


Name of Policy: College of Medicine & Life Sciences: Supervision of Medical Students		 Revision date: 6/8/22 Original effective date: March 25, 2019	
Policy Number: 3364-81-21			
Approving Officer: Dean, College of Medicine & Life Sciences			
Responsible Agent: Senior Associate Dean for Undergraduate Medical Education and Associate Dean for Clinical Undergraduate Medical Education			
Scope: M.D. Program in College of Medicine and Life Sciences			
<input type="checkbox"/>	New policy proposal	<input checked="" type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input type="checkbox"/>	Reaffirmation of existing policy

(A) Policy statement

UT COMLS is committed to training of next generation of learners and providing highest quality of care in a safe academic environment. This policy serves as a guideline for enhancing the clinical training of medical students and patient safety in both outpatient and inpatient settings.

(B) Purpose of policy

This policy is intended to guide the activities of medical students and their supervisors to ensure that medical students are appropriately observed/supervised in patient care activities during inpatient and outpatient training so as to ensure the safety of students and their patients.

(C) Scope

This policy relates to medical students in all four years of training.

(D) Definitions

- (1) **Direct Observation/Supervision** – the observing/supervising physician is physically present with the student and patient.
- (2) **Indirect Supervision:** with direct observation/supervision immediately available – the supervising physician is either physically within the hospital or other site of patient care or is immediately available by a reliable and rapid method of communication to provide direct observation.

All medical students during the preclerkship phase will be trained under supervision of faculty members, residents and fellows. Prior to onset of clerkship the students will achieve a level of competence that will allow them to function independently under guidance of faculty and residents.

During the initial clinical clerkship experience, students must be observed or supervised either directly or if indirectly with direct supervision immediately available. When performing any procedures or clinical activity which poses *any* risk to patient safety, students must be *directly* supervised by a faculty member or resident or fellow at the hospital or other clinical facility.

Students must be observed/supervised by attending physicians or residents in such a way that the student only assumes progressively increasing responsibility according to their ability and experience. The level of responsibility accorded to each student must be determined by the course and/or clerkship director, COM teaching faculty with guidance from the Department of Medical Education according to the clerkship or course-specific criteria.

The proximity and timing of observation/supervision as well as the specific tasks that a student may perform with observation/supervision depend on a number of factors including:

- (a) The level of training (i.e., year in medical school). For example, the preclerkship students should have faculty or residents available within the location of the activity and in clinical clerkships should be available either on site or available by text/phone/beeper immediately. Attending physicians' designee such as hospitalists, residents/fellows and advanced practice providers must be available on site in all of these circumstances especially if attending physicians are off site for a period of time.
- (b) The skill and experience of the student with the particular care situation
- (c) The familiarity of the supervising physician with the student's abilities, and
- (d) The acuity of the situation and the degree of risk to the patient.

Delegation of additional responsibilities will be based on competencies attained by medical student and course and clerkship requirements. Supervision should foster progressive responsibility and provide opportunities for students to demonstrate increasing independence when appropriate. For example, acting internship (and/or sub internships) may require additional student responsibilities but supervision is still required for overall care and patient management. All orders and documentation need to be cosigned by a resident, fellow or attending physician.

Students shall not prescribe/dispense medications or write orders without a resident/fellow or attending approval and signature.

In certain clinical situations, Advanced Practice Providers (APP) such as Physician Assistants, Nurse Practitioners and Midwives may provide supervision, if noted to be within their scope of practice. In such cases, APP must be informed of the student clerkship requirements.

(E) Procedure

Students will be supervised directly and indirectly in both inpatient and outpatient settings

Course/clerkship directors and department designee are responsible for determining the types of patient interactions and the clinical procedures that medical students can perform during patient care experiences and the levels of direct supervision required for these interactions and procedures. Clerkship directors will provide faculty, resident physicians and students with a list of the types of patient interactions and the clinical procedures that students may perform and the level of supervision required for each of them.

Course/clerkship directors and department designee will stratify the types of student-patient interactions and clinical procedures that may be performed by medical students according to the potential risk incurred by the student and patient. The level of supervision required for each procedure must be adequate and appropriate for the potential level of risk.

Course/clerkship directors or departmental designee are responsible for providing the list of procedures allowed by medical students to faculty physicians, resident physicians, and the students on each clinical service.

(1) INPATIENT

- (a) The attending physician or resident/fellow must evaluate each patient seen by medical students in person and be in a position to confirm and critique the findings of the student daily and discuss the care plan.
- (b) At least on a daily basis (more often as the needs of the individual patient may dictate), the student and the attending physician and if applicable resident/fellow will review progress of the patient, make the necessary modifications in the care plan, plan family conferences as needed, and agree on the type and scope of documentation for the medical record.
- (c) The attending physician must ensure the completeness of the medical record, including the provision of additional comments in the progress notes. Notes made in the medical record must be countersigned by the attending physician. Hospital or health systems policies related to electronic health record (EHR) must be followed at all times.

(2) OUTPATIENT/AMBULATORY CARE

- (a) In order to ensure patient safety and quality patient care while providing the opportunity for maximizing the educational experience of the student in the ambulatory setting, it is expected that an appropriately credentialed and privileged attending faculty member must be responsible and available for supervision during clinic hours.
- (b) Attending faculty members are responsible for ensuring the coordination of care that is provided to patients at all times.

(3) PROCEDURES/SURGICAL ASSISTANCE

- (a) Students should be encouraged to participate in the procedures/ surgeries of the patients that they have seen, examined, and evaluated.
- (b) A student will be considered qualified to assist in performing a procedure or provide assistance during surgery if, in the judgment of the supervising attending physician or the resident under the guidance of the clerkship or course director or his/her designee that the student has had prerequisite training in the procedure and has the skill and knowledge appropriate to that procedure. The student must not perform the procedure without direct observation and supervision. Their level of participation shall be commensurate with their knowledge, experience and abilities.
- (c) All outpatient and inpatient procedures will have the attending physician of record documented in the procedure note, and that attending physician will be ultimately responsible for the procedure.
- (d) Procedural consent must be obtained in all circumstances and clearly documented in the medical records per Institutional/facility policy.

