



UNIVERSITY OF CENTRAL FLORIDA
College of Medicine

BCC 7190: CORE CLERKSHIP IN CRITICAL CARE

Student/Faculty Handbook
2012 - 2013

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General Information

The Critical Care Clerkship is a required 4-week clinical rotation. Fourth year UCF COM students currently rotate at one of 3 locations: Orlando Health, Florida Hospital or Health First. The Critical Care Clerkship will expose students to a broad range of critical care issues and will allow students to improve their skills as a primary physician caring for critically ill patients.

Orlando Health

Students at Orlando Health will choose to rotate in one of the following: Medical Critical Care, Surgical Critical Care or Pediatric Critical Care.

OH Medical Critical Care students will rotate with the Medical Critical Care (MCC) team at Orlando Regional Medical Center (ORMC). The MCC team manages patients in a variety of areas including Multidisciplinary Medical/Surgical Unit, Neurosciences Unit, Post-Anesthetic Care Unit (PACU) and the Emergency Department (ED). Students will participate in the comprehensive evaluation and primary care of critically ill patients and assist in ICU procedures under the supervision of the medical critical care attending and the MCC team.

OH Surgical Critical Care students will rotate with Surgical Critical Care (SCC) team at ORMC. The SCC team manages patients in a variety of critical care areas including Burn/Trauma ICU, Multidisciplinary Medical/Surgical Unit, Neurosciences Unit, PACU and the ED. Students will participate in the care of critically ill surgical, trauma, and burn and patients and assist in ICU procedures under supervision of the surgical critical care attending and the SCC team.

OH Pediatric Critical Care students will rotate in the state of the art Pediatric Intensive Care Unit (PICU) and Pediatric Special Care Units at Arnold Palmer Hospital for Children (APH). Students will work under the supervision of the pediatric critical care attending and the PICU team to care for children in critical or serious condition.

Florida Hospital

Students at Florida Hospital will rotate with the Central Florida Pulmonary Group (CFPG) at Winter Park Memorial Hospital (WPMH) and will also see patients at the CFPG office. FH Critical Care students will participate in the care of patients with pulmonary diseases, critical care illness and sleep disorders in the inpatient and outpatient setting.

Health First

HF Critical Care students will work at the Trauma Center at Holmes Regional Medical Center (HRMC) in Melbourne and will participate in the management of the complex trauma and surgical intensive care unit patients under the supervision of the Trauma and Acute Care Team at HRMC.

Clerkship Contacts

Rakesh Gupta, MD, Clerkship Director

Orlando Health
86 W. Underwood St. Suite 200
Orlando, FL 32806
rakesh.gupta@orlandohealth.com

Peter A. Pappas MD, FACS, Health First Site Director

Holmes Regional Medical Center
1350 South Hickory Street
Melbourne, Florida 32901
321.434.1911 (voice)
peter.pappas@health-first.org

Margaret Orr, Assistant Director, Faculty and Academic Affairs

Health Sciences Campus at Lake Nona
6850 Lake Nona Blvd., Suite 406B
Orlando, FL 32827
407.266.1139 (voice)
407.619.2205 (mobile)
407.266.1199 (fax)
margaret.orr@ucf.edu

Ken Staack, MEd, Clerkship Coordinator

Florida Hospital
2501 North Orange Ave., Suite 235
Orlando, FL 32804
407.303.3667 (voice)
407.782.3008 (mobile)
ken.staack@ucf.edu

Critical Care Faculty

Orlando Health

MICU Teaching Faculty

Rakesh Gupta, MD, FCCP
Edgar Jimenez, MD, FCCM
Jeffrey Sadowsky, MD, FCCP
Carlos Ruiz, MD
Anand Mohan, MD
Mark Vollenweider, MD, MPH
Rumi Khan, MD
Nduka Okori, MD
Tim Jones, MD
Sam Venus, MD
Rahul Nanchal, MD
Jason Stansberry, MD
Orlando Ruiz-Rodriguez, MD

