

Title/Subject: Clinical Supervision Policy

Applies to: ☒ faculty ☒ students ☐ staff ☒ Other Health Professionals

☒ Policy ☐ System ☐ Process/Procedure ☐ Guideline/Standard ☐ Position Description

Introduction

- **Historical/Contextual Overview:**

In order to have students participate in patient care in ways that are appropriate for the student's level of training and experience and to the clinical situation, it is necessary to define the expected role of the student and supervisor.

- **Reason for the Policy/Process:**

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

In addition, this policy ensures the medical school meets the following LCME accreditation requirements:

Element 9.2: FACULTY APPOINTMENTS: "A medical school ensures that supervision of medical student learning experiences is provided throughout required clerkships by members of the school's faculty."

Element 9.3: CLINICAL SUPERVISION OF MEDICAL STUDENTS: "A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his or her level of training, and that the activities supervised are within the scope of practice of the supervising health professional."

- **Scope:**

This guideline is to be followed by faculty, residents, and other health care providers that supervise TAMU School of Medicine (SOM) medical students and other visiting medical students under the auspices of TAMUSOM, in the clinical setting. This policy applies to all students in all courses and clerkships on all campuses.

Policy Statement:

TAMU SOM provides its students with appropriate levels of supervision and meaningful feedback during the entirety of their undergraduate medical training. This includes providing supervision from members of the medical school faculty whose scope of practice is commensurate with the activity being supervised, and that such supervision ensures that medical students are provided with opportunities to learn that are progressive and commensurate with the student's level of training. To these ends, TAMU SOM works with its teaching sites to ensure these elements of medical student education occur in an environment where they are effectively

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communicated and monitored, and that such environments provide for the safety of patients and students.

Supervisors for medical students in clinical settings may be physicians, residents, and other health care providers appropriately certified and working within the scope of their professions. Supervisors and his/her designee(s) must be in good standing in their facilities and must have a license appropriate to his/her specialty of practice and be supervising the medical students within that scope of practice as delineated by the credentialing body of the facility.

Supervisors should either have a faculty appointment or be guided by a physician with a faculty appointment at TAMU COM. Supervision may include any of the following:

- Attending physician with a faculty appointment or his/her designee
- Resident or fellow in a graduate medical education program sponsored by or affiliated with TAMU SOM
- Nursing or allied health professional whose patient care is supervised by an attending physician with a faculty appointment.
- Nursing or allied health professional with a faculty appointment

Expectations of Supervisors and Course/Clerkship Directors

- In situations where learners interact directly with other health professionals (residents, physician assistants, nurse practitioners, etc.) the supervisor and /or course director is responsible for ensuring that the health professional is appropriately credentialed or functioning under the supervision of a credentialed faculty member and is performing tasks that are within his/her scope of practice. The attending faculty member is responsible for the integrity of information and/or clinical procedures. Supervisors should be familiar with the processes for credentialing of non-faculty health professionals and ensure that students are only assigned to those individuals with credentials relevant to the clinical service.
- At each clerkship orientation students must be informed of the expectations for their participation and supervision in patient care. Supervisors must ensure medical students are aware of expectations for their behavior and of the procedures or other tasks they are permitted to perform according to their level of competence. Clerkship directors are responsible for ensuring faculty and residents are informed of these same expectations. Faculty and residents receive policy orientation via Annual Faculty Onboarding modules.
- At each clerkship orientation students must be informed that medical students are not to be involved in any portion of the medical care of other medical students.
- The supervising physician is required to ensure supervision of medical students in clinical settings at a supervision level of “indirect supervision” or higher at all times.
- 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 direct supervision required for each of them.
- The supervisor will ensure the degree of supervision and will take into account the complexity of the procedure, potential for adverse effects, and the training, education, and clinical experience of the student.
- Supervision is designed to foster progressive responsibility. Whenever clinically appropriate, supervisors

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should provide opportunities for students to demonstrate increasing independence and responsibility for patient care.

