



UT Health Science Center:	
COM114 Clinical Supervision of Medical Students - COM Medical Education	
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Related Policy:	Program: Medicine (M.D.)	

POLICY

It is the policy of the University of Tennessee Health Science Center (UTHSC) College of Medicine (COM) that medical students in learning situations involving patient care be appropriately supervised, requiring both that any responsibility delegated to the student be appropriate to his/her level of training and that the activities supervised be within the scope of practice of the supervising health professional.

RATIONALE AND PROCEDURE

1. Appropriate supervision is essential to ensure patient and student safety as well as to provide an optimal educational experience. Faculty observation/supervision of students should be of sufficient depth and duration to reliably assess the knowledge and skills of each student and to provide appropriate oversight of patient related activity. Supervision may be direct or indirect according to specific circumstances.
 - a) Direct observation – the supervising physician is physically present with the student and patient. Students must be directly observed by attending physicians or house staff when performing any procedure, or any clinical service that could potentially pose a risk to patient safety.
 - b) Indirect supervision – the supervising physician is present within the hospital or other site of patient care and immediately available to provide direct observation. When students are being observed by other health care providers the attending physician is responsible for ensuring that performed activities are within the scope of practice of the observing health professional.
2. Students may only assume responsibilities commensurate with their ability and experience, based on prior training and direct supervisory assessment.
 - a) Tasks that a student may perform will depend on the course/clerkship and include consideration of such factors as: stage of training (year in medical school); skill and experience of the student with the particular care situation; familiarity of the supervising physician with the individual student; the acuity of the setting and degree of risk to the patient.
 - b) A student will be considered qualified to assist in performing a procedure if, in the judgement of the supervising attending physician or resident staff, the student has had previous training and has the skill and knowledge appropriate to that procedure. The attending physician of record will be documented in the procedure note and that attending physician ultimately will be responsible for the procedure.
 - c) In the hospital setting, the attending physician or house staff shall evaluate the patient in person and be in a position to confirm the findings of the student and discuss the care

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plan. They will review patient progress with the student on at least a daily basis, make necessary modifications to the care plan, and agree on documentation for the medical record. 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 for billing purposes must be countersigned by the attending physician.

- d) In the context of outpatient/ambulatory care, it is expected that an appropriately credentialed and privileged attending faculty member will be available for supervision during clinic hours. Attending faculty should see all new and return patients and are responsible for ensuring the coordination of care. The medical record must reflect the involvement of the attending faculty, either via a progress note or an addendum to the student note.
3. Mechanisms are in place to report concerns regarding potential lapses in supervision:
 - a) Individuals who have witnessed a lapse in medical student supervision must report the incident to the course/clerkship director.
 - b) Student concerns regarding their supervision should first be raised with their immediate supervisor. If unresolved these should be reported to the attending physician, and if still unresolved to the course/clerkship director. Students may then escalate concerns to the local UME dean (for regional/clinical campuses) or to the Senior Assistant/Assistant Dean of Clinical Curriculum (for all campuses).
 - c) Students uncomfortable with this approach may anonymously report lapses in supervision as part of the course evaluation or by using the professionalism reporting form.
4. Awareness of policies regarding medical student supervision will be assured as follows:
 - a) All students, supervising physicians and other healthcare providers who supervise medical students should be aware that this policy is available via the Medical Educator Resource Link (MERL; <https://www.uthsc.edu/medicine/medical-education/merl.php>).
 - b) Course/clerkship directors will establish specific expectations regarding appropriate levels of supervision and responsibility and ensure that these are communicated to all involved in medical student supervision.
 - c) Residents are required to participate in the year-long curriculum of Residents as Educators, and faculty are encouraged to participate in faculty development concerning medical student education.
5. Compliance with this policy will be monitored by course/clerkship directors, who will annually provide a report to the Clinical Sciences Subcommittee that documents how they ensure adherence to its provisions. This will include a review of any concerns raised by students or others, detailing how these were addressed.

APPROVAL HISTORY

Effective: 02/15/21

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