

2013-2014

CLERKSHIP EDUCATOR'S GUIDEBOOK

Stanford School of Medicine MD Program
Selective and Elective Clerkships

Guidebook Contents

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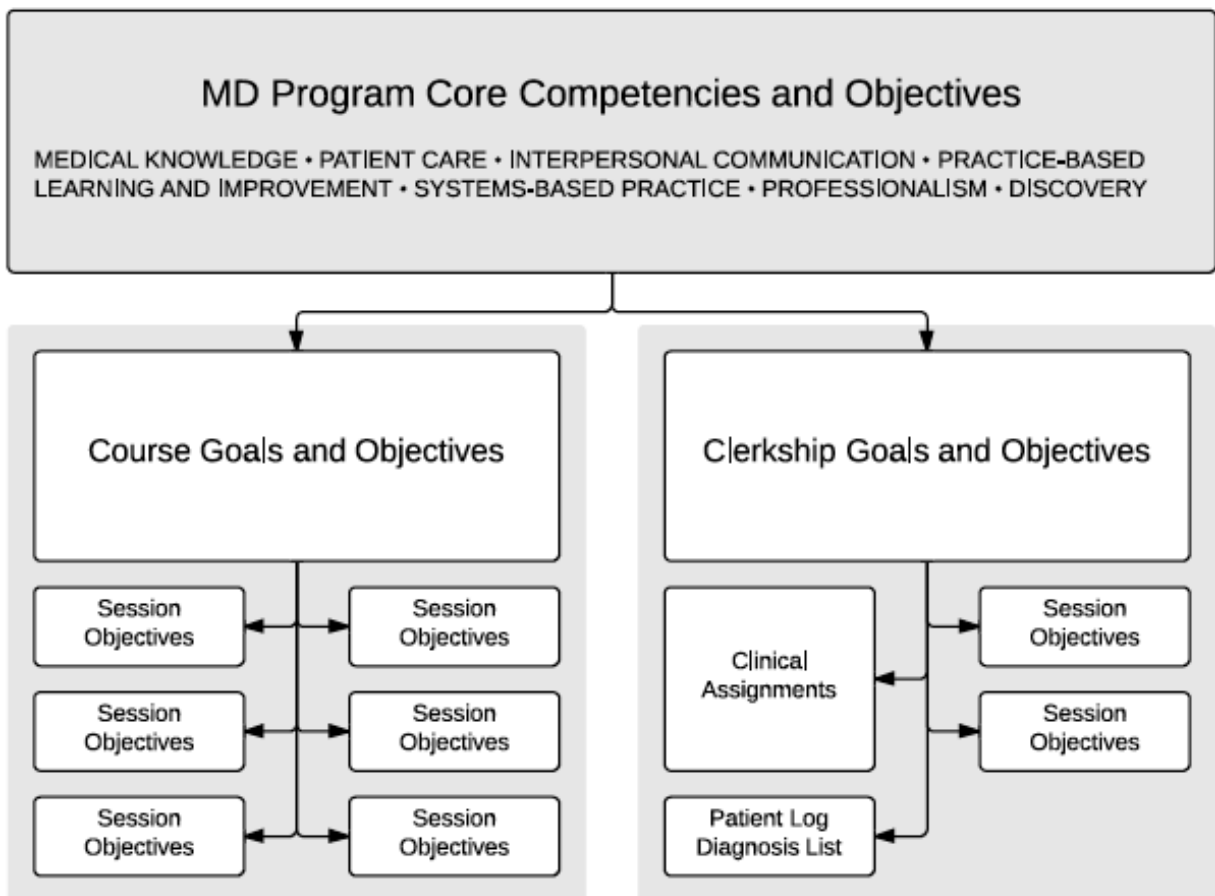
1. MD PROGRAM CURRICULUM

The MD Program Curriculum builds from a framework that aligns with the Accreditation Council for Graduate Medical Education's (ACGME) six core competencies and adds Discovery as a seventh competency. Alignment of the school-wide competencies and objectives with clerkship and session objectives also meets the requirements of the educational standards of the Liaison Committee on Medical Education (LCME)



