**Clerkship in Emergency Medicine**

**Department of Emergency Medicine**

**SUNY Downstate College of Medicine**

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**Welcome to the Emergency Medicine Clerkship**

This senior medical student course comes after completion of your core third-year rotations. As an acute care rotation, this clerkship allows you to synthesize clinical skills from all your prior experiences in the diagnosis and management of adult and pediatric patients.

You will be rotating through the emergency departments at Kings County Hospital (KCH), University Hospital at Downstate (UHD), Brookdale University Hospital Medical Center (BHMC) or Maimonides Medical Center (MMC). All emergency departments are open 24 hours a day, 7 days a week. We evaluate everybody who presents for care. Every shift will be different, and you will have many opportunities to learn from your patients. While the emergency department (ED) may be described as chaotic, you should appreciate a learning environment in which you will have the responsibility of providing patient care under appropriate supervision.

No matter your career path, in this course you should find many things that interest and engage you: a wide breadth of clinical pathology, opportunities to care for critically ill patients, interactions with patients, their families, consultation services, and other healthcare providers, hands-on procedures, and more. We hope that you appreciate the role that emergency medicine plays within the community and how patients utilize the ED to access medical care.[[1]](#footnote-1)

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**Storage, Rest, and Eating Facilities:**

Secure lockers and breakrooms are available at all sites. Bring your own removable lock.

|  |  |  |
| --- | --- | --- |
| Hospital | Lockers | Break/Meal/Study |
| UHB | A1- 568A | A1 – 573, Cafeteria, Library, BSB 5-036 (code 2/3-4-5) |
| KCH | CG 102, #61, 63, 64, 65 | ED breakrooms in Peds and CCT, B3-221 (code 4-1-3) |
| Maimonides | Northside Lounge, locker #1 | Northside Lounge, 965 Brownstone, Maimonides Library |
| Brookdale | 3rd Floor, Room 325 | 3rd Floor, Room 325, 329 |

**Emergency Medicine Clerkship Competency-Based Goals and Objectives:**

The goals and objectives are based on proposed national curricular guidelines for emergency medicine and should provide you with a clear understanding of the clinical and non-clinical expectations for this course. The clerkship goals listed below are organized by the six core competencies developed by the Accreditation Council for Graduate Medical Education (ACGME).[[2]](#footnote-2) These may also be referred to as the domains of competence.

1. Patient care and clinical reasoning
   1. Obtain an accurate and focused chief-complaint driven history.
   2. Perform an accurate and relevant physical exam based on the chief complaint.
   3. Develop management skills—form evaluation and treatment plans, monitor patient response, and properly disposition patients.
   4. Demonstrate competence in basic procedural skills and understand clinical indications for advanced invasive procedures.
   5. Present cases in an organized manner, clearly and concisely summarizing impression and prioritizing differentials with appropriate management plan.
   6. Document patient encounters accurately and succinctly.
   7. Recognize critically ill patients and begin stabilizing while identifying pathology.
2. Medical knowledge
   1. Generate a differential diagnosis and develop appropriate diagnostic testing and treatment plans for the undifferentiated patient.
   2. Appreciate the various presentations of acutely ill or injured patients.
   3. Interpret the results of diagnostic procedures and tests.
   4. Know key concepts (basic science, pathophysiology) of the core conditions.
3. Practice-based learning and improvement
   1. Retrieve and review up to date, high-quality literature on diagnoses encountered in the ED and utilize that information in medical decision making.
   2. Acknowledges gaps in personal knowledge and exhibits self-directed learning.
   3. Asks for feedback to improve clinical practice.
4. Interpersonal and communication skills
   1. Effectively communicate with patients, family members, and other healthcare professionals.
   2. Establish a therapeutic relationship with patients and families as they cope with the emotional trauma of emergencies, critical illness, dying and death.
   3. Educate patients and insure comprehension of their treatment and follow-up plans.
   4. Relays patient information to other members of the patient care team (nurses, technicians, consultants, etc.)
   5. Functions as a contributing member of the patient care team.
5. Professionalism
   1. Act professionally and with an admirable work ethic.
   2. Demonstrate respect and compassion when communicating with patients of various socio-economic, cultural, educational, and racial backgrounds.
   3. Maintain patient confidentiality, especially in settings involving minors and violence.
6. System-based practice
   1. Appreciate the role emergency medicine plays in the U.S. healthcare system and in our community—specifically an inner-city population that utilizes the ED for primary and preventative care.
   2. Understand appropriate ED patient management, and how practitioners can most effectively interface with the ED to optimize their patients’ medical care.
   3. Be mindful of evaluation and treatment costs.
   4. Identify and address the need for interdisciplinary, non-physician services to effectively coordinate care.

