



Neuroscience Clerkship

April 25 - May 22, 2016

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
Dr. Jose Carrillo
714-456-7214
carrilj2@hs.uci.edu

Clerkship Co-Director
Dr. Lama Al-Khoury
714-456-8759
lalkhour@uci.edu

Clerkship Coordinator
Jean Gottbreht
714-456-7707
jlgottbr@uci.edu

EXPECTATIONS OF MEDICAL STUDENTS

- Actively participate in attending rounds every morning Monday-Friday (except Wednesday of OSCE). The only exception is neurology student conference(s)/ tutorials which supersede(s) your rounds responsibilities.
- Present patients in collaboration with your resident(s). Remember these are your patients, and your opportunity to demonstrate knowledge of your patient's condition.
- Make brief presentations on neurological topics of your choice to your attendings or residents, while on Pediatric Neurology/Stroke service/Non-stroke service/Neuro-ICU. Succinct 5-10 minute presentations preferred.
- Prepare for and participate in Neurology resident conferences, which will take place on Monday - Thursday mornings (8-9am), and Neurology medical student didactic sessions each afternoon (4-6pm), as scheduled. Schedule details for each week via UCI email.
- Attend all Didactic/Teaching sessions. Quizzes will follow each week.
- Complete 10 case logs, as well as mid-course feedback and observed H&P on new innovations.
- Complete your neurology core competency on call paper and get completed the mid course feedback.
- Take the OSCE and NBME Neurology Shelf Examination.
- Demonstrate proficiency performing the neurologic examination.
- Maintain appropriate standards of professionalism at all times. Highest standards of professionalism will also apply to your use of iPads, and cell phones.
- 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 starting at 8 am.
- Attend Neurology half-day outpatient Clinics with available Neurology faculty while on Neurosurgery, Pediatric Neurology, +/- Stroke service and Non-stroke service.
- Complete online evaluations of faculty, residents, lectures and course within 2 weeks of finishing the clerkship.

COMPONENTS

Utilizing your submitted preferences, you will be divided into 4 groups and rotate through the following services:

2 weeks on Neurology Stroke- 7 am Senior: Dr. Michael Young (506-2637)

OR

2 weeks on Neurology Non-Stroke - 7 am Senior: Dr. Arnold Brizuela (506-4375)

AND

2 weeks of Neurosurgery (2 weeks are possible for interested students) **OR**

2 weeks of Pediatric Neurology (2 students) **OR** 2 weeks of Neuro-ICU (max 3 students)

Student schedule assignments this block are:

Block 12: April 25 – May 22, 2016

Week 1: April 25

Week 2: May 2

Week 3: May 9

Week 4: May 16

Team A: Stroke -- Elective



Steven Plimpton (non-stroke)

Team B: Non-Stroke -- Elective



Lesley Lara (CHOC)



Ana Ordaz Valencia(CHOC)

Team C: Elective -- Non-Stroke



Kara Percival (CHOC)



Jessica Gandy (CHOC)

Team D: Elective -- Stroke



Ryan Gupta (ICU)

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,
- Become familiar with commonly seen neurologic disorders

RECOMMENDED TEXT

- *Clinical Neurology: Aminoff, Simon and Greenberg*
(<http://www.accessmedicine.com/resourceTOC.aspx?resourceID=66>)
- *LANGE Case Files (Neurologic Disorders)* (<http://www.accessmedicine.com/caseHome.aspx>)
- Students have found Blueprints Neurology helpful in the past.
- Gelb, DJ. Introduction to Clinical Neurology, 4th ed.

ONLINE RESOURCES

- CANVAS Website (<https://ucisom.instructure.com>)
 - Check for Orientation Materials, Useful Links, Articles, Podcasts, Evidence-Based Guidelines, Neurologic Exam websites, and Student Survival Guide. See website for full resources.
- iPad APPS:
 - Neuro Tutor, Brain Pro, Pocket Body, Stroke Scale, Stroke Track, CliniCalc, JiffPad, 3D Brain, BrainView, Nerve Whiz, NeuroLocalizer, NearPod, Flashlight, Eponyms, Eye2Phone, etc.
- The new Bates' Visual Guide to Physical Examination is now available at: <http://batesvisualguide.com/> via the UCI Libraries' annual subscription. The cases are different from the old Bates. The new Bates also include four OSCE Clinical Skills videos. We were told that more videos will be added in the near future. When you access the new Bates remotely, be sure to first turn on the VPN (not Web VPN) and login with your UCInetID and password. Since this is a new subscription, please send us your feedback. Neurologic Examination is on Vol. #17 and #18.
- The Access Medicine provides 150 cases in various specialties and is located under the Case Files tab. The case files can also be accessed directly at: <http://www.accessmedicine.com/caseHome.aspx>. Each specialty (Anatomy, Emergency Medicine, Family Medicine, Internal Medicine, **Neurology**, **Neuroscience**) includes multiple cases. Each case includes a case scenario, questions with answers, Approach, Clinical Pearls, References, and Comprehensive, multiple-choice questions.