Stanford School of Medicine
MD Program Curriculum Framework

Written goals and objectives for each course and clerkship arise from the underlying MD Program Core Competencies and Objectives



MD PROGRAM COMPETENCIES AND OBJECTIVES
ACGME + DISCOVERY

MEDICAL KNOWLEDGE

1. Describe the normal structure and function of the body and of each of its major organ systems
2. Explain the molecular, biochemical, and cellular mechanisms that are important in maintaining the body's homeostasis
3. State the causes (genetic, developmental, metabolic, toxic, microbiologic, autoimmune, neoplastic, degenerative, and traumatic) of major categories of disease and injury and the ways in which they present in clinical practice.
4. Relate the altered structure and function (pathology and pathophysiology) of the body and its major organ systems to various diseases and conditions
5. Discuss the epidemiology of common conditions
6. Describe the impact of social, economic, environmental, and behavioral factors on health status
7. Explain the principles of pharmacology, therapeutics, and therapeutic decision-making

PATIENT CARE

1. Conduct a thorough, accurate, and patient-centered medical interview that covers all essential aspects of the history, including issues related to age, gender, sexuality, and socio-economic status
2. Conduct a thorough and accurate physical exam, including psychiatric, neurologic, genital, and orthopedic examinations in adults and children
3. Interpret the most frequent clinical, laboratory, radiographic, and pathologic manifestations of common diseases and injuries
4. Formulate a differential diagnosis that incorporates scientific principles and sound clinical reasoning
5. Construct appropriate management strategies (both diagnostic and therapeutic) for patients with common acute and chronic conditions, including medical, psychiatric, and surgical conditions, and those requiring short- and long-term rehabilitation
6. Articulate an initial course of management for patients with serious conditions requiring critical care
7. Recognize and manage pain
8. Perform routine technical procedures used in clinical practice

INTERPERSONAL COMMUNICATION

1. Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds
2. Communicate with patients and families in culturally appropriate ways regarding: sexuality and sexual function, domestic violence, substance abuse, financial obstacles to health, end-of-life issues, and other topics that materially affect patient well-being
3. Communicate effectively, both orally and in writing, with physicians, other health professionals, health related agencies, and others with whom physicians must exchange information in carrying out their responsibilities

PRACTICE-BASED LEARNING AND IMPROVEMENT

1. Appraise one's own medical knowledge and clinical skills and identify goals for continuous development and learning
2. Formulate high quality clinical questions
3. Acquire and appraise the quality and relevance of new medical information to clinical questions
4. Apply high quality evidence to the care of individual patients
5. Manage the tension between the obligation to meet the needs of individual patients with a societal obligation to practice evidence-based and cost-conscious medicine

SYSTEMS BASED PRACTICE

1. Describe the structure and function of the healthcare and public health systems and the role of physicians within them
2. Describe systematic, population-based approaches useful in reducing the incidence and prevalence of common conditions
3. Describe the major social determinants of health and identify population-level health disparities locally, nationally and globally.
4. Describe strategies for physician advocacy and principles of ethical and effective community engagement to reduce health disparities and improve population health
5. Analyze the positive and negative consequences resulting from the involvement of industry in health care delivery, scientific research, and medical product development.

PROFESSIONALISM

1. Demonstrate honesty and integrity in all interactions with patients, families, colleagues, and others with whom physicians interact in their professional lives
2. Advocate for the interests of one's patients over one's own interests
3. Demonstrate compassion and respect in treatment of patients
4. Demonstrate respect for patient confidentiality and privacy of protected health information.
5. Demonstrate respect for people of diverse cultures and belief systems
6. Demonstrate a commitment to provide care to patients from underserved populations
7. Demonstrate respect for the roles of other health care professionals and a willingness/commitment to collaborate with others in caring for individual patients and in promoting the health of defined populations
8. Collaborate effectively in working with colleagues in healthcare, research, and leadership teams
9. Discuss major theories and principles of medical ethics, including the approach to resolution of major ethical dilemmas in clinical practice

