

Policy Name: 9.03.2 Delegation of Responsibilities Guidelines**Guidelines related to the delegation of responsibility to medical students based on their level of training and/or experience.**

UTTSOM has established clear and comprehensive policies and guidelines for the delegation of responsibility to medical students. These policies are designed to ensure that medical students assume appropriate levels of responsibility in alignment with their training and experience. Key elements of these policies include:

Criteria for Delegating Responsibility: Medical students are expected to assume graduated levels of responsibility during their training, with the degree of involvement determined by several critical factors, including:

- Developmental Level of the Student
- Complexity of Care or Procedure
- Potential for Adverse Effects
- Demonstrated Competence, Maturity, and Responsibility
- Patient Consent

Student Accountability and Responsibility: Medical students are expected to take full responsibility for their actions and prioritize the best interests of the patient. It is incumbent upon students to recognize their own limitations and exercise judgment regarding their competence in any aspect of patient care. Students are encouraged to request assistance or decline participation in any activity for which they do not feel comfortable or competent. Importantly, students should feel free to use their best judgment in the interest of patient safety without concern for any negative consequences related to their evaluation, assessment, or academic progression.

Evaluation of Appropriateness of Supervision: At the conclusion of each clerkship and clinical elective, medical students are provided with an opportunity to assess whether they were appropriately supervised during their clinical work. This feedback mechanism helps ensure that students' experiences align with the established policies and guidelines.

Expectations for Phase 1 medical students of the MD program:

- Must clearly introduce themselves to the patient and all members of the healthcare team, including identifying themselves as a medical student.
- Must be under direct supervision of a clinical faculty member with a faculty appointment from the University of Texas at Tyler School of Medicine. Student supervision may be delegated to a resident or fellow as detailed in this policy.
- May participate in history taking, physical exams, data analysis, and have access to medical records with direct supervision from the faculty supervisor and with patient consent.
- May observe in surgery with appropriate consent from the patient and surgeon of record.
- May assist in minor procedures when the supervising faculty member agrees that the student has achieved the required level of competence and consent is granted by the patient. This must always be performed under direct supervision.
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- Is not permitted to independently document progress notes, history and physicals, operative notes, or discharge summaries in the patient's permanent medical record. All documentation must be reviewed and edited by the physician with an accompanying attestation prior to entering into the permanent medical record.
- May not write or give verbal orders.

Expectations for Phase 2 and 3 medical students of the MD program:

- Must clearly introduce themselves to the patient and all members of the healthcare team, including identifying themselves as a medical student.
- Must be under direct or indirect (with direct immediately available) supervision of a clinical faculty member with a faculty appointment from the University of Texas at Tyler School of Medicine. Student supervision may be delegated to a resident or fellow as detailed in this policy.
- May participate in history taking, physical exams, data analysis, and have access to medical records with indirect supervision from the faculty supervisor and with patient consent.
- May participate in surgery with appropriate consent from the patient and surgeon of record.
- May perform procedures when the supervising faculty member agrees that the student has achieved the required level of competence and consent is granted by the patient. This must always be performed under direct supervision.
- May document progress notes, history and physicals, operative notes, or discharge summaries in the patient's permanent medical record. The supervising physician must immediately review and edit the information. The supervising physician must document their own note including patient history, physical exam, assessment, plan, and attestation of reviewing and correcting the student's note.
- May write orders under the direct supervision of the clinical faculty. The clinical faculty must immediately review, correct, and sign any order. Verbal orders are forbidden.

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