

University of South Florida



College of Medicine

Clerkship Manual

Class of 2013

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The third year clerkship is still a work in progress and changes may be made during the course of the year. This will be available electronically on the [Student Affairs](#) website.

ATTENDANCE GUIDELINES FOR THE CLINICAL YEARS

I. Attendance Guidelines

During the clinical years the student's responsibilities lie within the individual clerkship. **Attendance within a given clerkship is a demonstration of attitude and professional behavior. This behavior impacts all members of the healthcare team including fellow students and patients.** Any absence from the clerkship may have a direct impact on student performance, the broad-spectrum clinical experience, evaluation of professionalism, overall grade and the successful completion of the clerkship.

Consequences of absences will be indicated in each clerkship syllabus.

Students are expected to attend all scheduled clerkship didactic conferences, lectures, workshops and daily patient rounds. **Mandatory sessions and participation requirements in the clinical years are determined for individual clerkship.** Recognizing that situations arise that require students to miss time from their lectures/clinical responsibilities, the procedures presented below will be followed when an unplanned absence is necessary.

A. Emergencies for Personal Illness, Family Illness, etc.

The student will contact the direct supervising preceptor and resident/intern/rotation or section head and the Clerkship Director in charge to report his/her absenteeism on the first day of being absent. He/she should indicate the nature of the unexpected illness or emergency. The Office of Student Affairs (OSA) must be notified of all absences by telephone (813-974-2068) or via email at (sspecter@health.usf.edu). It will be the prerogative of the Clerkship Director, following consultation with the student, to excuse the absence or request additional information about the absence. This may include requesting a physician's note or an explanation of the absence in detail. The student [Absence Report](#) form will be completed by the student and forwarded to Student Affairs and copied to the Clerkship Director and clerkship coordinator.

In order to be excused from a mandatory clerkship event the student must first contact the Clerkship Director directly and send a copy of the request to the Office of Student Affairs and the clerkship coordinator. The Clerkship Director will make the determination to grant or deny a request in addition to any required remediation.

At the full discretion of the Clerkship Director excused absences may require remediation of missed clerkship work, additional days and/or additional material and may proportionally affect the final grade of the clerkship.

B. Scheduled Time Off for Interviews, Out of Town Meetings, etc.

The student will submit a written request to the Clerkship Director for permission to miss any clinic or ward experience, scheduled exams, clerkship projects, or mandatory sessions for interviews or out of town meetings. The forms are called [Absence Request Form](#) and [Exam Absence Request Form](#).

A copy of the written request must be sent to the Office of Student Affairs and the clerkship coordinator. The request should be submitted 6 weeks in advance or as soon as the student knows of the scheduled event **PRIOR** to the start of the clerkship. Last minute requests (received after the start of the clerkship) will require supporting documentation. **The decision to grant or deny the request and determine subsequent action will be at the full discretion of the Clerkship Director. As such any excused absences may require additional days and/or additional material and may proportionally affect the final grade.**

Consideration will be given for activities such as elected student representation to various committees and/or organizations. The Clerkship Director will respond to the student's request in writing with a copy to the Office of Student Affairs. The student must provide any supporting documentation requested to the Office of Student Affairs addressing absenteeism. **Students who miss scheduled hours are expected to acquire the same level of competency as other students involved in the clerkship. Lectures, reading assignments and work load will not be re-created or offset to accommodate any absences.**

Opportunities for remediation of missed clinical time, mandatory clerkship components and/or additional material (if deemed necessary by the individual Clerkship Director) will be scheduled so as to not impact the clinical experience of the other students in the clerkships or detract from the required components of the current clerkship or other clerkships in which they are enrolled. Written permission from the current Clerkship Director is required for absences for any instances of remediation.

In the student's elective year (4th Year) it is recommended that no time is used from a required clerkship to fulfill any missing components from another required clerkship unless the student receives permission in writing from the affected Clerkship Director and it is copied to the Associate Dean for Student Affairs, the Associate Dean for Undergraduate Medical Education and the Vice Dean for Educational Affairs.

Excused absences may proportionally affect final grade and/or may require remediation of missing course work, additional days and/or additional material at the discretion of the Clerkship Director.