DISCOVERY

1. Critically analyze existing literature in a field of inquiry and formulate new investigative questions
2. Formulate a high-quality research question and hypothesis
3. Describe and employ appropriate research methods to answer a specific investigative question
4. Describe and apply the requirements for ethical conduct of scientific inquiry
5. Communicate clearly and accurately new knowledge obtained from scientific inquiry

2. SCHOOL OF MEDICINE POLICIES PERTINENT TO CLERKSHIP EDUCATION

- Definition of the medical student practice role
- Absences during clerkships
- Student duty hours and the work environment
- Student participation in clinical activities involving personal risk
- Universal precautions, needlestick and exposures protocol
- Respectful educator and mistreatment policy

Definition of the Medical Student Practice Role

The Medical Board of California requests that medical students be carefully instructed about what they may and may not do in terms of writing orders or prescriptions for patients. Thus, Educational Programs and Services, in collaboration with the clinical department chairs, Stanford-affiliated hospitals, and nursing offices, has prepared the following description of the appropriate role of the Stanford medical student on a patient care team.

California state law allows specific exceptions for medical students to the general code, which requires that all medical acts must be performed by licensed physicians. The exception specifies that a student may do all things that a physician may do with the following two provisos:

1. That any medically-related activity performed by students be part of the course of study of an approved medical school; and
That any medically-related activity performed by students be under the proper direction and supervision of the faculty of an approved medical school.
2. Where clinically and educationally appropriate, physicians who are supervising medical students may delegate responsibility for some elements of teaching and supervision to non-physician care providers, e.g. allied health professionals, nurses, respiratory therapists, etc.. within the institution. It will be the responsibility of each supervising physician to determine which learning experiences are appropriately delegated in this manner and to ensure that non-physicians providing such supervision are working within their scope of practice.

Medical students may therefore write orders for drugs, treatments, etc., provided that:

The provisions of number 2 above are observed:

- The students are assigned to or are consultants to the service on which the order pertains; and
- a licensed physician countersigns all orders before the orders are executed. Telephone orders of counter-signatures will be accepted from licensed physicians (including licensed housestaff). Medical students may locate and solicit the licensed physician's verification by telephone, but the licensed physician must speak directly to the registered nurse and must actually sign the order before going off duty. The counter-signature is recorded as a telephone order. Routine admission orders are not exempted from the above provisions.

Medical students acting as subinterns are still subject to the above provisions.

Medical students will identify their signatures with CC (Clinical Clerk) or MS (Medical Student), just as licensed physicians identify their signatures with MD. Medical students will also wear badges identifying them as medical students.

Medical students are not to be involved in any portion of the medical care of other medical students.

Absences during Clerkships

Students must contact the clerkship director to obtain explicit advance approval for any planned absence from the clerkship. Unanticipated absences for illness or emergency must be communicated to the clerkship director as promptly as possible.

Students are expected to seek necessary health care to maintain their physical and mental well-being. Examples of necessary health care include preventive health services and screening (e.g., annual check-ups, routine dental cleaning, vaccinations), new and follow-up visits for acute illness, ongoing care for chronic illnesses, physical therapy, and counseling and psychological services. Students have a right to privacy when seeking care.

For planned absences related to healthcare, students must contact the clerkship director, site director and preceptor or patient care team in advance to coordinate time away from the clerkship. Students need not disclose the specific type of healthcare that is being sought. A student's decision to seek healthcare during a clerkship should have no impact on his or her performance evaluation.

Students who are absent more than two days during a four- or six-week rotation or more than three days during an eight-week rotation – for any reason - will be required to make up missed time.

Students who will miss more than 20% of the total duration of a clerkship – for any reason – will be asked to reschedule the clerkship.

Failure to communicate with the clerkship director about unavoidable absences is a potential reason for failing the clerkship

Student Duty Hours and Work Environment

Providing students with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and student well-being.

