



**NOORDA COLLEGE**  
of OSTEOPATHIC MEDICINE

Policy Name:	Patient Care Supervision
Approval Authority:	Dean's Council
Responsible Executive:	Dean
Responsible Office(s):	Dean Department of Clinical Affairs
Effective:	January 2020
Expires:	January 2024
Last Revised:	N/A
Next Review Date:	N/A

## Patient Care Supervision

### Policy Statement

Noorda College of Osteopathic Medicines' (Noorda-COM) curriculum includes required clinical experiences in a variety of clinical learning environments. The role of the Noorda-COM student is to participate in patient care in ways that are appropriate for the student's level of training, experience and the clinical situation. Each student must know the limits of their interactions with patients, and the circumstances under which the student is permitted to act.

Supervision in the setting of undergraduate medical education provides safe and effective care to patients; ensures each student's development of the skills, knowledge, and attitudes required of the "Core Entrustable Professional Activities" vital to the practice of medicine, and establishes a foundation for continued growth. Although the attending physician is ultimately responsible for the care of the patient, the student shares, to the best of their ability, responsibility and accountability for ensuring patient safety and quality patient care.

Faculty, or preceptors, are assigned supervisory responsibility for students on their service at all times whether a student is on duty or on call. Supervising faculty delegate portions of patient care to the student based on the needs of the patient and the skill of each student.

During a student's time in the clinical environment, the preceptor must be available for supervision, consultation and teaching, or designate an alternate preceptor. Although the supervising preceptor may not be with a student during every shift, it is important to clearly assign students to another physician or non-physician provider who will serve as the student's preceptor for any given time interval. Having more than one clinical preceptor has the potential to disrupt continuity for the student, but also offers the advantage of sharing precepting duties and exposes students to valuable variations in practice style, which can help learners develop the professional personality that best fits them.

Preceptor's can provide direct supervision of technical skills with gradually increased autonomy in accordance with the student's demonstrated level of expertise:

- First and second year medical students will be directly supervised at all times (supervising physician or designee present or immediately available).
- Third and fourth year medical students will be supervised at a level appropriate to the clinical situation and student's level of experience.

For some tasks, indirect supervision may be appropriate for some students. Direct supervision would be appropriate for advanced procedures. The supervising physician or provider may only supervise procedures in which they hold privileges and that are within their scope of practice.

The preceptor or their designee must examine all patients seen by the student doctor. It is the responsibility of the precepting/supervising physician to assure that documentation in the patient's medical record is appropriate.

In the rare case where supervision is not available, students may be given an assignment or may spend time with ancillary staff (x-ray, lab, physical therapy, etc.), as these experiences can be very valuable. The preceptor should be aware of the student's assigned activities at all times.

Students are not employees of the hospitals or clinics and therefore work entirely under the preceptor's supervision. Students are not to substitute for paid clinicians, clerical staff, or other workers at the clinical sites.

### **Entities Affected by the Policy**

- Clinical Education
- Adjunct Clinical
- Faculty Students

### **Policy Procedures**

Each patient must have an identifiable and appropriately credentialed and privileged attending physician who is responsible and accountable for the patient's care. Students must inform each patient of their respective roles in that patient's care when providing direct patient care.

Faculty members are responsible to:

- Exercise control of the patients care through each of the different types of supervision.
- Recognize the importance of enabling the student in the development of clinical decision making, aiding in the maturation of the student after involvement of the faculty.
- Review and sign all student patient care documentation.
  - Personally, confirm verbally with the patient every element of the history used for evaluation and management, (except review of systems and/or past family/social history) and that is documented in the note.
  - Personally, perform the physical exam and verify all findings which are documented.
  - Carefully and thoroughly review and edit the note supplied by the Medical student, making sure that the physician has personally verified or performed all elements as above.
  - Perform the medical decision making and ensure it is appropriately documented.
  - Add an attestation at the end of the note, which confirms that they have performed the above actions in their entirety.
- Provide student with constructive feedback when appropriate.
- Be familiar with the level of responsibility and teach the student according to the level that is commensurate with training, education, and demonstrated skill.
- Determine the level of supervision required for performance of a particular procedure (operative, invasive, and/or other high-risk) by an individual student.
  - During non-supervised portions of the procedure, the faculty member remains available for consultation.
- Faculty members must be continually present and actively involved when providing supervision in ambulatory settings.

### **Practicing Medicine**

Noorda-COM students shall not engage in any activity that may be construed as the practice of medicine or any phase thereof, without prior written approval of an exception.

Students are prohibited from accepting any form of payment or gratuity for their clinical activities. Clinical activities of students are not permitted without the appropriate supervision of a licensed faculty physician.

In no event shall a student represent, either directly or indirectly, that the student is licensed to practice medicine as a graduate of this College or otherwise, unless such student is, in fact, a licensed practitioner.

The determination of whether a student's activity violates this policy shall be that of the College alone. Students with questions regarding this policy should submit them in

writing to the Department of Clinical Education. The Clinical Education team can counsel students on this policy.

## **Definitions**

Preceptor

There are four different types of supervision and they are defined as follows:

- Direct Supervision
  - The supervising physician is physically present with the student and patient.
- Indirect Supervision with Direct Supervision immediately available
  - The supervising physician is physically within the confines of the site of patient care, and is immediately available to provide Direct Supervision.
- Indirect Supervision with Direct Supervision available
  - The supervising physician is not physically present within the confines of the site of patient care, but is immediately available via phone, and is available to provide Direct Supervision.
- Oversight
  - The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

## **Responsibilities**

- Dean
- Associate Dean for Clinical Affairs
- Assistant Dean for Clinical Affairs
- Adjunct Clinical Faculty

## **Policy Violations**

Violation of this policy may result in immediate disciplinary action.

## **Interpreting Authority**

- Dean's Council

## **Statutory or Regulatory References**

N/A

## **Relevant Links**

## **Policy Adoption Review and Approval**

Dean's Council