



Office of Medical Education
 Division of Academic Affairs
 Brody School of Medicine
 East Carolina University

SOP #	[9.3.2]
Version #	3
Implementation Date	4/1/2018
Last Reviewed/Update Date	12/20/2023
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Clinical Supervision of Medical Students

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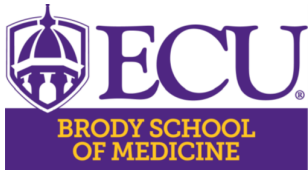
Rationale

The Brody School of Medicine ensures that medical students in clinical learning environments involving patient care are appropriately supervised at all times 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.

Scope

All medical students participating in required educational experiences are engaged in clinical learning environments where they are supervised by members of the faculty, residents, and/or licensed health professionals. It is the supervisor's responsibility to ensure compliance with this procedure and ultimately to make the determination as to the level of independence each student should have when providing patient care in a clinical learning environment. This procedure includes any individual, student, faculty member, resident physician, advanced practice provider, administrator, staff member, group, or committee involved in providing patient care in a clinical learning environment.

The supervision procedures for medical students rotating in clinical settings (both inpatient or outpatient) will be strictly followed and enforced in all training sites at all times, with the ultimate responsibility for same resting with the faculty or licensed professional who is supervising the student. Supervision requires a faculty physician, resident physician, or qualified licensed professional to be present or immediately available. While engaged in clinical rotations or clinical activities, medical students shall be incorporated into the medical team as integral team members, permitted to participate in team care of the patient, and expected to demonstrate individual ownership of patient care responsibilities as permitted based on the student's level of training, expertise, and experience. To enrich patient care and facilitate team-based care, students may be supervised by other licensed professionals on faculty or staff in patient care or counseling activities that are within the scope of practice for the supervisor. This may include, but is not limited to, nutritionists, pharmacists, nurses, psychologists, physical therapists, or other licensed professionals.



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Definitions

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/as needed. Alternatively, a resident physician or another health professional acting within her/his scope of practice may provide direct supervision.

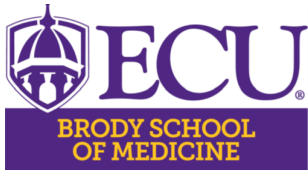
Indirect Supervision: The supervisor is on duty, immediately available, and can be called to the location of the learner if necessary.

Responsibilities

Multiple people contribute to the review, oversight, and implementation of this SOP.

Clinical Supervisor: Responsible for ensuring that the procedure is followed in the clinical environment.

- a) The practice of medicine by medical students at BSOM is to be under the supervision of a licensed physician in accordance with NC state law, regulations of the medical school, and other regulatory bodies.
- b) All teachers of medical students must be provided faculty development education for their role as teachers.
- c) Physicians (attending and residents) and licensed professionals who supervise or teach medical students in the clinical setting must be familiar with the educational objectives of the clerkship and be prepared for their roles in teaching and evaluation.
- d) Clinical supervisors are responsible for directly observing learners to provide ongoing feedback to students for performance improvement and summative feedback at the end of the rotation.
- e) In all patient care contacts, the patient shall be made aware that the individual providing the care and/or performing the procedure is a student.
- f) Direct supervision will be required for any procedures the student is performing.
- g) Any entries in the medical record of a patient will be for educational and student evaluation purposes only and cannot be used for billing purposes except where explicitly allowed by applicable laws and institutional policies. Supervising attending physicians, residents, and licensed professionals are to review student notes and provide feedback to the student.



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- h) Clinical supervisors will model professionalism, collegiality, and interprofessional collaboration.
- i) Clinical supervisors are responsible for completion and submission of timely evaluations to clerkship directors.
- j) The clerkship or course director should be notified immediately if serious academic or professional gaps in student performance exist.

Supervisor and Course/Clerkship Directors: Responsible for ensuring that this procedure is followed and that all individuals who interact with the learner are appropriately trained, understand the course/clerkship objectives, and that the clinical activities supervised are within the scope of practice of the supervising health professional.

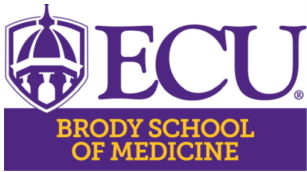
- a) Clerkship Directors include information on how they are ensuring this during their annual review/preview report.

Executive Curriculum Committee and Subcommittees: Responsible for developing and reviewing this and related policies.

- a) The Curriculum Committee reviews information related to clinical supervision included with the annual review/preview reports.

Medical Students: Responsible for being aware of the details of this procedure, as well as identifying and assisting in rectifying any concerns about clinical supervision.

- a) Maintain professional behavior standards with the supervising physician, other members of the medical team, including resident physicians, other health professionals, members of the staff, patients, and any other individuals encountered in the clinical setting.
- b) Maintain awareness of own competence and seek assistance/advice when clarification is needed.
- c) 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.
- d) Proactively inform the supervising physician or course director concerns about levels of supervision.
- e) 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/clerkship director. Any student who is dissatisfied with the outcome of such a discussion should report their concerns to the ombudsperson



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or the student incident portal on the Student Affairs and Office of Medical Education website.

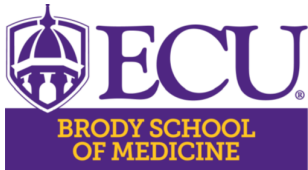
- f) Appropriateness of clinical supervision should be discussed at the mid-clerkship feedback session.
- g) Students report on end of clerkship evaluations whether clinical supervision was appropriate.
- h) Students should immediately contact the attending, clerkship or course director with problems or concerns in clinical, administrative, professional, or educational matters.
- i) The student may, if commensurate with their level of training, perform patient histories, physical exams not requiring a chaperone, and enter information into the patient chart under indirect supervision with direct supervision immediately available.
- j) Medical students shall wear name tags clearly identifying them by name and as a medical student and should not be addressed or introduced to patients as “Doctor”. It is the shared responsibility of student and supervisor to specifically introduce them as a medical student.
- k) Guided by principles of graded responsibility, medical students engaged in clinical activities may carry out patient care activities under supervision, with a supervisor either present or immediately available.

Procedures for Implementation and Review

Review Procedures:

- a) This procedure will be reviewed by the Executive Curriculum Committee and its subcommittees every three years.
- b) This procedure will be disseminated by the Office of Student Affairs to students as part of a ‘student handbook’ during orientation each year.
- c) This procedure will be disseminated by the Office of Medical Education to all course and clerkship directors on a yearly basis.
- d) Course and clerkship directors are responsible for disseminating to all faculty, residents, and professionals responsible for supervising medical students in the clinical setting.

Reporting Concerns:



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- 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/clerkship director. Any student who is dissatisfied with the outcome of such a discussion should report their concerns to the ombudsperson or the student incident portal on the Student Affairs and Office of Medical Education website.
- 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.

Monitoring:

- a) Clerkship Directors provide information on how they are assuring that students are receiving the appropriate level of clinical supervision within their course/clerkship during their annual review/preview process.
- b) Students report on end of clerkship evaluations whether clinical supervision was appropriate.
- c) The Curriculum Committee reviews information related to clinical supervision annually as part of the review/preview process.

Schedule for Review: The policy is reviewed and may be revised by the Executive Curriculum Committee as necessary, but at least every three.

Related Policies

None

Applicable Laws, Regulations & Standards

LCME 9.2 Faculty Appointments
 LCME 9.3 Clinical Supervision of Medical Students

Appendix
