



NOORDA COLLEGE
of OSTEOPATHIC MEDICINE

Policy Name:	Patient Care Supervision Policy
Approval Authority:	Dean's Council
Responsible Executive:	Dean
Responsible Office(s):	Dean Department of Clinical Affairs
Effective:	January 2020
Expires:	January 2024
Last Revised:	September 2021
Next Review Date:	N/A

Patient Care Supervision Policy

Policy Statement

Noorda College of Osteopathic Medicine (Noorda-COM) prepares students to become Osteopathic Physicians and Surgeons (DO). DOs are trained to look at the whole person from their first day of medical school, which means they see each person as an individual. This holistic approach to patient care means that the osteopathic medical student learns how to integrate the patient into the health care process as a partner. They are trained to communicate with people from diverse backgrounds, and they get the opportunity to practice these skills in their learning spaces and learning laboratories, frequently with standardized and simulated patients.

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.

Entities Affected by the Policy

Department of Clinical Education
Adjunct Clinical Faculty
Students

Policy Procedures

The holder of a Doctor of Osteopathic Medicine degree must have the knowledge and skills to function in a broad variety of clinical situations and to render a wide spectrum of patient care. In order to carry out the activities described below, candidates for the Doctor of Osteopathic Medicine (D.O.) degree must be able to consistently, quickly, and accurately integrate all information received and have the ability to learn, integrate, analyze and synthesize data.

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.

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. o 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 o 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. 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.

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.

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.

Criminal Background Check

Prior to matriculation, all students matriculating into Noorda-COM will have a criminal background check performed at their own expense. Students will be required to undergo an additional background check towards the completion of the second year prior to matriculation to third year and clinical clerkships. The background check will be performed by a certifying organization retained by Noorda College of Osteopathic Medicine.

The purpose of the background check is to satisfy federal and state requirements for individuals participating in clinical activities involving patient care, including clinical clerkships and early clinical experiences. Noorda-COM partners with local, regional, and national clinical affiliates in order to fulfill the curricular requirements necessary to graduate. The COM must submit documentation to the liability insurance carrier for the student to be covered with medical malpractice coverage. The student upon graduation will apply for a training license at initiation of graduate medical education.

As such, if an applicant has any of the following, it would impact their ability to receive an osteopathic training medical license under the State of Utah Department of Commerce Division of Occupational and Professional Licensing and therefore can result in denial of acceptance into the COM due to the inability to meet the State of Utah qualifications for a graduate medical education training license:

- Declared by any court to be incompetent by reason of mental defect or disease and not restored
- Documented involvement as the abuser in any incident of

- Verbal abuse
- Physical abuse
- Mental abuse
- Sexual abuse
- Within the past three (3) years, drug-or-alcohol-related
 - Termination
 - Suspension
 - Reprimand
- The possession, use or distribution of any drugs (including recreational drugs) without a valid prescription
- Any pending criminal actions
- Within the past three (3) years, been convicted of a misdemeanor or felony or pled
 - Guilty
 - No contest
- Been incarcerated for any reason in any correctional facility (domestic or foreign) or on probation/parole in any jurisdiction

Charges that were later dismissed and motor vehicle offenses such as driving while impaired or intoxicated must be disclosed; however, minor traffic offenses such as parking or speeding violations need not be listed.

Immunization and Health Requirements

Students who project themselves as future healthcare workers must protect their health and the health of future patients. All matriculating students at Noorda-COM must be vaccinated in accordance with the College's guidelines in order to pursue the clinical education aspects of the curriculum. Healthcare facilities, (hospitals, clinics, offices) require all contributing to patient care to be appropriately immunized to minimize patient risk. Noorda-COM determines immunization requirements based upon current Centers for Disease Control and Prevention (CDC) guidelines for healthcare workers in combination with current requirements for the Office of Clinical Education.

These guidelines/requirements change and are updated periodically. Applicants and students are expected to be knowledgeable of the current CDC guidelines for healthcare workers found on their website, www.cdc.gov. In addition, all students are required to maintain personal health insurance and current, updated immunizations.

