

Providing written descriptions of the roles, responsibilities, and patient care activities of the participants of professional education programs to the medical staff and hospital staff helps to keep uniformity in the process.

Each medical student and trainee can assess the level of supervision provided by teaching staff by doing the following:

- Understanding the clinical supervision process, including who is to provide the supervision and the frequency of the supervision (for example, a medical student understands whether supervision is provided by a resident, the patient's primary physician, a medical school faculty member, and/or teaching staff).
- Understanding whether the supervision includes daily signing of all notes and orders, signing of the care plan and progress notes every other day, or making a separate entry in the patient's medical record
- Identifying how the evidence of that supervision is documented, including the frequency and location of documentation

In addition, the hospital identifies and monitors the expectations for the mentoring/supervision process to ensure a uniform learning experience.

Measurable Elements of MPE.02.00

1. The hospital has a process for supervision of each medical student and trainee by a medical staff member with appropriate privileges to provide uniform medical student and trainee experiences.
2. ⑩ The hospital establishes written descriptions of the roles, responsibilities, and patient care activities of the participants of professional education programs. The descriptions are as follows:
 - Include the process by which the supervisor(s) and professional education program director make decisions about each participant's progressive involvement and independence in specific patient care activities.
 - Are provided to the medical staff providing supervision.
 - Are provided to each medical student and trainee of the program.
 - Are provided to the hospital staff.
 - Identify policies and/or processes that delineate the participants in professional education programs who may write patient care orders, the circumstances under which they may do so, and what entries, if any, must be countersigned by a supervising physician.
 - Identify policies and/or processes that delineate the participants in professional education programs to perform part or all of a patient's medical history, physical examination, assessment, and plan of care under the supervision of, or through appropriate delegation by, a specific qualified doctor of medicine or doctor of osteopathy who is accountable for these tasks.
 - Identify policies and/or processes for when a medical history, physical examination, assessment, and plan of care performed by the participants in professional education programs must be validated and countersigned by a physician with appropriate privileges.
3. The level of supervision to be provided is based on the demonstrated competency of the medical student and trainee.
4. ⑩ There is evidence that each medical student and trainee understands the level, frequency, and documentation of their supervision.
5. ⑩ Medical records are reviewed for compliance with the documentation requirements and frequency.

Standard MPE.02.01

Medical education provided in the hospital is coordinated and managed through a defined operational mechanism and management structure.

Intent of MPE.02.01

Medical education programs in hospitals require an effective management structure and a commitment of staff time for their coordination and daily operation. The agreements between the hospital and the medical school are established and monitored. There is a current, accurate list of all medical students and trainees in the hospital. The hospital identifies the minimum documentation requirements for each medical student and trainee. Documentation for a medical student may be limited depending on their enrollment status and current level of training. Accommodations may be necessary to meet specific needs of the training program (for example, medical student scheduling conflicts, family obligations, imbalanced competencies and specialties between teaching staff and medical students and trainees). When an academic program is sponsored by the hospital, it is determined how and where these activities are conducted.

Measurable Elements of MPE.02.01

1. The operational structure for medical education in the hospital has been established and is fully operational.
2. The management structure for medical education in the hospital has been determined and implemented.
3. ⓐ There is a complete and current list of all medical students and trainees in the hospital.
4. ⓐ For each medical student and trainee, there is documentation of at least the following:
 - Enrollment status
 - Academic classification
 - Any required licensure or certification
 - Reports of medical student and trainee achievements
 - Identification of medical student and trainee competencies
 - Any known factors that will require accommodation
 - Any known factors that may influence the level of supervision required

Standard MPE.02.02

Medical students and trainees comply with all hospital policies and procedures, and all care is provided within the quality and patient safety parameters of the hospital.

Intent of MPE.02.02

Training programs and their students are a critical factor in the overall quality of care and patient safety. Individuals providing medical student and trainee supervision must ensure that all medical students and trainees can demonstrate knowledge of these quality and safety programs and are included in the evaluation process.

Each medical student and trainee receives basic education on quality and patient safety in their respective academic program. To achieve this, the hospital must do the following:

- Have a planned and deliberate program to introduce quality and patient safety concepts.
- Support the medical students and trainees in complying with relevant policies and guidelines.
- Include medical students and trainees in all quality and safety monitoring programs.

Examples of quality and patient safety education for the medical students' and trainees' initial orientation and ongoing training and evaluation would include the following:

- Compliance with the International Patient Safety Goals
- Required clinical practice guidelines
- Surgical time-out procedures
- Medication-ordering policies
- Other mechanisms to reduce variation in care processes, and thus reduce the risk in those processes