INTRODUCTION
Welcome to the Neuroscience Clerkship. The central and peripheral nervous systems are complex and fascinating, and its disorders are challenging and unique. You will acquire both clinical skills and knowledge during this rotation which will be useful, whatever professional path you take.

Clerkship Director   Clerkship Co-Director   Clerkship Coordinator
Dr. Annabel Wang   Dr. Lama Al-Khoury   Jean Gottbreht
714-456-2332   714-456-8759   714-456-7707
akwang@uci.edu   lalkhour@uci.edu   jlgottbr@uci.edu
Building 53, Room 203

EXPECTATIONS OF STUDENTS
- Participate in attending rounds every morning Monday-Friday (except Wednesday).
  The only exception is neurology student conference(s)/ tutorials which supersede(s) your rounds responsibilities.
- Present patients in collaboration with your resident(s).
- Make brief presentations on neurological topics as assigned by your attendings or residents.
- Prepare for and participate in tutorials which will take place on Wednesdays.
- Enter a minimum of 12 patients in your case logs
- Complete your neurology core competency cards
- Take the OSCE and Neurology Shelf Examination
- Maintain appropriate standards of professionalism at all times. Show compassion for the patients, work collegially with the staff, and be on time for rounds, tutorials, and clinics.
- Attend Grand Rounds on Friday mornings at 8 am.

COMPONENTS
You will be divided into 4 groups and rotate through the following services:
1 week on Neurology Ward Senior: Susan Sifers, MD 506-4723
1 week on Neurology Consult (UCIMC or LBVA) Senior: Lauren Green, DO 506-1894
1 week of Neurosurgery (2 weeks are possible for 4th year students)
1 week of Neuroradiology (3 students) or Pediatric Neurology (2 students)

Week 1---   Week 2---   Week 3---   Week 4---
Sept 19     Sept 26     Oct 3       Oct 10
Students enrolled in the clerkship this block are:

TEAM A:  Wards, Consults, Neuroradiology, Neurosurgery

Gregory Chinn  Belinda Dao  Joseph Hanson
(Ped Neuro)

TEAM B:  Consults, Neuroradiology, Neurosurgery, Wards

Elizabeth Horvitz  Juan Rendon  Michelle Solone  Emily Hersh-Burdick
(Ped Neuro)

TEAM C:  Neuroradiology, Neurosurgery, Wards, Consults

Farzad Kamyar  Vincent Whelan  Nhan Huynh  Jonathan Pourmorady
(Ped Neuro)

TEAM D:  Neurosurgery, Wards, Consults, Neuroradiology

Bryan Lembo  Ariel Ourian  Edward Wu  Autumn Ivy
(2 wk NS)  (Ped Neuro)
GOALS AND OBJECTIVES
(Modified from curriculum developed by the American Academy of Neurology)

- Demonstrate competence in presenting a neurological history and physical examination
- Demonstrate competence in doing a neurological examination
- Develop experience in fundoscopic examinations
- Recognize neurological symptoms & localize neurological lesions
- Generate a neurological differential diagnosis
- Recognize neurological emergencies
- Witness or perform a lumbar puncture
- Learn about neurological tests: EEG, EMG, LP, MRI, CT,

RECOMMENDED TEXT
Clinical Neurology: Aminoff, Simon and Greenberg

LANGE Case Files (Neurologic Disorders) (http://www.accessmedicine.com/caseHome.aspx)

NEUROLOGICAL EQUIPMENT
- Reflex hammer
- 128 Hz. Tuning fork
- An ophthalmoscope

REQUIRED CONFERENCES
1. Neuroscience Tutorials which will be conducted by the residents and faculty on Wednesdays. You are expected to return to your services after the sessions are completed on Wednesday afternoon.

CASE LOGS
Students on the neurology rotation are required to show their patient activity by entering this data in patient logs at http://www.meded.uci.edu then click on Case Logs. A minimum of 12 cases is required to be logged to complete the rotation. These must be patients that you have personally examined, have participated in their care, and on whom you could give a verbal presentation, if called on. Patient log categories include: altered mental status, CNS infection, dementia, gait disorders, headache, movement disorders, multiple sclerosis, neuromuscular disorders, seizures or neurologic emergencies (stroke, syncope, intracranial bleeding).

