

I. POLICY

Clinical Supervision of Students, Conflict of Interest in Teaching and Evaluation of Medical Students, and Delegation of Clinical Responsibility to Students

II. PURPOSE

The purpose of this policy and related procedures is to define the expectations for supervision of medical students and delegation of duties to medical students on clinical services.

III. RESPONSIBLE PARTY AND REVIEW CYCLE

The Associate Dean for Clinical Education will review this document annually. The Medical Education Committee shall review the document as recommended by the Associate Dean for Clinical Education, with input from Student Affairs and the Clerkship Education Committee.

IV. ACCREDITATION REFERENCES

LCME 9.3	Clinical Supervision of Medical Students
LCME 11.1	Academic Advising
SACSCOC 12.3	Student Rights
SACSCOC 12.4	Student Complaints

V. DEFINITION(S)

Preceptor: Preceptor can include any of the following individuals:

- Full-time or part-time faculty, defined by the [EVMS Faculty Handbook](#),
- Community faculty, defined by the [EVMS Faculty Handbook](#),
- A physician designated as appropriate for supervision by the clerkship or course director(s),
- A resident or fellow in a Graduate Medical Education program contractually affiliated with EVMS, or
- Another licensed health professional acting within her/his scope of practice.

VI. DESCRIPTION

Medical students must be provided with appropriate levels of supervision as they progress through their education towards a career in patient care. A supervising physician will ensure that medical students are provided with opportunities to learn that are progressive and commensurate with the student's level of training.

Expectations of Teaching Faculty in the Role of Supervising Medical Students

EVMS has the following expectations of responsibility for faculty supervising medical students in the learning environment:

- A designated faculty physician is responsible for the supervision and assessment of each medical student in the clinical environment. The supervising physician should be easily accessible to all members of the team providing patient care.
- The supervising faculty physician may delegate the responsibility for direct supervision to another clinician which could include a resident or an allied health professional.
 - In these situations, the supervising faculty physician, while not in the presence of the student and/or patient, remains immediately available to the learner and/or at the site of care to provide direct supervision, as needed.
 - In addition, it is the responsibility of the supervising faculty physician to assure all personnel are appropriately prepared for their roles for teaching and supervision of medical students within the scope of their practices.
 - When learners interact directly with allied health professionals (e.g., physician assistants, nurse practitioners, etc.), the supervising faculty physician is responsible for ensuring that the allied health professional is appropriately credentialed or functioning under the supervision of a credentialed faculty member and is performing tasks that are within his/her scope of practice.
 - Ultimately, the supervising faculty physician is responsible for the integrity of information and/or clinical procedures taught to the medical student.
- The supervising faculty physician or designee (hereafter described as “preceptor”) provides supervision of the medical students participating in patient care at all times to ensure patient and student safety. Students may never perform procedures without direct supervision.
- The preceptor is present in the same location as the learner and is able to provide direct instructions and feedback to the learner.
- The preceptor practices only within the scope of their discipline by their hospital and/or clinic privileges.
- The preceptor provides clinical supervision that fosters progressive responsibility of the medical student. Supervision will be based on the following considerations:
 - Level of training of the medical student,
 - Previous experience and skill of the student with the clinical activity and setting,
 - Demonstrated competence of the student,
 - Familiarity of the supervising faculty with the abilities of the student,
 - Acuity of activity and level of risk to patient, and
 - The objectives for the clinical experience.
- Supervision and assessment of a medical student will not be knowingly assigned to any preceptor who is a relative of the student and/or who has a real or perceived conflict of interest in their precepting role with the student.
- If a preceptor finds that, due to unforeseen factors, a conflict of interest has arisen with a medical student, the preceptor must immediately contact the clerkship or course director and the Associate Dean for Clinical Education for resolution.