**EM Clerkship Competency-Based Core Content and Conditions**

The following are topics you should cover in your readings for the Emergency Medicine clerkship.  Most Emergency Medicine texts have chapters or sections that detail the information you are expected to learn by the end of your rotation.

**Trauma**: Chest wounds, flail chest, hemothorax, pneumothorax, blunt and penetrating abdominal trauma, orthopedic injuries, head injuries, neck injuries, approach to the trauma patient/basic ATLS protocol

**Surgery**: Acute abdomen, appendicitis, pancreatitis, gallbladder diseases, vascular emergencies

**ACLS**: ACLS/BLS protocols, arrhythmias, acute MI, aortic dissection, aortic aneurysm, CVA management, airway management protocols, basic pediatric resuscitation

**Pulmonary**: Asthma, COPD, pulmonary embolism, pneumonia, TB, pulmonary edema

**CV**: Acute coronary syndrome, cardiomyopathies, heart failure, basic ECG, conduction abnormalities, pericarditis, pericardial effusion, hypertension, venous disorders

**Pediatrics**: Basic resuscitation, fever workup protocols, asthma/respiratory diseases, otitis media, common rashes, fractures

**Toxicology**: Toxidromes, toxicity of cardiovascular drugs, over the counter drugs, drugs of abuse, opioid abuse, industrial toxicity, decontamination and management

**OB/GYN**: STI management, sexual assault management, normal pregnancy physiology, perinatal and postnatal complications, ovarian/vaginal disorders

**GU**: STI management, testicular torsion, epididymitis, penile and foreskin disorders

**Renal**: UTI management, renal colic/nephrolithiasis, complications of end stage renal disease

**ID**: Meningitis, STI, HIV complications, commonly used antibiotics for infectious diseases

**GI**: Obstruction, foreign bodies, perforation, GI bleeds, inflammatory and infectious disorders, peptic ulcer disease, gastritis

**ENT**: Epistaxis, sinusitis, peritonsillar abscess, retropharyngeal abscess, Ludwig’s angina, foreign body

**Neurology**: CVA, headache, altered mental status, seizures, vertigo/dizziness

**MSK**: Sprains/strains, low back pain, infections/inflammation, trauma, pediatric injuries: fracture classification, dislocations, fractures

**Environmental**: Burns, heat and cold injuries

**Ophthalmology**: Glaucoma, corneal abrasion, conjunctivitis, retinal detachment, trauma

**Dermatology**: Terminology, infections, toxic epidermal necrolysis, Stevens Johnson Syndrome, immunogenic cutaneous disorders, angioedema

**Endocrine**: Diabetes mellitus and complications, adrenal crisis, thyroid disorders

**Heme/Onc**: Platelet disorders, sickle cell anemia, reversal agents for anticoagulants, malignancy complications

**Misc**: Ethics, principles, documentation, do-not-resuscitate, evidence-based medicine, EMS, disaster, social EM

**Medical Student Responsibilities and Supervision Policies**

* 1. **BE ON TIME!!!**
  2. Dress professionally – generally scrubs or professional business attire. Wear your ID card at all times. Appropriate PPE is expected at all times.
  3. You will have an **attendance sheet** for supervisor signatures. This sheet must be handed in at the end of the rotation—it is your **ONLY** documentation of attendance. Print the name of your supervisor if illegible.
  4. Complete required paperwork and New Innovations log. Ensure signatures on attendance form, chief complaints and procedure logs are legible.
  5. Check your Downstate email and the clerkship website regularly for instructions and reminders.
  6. Alert your clinical supervisor **IMMEDIATELY** for any patient that you feel is sick or potentially sick. This may include patients with **abnormal vital signs, active chest pain, shortness of breath, peritoneal findings or changes in mental status.**
  7. Present patients to the supervising provider. Patient notes should be written and provided for review and feedback.
  8. All orders (labs/meds/radiology) must be overseen by the supervising provider. Do **NOT** administer any medications unless specifically directed to do so by the provider or nurse.
  9. **All invasive procedures must be supervised**. Observe universal precautions at all times. Students may not draw blood cultures and type & screens.
  10. Medical students in clinical learning situations involving patient care are appropriately supervised at all times in order to ensure patient and student safety, that the level of responsibility delegated to the student is appropriate to his or her level of training, and that the activities supervised are within the scope of the practice of the supervising health professional.
  11. Contact the Clerkship Director immediately if there are any concerns regarding appropriate supervision. Additionally, you may report to the Associate Dean of Clinical Medicine or confidentially to the Ombudsman.