NEUROLOGY "Core Competency Performance" CARD
The neurology core competency performance card will be distributed at the beginning of the clerkship. This card must be turned in with all legible signatures PRIOR to taking the USMLE exam. On this card, you must have a resident or attending initial each line, to confirm direct observation of performance on each of the following: patient care, medical knowledge, practice based learning & improvement, interpersonal & communication skills, professionalism and system based practice.
CALL
Exposure to neurological emergencies is an important part of your neurological training. To accomplish this you will be assigned a total of 3 week night and 1 weekend day of call during this rotation. Week night call is until 10 pm; weekend call starts with 8 am rounds and is finished by 6pm. You are expected to accompany the on-call resident to any emergency calls. Any quiet time can be used for reading and tutorial preparation. Report to work room 52 when on call.

Be sure to have your neurology core competency card legibly signed by the resident you worked with on your assigned on-call dates. Your participation in this activity is important and goes towards your final course grade.

ABSENCES
UCI SOM vouchers are for exceptional absences only. In Neurology, absences must be approved in writing by the Clerkship Director prior to the start of your rotation. This includes absences during interview season. Only emergent absence is acceptable without a prior approval. You must complete a SOM voucher for your absent time. Additional absence may also necessitate additional work.

REMINDER
Neuroscience is a core rotation at UCI and must be successfully completed. Extended absence could lead to a poor, or even a failing grade requiring that the course be repeated. Interviews for residency positions should not be scheduled during this rotation unless there is no other date available. There are no excused absences last 3 days of the rotation. Also, during your inpatient week plan to attend the Neuroscience Clinic on Friday am in Pavilion 1, except for the first Friday of the month, as that clinic only is in Bldg. 200, 1st floor in the ALS Center. This clinic is immediately following Grand Rounds.

FLU----We follow CDC guidelines. You must contact the Clerkship Coordinator if you are ill and need to stay home.

MID COURSE EVALUATION
During the second week, you will have an OSCE examination to evaluate your ability to perform the neurological examination. You will receive a report of your performance and at this time, you will be informed any improvements needed.

WRITTEN FINAL EXAMINATION
The NBME Shelf / Subject Examinations are used by the majority of the core clerkships including Neurology. The Neurology Shelf Examination serves as the written final. This test is used as neurology shares students’ expressed values, including fairness and intent to cover core material applicable to clinical practice. We follow established UCI SOM policies on shelf examinations including the opportunity to repeat the exam if needed.
The shelf exam is a required part of this clerkship. It is given to every student enrolled in the course on Friday of the last week. Your test will be given on the last Friday of the rotation from 9 to 11:30 in Bldg. 53, Room 121.

Please note: Your signed note core competency card MUST be completed and turned in prior to taking the exam. In addition, the intranet evaluations on the residents and faculty you worked with MUST be completed prior to taking the exam. The website is https://intranet1.ha.uci.edu/student/index.asp. There are no exceptions. We require written documentation from the UCI office on the first day of your rotation for any special accommodations.

GRADING
The following is considered when processing the final grade.

- Neurology staff's global evaluation
- Professionalism, ethics, knowledge, participation
- Preparation, knowledge and participation in tutorials
- Participation in hospital and clinic rounds.
- Observation by a resident or attending of your performance on all 6 exam components as listed on the neurology card
- Short call nights which include 1 weekend day
- Brief didactic presentations
- OSCE mid-rotation evaluation
- Shelf Examination (passing grade of greater than 6th percentile).

Please note that in order to obtain honors, you must score in the 90th percentile on the shelf exam and receive honors in your evaluations. Any unexplained absences from the Wednesday tutorials sessions or issues with professionalism will preclude you from receiving honors.

CAVEAT
Absenteeism, poor participation, substandard knowledge, and poor clinical skills will adversely affect your final grade. Any issues with professionalism will be forward to Dr. Michael Prislin.

NEUROLOGY CONSULT AT LBVA---TBA

NEURORADIOLOGY
Please go to Bldg. 22B, reading room immediately after orientation or by 9 am.
Questions-please e-mail Sandy Reilly at sreilly@uci.edu.

PED NEURO at CHOC
Please call Paula prior to starting at 714-204-3219 for precise starting information. Plan to be at her office by 8 am or immediately following orientation. She can be emailed at pcarroll@choc.org.