Students are expected to fulfill all time commitments for the clerkship. All missed time must be made up. The appropriate timing for the remediation will be subject to the Clerkship Director's discretion and should be fulfilled within a 2 month period.

Mandatory components from all required clerkships must be completed prior to graduation.

C. Medical Student Hours in Clinical Years

- Students are limited to a maximum of 80 duty hours per week including in-house call, averaged over four weeks.
- Students must be given one day out of seven free from all clinical and educational responsibilities, averaged over four weeks.
- Students cannot be scheduled for in-house call more than once every three nights, averaged over four weeks.
- Students should be given at least 10 hours for rest and personal activities between daily duty periods and after in-house call. Violations should be reported to the Associate Dean of Student Affairs.
- Students, residents and faculty are not permitted to allow/require deviation. Violations should also be discussed with clerkship directors, either directly or via clerkship liaisons.

D. Religious Observations

All students, faculty, and staff at the USF have a right to expect that the University will reasonably accommodate their religious observances, practices and beliefs. Students are expected to attend classes and take examinations as determined by the University. The University will attempt, at the beginning of each academic term, to provide written notice of the class schedule and formal examination periods. The University, through its faculty, will make every attempt to schedule required classes and examinations in view of customarily observed religious holidays of those religious groups or communities comprising the University's constituency.

No student shall be compelled to attend class or sit for an examination at a day or time prohibited by his or her religious belief. **Students are expected to notify their Clerkship Directors/coordinators if they intend to be absent for an announced examination, in accordance with this policy, prior to the scheduled religious holiday.**

Students absent for religious reasons will be given reasonable opportunities to make up any work missed.

In the event that a student is absent for religious reasons on a day when the instructor collects work for purposes of grading (homework, pop quiz, etc.), the student shall be given a reasonable opportunity to make up such work or shall not have that work averaged into the student's grade at the discretion of the instructor.

E. Holidays

Students are expected to report to their scheduled clinical duties during holidays unless otherwise specified by their Clerkship Director.

Any student who believes that he or she has been treated unfairly with regard to the above should contact the Office of Student Affairs.

II. Student Mistreatment / Unprofessional Behavior Reporting

Students who experience any incident that they feel is abuse, mistreatment or unprofessional behavior should communicate this to Dr. Specter or Ms. Schutz in the Office of Student Affairs as noted in the Student Handbook. If anyone has concerns about confidentiality they can communicate anonymously using the [Professionalism Survey Form](#).

III. Professionalism

As a medical student at USF you are responsible to adhere to the guidelines set forth in the [College of Medicine M.D. Student Handbook](#).

IV. Getting Help

Any student having academic or personal problems during the rotation is encouraged to contact the Clerkship Director or Student Affairs as soon as possible. In this way we can provide the student appropriate counseling during the rotation. If there are academic concerns regarding the student's rotation we can make the appropriate suggestions. Alternatively if there are other problems we can place you in contact with the appropriate services available to our medical students. It is the responsibility of the student to advise the Clerkship Director if he or she requires special accommodations.

COMMUNICATION PROCEDURES

The official mode of communication with students in the M.D. program will be via e-mail. On occasion you may also receive "snail-mail" memos and/or letters from the administration and faculty. However, e-mail will be used primarily. **Students are responsible for reading their e-mail DAILY and will be held accountable for all transmissions.**

FACULTY MEDICAL LEARNER COMPACT

Adapted Directly from the AAMC

Preparation for a career in medicine demands the acquisition of a large fund of knowledge and a host of special skills. It also demands the strengthening of those virtues that undergird the doctor/patient relationship and that sustain the profession of medicine as a moral enterprise. This Compact serves both as a pledge and as a reminder to teachers and learners that their conduct in fulfilling their mutual obligations is the medium through which the profession inculcates its ethical values.

GUIDING PRINCIPLES

- **DUTY** Medical educators have a duty, not only to convey the knowledge and skills required for delivering the profession's contemporary standard of care, but also to inculcate the values and attitudes required for preserving the medical profession's social contract across generations.
- **INTEGRITY** The learning environments conducive to conveying professional values must be suffused with integrity. Students learn enduring lessons of professionalism by observing and emulating role models who epitomize authentic professional values and attitudes.
- **RESPECT** Fundamental to the ethic of medicine is respect for every individual. Mutual respect between learners, as novice members of the medical profession, and their teachers, as experienced and esteemed professionals, is essential for nurturing that ethic. Given the inherently hierarchical nature of the teacher/learner relationship, teachers have a special obligation to ensure that students and residents are always treated respectfully.