Noorda-COM students must submit proof of personal health insurance and immunizations to the Office of Admissions before matriculating and to the Office of Clinical Education before beginning first-year early clinical experiences and again before beginning clinical clerkships. All students must report any break in coverage or change in health insurance to the Associate Dean for Student Affairs during their first two (2) years. COM students must report any break in coverage or change in health insurance to the Office of Clinical Education during the third and fourth years. Students who fail to meet these guidelines will not be allowed to matriculate and/or may jeopardize their eligibility for participation in clinical education and/or continued enrollment.

Milestone Levels

At the conclusion of each medical year, student will be assessed a score in the following areas:

- Osteopathic Principles and Practices (OPP)
- Medical Knowledge (MK)

- Patient Care (PC)
- Interpersonal and Communication Skills (ICS)
- Professionalism (P)
- Practice-Based Learning and Improvement (PBLI)
- Systems Based Practices (SBP)

AOA Code of Ethics

The American Osteopathic Association has formulated this Code to guide its member physicians in their professional lives. The standards presented are designed to address the osteopathic physician's ethical and professional responsibilities to patients, to society, to the AOA, to others involved in healthcare and to self.

Further, the American Osteopathic Association has adopted the position that physicians should play a major role in the development and instruction of medical ethics.

Section 1. The physician shall keep in confidence whatever she/he may learn about a patient in the discharge of professional duties. The physician shall divulge information only when required by law or when authorized by the patient.

Section 2. The physician shall give a candid account of the patient's condition to the patient or to those responsible for the patient's care.

Section 3. A physician-patient relationship must be founded on mutual trust, cooperation and respect. The patient, therefore, must have complete freedom to choose her/his physician. The physician must have complete freedom to choose patients whom she/he will serve. However, the physician should not refuse to accept patients because of the patient's race, creed, color, sex, national origin or handicap. In emergencies, a physician should make her/his services available.

Section 4. A physician is never justified in abandoning a patient. The physician shall give due notice to a patient or to those responsible for the patient's care when she/he withdraws from the case so that another physician may be engaged.

Section 5. A physician shall practice in accordance with the body of systematized and scientific knowledge related to the healing arts. A physician shall maintain competence in such systematized and scientific knowledge through study and clinical applications.

Section 6. The osteopathic medical profession has an obligation to society to maintain its high standards and, therefore, to continuously regulate itself. A substantial part of such regulation is due to the efforts and influence of the recognized local, state and national associations representing the osteopathic medical profession. A physician should maintain membership and actively support such associations and abide by their rules and regulations.

Section 7. Under the law a physician may advertise, but no physician shall advertise or solicit patients directly or indirectly through the use of matters or activities, which are false or misleading.

Section 8. A physician shall not hold forth or indicate possession of any degree recognized as the basis for licensure to practice the healing arts unless he is actually licensed on the basis of that degree in the state in which she/he practices. A physician shall designate her/his osteopathic school of practice in all professional uses of her/his name. Indications of specialty practice, membership in professional societies, and related matters shall be governed by rules promulgated by the American Osteopathic Association.

Section 9. A physician should not hesitate to seek consultation whenever she/he believes it advisable for the care of the patient.

Section 10. In any dispute between or among physicians involving ethical or organizational matters, the matter in controversy should first be referred to the appropriate arbitrating bodies of the profession.

Section 11. In any dispute between or among physicians regarding the diagnosis and treatment of a patient, the attending physician has the responsibility for final decisions, consistent with any applicable osteopathic hospital rules or regulations.

Section 12. Any fee charged by a physician shall compensate the physician for services actually rendered. There shall be no division of professional fees for referrals of patients.

Section 13. A physician shall respect the law. When necessary a physician shall attempt to help to formulate the law by all proper means in order to improve patient care and public health.