SICU Teaching Faculty

Michael L. Cheatham, MD, FACS, FCCM
Howard G. Smith, MD, FACS
John T. Promes, MD, FACS
Matthew W. Lube, MD, FACS
Rodrigo Albano, MD
Chadwick Smith, MD
Joseph Ibrahim, MD

PICU Teaching Faculty

Shoba Srikantan, MD
Mary Farrell, MD
Jerome Chen, MD, MHS
Lawrence Spack, MD
Jon Tilelli,

Florida Hospital/Central Florida Pulmonary Group

Daniel T. Layish MD, FACP, FCCP, FAASM

Ruel Garcia, MD. FCCP

Health First/Holmes Regional Medical Center

Peter A. Pappas MD, FACS

James P. Shaffer, MD

Kevin Wallace, MD

Sarah Nealy, MD

Scott Gettings, MD

Ernest Block, MD

Edgar Figueroa, MD

Bartel Turk, MD

Mark Pessa , MD, FACS

James Kaseiwicz, MD

Clerkship Overview

The educational philosophy of the Critical Care clerkship is to provide the foundation upon which to develop a scientifically sound approach to the management of critically ill patients. The program is designed to allow senior students to become familiar with the clinical aspects of critical care and acute care medicine. The clerkship is based in one of the Intensive Care Units and the educational experience will come from a multidisciplinary team consisting of hospital-based intensivists, critical care fellows and residents, consulting physician specialists, critical care nurses, pharmacists, respiratory therapists, dieticians, physical therapists, rehabilitation specialists, social workers, other health care professionals, and most importantly, the patients and their families who are cared for by this team. The practice of critical care medicine is based upon sound physiological principles, evidence-based practices, application of cutting-edge technology, meticulous attention to details, and a compassionate, humanistic approach to severely ill or injured patients and support of their families at their time of crisis. The clerkship faculty developed a set of clerkship objectives based on review of pertinent information available from national professional organizations as well as AAMC. Assessment of the students' core clinical skills will be based on ACGME competencies and will focus on attendance and participation in teaching rounds, patient presentations and care notes, communication with faculty/fellows/residents, staff, patients and their families, performance of bedside procedures, interpretation of tests, physiologic, and laboratory data and evidence of clinical reasoning.

University of Central Florida Catalog Description

The educational philosophy of the Critical Care clerkship is to provide the matrix upon which to develop a scientifically sound approach to the management of critically ill patients

Prerequisites

Successful completion of M3 term

Credit Hours

6 Credit Hours

Critical Care Clerkship Objectives and Goals

Specific educational goals of the clerkship in critical care are to allow students at the end of their clerkship to be able to apply, teach, and evaluate fundamental principles of critical care and to:

1. Show an understanding of a comprehensive approach to patients with multi-system critical illness
 1. Recognize the early signs and symptoms of critical illness
 2. Discuss the initial assessment and early treatment of the critically ill or injured patient
 3. Select and administer appropriate resuscitation fluids for critically ill patients.
2. Discuss concepts of airway management.
 1. Recognized signs of a threatened airway
 2. Demonstrate manual techniques for establishing an airway and for mask ventilation
 3. Prepare a patient for endotracheal intubation, and discuss the implications of a potentially difficult airway
3. Describe diagnosis and management of acute respiratory failure
 1. Define and classify acute respiratory failure
 2. List the physiologic mechanisms responsible for arterial hypoxemia and its treatment
 3. Demonstrate understanding of oxygen uptake, delivery and consumption
 4. Discuss the indications and techniques for non-invasive positive pressure ventilation
 5. Describe characteristics of basic modes of mechanical ventilation and outline initial ventilator settings
 6. Interpret arterial blood gas measurements and understanding of clinical implications
4. Describe the classification of shock.
 1. Define the pathophysiology of various types of shock
 2. Discuss goals in resuscitation of shock
 3. Describe the physiologic effects of vasopressor and inotropic support
5. List the indications and complications of invasive hemodynamic monitoring
 1. Demonstrate an understanding of the technique of insertion and interpretation of data from arterial, central venous, and pulmonary arterial catheterization
6. Understand management of life threatening electrolyte and metabolic disturbances
 1. Review emergent management of severe electrolyte disturbances
 2. Describe management of severe hypo and hyperglycemia
7. List the differential diagnosis of oliguria
 1. Identify laboratory tests that discriminate between intrinsic renal and pre-renal causes of oliguria
8. Discuss methods for prophylaxis against acute upper GI bleeding in acutely stressed patients
9. Identify and use screening tests available for the evaluation of coagulation disorders
10. Present to your peers the complex problems of critically ill patients in a logical and comprehensive manner

