

Supervision of Medical Students in Clinical Learning Environments

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Policy Contact: Eric Goldklang, M.D., Dean of Clinical Sciences

Distribution: This policy is distributed to all faculty of American University School of Medicine Aruba including clinical chairs, clinical hub directors, faculty preceptors and residents. This policy is distributed to all medical students. This policy is also made available on the AUSOMA intranet.

Reason for Policy: This policy outlines the requirements to be followed when supervising medical students.

Policy Statement: American University School of Medicine Aruba recognizes and supports the importance of graded and progressive responsibility in medical student education. The school's goal is to promote safe patient care and maximize students' development of skills, knowledge, and attitudes needed to enter the practice of medicine.

Scope: All students and faculty at the School of Medicine

Procedures:

Supervising Physician Definition

The primary supervising physician (attending) will be appropriately credentialed as AUSOMA faculty.

Responsibility

It is the responsibility of the supervising faculty member and/or site director to assure that the specifications of this policy are followed for all medical students of American University School of Medicine Aruba.

It is expected that the supervising physician will provide a learning environment that is free from mistreatment, including, but not limited to, harassment (i.e., physical, emotional, or sexual), public embarrassment, and humiliation.

In situations where medical students are participating in a clinical setting where senior students, residents, fellows, or other healthcare professionals are actively involved in student education, it is the responsibility of the supervising faculty physician to ensure that all such individuals are appropriately prepared for their roles in teaching and supervision of medical students within the scope of their practices.

When the supervising physician is not physically present in the clinical area, the responsibility for supervising medical students will be delegated to the appropriately prepared senior student/resident/fellow/healthcare professional at the discretion of that attending physician and will act as the direct supervisor.

Levels of Supervision

- **Direct Supervision, With Supervising Physician or Delegate Present:** The supervising physician or their delegate is physically present with the medical student and the patient and is prepared to take over the provision of patient care if/as needed. All written documentation will be directly reviewed by the supervising physician, or their delegate and all orders will be directly reviewed before implementation. During telehealth visits it is understood that the supervising physician or delegate and/or patient is not physically present with the student. The supervising physician or delegate will be concurrently monitoring the patient care through appropriate telecommunication technology.
- **Indirect Supervision, With Supervising Physician or Delegate Available:** The supervising physician or their delegate is not physically present but is available to provide direct supervision if/when needed.

Clinical Supervision:

To allow for graded assumption of responsibility across the four years of medical school, students will move through a graded level of supervision regarding patient care interactions. The level of supervision indicated in the table below for each skill represents the *minimum level* of supervision required for the indicated skill.

M1 and M2 (Y1) and M3, M4, and M5 (Y2) students will be directly supervised, with the supervising physician or their delegate present when initially engaged in clinical care settings. Under the supervision of the attending physician or delegate, Y1 and Y2 students may participate in history taking and physical examinations and perform procedures for which they have been appropriately trained. Y1 and Y2 students may participate in history gathering under indirect supervision after appropriate training and at the discretion of the supervising physician/delegate.

Y3 and Y4 students will be indirectly supervised at a minimum with the supervising physician or delegate available on site.

Medical student participation in invasive and non-invasive procedures requiring additional informed consent requires direct supervision by the supervising physician or delegate at all times during the procedure. The supervising physician/delegate must have the privileges and authorization to perform the procedure being supervised. Patient consent must be obtained prior to the procedure. In addition, assisting in procedures may only be performed when the supervising attending agrees that the student has achieved the required level of competence to perform the procedure.

It is understood that a supervising physician, delegate, or clinical site may employ its own clinical supervision policy. In such a case the most conservative policy will be adhered to and at no time will a student have less supervision than required by American University School of Medicine Aruba

****Please refer to the Clinical Supervision Table for complete descriptions.**

Policy Monitoring

The Clinical Chairs, Dean, and Associate Dean of Clinical Medicine are responsible for developing and communicating standard procedures through which students can report concerns regarding adequate and appropriate supervision of what they may deem a violation of this policy. Procedures may include, but are not limited to, the anonymous reporting system, direct reporting to a Clinical Chair or Dean or Associate Dean of Clinical Medicine or coordinator, and documenting concerns in course or clerkship evaluations at the end of the course or clerkship.

**Clinical Supervision Table

This table represents the minimum level of supervision required for medical students while performing the described tasks.

D= Direct Supervision. I= Indirect Supervision. NA= Student should not be performing.

	Y1	Y2	Y3	Y4
Perform History				
• General History Gathering	I	I	I	I
Perform Physical				
• General Physical exam: excluding breast, rectal or gyn exam	I	I	I	I
• Complete physical exam: Complete physical exam: <i>including</i> breast, rectal or gyn exam	NA	NA	D	D
Perform Procedures				
• Not requiring additional informed consent (e.g. nasogastric tube, IV, urinary catheter, etc.)	D	D	I	I
• Requiring additional informed consent (e.g. thoracentesis)	NA	NA	D	D
Surgery/Operating Room				
• Activities may include, but are not limited to retraction, holding instruments, use of Bovie electrocautery, and final skin suturing. Clinical guidance will be provided by members of the preceptor's team (i.e. fellow, partner or surgical assistant) who will be directly supervising the student.	NA	NA	D	D
• Scrub-in (if appropriate scrub training has been completed)	D	D	I	I
Chart Documentation				
• Student can document (must be co-signed by preceptor)	NA	NA	D	D
• Student can draft orders (must be signed by preceptor)	NA	NA	D	D