**Case Logger: Tracking Patient Experiences**

Patient volume, acuity, and chief complaints may vary from site to site. To ensure comparable experiences across all EM affiliates, we ask that you log your chief complaints (core condition), procedures and follow-ups.

Links to the forms are on the website.

1. Chief complaint and procedure log: Ensure your supervisor name is legible.
   1. You must see a minimum of one of each chief complaint.
      1. Abdominal pain
      2. Alteration/Loss of consciousness
      3. Chest pain
      4. Fracture/Orthopedic injury
      5. Gastrointestinal bleeding
      6. Headache
      7. Pediatric fever
      8. Resuscitation/Shock (trauma or medical)
      9. Shortness of breath
      10. Vaginal bleeding/Pelvic pain
      11. Wound care/Laceration
   2. You must perform a minimum of two of each procedure.
      1. Chest X-ray interpretation
      2. EKG interpretation
      3. Phlebotomy or intravenous line insertion
      4. Ultrasound
      5. Direct observation: history
      6. Direct observation: physical exam
      7. Written note with assessment and plan
2. Follow-up log: Choose any four patients in your care and follow-up on their status after the ED visit. This may be a patient who was discharged home, went to the operation room or cath lab, or was admitted.

In addition to the core conditions and procedures on the paper form, log all cases and procedures into New Innovations.

**Schedule and Duty Hours:**

* 1. Attendance at assigned shifts is mandatory. If you must be absent for any reason, contact the Course Coordinator and Clerkship Director PRIOR to the shift by email or phone. **Unexcused absences are unprofessional and may result in a failing grade. All absences must be made up with the possibility of additional shifts.**
  2. **Be on TIME!** If you will be late, email the course coordinator and call your assigned clinical area PRIOR to the start of your shift. Persistent tardiness is considered unprofessional and will be reflected in the final course grade.
  3. All scheduling requests must be made in advance of the start of the rotation. Clinical schedules are finalized on the first day of the rotation. After orientation, only emergent requests will be considered and must be approved by the Clerkship Director.
  4. Shifts are scheduled to distribute students to different areas of the ED during day and night hours. Shifts may not be switched among students. Any schedule changes must be made through the coordinator.
  5. Medical student duty hours during clerkships and rotations are never to exceed the duty hour restrictions for first year residents imposed by the ACGME. Report any violations of the duty hour policy to the Clerkship Director. The restrictions are as follows:
     1. Duty hours must be limited to 80 hours/week, averaged over a four-week period.
     2. Trainees must be scheduled for a minimum of one day free of duty every week (averaged over four weeks).
     3. Duty periods must not exceed 24-hours in duration.
     4. Trainees must have 8 hours free of duty between scheduled duty periods.
     5. Trainees must not be scheduled for more than six consecutive nights of night shifts.

**Learning Resources: Required and Suggested**

Emergency medicine encompasses many topics previously learned on prior rotations. As adult learners, students should self-identify areas of weakness and search out resources that best address those gaps. Note, there are no required texts or readings. Suggestions are listed below:

Tintinalli’s Emergency Medicine: A Comprehensive Study Guide. Tintinalli and Stapczynski

