

POLICY TITLE: *Clinical Supervision Policy*

APPROVAL DATE: *June 6, 2019*

RESPONSIBLE DEPARTMENT: *Office of Medical Education*

APPLIES TO: *All Students*

POLICY STATEMENT

I. PREAMBLE

This policy is intended to guide the supervision of activities of medical students and their supervising resident, fellow and attending physicians to ensure that medical students are appropriately observed/supervised in patient care activities during inpatient and outpatient training during the University of Cincinnati College of Medicine (UCCOM) medical degree program. This policy also applies to the supervision of activities of visiting medical students. The policy is meant to ensure the safety of students, supervising resident/fellow and attending physicians, and patients and to make best use of the clinical environment to maximize students' development of skills, knowledge, and attitudes needed to enter the practice of medicine.

Supervision requirements are determined by factors such as the level of training of the student (i.e. year in medical school), the determinations made by the appropriate curriculum committees as to the level of supervision appropriate to that training level, the familiarity of the supervising physician with the student and the student's abilities, the nature of the clinical situation and degree of risk to the patient, and the student's skill and experience with the particular clinical situation.

II. Definitions of Supervision

A. Definition of Supervising Physician

1. An attending physician employed by the University of Cincinnati College of Medicine; a community attending physician with a volunteer faculty appointment at the University of Cincinnati College of Medicine; a resident or fellow physician under the supervision of an attending physician training in a graduate medical education program at or associated with the University of Cincinnati College of Medicine.
2. Supervising physicians must all be members in good standing of the clinical setting facility's medical staff authorized to supervise and/or provide resources for medical students.

B. Definition of Direct vs Indirect Supervision

1. Direct Observation/Supervision – the observing/supervising physician (resident/fellow, attending) is physically present with the student and patient.
2. Indirect Supervision: with direct observation/supervision immediately available – the supervising physician is physically within the hospital or other site of patient care, and is immediately available to provide direct observation.

C. Specific Supervision Designations:

“Observe” is defined as:

1. The student is not allowed to have direct patient interaction (student is not taking a history or performing a physical, student is not participating in the diagnostic/therapeutic plan for that patient, etc). Examples of observation may be observing another care provider providing the service (as part of team rounds) or being shown a physical exam finding on rounds.

“Perform” is defined as:

2. The student is allowed to fully participate in patient encounters with appropriate attending or resident supervision of the patient on the service or clinic, aiding in a complete or problem focused history, physical, and diagnostic/therapeutic plan. Supervision can be either full supervision or on-demand supervision as deemed appropriate.

- a. Full supervision is defined as either a coactivity with the supervising physician (resident/attending) or a patient encounter with the supervising physician (resident/attending) in the room ready to step in as needed.
- b. On-demand supervision is defined as the student participating in a patient encounter with the supervising physician (resident/attending) immediately available with all findings being double checked by the supervising physician

These definitions of full and on-demand supervision are adapted from Chen et al, The Case for Use of Entrustable Professional Activities in Undergraduate Medical Education. *Acad Med.* 2015; 90: 431–436.

D. Progressive Responsibility

1. Students must be observed/supervised by attending physicians or resident/fellow physicians 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 teaching staff according to the clerkship or course-specific criteria.
2. After students have demonstrated competency in necessary skills, supervision may be provided with more indirect supervision, but direct supervision readily available. In those situations, students should be provided with rapid, reliable systems for communicating with supervising physicians.

