For each patient, there must be a member of the medical staff who is directly responsible for the care being provided for that patient. This is true in all settings including inpatient and outpatient venues. Medical students will provide care under this faculty supervision. While medical students will often participate in patient care, under no circumstance should a medical student be the only individual seeing the patient.

**Supervision of Medical Students Years One (1) and Two (2):**

Medical students:
- Must be under direct supervision and in presence of supervising physician or supervising EMT at all times.
- May not dictate H&P’s, OP reports/Discharge Summaries, nor document progress notes.
- May not write or give orders.
- May participate in a physical exam, critical data analysis and disposition, history taking and have access to medical records (under the direct supervision and in presence of supervising physician or supervising EMT).
- May observe in surgery with appropriate consent from the patient and surgeon of record.

**Supervision of Medical Students Years Three (3) and Four (4):**

Medical students:
- May participate in care and management of a patient, including invasive and noninvasive procedures, under the auspices/direct supervision of the supervising physician - at all times with the patient’s permission.
- May assist in procedures, which may be performed, when the attending physician agrees that the student has achieved the required level of competence. Assisting in surgery is generally done as second assist. Occasionally the student may perform first assistant duties when judged competent by the attending physician and permission is granted by the patient.
May document in the medical record the following: discharge summaries, orders, H&P’s, brief operative notes and progress note, if the supervising physician is present and immediately reviews and countersigns the entry. Orders written by the medical student are not on their own valid; they must be immediately countersigned by the physician to prevent delay in their implementation.

The authorized physician will remain directly responsible for the history and physical, progress notes, discharge summary, operative reports and daily visits.