



POLICY TITLE

Clinical Supervision of Medical Students

PURPOSE AND SCOPE

The purpose of this University of North Carolina School of Medicine (UNC SOM) policy and procedure is to define the expectations for supervision of medical students on clinical services in the curriculum of the School of Medicine. This policy applies to students in all courses on all campuses.

RESPONSIBLE PARTY AND REVIEW CYCLE

The Education Committee shall review this document within each even numbered fiscal year with input from the Application Phase Committee.

LCME REFERENCE(S)

LCME Element 9.3: Clinical Supervision of Medical Students

HISTORY OF APPROVALS AND UPDATES

Approved by Education Committee on January 23, 2017

Amended and Approved by Education Committee on December 16, 2019

Approved by Education Committee on February 16, 2026

DEFINITION(S):

Supervisor can be:

- a. A physician with a UNC SOM faculty appointment
- b. A resident physician or fellow in a Graduate Medical Education program
- c. Other licensed health professionals acting within their scope of practice

Levels of Supervision

- a. Direct Supervision: The supervisor is physically or virtually present with the learner and able to provide real-time instruction and feedback, assuming patient-care responsibilities when necessary. Direct supervision may also be provided by a resident physician or another licensed health professional working within their scope of practice, under the indirect supervision of an attending physician.
- b. Indirect Supervision: The supervisor is on duty, immediately available, and can be called to the location of the learner if necessary.

POLICY

Medical students must be provided with appropriate levels of supervision to allow progressively autonomous learning opportunities that align with their knowledge, skills, and level of training, while supporting the specific learning objectives of the course. Medical students may perform the history and physical exam under indirect supervision. Medical students may perform procedures under direct supervision. The purpose of this policy is to describe the procedures that should be followed by supervisors to ensure that the school adheres to expectations that protect patient and student safety in accordance with LCME Element 9.3:

A medical school ensures that medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to their level of training, and that the activities supervised are within the scope of practice of the supervising health professional.

Interactions with allied health professionals

In situations where learners interact directly with allied health professionals (physician assistants, nurse practitioners, etc.) the supervisor and/or course director is responsible for ensuring that the allied health professional is appropriately credentialed or functioning under the supervision of a credentialed faculty member and is performing tasks that are within their scope of practice. The attending faculty member is responsible for the integrity of information and/or clinical procedures.

Expectations of Supervisors/Course Directors

- a. Model professional behavior in interactions with patients, learners, staff, and all other individuals in the health care team.
- b. Provide students with progressively autonomous opportunities for learning that are commensurate with the learner's level of knowledge, technical skill, and level of training and address specific learning objectives for the course.
- c. Ensure the student is appropriately supervised to ensure patient and student safety according to policies and procedures of the School of Medicine and of the medical facility.
- d. Call schedules ensure that a supervisor is always designated and available to provide the appropriate level of clinical supervision.
- e. Ensure medical students are aware of expectations for their behavior and of the procedures or other tasks they are permitted to perform.
- f. Ensure patients are aware of the status of medical students and that they accept that medical students may participate in their care.
- g. Review and confirm information collected by students through history taking, physical examination, or other activities and provide feedback that enhances the student's learning experience.
- h. Complete student assessments in a timely manner, with all assessments completed in time for calculation of final grades.

Expectations of Students

- a. Maintain professional behavior standards with the supervising physician, other members of the medical team, including resident physicians, other health professionals, members of the staff, patients, and any other individuals encountered in the clinical setting.
- b. Maintain self-awareness of own competence and seek assistance/advice when clarification is needed.
- c. Inform patients and/or family members of their status as a medical student and the name of the supervisor under whom they are working.
- d. Proactively inform the supervisor or course director regarding concerns about levels of supervision (excessive or sub-standard).

Responsibilities

- a. The supervisor and/or Course Director are responsible for ensuring that this policy is followed and that all individuals who interact with the learner are appropriately trained and credentialed for patient care interaction.
- b. Course Directors define the level of patient interaction expected of students.
- c. Foundation, Application, and Individualization Phase Committees: Review and approve the course-specific level of expected patient interaction appropriate to students' training level.
- d. Medical Students: Will be aware of the details of this policy and will identify and assist in rectifying any concerns about clinical supervision.

PROCEDURE(S):**Reporting Concerns**

- a. Any student who is concerned about the level of supervision they are receiving should address their concerns as soon as possible with the supervisor and/or course director. Any student who is dissatisfied with the outcome of such a report should report their concerns to the campus director, course director, or Curricular Affairs Leadership.
- b. Expressions of concern will be held in strict confidence if possible. However, this may not be possible in situations where student or patient safety may be compromised; illegal activities may have occurred, or other situations needing immediate contact with reporting individuals.

Monitoring

- a. Students report on end of course questionnaires whether clinical supervision was appropriate
- b. Course Directors are notified through the school's evaluation system when students report concerns about clinical supervision. During annual course reviews, Course Directors summarize student feedback on supervision and report to the appropriate Phase Committee on how they are ensuring that students receive the appropriate level of clinical supervision.
- c. Phase Leaders present to their respective Phase Committees a summary of student reporting on the appropriateness of clinical supervision across all courses in the phase. This phase-level report is then brought forward to the Education Committee annually to ensure oversight and address any identified areas of concern.
- d. The Education Committee conducts an annual review of student supervision reports from the Foundation, Application, and Individualization Phases to identify concerns related to clinical supervision and recurring issues reported by students. The committee reviews reports from each phase committee describing how they ensure appropriate levels of clinical supervision. Identified concerns are addressed through established oversight and remediation processes.