student findings, including pertinent documentation, history, physical examination, ancillary data, and assessment/plan.
5. Medical students should clearly identify themselves and articulate their role to each patient whose care they are involved in.
6. For 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 requests assistance in the interest of patient safety without regard for their assessment or fear of reprisal.

Pre-Clerkship Medical Students

Medical students who have not yet entered the clerkship/core clinical year (otherwise referred to as pre-clerkship medical students):

1. May participate in history-taking, physical examination, data analysis, and access to medical records with oversight from the supervisor.
2. May assist in minor procedures, under direct supervision, when the supervisor agrees that the student has achieved the required level of competence (see also *Medical Procedures* below).
3. May observe or assist during surgery, with direct supervision from the surgeon of record, when the supervisor determines that the student has achieved the required level of competence (see also *Medical Procedures* below).
4. Must adhere to the Pre-Clerkship Scope of Practice Guidelines for the Student-Run Free Clinics at all times.

Core Clerkship and Post-Clerkship Medical Students

Medical students in the core clerkship year (Phase 2) and post-clerkship phase (Phase 3) of the curriculum:

1. May participate in history-taking, physical examination, data analysis, review of medical records, patient counseling, and clinical documentation with oversight from the supervisor. The supervisor should determine when oversight is appropriate based on the medical student's level of training, demonstrated competence, maturity, and responsibility.
2. May document in the medical record with clear indication of the student's role as the author. 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 CMMS guidelines for student documentation in the medical record.
3. May "pend" orders to the supervisor who is required to review said orders before countersigning.
4. May participate in consultation to other specialty services, communicate patient information during multidisciplinary team-based rounds, and schedule appointments.
5. May participate in the written and verbal handoff communication regarding patients whose care they are participating in (Phase 2) or their panel of patients during a sub-internship (Phase 3).
6. May assist in procedures under direct supervision when the supervisor determines that the student has achieved the required level of competence (see also *Medical Procedures* below).

7. May assist during surgery with appropriate direct supervision from the surgeon of record when the supervisor determines that the student has achieved the required level of competence (see also *Medical Procedures* below).

Medical Procedures

1. All medical students must be under direct supervision for all medical procedures. This supervision must come from a provider for whom that procedure is within the scope of practice.
2. Medical students are expected to request and assume developmentally appropriate, graduated levels of involvement/participation in procedures during their training.
3. The supervisor is ultimately responsible for determining the extent to which a student is competent to participate in the procedure.
4. For each clerkship or clinical rotation, faculty leadership define the medical procedures in which medical students are permitted and/or required to participate, the prerequisite skills for participation, the appropriate clinical settings, and the expected levels of medical student participation and responsibility.

It is the responsibility of both the supervisor and the medical student 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. This determination is dependent upon the student's developmental level, the complexity of the care or procedure, the potential for adverse effects to the patient, as well as the demonstrated competence, maturity, and responsibility of the student.

Responsibility

1. The Dean for Medical Education is responsible for communicating pertinent policies to supervising providers on an annual basis to establish expectations for clinical supervision of medical students.
2. The clerkship / course director is responsible for informing all participating faculty, house staff, interprofessional providers, and students of all policies and procedures concerning appropriate clinical supervision.
3. The clerkship / course director is responsible for informing all participating faculty, house staff, interprofessional providers, and students of standard procedures for reporting concerns relating to lack of appropriate supervision (see below).
4. Clerkship / course directors are responsible for monitoring compliance of supervision policies and procedures within their clerkships / courses.
5. Students are responsible for understanding and adhering to professional expectations and policies regarding clinical supervision. Specifically, students

must ask for assistance as needed if faced with any circumstance beyond their skill level or comfort. Violations of the clinical supervision policy may impact student evaluation or be grounds for a Professionalism Concern Report and/or other disciplinary action up to and including dismissal from the Pritzker School of Medicine.

6. Medical student clinical supervision concerns should be reported. Any individual responsible for adherence to the clinical supervision policy may report concerns directly to the course / clerkship director, via the online mistreatment system, the Ombudspeople, any of the Pritzker Faculty Deans, relevant faculty members, or the Director of Medical School Education. Additionally, students may articulate their concerns about clinical supervision via end-of-course / clerkship evaluations.

Accountable Dean(s) or Director(s): Dean for Medical Education, Dean of Students, Associate Dean for Undergraduate Medical Education, Phase 2 and Phase 3 Directors

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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