NEUROSURGERY- Please read next page and follow the instructions.
Questions-please email Pauline David at pbdavid@uci.edu.
NEUROSURGERY ROTATION (1 week)
*Neurosurgery service schedule  *Scrubbing into a case  *Contact information
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Daily Schedule
During the Neurosurgery rotation, medical students are expected to make rounds daily (M-F) with our R2, Dr. Gill at 6:00am. His pager # is 714 506 5474. Please contact him before you start to verify time and location. If the Neuroscience Orientation falls during that time, then please report directly to one of the Neurosurgery attending in clinic or the operating room.

Throughout the rotation, medical students are responsible for dividing themselves up to attend either clinic or surgery depending on that day’s schedule. Faculty mentors are assigned in the beginning of the clerkship and are responsible for the medical student’s evaluation or responsible for assigning it to the faculty he/she worked most with. The Attendings the medical students assign themselves to should be determined by their interest and goals. There should not be more than two people at each location. Please see below the Attending’s schedule and location.

Please note- there is no in-house call schedule since neurosurgery residents are on home-call.

*Lasty, the faculty mentor assigned on the month the rotation starts is the faculty mentor until the end of that clerkship cycle (see below).*

Operating Room When you come into the o.r. please observe the following protocol:

1) Introduce yourself to Attending, Circulating Nurse and the Scrub tech

2) Familiarize yourself with the patient’s condition—see chart, films etc etc. If the Attending wants it, give them an oral summary of the case.

3) Do not just stand in the corner. Immerse yourself in the experience and get the most you can from the opportunity. Standing in place and staring into space is highly discouraged. Ask questions about the case, the imaging, the technology or monitoring.

4) Get final approval from Attending to scrub in

5) If you can already tie knots, you may get to use that skill in the o.r.

6) Round on the patient the next day, and every subsequent day you’re on the service

Clinic
Don’t wait in the waiting room, walk straight into the back of the clinic and ask a staff member where the neurosurgeon or PA is. Introduce yourself. Try to become engaged to get the most from this experience.
### Neurosurgery clinic and OR days

**Clinic**

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>OR (start times vary)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linskey: 8:00am at the Cancer Center for Brain Tumor clinic (2nd floor)</td>
<td>Ghostine</td>
</tr>
<tr>
<td>Pare: 8:30am day at Pavilion I for Spine Clinic</td>
<td>Yanni</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TUESDAY</th>
<th>Linskey: 8:00am at Pavilion I</th>
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<table>
<thead>
<tr>
<th>WEDNESDAY</th>
<th>P.A. clinic only</th>
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</table>

<table>
<thead>
<tr>
<th>THURSDAY</th>
<th>Ghostine: 8:00am at Pavilion I for Spine Clinic</th>
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<table>
<thead>
<tr>
<th>FRIDAY</th>
<th>Linskey: varies monthly A.M. ONLY at Pavilion I/Trigeminal Neuralgia</th>
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<tr>
<td></td>
<td>Pare: need be basis</td>
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</table>

### Neurosurgery Faculty

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Mentor start Month</th>
<th>Pager #</th>
<th>UCI email address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laura Pare, MD (Clerkship Director)</td>
<td>May, September, January</td>
<td>714-506-5699</td>
<td><a href="mailto:lpare@uci.edu">lpare@uci.edu</a></td>
</tr>
<tr>
<td>Daniel Yanni, MD</td>
<td>June, October, February</td>
<td>714-506-8535</td>
<td><a href="mailto:dyanni@uci.edu">dyanni@uci.edu</a></td>
</tr>
<tr>
<td>Sam Ghostine, MD</td>
<td>July, November, March</td>
<td>714-506-0536</td>
<td><a href="mailto:sghostin@uci.edu">sghostin@uci.edu</a></td>
</tr>
<tr>
<td>Mark Linskey, MD</td>
<td>Aug, December, April</td>
<td>714-506-2303</td>
<td><a href="mailto:mlinskey@uci.edu">mlinskey@uci.edu</a></td>
</tr>
</tbody>
</table>

### Academic/Administrative Office backline

714-456-5814

### Office fax

714-456-8284 or 714-456-8212

### Pavillion I

714-456-6775

### Pauline David (Medical Education Coordinator)

work: 714 456-495

cell: 949-385-0494
/email: pbdavid@uci.edu
Medical Student Duty Hours
University of California, Irvine School of Medicine
Drafted by the Clinical Course Directors Committee
January 11, 2008

The University of California, Irvine School of Medicine Committee on Curriculum and Educational Policy (CEP) in conjunction with the Counsel of Clinical Course Directors has established a work hours and working conditions policy to govern all Medical Student clinical rotations. This policy is effective immediately.

