

TITLE: POLICY ON MEDICAL STUDENT SUPERVISION		
EFFECTIVE DATE: September 2018	REVIEWED DATE:	REVISED DATE:

I. POLICY

The following policy is to ensure the level of supervision of medical student clinical activities by faculty physicians, house staff and other health professionals is within the scope and appropriate to the student's level of training. Course and Clerkship directors are responsible for orienting students, supervising physicians and health care providers with the rotation required clinical experience and skills, supervisory recommendations, access to educational resources and assessment instruments and ensuring that they adhere to the policy

II. PURPOSE

This policy has been developed to assist clinicians at the NYU Winthrop Hospital-NYULISOM and its affiliated hospitals in the supervision of medical students. The NYULISOM is committed to medical student education and producing the highest quality physicians while maintaining patient safety as the utmost and foremost priority.

III. SCOPE

The supervision policy applies to all clerkships and courses, including electives, where students interact with patients as part of the NYULISOM undergraduate medical education program.

IV. DEFINITIONS

- **Supervising physicians:** An attending physician with a NYULISOM faculty appointment; a resident or fellow physician training in a graduate medical education program at, or affiliated with the NYULISOM.
- **Health Professionals** - Includes but not limited to physician assistants, anesthesia assistants, nurses, nurse practitioners, dieticians, medical technicians, medical sonographers, medical technologist, occupational therapists, paramedics, pharmacologists, physical therapists, psychologists, radiographers, respiratory therapists, social workers, speech language pathologists and surgical technicians.
- **Supervision Levels**
 - Direct Observation/Supervision: the supervising physician is physically present with medical student and patient. Alternatively, another health professional acting within her/his scope of practice may provide direct supervision under the indirect supervision of an attending physician.

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- Indirect Supervision: with direct observation/supervision immediately available – the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision
- **Hospital Based Practice Setting:** It is the institution’s (NYU Winthrop Hospital) responsibility to ensure that all physicians and Health Care providers are appropriately credentialed and privileged by the hospital or institutions and capable of medical student supervision within the scope of their practice.
- **Private Practice Settings:** The primary supervising physician will be an attending physician employed by NYULISOM or a volunteer/affiliated/community physician provider with a NYULISOM faculty or adjunct faculty appointment practicing within the scope of his /her discipline as delineated by the credentialing body of NYU Winthrop Hospital. In the presence of other Health Care provider, it is the responsibility of the supervising physician to ensure that they are appropriately credentialed and privileged and capable of medical student supervision within the scope of their practice.

V. POLICY AUTHOR(S)

- Phase II/III Sub-Committee

VI. RELATED POLICIES

VII. PROCEDURE(S)

Supervision During Clinical Experience

- The amount of supervision required for each medical student will vary according to the circumstance of each clinical encounter and will be appropriate with the level of training, education and experience of the student that is involved in the clinical care. Course and clerkship directors will provide specific guidance for each clinical experience and the student’s level of responsibilities and scope of approved activities and procedures that are permitted or required during the rotation.
- Clinical supervision is designed to foster progressive responsibility across the three years of training. Supervising physicians and health professionals are expected to provide opportunities for students to demonstrate ownership of patient care responsibilities such as history taking, performing complete or focused physical examinations, documentation of findings in patient’s medical record with the explicit approval of patient’s supervising attending physician. The supervising physician will be responsible for reviewing student documentation, countersigning H&P /progress notes and providing constructive feedback.

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- Any inquires by clinical staff regarding medical students' participation in an encounter or procedure should be addressed to the Attending Physician or his/her designee.
- The course or clerkship director will be expeditiously contacted for any potential academic and or professional gaps in student performance.
- For the medical student, if they have any concern regarding clinical, administrative, professional, educational or safety issues during the rotation, they are encouraged to report through the following mechanism:
 - On line confidential reporting through the Education Management system
 - Course or Clerkship Directors
 - End of Course/Clerkship Evaluation
 - Ombudsman representative

Procedural Supervision

Medical student participation in invasive and non-invasive procedures requires direct supervision by the supervising and credentialed physician at all times of procedure. As per standard protocol, patient consent must be obtained prior to procedure. In addition, assisting in procedures may only be performed when supervising attending physician agrees that the student achieved the required level of competence, maturity and responsibility to perform the procedure. All procedures will have the supervising physician document the procedure notes and will be responsible for the procedure.

Faculty Recusal from Supervisory Role:

The NYULISOM faculty physician who provides medical and/or psychiatric care, psychological counseling or other sensitive health services to the medical student must recuse himself/herself from the supervisory role. In such cases, the faculty physician must have no involvement in assessing or evaluating the student's academic performance or participate in decisions regarding his or her promotion. The faculty physician and the medical student are advised to immediately contact the appropriate clerkship/course director and or Dean of Students for this potential conflict of interest.

Compliance Monitoring

The Subcommittee on Assessment and Evaluation will submit a report which documents the concerns regarding supervision raised by medical students in course/clerkship

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evaluations to the Phase II/III Subcommittee, Associate Dean of Students, Assistant Dean of Clinical Education and EPEC.

VIII. REFERENCES

LCME Standard 9.3 specifies that “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 the student’s 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*, effective March 2020)

IX. TYPE OF POLICY

Curricular

X. APPROVALS

EPEC

XI. POLICY MANAGEMENT

Responsible Executive: Dean of the School of Medicine

Responsible Officer: Associate Dean for Medical Education

Responsible Office: Office of Medical Education