

POLICIES

As a Stanford SOM student, you are responsible for reviewing all the policies and procedures covered in the MD Program Handbook & Policy Manual (<https://med.stanford.edu/md/mdhandbook/section-3-md-requirements-procedures.html>)

Definition of Medical Student Practice Role

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 provisos:

1. That any medically-related activity performed by students be part of the course of study of an approved medical school; and
2. That any medically-related activity performed by students be under the proper direction and supervision of the faculty of an approved medical school.
3. 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:

1. the provisions of number 2 above are observed;
2. the students are assigned to or are consultants to the service on which the order pertains; and
3. 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.

Respectful Educator and Mistreatment Policy

What is the Respectful Educator and Mistreatment Policy?

It is a policy of Stanford School of Medicine that outlines the 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. See <https://med.stanford.edu/md/mdhandbook/section-3-13-respectful-educatorand-mistreatment-policy.html> for more detail.

Where do I go to report concerns of mistreatment?

You can report concerns to the Respectful Educator and Mistreatment Committee (REMC). As a first step, please contact the chair of REMC, Rebecca Smith-Coggins, MD, at smithcog@stanford.edu or pager 13481 through the Stanford University operator, to confidentially review all options available. The purpose of the REMC is to educate and raise awareness of our standards for respectful educator conduct, to enable a procedure by which students can report concerns of student mistreatment without fear of retaliation, and to address solutions for these concerns.

You can also report concerns on the E*Value End of Clerkship Evaluation form. This information will go anonymously to the Director of Clerkships and Associate Dean for Student Life Advising. Any egregious concern will be handled immediately. All other concerns will be given to the specific clerkship director after 8 weeks to ensure that student evaluations are complete.

You may also utilize the hospital 'SAFE' reporting system if you want to report mistreatment immediately. This is an online system to report unprofessional conduct and patient safety issues:

safe@stanfordmed.org

Voicemail box, (650) 497-8788

SHC connect: green box on left "SAFE", then red box for "other"

What type of concerns should I bring to the attention of the REMC?

Any potential violations of the Respectful Educator and Mistreatment Policy, such as:

- Public humiliation or offensive remarks
- Threatening behavior
- Physical harm
- Requiring a student to perform personal services (such as shopping or babysitting)
- Unwarranted exclusion from reasonable learning or professional opportunities
- Evaluating or grading on inappropriate criteria
- Harassment or discrimination on the basis of sex, race, age, color, disability, religion, sexual orientation, gender identity, national or ethnic origin

If there is any behavior you are subjected to or that you witness that makes you uncomfortable or that you feel is inappropriate, please bring it to the RECC or report it on your clerkship evaluation.

The SoM has an Ombudsperson, James Laflin, who can be contacted at (650) 498- 5744 or jlaflin@stanford.edu. The Ombudsperson provides a neutral, confidential and independent resource for dispute resolution for faculty, residents, postdoctoral scholars and students. The ombudsperson assists members of the School of Medicine community with any work related difficulty, including interpersonal conflict or misunderstandings, as well as academic or administrative concerns. <http://med.stanford.edu/ombuds/>

Student Duty Hours and the 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

All patient care must be supervised by qualified physicians or non-physician designees operating within their scope of practice.

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

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, academic, 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.

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 are stuck by a needle or splashed with bloody fluid (on to your mucous membrane or wound), this is what you do immediately!

CLEANSE: Rinse copiously.

CALL: Call the needlestick hotline 24/7/365 from all hospital sites. Pager 1-STIX (1-7849). If in SHC/LPCH dial 222 then follow prompts to page. If at a non- Stanford facility, such as SCVMC, PAVA, Cardinal Free Clinics, etc. dial (650) 723-8222 and then enter 1-7849 when prompted. Follow additional instructions to enter your phone number and receive a return call.

A trained professional will call you back, decide if you need post-exposure prophylaxis and work with you to get medication expeditiously from a pharmacy nearest to you. Most students do not need to go to the Emergency Department or Occupational Health initially. There is no charge if you use the 1-STIX hotline for blood tests, medication or initial follow-up care.

Follow up appointment may be needed but this will be recommended by the 1-STIX professional staff person. This has been set up specially for Stanford medical students and employees so that it is QUICK, CONFIDENTIAL and with NO CHARGE. Records are kept confidential in accordance with applicable laws so that it does not become a part of your health care record. This is a protection for you.

If you have any problems with the hotline, please call Dr. Rebecca Smith-Coggins immediately. Dr. Smith-Coggins can be reached through the hospital page system at 650-723-6661 at pager 13481.

If you choose to go to the Emergency Department, the hospital will charge you and it will go on your health care record. Please call the needlestick hotline first.

Protecting Patient Privacy During Clerkships - Practices That Put Confidentiality at Risk:

The following are examples of situations in which clerkship students might inadvertently violate HIPAA regulations and put Protected Health Information (PHI) at risk.