Required Patient Types/Clinical Conditions

Critical Care clerkship students are required to log the following patient encounters and procedures in OASIS. Students should review their patient encounters at the mid-point of their rotation and discuss any concerns about meeting this requirement with the Clerkship Director or Clerkship Site Director.

- Abdominal pain
- Acute infection
- Alcohol/substance abuse/dependence
- Anemia
- Cerebrovascular disease (hemorrhagic / ischemic)
- Chest pain
- Coagulopathies and anticoagulation
- Coma
- Delirium/dementia/altered mental status
- Diabetes Mellitus
- Distributive and septic shock
- DVT/PE/hypercoagulable state
- Dyspnea/respiratory distress
- Electrolyte or acid base disorder/dehydration
- Epilepsy / seizures
- Fever, bacteremia, sepsis
- Gastrointestinal bleed
- Hypertension
- Hypovolemia
- Hypovolemic and hemorrhagic shock
- Nausea/vomiting
- Renal insufficiency/failure
- Arterial line insertion
- Arterial puncture for blood gas analysis
- Central venous catheter insertion
- Chest tube insertion (Tube thoracostomy)
- Endotracheal tube insertion
- Interpret a chest x-ray
- Interpret a plain abdominal radiograph (KUB)
- Interpret and ECG
- Lumbar puncture
- Calculate Glasgow Coma Scale score on injured patient
- Discuss withdrawal of life support in a terminal patient
- Read and interpret bedside physiological information

Critical Care Clerkship Objectives and Goals: Pediatric Critical Care

Specific educational goals of the clerkship in pediatric critical care are to allow students at the end of their clerkship to be able to apply, teach, and evaluate fundamental principles of critical care and to:

1. Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a physician caring for critically ill children; demonstrate the ability to acquire, critically interpret and apply this knowledge in pediatric critical care.
2. Succinctly present an ICU patient on rounds, formulate a coherent assessment of a patient's problems and present an appropriate therapeutic/diagnostic plan. Further, effectively communicate this plan to nurses, respiratory therapists, and sub-specialists/ consultants.
3. Recognize and appropriately respond to acute life threatening events. The student should observe and be able to describe the necessary skills to resuscitate and describe the initial stabilization of the critically ill child particularly airway management, volume replacement and resuscitative pharmacology.
4. Demonstrate competence in basic airway skills (appropriate implementation of oxygen delivery devices and demonstration of bag-mask ventilation) and placement of peripheral intravenous catheters. Advanced airway skills (intubation) and advanced intravenous access skills (central venous catheter placement and arterial line placement) may be observed.
5. Understand the pathophysiology and treatment of common medical disorders in the PICU: respiratory failure (apnea, bronchiolitis, asthma, ARDS), shock (septic, cardiogenic, hypovolemic), neurologic critical care (status epilepticus, traumatic brain injury, brain death), renal failure, as listed on the Pediatric Critical Care Required Encounters list
6. Understand the different monitoring techniques in pediatric critical care: vascular hemodynamics, intracranial devices, blood pressure, arterial saturations, end-tidal CO₂, and a variety of common laboratory tests.
7. Utilize common diagnostic tests and imaging studies appropriately in the pediatric intensive care unit, obtaining consultation as indicated for interpretation of results.
8. Understand pediatric critical care pharmacology: inotropes and vasoactive agents, basic antibiotic therapy, common sedatives and analgesics, drug pharmacokinetics and monitoring of side effects.
9. Understand techniques for enteral and parenteral nutritional supplementation in the PICU patient.
10. Understand the ethical and legal issues which emerge during the care of critically ill and/or dying children (do not resuscitate orders, withholding and withdrawing life support, right of patients).
11. Understand the importance of psychosocial issues related to the care of critically ill or dying children. Learn to provide support and deliver difficult information to the family of a critically ill child. Recognize the health care challenges of a child with a