Supervision of students

1. All patient care must be supervised by qualified physicians or non-physician designees operating within their scope of practice.
2. Faculty, residents and students must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract the potential negative effects.

Duty hours are defined as all clinical and academic activities related to the students, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

Students must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, educational, and administrative activities.

In-house call activities

The objective of all call activities is to provide students with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal workday when students are required to be immediately available in the assigned institution.

In-house call must occur no more frequently than every third night, averaged over a four-week period.

Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours.

Students must have a minimum of 8-hours free of duty between scheduled duty periods. Students must have a minimum of 14-hours free of duty after 24-hours of in-house duty.

Student Participation in Clinical Activities Involving Personal Risk

The Stanford University School of Medicine has long had the policy that medical students learn to be physicians by participating in the care of patients under faculty supervision. Some of these patients may have an infectious or other disease that provides some risk to caretakers, including students. While every effort will be made to provide appropriate training and safeguards for students so that these risks are minimized, they cannot be totally eliminated.

Students are required to participate in patient care as one of their fundamental responsibilities during a clinical clerkship. Students are expected at all times to follow universal safety precautions in order to safeguard their own health. Under certain rare and extenuating circumstances where the risk to the student significantly outweighs either the educational benefit to the student or the health-care benefit to the patient, a supervising physician may suggest that a student be exempted from, or a student may ask permission from the supervising physician to be excused from, participation in certain aspects of patient care.

The clerkship director is responsible for providing clarification of this statement and resolving any disputes. In the event a dispute is unsatisfactorily resolved from the standpoint of either the student or the supervising physician, the matter may be referred to an Advising Dean for final review.

Universal Precautions and Needlestick Protocol

Universal Precautions apply to the handling of all blood, body fluids, and human tissue. Body fluids, also known as other potentially infectious materials (OPIM), include: semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids, feces, urine, sputum, nasal secretions, saliva, tears, vomitus or any other body fluid or tissue that is visibly contaminated with blood. Appropriate protection including gloves, mask and gown should be worn to protect oneself from exposure.

If you believe you have had a significant exposure to blood or OPIM, IMMEDIATELY wash wound or exposed tissue thoroughly with soap and water. Rinse copiously. Then call the The Exposure and Needle Stick hotline 650-723-8222 then pager 1-STIX (222 then 1-STIX from hospital or medical school phone) to talk to a staff person 24/7 who is trained and on call specifically for this purpose. This hotline has been set up for medical students and Stanford employees. Records are confidential in accordance with applicable laws. There is no charge for blood tests, medications, or follow-up care following a blood or OPIM exposure. If you have any problem using this hotline,

please call Dr. Smith-Coggins immediately - regardless of time of day or night. Dr. Smith-Coggins can be reached through hospital page system 650-723-6661 on pager 1-3481.

NOTE: Students requiring antibiotic prophylaxis after exposure to illness (e.g. pertussis) may also contact the Needlestick Hotline for assistance.

Respectful Educator and Mistreatment Policy

I. Standards

A. Stanford School of Medicine (SoM) is committed to providing a work and educational environment that is conducive to teaching and learning, research, the practice of medicine and patient care. This includes a shared commitment among all members of the SoM community to respect each person's worth and dignity, and to contribute to a positive learning environment where medical students are enabled and encouraged to excel. Given their roles in the educational process and their inherently unequal positions vis a vis students, all instructional personnel (including faculty, residents, and other members of the healthcare team) are to treat students with courtesy, civility and respect and with an awareness of the potential impact of their behavior on such students' professional futures.