1. For all medical student rotations at UC Irvine Medical Center, Long Beach Memorial, Long Beach VA and outlying clinics affiliated with the UC Irvine School of Medicine, duty hours are limited to 70 hours per week averaged over four weeks including all in-house call.
2. Sub-Internship and ICU clinical rotations will be excluded from this policy, but their hours will not exceed the resident work hours.
3. Student physicians must receive one day in seven free of all educational and clinical responsibilities averaged over a four-week period:
4. In-house call must not exceed more than every fourth night averaged over a four-week period.
5. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Student may remain on duty for up to an additional 6 hours to participate in didactics activities, transfer of care, and maintain continuity of medical and surgical care.
6. During shift work, shifts should not be longer than twelve hours.
7. There should be a ten-hour rest period provided between all daily duty periods and after in-house call. Adequate time for rest and personal activities must be provided.
8. Duty hours do not include readings, preparation, and other study time whether spent in the library or away from duty site.
9. Violations of this policy should be reported to the Course Director and subsequently forwarded to the Educational Affairs office.
10. This policy covers all medical students who rotate through the University of California, Irvine
11. Students on externships away from UC Irvine will follow the other institutions guidelines.

UCI Holiday Accommodation
Students will be released from clinical duties at 6:00 p.m. the night before the holiday and return at 6:00 a.m. the day after the holiday. Easter is not considered a holiday so any student wishing to take Easter off must use one of his/her vouchers. However, if a student is scheduled for a rotation and responsible for direct patient care (Sub I, ICU or Emergency Medicine) he/she will work the exact schedule that the team works. Therefore, anyone who does not want to be on call the night before a specific holiday, or on a specific holiday, make sure not to schedule a Sub I or Emergency Medicine Rotation during that time. Holidays should not be counted as the student’s day off.

Match Day & Picnic Accommodations (no change)
Students will be released from clinical duties at 6:00 p.m. the night before Match Day and return at 6:00 a.m. the day after the Match. All students will be allowed to attend the Match Day Ceremony and picnic on the UCI Campus.

Honor's Evening Accommodations (no change)
Students will be released from clinical duties at 3:00 p.m. the day of the Honor's Evening Banquet. Students are expected to return to regular assignments at 6:00 a.m. the following day. However, if a student is scheduled for a rotation with direct patient care (Sub I, Emergency Medicine, or Substance Abuse), he/she will work the exact schedule that the team works. Therefore, anyone who does not want to be on call the night before a specific holiday, or on a specific holiday, make sure not schedule the Senior Sub I, Emergency Medicine, or Substance Abuse rotation during that time.
Time Off for Interviews
Interviewing is an essential component of the search for a residency program. Interviews should be scheduled during vacation time. Under no circumstances may interviews be scheduled during core rotations or when students have direct patient care responsibilities (Senior Sub I, Emergency Medicine, ICU, Radiology, Neurology or Substance Abuse) unless it is done on a regular day off. Be sure to schedule plenty of vacation time during the months of September through January to interview with residency programs.

In rare exceptions, interviews may have to take place while a student is enrolled in course work. If this is the case, it is at the discretion of the course director to determine the length of time that may be missed from the rotation without requiring a total repeat of the course but no more than an average of one day off per week should be scheduled. Students will be expected to use one of their vacation vouchers. In addition, the course director will determine the means for making up the missed course work. A student may fail the rotation or be given an incomplete if he/she has unexcused absence(s) from any rotation. Students must notify the course director immediately upon identifying a conflict in the interview schedule and assigned course work.
Institutional Learning Objectives for the University of California, Irvine School of Medicine