- critical or chronic disease. Appraise the impact of a child's critical illness on his or her family.
12. Apply evidence based principles of pediatric critical care to compare and contrast available treatment options with regard to efficacy, risk, benefit, cost-effectiveness.

Note: The above objectives and the following patient types/clinical conditions are in draft form pending final approval by UCF COM Curriculum Committee.

Required Patient Types/Clinical Conditions Pediatric Critical Care

See following page.

Clerkship	Patient Types or Clinical Conditions	Level of Student Responsibility*	Clinical Setting†
Pediatric Critical Care	Patient Types/Clinical Conditions		
	Status Asthmaticus	P	PICU
	Acute Respiratory Failure	P	PICU/CBL/sim
	Chronic Respiratory Failure	P/O	PICU
	Shock	P	PICU/CBL/sim
	Neuromuscular disease	P/O	PICU
	Coma	P/O	PICU
	Head and spinal cord trauma	P/O	PICU/CBL/Sim
	Increased intracranial Pressure	P/O	PICU
	Brain death	P/O	PICU
	Immunologic /inflammatory disorder	P	PICU
	Multiple organ dysfunction syndrome	P/O	PICU/CBL/sim
	Bacterial sepsis	P/O	PICU
	Critical viral infection	P	PICU
	Altered mental Status	P/O	PICU
	CNS infection	P/O	PICU/CBL
	Nosocomial infection in PICU	P	PICU
	Acute abdomen	P/O	PICU
	Nutritional issue in critically ill child	P	PICU
	Disorder of glucose homeostasis	P/O	PICU/CBL
	Disorders of water, sodium, and potassium homeostasis	P	PICU
	Acute renal failure	P/O	PICU
	Hypertensive crisis	P/O	PICU/CBL/sim
	Oncologic/hematologic emergency	P/O	PICU/CBL/sim
	Coagulation issue	P	PICU
	Sickle cell crisis	P	PICU
	Multiple trauma	P/O	PICU
	Poisoning/Toxic Ingestions	P/O	PICU
	Submersion injury	P/O	PICU
	Clinical Skills:		
	Admission orders for critically ill child	P	PICU
	Basic Airway management	P	PICU/Sim
	Basics of Conventional Mechanical Ventilation	P	PICU/Sim
	Basic of Cardiorespiratory monitoring	P	PICU
	Fluid resuscitation	P	PICU
	Arterial Blood Gas Interpretation	P	PICU/CBL
	Basics of CNS monitoring	P	PICU
	Basics of parenteral Nutrition	P/O	PICU/CBL
	Basics of Blood Product Replacement	P/O	PICU
	Assessment of Pain	P	PICU
	Interpret CXR	P	PICU
	Assign Glasgow Coma Scale Score	P	PICU
	Clinical Skills: Procedures		
	Intubation	P/O	PICU/Sim
	Extubation	P/O	PICU
	Arterial Line techniques	P/O	PICU
	Vascular access techniques	P/O	PICU/Sim
Lumbar Puncture	P/O	PICU/Sim	
Chet Tube placement	P/O	PICU/Sim	

Required Texts and Materials

Recommended Text for Adult (Medical and Surgical) Critical Care:

Fundamental Critical Care Support, 5th Edition, Society of Critical Care Medicine 2012
ISBN: 978-0-936145-78-5

Recommended Text for Pediatric Critical Care:

Rogers' Handbook of Pediatric Intensive Care, 4th Edition, Nichols and Helfaer, Lippincott Williams and Wilkins, 2008
ISBN: 9780781787055

Additional recommended reading for Pediatric Critical Care:

PICU: <https://sites.google.com/site/aphpicu/home/-resident-rotation---required-reading>
PSCU: <https://sites.google.com/site/aphpicu/home/-pscu-resident-rotation---required-reading>
login: ohpeds
password: arnoldpalmer

Student rotating in Surgical Critical Care at OH should visit the website below prior to the start of their rotation for important information:

<http://www.surgicalcriticalcare.net/rotation.php>

Supplementary (Optional) Text and Materials

Critical Care Drug Therapy, 3rd Edition, Susla GM, Suffredini AF, McAreavey, et al, Lippincott Williams and Wilkins, 2006 Philadelphia
ISBN: 0-7817-9763-2

Critical Care Medicine – The Essentials, 3rd Edition, Marini and Wheeler
ISBN: 978-7817-9839-6

The ICU Book, 3rd Edition, Marino
ISBN: 978-0-7817-4802-5

Clinical Locations

Orlando Health

IMPORTANT FIRST DAY INSTRUCTIONS FOR OH: ALL 4TH YEAR STUDENTS WILL BE REQUIRED TO REPORT AT 10:00 AM TO THE GME CONFERENCE ROOM AT 86 W. UNDERWOOD.

- Bring OH Badge & White Lab Coat
- If you have not heard from the GME office the week before your rotation starts, please contact Margaret Orr or Ken Staack.
- Wear scrubs or professional attire

Address: OH Graduate Medical Education Building
86 W. Underwood St.
Orlando Fl 32806

Note: The **Critical Care Office** is also located on the first floor of the GME Building.

Florida Hospital- Winter Park

IMPORTANT FIRST DAY INSTRUCTIONS FOR FH:

Please e-mail Ardith Dell at ADell@cfpulmonary.com about one week before you begin so she can give you instructions.

- Students will meet with Dr. Layish or Dr. Garcia at 8 AM in the ICU @ FH Winter Park on the first Monday, unless otherwise instructed..
- Wear scrubs or professional attire.

Most days you will be in the ICU in the morning and at the office in the afternoon, although some days you will spend all day at the hospital.

Winter Park Memorial Hospital (FH)
200 North Lakemont Avenue
Winter Park, FL
(407) 646-7000

Central Florida Pulmonary Group PA
1109 E Ridgewood St
Orlando FL 32803
407-581-1446

Health First

HF Students will be contacted prior to the start of their rotation. If you have not heard from the GME office the week before your rotation starts, please contact Margaret Orr or Ken Staack.

Holmes Regional Medical Center

1350 South Hickory Street

Melbourne, Florida 32901

Duty Hours

The University of Central Florida College of Medicine will follow the duty hour guidelines set by the Accreditation Council for Graduate Medical Education (ACGME), ACGME 2011.

1. *Duty hours are defined as all clinical and academic activities related to the education of the medical student i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as didactic sessions, grand rounds and conferences. Duty hours do not include reading and preparation time spent away from the duty site.*
 - a. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
 - b. Adequate time for rest and personal activities will be provided and will consist of a 10-hour time period between all daily duty periods and after in-house call.
 - c. In-house call must occur no more frequently than every third night.
 - d. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Students may be on site for up to 4 additional hours in order to participate in didactic activities.
 - e. Students must be provided with one day (24 consecutive hours) in seven, free from all educational and clinical responsibilities, averaged over a four-week period.
2. This policy will be published on the College of Medicine website, in the clerkship handbooks, and in the faculty and preceptor handbooks. This information will also be covered in the COM Clerkship Orientation.

Oversight of this policy will be the responsibility of the Clerkship Director and the relevant Clerkship Site Director/s. Students are responsible for tracking and logging their duty hours in OASIS. Faculty and students with concerns regarding possible duty hour violations should report those concerns directly to the Clerkship Director in a timely fashion. Failure to keep duty hour log up to date in OASIS may result in participation point penalization from final grade.