Tintinalli’s Emergency Medicine: Just the Facts. Cline and Ma

Rosen’s Emergency Medicine: Concepts and Clinical Practice. Marx and Hockberger

Fleisher & Ludwig’s Textbook of Pediatric Emergency Medicine. Bachur and Shaw

Harwood-Nuss’ Clinical Practice of Emergency Medicine. Wolfson and Cloutier

Greenberg’s Text Atlas of Emergency Medicine. Greenberg and Hendrickson

\*All available through the Downstate Library electronically

Websites and Blogs

embasic.org – Your Boot Camp Guide to Emergency Medicine

cdemcurriculum.com – Blog and curriculum review

lifeinthefastlane.com – ECGs

clinicalmonster.com – Our own EM residency website and blog

www.thennt.com - Quick summaries of evidence-based medicine

www.emra.org/students/ - Clinical summaries, blog and procedure resources

**Formative Assessments:**

Mid-clerkship review and feedback will be scheduled for each student. Each student should complete a self-assessment prior to the meeting. The meeting should discuss student performance, create an improvement plan, review policies, and provide opportunities for clerkship feedback.

**Summative Assessments and Grading Policies:**

General Philosophy

Clerkships are focused on gaining clinical exposure and experience, expanding foundational knowledge, developing professionalism, clinical competence and learning to provide and model compassionate, just and high-quality care. Accordingly, your clinical evaluations are weighted heavily in your final grade composition. For continued improvement, it is also critical to pay close attention to the feedback and guidance provided by your faculty and non-faculty mentors.

Grade Components

The final grade for this rotation is Honors, High Pass, Pass, Conditional, or Fail.

|  |  |  |
| --- | --- | --- |
| Final grade components | Percentage | Passing Cutoff |
| Clinical evaluations | 60 | ≥ 72 |
| NBME | 20 | ≥ 4 Percentile Nationally, 65 |
| Note | 5 |  |
| Case Presentation | 10 |  |
| Professionalism | 5 |  |

Honors is 89 or greater. High Pass is 85 or greater. Pass is 72 or greater.

CLINICAL

Your clinical grade will be determined by the evaluations you receive from the attendings and residents at your clinical sites. Evaluators will consider the student based on the competency-based goals and objectives set forth in our curriculum: Patient Care, Medical Knowledge, Interpersonal Communication Skills, Professionalism, Practiced Based Learning and Improvement, and Systems Based Practice. You must pass the clinical aspect of the rotation in order to pass the course. See the chart above for passing scores.

NBME

Passing the NBME component is achieved by earning an Equated Percent Correct score (your reported score) at or above the 4th percentile of the national NBME reported scores based upon the data available at the beginning of the academic year.

The exam is scheduled for the last Friday of the course. The Honor Code must be submitted prior to the exam.

PROFESSIONALISM

We expect high standards of professionalism in and out of the clinical realm. The expectation is for our students to be committed to carrying out professional responsibilities, demonstrating compassion, adhering to ethical principles, and conducting themselves in a manner that is sensitive to diverse patient populations. Students respect patients, families, and professional colleagues and are advocates for improving access to care for everyone.

Students will exemplify a professional character that exhibits:

· Compassion, integrity, and respect for others

· Respect for patients’ autonomy, privacy, and dignity

· Respect for patients’ race, sex, ethnicity, culture, ability, disability, socioeconomic status, education level, language, religion, spiritual practices, sexual orientation, gender identity, geographic region, age, country of origin, education and genetics

· Integrity, reliability, dependability, truthfulness in all interactions

· A responsiveness to patient’s needs and society that supersedes self-interest

· The skills to advocate for improvements in the access of care for everyone, especially vulnerable and underserved populations

· A commitment to excellence and on-going learning, recognizing the limitations of their personal knowledge and abilities, and the capacity to effectively address their own emotional needs

· Knowledge of and a commitment to uphold ethical principles in such areas as the provision of care, maintaining confidentiality, and gaining informed consent

· An understanding of and respect for the contributions of other health care disciplines and professionals, and appropriate participation, initiative and cooperation as a member of the health care team

Infringements in the professional behaviors described above or lapses in professionalism such as unexcused absences, excessive/recurrent tardiness, or failure to complete any requirement by the given deadline may impact your chances of passing the professionalism component.

CONDITIONAL/FAIL

If you do not earn a passing score in any ONE component contributing to your final grade you will receive a Conditional Grade. If you do not earn a passing score in TWO or more components contributing to your final grade, you will receive a failing grade.