- Laptop or other device with PHI/access to PHI left in car during on-the-way home trip to grocery store
- Laptop or other device left in an unsecure hospital area while scrubbed in in the operating room – or left in OR or staff break room
- Patient sticker/ chart label left in coat/scrub shirt pocket – taken home/misplaced
- Lab coat pockets with printed patient information left in public area while in OR or at noon conference
- End-of-shift student evaluation forms or other paperwork containing PHI carried home in backpack – left unattended
- Use of new laptop/tablet/mobile phone prior to Stanford SOM encryption
- Copies of patient information left on fax or copy machine
- Paper chart left behind in clinic exam room and new patient comes in
- Team rounding list left at nurses' station in patient care unit – or dropped in hall, parking lot, etc.
- Hard copies of lab data, clinical notes, EKGs, etc. with patient identifiers left in public areas
- Failure to log out of electronic medical record (EMR) system at any workstation or mobile computer (WOW/COW)
- Student is asked by busy, distracted resident to present a patient case in the elevator “on the fly”
- Team comment in elevator about patient to be seen next
- Clinic door or conference room left open during patient presentations
- Family member stops team member in the hall or cafeteria, potentially prompting public discussion of PHI
- Auto-forwarding text pages with PHI to personal mobile phone
- Personal computer with remote access set to auto-fill EMR passwords
- PHI entered in E*Value (evaluation system) notes or reflections for patient logs

Please be vigilant when working with Protected Health Information.

Professionalism and Mobile Devices

Because personal computing devices are becoming more and more portable – laptops, smart phones, USB thumb drives, etc. – securing the sensitive information stored on those devices is more important than ever. And some new laws have been passed, holding the individual personally and fiscally liable in the event of information disclosure. Students are expected to review and follow the policies outlined below:

Mobile Device Management

If you have an iPhone, iPad, or iPod Touch, there's an easy way to set up and maintain proper security practices on your device. Mobile Device Management (MDM) is free to install, and automatically configures your device to be optimized for the Stanford environment – from email settings to security settings. [Visit our page on MDM](#) for more information about the service.

Stanford SOM Course Content Access and Appropriate Use Policy

Stanford students may only use Stanford University School of Medicine course materials as intended for curriculum and course-related purposes. These materials are copyrighted by the University or others. Access to this content is for personal academic study and review purposes only. Unless otherwise stated in writing, students may not share, distribute, modify, transmit, reuse, sell, or disseminate any of this content.

Restricted Data and HIPAA Compliance

Students must protect their laptops, tablets and mobile devices by following Stanford University mobile device security guidelines (especially by having a security passcode set and encrypting the backup) to protect any Stanford Confidential Information that may be accessible on their device. Students must not access or store Stanford Prohibited Information on their tablets or mobile devices as they are not intended for the storage of Restricted Information, specifically including Protected Health Information (PHI). Definitions of terms are provided on the website linked above.

Stanford University Computer and Network Usage Policy

Students must respect copyrights and licenses, respect the integrity of computer based information resources and refrain from seeking to gain unauthorized access, and respect the rights of other information resource users.

Clinical Rotations at Stanford Affiliated Entities

The Stanford Privacy Office Guidelines on Clinical Rotations at Stanford Affiliated Entities establishes the student's obligation to comply with the privacy policies of the affiliated organization and also includes other best practices for securing and protecting PHI and information on student responsibilities when subject to the specific policies of the affiliated entity.

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, and vaccinations), new and follow-up visits for acute illness, ongoing care for chronic illnesses, physical therapy, and counseling and psychological services. Consistent with University policies and the law, students have a right to privacy when seeking care.

Students may attend recurring medical or dental appointments during core clerkships. Clerkship director/s, site director/s, and preceptor/s or patient care teams (depending on the service) must be notified in advance of these planned absences to coordinate time away from the clerkship. Clerkship students have a right to privacy when seeking care and need not disclose the specific type of healthcare that is being sought. A student's decision to seek healthcare during a clerkship will be managed so as to have no impact on his or her performance evaluation. Any questions or concerns may be addressed to the Assistant Dean for Clerkship Education and/or the Assistant Director of Clerkship Education by email, phone, or in person.

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.

NOTES ON ABSENCES IN PEDIATRICS 300A

- Planned absences for any reason must be cleared with the clerkship director and coordinator.
- For unexpected absences for illness/emergency - contact:
 - Clerkship coordinator and director
 - Supervising attending and resident
- Frequent absences make it harder for teams to delegate responsibility and assess performance.
- Health, dental, counseling appointments are important priorities.

Dress Code

Dress code guidelines must be followed during all encounters with patients, both standardized and real.

General guidelines:

- White coats are optional in pediatrics as long as you are attentive to the guidelines below.
- Individual clinics and practitioners have different standards for professional dress. In general, you should follow what attendings are wearing as a guide.
- Students often worry that patients don't trust their judgment and recommendations – or that families don't view them as primary providers. Dressing professionally will help boost credibility with families; being too casual will do the opposite. (See Patterson et al., Family Medicine October 2003 35(9): 617-8.)

Specific guidelines:

- No jeans, shorts, sweatpants, sweatshirts
- No flip-flops or tennis shoes
- Avoid wearing excessive amounts of cologne or perfume
- Tattoos should be covered.
- Jewelry should be minimal and understated.
- Clothing should not have rips, tears, holes, or frayed edges.
- Midriffs should not be exposed.
- Underwear should not be visible. Shirts should extend low enough and waistbands high enough so that underwear is not seen while seated, reaching, bending, etc.
- Clothing should allow for an appropriate range of movement and should not be flashy or draw attention
- Scrubs are acceptable on-call and post-call only.
- Button-down shirts with ties, professional tops, or blouses should be worn and should have modest necklines.
- Pants, slacks, khakis, modest skirts or dresses are appropriate. Legs should be covered to the knee.
- Dress shoes, low heels or flats should be worn. No open-toed shoes, flip-flops, or tennis shoes.

General rule: If you would feel appropriately dressed for an evening in a bar or nightclub - or a workout at the gym - you are probably not appropriately dressed to see pediatric patients and their families.