Students and Clerkship Directors will be given a Clerkship Duty Hours Agreement to co-sign acknowledging the policy.

For additional information, descriptions, directions and/or maps to the various clinical sites, please access the "Site Locations" tab of MEDS/Blackboard.

Grading and Evaluation Policies

The College will use a letter system for the M.D. program where grades are assigned for overall performance in a given Clerkship or clerkship. Students' performance in academic course work will be evaluated by assignment of grades of (A) Excellent Performance, (B) Good Performance, (C) Conditional Performance, in order of excellence. The (F) grade (Unacceptable Performance) is given to students who fail a Clerkship/clerkship, who demonstrate inappropriate professional behaviors, or who fail to attend or participate in required course activities. Other grade actions include an (I) showing incomplete work, a (W) indicating that a student withdrew from the course, an (R*) followed by a grade showing that the student repeated the course (Grade Forgiveness), and a (T) used as a "temporary grade" for performance pending review by the SEPC. The (T) is used when a student has an overall passing grade but may require further study to strengthen their fund of knowledge in one or more subject areas in a Clerkship. The (T) grade is replaced when remediation is accomplished. Faculty may specify that some programs (selectives/electives) can be graded using a (P) pass/ (F) fail grade designation. All grade options for the program are subject to approval by the M.D. Program Curriculum Committee.

The instructor assigns an I (incomplete grade) when a student is unable to complete a Clerkship due to extenuating circumstances, and when all requirements can clearly be completed in a short time following the end of the clerkship. In all circumstances where a student receives an (I), the student and Clerkship Director must complete an agreement that specifies how and when the incomplete grade will be made up, which will be considered by the appropriate SEPC. All students receiving financial assistance (federal and institutional loans), will be cautioned that the terms of the assistance require that the (I) grade must be made up by the agreement date. Minimal competency in each Clerkship is a composite score of 70 or above (A, B or C grade). Please see the COM Student Handbook or the Office of Student Affairs for more details.

A (T) entry identifies students whose performance, although within the passing range, requires study and re-evaluation in one or more areas within the clerkship. A (T) is used as a "temporary grade" for a clerkship grades when students have achieved an overall score that would indicate a passing grade, but they have shown weak or marginal performance in one or more of the traditional subject areas that are included in the overall clerkship. The overall performance of students receiving a (T) in lieu of a grade is reviewed by the Student Evaluation and Promotion Committee with the Clerkship Director to determine how the student may improve their fund of knowledge in the identified subject area(s). The (T) grade is replaced by the final clerkship grade when remediation is successfully accomplished in knowledge, skills, attitudes and/or behavior.

Grading Policy

Assessment	Percent of Final Grade
Clinical Evaluations	70%
Case Presentation at Teaching Conference	20%
Participation and Attendance	10%
Completion of Patient Logs, Clerkship Evaluation, Faculty/Fellow/Resident Evaluations	Required to Pass
100%	

Grading Scale (%)	
90-100	A
80 – 89	B
70 – 79	C
<70	F

A student may appeal his or her course grade if he or she feels that the grade was assigned in a manner not in accordance with the clerkship statement of policy distributed at the beginning of the clerkship. This is not a process for appeal of established clerkship grading policies. The appeal is directed initially to the Clerkship Director and then if not resolved to the Assistant Dean for Undergraduate Medical Education for resolution.

If resolution of the issue is not made to the student's satisfaction, then a formal appeal is made in writing to the Office of Faculty and Academic Affairs stating the reasons for the appeal. After an appropriate hearing and review, the Associate Dean for Faculty and Academic Affairs will recommend final disposition of the appeal. A student wishing to appeal to the Dean concerning the recommendation must make a written request within 10 school days of receipt of written notification of the recommendation from the Office of Faculty and Academic Affairs. Acting as the university President's representative, the Dean of the College of Medicine shall make a final decision on the matter within 10 school days of receipt of the student's request for review. (See Student Handbook for more details.)

