Proposed Indiana University of Pennsylvania College of Osteopathic Medicine
(Proposed IUPCOM—Candidate Status—Seeking Accreditation)

COCA Pre-Accreditation Element 5.4: Learning Environment
Pre-Accreditation Submission 5.4-1: Patient Care Supervision Policies

Introduction

It is the policy of the proposed IUPCOM to ensure that osteopathic medical students in clinical learning settings involving patient care are always under direct supervision by licensed healthcare professionals to ensure the safety of both the patient and the student. The proposed IUPCOM will ensure that all supervised activities are within the scope of practice of the supervising health care professional through our COM-credentialing process (as outlined in *Pre-Accreditation Element 7.2-1*).

Definitions

Medical students are not hospital or clinic employees but rather are present at the clinical sites for educational purposes. To that end, medical students must be supervised at all times by a COM-credentialed, licensed healthcare professional in a direct manner with supervision immediately available to the medical student.

Per the *COCA Glossary* (pp. 7; Last Revised October 1, 2024), *Direct Supervision* is defined as: "Observation of a student in the clinical learning environment that can occur while the supervisor is physically present with the student and the patient, or when the supervisor allows the student to interact with the patient without being present but is immediately available. In both cases the supervisor must physically see the patient during the key portions of the interaction and is responsible for student and patient safety."

We will adhere to this definition, and qualify two levels of supervision under this heading:

- *Direct Supervision with Supervisor Present*: The licensed healthcare professional is physically present in the room with the student who is engaging in clinical care, and is responsible for all clinical care delivered.
- *Direct Supervision with Supervisor Immediately Available*: The licensed healthcare professional is immediately available to intervene and assist the student when providing supervisor-directed clinical care or engaging in a procedure, and is responsible for all clinical care delivered.

Policies

To ensure that all clinical care delivered by medical students is provided under direct supervision by a licensed, COM-credentialed preceptor, the proposed IUPCOM requires the following:

All supervising physicians are (1) appropriately licensed to provide care in the state in which they are providing health care, and (2) board certified/board eligible and credentialed as preceptors with the proposed IUPCOM.

1. All supervising healthcare professionals who are not physicians are appropriately licensed and boarded (as appropriate) in their field and specialty in which they are providing care.
2. All supervising healthcare professionals who are not physicians are appropriately licensed and boarded (as appropriate) in their field and specialty in which they are providing care.
3. It is the policy that students must comply with all general and specific rules and medical ethics established by the healthcare system, hospital, clinic, or facility at which they are being trained, including the AOA Code of Ethics.
4. It is the policy that students must always be under the direct supervision (either with supervisor present or supervisor immediately available, as per *Guidelines* outlined below and definitions provided in this policy) of a licensed, board certified/board eligible, and COM-credentialed preceptor, as assigned to them by the proposed IUPCOM Office of Clinical Affairs.
5. It is the policy of the proposed IUPCOM that a student may not administer therapy or perform procedures, *except* under *Direct Supervision with Supervisor Present* with a licensed and credentialed healthcare professional to whom the student has been formally assigned.
6. It is the policy of the proposed IUPCOM that only with the approval and direct supervision of the preceptor may students take histories, perform physical examinations, provide medical findings/recommendations for treatment to a patient, and enter their findings into the patient's chart under a medical student note.
7. Students may not perform any direct medical treatment or procedures (including OMT) without *Direct Supervision with Supervisor Present*, or under *Direct Supervision with Supervisor Immediately Available* if agreed upon by both student and preceptor. *Direct Supervision with Supervisor Present* must be in place for all invasive and sensitive examinations.
8. It is the policy of the proposed IUPCOM that any medical treatment(s) or treatment recommendations that a medical student will be involved in with a patient shall only occur after full and reasonable disclosure to the patient (or legal representative) and full and reasonable informed consent has been obtained.
9. In the case of a telemedicine encounter with a patient, the supervisor must directly oversee the medical student, either (1) live in the same room as the student with the patient on the telemedicine portal, or (2) virtually online through the telemedicine portal, with the patient, preceptor, and student on the telemedicine portal.

10. It is the policy of the proposed IUPCOM that the supervising preceptor to whom the student is assigned by the proposed IUPCOM Office of Clinical Affairs is ultimately responsible for all care delivered to patients, in both in-person and telemedicine formats.

Guidelines

All medical students will refer to themselves as a "medical student" or "student doctor" when interacting with patients and clearly articulate that they are working under the authority of an attending physician or other preceptor. All medical students will have an identification badge which clearly states their name and that they are a medical student enrolled with the proposed IUPCOM.

First- and second-year medical students engaging in early clinical experiences and preceptorships will be automatically classified under the heading *Direct Supervision with Supervisor Present.* Exceptions to this, where the supervision level would be *Direct Supervision with Supervisor Immediately Available,* if agreed to by student and preceptor, include activities such as taking a history, performing a review of systems, or documenting an encounter in a medical student progress note.