Critical to medical student development is timely and accurate feedback from preceptors. EVMS has the following expectations of its preceptors regarding feedback:

- The preceptor reviews and independently verifies all student findings, assessments, and care plans.
- Preceptors who have worked with a student for three (3) or more days are strongly encouraged to complete a clinical evaluation.
 - If a preceptor feels unable to judge specific categories within the clinical evaluation form, it is expected that the preceptor will select “Not Observed” for those categories.
 - In order to promote robust and individualized student learning, preceptors are asked to provide descriptive comments and examples of a student’s unique performance.
- It is expected that comments and feedback provided in the written clinical evaluation form should also be communicated verbally to the student.
- Inherent to the EVMS Compact between Teachers and Learners, there is a duty for a preceptor to share formative feedback to the student with sufficient time for the student to demonstrate improvement. Additionally, any concerns about a student should be shared with both the student and the clerkship director as soon as possible in order to facilitate remediation and help ensure future success.

Expectations of Clerkship/Course Director with Regard to Supervision of Medical Students

EVMS has the following expectations of responsibility for clerkship or course directors with regard to the clinical supervision of medical students:

- Ensure that the above-mentioned expectations of faculty, residents, allied health professionals, and staff are followed.
- Provide the following information to all individuals engaged in the medical student learning environment on an annual basis:
 - Medical students’ level of responsibility and scope of approved activities and procedures that are permitted and/or expected during the rotation,
 - Objectives of the clerkship or course,
 - Policies and procedures related to supervision to preceptors and students participating in their curriculum, and
 - Means by which preceptors can report concerns for students’ competence and/or professional behaviors.
- In conjunction with Medical Education and Student Affairs, monitor the assessment of clinical supervision via E*Value faculty evaluations; E*Value clerkship and course evaluations; submissions of the Academic Appeal and Concerns in the Learning Environment Reporting Forms; or submissions to the EVMS Ethics and Compliance Hotline.

- Communicate to medical students and adhere to standard procedures through which students can report concerns regarding adequate and appropriate supervision.
- Respond appropriately when founded concerns for inadequate supervision or concerns for inadequate student competence or professional behaviors are brought to their attention.

Procedures for Students to Report Inadequate Clinical Supervision

EVMS medical students have the right to report concerns regarding their clinical supervision without concern for retaliation.

NOTE: Any medical student who is being asked to engage in clinical duties without immediate supervision or being asked to engage in duties beyond their level of training or competence must refrain from all clinical activities and report their concerns immediately to the clerkship directors and the Associate Dean for Clinical Education. It is the responsibility of the clerkship directors and the Associate Dean for Clinical Education to resolve these concerns by the next day of the student's placement or place the student in a more appropriate learning environment.

For all other concerns, students should take the following steps:

1. The student should first address their concerns with the supervising faculty member involved, if they feel comfortable doing so.
2. If the concern is not resolved by the supervising faculty member to the student's satisfaction, the student will inform the Associate Dean for Clinical Education and the Associate Dean for Student Affairs, using the [Concerns in the Learning Environment Reporting Form](#).
3. The procedures outlined in the Appeal and Complaint Procedures Policy will then proceed.

Procedures for Monitoring Clinical Supervision Compliance

A review of adherence to this policy is included annually in the Learning Environment report, a collaboration between Student Affairs and Medical Education. This report is reviewed annually by the Medical Education Committee.

VII. RELATED DOCUMENTS

Anti-Retaliation Policy

Appeal and Complaint Procedures Policy

Clerkship Phase Assessment and Grading Policy

Formative Feedback and Assessment Policy

M4 Elective Phase Assessment and Grading Policy

Non-Discrimination and Anti-Harassment Policy

Student Non-Academic Complaint and Formal Grievance Policy

VIII. HISTORY OF APPROVALS AND UPDATES

The following list documents policy approvals and updates by oversight authority, date, and summary of changes. This policy is housed on the MD Student Handbook webpage.

- On June 29, 2020, the Medical Education Committee approved the update to separate the policy from the MD Student Handbook.