COMMITMENTS OF FACULTY

- We pledge our utmost effort to ensure that all components of the educational program for students and residents are of high quality. As mentors for our student and resident colleagues, we maintain high professional standards in all of our interactions with patients, colleagues, and staff.
- We respect all students and residents as individuals, without regard to gender, race, national origin, religion, or sexual orientation; we will not tolerate anyone who manifests disrespect or who expresses biased attitudes towards any student or resident.
- We pledge that students and residents will have sufficient time to fulfill personal and family obligations, to enjoy recreational activities, and to obtain adequate rest; we monitor and, when necessary, reduce the time required to fulfill educational objectives, including time required for "call" on clinical rotations, to ensure students' and residents' well being.
- In nurturing both the intellectual and the personal development of students and residents, we celebrate expressions of professional attitudes and behaviors, as well as achievement of academic excellence.
- We do not tolerate any abuse or exploitation of students or residents.
- We encourage any student or resident who experiences mistreatment or who witnesses unprofessional behavior to report the facts immediately to appropriate faculty or staff; we treat all such reports as confidential and do not tolerate reprisals or retaliations of any kind.

COMMITMENTS OF STUDENTS AND RESIDENTS

- We pledge our utmost effort to acquire the knowledge, skills, attitudes, and behaviors required to fulfill all educational objectives established by the faculty.
- We cherish the professional virtues of honesty, compassion, integrity, fidelity, and dependability.
- We will honor the accomplishments and sacrifices of the faculty who help direct our learning, and respect the effort of the faculty as they help us become physicians and colleagues.
- We pledge to respect all faculty members and all students and residents as individuals, without regard to gender, race, national origin, religion, or sexual orientation.
- As physicians in training, we embrace the highest standards of the medical profession and pledge to conduct ourselves accordingly in all of our interactions with patients, colleagues, and staff.

- In fulfilling our own obligations as professionals, we pledge to assist our fellow students and residents in meeting their professional obligations, as well.

Violations of Faculty Learner Compact

Student reporting of faculty or resident violations of conduct as it relates to students shall be to the Office of Student Affairs through the Associate Dean for Student Affairs. An alternate site of reporting is through the Associate Dean for UME or the Vice Dean for Educational Affairs. Violations of the standards of conduct by faculty as enumerated in the "Faculty Learner Compact" and in other University Policies shall be relayed to the Faculty Affairs dean (currently Senior Executive Associate Dean for Academic and Faculty Affairs) for action based on University Policy 6C4-10.112: Faculty Misconduct and Incompetence. Violations by residents will be forwarded to the Associate Dean for Graduate Medical Education for action.

Approved by Committee on Professional Student Affairs 05/17/2010

Approved by the Dean, College of Medicine 06/02/2010

CLERKSHIP ELECTRONIC LOGBOOK

EValue will be used for logging patient encounters.

PxDx Case Logger™ Features:

- Procedures, Diagnoses & Lab Experience Tracking for Years 1-4
- Graphs, Tallies, Logs, Statistical & Patient Mix Reports
- Supervisor Sign-Offs
- Easy Do-It-Yourself Customization
- Mobile Applications

PxDx Case Logger™ Benefits:

- Track Clinical Events On-the-spot
- Track LCME ED-2 Requirements
- Set Procedure Completion Benchmarks
- Reduce Data Compilation Efforts
- Obtain Reports & Feedback in Real-time

Technical support for EValue is available by contacting Scott Drake at 974-8756 or via e-mail at ddrake1@health.usf.edu.

COURSE EVALUATIONS

COM students are required to participate in course evaluations for each clerkship they complete. Course evaluations provide student feedback about the quality and consistency of the clerkship rotations. During the last week of each clerkship students will receive an e-mail notice from the Office of Educational Affairs (OEA) with a hyperlink connecting to the course evaluation web site. Students are then expected to fill out and submit the appropriate form.

FINGERPRINTING

Students are required by some affiliated teaching sites and the VA to be fingerprinted before working in their institutions. It is expected that you were fingerprinted by the beginning of third year.

