Responsibilities of Faculty Supervisors of Medical Students



Welcome!

We are so excited to have you on board as an educator at the University of Minnesota Medical School!

This presentation will introduce you to the policies and activities required of you as clinical educator supervising medical students.

Foundational Expectations

- Be familiar with the learning objectives of the course or clerkship in which they are interacting with medical students.
- Be prepared for their roles in teaching and assessment.
 - Entrustable Patient Activities
 - Other assessment methods.
- Be familiar with, and adhere to, relevant medical school policies.
- Understand supervisor functions and features.
- Assess students using medical assessment guidelines.

Supervision Definitions

Primary Faculty Supervisor

The primary supervising physician will have a faculty appointment within the medical school and may provide direct or indirect supervision of students during clinical activities and who may oversee non-faculty supervisors.

Non-Faculty Supervisor

Non-faculty supervisors may include physician residents or advanced practice providers who are, themselves, supervised in their roles by an individual who has a faculty appointment in the medical school.

Supervising Students

Students must be supervised at one of two broad levels as determined by the faculty supervisor: The full policy can be found <u>here</u>.

- <u>Direct supervision</u>: the supervisor is present with the student and the patient.
- Indirect supervision: the supervisor, while not in the presence of the student and/or patient, is immediately available to the learner and at the site of care to provide direct supervision as needed.

Supervision is determined by:

- Varies by the clinical nature of each patient and experience.
- The level of training, education and experience.
- Acuity and activity and level of risk to patient.

Medical students should be incorporated into them medical team as integral team members that:

- Participate in team care of the patient.
- Expected to take responsibility for patient care based on the student's level of training, expertise and experience.
- Effective supervision should foster progressive responsibility for students to demonstrate increasing independence when appropriate.

Expectations of Supervisors of Medical Students:

- Ensure that any non-faculty supervisors who are engaged in clinical teaching of medical students are acting within their scope of practice.
- Ensure that non-faculty supervisors are aware of, and adhere to the learning objectives, assessment methods, and expectations for student participation
- Create a rapid and reliable systems for students to communicate with faculty, their supervisor(s), and resident physicians.
- Reviews and independently verifies student findings, assessments, and care plans, and documents this review.
- expected to notify the clerkship or course director (or their designee) immediately if serious academic or professional gaps in student performance exist that may jeopardize student and/or patient safety or the educational goals.

Medical Student Expectations

- Medical students may not provide care in an unsupervised fashion
- Medical students may not perform procedures without a minimum of indirect supervision with the supervisor immediately available. Many procedures require direct supervision
- Medical students provide patient care services under (direct or indirect) supervision of the faculty member or appropriate non-faculty supervisor. In all patient care contacts the patient shall be made aware that the individual providing the care and/or performing the procedure is a student.
- Students should be encouraged to contact the attending and/or the clerkship or course director with problems or concerns in clinical, administrative, professional or educational matters.

Course Materials

Policies

Mistreatment and Harassment Policy Reporting

The Medical Student Mistreatment Policy informs the medical school community about:

- What constitutes medical student mistreatment
- Ways members of the community can identify mistreatment and the options available for the reporting allegations
- The responsibility of the Medical School to prevent retaliation against any persons who submit medical student mistreatment complaints
- The process by which allegations of mistreatment will be investigated in a prompt, thorough and impartial manner

Medical Student Mistreatment in the Learning Environment

The University of Minnesota Medical School, Twin-Cities and Duluth campuses, demonstrates its commitment to maintaining an environment of mutual respect between student, teacher, and between peers through:

- Maintaining and disseminating a Medical Student Mistreatment Policy
- Maintaining a Mistreatment and Harassment Oversight Team comprised of key personnel in the medical school on both campuses who can provide support or investigate allegations of mistreatment specific to the medical school
- Offering resources and programs to students, faculty and staff to promote a positive learning environment
- Providing Resources for Counseling, Advice and Informal Resolution

Reporting Allegations

- Any University community member can submit a UReport if they suspect misconduct (students, faculty, staff, University, and non-University)
- You may file an online report or call. If you call, you will get a live person that will ask you the questions. The questions the person will be asking are required from the online reporting system. Calls can also be made 24/7
- Supporting documents can be uploaded or attached to your report
- When reporting, provide all details regarding the alleged violation, including who, what, when, where and why you think the matter occurred so that it can be fully evaluated and addressed as appropriate
- When you submit a report, you will be required to create your own, unique login and password. We encourage you to check back in to the report over the next several weeks as this will be the primary mode of communication with

you

Policies

Duty Hours

The purpose of duty hour limits is to maximize the effectiveness of the learning experience, acknowledge students as integral components of the medical care team, and address issues of fatigue and sleep deprivation that would otherwise adversely impact medical student well-being and patient care. A humane scheduling will allow for time off during normal business hours. Some obligations that are integral to student health and well-being can only be completed during that time.

Policy Specifics

- Call frequency cannot be greater than every fourth night over the period of a rotation (i.e. cannot be on call every second or 3rd night).
- Minimum 10 hours of rest between work periods
- 24 hours consecutive on call time limit
 - No new patients after 24 hours will be assigned
 - Additional 4 hours allowed for patient care responsibilities and educational opportunities (i.e. lecture, skills lab).

Shift Scheduling

Clerkships will schedule students to have at least two consecutive days off, on average, every other week and at least one day off every seven days. One day is defined as a 24-hour period.

Example: A student ends a shift at 5:30 pm and starts their next scheduled shift at 5:30pm the next day, that is 24 hours and a "day off". Official University holidays count as a day off under this policy. Example: Memorial Day is a University holiday; students may be required to work the other six days in that week. Students, with the consent of the Clerkship Director, can work a University holiday in exchange for another day off during that week.

Independent Learning Time (ILT) and Scheduling

- Clerkships will schedule at least two half-weekdays of Independent Learning Time (ILT) for every 4 weeks. This time is to be scheduled during regular business hours, M-F and will be scheduled as early as possible to allow for advance planning
- On some rotations, students may be required to participate in night float schedules in order to maximize exposure to patients and educational opportunities



Student Code of Conduct