

TITLE: MEDICAL STUDENT TRAINING POLICY

POLICY # _____

MANUAL: MEDICAL STAFF

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Effective Date: 10/25/11

Approval: Anthony Kosinski, M.D.
Medical Staff President

Reviewed/Revised: 4/13, 12/16

PURPOSE/EXPECTED OUTCOMES

It is the policy of Petaluma Valley Hospital to specify the mechanisms by which medical students are supervised by members of the Medical Staff.

The management of each patient's care is the responsibility of a member of the Medical Staff with clinical privileges. This policy is intended to guide the activities of admitting/attending physicians and medical students in insuring that patient care activities in which medical students participate are appropriately supervised and documented during the course of the medical student's rotations based at PVH. This supervision should begin with each medical student's initial contact with the attending physician and the patient, continue through the daily contact with the patient, and with the attending physician, and be completed when all the documentation of the hospital stay has been recorded in the patient's medical record.

DEFINITIONS

Following are the definitions of terms used throughout this policy:

Medical Student: A medical student is a third or fourth year student in a medical school approved by the Liaison Committee on Medical Education (jointly sponsored by the Association of American Medical Colleges and the American Medical Association), the American Osteopathic Association, or listed in the International Medical Education Directory (IMED).

Supervising Physician: A supervising physician is a member of the PVH Medical Staff, in good standing, who has agreed to take responsibility for the activities performed by medical student(s) and has been specifically designated by the medical student's Medical School to serve as a supervising physician. All supervising physicians must have proof of liability coverage (minimum coverage required is 1 million per occurrence / 3 million aggregate).

Site Coordinator(s): The coordination of the scheduling and supervision of the medical student will be the responsibility of the physician(s) appointed as Site Coordinator(s) for the service(s) to which the medical student(s) are assigned. The site coordinator(s) will work with the Medical Director of the program who will have responsibility for ensuring that medical students are provided appropriate backup support when patient care responsibilities are especially unusual, difficult, or prolonged.

POLICY:

1. Medical students shall not hold Medical Staff appointment and shall not be entitled to the rights, privileges, and responsibilities of appointment to the Medical Staff. Medical students must submit evidence of current enrollment in a Medical School approved by the Liaison Committee on Medical Education (jointly sponsored by the Association of American Medical Colleges and the American Medical Association), the American Osteopathic Association or listed in the International Medical Education Directory (IMED) and appropriate health screening consistent with Petaluma Valley Hospital's Human Resources policies. The student's Medical School will be responsible for confirming the identity of each student and will attest that this has been done (e.g., by attesting that an I-9 form was completed) and for supplying evidence of the required malpractice, liability, and Workers' Compensation coverage.
2. Medical students shall identify themselves as medical students and shall wear name badges that include the designation of "medical student" as well as name, medical school, and clinical specialty. The medical student shall undergo hospital orientation consistent with the hospital's Human Resources policies.
3. Medical students may be invited to attend specific Medical Staff or Hospital Committees by the Medical Staff President for the purpose of participating in review of patient care in which the medical students were involved. For this reason, medical students are required to sign agreements to protect the confidentiality of peer review/patient care information.
4. Medical students may be granted access to electronic patient information provided they have signed the confidentiality agreement that is required for such access.
5. Activities performed by medical students shall be under the supervision of a Medical Staff member (supervising physician). Clinical activities shall be limited to those of the clinical privileges granted to the supervising attending physician and agreed upon by the hospital, the student's Medical School and the supervising Medical Staff member.
6. Medical students shall not be granted specific clinical privileges but will operate according to a matrix of supervision and competency requirements specific to their level of training. (See 10a through d)
7. In addition to performance of procedures, participation in any care not included in the matrix of supervision and competency requirements requires the physical presence of a supervising physician as outlined in the document. If there are specific patient care activities for which the Medical Staff requires documentation of knowledge, training, or experience (e.g., procedural sedation requiring a passing score on a test), the medical student must meet the criteria established by the Medical Staff in order to participate in that specific patient care activity. In addition, the issuing of DNR or restraint orders will be limited to those that have been countersigned by the attending or admitting physician.
8. Medical Staff Services shall maintain a list of all medical students currently working at the facility and their job descriptions, which will be accessible to hospital staff.