COMPREHENSIVE CLINICAL PERFORMANCE EXAM (CCPX)

The Comprehensive Clinical Performance Exam (CCPX) consists of multiple Standardized Patient (SP) stations simulating limited patient encounters in an office or emergency room setting. The CCPX will be administered during your 6th clerkship rotation. The examination is designed to evaluate your knowledge, skills and attitudes in the clinical setting.

You will be assigned a specific focused task(s) at each station. All encounters will include a rating of your interpersonal skills. Most of the encounters will require a focused history and physical, followed by the development of a differential diagnosis and diagnostic and therapeutic plan. Some encounters may require patient counseling.

All of our cases have been developed by the Center Directors, the Clerkship Directors, and other pertinent clerkship personnel and are based on common complaints you have or will encounter or discuss during your clinical rotations. The skills and behaviors we will be evaluating include: 1) your interaction with the patient; 2) the quality and appropriateness of your history taking and/or physical exam skills; 3) your ability to counsel and educate your patients regarding their condition and/or risks for disease; 4) your ability to develop a differential diagnosis and treatment plan based on patient specific information.

Registering a passing score on this exam is required for graduation.

COMPREHENSIVE CLINICAL EXAMINATION EXERCISE (CCEE)

The CCEE program is completed during the first half of your senior year. This exercise involves:

- 1) The digital recording of the performance of a comprehensive history and physical examination on a Standardized Patient (approximately 1 hour);
- 2) Immediately writing (or typing) a full H&P with an assessment and plan (approximately 1 hour);
- 3) Reviewing the filmed exercise with the Medical Director of the Center for Advanced Clinical Learning (approximately 90 minutes). This review will be scheduled when you complete your exercise and will include a review of both the CCPX and the CCEE activities.

The objective of this exercise is to provide you with an additional opportunity after your clerkship year, to view your clinical performance and discuss the strengths and weaknesses of your performance with an attending physician. The feedback session ideally will be completed PRIOR to your USMLE Step 2 CS exam date to give you adequate time to prepare for your national exam experience.

Detailed scheduling information will be sent to you at the appropriate time.

Please note that should you need to cancel a scheduled videotaping or review session, you will be expected to contact the Center for Advanced Clinical Learning 48 hours prior to that session. Students with unexcused absences will be charged \$40 to cover the cost of SP and administrative time.

A satisfactory performance on the CCEE is required for graduation.

ETHICAL RESPONSIBILITIES OF STUDENTS

A student physician shall be dedicated to providing competent medical service with compassion and respect for human dignity. In all instances the student physician must maintain the dignity of the person including respect for the patient's modesty and privacy.

NONDISCRIMINATION

It is unethical for a student physician to refuse to participate in the care of a person based on race, religion, ethnicity, socioeconomic status, gender, age, or sexual preference of the patient. It is also unethical to refuse to participate in the care of a patient solely because of medical risk, or perceived risk, to the student. It is not, however, unethical for the pregnant female student to refuse to participate in activities that pose a significant risk to her fetus.

CONFIDENTIALITY

The patient's right to the confidentiality of his or her medical records is a fundamental tenet of medical care and of the law. The discussion of problems or diagnoses of an identified patient by professional staff/medical students in public violates patient confidentiality and is unethical. Under no circumstances can any medical record be removed from the institution, nor is photocopying of the record permitted. For presentations or rounds students are permitted to extract information but not copy wholesale parts of the chart.

PROFESSIONAL Demeanor

The student physician is expected to be thoughtful and professional when interacting with patients and their families. Inappropriate behavior includes the use of offensive language, gestures, or remarks with sexual overtones.

Students should maintain a neat and clean appearance and dress in attire that is generally accepted as professional by the patient population served.

Under pressure of fatigue, professional stress, or personal problems students should strive to maintain composure. The student should be encouraged to seek supportive services when appropriate.

MISREPRESENTATION

A student physician should accurately represent himself/herself to patients and others on the medical team. A student should never introduce himself/herself as "Doctor" as this is clearly a misrepresentation of the student's position, knowledge and authority.

DISCLOSURE

In general, full disclosure is a fundamental ethical requirement. The patient must be well informed to make health care decisions and work intelligently in partnership with the medical team. Information that the patient needs for decision making should be presented in terms the patient can understand. If the patient is unable to comprehend, for some reason, there should be full disclosure to the patient's authorized representative.