III. Supervision Locations

- A. All clinical encounters are expected to occur within primary and affiliate sites of the University of Cincinnati College of Medicine, with appropriate affiliation agreements according to LCME and AAMC policies and procedures.
- B. A medical student must not perform a medical service without the direct and immediate supervision of an attending of the clinical site or resident/fellow at the clinical site where the service is performed.
 1. Clinical decisions and orders will not be formulated or enacted by medical students without a supervising physician's input.
 2. Supervising physicians will identify those patients for whom medical student supervision may be provided by fellows, residents, and/or appropriately credentialed allied healthcare providers.
- C. Responsibility for Policy
 1. It is the responsibility of the supervising course/clerkship faculty member and/or site director to assure that the specifications of this policy are followed for all medical students of the University of Cincinnati College of Medicine as well as visiting medical students and that appropriate supervision is always available.
- D. Students will have the status of learners in all clinical sites associated with the University of Cincinnati College of Medicine. Students are not meant to replace clinical staff, and are not to render independent patient care and/or service except as such are identified for educational value as a part of the COM-planned educational program.
- E. In the clinical setting in the M1 and M2 years (in-patient or out-patient), M1 and M2 students will be directly supervised with the supervising physician present or with the supervising physician immediately available.
 1. Medical Students, in the course of their educational curriculum, may take patient histories and perform complete physical examinations. This begins in the M1 and M2 years.
- F. In the clinical setting in the M3 and M4 years, M3 and M4 students will be directly supervised by the supervising physician present or with the supervising physician immediately available. Specific clinical situations must be considered in the M3 and M4 years:
 1. Inpatient Care:
 - a. It is the expectation of the University of Cincinnati College of Medicine that an appropriately credentialed and privileged attending faculty member will be available for supervision during all clinical hours. Attending physicians are responsible for ensuring the appropriate care and coordination of care that is provided to patients.
 - b. All patients seen in an inpatient clinical setting should be seen by the attending physician.
 - c. In most inpatient clinical settings, all patients will also be seen by the appropriate resident/fellow physicians (e.g. a senior level resident for M4 acting internship supervision, a junior level resident for M3 clerkship).

- d. The attending physician and/or resident/fellow physician shall review the clinical situation and modify the clinical plan of the patients under their supervision at regular intervals (i.e. daily and more frequently as acuity increases and clinical situation merits).
 - e. Medical students may enter findings in the medical record of the patient with the approval of the patient's supervising physician. The attending physician is responsible for the completeness of the medical record, including the provision of additional comments in the medical record and attestation of the medical record. The supervising physician will review medical student documentation and provide feedback for educational purposes.
 - f. Medical students will learn to write orders involved in patient care in the M3 and M4 years. All written orders must be approved and co-signed by the appropriate supervising physician. Students shall not give verbal orders.
 - g. Medical students will learn to write medication orders and prescriptions involved in patient care during the M3 and M4 years. All medication orders must be approved and co-signed by the appropriate supervising physician.
 - h. Students may call consults to other physicians during the M3 and M4 clinical years under the guidance of supervising physicians.
2. Outpatient/Ambulatory Care
- a. It is the expectation of the University of Cincinnati College of Medicine that an appropriately credentialed and privileged attending faculty member will be available for supervision during normal outpatient hours. Attending physicians are responsible for ensuring the appropriate care and coordination of care that is provided to patients.
 - b. All patients seen in an outpatient clinic should be appropriately staffed by the senior supervising physician.
 1. Not every outpatient visit might be staffed with an attending physician. Medicare grants a primary care exception for approved Graduate Medical Education residency programs where a resident provides services and the attending physician is immediately available for supervision. These visits are limited to annual wellness visits and primary preventive care visits. The services must be furnished in a primary care center located in the outpatient department of a hospital or another ambulatory care entity where the time spent by residents in patient care activities is included in determining DGME payments to a teaching hospital. This requirement is not met when the resident is assigned to a physician's office away from the primary care center or when he or she makes home visits. Residents who provide this patient care without an attending physician physically present must have completed more than 6 months of an approved residency program.
<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Teaching-Physicians-Fact-Sheet-ICN006437.pdf>
 - c. In some clinical outpatient settings, patients will also be seen by the appropriate resident/fellow physicians.
 - d. Medical students may enter findings in the medical record of the patient with the approval of the patient's supervising physician. The attending physician is responsible for the completeness of the medical record, including the provision of additional comments in the medical record and attestation of the medical record. The supervising physician will review medical student documentation and provide feedback for educational purposes.
 - e. Medical students will learn to write orders involved in patient care in the M3 and M4 years. All written orders must be approved and co-signed by the appropriate supervising physician. Students shall not give verbal orders.
 - f. Medical students will learn to write medication orders and prescriptions involved in patient care during the M3 and M4 years. All medication orders must be approved and co-signed by the appropriate supervising physician.
3. Observation/Supervision of Students Performing Procedures
- a. A student will be considered qualified to assist in performing a procedure if, in the judgment of the medical school curriculum guidelines and the supervising attending physician, that the student is entrusted to perform that activity. The guiding principles in determining appropriateness of a given procedure will include the complexity of the procedure, the potential for adverse effects, the demonstrated medical knowledge appropriate to the procedure, previous training in the procedure, and the competence, maturity and responsibility of each student in order to ensure the safety and

