

<b>Policy Title:</b> Supervision Policy	<b>Approval Dates:</b> Graduating Class of 2025, 2026, 2027
<b>Approved By:</b> Executive Oversight Committee	<b>Approval Dates:</b> 6/2/23 3/8/24

### **RELEVANT LCME STANDARDS:**

- 9.1 Preparation of Resident and Non-Faculty Instructors
- 9.2 Faculty Appointments
- 9.3 Clinical Supervision of Medical Students

### **POLICY:**

Appropriate supervision ensures that medical students are provided with opportunities to learn that are progressive and commensurate with the student's level of training and in accordance with the supervisor's level of training and specialization.

Medical students participating in patient care must be supervised at all times. The primary supervising physician must be practicing within the scope of his/her discipline. During instances in which a medical student is participating in a clinical setting where resident/fellow physicians or other healthcare professionals are actively involved in medical student education, it is the responsibility of the supervising faculty physician to assure all personnel provide appropriate supervision of medical students within the scope of their practices.

### **Levels of Supervision – Direct vs. Indirect**

1. **Perform Under Direct Supervision** - The student performs a task with the supervisor physically present in the same location as the student; able to provide direct instruction to the student; able to take over patient care duties when necessary.
2. **Perform Under Indirect, but Immediately Available Supervision** - The supervisor may not be physically present with the student yet must still provide direct instruction to the student; The supervisor is on-duty, immediately available, and can be called to the physical location of the student for the duration of the student's task.

The limitations for the requirements of proximity and timing of supervision, as well as the specific tasks that a student may perform without direct supervision depends on various factors, including:

- the level of training of the student (i.e., year in medical school);
- the skill and experience of the student within the scope of the clinical care situation;
- the familiarity of the supervisor with the student's skills;
- the acuity of the situation and the degree of risk to the patient.

## General Guidelines

The guidelines below are applicable to all clinical experiences where medical students participate:

- In the clinical setting, Year 1 and 2 medical students are under both direct and indirect supervision and are engaged in low acuity situations (for example, conducting a history on a patient).
- Year 3 and 4 medical students are primarily under indirect supervision. In any instance, the supervisor must always be available.
  - The course/clerkship/site director will determine who can supervise the medical student, such as fellows, residents, and/or appropriately credentialed allied healthcare providers.
  - The supervisor will review all medical student's documentation in a patient's medical record and provide corrections to the record and feedback to the student for educational purposes.
  - Clinical decisions are never formulated or enacted by medical students without a supervisor's input.
  - Orders placed by students in the Electronic Health Record must be co-signed by a supervising provider. Verbal orders and other written orders communicated by students must be reviewed and approved by a supervising provider.
- Medical students must be under direct supervision during all medical procedures in which they are involved, except for the four (4) procedures listed below that may be performed under indirect supervision. This includes, but is not limited to, bedside, emergency department, operating room procedures and/or all procedures listed as Required Clinical Experiences (RCEs) for clinical clerkships.
- The following procedures may be performed under indirect supervision if both the student and supervisor agree that the student has demonstrated competence to perform the given procedure. ALL other procedures must be performed under direct supervision
  - Peripheral IV REMOVAL (peripheral IV placement must be directly supervised)
  - Surgical Scrubbing
  - Superficial dressing changes (not including internal packing or drains)
  - Suture or staple REMOVAL (suture or staple placement must be directly supervised)
- In all procedures, the degree of supervision needed will consider: the complexity and urgency of the procedure, the stability of the patient, potential for adverse effects, the demonstrated competence, and responsibility of each student in order to ensure the safety and comfort of the patient and the student.
- In all cases, the supervisor must have privilege or authorization to perform the procedure in which they are supervising.

## PROCEDURE:

1. Any students with concerns about the adequacy and availability of supervision they are receiving are encouraged to bring their concerns as soon as possible to the course, clerkship, and/or site director.
2. Students report on the adequacy and availability of supervision during mid-clerkship check-in meetings and via end of course/clerkship evaluations and questionnaires.
3. Course and Clerkship Directors review student feedback in evaluations, as well as during mid-clerkship feedback, and provide prompt follow-up to address any supervision concerns that may arise. Multiple concerns regarding the same faculty member will be reported to that faculty member's department chair.
4. The Clinical Curriculum Subcommittee reviews data on an ongoing basis to identify any ongoing trends of supervision concerns being reported.

**RELATED POLICIES:**

Required Clinical Experiences