INFORMED CONSENT

Student physicians are to understand the importance of the obligation to obtain informed consent from patients but are not responsible for obtaining such consent. It is the physician's responsibility to ensure

that the patient or his/her surrogate be appropriately informed as to the nature of the patient's medical condition, the objectives of proposed treatments, treatment alternatives, and risks involved. The physician's presentation should be understandable and unbiased. The patient's or surrogate's concurrence must be obtained without coercion.

HONESTY

Student physicians are expected to demonstrate honesty and integrity in all aspects of their interactions with patients and staff, in particular, in assuring accuracy and completeness of their part of the medical record. It is important that the student be willing to admit errors and not knowingly mislead others or promote himself/herself at the patient's expense.

CONSULTATION

Student physicians should seek consultation and supervision whenever their care of a patient may be inadequate because of lack of knowledge and/or experience.

CONFLICT OF INTERESTS

When a conflict of interest arises the moral principle is clear – the welfare of the patient must at all times be paramount. A student physician may challenge or refuse to comply with a directive whose implementation would be antithetical to his or her ethical principles.

Gifts, hospitality, or subsidies offered by medical equipment, pharmaceutical or other manufacturers or distributors should not be accepted if acceptance would influence the objectivity of clinical judgment.

SEXUAL MISCONDUCT

The student physician will not engage in romantic, sexual, or other nonprofessional relationships with a patient, even at the apparent request of a patient, while the student is involved with the patient's care. The student physician is not expected to tolerate inappropriate sexual behavior on the part of a patient or other medical personnel.

IMPAIRMENT

The student physician will not use alcohol or drugs that could compromise patient care. It is the responsibility of every student to protect the public from an impaired colleague and to assist a colleague whose capability is impaired because of ill health. The student is obligated to report persons of the health care team whose behavior exhibits impairment or lack of professional conduct or competence, or who engage in fraud or deception.

CRITICISM OF COLLEAGUES

It is unethical and harmful for a student physician to disparage without good evidence the professional competence, knowledge, qualifications, or services of a colleague to a review (judicial) body or patient. It is also unethical to imply by word, gesture, or deed that a patient has been poorly managed or mistreated by a colleague without good evidence.

Professional relations among all members of the medical community should be marked with civility. Thus, scholarly contributions should be acknowledged, slanderous comments and acts should be expunged, and each person should recognize and facilitate the contributions of other to the community.

The medical student will deal with professional, staff, and peer members of the health team in a considerate manner and with a spirit of cooperation.

RESEARCH

The basic principle underlying all research is honesty. Scientists have a responsibility to provide research results of high quality; to gather facts meticulously, to keep impeccable records of work done; to interpret results realistically, not forcing them into preconceived molds or models; and to report new knowledge through appropriate channels. Coauthors of research reports must be well enough acquainted with the work of their coworkers that they can personally vouch for the integrity of the study and validity of the findings, and must have been active in the research itself.

Plagiarism is unethical. To consciously incorporate the words of others, either verbatim or through paraphrasing, without appropriate acknowledgement is unacceptable in scientific literature.

EVALUATION

Students should seek feedback and actively participate in the process of evaluating their teachers (faculty as well as housestaff). Students are expected to respond to constructive criticism by appropriate modification of their behavior.

TEACHING

The very title “Doctor” – from the Latin docere, “to teach” – implies a responsibility to share knowledge and information with colleagues and patients. It is incumbent upon those entering this profession to teach what they know of the science, art, and ethics of medicine. It includes communicating clearly with and teaching patients so that they are properly prepared to participate in their own care and in the maintenance of their health.

USF STUDENT GUIDELINES FOR EXPOSURES TO INFECTIOUS DISEASES

Academic Year 2011/2012

USF Health and the affiliated clinical sites will provide students with access to their employee health services if exposures to infectious diseases occur.

To minimize exposure risks, the following principles are to be followed:

1. Practice Standard (Universal) Precautions
2. Consider all patients as potentially infectious

USF’s Health Administration/Infectious Disease Center has developed protocols, which summarize the steps to follow if you are exposed to an infectious disease. While each clinical site has its own specific procedures, protocols are outlined below as a reference for you.

