

**MARSHALL UNIVERSITY
JOAN C. EDWARDS SCHOOL OF MEDICINE
MEDICAL STUDENT SUPERVISION POLICY**

I. Introduction

The policies of the Joan C. Edwards School of Medicine based upon recommendations of the Liaison Committee on Medical Education (LCME) that the medical school ensures that medical students in clinical learning situations are appropriately supervised.

II. Definitions

From the LCME Structures and Functions of a Medical School, the following standard has been provided:

Standard 9: Teaching, Supervision, Assessment, and Student and Patient Safety: A medical school ensures that its medical education program includes a comprehensive, fair, and uniform system of formative and summative medical student assessment and protects medical students' and patients' safety by ensuring that all persons who teach, supervise, and/or assess medical students are adequately prepared for those responsibilities.

Element 9.3: 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 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.

III. Policy Statement and Procedure

1. Policy Statement:

- a. All students in the medical education program at the Marshall University Joan C. Edwards School of Medicine (MUSOM) are supervised by a qualified supervising physician who also has clinical privileges in the area they are supervising.
- b. Supervision in the setting of medical student education has the following goals:
 - i. Ensuring the provision of safe and effective care to the individual patient.
 - ii. Ensuring each medical student develops the skills, knowledge, and attitudes required to enter a graduate medical education program.
 - iii. Establishing a foundation for continued professional growth.
 - iv. Ensuring that a medical student knows the limits of his/her scope of authority, and the circumstances under which he/she is permitted to act with conditional independence.

2. Classification of Supervision:

- a. To ensure appropriate Resident/Fellow supervision and oversight, graded authority, and responsibility, the program must use the following classifications of supervision:
 - i. **Direct Supervision:** the supervising attending or resident physician is physically present with the student and patient.
 - ii. **Indirect Supervision with direct supervision immediately available:** the supervising attending or resident physician is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision.

IV. Procedure

1. The description of the role, responsibilities, and patient care activities of each medical student are to be rotation-specific and are to be documented for each clinical clerkship available for faculty and Resident/Fellow review. Each clerkship is to have a mechanism in place to make decisions about the promotion of trainees in that particular program, such as a Clinical Competency Committee.
2. All medical students provide patient care under the auspices of supervising physicians appropriately credentialed and privileged in their discipline and who serves as the resident physician or as the treating physician of the patient. The clerkship director must ensure, direct, and document adequate supervision of medical students at all times.
3. Medical students must be provided with rapid, reliable systems for communicating with supervising residents or faculty.
4. The curriculum committee through clinical clerkship committee is responsible for monitoring the educational programs' supervision of medical students and to ensure that supervision is consistent with:
 - a. The provision of safe and effective patient care.
 - b. The education needs of the medical students.
 - c. Progressive responsibility appropriate to the medical student's level of education, competence, and experience.

V. Supervision of Procedural Competency

1. Each clerkship is responsible for defining the level of competence for each medical student and communicating this to the appropriate site of care delivery.
2. Student assessments will be documented using New Innovations.

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Approved: Student Policy Committee: 3/16/18

Approved: JCESOM Policy Committee: 3/28/18

Approved: Curriculum Committee: 6/7/18