In order to complete the course and receive a final grade, you must have the following:

* + 1. Attendance sheet, Chief Complaint and Procedure log, and Case follow-up log
    2. Written note submitted
    3. Case presentation
    4. One evaluation requested per shift. You are responsible for sending an evaluation for each shift to your supervisor and cc’ing the Course Coordinator.
    5. Attestation for mid-clerkship feedback.
    6. Reflection on history-taking and physical exam feedback.

**Health Information Portability and Accountability Act (HIPAA):**

All students must be current in their Health Information Portability and Accountability Act (HIPAA) training upon enrollment, following any leave of absence, and following any change in the law that requires re-training. Failure to do so will result in not being permitted to register or to participate in any clinical educational activities.

As a student, you are responsible for implementing safeguards and following DMC’s procedures to protect patient information. This includes:

* 1. Paper information, such as copies of records, report print-outs and hand-written notes
  2. Electronic information, such as the hospital’s electronic record system, faxes and emails
  3. Oral information, such as verbal discussions with patients or other providers

1. You may only access records on patients for whom you have an authorized purpose for accessing their information, such as for treatment or educational needs. Institutions and individuals are subject to both civil and criminal penalties if patient records are accessed out of curiosity or other unauthorized purposes. It is also important to recognize that every access of electronic records leaves an audit trail identifying the user’s activities.
2. Always log off the system when you are finished working at a computer. Don’t simply minimize the screen as someone else can continue to view patient information under your user ID.
3. When presenting patients for educational purposes whether orally or in written reports/ summaries, make sure to DE-IDENTIFY! Do not include names, initials, MR numbers, birth dates or any other direct identifier. For a list of identifying elements, see the following link:

<http://www.downstate.edu/hipaa/policies/documents/DeIdentification.of.Information.Policy.pdf>

1. There is no need for students to email ANY patient data. Make sure not to include any identifying patient information in your email communications. Never save identifiable patient information to portable drives or devices.

1. Don’t leave “to-do” lists, sign-out lists, or other patient-related materials lying around. Be compulsive about keeping them with you at all times. (Picture them as credit cards.) When no longer needed, shred them yourself or put them in the shredding bins available on every floor in the hospital. Disks/CDs containing patient information may also be placed into these bins. Double check your pockets/folders before leaving the hospital premises to ensure you are not taking out any patient information.

1. Do not discuss medical information in front of a patient’s visitors unless the patient explicitly gives you consent to do so. If you find visitors with the patient when you enter the room, you should **first** ask the visitor to leave (“I need to discuss personal medical information with Mr. X and I want to protect his privacy, so I am asking you to step out while he and I talk.”). Then, ask the patient in private whether they want the visitor to be present when you discuss their private medical information. This is particularly important with sensitive topics like HIV status or substance abuse. If the patient says they would like the visitor to be present, then you have consent to invite the visitor back into the room. Document that you asked for and received permission to disclose information to someone other than the patient.

If the patient is unable to give consent, e.g. a child or non-communicative adult, first identify the companions. For a very young child (<10 years), the parent or legal guardian is almost always entitled to full sharing of the child’s medical information. With an adolescent, your safest course is to share information ONLY with the patient. An adult may be accompanied by someone who has not been formally designated as the patient’s health care proxy. While you may need to get information about the presenting problem from the companion, you should not disclose health information to that person unless you are sure s/he is entitled to hear it. Any time you are uncertain seek guidance from your supervising physician before disclosing any information.

1. For more information or resources, see the DMC HIPAA website: www.downstate.edu/hipaa

**Student and Facilitator Code of Conduct and Mistreatment Policies:**

**Student and Facilitator Code of Conduct**

The clinical work you are about to begin can be stressful and many students find the transition to their new role somewhat challenging.  In this new environment, it may not always be clear to you which behaviors are appropriate and which are outside the acceptable bounds.  For the faculty-student relationship, there is an institution-wide policy in your medical school handbook that outlines the standards of behavior expected of your supervisors during clinical rotations.  With respect to the residents who supervise you, we disseminate to them the following statement:

“Interactions between residents and medical students must be mutually respectful and civil. Students  are reminded that the clinical environment is a complex and stressful one and that constructive criticism is an important part of the learning process. However, mistreatment of students is not tolerated.  Obvious examples of mistreatment include sexual harassment; offensive remarks about race, ethnicity, sexual orientation, age, religion, or physical disability; purposeful humiliation; or use of grades and evaluations in a punitive manner. It is also inappropriate to single out students to go on errands for the team, e.g. food runs, unrelated to their learning (unless this is done in a rotation involving all members of the team) or to have students leave rounds to perform paperwork or other routine tasks.”