1. Tuberculosis – Airborne/AFB Isolation

- A. Exposure is defined as: Airborne contact with a person who has a sputum smear positive for acid fast bacilli (AFB) and/or a positive sputum culture for mycobacterium tuberculosis (MTB).
- B. Confirm exposure with your instructor or supervisor and fill out an incident report.
- C. Report to the clinical site’s Employee Health or USF Health Administration for an evaluation if you feel you have had an exposure to tuberculosis.

- D. You will be given a baseline PPD if you have not had a TB skin test within the past three months, or a chest x-ray if you have a history of a positive PPD.
- E. You will be given a second PPD or chest x-ray twelve weeks after the tuberculosis exposure to determine if you acquired a tuberculosis infection due to this exposure. There will be no charge for the tuberculin skin tests or chest x-rays.
- F. If your post-exposure PPD or chest x-ray is positive, you will be advised to report to your personal healthcare provider, Health Administration or the Hillsborough County TB Clinic for an evaluation and prophylaxis therapy.

2. Meningococcal Meningitis – Airborne/Droplet Isolation

- A. Exposure is defined as: Intensive, direct contact such as pulmonary resuscitation (mouth to mouth); and/or prolonged, direct care for four or more hours within an enclosed area.
- B. Confirm exposure with your instructor or supervisor and fill out an incident report.
- C. Report to the clinical site's Employee Health or USF Health Administration for an evaluation of the exposure as soon as possible (preferably within 48 hours).
- D. If appropriate, you will be prescribed prophylactic therapy (Rifampin 600mg bid for two days).

3. Chicken Pox (Varicella) – Airborne/Contact/Childhood Isolation

- A. Exposure is defined as: Close contact with a person who is incubating or has varicella lesions that are not dried up and crusted over.
- B. Persons with a negative history of chicken pox or a negative varicella titer who are exposed to chicken pox or shingles must report to Employee Health/USF Health administration for evaluation.
- C. A varicella (chicken pox) titer will be drawn on the exposed person. Persons with a negative varicella titer will not be allowed in patient contact areas from day 10 through day 21 post-exposure.
- D. The varicella vaccine (two doses, four to eight weeks apart) will be offered to persons with a negative varicella titer.

4. Other Infectious Diseases

Students concerned about exposures to other infectious diseases (i.e. pertussis, measles, rubella, and viruses) should call USF Health Administration at 974-3163 or 974-5171.

5. Bloodborne Pathogens – Hepatitis B Virus (HBV), Hepatitis C Virus (HCV) and HIV – Blood/Body Fluid Precautions

- A. A significant exposure to HBV/HCV/HIV is defined as:
 - 1. A parenteral (needlestick/sharp) exposure to blood, tissues, or infectious body fluids;
 - 2. Mucous membrane (eyes, nose, mouth) exposure to blood, tissues, or infectious body fluids;
 - 3. Non-intact skin (chapped, abraded, weeping, dermatitis, open lesions) exposure to blood, tissues, or infectious body fluids.
- B. Body Fluids identified as infectious for HBV/HCV/HIV are:
 - 1. Blood/blood products
 - 2. Semen/vaginal secretions
 - 3. Amniotic fluid
 - 4. Cerebrospinal fluid
 - 5. Pleural fluid

6. Peritoneal fluid
 7. Pericardial fluid
 8. Synovial fluid
 9. Concentrated Virus
 10. Any body fluid visibly contaminated with blood
- C. Body fluids not considered infectious for HBV/HCV/HIV unless contaminated with blood are:
1. Feces/urine
 2. Tears/sweat
 3. Nasal secretions/sputum
 4. Vomitus
 5. Saliva (except in settings where the likelihood of blood contamination is high)
- D. After an exposure to blood or infectious body fluids, students should:
1. Perform immediate physical removal of the blood/body fluid;
 2. Report the exposure to his/her instructor/supervisor immediately;
 3. Initiate an incident report;
 4. Report to the clinical site's Employee health or USF Health Administration within two hours of the exposure;
 5. Bring the following information on the source patient, if available: name, medical record number, patient ID number, diagnosis and room number;
 6. If you are uncertain where to report if Employee Health/USF Health Administration is closed, call the Infectious Disease Fellow on call for guidance (974-2201).
- E. Employee Health will evaluate the student as follows:
1. Provide first aid treatment as necessary;
 2. Investigate the source patient and order HIV and hepatitis tests as necessary;
 3. Draw baseline HIV, HCV and HBsAB on the student. Follow-up tests at 3 months, 6 months and 12 months will be offered;
 4. Code names will be used for laboratory testing;
 5. Students requiring prophylaxis for the exposure will receive it at no cost.