comfort of the patient. The student should not perform the procedure without Direct Observation/Supervision.

- b. All outpatient procedures will have the attending physician of record documented in the procedure note, and that attending physician will be ultimately responsible for the procedure.
 - c. The supervising physician must have privileges or authorization to perform the procedure being supervised.
- G. Advanced Practitioners and Allied Healthcare Providers Supervision
1. When a medical student is participating in a clinical setting in which advanced practitioners (physician assistants, nurse practitioners, certified registered nurse anesthetist) and/or allied healthcare providers (e.g. nursing, social work, etc) are present, it is the responsibility of the supervising faculty physician to assure that the advanced practitioners and/or allied healthcare providers are appropriately credentialed and capable of medical student supervision within the scope of their practice.
 2. When a medical student is participating in a hospital-based practice, it is assumed that advanced practitioners and allied healthcare providers employed are appropriately credentialed by the hospital and capable of medical student supervision within the scope of their practice.
 3. Advanced practitioners may supervise medical students as a delegated responsibility from the supervising physician. This does not waive the supervising physician's responsibility for the student.
- H. Supervision of Patient Encounters and Procedures in the M3 Year
1. As part of the graduation requirements of the University of Cincinnati College of Medicine, as specified by the Education Program Committee (EPC), medical students are required during the M3 and M4 years to track and record documentation for 1) a defined set of clinical procedures that the student must perform or observe and 2) a defined set of patient encounters that the student must perform.
 2. Procedures and encounters are listed by individual clerkship.
 3. Procedures are also identified as being required to either be performed or observed and whether the performance or observation needs to be done on a live patient or can be done in a simulation setting. Students are encouraged to work with their attending physicians and residents/fellows to perform procedures on live patients wherever possible and to record as many clinical encounters as possible.
 4. Please see the Clinical Procedures/ Patient Encounters Checklist Policy. (*add hyperlink*)
- I. All on-call experiences in which medical students participate are subject to the supervision rules described above.

IV. Distribution of Policy

- A. Distribution to UCCOM Students:
1. Students will have on-line access to this policy in the student handbook.
 2. The policy will be distributed and reviewed during orientations to each of the curriculum years, at each core clerkship/acting internship/elective orientation, and in any course of the curriculum with clinical patient activities.
- B. Distribution to Visiting Medical Students:
1. Visiting medical students will have on-line access to this policy in the student handbook.
 2. The policy will be referenced on the Visiting Medical Student webpage.
- C. Distribution to Supervising Attending and Resident/Fellow Physicians:
1. This policy is distributed to all attending physicians within the University of Cincinnati College of Medicine and its affiliates, including clerkship directors, residency program directors, fellowship directors, and community preceptors.
 2. This policy is distributed to and reviewed by all residents/fellows who will supervise University of Cincinnati College of Medicine students or visiting medical students in any clinical setting.
 3. Faculty and residents/fellows will also have online access to this policy via the Medical Education Faculty Handbook.