Note: The Clerkship Director reserves the right to modify the content and/or the grading policy of the class if necessary, to ensure the academic integrity of the clerkship.

Grade Dissemination

You can access your Clerkship grades at any time using "myUCF Grades" in the student portal or by reviewing your final evaluation in OASIS. If you need help accessing myUCF Grades, see the online tutorial: <https://myucfgrades.ucf.edu/help/>.

Evaluations

Student Final Performance Evaluation

Preceptor evaluations will be documented using COM evaluation forms (note that final clerkship evaluation forms are available on MEDS/Blackboard for your review). Faculty have been made aware of required summative evaluations and will be notified by the Clerkship Director and/or Clerkship Coordinator of the need for completion.

Course & Faculty Evaluation

In order for clerkship administration to improve this clerkship, we need your comments about the strengths and weaknesses of the experience. All clerkship administrators are available to discuss issues at any time. You do not need to wait until you complete the clerkship evaluation to offer suggestions.

Students are required to complete a clerkship evaluation form and appropriate faculty/resident evaluation forms as appropriate. These evaluations will be completed in OASIS. Grades will not be released until these evaluations are completed.

College of Medicine Policy on Student Mistreatment & Abuse

Medical students should report any incidents of mistreatment or abuse to the UCF College of Medicine Associate Dean for Students immediately. It is the policy of the UCF College of Medicine that mistreatment or abuse will not be tolerated. Anyone made aware of any such mistreatment or abuse should notify the COM Associate Dean for Students at 407-266-1353.

Bloodborne Pathogen and Communicable Disease Exposures

In the case of a student exposure to a bloodborne pathogen through needle stick should occur, the student on the critical care clerkship can refer to the facilities Policy on Needle Stick Exposure. Students are also encouraged to reference the UCF COM Student Handbook: (http://www.med.ucf.edu/students/affairs/documents/infectious_diseases_and_environmental_hazards.pdf)

Standard Precautions

Refer to the UCF COM Student Handbook (http://med.ucf.edu/students/affairs/documents/student_handbook_2010.pdf) Section VII. Health Policy E. Exposure to Infectious Disease and Environmental Hazards.

HIPAA and Patient Confidentiality

All HIPAA and Patient Confidentiality agreements should be completed through the office of Student Affairs at the UCF College of Medicine prior to beginning of clerkship.

Appendix 1 – UCF COM Clerkship Attendance Policy

The University of Central Florida College of Medicine recognizes the primacy of the Core Clerkships as critical components of medical students' education. The following policy is intended to address the amount of time that students can miss from their Clerkship for approved circumstances. The goal is to ensure that students obtain sufficient experience to meet the objectives of the Clerkship curriculum.

1. Students are expected to attend all clerkship-related activities. Mandatory session and participation requirements in modules and clerkships and remediation due to absence are determined by the Clerkship Directors. The student will be held responsible for any material covered during the excused absence. Recognizing that situations arise which require students to miss time from their clerkship responsibilities, the procedures presented below will be followed when absence is necessary.
2. 1. Students on both required and elective rotations in the fourth year will be allowed to miss no more than **three** full days of responsibilities as excused absences for the following:
 - Illness
 - Family emergencies
 - Presentation at professional meetings
 - Residency interviews
3. Absences due to illness or family emergencies should be reported to the individual responsible for the rotation (i.e. the director or his/her designee), as well as the supervising physician/chief resident on service. Such absences must be reported on the first day of any absence. Approval for anticipated leaves, including residency interviews and student presentations at professional meetings, must be requested in advance **prior to the start of the affected rotation** (or as soon as the student becomes aware of the need for a leave) and approved by the Clerkship or Elective Director. Such absences must also be reported in writing to the Clerkship Coordinator for documentation purposes. Once approved, the student must inform their supervising physician/chief resident of the anticipated absence. The student absence form will be completed and forwarded to the Office of Student Affairs. Clerkship coordinators can assist with this process.
4. Absences exceeding three days will require make-up, the nature of which will be determined by the Clerkship or Elective Director. Examples include the taking of additional call or weekend shift.
5. The three days of excused absences do not include, for example, vacation, weddings or social events.
6. In the event of an absence from the clerkship without permission from the Clerkship Director, the student will lose 5 points per absence from their final clerkship grade. In addition, it will be at the Clerkship Director's discretion to require additional remediation (e.g., the taking of extra call)
7. Any questions or problems during the clerkship should be addressed with the Clerkship or Elective Director.
8. Students taking Away Electives will be required to follow the policies of the host school.