Resource persons available to assist you:

- The Infectious Disease Division Office at Tampa General Hospital (844-4174)
- Health Administration Office – USF Medical School, Room 4146 (974-3163 or 974-5171)
- Infectious Control/Employee Health Practitioners at affiliated hospitals (refer to orange exposure cards for specific practitioners)

Healthcare Worker Exposures to Bloodborne Pathogens

- I. Risk of exposure to bloodborne pathogens (BBP) is determined by:
- A. Type of BBP:
 1. Hepatitis B – 1:4 chance (assuming the source of the exposure is HBsAg positive, especially HBeAg positive, and the healthcare worker is HBsAb negative)
 2. Hepatitis C – 1:30 to 1:1000 chance
 3. HIV – 1:300 chance
 - a. 194 HIV seroconversions in healthcare workers reported to the CDC
 - b. 57 = definite occupationally acquired; 139 = possibly occupationally acquired
 - B. Route of exposure:
 1. Needle size – larger gauge more risky than smaller gauge
 2. Needle type – hollow bore more risky than solid suture needle
 3. Needle with syringe of fluid – more risky than needle alone

4. Deep puncture with fluid injection > deep puncture without fluid > superficial puncture > superficial scratch with bleeding > mucous membrane exposure > nonintact skin exposure > aerosol of blood
 - a. Large volumes or prolonged contact with blood is associated with mucous membrane and nonintact skin exposure.
 - b. Aerosolizing of blood has not been associated with the acquisition of any BBP.
 - C. Type of body fluid:
 1. Blood is the most risky fluid
 2. Bloody body fluids are more risky than body fluids without blood
 - D. Amount of inoculums – the greater the inoculums, the greater the risk
 - E. Staging of HIV infected source patient:
 1. Amount of circulating virus is highest when source patient has advanced AIDS and/or is experiencing acute antiretroviral syndrome.
 2. Almost all seroconversions have occurred when source was symptomatic or had AIDS.
 - F. Use of personal protective equipment:
 1. Double gloving more protective than single gloves
 2. Gloves may decrease exposure volume by 50%
 - G. Institution of immediate First Aid treatment:
 1. Physical removal of blood/bloody body fluid from exposed site by squeezing, scrubbing, irrigation, flushing.
 2. Bleach (1:10 dilution) only agent that kills Hepatitis B in the environment
 3. Bleach, chlorhexidine, povidone-iodine – all equally effective in killing HIV in the environment.
- II. Risk of exposure to BBP can be reduced by:
- A. Use of personal protective equipment
 1. Wear gloves to decrease inoculums from sharps injury
 2. Wear gowns, faceshields, gloves to decrease extent of mucous membrane or skin exposure
 - B. Elimination of risky practices
 1. Do not recap needles
 2. Do not overfill sharps containers
 3. Do not attempt invasive skills without training and/or supervision
 4. Consider all patients as potentially infectious – practice Standard (Universal) Precautions

John T. Sinnott, MD
Linda Lennerth, RN, MSN
USF Health Administration
Infectious Disease Center
Academic Year 2010/2011

ADDRESS UPDATES

Students must immediately report changes in local address, phone number, cell phone number and/or pager number to the College of Medicine Registrar's Office by one of the following methods:

1. Complete a [Change of Address Form](#) and submit to the COM Registrar's Office or visit the Registrar in MDC 1007.
2. E-mail updated information to Marrison Cook (mcook@health.usf.edu).

PERSONAL SAFETY

The USF Health Campus Security office is located in MDC 1023. Their telephone number is **974-2417**. If no one is present the phone will automatically revert to the University Police at **974-2628**.

