



School of Medicine Policy

Policy Title: University of Colorado School of Medicine (CUSOM)
Standards for Medical Student Supervision Policy

Location: Office of Assessment, Evaluation and Outcomes **Functional Area:** Undergraduate Medical Education (UME)

Please leave this section blank as it is for policy office use only.

Effective: July 1, 2024
Date Last Amended/Reviewed: 2021
Date Scheduled for Review: Annually. July 1, 2025
Supersedes: 2021
Approved by: Dr. Stuart Linas, Chairperson of Curriculum Steering Committee, University of Colorado School of Medicine
Prepared by: Tai Lockspeiser, MD
Reviewing Office: OME
Applies to: CUSOM

A. INTRODUCTION

This policy seeks to codify existing practices regarding the Standards for Medical Student Supervision Policy University of Colorado School of Medicine

B. POLICY STATEMENT

The primary responsibility for patient care is vested with the appropriately credentialed and privileged teaching attending or medical staff member and may not be delegated to a student. This policy describes the level of medical student supervision (resident/fellow or attending) required for medical student participation in clinical settings.

Policy Definitions

Supervision: Refers to the oversight and monitoring provided by an attending or resident/fellow of a medical student.

Record Entries: Refers to entries of any patient information in an electronic, paper, or other system to maintain patient health information.

Counter-signing or countersignature: Refers attesting to the validity of a document already signed by another.

Hospital Rules: Refers to the processes and procedures that students must abide by in the hospital setting.

1.0 Appropriate Supervisors

1.1 The primary responsibility for patient care is vested with the appropriately credentialed and privileged teaching attending or medical staff member and may not be delegated to a student.

1.2 Residents and fellows may participate in overseeing the medical student educational process under the supervision of the teaching attending.

2.0 Conditions of Supervision

2.1 Identification of student status: Students must be clearly identified as such in all interactions with patients, families, and healthcare personnel. When being introduced, the phrase "student doctor" or "medical student" is recommended.

2.2 Allowable tasks and needed approvals: Medical students, in the course of their educational curriculum, may take patient histories, perform physical examinations, and enter findings in the medical record of the patient with the approval of the patient's attending physician and with the authorization of the hospital where they are rotating through at the time.

2.3 Supervisory requirements specific to medical student record entries:

2.3.1 Substitutions: Student notes can be used in the clinical environment as long as faculty follow local rules and regulations at their clinical sites

2.3.2 Countersigning: The physician who countersigns the student entry verifies the content as being accurate and appropriate and shall sign as verified or the record will be rewritten or an addendum made clarifying any areas of question.

2.4 Supervisory requirements specific to medical student order in chart

2.4.1 Subject to hospital rules: Students may/may not write orders in the chart as prescribed by the hospital where they are rotating through at the time.

2.4.2 Required co-signature: Any or all such orders require co-signature from the student's supervising resident or attending physician, again as prescribed by the hospital where they are rotating through at the time.

2.5 Supervisory requirements regarding other tasks

2.5.1 Requires direct supervision: Medical students may be assigned and directed to provide additional patient care services (including limited procedures) under the direct supervision of an attending physician or authorized resident or fellow.

2.5.2 Supervisors must be authorized: The supervising physician or resident/fellow must have privileges or be authorized to perform the procedure being supervised.

2.5.3 Required considerations: The level of supervision (resident/fellow or attending) must take into account the complexity of the procedure (e.g., blood draw vs. chest tube or drain removal), the potential for untoward effects (e.g., pneumothorax, retained drain), and the demonstrated competence, maturity, and responsibility of the student in order to ensure the safety and comfort of the patient.

2.5.4 May have additional requirements: The level of medical student supervision (resident, fellow, or attending) may be separately delineated or prescribed by the sites where the University of Colorado School of Medicine students rotate.

Notes:

1. Dates of official enactment and amendments:
07.01.2014 Adopted/Approved by the Curriculum Steering Committee

2. Authorization/Change History of Policy:
Please provide summary of changes here.

7/3/2024	Reviewed by CSC
3/15/2024	Reviewed by AEO Dean
7/1/2021	Reviewed by CSC pertaining to Trek Curriculum launch
7/1/2016	Reviewed by CSC

3. Initial Policy Effective Date: *July 7, 2014*

4. Reviewed for Liaison Committee for Medical Education (LCME) Compliance: 9.2 Faculty Appointments, 9.3 Clinical Supervision of Medical Students.

5. Policy is available through the Office of Assessment, Evaluation and Outcomes located <https://medschool.cuanschutz.edu/education/current-students/curriculum/aeo/home/educator-resources/teaching-learning-policies-and-guideline>