Charles E. Schmidt College of Medicine Administrative Policies

**Subject:** Medical Student Roles and Supervision

**Effective Date:** April 10, 2018


**Responsible Authority:** Senior Associate Dean for Medical Education

**Policy Statement:**

It is the policy of Florida Atlantic University Charles E. Schmidt College of Medicine that medical students must have appropriate clinical supervision while participating in all required and elective clerkships and rotations. In keeping with the statutes of the State of Florida and the requirements and standards of the Liaison Committee on Medical Education [LCME], all medical student trainees will function under the supervision of a faculty member or designee, with such designees including resident physicians (e.g. interns, residents, and fellows) and licensed independent practitioners (e.g., nurse, nurse practitioner, physician assistant, nurse midwife, nurse anesthetists), who are ultimately responsible for that patient’s care.

**LCME Standard 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.” [LCME Functions and Structure of a Medical School: Standards for Accreditation of Medical Education Programs Leading to the MD Degree, Effective July 1, 2018]

**PURPOSE:**

To provide guidelines and procedures for the supervision of medical students participating in clinical rotations and clerkships with members of the medical staff who hold approved clinical privileges at the College of Medicine and/or its affiliated clinical sites.

**SUPERVISION:**

Qualified physicians in good standing on the medical staff of the College of Medicine or an FAU approved clinical site and holding an FAU College of Medicine Faculty appointment may serve as clinical supervisors and engage in the teaching, clinical supervision, and evaluation of students.

Medical students are defined as students actively enrolled in the FAU College of Medicine as candidates for the MD degree who are participating in approved clinical rotations and clerkships, as well as students accepted through the Visiting Student Application Service (VSAS) or other approved FAU College of Medicine medical student exchange programs. Medical students participating in away rotations shall be subject to, and must adhere to, the supervision policy of the host institution.
All medical students will be directly responsible to and supervised by designated faculty supervisor(s) with College of Medicine Faculty appointments during each clerkship/rotation. Supervising faculty members may, when they deem appropriate, delegate teaching and supervisory responsibilities to designees, including residents, fellows, or licensed independent practitioners who serve as healthcare extenders and are capable of providing the appropriate level of medical student supervision for patient care within the scope of their licensed practice. FAU approved clinical sites are responsible, consistent with applicable regulations and industry standards, for assuring that the healthcare providers employed at their site are appropriately trained, certified, and credentialed.

The supervising faculty member who is responsible for the care of the patient shall determine the appropriate level of student involvement/participation in patient care and the degree of supervision required, and should do so within the guidelines of this policy. Medical students are expected to assume developmentally appropriate, graduated levels of responsibility during their training all while being directly and/or indirectly supervised (as appropriate). It is the supervising faculty member’s responsibility to determine the appropriate level of involvement/participation by the student and level of supervision that each student should have when providing patient care in a clinical learning environment. The degree of involvement/participation of students when providing patient care will be determined by the supervising faculty member based on a number of factors, including but not limited to:

- the developmental level of the student
- the complexity of the care or procedure
- the potential for adverse effects
- the demonstrated competence, maturity and responsibility of each student
- the consent of the patient to have a student involved in their care

Medical students are also always expected to take responsibility for their actions and be accountable for prioritizing the best interest of the patient. Students must recognize their own limitations and request assistance or decline participation in any aspect of patient care that they do not feel comfortable or competent in. Students should always use their best judgement to discern what is safest and best for the patient without fear of any consequences related to their evaluation, assessment, or advancement.

Levels of Supervision:

**Direct:** The supervising faculty member or designee is physically present with the medical student and the patient. (Required for all procedures)

**Indirect Supervision with Direct Supervision Immediately Available:** The supervising faculty member or designee 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. (Faculty supervisor may consider allowing a student to be involved in history taking, physical exam, data gathering, chart review, data analysis, and counseling under indirect supervision. Some 3rd and 4th year students may progress to be allowed to perform venipuncture and IV placement under indirect supervision with direct supervision immediately available.)