9. At all times medical students are to be supervised by an approved attending physician. Patient services that a medical student may provide under the supervision of attending physicians include the following:
 - a. assist with initial and ongoing assessment of patient's medical, physical, and psychosocial status;
 - b. assist with the performance of history and physical examinations (attending physician required to sign and assume full responsibility for the recorded history and physical);
 - c. participate in the development of an assessment and treatment plan;
 - d. attend rounds;
 - e. write/dictate admission notes, progress notes, procedure notes, and discharge summaries;
 - f. provide patient education and counseling covering health status, test results, disease processes, and discharge planning;
 - g. perform procedures under direct supervision, as outlined in the matrix of supervision and competency requirements;
 - h. assist in surgery (the medical student shall not serve as a substitute for the assistant surgeon).

10. The following are the general guidelines by under which medical students will function when performing the above-listed duties:
 - a. Admitted Patients: The medical student will contact the attending physician directly for all admissions. This discussion will be recorded in the patient's chart indicating that the discussion took place, its outcome and the time and date of the call. The attending physician has the responsibility to decide whether personal view of the patient is indicated at that time.
 - b. Emergency Department Patients: For the Emergency Department, the medical student will discuss all patients directly with the attending physician before discharge or admission of a patient.
 - c. Patients Whose Status Changes for the Worse: A similar contact with the attending physician by the medical student will take place whenever a patient's condition unexpectedly changes for the worse requiring transfer to Intensive care Unit, or placement on a respirator, or deterioration of vital signs consistent with an unexpectedly bad outcome.
 - d. All medical students' progress notes must be co-signed by the attending within 24 hours.
 - e. All admissions or non-emergent negative status changes occurring during the night will also be discussed with the attending physician during the morning report. (Emergent negative status changes would have been discussed with a member of the Medical Staff at the time.)

11. All medical student care is supervised, and the attending physician is ultimately responsible for care of the patient. The proximity and timing of the supervision, as well as the specific tasks delegated to the medical student, depend on a number of factors including:
 - a. the level of training i.e., year in medical school,
 - b. the skill and experience of the medical student with the particular care situation,

- c. the familiarity of the supervising physician with the medical student’s abilities, and
 - d. the acuity of the situation and the degree of risk to the patient.
12. The key responsibilities of the supervising physician are as follows:
- a. Evaluate of the appropriateness of each patient’s admission to the hospital or service.
 - b. Evaluate of the patient to confirm the medical student’s subjective and objective findings, review the differential diagnosis, and discussion of the plan of care.
 - c. On a daily basis, review the progress of the patient and modification of the plan of care.
 - d. Provide direct supervision of the medical student while performing any procedure.
 - e. Review the patient’s medical record for completeness and accuracy of the medical record.
 - f. In all instances, it is the responsibility of the attending physician to keep abreast of the care of his or her patients at all times.
13. The quality of care provided by the medical students shall be monitored through the Medical Staff committee and department structure and reported to the Executive Committee and Board of Trustees on a quarterly basis.
14. Concerns or problems that may arise regarding a medical student shall be reported to the supervising physician in a timely fashion for resolution. If satisfactory resolution is not reached, the issue may be taken to the department chair and the Executive Committee.
15. A medical student specific report will be made at the end of each cycle to the student’s Medical School and the department of the supervising physician regarding the safety, quality of patient care, and treatment and services provided by, and the related educational and supervisory needs of, the participants in the program. The report shall include an evaluation of general observation, clinical evaluation, interpretation, test procedures and the independent procedure of performance and if each rotation has been completed successfully or non-successfully. Each medical student will be responsible for compiling a list of procedures completed during each evaluation period.

Author/Department: Gary Greensweig, DO, Chief Medical Officer	
References: JCAHO Standards, ACGME Standards	
Reviewed/Revised:	
Approvals: Medicine Executive Committee- 7/29/08 Surgery Executive Committee- 7/11/08 Executive Committee- 7/15/08, 3/15/11, 12/20/16 Board of Trustees- 8/26/08, 3/22/11, 1/24/17	Distribution: