

RESIDENT HANDBOOK

SECTION III: TRAINING ENVIRONMENT

RESIDENT SUPERVISION OF MEDICAL STUDENTS

PURPOSE

To outline guidelines for resident supervision of medical students at the Kirk Kerkorian School of Medicine at UNLV training programs.

POLICY

- I. Programs may develop a separate policy to outline specific supervision issues distinctive to the individual training program, so long as it includes the principles stated in this document.

PROCEDURE

- I. General Principles
 - a. Residents are responsible to supervise medical students in patient care activities if **all** of the following applies:
 - i. The supervision is approved by the attending
 - ii. The medical student is a UNLV medical student, or a medical student approved to attend a UNLV medical school elective through visiting student learning opportunities (VSLO, previously known as VSAS)
 - iii. The medical student has received credentialing and a badge at the healthcare facility
- II. Types of Supervision
 - a. Medical students must receive direct supervision, except as outlined below under 2.b. Direct supervision parallels the Accreditation Council for Graduate Medical Education (ACGME) definition: Direct supervision occurs when the supervising physician is physically present with the student and the patient.
 - b. The student can receive indirect supervision with direct supervision immediately available if **all** of the following applies:
 - i. Definition: the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide direct supervision
 - ii. The supervising physician is responsible to determine if the student understands the activity and is capable to perform it with indirect supervision
 - iii. The supervisor is responsible to determine if the patient has no recent changes in status and is medically suitable for a student interaction under indirect supervision
 - iv. The following is a list of activities a student may perform under indirect supervision, as defined above:
 1. History and physical examination

2. Venipunctures (for blood draw or to place a peripheral IVcatheter)
3. Placement of electrocardiogram (ECG) leads (for monitoring or to obtain ECG tracings)
4. Suturing of simple lacerations in the extremities
5. Removal of staples and sutures (with or without placement of steri-strips)
6. Apply or change superficial wound dressings
7. Swab for culture (e.g. throat, skin, wounds)

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