

Clinical Supervision Policy Students in the MD Program

Section: 4

Policy number: 4.21

Responsible Office: Office of Student Affairs

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POLICY STATEMENT

Medical students participating in UND SMHS clinical rotations must be provided with supervision appropriate to their level of training and asked to perform at a corresponding level of independence. This includes presence of a supervising physician or appropriately supervised resident or fellow in person or on-site as is appropriate to the task being completed by the student.

REASON for POLICY

Clinical rotations are an essential component of the medical education program. To provide high quality and safe patient care as well as ensure appropriate educational experiences for the students, an appropriate level of supervision must be provided at all times. Students should only be asked to perform at a level of delegated independence commensurate to their level of training and competency. Students need to have and be aware of avenues for reporting concerns regarding the level of supervision provided during clinical rotations or inappropriate requests for independent performance of patient care.

SCOPE of POLICY

This policy applies to:

- Deans, Directors, and Department Heads
- Faculty
- Managers and Supervisors
- Staff
- Students

Others: Residents, Fellows

WEB SITE REFERENCES

This policy:

Policy Office: <https://med.und.edu/about/policies/index.html>

Contents

POLICY STATEMENT	1
REASON for POLICY	1
SCOPE of POLICY	1
WEB SITE REFERENCES	1
DEFINITIONS	3
RELATED INFORMATION	3
CONTACTS	4
PROCEDURES	4
RESPONSIBILITIES	8
FORMS	8
REVISION RECORD	8

DEFINITIONS

Clinical Rotation	A UND SMHS clinical education experience including patient care in which a student participates at any level of the MD program.
Direct supervision	The supervising physician, appropriately supervised resident, fellow, or other qualified clinical care provider is present in the room with the student at all times and provides direct observation and assistance as appropriate. The supervising qualified provider continuously observes the student and continuously assesses the extent to which the student should be engaged in the procedure based upon both the student's demonstrated competence and the patient's situation, using his or her best judgement, and accepts full responsibility for the conduct of the procedure.
APP	Advanced practice provider (Physician Assistant or Nurse Practitioner) serving as the supervising provider for a medical student.
Fellow	A physician participating in an ACGME accredited fellowship program.
Medical Student	A student enrolled in the MD program.
On-site supervision	The supervising physician or resident or fellow is on-site and immediately available to the student for assistance.
Resident physician	A physician participating in an ACGME accredited residency program.
Supervising physician	The licensed physician providing supervision of the medical student's clinical activities and who is ultimately responsible for patient care.
Virtual supervision for telemedicine	The supervising physician or resident or fellow is available immediately in person or by virtual communication methods.

RELATED INFORMATION

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CONTACTS

General questions about this policy can be answered by your department's administrative office. Specific questions should be directed to the following:

Subject	Contact	Telephone/FAX	Email contact
Policy clarification	Office of Education Resources	777.3800	
Policy format	Dean's Office	777.2514/777.3527	jill.sackenreuter@UND.edu

PROCEDURES

- I) Students participating in UND SMHS MD program clinical activities shall be provided with appropriate supervision and be expected to assist in patient care at an appropriate level of delegated independence as judged by the preceptor.
 - A. The student should be clearly identified as a medical student or student doctor during all clinical encounters.
 - B. The supervising physician, resident or fellow, or advanced practice provider (APP) should be qualified to independently perform the procedure they are supervising.
 - C. For all procedures addressed below, the supervisor for the procedure will determine that the student's performance of the procedure with the level of supervision named below is appropriate based upon the individual student's demonstrated abilities and individual patient circumstances.
 - D. Students in phase 1 enrolled in a clinical elective for credit may perform isolated portions of the physical examination as directed by their preceptor. The preceptor must directly observe the student during these interactions.
 - E. Following successful completion of the Phase 1 Clinical Skills curriculum requirements, a student entering phase 2 may perform and document the history and physical examination (exclusive of the sensitive examinations listed below) and perform and document daily assessments/notes with a physician, appropriately supervised resident or fellow or APP providing on-site supervision or with on-site or virtual supervision for telemedicine.
 - F. With permission of the supervising physician, appropriately supervised resident or fellow or APP, students in Phase 2 and 3 may perform the following procedures with direct supervision from an attending, APP, or appropriately supervised resident or fellow or other qualified care provider.
 1. Sensitive examinations: Trusted chaperone acceptable to the patient shall be present in person for all sensitive examinations including breast, pelvic, genital and rectal examinations and additionally for any examination, at the request of any patient
 - a. Rectal examination
 - b. Pelvic examination with or without pap smear
 - c. Breast examination

