


Name of Policy: College of Medicine & Life Sciences: Supervision and Teaching of Medical Students			
Policy Number: 3364-81-04-006-01		Effective date:	
Approving Officer: Dean, College of Medicine and Life Sciences		Original effective date: February 20, 2012	
Responsible Agent: Senior Associate Dean for Undergraduate Medical Education			
Scope: College of Medicine M.D. Program			
<input type="checkbox"/>	New policy proposal	<input checked="" type="checkbox"/>	Minor/technical revision of existing policy
<input checked="" type="checkbox"/>	Major revision of existing policy	<input type="checkbox"/>	Reaffirmation of existing policy

(A) Policy statement

All educators, including faculty and residents, who serve as teachers, must be prepared for their roles and responsibilities in the teaching, evaluation and supervision of medical students within their scope of practice from the classroom to outpatient and inpatient clinical settings. This preparation includes, but is not limited to, knowledge of the College of Medicine and Life Sciences (COMLS) educational program objectives, learning objectives of the systems or clerkships, and methods of formative/summative evaluation in which educators participate in the delivery of instruction and supervision.

(B) Purpose of policy

The COMLS must assure appropriate levels of medical student supervision during the entirety of their undergraduate medical education training. All teaching sites must ensure that medical student education is of the highest quality and occurs in a safe environment for students, staff, and patients. The COMLS shall provide all medical students an education that is progressive in autonomy in a safe and effective manner, as it applies clinically and academically according to requirements of the Liaison Committee on Medical Education (LCME).

(C) Scope

This policy applies to medical students in the M.D. program or combined M.D. programs in the College of Medicine and Life Sciences.

(D) Procedure

Faculty involved in foundation science curriculum, clerkships and clinical rotations who educate or evaluate medical students must have a faculty appointment in the COMLS as required by Liaison Committee on Medical Education (LCME).

All educators must be provided with knowledge, skills and training to fulfill their roles and responsibilities in the supervision of medical students. The educators must demonstrate attributes that reflect the professional responsibility to teach medical students and maintain current skills that are within their scope of practice.

All clinical teachers will be required to sign an attestation statement describing their commitment to the students they teach. (Appendix I)

No university employee shall supervise or evaluate any person closely related by law, blood, marriage, or significant relationship. This is in conjunction with the university's Conflict of Interest and Nepotism policy (Policy # 3364-25-18).

(E) Definitions

1. **Direct Observation/Supervision:** the observing/supervising physician is physically present with the student and patient.
2. **Indirect Supervision:** with direct observation/supervision immediately available – the supervising physician is either physically within the hospital or other site of patient care or is immediately available by a reliable and rapid method of communication to provide direct observation.

All medical students during the preclerkship phase will be trained to achieve a level of competence that will allow them to function independently under supervision and guidance of faculty, residents and fellows.

During the clinical clerkship experience and integrative clinical experience (ICE) program, students must be observed directly or indirectly with direct supervision immediately available. When performing any procedures or clinical activity which poses *any* risk to patient safety, students must be *directly* supervised by a faculty member or resident or fellow at the hospital or other clinical facility.

Students must be observed/supervised by attending physicians or residents in such a way that the student only assumes progressively increasing responsibility according to their ability and experience. The level of responsibility accorded to each student must be determined by the course and/or clerkship director, COM teaching faculty with guidance from the Department of Medical Education according to the clerkship or course-specific criteria.

The proximity and timing of observation/supervision as well as the specific tasks that a student may perform with observation/supervision depend on several factors including:

- (a) The level of training (i.e., year in medical school).
 - *For example*, the preclerkship students should have faculty, residents or fellows available within the location of the activity;

- in clinical clerkships, faculty, resident or fellows should be available either on site or available by text/phone/beeper immediately. Attending physicians' designee such as hospitalists, residents/fellows and advanced practice providers must be available on site in all of these circumstances especially if attending physicians are off site for a period of time.

- (b) The skill and experience of the student with the particular care situation
- (c) The familiarity of the supervising physician with the student's abilities, and
- (d) The acuity of the situation and the degree of risk to the patient.

Delegation of responsibility will be based on competencies attained by the medical student through course and clerkship requirements. Supervision should foster progressive responsibility and provide opportunities for students to demonstrate increasing independence when appropriate.

- *For example*, acting internship (and/or sub internships) may require additional student responsibilities but supervision is still required for overall care and patient management. All orders and documentation need to be cosigned by a resident, fellow or attending physician.

Students shall not prescribe/dispense medications or write orders without a resident/fellow or attending approval and signature.

In certain clinical situations, Advanced Practice Providers (APP) such as Physician Assistants, Nurse Practitioners and Midwives may provide supervision, if noted to be within their scope of practice. In such cases, APP must be informed of the student clerkship requirements.

(F) Procedure

Students will be supervised directly and indirectly in both inpatient and outpatient clinical care settings.

Course/clerkship directors and department designee are responsible for:

- determining the types of patient interactions and the clinical procedures that medical students can perform during patient care experiences and the levels of direct supervision required for these interactions and procedures.
- providing faculty, resident physicians, and students with a list of the types of student-patient interactions and clinical procedures students may perform (according to potential risk incurred by the student and patient), and the level of supervision required for each of them.