**Policy Against Mistreatment**

SUNY Downstate College of Medicine subscribes to the ethos that all medical learning must occur in an environment of mutual respect between teacher and learner. All participants in the educational endeavor must assume their responsibilities in a manner that enriches the quality of the learning process in order for effective, caring and compassionate health care to occur. However, we acknowledge that, from time to time, there will be inappropriate actions or mistreatment of individuals. These may be alleged, perceived, or real incidents.

Examples of inappropriate conduct or mistreatment include:

* Words, statements or actions that are disrespectful, berating, humiliating or mocking
* Aggressive behavior such as yelling, swearing, throwing objects, hitting and physically restraining or using silence in a hostile manner
* Exploiting students – asking students to perform personal errands, buy coffee or food, or order them to complete hospital chores on patients that are not assigned to them while they miss educational activities like rounds or classes
* Speaking disparagingly about a student’s race, ethnicity, religion, sexual orientation, gender or gender identity, disability or socioeconomic background
* Telling jokes or relating stories that are inappropriate, racist or sexist, or concerning religion, ethnicity, or disability
* Commenting judgmentally about other students, residents, faculty, patients or staff
* Sexual harassment – inappropriate touching, staring, or using other suggestive mannerisms
* Linking sexual, financial or other favors with grade inflation (or threatening the reverse)
* Making the student perform procedures that he/she does not feel adequately trained for or confident about
* Any other actions that seem strange and are in violation of the inherent trust between teacher and learner

We have a zero tolerance policy regarding student mistreatment at SUNY Downstate College of Medicine. Students who believe that they have been subject to inappropriate conduct or mistreatment have several options for reporting incidents. Most important, reports are handled in an atmosphere that is confidential, safe, and without retaliation.

The reporting options are:

* If the incident occurs during a clerkship, contact the clerkship director and/or site director immediately. Also report it on the end of clerkship evaluation form. This also applies to students who witness mistreatment of a peer.
* Contact the ombudsman. An incident form can be accessed on line via PRIME and after submission, the ombudsman will respond promptly. Anonymity will be preserved in all cases except those in which reporting is mandated by NY state law. There is an option to be contacted for further follow-up, a choice of means of contact and an opportunity to meet privately with the ombudsman if the student wishes.
* Report the incident(s) on the course/clerkship evaluation form, if there is a concern that reporting the incident during the course might affect the final grade. The student’s identity is anonymous. Any mistreatment reports are shared with the Senior Associate Dean for Education, and the Dean of Students. For clinical courses, the Dean of Students informs the clerkship director who conducts an investigation and initiates appropriate action. The Ombudsman is also informed of the incident.
* Consult with one of the deans in the Office of Student Affairs to discuss what has occurred and participate in an appropriate course of action.
* Allegations of sexual harassment or discrimination may be reported to the Office of Diversity at SUNY Downstate.
* The Director of Student Counseling Services at SUNY Downstate is another resource for students to discuss mistreatment. This is especially helpful for students who have become anxious, frightened, avoidant, despondent, unable to study, etc. as a result of the inappropriate action of others. In all cases, there will be follow-up, and students who have self-identified will be informed of the process and/or resolution. Students must understand that anonymous complaints can only be taken so far and that it is impossible to give them feedback SUNY Downstate College of Medicine urges all students who believe that they have been subject to mistreatment or the unprofessional behavior of residents, faculty, other health professionals and staff to use one of the above options. Student well-being, safety, and learning in a healthy and collegial atmosphere are fundamental to our mission.

**Student Safety and Infectious Hazard Exposure:**

**Safety**

University Police and the Public Safety Department provide for the safety of members of the Health Science Center community and the security of all property on campus. In addition to patrolling the campus and hospital buildings, they manage a shuttle service to help students commute from campus to nearby transportation hubs. Routes and times are updated on the Downstate website. You may also request “on demand” service after 10 pm by calling Ext. 2626.

The Emergency Department is open to all presenting patients, including patients who are intoxicated, belligerent, or psychotic. Violence and aggression from patients or their families unfortunately occurs and if you find yourself in an uncomfortable situation with a patient, exit the situation as quickly as possible and report to your supervisor.

