

REPORT OF THE COUNCIL ON MEDICAL EDUCATION

CME Report 8-A-14

Subject: Guidelines for Students Shadowing Physicians
(Resolution 310-A-13, Resolution 913-I-13)

Presented by: Jeffrey P. Gold, MD, Chair

Referred to: Reference Committee C
(Kesavan Kutty, MD, Chair)

1 Resolution 310-A-13, “Medical Facility Regulations for Students Shadowing Physicians,”
2 introduced by the Georgia delegation and referred by the House of Delegates (HOD), asked that
3 our American Medical Association (AMA) develop standard criteria for students to shadow
4 physicians in medical facilities.

5
6 Resolution 913-I-13, “Pre-Medical School Shadowing,” submitted by the Washington delegation
7 and referred by the HOD, asked that our AMA (1) promote the development of programs that assist
8 physicians in providing pre-medical shadowing opportunities; and (2) communicate to the
9 Association of American Medical Colleges that for medical schools which have the pre-medical
10 shadowing requirement, aiding these underprivileged students in getting their shadowing is an
11 obligation of the medical school.

12
13 This report focuses on areas common to Resolutions 310-A-13 and 913-I-13, namely concerns and
14 strategies around pre-medical students shadowing physicians.

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16 Resolution 310-A-13 noted that high school and pre-medical students are “strongly encouraged” by
17 medical school admissions committees to have clinical shadowing experience. However, the Health
18 Insurance Portability and Accountability Act (HIPAA) and other regulations (e.g., those dealing
19 with patient rights, privacy, and confidentiality) often serve as impediments to many physicians
20 who might otherwise provide student shadowing experiences. In addition, individual hospitals may
21 have standards for shadowing of physicians by students, but these vary widely from one institution
22 to the next, with no recognized national standard in place.

23
24 Testimony on Resolution 913-I-13 supported the need for appropriate guidelines for providing pre-
25 medical school shadowing opportunities. It was also noted that increased opportunities for
26 shadowing can help increase diversity in medicine by raising awareness among individuals from
27 diverse backgrounds in the possibility of medicine as a career (through the AMA Doctors Back to
28 School program, for example) and can help bring this goal to fruition. It was suggested that such
29 programs may contribute to improved motivation and experience, leading to increased
30 matriculation and lower attrition rates. Questions were raised, however, as to the responsibility of
31 medical schools to offer shadowing opportunities.

1 BACKGROUND

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3 It is important to differentiate shadowing from volunteering. Volunteering offers an opportunity to
4 help (without compensation) in a health care setting; duties might include filing paperwork,
5 answering phones, and similar functions. Shadowing, in contrast, is strictly observational but
6 directly related to the provision of clinical care, with the student observing as the health
7 professional provides care to patients. This may occur in varied clinical settings, including
8 hospitals, outpatient clinics, long-term care facilities and/or office practices. Observation always
9 occurs under the appropriate supervision of a licensed physician or other licensed health care
10 professional.

11
12 The benefits of a shadowing experience for the student include exposure to the day-to-day realities
13 of medical practice and tangible evidence (for admissions committees) of their commitment to
14 becoming a physician. For example, one summertime medical program for high school students,
15 which included a shadowing component, resulted in “increased understanding of the medical
16 school application process, the medical curriculum and the medical field, and an increase in
17 students’ likeliness to choose a medical career.”¹

18
19 Such experiences, however, may raise ethical issues for patients in the clinical setting. The author
20 of a June 2011 commentary in *JAMA*, for example, stated that any potential benefits of shadowing
21 from the student perspective “are eclipsed by potential damage to the patient-physician
22 relationship.”² Further, a review published in *Academic Medicine* in January 2013 found scant
23 medical literature on shadowing and its impacts on students, physicians and patients, and called for
24 further research and the creation of objective outcomes measures. The authors proposed
25 “developing guidelines and introducing a code of conduct for pre-medical students, to enhance the
26 consistency of shadowing experiences and address ethical and practical considerations.”³

27
28 Shadowing and its attendant concerns were the subject of a July 2013 email thread on the listserv
29 of the National Association of Advisors for the Health Professions (NAAHP). Advisors noted that,
30 as regulations tighten in health care settings, developing and overseeing clinical educational and
31 shadowing experiences has become more challenging than in the past. Some of the issues that may
32 dissuade physician offices and hospitals from serving as sites for clinical shadowing include
33 concerns over potential liability, HIPAA regulations, lack of time or staff for oversight, and ethical
34 concerns, including informed consent and patient confidentiality.