- Supervisors will provide students with progressively autonomous opportunities for learning that are commensurate with the learner's level of knowledge, technical skills, and level of training and address specific learning objectives for the course.
- Supervisors must ensure students have appropriate access to medical records and are aware of their ability to enter information into such records. Note that the specific policies and procedures of each medical facility may vary, and any variations should be explained to the medical student.
- Supervisors will review and confirm information collected by students through history taking, physical examination or other activity on a regular basis and provide feedback.

Expectations for Students

- **Medical students are not to be involved in any portion of the medical care of other medical students.**
- Students will follow the expectation that clinical decisions and orders are never created or enacted by medical students without a supervising physician's input and approval.
- Students will maintain self-awareness of their own competence and seek assistance/advice when clarification is needed.
- Students must be able to articulate the expectations for their behavior and of the procedures or other tasks they are permitted to perform according to their level of competence. Students will inform patients and/or family members of their status as a medical student and the name of the supervising physician under whom they are working.
- Students will proactively inform the supervising physician or course director concerns about levels of supervision (excessive or sub-standard).

Pre-clerkship students: The supervisor will ensure the degree of supervision and will take the training, education, and clinical experience of the student, as well as the complexity of the task or procedure, and the potential for adverse effects, into account.

Students

- May participate in critical data analysis and disposition, history taking, and have access to medical records with indirect physician supervision.
- May participate in Physical Examination under direct supervision until physician determines competency, after which student may perform Physical Examination under indirect supervision.
- May participate in Point-Of-Care-Ultrasound (POCUS) exam under direct supervision and indirect supervision once the student underwent appropriate training and instruction and has been deemed ready to acquire images independently. Images must be reviewed with the supervising faculty before making ANY diagnostic or therapeutic conclusions.
- For genitourinary, breast or rectal exam, students may perform exam under direct supervision as indicated, if the supervising physician determines the student's readiness and an appropriate chaperone is present.
- May observe and assist in bedside procedures, and procedures or surgeries in a procedure lab or Operating Room with appropriate consent from the patient and faculty of record and under

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- direct observation of a supervising physician.
- May not write or give verbal orders.
- May not document in the patient's medical record (student notes are not considered part of the medical record).
- **Clerkship Students (in addition to all Preclerkship permitted functions):** The supervisor will ensure the degree of supervision and will take the training, education, and clinical experience of the student, as well as the complexity of the task or procedure, and the potential for adverse effects, into account.
- **Students:**
 - May assist in procedures when the attending physician agrees that the student has achieved the required level of competence and permission is granted by the patient.
 - Under indirect supervision, may 'round' on patients, to include:
 - Gathering lab, radiology, nursing, and other information/results
 - Obtaining history
 - Performing Physical Exam
 - Developing interim assessments and recommendations
 - For genitourinary, breast or rectal exam, student may perform exam under direct supervision, as indicated, if the supervising physician determines the student's readiness and appropriate chaperone is present.
 - Under indirect supervision, may write student notes regarding E/M services or procedures.
 - If such student notes are to be placed in the patient's chart, the note template must be clearly labeled as "student note" or the EMR must identify a student note as such and require immediate review and attestation within 48 hours. Policies regarding note writing may vary across different clinical sites and students must obey the hospital policy in which they are rotating. A student note cannot replace a progress note for the patient and never stand alone as such.
 - If such notes are strictly for the educational experience of the student and will not be placed in the chart, they must not use patient identifiers and should be shredded as consistent with hospital HIPAA policies.
 - May write orders on the chart which must be immediately reviewed and countersigned by supervising physician before any action is taken based on those orders.
 - May not give verbal orders.
 - May not call consults to other physicians until the supervising physician determines that the student is ready to consult a physician under direct supervision.
 - May, under the direction of their supervising physician, call non-physician consults and schedule appointments.
 - **Students at all levels:**
 - The following procedures may be performed only if (a) the supervising physician determines the student's readiness to start to perform the procedure under personal supervision, and (b) the supervising physician has the appropriate privileges and competency to perform and educate medical students in their performance, and (c) upon obtaining appropriate patient consent.
 - The following **examples** must be performed under the direct supervision of the physician