The safety of students is a primary concern of the COM. The educational process involves long hours, many spent alone studying or working in the laboratory, and students must take extra precautions on and off campus. USF police suggest the following preventive measures:

- Avoid isolated sites
- Have access to other people or a phone
- Call the police department (974-2417) when working or studying on campus after hours so the area can be patrolled
- Secure doors behind you
- Don't walk to the parking lot alone at night, call SAFE (974-7233) on campus for a Safe Team Escort

A Security Officer is on duty at USF Health on a 24-hour basis. Officers frequently check ID cards so be sure to carry your student ID card with you when at USF Health after normal business hours.

If you have a true emergency call 911.

If you are calling from a cell phone you most likely will get another police department first. You must tell them this is an emergency on USF property and you are calling from a cell phone. The emergency system cannot identify cell phones as easily. You should be prepared to give your name and precise location. You should also state if you feel threatened.

Sexual assault is a criminal violation subject to prosecution by the State Attorney's Office. All sexual assault allegations reported to the USF police are referred to the State Attorney's Office which then makes the decision whether to prosecute.

STUDENT PARKING

USF TAMPA CAMPUS

All vehicles parked on USF Campus (including Moffitt Hospital) are required to display a parking permit. Student permits can be purchased from the [USF Parking Services](#). Costs for **2011/2012** have not yet been determined.

Students may park in any of the designated "Non-Resident Student Lots" on campus. The closest lots to the Medical Center are Lots 32 and 33 (student designated section ONLY), 19, 38F and 38C by the College of Public Health. A Parking Permit Vending Machine is located in Lot 19.

Parking restrictions are enforced daily from 7:00 a.m. – 5:30 p.m.

TAMPA GENERAL HOSPITAL

As of May 25, 2010 per TGH representatives and USF liaisons (including Student Council):

Parking is free in the TGH parking garage for USF COM students arriving before 5:30am and arriving after 3:00pm. When exiting the garage, present your USF student ID and state that you are a USF medical student when you hand them your parking ticket.

Student Council President, John Emerson, continues to work with TGH representatives to define the terms around parking in the garage on call nights. However, it appears the only time you are going to be allowed to park in the garage for call is over the weekends. **If you have a call that ends on a weekday, you are expected to park in the off-site lot (corner of South Hyde Park Avenue and Brorein Street) and take the shuttle in the morning. If you are let out of call early and it is after 9:00pm you are to contact security for a ride to the off-site lot.**

**TAMPA GENERAL HOSPITAL
CALL ROOM PROCEDURES
AY2010-2011**

Call rooms are intended for the use of medical residents. This privilege has been extended to medical students and a specific hallway has been assigned as such. Please do not abuse this privilege and follow the rules listed below:

1. Call Rooms are for in-house overnight call only – You may sign up for a room on the calendar posted monthly on the door. There are no assigned rooms for specialties. The number of rooms is limited and many contain bunk beds. Please be considerate of your fellow students when signing up for and using a room. Keys are available in the GME office during business hours.
2. Please take all personal possessions with you if leaving TGH, otherwise you need to use the lockers provided. Locks are available on a check-out basis in the GME/Housestaff office. There is a wall of lockers available to check out on a month-to-month basis and must be renewed monthly or they will be reassigned. Rooms will not be cleaned if overnight bags or clothing are on the bed. Please assist us by placing your bags against the wall opposite the bed.
3. Do not leave garbage on the floor, bed or desk; it is not the housekeeper's job to pick up after you. We are fortunate to have a regular housekeeper in this area. On the days he/she is off please be aware that you may need to change the bed linens for that day. Clean linen is delivered daily and stored in the linen room in the Housestaff area. Blankets are limited so please be considerate when taking number of them off the cart. For emergency needs the GME office stocks toothbrushes, toothpaste, mouthwash and deodorant.
4. Dirty scrubs and towels need to be put in the laundry hamper, this includes in the shower facilities.
5. Food is not allowed in rooms. If you do bring something up please dispose of it properly. All trays brought up from the cafeteria need to be returned, not left in the kitchen area.
6. Please lock your call room door...this is for your own protection. If you do leave personal items in the room we will not be responsible for loss if the door is open.
7. When leaving a room, if you are not returning, please leave the door ajar to indicate cleaning is necessary.
8. The Computer Room is for everyone's use, please be considerate when printing. The printers often run slowly and we need to avoid excessive print jobs. Paper is provided by the Housestaff office as well as replacement ink cartridges.
9. If you have a problem, let us know at 844-7412.