35
36 In some areas, students are required to complete a training program prior to entering into a
37 shadowing experience, to include HIPAA certification, criminal and child abuse background
38 checks and drug testing. The authors of a 2011 letter to *JAMA* proposed three broad guidelines to
39 ensure that medical ethics and legal requirements are not compromised during shadowing
40 experiences: “First, the student must complete HIPAA regulations, the physician must judge if the
41 appointment is appropriate for observing, and the physician should specify boundaries for
42 educational dialogue and note taking. Second, on being introduced to the patient, the premedical
43 student should clearly identify himself or herself as a college student observing to learn more about
44 a medical career. It is deceptive to say he or she is a member of the team or working with the
45 physician. Third, the patient should be told that there is no obligation to allow the observation and
46 refusal is understandable. These criteria would prevent misrepresentation and create
47 transparency—ethical principles that can never be introduced too early in an education.”⁴

1 SHADOWING: WHO SHOULD BE RESPONSIBLE?
2

3 In theory, physicians are willing to engage and train the next generation of practitioners and
4 provide career guidance for college and university students aspiring to become physicians. In
5 practice, however, this inclination often collides with the reality of modern medicine, in which
6 physicians are under significant time and performance pressures. In addition, the regulatory, legal
7 and ethical issues cited in the previous section may cause even the most altruistic physician to
8 reconsider taking on this additional “unfunded mandate.” Often there are also first and second-year
9 medical students who want to shadow, and these students may have priority, given a physician’s
10 busy schedule.

11
12 Most medical schools have admissions criteria that medical school applicants should have a certain
13 number of hours (some recommend at least 40 hours) experience in shadowing/observership.
14 Accordingly, as proposed in Resolution 913-I-13, it may be appropriate to encourage medical
15 schools to help pre-medical students meet this requirement by ensuring availability of shadowing
16 programs. This is particularly needed with regard to students from underrepresented minority
17 populations, who may lack the resources and connections to obtain the needed experience.⁵ Not
18 providing ready access to such experiences could mean that shadowing requirements have the
19 unintended effect of further disenfranchising minority and economically disadvantaged students
20 and reducing the number of medical school matriculants from these sectors of society.

21
22 DEVELOPMENT OF SHADOWING GUIDELINES
23

24 After concerns with shadowing were brought to the attention of the Association of American
25 Medical Colleges, the AAMC developed shadowing guidelines for pre-medical students, in close
26 collaboration with the AMA and the NAAHP. The recommended guidelines
27 (aamc.org/download/356316/data/shadowingguidelines2013.pdf) for clinical shadowing include
28 student learning objectives and responsibilities, a model physician-student agreement, a student
29 code of conduct, and a student agreement on confidentiality and privacy of patient information.
30

31 Another organization that provides information on shadowing is the American Association of
32 Colleges of Osteopathic Medicine ([aacom.org/InfoFor/applicants/becoming/Pages/
33 ShadowaDO.aspx](http://aacom.org/InfoFor/applicants/becoming/Pages/ShadowaDO.aspx)). Similar to allopathic medical schools, colleges of osteopathic medicine
34 encourage applicants to learn more about the profession by identifying an osteopathic physician to
35 shadow. Many DOs’ offices will host a pre-medical student for one or two days.
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37 EXISTING AMA POLICY
38

39 AMA Policy D-295.941, “Facilitating Access to Health Care Facilities for Training,” calls on the
40 AMA to “work with the Association of American Medical Colleges and other national
41 organizations to expedite, wherever possible, the standardization of requirements in regards to
42 training on HIPAA, drug screening, and health requirements for medical students, and resident and
43 fellow physicians who are being educated in hospitals and other health care settings.” This
44 particular policy, however, specifies medical students and resident/fellow physicians, not pre-med
45 students. (At the A-13 AMA meeting, Reference Committee C recommended addition of the
46 phrase “pre-medical students” to this policy, in response to Resolution 310-A-13, but the AMA
47 House of Delegates instead referred this resolution.)

1 SUMMARY AND RECOMMENDATIONS

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3 The development of guidelines for clinical shadowing by the AAMC is timely and should help
4 increase nationwide standardization of shadowing experiences for pre-medical students.

5 Development of a separate set of guidelines by the AMA could create confusion regarding optimal
6 approaches to shadowing in health care settings. A better role for the AMA would be to encourage
7 awareness and use of these guidelines and to call upon medical schools, physicians and others to
8 help ensure availability of shadowing opportunities, particularly for students from underrepresented
9 populations. Therefore, the Council on Medical Education recommends that the following
10 recommendations be adopted in lieu of Resolutions 310-A-13 and 913-I-13 and that the remainder
11 of this report be filed:

- 12
13 1. That our American Medical Association encourage wide dissemination of the Association
14 of American Medical Colleges' clinical shadowing guidelines to interested parties,
15 including K-12 students, pre-medical students, health professions advisors, hospitals,
16 medical schools and physicians. (Directive to Take Action)
17
18 2. That our AMA encourage all physicians to provide shadowing opportunities to pre-medical
19 students. (Directive to Take Action).
20
21 3. That AMA Policy D-295.941, "Facilitating Access to Health Care Facilities for Training,"
22 be amended by addition to state that the AMA "work with the Association of American
23 Medical Colleges and other national organizations to expedite, wherever possible, the
24 standardization of requirements in regards to training on HIPAA, drug screening, and
25 health requirements for pre-medical and medical students, and resident and fellow
26 physicians who are being educated in hospitals and other health care settings."

Fiscal Note: \$500.

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