



LOMA LINDA UNIVERSITY

School of Medicine

OPERATING POLICY

GUIDELINES FOR MEDICAL STUDENT SUPERVISION DURING PATIENT CARE EXPERIENCES

CATEGORY: MEDICAL EDUCATION

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The School of Medicine Curriculum Committee has adopted the following guidelines for medical student supervision.

1. Course/clerkship directors and department designee are responsible for ensuring student and patient safety during patient care activities.
2. Course and clerkship directors and department designee must inform students of the expectations for their participation and supervision in patient care.
3. Course/clerkship directors and department designee are responsible for assigning students to designated faculty and resident supervisors for all patient care experiences and for ensuring that faculty, residents, and students are notified of these assignments.
4. Medical students on duty for patient care activities must be directly supervised by qualified faculty and/or resident physicians at all times. Direct supervision implies a physician is either physically present with a student or is on duty and rapidly available to provide personal supervision.
5. Students on duty must have rapid and reliable systems for communicating with their supervising faculty and resident physicians.
6. The degree of direct supervision shall vary according to the clinical task and status of each patient, and be commensurate with each student's level of training, education and clinical experience.
7. Supervision should foster progressive responsibility and provide opportunities for students to demonstrate increasing independence when appropriate.

8. 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. Clerkship directors will provide faculty, resident physicians and students with a list of the types of patient interactions and the clinical procedures that students may perform and the level of direct supervision required for each of them.
9. Course/clerkship directors and department designee will stratify the types of student-patient interactions and clinical procedures that may be performed by medical students according to the potential risk incurred by the student and patient. The level of supervision required for each procedure must be adequate and appropriate for the potential level of risk.
10. Course/clerkship directors or departmental designee are responsible for providing the list of procedures allowed by medical students to faculty physicians, resident physicians, and the students on each clinical service.
11. A supervising physician may delegate some medical student teaching and supervising responsibilities to non-physician care providers after ensuring the non-physician providers are appropriately credentialed and working within the scope of their practice.
12. Physician supervisors should provide students with proximate and constructive feedback related to problem areas that are encountered during direct patient care experiences.
13. Students should immediately report any deviation from this policy, or concern regarding inadequate supervision to one of the following entities: Clerkship director, Associate Dean for Clinical Education, Faculty LIFE Community Mentor or the Office of Medical Education. Students from the Regional Campuses may also report to the Assistant Dean for Regional Campuses, or to the assistant clerkship director or to the respective regional campus Dean.

Defined Levels of direct supervision:

1. Level one - Supervision by a resident or attending physician is physical presence with the student during the patient interaction / procedure.
2. Level two – Supervision by a resident or attending physician is within the immediate vicinity of the patient interaction / procedure.
3. Level three – Supervision by a resident or attending physician is on duty and rapidly available to provide assistance or answer questions.

Expected Level of Supervision based on Student Level of Training and Experience (may be adapted by each clerkship based upon type of interaction and level of student experience):

1. Pre-clinical students must be supervised during all patient-care interactions. Residents or attending physicians should be either physically present or in the near proximity and rapidly available. (level two)

2. Pre-clinical students may observe or participate in procedures with close direct supervision at all times. (level one)
3. Third-year clinical students may complete history and physical examinations, place orders in the electronic medical record and participate in minor procedures (IV, venipuncture, Foley placement) under supervision that is determined by past experience with the skills being utilized. As all third-year students will have completed history and physical examinations they may do these under level three supervision (as defined below). The first time a student does a procedure level one supervision is expected. Subsequently level two to three supervision is expected determined by the experience of the student and risk of the procedure.
4. Fourth-year clinical students may complete history and physical examinations and perform the procedures signed off in their skills books under level three supervision. Which level applies is ultimately determined by the experience of the student and risk of the skill being performed.