



MEDICAL STUDENT SUPERVISION POLICY

Purpose & Scope

This policy applies to individuals who supervise medical students across all courses and clerkships at all training sites. The purpose of this policy is to ensure that the school adheres to expectations that protect patients and ensure student safety, and to describe the mandatory training, teaching, and assessment skills required to be a medical student supervisor.

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.

Supervisors in the Clinical Setting

A supervisor has the capacity to allow a learner to receive progressive responsibility for patient care. Examples of possible supervisors include:

- Attending Physician within a Dell Medical School training sites both inpatient and ambulatory
- Resident Physician, Intern, or Fellow in a Graduate Medical Education (GME) program within DMS
- Allied health professionals, such as Nurses, Physician Assistants, Nurse Practitioners, Social Workers, etc. where appropriate to the clinical activity

Levels of Supervision – Direct vs. Indirect

1. Observer – The student observes and does not perform any tasks
2. 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/feedback to the student; able to take over patient care duties if and when necessary
3. Perform Under Indirect, but Immediately Available Supervision - The supervisor may not be physically present with the student; however, they are on-duty, immediately available on site, and can be called to the physical location of the student if and when necessary.
4. 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 (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.

Clinical Supervision – General Guidelines for non-procedural supervision

- In the clinical setting-medical students are primarily under indirect supervision. It should be noted that in any instance, the supervisor should 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.
- All medical students, during the course of their educational curriculum, may conduct medical interviews and perform physical examinations on patients with their consent.
- The supervisor will review all of the medical student's documentation in a patient's medical record and provide correction to the record and feedback to the student for educational purposes.
- Clinical decisions and orders are never formulated or enacted by medical students without a supervisor's input. Student documentation of the components of evaluation and management within a patient's record must be verified by the supervisor before they are considered a part of the patient's record.

The above guidelines are applicable to all clinical experiences where medical students participate.

Procedure Supervision - General Guidelines

- Medical students may be assigned to provide patient care services for medical procedures, under direct supervision.
- It is required that a medical student be appropriately directly supervised during all clinical procedures in which they are involved; including, but not limited to bedside, emergency department, and/or operating room procedures.
- Medical students are expected to assume developmentally appropriate, graduated levels of involvement/participation in procedures during their training. Procedures that medical students should be proficient in when completing medical school, defined by the Association of American Medical Colleges (AAMC) Entrustable Professional Activities (EPAs) for entering residency, include venipuncture and inserting an intravenous line. Fourth year students may develop competency in these technical skills under direct supervision such that their clinical supervisor may decide to allow a student to perform these minor procedures as well as simple suturing under Indirect Supervision with Direct Supervision immediately available and with the consent of the patient. These are the only procedures that may proceed to indirect supervision at the discretion of the supervising faculty member who is ultimately responsible for the care of the patient.
- The degree of supervision needed will take into account: the complexity of the procedure, the stability of the patient, potential for adverse effects, and 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.

How DMS Monitors Clinical and Procedural Supervision

Any students with concerns about the adequacy and availability of supervision they are receiving are encouraged to address their concerns as soon as possible. Students are instructed to contact their Site and/or Course or Clerkship Director/Coordinator regarding any immediate concerns with supervision. Additionally, reports can be made via anonymous “just in Time” feedback through Canvas, the office of Student affairs or the UME office within the Department of Medical Education.

Students report on the adequacy and availability of supervision during mid-rotation check-in meetings and via end of course/clerkship evaluations and questionnaires. Course and Clerkship Directors review student feedback in evaluations, as well as during mid-rotation feedback, and provide prompt follow-up to address any supervision concerns that may arise.

The Health Care Delivery Curriculum Subcommittee and the Office of Medical Education reviews data on an ongoing basis to identify any ongoing trends of supervision concerns being reported.

Approved by the Policy and Bylaws Committee on August 7th, 2017

Revision approved by the Undergraduate Medical Education Curriculum Committee on April 7, 2020