**Effects of Infectious Disease or Disability on Medical Student Learning Activities**

The College of Medicine abides by the following center-wide policy on HIV and other infectious or communicable diseases (see Section 20 of [SUNY Downstate Medical Center UHB Policies and Procedures)](http://www.uhb.org/pnp/ic/policies/sect20.doc) and shall not discriminate against any person on the basis of HIV status or other communicable diseases (e.g. Hepatitis B, Hepatitis C). The College may not require a test for verification of HIV status or other communicable diseases for the purpose of attaining or maintaining academic admission or continued matriculation.

The College of Medicine shall maintain confidentiality regarding communicable diseases (e.g. HIV testing, HIV status, or AIDS-related conditions) of its students in accordance with all applicable federal, state and local laws and regulations and in accordance with all policies and procedures of SUNY Downstate Medical Center.

For students who are infected with Hepatitis B, Hepatitis C, and/or HIV the risk of transmission to patients increases with the invasiveness of the procedure provided by the student and his/her viral load. The Society for Healthcare Epidemiology of America (SHEA) has issued guidelines for the above infections in healthcare workers, including students. The full report may be accessed at “Infection Control and Hospital Epidemiology”, March 2012, Vol. 31, No. 3.

There are three categories of healthcare-associated procedures according to risk of transmission:

* + 1. Procedures with de minimus risk of bloodborne virus transmission.
    2. Procedures for which bloodborne virus infection is theoretically possible but unlikely.
    3. Procedures for which there is definite risk of bloodborne virus transmission or that have been classified previously as “exposure-prone.”

An expert panel may be convened to counsel students who are known to be infected with hepatitis B, hepatitis C and/or HIV if they are performing Category II or Category III procedures, and have viral loads above those recommended in the SHEA guidelines for each infection.

No person shall be subject to adverse education actions or removed from educational experiences solely because of a non-task related disability. Reasonable accommodations will be made for students with communicable disease consistent with the current state of knowledge on transmission of infection. If the Director of the Student Health Services determines that the safety of a student or the safety of others in contact with the student are at risk, the Director will contact the Senior Associate Dean for Academic Affairs. The Senior Associate Dean for Academic Affairs will then convene a panel to review and recommend educational activities for the student in question that are based on current state of knowledge on the infection.

**Procedures for Care and Treatment after Exposure to an Infectious Hazard**

Immediately after exposure to a needle puncture or mucous membrane exposure to blood or other potentially infectious material (OPIM) the student should:

* Clean wound with soap and water or flush affected mucous membranes with clear water
* Contact his or her supervisor. The student should not rely on fellow students or housestaff for instructions.

The student should report to the following depending on the site of clinical rotation or care:

* For exposures at SUNY Downstate during normal working hours, the student should report to the Student Health Service. When Student Health Services is closed, report to the Emergency Room at SUNY Downstate.
* For exposures at Kings County Hospital, the student should report to the Emergency Room at KCH.
* For exposures at other clinical sites, the student should ask the nurse in charge, who will be able to direct the student how to proceed, e.g., to the Emergency Room or the Employee Health Service.

If the student was not initially seen at the Student Health Services, the student should report there when it next opens for the necessary follow-up care. The Student Health Center is located at 440 Lenox Road, Suite 1-W, and is open Mon-Fri, 9 am-4 pm. The contact number is 718-270-1995 or 2018.

Services received at Student Health will be at no charge. Charges to the student’s insurance for services received in the KCH Emergency Room may be reversed by having the student report to the KCH Employee Health Service within 5 days. The student’s insurance may be charged for services received at other clinical sites. It is the responsibility of the site of the clinical rotation to provide the appropriate follow-up of the source patient, if known.

1. Wald, D. Emergency Medicine Clerkship Primer: A manual for medical students. 2008. http://www.cdemcurriculum.org/assets/other/ms\_primer.pdf [↑](#footnote-ref-1)
2. Manthey DE, Coates WC, Ander DS, et al. Task Force on National Fourth Year Medical Student Emergency Medicine Curriculum Guide. Report of the Task Force on National Fourth Year Medical Student Emergency Medicine Curriculum Guide. Ann Emerg Med. 2006;47:E1–E7 [↑](#footnote-ref-2)