**Oversight:** The supervising faculty member is available to provide review of encounters and provide feedback after care is delivered. (Faculty supervisor would likely consider this only for experienced 4th year medical students performing history and physical exams.)
MEDICAL STUDENT ROLES:

Medical Students in Years One (1) and Two (2) of the MD program:

- Must clearly identify and introduce themselves to the patient and all members of the healthcare team as a medical student.
- Must be under the direct, indirect, or oversight supervision, as outlined in this policy, of a physician at all times who is a member of the clinical site’s Medical Staff with an FAU faculty appointment. Student supervision may be delegated to a resident, fellow, or a licensed independent practitioner serving as a healthcare extender.
- May participate in history taking, physical exam, data analysis and have access to medical records with Oversight Supervision from the faculty supervisor and with patient consent that the student may be involved in this level of care.
- May observe in surgery with appropriate consent from the patient and surgeon of record.
- May assist in minor procedures always under Direct Supervision when the supervising faculty member agrees that the student has achieved the required level of competence and consent is granted by the patient. (e.g., immunizations, venipuncture and IV placement).
- May not document: progress notes, history and physicals, operative notes, or discharge summaries in the patient’s permanent medical record.
- May not write or give verbal orders.

Medical Students Years Three (3) and Four (4) of the MD program:

- Must clearly identify and introduce themselves to the patient and all members of the healthcare team as a medical student.
- Must be under the direct, indirect, or oversight supervision of a physician at all times who is a member of the Facility’s Medical Staff with an FAU faculty appointment. Student supervision may be delegated to a resident, fellow, or a licensed independent practitioner serving as a healthcare extender.
- 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.
- May assist in procedures always under Direct Supervision when the attending physician agrees that the student has achieved the required level of competence and consent is granted by the patient. (See Procedures section of this policy)
- Third year (M3) students may not call consults to other physicians but may, under the direction of their supervising faculty member, call non-physician consults and schedule appointments.
- Fourth year (M4) students may under direct supervision call consults to other physicians.
- May not write orders or give verbal orders independently. May “scribe” orders only if the supervising faculty member is present and immediately reviews and countersigns the entry.
- May document in the medical record the following: progress notes, history and physicals, operative notes, discharge summaries provided that all student charting in the medical record is clearly indicated as a Medical Student Note. The supervising faculty member will remain directly responsible for the history and physical, progress notes, discharge summary, operative reports and daily visits, as well as compliance with CMS guidelines for student documentation in the medical record.
PROCEDURES:
1. A procedure is defined as any activity that is invasive to the patient, performed in an operating room, requiring a procedure note, or requiring informed consent of the patient.

2. Except as provided in item 3 below, all medical students must be under Direct Supervision for all procedures by a faculty supervisor for whom that procedure is within his/her scope of practice. The faculty 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.

3. Medical students are expected to assume developmentally appropriate, graduated levels of involvement/participation in procedures during their training. Procedures that medical students should be proficient in when completing medical school, defined by the Association of American Medical Colleges (AAMC) Entrustable Professional Activities (EPAs) for entering residency, include venipuncture and inserting an intravenous line. Third and fourth year students may develop competency in these technical skills under direct supervision such that their clinical supervisor may decide to allow a student to perform these minor procedures under Indirect Supervision with Direct Supervision Immediately Available with the consent of the patient. These are the only procedures that may proceed to indirect supervision at the discretion of the supervising faculty member who is ultimately responsible for the care of the patient.

4. 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 know the limits of his/her capabilities and request assistance in the interest of patient safety without regard for his/her assessment or fear of reprisal.

5. It is the supervising faculty member and medical student’s responsibility to ensure compliance with this policy. Ultimately, the supervising faculty member shall make the determination of the level of involvement/participation each student should have when providing patient care in a clinical learning environment.

6. Medical student activities may not be billed for except as permitted by CMS regulations. It is the responsibility of the supervising health professional to assure compliance with all local, state and federal guidelines regarding the provision of care, as well as documentation, and billing for services provided by the appropriately licensed and/or credentialed professional.