

JOHN A. BURNS SCHOOL OF MEDICINE
The Supervision of Medical Students during Clinical Activities
A JABSOM Educational Guideline
January 12, 2024

This guideline outlines the requirements and procedures to be followed by faculty, residents, and other health care providers who supervise JABSOM medical students and other visiting medical students under the auspices of JABSOM, in the clinical setting. Through these guidelines, JABSOM ensures that medical students providing health care are supervised at all times to protect the safety of the student, patient, and other health care workers. The level of responsibility delegated to the student must be appropriate to his or her level of training and may gradually increase as their knowledge, competence, and experience grows. It is the shared responsibility of the department chair in conjunction with the respective clerkship or course director, site coordinators, and supervising faculty members to assure that the specifications of this guideline are followed. It shall be distributed annually to all faculty members who supervise medical students in the clinical setting. Residents and medical students are expected to adhere to these guidelines as well.

Supervisors of Medical Students in the Clinical Setting

- Supervisors for medical students in hospitals and clinics may be physicians, residents, and other health care providers appropriately certified, credentialed and working within the scope of their professions.
- Supervisors should either have a faculty appointment or be guided by a physician with a faculty appointment at the school of medicine.

Proximity of Clinical Supervisors

- While obtaining a patient history or conducting a physical examination, a supervisor must be either physically present with the medical student or readily available so that they may take over the provision of care if necessary.
- A clinical supervisor must be physically present and carefully supervise any procedure performed by medical students. The supervisor must have privileges or authorization to perform the procedures they supervise and should be responsible for the patient's care.
- Medical students are not allowed to provide health care services to patients in the intensive care unit unless under the direct supervision of a supervisor physically present in the room.

Knowledge Required by Clinical Supervisors

- Supervisors of medical students must be aware of their student's level of training and the learning objectives of the course or clerkship.

- Students may only participate in procedures when they are judged to be ready and prepared by their clinical supervisor.
- The principles and practice of informed consent must be followed at all times. Patients should provide consent to have medical students participate in their care and also be made aware when the proposal is to have a medical student perform their procedure. Patients should understand that they may refuse student involvement.

Medical Student Documentation in the Medical Record

- Medical students are allowed to make entries into the medical record in keeping with the procedures and requirements of each hospital, clinic, or health care facility they are assigned to.
- Medical orders may not be entered by medical students unless they have been discussed thoroughly with their clinical supervisors. No order entered by a student may be acted upon until a resident or faculty member “co-signs” the order.

Adequacy of Supervision

- Students may only provide health care or perform procedures that have been thoroughly discussed and agreed upon by their clinical supervisors, and in which the patient has given permission.
- Students are encouraged to voice any concern to their residents, faculty, clerkship directors or the director of student affairs, about the adequacy of their clinical supervision.
- Students should not perform aspects of a history, physical examination, or a procedural skill that they believe they are not yet ready or too fatigued to perform, even in the presence of faculty supervision.
- Performing exams on sensitive areas (breast, genitalia) or in patients with a history/chief complaint related to breast/genitalia/sexual trauma may not be done by medical students unless prior to the exam, the student has discussed the situation with their clinical supervisors AND received patient permission with a witness; and the exam is performed in the presence of a supervisor.

Assessment and Feedback

- Following medical student delivery of care, timely formative feedback is encouraged.
- Formative mid-course feedback is required and should be timed to allow students to adjust their preparation and performance to potentially achieve a satisfactory/passing grade by the end of the course.

- End-course assessments must be submitted to clerkship directors such that all course/clerkship grades and/or assessments are completed and available to students within 4 weeks of the completion date of the course/clerkship.
- Clinical supervisors should notify the clerkship or course director if they identify significant concerns about academic readiness or professionalism of medical students.

Special Situations

- Medical students must not be involved in the care of other medical students. Exceptions may include the delivery of influenza vaccines or a PPD through school sponsored activities.
- Faculty must not supervise and/or assess medical students who are also their patients, members of their family, or someone with whom they have had a close relationship with in the past to avoid potential conflicts of interest. Likewise, faculty should generally avoid entering into a physician-patient relationship with medical students they could reasonably anticipate being assigned to them for supervision and assessment. If a potential conflict of interest exists, it should be discussed and resolved with the help of the clerkship director and/or director of the Office of Student Affairs. (Please also see Non-Participation in Health Care for details and exceptions.)

Approved by JABSOM Curriculum Committee July 23, 2021

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