Appendix 2 - Duty Hours Regulations

The University of Central Florida College of Medicine will follow the duty hour guidelines set by the Accreditation Council for Graduate Medical Education (ACGME), ACGME 2011.

1. *Duty hours are defined as all clinical and academic activities related to the education of the medical student i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as didactic sessions, grand rounds and conferences. Duty hours do not include reading and preparation time spent away from the duty site.*
 - a. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
 - b. In-house call must occur no more frequently than every third night.
 - c. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Students may be on site for up to 4 additional hours in order to participate in didactic activities.
 - d. Students must be provided with one day (24 consecutive hours) in seven, free from all educational and clinical responsibilities, averaged over a four-week period.
2. This policy will be published on the College of Medicine website, in the clerkship handbooks, and in the faculty and preceptor handbooks. This information will also be covered in the COM Clerkship Orientation.

Oversight of this policy will be the responsibility of the Clerkship Director and the relevant Clerkship Site Director/s. Students are responsible for tracking and logging their duty hours in OASIS. Faculty and students with concerns regarding possible duty hour violations should report those concerns directly to the Clerkship Director in a timely fashion.

Students and Clerkship Directors will be given a Clerkship Duty Hours Agreement to co-sign acknowledging the policy.

Appendix 3 - Dress Code for Patient Care and Clinical Activities

Students must maintain an appearance that conveys a professional image and is suitable for duties in all patient care areas including patient encounters in the ambulatory setting and hospital wards. Acceptable requirements for appearance include the following:

- a) Photo identification badge must be worn at all times when engaged in College of Medicine sanctioned activities off campus, as appropriate.
- b) White lab coats should be clean, wrinkle free and in good repair.
- c) *Professional clothing*: Pressed slacks or skirt as appropriate for gender. Neat, clean shirt or top.
 - a. Men should wear dress shirts with collar. Ties are optional but are recommended for patient care.
 - b. For women, low cut, midriff, strapless or see-through blouses, shirts or dresses are not acceptable. Undergarments should not be visible.
 - c. T-shirts with slogans or pictures are not allowed.
 - d. Jeans, shorts, miniskirts and athletic shoes are not considered professional clothing.
 - e. Closed-toed shoes should be clean with heels no greater than 2 inches.
 - f. Scrubs should only be worn as appropriate at the discretion of the team.
- d) Jewelry selection: Two earrings per ear maximum may be worn and must be appropriate for patient care areas. Other than earrings, no visible piercings are allowed. Bangle bracelets are not recommended.
- e) Makeup should project a professional image.
- f) Hair must be clean and styled in such a manner as to prevent inadvertent contamination during patient care and other professional duties. Unusual and unprofessional hair styles or color are not allowed. Long hair should be controlled in the back and unable to fall forward during activities. Facial hair must be neatly groomed or clean-shaven.
- g) Headgear that is not worn for religious purposes is not allowed.
- h) Fingernails should be clean and maintained at a reasonable length of $\frac{1}{4}$ " or less. Acrylic nails are not allowed.
- i) Body art/tattoos should not be visible.
- j) For patient comfort purposes excessive perfumes, colognes, aftershaves, scented lotions etc. should not be worn in patient care settings.
- k) Gum chewing or use of any tobacco products is not allowed in clinical settings.
- l) Socks must be worn by men and when appropriate for women.