2. Lines, Tubes and Phlebotomy
 - a. Peripheral IV insertion and removal
 - b. NG tube insertion and removal
 - c. Foley catheter insertion and removal
 - d. Suprapubic catheter insertion and removal
 - e. Phlebotomy for laboratory studies
 - f. Arterial puncture for blood gas analysis
 - g. Central line placement or removal
 - h. Interosseous line placement
 - i. Emergency IV placement (cutdown, central line)
 - j. Performance of limited vascular ultrasound in the course of placement of intravenous or arterial lines
 - k. Drain removal
 - l. See also pulmonary procedures below
3. Wound management
 - a. Wound irrigation
 - b. Suture placement or removal (phase 2, see below for phase 3)
 - c. Steri-strip placement
 - d. Tissue adhesive application
 - e. Staple placement or removal
 - f. Burn debridement
 - g. Wound debridement
 - h. Examination of surgical wounds, including dressing removal and replacement (phase 2, see below phase 3)
4. Orthopedic procedures
 - a. Reduction and/or splinting of orthopedic injuries
 - b. Joint aspiration and/or injection
5. Obstetrics and Gynecology Procedures
 - a. Vaginal delivery
 - b. Repair of vaginal lacerations
 - c. Intrauterine device insertion
 - d. Nexplanon implant insertion
6. Operating Room
 - a. Assistant in the OR for surgery, obstetrics and gynecology cases
 - b. Skin incision closure
7. Airway Management
 - a. Bag-valve mask ventilation

- b. Insertion of oral and nasopharyngeal airways
 - c. Insertion of extra-glottic devices
 - d. Endotracheal intubation
8. Skin Lesion Management
- a. Excision of minor skin lesions
 - b. Cryotherapy of skin lesions
 - c. Incision and drainage procedures
9. Ultrasound
- a. Vaginal transducer ultrasound.
 - b. FAST or E-FAST Ultrasound exam
 - c. Fetal ultrasound during pregnancy
 - d. Ultrasound Abdomen/pelvis
 - e. Ultrasound Bladder
 - f. Ultrasound Soft Tissue
 - g. Ultrasound POCUS
10. Newborn procedures
- a. Newborn circumcision
 - b. Newborn resuscitation
11. Cardiac procedures
- a. CPR
 - b. Cardiac defibrillation
 - c. Synchronized/unsynchronized cardioversion
 - d. Internal/external cardiac pacing
12. Pulmonary procedures
- a. Needle decompression tension pneumothorax
 - b. Chest tube placement or removal
 - c. Thoracentesis with or without US direction
13. GI Procedures
- a. Paracentesis with or without US direction
 - b. Assist with colonoscopy
 - c. Assist with Flexible Sigmoidoscopy
14. Application of cervical spine immobilization collars
15. Neurology
- a. Adult lumbar punctures
 - b. Botulinum toxin injections
 - c. EMG

16. ENT

a. Nasopharyngoscopy

- G. With permission of the supervising physician, APP, or appropriately supervised resident or fellow, students in Phase 2 or 3 may perform ultrasound for clinical decision-making purposes in the clinical setting with on-site supervision.
- H. With permission of the supervising physician, APP, or appropriately supervised resident or fellow, students in Phase 3 may perform the following procedures with on-site supervision from an attending physician, APP or appropriately supervised resident or fellow.
 - 1. Wound Management
 - 2. Irrigation and suturing
 - 3. Examination of surgical wounds, including dressing removal and replacement. The preceptor should exercise judgement and discuss with the student before the student changes any dressings on complex wounds (those that extend below fascia or contain major structures such as bowel or major vessels within their open area).
- I. With permission of the supervising physician, APP or appropriately supervised resident or fellow, students in Phase 3 may perform the following procedures with direct supervision from an attending or appropriately supervised resident or fellow.
 - 1. Pediatric Lumbar Puncture
 - 2. Epistaxis control
 - 3. Cautery
 - 4. Balloon tamponade
 - 5. Arterial Line insertion and removal
- II) Students may document findings in the medical record to the level allowed by the clinical site where they are rotating.
 - 1. The supervising physician or resident or fellow is responsible for review, correction and co- signing of this documentation.
 - 2. All orders for patient care written by a medical student must be co-signed prior to being acted upon.
- III) More, but not less, restrictive supervision guidelines may be determined by the local clinical site.
- IV) Students shall report any concerns regarding inappropriate levels of supervision or expectation of inappropriate levels of student independence in patient care to the clerkship director, campus dean or Associate Dean for Student Affairs and Admissions.
- V) Student concerns regarding inappropriate supervision or level of responsibility will be tracked after the completion of each clinical rotation by the Assistant Dean for Phase 2 and Phase 3 and reported yearly to P2P3C and UMEC.

RESPONSIBILITIES

- I) Supervising physician, resident, or fellow
 - A. Provide appropriate supervision to the medical student participating in clinical rotation based on the restrictions in this policy.
 - B. Make individual procedure supervision decisions based on the student's demonstrated abilities and individual patient circumstances to allow procedural participation by a student that meets or is more restricted than that described in this policy
- II) Medical Student
 - A. Understand the limitations to procedural independence stated in this policy.
 - B. Report to the clerkship director, campus dean or Associate Dean for Student Affairs any concern about inappropriate supervision or inappropriate expectation of independence in clinical duties
- III) Associate Dean for Medical Curriculum
 - A. Ensure policy is presented to phase 1 students at launch
- IV) Campus Deans
 - A. Ensure policy is presented at phase 2 and phase 3 launch on each campus

FORMS

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REVISION RECORD

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