A. Goal: UCI graduates will be knowledgeable.

Objectives: By the time of graduation, students will have demonstrated appropriate, relevant and sufficient knowledge in these broad areas:

i. Knowledge of the structure and function of the major organ systems, including the molecular, biochemical and cellular mechanisms for maintaining homeostasis;

ii. Knowledge of the pathogenesis of diseases, interventions for effective treatment, and mechanisms of health maintenance to prevent disease;

iii. Knowledge of basic clinical skills required to meet the skills objectives, including interviewing, physical diagnosis, communication and clinical reasoning processes;

iv. Knowledge of population health, epidemiology principles and the scientific basis of research methods relevant to healthcare;

v. Knowledge of medical practice, including health care economics and health systems impacting delivery and quality of patient care.

B. Goal: UCI graduates will be skillful.

Objectives: By the time of graduation, UCI students will demonstrate, at the appropriate level.

i. The ability to competently conduct a medical interview and counseling to take into account patient health beliefs, patient agenda and the need for comprehensive medical and psychosocial assessment;

ii. The ability to competently perform a complete and organ-system-specific examination including a mental health status examination;

iii. The ability to articulate a cogent, accurate assessment and plan, and problem list, using diagnostic clinical reasoning skills in all the major disciplines;

iv. The ability to search the medical literature, including electronic databases, and to locate and interpret up-to-date evidence to optimize patient care;

v. The ability to practice effective preventive medicine by identifying, addressing and advocating for strategies to maintain health and well-being, to identify and treat disease early where appropriate and to advise on lifestyle practices;

vi. The ability to function effectively within the context of complexity and uncertainty in medical care;

vii. The ability to identify and process ethical and professional issues.

C. Goal: UCI graduates will be altruistic, demonstrating professionalism and commitment.

Objectives: UCI graduates will demonstrate appropriate attitudes and behaviors in these domains:

i. Honesty and integrity reflecting the standards of the profession, in interacting with colleagues, patients, families and professional organizations;

ii. Professional behaviors reflecting compassion and respect for patient privacy, altruism and a commitment to comprehensive, holistic medical care;

iii. Sensitivity and awareness of diverse cultures, health beliefs and social factors impacting patient health and illness;

iv. The commitment to seek knowledge and skills to better serve the needs of the underserved in their communities;

v. Respect for colleagues and team members.
D. Goal: UCI graduates will be dutiful.

Objectives: By the time of graduation, students will show:

i. A commitment to lifelong learning and independently seeking new knowledge and skills in their own recognized areas of learning deficit;

ii. A commitment to patient care and to the well-being of patients and colleagues

iii. A commitment to serve our community;

iv. A commitment to personal well-being and the well-being of family and friends.
Mandatory Infection Control and Prevention Training

The following rules and regulations apply to all individuals in clinical care. You are responsible for your own behavior regardless of the adherence by your colleagues or superiors.

1. Hand Hygiene

Hand hygiene is the most important way to prevent hospital-associated infections. Medical students currently have the lowest adherence to hand hygiene (<70%). It is critical that students understand the importance of this requirement for entry and exit from all patient rooms.

- Alcohol hand gel is acceptable unless hands are visibly soiled. Thumbs and between the fingers are the most commonly missed places when using alcohol hand rub. Clean well between fingers and under fingernails when washing with soap and water.
- For patients on Spore Precautions (C. difficile) soap and water is required to remove spores
- Accreditation surveys occur frequently and unannounced. A single observed missed hand hygiene event can put the hospital at risk for citation.

2. Standard Precautions

- Use personal protective equipment (PPE) such as gloves, gowns, masks, and eye shields to protect yourself based on any expected or perceived exposure to blood, body fluids or non-intact skin such as rashes or open wounds. Do not depend on knowing a diagnosis to use protection. Adherence to Standard Precautions will minimize exposure from undiagnosed or unsuspected diseases. Discard used PPE appropriately into a specified collector/regular trash prior to exiting a patient room.

3. Special Precaution Signs and Procedures

These precautions should be instituted pre-emptively for all potential cases of the below. As with all patients, hand hygiene should be performed before and after room entry.

