

Policy on Clinical Supervision

I. PURPOSE

The purpose of this policy is to ensure that medical students are appropriately supervised in all clinical learning environments involving patient care. Appropriate supervision supports patient and student safety, educational quality, professional development, and progressive responsibility, consistent with UPSOM standards.

II. SCOPE

This policy applies to all individuals involved in the supervision of medical students in clinical settings, including:

- Medical students
- Clerkship and course directors
- Faculty, residents, and fellows involved in clinical teaching
- Other health care professionals who supervise medical students

III. POLICY

The University of Pittsburgh School of Medicine (UPSOM) recognizes that active participation in clinical learning environments is essential to medical student education. UPSOM is committed to ensuring that medical students receive appropriate supervision in all clinical settings commensurate with their level of training, education, and experience.

UPSOM expects each clinical department to ensure appropriate supervision and oversight of medical students during clinical experiences.

At the beginning of each clerkship and course, students must be informed of expectations related to their roles, responsibilities, and supervision in patient care activities. Clerkship and course directors are responsible for ensuring that faculty and residents involved in teaching are informed of these same expectations.

Clerkship and course directors are responsible for assigning medical students to designated supervising faculty and/or residents for all clinical experiences and for ensuring that students, faculty, and residents are aware of these supervisory relationships.

The level and type of supervision provided will vary depending on the clinical context, patient complexity, and the student's level of training. Supervision is intended to support progressive responsibility while maintaining appropriate oversight. Medical students are expected to function as integrated members of the health care team, participate

appropriately in patient care, and assume increasing responsibility as skills and competence develop.

Medical students may not perform any procedure independently or without appropriate instruction and supervision. Faculty and supervising clinicians must assign activities consistent with a student's level of training and competence. Students must have timely and reliable means of communication with supervising clinicians during all clinical activities.

When clinically and educationally appropriate, supervising physicians may delegate elements of teaching and supervision to residents, fellows, or other qualified health care professionals (e.g., physician assistants, nurse practitioners, certified registered nurse anesthetists, nurses). The supervising physician retains ultimate responsibility for patient care and for ensuring that delegated supervision occurs within the scope of practice of the individual providing it.

IV. POLICY AUTHOR(S)

- Office of Medical Education

V. RELATED POLICIES AND PROCEDURES

None

VI. REFERENCES

- **LCME Element 9.3: Clinical Supervision of Medical Students**

VII. APPROVALS

- Curriculum Committee approved on March 24, 2026

VIII. PROCEDURES

A. Definitions

Direct Supervision

The supervising physician or designated supervising clinician is physically present with the medical student and patient during the clinical encounter or procedure.

Indirect Supervision

The supervising physician is not physically present but is immediately available, either in person or through reliable communication methods, and provides oversight, guidance, and review of the student's clinical activities.

B. Implementation

1. Clerkship and course orientation

- a. Clerkships and courses provide students with orientation materials that describe expectations for supervision, scope of student participation in patient care, and mechanisms for contacting supervising clinicians.

2. Assignment of Supervisors

- a. Clerkship/course directors ensure that students are assigned to designated supervising faculty and/or residents for clinical activities.
- b. Supervisory assignments are communicated clearly to students and supervising clinicians.

3. Supervision of Clinical Activities

- a. Supervising clinicians determine whether direct or indirect supervision is appropriate based on the student's level of training and the clinical context.
- b. All procedures require direct supervision

4. Communication and Escalation

- a. Students must have reliable mechanisms to contact supervising clinicians at all times during clinical activities.
- b. Concerns related to supervision, patient safety, or scope of student participation should be escalated promptly to supervising clinicians or clerkship leadership.

5. Monitoring and Review

- a. Clerkship and course leadership monitor supervision practices through student feedback, course evaluations, and other appropriate mechanisms.
- b. Identified concerns are reviewed and addressed in collaboration with departmental and educational leadership.

The University of Pittsburgh School of Medicine reserves the right to change these policies and procedures as needed.