Supervision of Medical Students in Clinical Learning Situations

Approved: June 2, 2021

The University of Arizona College of Medicine – Tucson recognizes and supports the importance of graded and progressive responsibility in medical student education as well as development and maintenance of excellent clinical learning programs. This policy outlines the requirements for supervising medical students. The College’s goal is to promote safe patient care and maximize students’ development of skills, knowledge, and attitudes needed to enter the practice of medicine.

LCME Standard

9.3: 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 the student’s level of training, and that the activities supervised are within the scope of practice of the supervising health professional. (LCME Functions and Structures of a Medical School, March 2020)

Definitions

For the purposes of this policy, the following definitions will be used:

Direct supervision will mean that the supervising physician is physically present (or continually on virtual telehealth visits) with the student and the patient.

Indirect supervision will mean that the supervising physician is not physically (or continually on virtual telehealth visits) present with the student and the patient but is immediately available to provide direct supervision (or to join the telehealth visit) upon request, thus requiring that the supervising physician remain physically present within the hospital or other site of patient care. The supervising physician may include any member of the physician healthcare team, including residents, fellows, and attending physicians. There are also some situations in which it is appropriate that direct supervision be provided by a nurse or other healthcare provider, so long as the specific clinical activity falls within their scope of practice as specified below.

Supervising Physician is an attending physician employed by the College of Medicine; a community/rural attending physician with an associate faculty appointment at the College of Medicine; a resident or fellow physician training in a graduate medical education program at or associated with the College of Medicine.

Policy

Supervision of medical student learning experiences involving patient care is provided on clerkships and other clinical courses by members of the College’s faculty. Faculty oversee the clinical curriculum by setting expectations for appropriate physician healthcare team members about the level of student
supervision required with patient care activities and the level of responsibility delegated to the student. Clinical experience and clerkship directors are responsible for communicating supervision requirements according to a student’s level of training to members of the physician healthcare team. These teams are made aware of student clinical expectations, the level of student supervision, and the level of responsibility given to a student according to the student’s level of training.

When a medical student is participating in a private practice setting in which allied healthcare providers are present, it is the responsibility of the supervising faculty physician to assure that the allied healthcare providers are appropriately credentialed and capable of medical student supervision within the scope of their practice.

When a medical student is participating in a hospital-based practice, it is assumed that all allied healthcare providers employed are appropriately credentialed by the hospital and capable of medical student supervision within the scope of their practice.

While supervision will need to be defined by the clinical environment and patient care activity, the following supervision is required for physical exams and procedures.

**Physical Exam Supervision**

Students must be equipped with the basic skills necessary to perform general physical exam techniques commensurate with their level of training as they enter the clinical training environment. At the discretion of the physician healthcare team, and in accordance with course-specific guidelines, students may perform general physical exam techniques under indirect supervision, excluding techniques defined as “sensitive.”

Some physical exam skills are considered sensitive and must be performed under the direct observation of a chaperone who is the same gender as the patient, even if the physician healthcare team determines that the student has the skills to perform these exams under indirect supervision. These sensitive physical exam skills include — but are not restricted to — external genitalia exam on any patient, rectal exam on any patient, and breast exam on any person identifying as female. Infant external genital exams may be performed under indirect supervision without a chaperone at the discretion of the supervising physician. Pelvic examinations must always be performed under the direct supervision of a member of the physician healthcare team.

**Procedures Supervision**

Students may only perform procedures with direct supervision by a member of the physician healthcare team or another health professional so long as the procedure is within that professional’s scope of practice (e.g., a nurse supervising a venipuncture).

**Guidelines for Reporting Violations**

If any member of the physician healthcare team has concerns about violations of the Clinical Supervision Policy, they must contact the clinical experience or clerkship director for immediate investigation of the situation. The clinical experience or clerkship director is responsible for notifying the Office of Curricular Affairs of any suspected violations of the Clinical Supervision Policy.
Students may express concerns about the adequacy and availability of supervision via student evaluations of their clinical learning experiences which are reviewed by the Office of Curricular Affairs. Students are also encouraged to discuss any concerns with clinical learning directors, clerkship directors, House Deans and/or Senior Associate Dean for Student Affairs, or the Office of Diversity, Equity, and Inclusion. These parties are then required to report the issues, as anonymized as possible, to the Office of Curricular Affairs so that office may address and resolve the issue. Students will not be downgraded or in any other way penalized or retaliated against for reporting concerns about suspected violations of the Clinical Supervision Policy.