<table>
<thead>
<tr>
<th>Precaution Sign</th>
<th>Special Procedure</th>
<th>Common Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Droplet</td>
<td>Regular mask within 3 feet of patient</td>
<td>meningococcal meningitis, pertussis, influenza</td>
</tr>
<tr>
<td>Special Droplet</td>
<td>N95 mask to enter if not vaccinated&lt;br&gt;Regular mask to enter if vaccinated &gt;2 wks</td>
<td>Novel H1N1 influenza</td>
</tr>
<tr>
<td>Contact</td>
<td>Gown and gloves to enter</td>
<td>MRSA, VRE, highly resistant GNR (ESBLs and others), chicken pox or disseminated shingles, RSV, rotavirus, scabies</td>
</tr>
<tr>
<td>Spore</td>
<td>Gown and gloves to enter. Soap and water for all hand hygiene</td>
<td>Clostridium difficile</td>
</tr>
<tr>
<td>Airborne</td>
<td>N95, negative pressure room with door closed</td>
<td>TB, measles, chicken pox or disseminated shingles</td>
</tr>
</tbody>
</table>

4. TB and N95 Mask Fit Testing

- All medical students must be fit tested for the right size and type of N95 masks. Those who have not been fit tested should refrain from caring for patients in airborne isolation until fit testing is completed and documented.
- Patients with proven or suspected pulmonary TB cannot be removed from airborne precautions while in the hospital until the following criteria are met: 1) three negative induced sputum smears, 2) receipt of therapy for at least 2 weeks, 3) clinical improvement is noted. Patients can be sent home before these criteria are met provided that public health is notified, compliance is assured, and there is no child under 5 years old living at home.
5. Influenza Vaccination and Masking Policy
   - All students required to be on UC Irvine Medical Center premises or in outlying affiliated clinics must receive all CDC recommended influenza vaccines each year. If not vaccinated by Jan 1, they must wear a regular mask while in these areas. Failure to comply will result in removal from all clinical duties and areas.

6. Other Vaccines
   - All students are required to show proof of immunization or immune titers to hepatitis B, MMR, polio, varicella, and tetanus/diphtheria prior to clinical duties. In addition, proof of TB clearance (e.g. ppd or symptom/CXR screen) is required annually. Finally, pertussis vaccination is strongly recommended.

7. Illness
   - Do not work while ill. Please stay home for any fever or if you feel poorly regardless of fever.
   - If you feel well, but have active cough or runny nose; please wear a regular mask when in clinical or patient care areas.

8. Artificial Nails Policy and Dress Code
   - Artificial nails have been definitively associated with hospital infections. Artificial nails are not allowed for anyone with patient care responsibilities. While painted natural nails are allowed, nails should not exceed ¼ inch at all times.
   - OR surgical scrubs must not be worn off the Medical Center campus at any time. A cover gown/lab coat must be worn over scrubs when leaving OR. Shoe covers, hats, and masks must be discarded when leaving the OR.

9. Placing Central Venous Catheters
   - By legislation, all persons placing a central venous catheter must undergo line placement training and complete a Central Line Insertion Practice (CLIP) form for EACH line. This documents compliance with critical elements such as wearing sterile gown and gloves, with hair covering and mask for inserter and helper, use of a full sterile barrier on patient, and chlorhexidine skin prep.
   - By legislation, all central venous catheters must have physician documentation on daily notes for the continued necessity of the line. Otherwise, the line should be removed.

10. Equipment Cleaning
    - Clean your stethoscopes with alcohol wipes or surface disinfectant “Cavi-wipes” after use. If you use Cavi-wipes, be sure to use gloves.
    - Also use Cavi-wipes” to clean and disinfect any shared patient care equipment you use.

11. Admission MRSA Screens and Physician Notification
    - By legislation, all patients at UC Irvine Medical Center are being screened on admission for MRSA (nasal swab). If patients are found to be MRSA positive, a physician must notify the patient and provide documentation of notification. Education on prevention of transmission must also be provided if the patient has an MRSA infection.

12. Document Provision of Education
    - Hospital accreditation increasingly is based on documenting care provided to patients. Ensure that documentation is complete, particularly for educating patients about any communicable diseases.

13. Sharps injury or Blood/Body Fluid Exposure
    - If you experience a sharps injury or exposure to blood or body fluids, report to Occupational Health as soon as possible for follow-up. In an effort to protect workers from exposure, CalOSHA prohibits eating or drinking in any clinical area, including nurses’ stations.