Third- and fourth-year medical students will be supervised at one of two levels as noted above under *Definitions*, as indicated by their level of competence as determined by the supervisor. Guidelines will be provided to each clinical training center (e.g., hospital; clinic) which guide them to first classify all students under *Direct Supervision with Supervisor Present.* Once they show the supervisor that they can function more autonomously, a progression to *Direct Supervision with Supervisor Immediately Available* may be appropriate. This will assist the student in the undergraduate to graduate medical education transition which is upcoming from medical student to intern/resident physician.

Proposed IUPCOM students will be clearly informed of these supervision protocols. Medical students will be directed that they must cease interactions with patients if a supervisor is not present or immediately available, or at any time that the student feels unsure about any aspect of the student-patient interaction, including their ability to perform a clinical skill. If the student has trouble contacting a licensed healthcare provider or supervisor at their assigned clinical site or feels unsure of their ability to perform a procedure and is expected to do so at the site, or needs additional support outside of the healthcare facility, they are directed to connect with the following individuals in this order:

1. Direct supervisor/preceptor of record for rotation on site;
2. Direct provider for rotation in place of preceptor of record for rotation;
3. Regional Assistant Dean (coordinating rotation oversight and preceptors);
4. Assistant Dean of Clinical Affairs and Graduate Medical Education; and
5. Associate Dean of Clinical Affairs and Graduate Medical Education.

<u>Examples of Scope of Duty/Responsibility for First- or Second-Year Medical Students</u>

- Taking a history and performing a limited physical examination of a pediatric, adolescent, adult, geriatric, psychiatric, surgical, or related patient;
- Perform a mental status examination or employ testing, such as a MoCA or cognitive assessment;
- Skill performance, such as:
  - Venous blood sampling;
  - Determination of glucose level from capillary blood;
  - Venous cannulation;
  - IV/IM/SC injections;
  - Use of drug ampules and infusion;
  - Osteopathic structural examination;
  - Blood pressure measurement and the taking of vital signs, such as pulse, respiratory rate, temperature, body mass index, and pulse oximetry;
- Understanding of hand washing;
- Wound closure, including suturing and skin clips;
- Application of bandages;
- Documenting an encounter as a medical student note in the electronic medical record or a paper chart.

Examples of Scope of Duty/Responsibility for Third- or Fourth-Year Medical Students (Note: *Direct Supervision with Supervisor Present* initially, then progressing to *Direct Supervision with Supervisor Immediately Available*, if appropriate)

- All the above skills as noted under *Examples of Scope of Duty for First- or Second-Year Medical Students*;
- Round on patients in the hospital;
- Gather lab, imaging, nursing and other pertinent information/results;
- Develop interim assessments and recommendations:
  - Students may write notes in the electronic medical record regarding their encounters if they are clearly labeled as a *Medical Student Note*, and signed off on as such by the preceptor before the note becomes active and visible in the patient's chart to staff
    - Evaluation and management services or procedure notes with the supervising physician verifying in the medical record any student documentation of components of the services provided.
    - If a student is allowed to input orders into an electronic medical record, the orders are to be set to "pending" status and signed off by the preceptor before becoming active orders.

Medical students may be supervised by interns, residents, and fellows, if there is an attending physician of record credentialed by the proposed IUPCOM who is ultimately responsible for

patient care delivered by the student working under the intern, resident, or fellow's training license.

Dissemination of Information on Patient Care Supervision to Students, Faculty, and Staff

Students: As students will have directly supervised clinical encounters in Years 1 and 2 as part of the preceptorship/early clinical experience program, the above policy and guidelines will be provided to all students at Orientation in Year 1 prior to the start of any classes and students will be required to attest to reading and agree to follow these policies and guidelines. The policies, associated case studies, and examples will be discussed in a session provided by the Office of Clinical Education as part of the Clinical Skills course series in Years 1 and 2. All students will again be given a copy of this policy as part of the *Clinical Education Manual* and will be required to attest to reading these materials and agreeing to follow all requirements. This will provide clear guidelines on the role of the student in care within the limits of undergraduate medical education.

Faculty and Staff: All faculty, staff, and preceptors at our clinical education sites will be given a copy of these policies and will be required to attest to reading and agreeing to follow as part of their onboarding requirements. The Office of Clinical Education will discuss these policies and guidelines at in-service and faculty/staff educational meetings to ensure that all COM community members understand the importance of direct supervision in the provision of patient care. A yearly clinical colloquium will also occur on campus which will include Regional Assistant Deans at the sites, during which these policies will be reviewed with attendees. Finally, staff from the Office of Clinical Affairs will discuss and review the implementation of these policies at clinical sites during regularly scheduled site visits.

Policy/Procedure Details	
Policy Owner	Associate Dean of Clinical Affairs and GME
Effective Date	08/29/2025
Last Reviewed	08/29/2025
Review Frequency Requirements	5 Years
Related Policies and Documents	1. IUPCOM Safety and Health Policy 2. IUPCOM Webpage for Supervision of Student Providing Patient Care and Telemedicine 3. IUPCOM Student Rights and Responsibilities Policy
Reviewed and Approved by Dean's Leadership Council	08/29/2025
Revision Number	2025.01