

## **Preparing Educators for Their Roles in Supervising, Teaching and Assessing Medical Students**

It is imperative that all educators, including faculty, residents, graduate students and other health care professionals, understand their responsibilities and roles for medical student supervision, education and assessment. Ensuring educator preparation includes, but not limited to, the following components:

- It is the responsibility of course/clerkship directors to communicate syllabus information to all educators, including the learning objectives, instructional methods, and implemented formative and summative assessments. All educators involved in supervising, teaching, or assessing medical students must have a faculty appointment within the West Virginia University School of Medicine, access to educational resources, such as the course/clerkship Secure Online Learning (SOLE) site and the School of Medicine Faculty Manual.
- All residents and graduate students who have a role in teaching medical students must complete the Resident and Graduate Student Orientation to Medical Education online course in SOLE. This online course is designed to prepare residents and graduate students for their role in teaching and assessing medical students. This online course shares tools and skills that enhance teaching and assessment skills.
- Educators must have opportunities to identify areas of concern and strengths relating to the responsibilities of medical student education and assessment. As appropriate, course/clerkship directors must provide all educators including residents and other non-faculty instructors, formal evaluations of their teaching and assessment skills. Evaluations may include direct observation by peer educators and/or feedback from medical students through the E-value course/clerkship faculty evaluations. Educators who do not demonstrate adequate teaching and assessment skills will be referred to additional resources for improvement, which may include the teaching scholars program, teaching workshops and/or consultation from the course/clerkship director.
- Educators who provide patient care, counseling, psychological services, advocacy, or have any relationship (including familial, marital and personal) with a student that involves knowledge of sensitive or confidential information, are prohibited from being assigned to teach or precept the student that will directly led to assessing, evaluating or grading the student in an academic capacity, including writing the Medical Student Performance Evaluation (MSPE) and participating in any Committee on Academic and Professional Standing (CAPS) discussion or decision regarding the student's academic progress or standing. If an educator has been assigned to instruct and evaluate a student, and any perceived or real conflict of interest exists, then the educator is charged to alert the appropriate course/clerkship director and/or Student Services to designate another assigned educator.
- Educators must be prepared for their role in the supervision of medical students. It is the responsibility of the course/clerkship director to insure that medical students are supervised by appropriate educators at all times. While day-to-day supervision may be delegated to resident

physicians, supervising attending physicians must take full responsibility for the supervision of medical students.

- Educators must facilitate student learning. Clerkship educators, for example, must be aware of required procedures and patient encounters that students must complete, which are specific to courses/clerkships. In all patient care contacts, patients shall be made aware that a medical student is participating or implementing the care and/or the procedure. As outlined in the Documentation of Medical Care Provided by WVU Medical Students Policy, proper documentation of the provision of medical care is an important skill to be learned by medical students. Educators are responsible for facilitating students' proper performance and documentation of history and physical examinations, progress notes, procedure notes and discharge summaries.
- Educators must provide students with constructive feedback. It is the responsibility of course/clerkship directors to compile educators' observations about student performance, which may figure into narrative assessments. Educators who do not demonstrate adequate feedback skills will be referred to additional resources for improvement, which may include the teaching scholars program, teaching workshops and/or consultation from the course/clerkship director.
- Educators must set a model for professionalism and demonstrate the professionalism attributes embraced in the West Virginia University School of Medicine Code of Professionalism, including honesty and integrity, accountability, responsibility, respectful and nonjudgmental behavior, compassion and empathy, maturity, skillful communication, confidentiality and privacy in all patient affairs and self-directed learning and appraisal skills.

These components will be monitored by the curriculum committee using the Assessment Subcommittee reviews of courses and clerkship and student evaluations of educators and course/clerkships. Educator professionalism and incidents of student mistreatment will also be monitored, as outlined in the Student Mistreatment Policy.

Applicable LCME Standards:

**ED-24. At an institution offering a medical education program, residents who supervise or teach medical students and graduate students and postdoctoral fellows in the biomedical sciences who serve as teachers or teaching assistants must be familiar with the educational objectives of the course or clerkship (or, in Canada, clerkship rotation) and be prepared for their roles in teaching and assessment.**

*The minimum expectations for achieving compliance with this standard are that: (a) residents and other instructors who do not hold faculty ranks (e.g., graduate students and postdoctoral fellows) receive a copy of the course or clerkship/clerkship rotation objectives and clear guidance from the course or clerkship/clerkship rotation director about their roles in teaching and assessing medical students and (b) the institution and/or its relevant departments provide resources (e.g., workshops, resource materials) to enhance the teaching and assessment skills of residents and other non-faculty instructors. There should be central monitoring of the level of residents' and other instructors' participation in activities to enhance their teaching and assessment skills.*

*There should be formal evaluation of the teaching and assessment skills of residents and other non-faculty instructors, with opportunities provided for remediation if their performance is inadequate.*

*Evaluation methods could include direct observation by faculty, feedback from medical students through course and clerkship/ clerkship rotation evaluations or focus groups, or any other suitable method.*

**ED-25. Supervision of medical student learning experiences at an institution that offers a medical education program must be provided throughout required clerkships (or, in Canada, clerkship rotations) by members of the institution's faculty.**

**ED-25-A. At a medical education program, students in clinical learning situations involving patient care must be appropriately supervised at all times. While students learn through graded responsibility as their skills progress, supervision at all times must ensure patient and student safety.**

*The accountability of physicians and non-physicians who supervise medical students in clinical learning settings will be clearly described in the program's policies and procedures. The level of responsibility delegated to the student by the supervisor will be appropriate for the student's level of training, and the activities supervised will be within the scope of practice of the supervising health professional.*

**ED-47. In evaluating program quality, a medical education program must consider medical student evaluations of their courses, clerkships (or, in Canada, clerkship rotations), and teachers, as well as a variety of other measures.**

It is expected that the medical education program will have a formal process to collect and use information from medical students on the quality of courses and clerkships/ clerkship rotations. The process could include such measures as questionnaires (written or online), other structured data collection tools, focus groups, peer review, and external evaluation.

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