Section 14. In addition to adhering to the foregoing ethical standards, a physician shall recognize a responsibility to participate in community activities and services.

Section 15. It is considered sexual misconduct for a physician to have sexual contact with any current patient whom the physician has interviewed and/or upon whom a medical or surgical procedure has been performed.

Section 16. Sexual harassment by a physician is considered unethical. Sexual harassment is defined as physical or verbal intimation of a sexual nature involving a colleague or subordinate in the workplace or academic setting, when such conduct creates an unreasonable, intimidating, hostile or offensive workplace or academic setting.

Section 17. From time to time, industry may provide some AOA members with gifts as an inducement to use their products or services. Members who use these products and services as a result of these gifts, rather than simply for the betterment of their patients and the improvement of the care rendered in their practices, shall be considered to have acted in an unethical manner. (Approved July 2003)

Section 18. A physician shall not intentionally misrepresent himself/herself or his/her research work in any way.

Section 19. When participating in research, a physician shall follow the current laws, regulations and standards of the United States or, if the research is conducted outside the United States, the laws, regulations and standards applicable to research in the nation where the research is conducted. This standard shall apply for physician involvement in research at any level and degree of responsibility, including, but not limited to, research, design, funding, participation either as examining and/or treating provider, supervision of other staff in their research, analysis of data and publication of results in any form for any purpose.

Noorda-COM Professionalism, Competencies and Student Outcomes

Noorda-COM's core values include cultural awareness, ethical leadership, embracing diversity and inspiring a servant's heart towards caring for the poor and needy. The College believes in graduating students who can provide exemplary and professional care to their patients. Noorda-COM students are expected to be responsible individuals who possess the highest standards of integrity, honesty and personal conduct. Accordingly, students are expected to comply with institutional rules and to uphold and carry out the high standards of the osteopathic medical profession. Noorda-COM has an active quality improvement program.

The quality improvement process engages all stakeholders in the assessment and improvement of the educational processes that support the delivery of College curricula.

Specially, assessment focuses on the following:

- Mission and Strategic Planning
- Governance
- Student Outcomes
- Curricula
- Leadership, Community Service and Social Responsibility
- Support Services
- Resource Allocation and Program Costs
- Faculty and Staff
- Contributions to other programs
- Student, Stakeholder and Market Focus

Research and Scholarship

Students are an integral part of the College's quality improvement process, as such students are occasionally asked to complete surveys, participate in focus groups or serve on committees responsible for academic quality improvement. In fact, students are encouraged to participate and participation is considered to be an important component of professionalism. Students can be assured that their participation in all quality enhancement processes is confidential; all information utilized is strictly guarded to ensure anonymity. The College of Osteopathic Medicine's curriculum is designed to ensure graduates are able to demonstrate specific skills.

The College has identified select educational objectives that serve as the foundation of the curriculum.

At a minimum, a graduate must be able to:

- Demonstrate basic knowledge of osteopathic philosophy and practice and osteopathic manipulative treatment;

- Demonstrate medical knowledge through one or more of the following:
 - Demonstrating proficiency in core curricular content
 - Standardized exams of the NBOME
 - End-of-clerkship exams
 - Research activities
 - Presentations
 - Participation in directed reading programs and/or journal clubs
 - Evidence based medical activities
- Demonstrate interpersonal and communication skills with patients and other healthcare professionals;
- Demonstrate knowledge of professional, ethical, legal, practice management, and public health issues applicable to medical practice;
- Demonstrate basic clinical skills as assessed by nationally standardized evaluations.