(1) INPATIENT CARE

- a. The attending physician, resident or fellow must evaluate each patient seen by medical students in person and be able to confirm and critique the findings of the student and discuss the care plan.

- b. At least daily (more often as the needs of the individual patient may dictate), the student and the attending physician and if applicable resident/fellow will review progress of the patient, make the necessary modifications in the care plan, plan family conferences as needed, and agree on the type and scope of documentation for the medical record.
- c. The attending physician must ensure the completeness of the medical record, including the provision of additional comments in the progress notes. Notes made in the medical record must be countersigned by the attending physician. Hospital or health systems policies related to electronic health record (EHR) must be followed at all times.
- d. Patients must give at least verbal permission for physical exams. Examination of personally sensitive areas must include chaperone and attending or resident physician presence.

(2) OUTPATIENT/AMBULATORY CARE

- a. To ensure patient safety, quality care and coordinator of care is provided at all times, it is expected that an appropriately credentialed and privileged attending physician is responsible and available for supervision during clinic hours.
- b. Patients must give at least verbal permission for physical exams. Examination of personally sensitive areas must include chaperone and attending or resident physician presence.

(3) PROCEDURES/SURGICAL ASSISTANCE

- a. Students should be encouraged to participate in the procedures/ surgeries of the patients that they have seen, examined, and evaluated. The student cannot perform the procedure without direct observation and supervision. Their level of participation shall be commensurate with their knowledge, experience, and abilities.
- b. A student will be considered qualified to assist in performing a procedure or provide assistance during surgery if, in the judgment of the supervising attending physician or the resident under the guidance of the clerkship or course director or his/her designee that the student has had prerequisite training in the procedure and has the skill and knowledge appropriate to that procedure.
- c. All outpatient and inpatient procedures must have the attending physician of record documented in the procedure note, and that attending physician will be ultimately responsible for the procedure.
- d. Procedural consent must be obtained in all circumstances and clearly documented in the medical records per Institutional/facility policy. Preoperatively, patients are to be told who is participating in the surgery and provide at least verbal permission for participation.
- e. Anesthetized patients are not to undergo additional sensitive location exams (e.g.: Genital exams, Pelvic exams, Rectal exams, Breast Exams) by learners uninvolved with the actual performance of the procedure. Those directly involved in the care of the patient may only

perform sensitive location exams if it is required as part of the procedure itself or to assess procedural technical success. Consent for performance of sensitive location exams should be obtained prior to the onset of anesthesia.

<p>Approved by:</p> <hr/> <p>Imran Ali, M.D. Dean, College of Medicine and Life Sciences Vice Provost for Health Education</p> <p>Date</p> <p><i>Review/Revision Completed by:</i> Senior Associate Dean for Undergraduate Medical Education</p>	<p>Policies Superseded by This Policy: 3364-81-21Supervision of Medical Students</p> <p>Initial effective date: 01/25/06</p> <p>Review/Revision Date:</p> <ul style="list-style-type: none">• 04/22/07• 02/20/12• 01/03/16• 01/10/18• 03/08/21• 03/27/24• 05/06/24 <p>Next review date:</p>
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Commitments of Faculty

1. As a role model for The University of Toledo medical students and resident physicians, I will maintain the highest standards of care, respect the needs and expectations of patients, and embrace the contributions of all members of the health-care team.
2. I pledge my utmost effort to ensure that all components of the educational program for medical students and resident physicians are of high quality, including my own contribution as teacher.
3. In fulfilling my responsibility to nurture both the intellectual and the personal development of medical students and resident physicians, I commit to fostering academic excellence, exemplary professionalism, cultural sensitivity, and a commitment to maintaining competence through life-long learning.
4. I will demonstrate respect for all medical students and resident physicians as individuals, without regard to gender, race, national origin, religion, disability, or sexual orientation; and I will cultivate a culture of tolerance among the entire staff.
5. I will do my utmost to ensure that medical students and resident physicians have opportunities to participate in patient care activities of sufficient variety and with sufficient frequency to achieve the competencies required by their discipline. I also will do my utmost to ensure that medical students and physician residents are not assigned excessive clinical responsibilities and are not overburdened with services of little or no educational value.
6. I will provide medical students and resident physicians with opportunities to exercise graded progressive responsibility for the care of patients, so that they can learn how to practice their specialty and recognize when, and under what circumstances, they should seek assistance from colleagues. I will do my utmost to prepare medical students and physician residents to function effectively as members of health-care teams.
7. In fulfilling the essential responsibility, I have to my patients, I will ensure that medical students and resident physicians receive appropriate supervision for all the care they provide during their training.
8. I will evaluate each medical student and resident physician's performance on a regular basis, provide appropriate verbal and written feedback and document achievement of the competencies required to meet all educational objectives.

9. I will ensure that medical students and resident physicians have opportunities to partake in required conferences, seminars and other non-patient care learning experiences and that they have sufficient time to pursue the independent, self-directed learning essential for acquiring the knowledge, skills, attitudes and behaviors required for practice.
10. I will nurture and support The University of Toledo medical students and resident physicians in their role as teachers.

Signature of Faculty Member

Date

Printed Name of Faculty Member