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until the physician determines the student is competent to perform the procedure under indirect physician supervision:

- Perform insertion of IVs or draw blood – stick attempts limited to two (2) per patient
- Ocular Exam with Slit-Lamp
- Wart treatment
- Insertion of Foley catheter
- Draw Arterial Blood Gas specimen.
- Placement of Nasogastric tube
- The following examples must **always** be performed by the student under direct supervision:
 - Incision and drainage of Abscess
 - Skin biopsy
 - Casting or Splinting
 - Arthrocentesis
 - Joint Injection
 - Paracentesis
 - Thoracentesis
 - Central line insertion
 - Lumbar puncture
 - Laceration repair
 - Endotracheal intubation/extubation
 - Scrub on cases in operating suite and assisting in surgical procedures/tasks.
- M4 (In addition to Clerkship permitted functions)
 - May call consults to other physicians under the direct supervision of their supervising physician, call non-physician consults and schedule appointments.
- Medical students are strictly prohibited from:
 - Giving verbal or telephone orders
 - Writing orders regarding end-of-life, such as DNR

Responsibilities of all participating parties:

- The Course Director and/or supervisor is responsible for ensuring that this policy is followed and that all individuals who interact with the student are appropriately trained and credentialed for the patient care interaction.
- The Medical Student will be aware of the details of this policy and will identify and assist in rectifying any concerns about clinical supervision.
- The Clerkship Director will recommend the types of patient interactions and clinical procedures that medical students can perform during patient care experiences as well as the appropriate level of responsibility/supervision delegated to students for their level of training.
- The Clinical Subcommittee will review the types of patient interactions and clinical procedures that medical students can perform during patient care experiences as well as the appropriate level of responsibility/supervision delegated to students for their level of training.
- The Curriculum Committee will approve the types of patient interactions and clinical procedures that

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medical students can perform during patient care experiences as well as the appropriate level of responsibility/supervision delegated to students for their level of training.

Procedure(s)

Reporting Concerns:

- Any student who is concerned about the level of supervision they are receiving shall address their concerns with the supervisor and/or the clerkship director.
- Any student who is dissatisfied with the outcome of such report shall report their concerns to the campus dean and/or the Executive Associate Dean of Academic Affairs.

Monitoring

- Students report on end of course evaluations whether clinical supervision was appropriate.
- Curriculum Committee reviews course evaluation data to identify any ongoing concerns with clinical supervision.

Compliance:

It is the shared responsibility of the course/clerkship director in conjunction with site coordinators and supervising faculty to assure that the specifications of this policy are followed.

Definitions:

Direct Supervision - The supervisor is physically present with the medical student and the patient and is prepared to take over the provision of patient care if/as needed. Alternately, a resident physician or other health professional acting within his/her scope of practice may provide direct supervision under the indirect supervision of an attending physician.

Indirect Supervision = The supervisor is present in their office suite or on hospital grounds and immediately available to furnish assistance and direction throughout the performance of the function/procedure. It does not mean that the physician must be present in the room when the function/procedure is performed.

Revision History:

Date of Change	Authority	Summary of Changes	Document Location
11.9.23	Curriculum Committee	Updated to provide students more opportunity to perform procedures	<i>SOM Policies and Procedures Team Drive in Google</i>
10.30.19	OAA/OEQI	Updated to include more specificity for students per LCME mock visit feedback	<i>SOM Policies and Procedures Team Drive in Google</i>
08.17.19	Curriculum Committee	New policy created and implemented.	<i>SOM Policies and Procedures Team Drive in Google</i>

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