Competencies In addition, the College of Osteopathic Medicine's curriculum prepares students for graduate medical education. Graduates meet the following minimal competencies:

- **COMPETENCY 1: Osteopathic Philosophy and Osteopathic Manipulative Medicine** Graduates are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT). The education goal is to train a skilled and competent osteopathic practitioner who remains dedicated to lifelong learning and to practice habits consistent with osteopathic principles and practices.
- **COMPETENCY 2: Medical Knowledge** Graduates are expected to demonstrate and apply knowledge of accepted standards of clinical medicine in their respective specialty area, remain current with new developments in medicine, and participate in life-long learning activities, including research.
- **COMPETENCY 3: Patient Care** Graduates must demonstrate the ability to effectively treat patients, provide medical care that incorporates osteopathic principles and practices, empathy, awareness of behavioral issues, preventive medicine and health promotion.
- **COMPETENCY 4: Interpersonal and Communication Skills** Graduates are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families and other members of health care teams.
- **COMPETENCY 5: Professionalism** Graduates are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to diverse patient populations. Graduates should be cognizant of their own physical and mental health in order to effectively care for patients.
- **COMPETENCY 6: Practice-Based Learning and Improvement** Graduates must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.
- **COMPETENCY 7: Systems-Based Practice** Graduates are expected to demonstrate an understanding of health-care delivery systems, provide effective and qualitative patient care with the system, and practice cost-effective medicine.

Goals Electives provided by Noorda-COM and affiliated partner institutions will:

- Prepare students to confidently and competently assess patients with undifferentiated disease; identify medical problems; and diagnose, treat and communicate findings to the patient;
- Assist students in selecting a career focus and identify programs which match career goals;
- Facilitate student understanding of the role of the physician in patient care and community health; and
- Prepare students for entry into clinical training programs.

The following list of elective and sub-internship clerkships are designed to provide students with clinical exposure, observation, and training to further their understanding within a selected area of interest as specified in the course title. These experiences take place in a wide variety of clinical, office and hospital settings presenting unique opportunities with regard to the spectrum of clinical situations encountered. Learning is enhanced with specific goals and learning objectives. Core elective clerkship syllabi with detailed course descriptions are available in the Curriculum section of Noorda COM's website.

Sub-internships are restricted to fourth-year students and are designed to provide the student with an increased level of patient care responsibility. Students serve as the primary care provider under the direct supervision of the attending physician or faculty and may perform simple diagnostic procedures. Training focuses on self-education and includes more advanced study of the discipline. Sub-internships must be completed as full block experiences. These clerkships are awarded 2.0-4.0 semester credits. Electives are generally completed as full-block experiences and are awarded 4 semester credits. Students may obtain special permission to participate in up to two two-week electives and be awarded 2.0 semester credits for each experience. Exceptions to credit values are rarely made and only in extenuating circumstances, as approved by the Dean.

Immunizations

Important Notes Regarding Vaccination Requirements: Clinical experiences are part of the basic curriculum to obtain a degree of Osteopathic Medicine and therefore Noorda-COM does not waive immunization or student health requirements for religious or personal preferences.

Students will not be allowed to participate in any patient care activities until all immunization requirements have been met, including but not limited to:

- Clinical Experiences
- Health Outreach Events
- International Mission Trips
- Clinical Rotations

Inability to participate in clinical experiences due to noncompliance with Noorda-COM immunization policies may result in unexcused absences leading to failure of a course, academic probation, failure to progress, delay in graduation or even dismissal from the College. All current students must log all immunization requirements on the standard AAMC immunization form.

After documenting the required immunizations for matriculation, the following are required of current students each year:

- Tuberculosis Testing

- Influenza immunization We strongly recommend that all medical students receive a meningococcal conjugate vaccine (at least one dose of Menveo® or Menactra® after the age of 16 and within the previous 5 years); however, students can submit a meningococcal vaccine refusal form to waive this requirement.

Students are required to keep all immunizations current during their time at Noorda-COM.

Definitions

Preceptor/ Supervising physician - a licensed, practicing physician, credentialed by Noorda-COM, who gives or oversees personal instruction, training, and supervision to a medical student.

There are four different types of supervision 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

Violations of this policy may result in immediate disciplinary action

Interpreting Authority

Dean's Council

Statutory or Regulatory References

N/A

Relevant Links

Additional Helpful Numbers
911 Emergency

Policy Adoption Review and Approval

Dean's Council