B. Conduct inconsistent with this policy can occur in a variety of forms and may seriously impair learning. In particular, instructional personnel are expected to create an environment in which feedback regarding their performance can be given openly by students without concern for reprisal, and which is free of exploitation, harassment, impermissible discriminatory treatment, humiliation, or other mistreatment or abuse of medical students. Examples of conduct inconsistent with these standards might include:

- Sexual harassment
- Physical or verbal abuse
- Assigning duties as punishment rather than education
- Requiring a student to perform personal services (such as shopping or babysitting)
- Unwarranted exclusion from reasonable learning or professional opportunities
- Evaluation or grading on inappropriate criteria (or threatening to do so)
- Harassment or discrimination on the basis of sex, race, age, color, disability, religion, sexual orientation, gender identity, national or ethnic origin, or any other characteristic protected by applicable law

C. Note: The expectations stated in this policy primarily relate to the standards of conduct for instructional personnel. For their part, medical students are expected to adhere to similar standards of respectful and professional behavior, including (but not limited to) the standards of conduct for students set forth in the MD Program Handbook and Policy Manual.

Full policy and procedures available at:

<http://med.stanford.edu/md/mdhandbook/respectfuleducatorandmistreatmentpolicy.html>

Policy on Substituting Selective 1 and 2 Requirements

Selective Clerkships

Students wishing to substitute an away clerkship for a core or selective clerkship and use it to satisfy the core or selective clerkship graduation requirement must petition the Committee on Curriculum and Academic Policy (CCAP) for approval prior to enrolling in the clerkship. Retroactive approval of required clerkship substitutions will not be granted.

The petition will be reviewed according to the following process:

1. Review by the student's Advising Dean; after review and discussion with the student, the Advising Dean's approval and signature is required on the petition prior to its moving forward.
2. Review by the Assistant Director of Clerkship Administration to determine if:
 - Clerkship length is equal to clerkship length at Stanford University
 - NBME subject exam is included as a requirement for passing (if NBME exam is used in the corresponding Stanford clerkship).

Upon review and approval, the Assistant Director of Clerkship Administration will sign and forward the petition to the relevant Stanford clerkship director.

The Stanford clerkship director will then review the outside clerkship content and confirm that the offsite clerkship can provide a reasonably comparable experience to that at Stanford. The Stanford clerkship director will sign the petition to indicate approval of the request.

The Director of Clerkship Education will then review and sign the petition to confirm that appropriate review and approval has taken place. The Director of Clerkship Education then presents the petition for review at CCAP; CCAP will render the final decision.

If so approved, the student then enrolls in the clerkship with the Stanford number and the letter "W" following to indicate it was done at another location.

Stanford Hospitals and Clinics Surgical Procedures for Medical Students

A medical student must meet all of the following conditions and criteria in order to scrub and/or participate directly in a surgical procedure.

1. The medical student is enrolled in a clerkship program through the Stanford University School of Medicine Office of Student Affairs.
2. Each surgical division/department is responsible for submitting the following:
 - a. Current updated lists of residents and medical students who will be in the SHC OR to the OR Administration.
 - b. Clerkship coordinators from each specialty service must submit a list of visiting students from other medical schools and documentation from each student's home school that the student has had appropriate training and has met the requirements to scrub and participate in surgical procedures.
 - c. Each surgical division/department and clerkship coordinators are responsible for submitting a document that specifies the level of participation allowed for the students enrolled in the clerkship program.
 - i. The students will only be allowed to participate in a surgical procedure to the level of competencies indicated in the document submitted by each clerkship.
3. The students (both Stanford and visiting) who have permission to scrub and participate in a procedure should not wear a green cap.
4. The lists of names and documentation to attest meeting requirements to scrub received from each surgical division/department are kept at the Control Desk.
5. Each student must check in at the OR Control Desk on the first day in the OR.
6. Once the student's identity is verified and the appropriate documentation has been submitted that attests to the student's training in scrubbing techniques, the student will receive an OR-approved sticker on his/her name badge.
7. Students may scrub and participate in surgical cases only if he/she has an OR-approved sticker affixed on the name badge as a proof that the student underwent appropriate training in aseptic techniques.
8. If a student's name is not present on the list submitted by his/her respective surgical division/department, he/she will be denied presence in the OR and be dismissed until credentials are verified.