NEUROLOGICAL EQUIPMENT

- Reflex hammer
- 128 Hz. Tuning fork
- An ophthalmoscope
- Snellen card for testing visual acuity (or equivalent app)

REQUIRED CONFERENCES

1. **Neuroscience Didactic Sessions:** will be conducted by the residents and faculty during Monday through Thursday morning (7-9am) and afternoon (4-6pm) sessions. You are expected to return to your services after the sessions are completed each morning, and service is concluded after the afternoon session. Schedule and location details are emailed for each week. Quizzes will follow after the didactic sessions. These will include dedicated Neuro-Radiology teaching sessions.
2. **Case-Based Discussions:** two sessions per block. It will take place during the didactic sessions of the Clerkship along with your Neuroscience Tutorials. For this block it will be TBA.
3. **Flipped-Classroom Session:** one session per block. It will take place during the teaching sessions of the Clerkship as part of your didactic sessions on that day. Your active participation in this session is crucial for full credit. **Remember to bring your iPads!** You will be split up into groups of 3 and given topics to research and later present for your classmates during this session. For this block it will be TBA. You must **prepare in advance** for this session.

4. **Neuro-Radiology Sessions:** resident/fellow lead two (2) sessions during each block where Neuro-radiology topics will be covered in a clinical/case format. For this block it will be TBA. You will need to review the Introductory Neuro-Radiology Power Point files prior to the first Neuro-Radiology didactic session. The Power Point file is available on Canvas.
5. **Prepare in advance** for Dr. Jefferson Chen's didactic session. It is a Flipped-classroom format and requires viewing his podcast presentation **in advance** of this session. Podcast available on Canvas.

CASE LOGS

Students on the neurology rotation are required to show their patient activity by entering this data in patient logs at <https://www.new-innov.com> then click on Logger, then Log a Case. A minimum of 10 cases is required to be logged to complete the rotation and must be completed before the shelf exam. These can be patients that you have personally examined, have participated in their care, or have seen during rounds. If you have missed any diagnoses, please ask attendings if they know where you could see a certain diagnosis. Patient log categories include: Altered Mental Status, Aphasia, Back Pain, CNS infections, Gait disorders, Headache, Movement disorders, Neuropathy, Seizures, and Stroke or Cerebral Hemorrhage.

NEUROLOGY "Core Competency Performance" PAPER

The neurology core competency performance paper will be distributed at the beginning of the clerkship. This paper must be turned in with all legible signatures **PRIOR** to taking the USMLE exam. On this paper, 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. (form posted on Canvas site)

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 nights and 1 week end day of call** during this rotation. Week night call is until 10 pm; week end call starts with 8 am rounds and is finished by 6 pm.

During the weekend call, you are expected to round with your team from that week, or the team that you will be starting with on the following Monday. You are expected to actively accompany the on-call resident to any emergency calls. Any quiet time can be used for reading and tutorial preparation.

Be sure to have your neurology core competency card legibly signed by the resident you worked with on your assigned Call.

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. There are no excused absences last 3 days of the rotation.

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 third week, you will have an OSCE examination to evaluate your ability to perform the neurological examination. You will rotate through Five 6-minute modules on standardized patients. You will receive a detailed report of your performance and at this time, you will be informed if any improvements needed. You are expected to review the neurologic examination during the first week of the clerkship in preparation. **The OSCE will be on campus Wednesday, May 11 at 1:45 pm.**

- Module #1: Mental status evaluation
- Module #2: Cranial Nerves evaluation
- Module #3: Motor evaluation
- Module #4: Sensory evaluation
- Module #5: Reflexes, Coordination, and Gait evaluation

Following the OSCE, you will have a 15 minute simulated patient (SP) experience at the simulation center on the Irvine campus. You will be required to obtain a full Neurologic history and physical examination on a standardized patient. **In addition, you will receive at orientation a half page paper you will use when requesting mid course feedback from the attending or resident you completed the first 2 weeks with. This must be signed and turned in prior to taking the exam.**

BASED 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 ONLINE 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. You do NOT have any clinical duties on the morning of your NBME examination, please use the additional time to study efficiently. After your shelf examination your clinical duties are complete for this Clerkship.

*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. This block the exam will be Friday, April 22. **Your exam will be FRIDAY, May 20th TIME-TBD, Bldg. 200 - Room 202.***

*Please note: All of your case logs and your signed note core competency paper **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 within 2 weeks of finishing the clerkship. The website these evals can be found on 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.*

The University of California Irvine values diversity and inclusion. We are committed to a climate of mutual respect and full participation. Our goal is to create learning environments that are usable, equitable, inclusive and welcoming. If there are aspects of the instruction or design of this course that result in barriers to your inclusion or accurate assessment or achievement, please notify the instructor as soon as possible. Students with a disability that may impact their ability to learn and/or perform in the School of Medicine are also welcome to contact the Disability Services Center to discuss a range of options to removing barriers in the course, including accommodations. The center may be contacted at www.disability.uci.edu 949 824 7494.

GRADING

The following is considered when processing the final grade.

- 70%
 - Neurology staff's global evaluation
 - Professionalism, ethics, knowledge, participation, attendance
 - Preparation, knowledge and participation in didactics/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 presentations on topic of your choice
 - OSCE mid-rotation evaluation (10%)
 - Didactic Quizzes (10%)
 - Flipped Classroom Session (5%)
- 30%
 - Shelf Examination (passing grade of $\geq 6^{\text{th}}$ percentile).

Please note that in order to obtain honors, you must score in the **80th percentile** on the shelf exam and receive honors in your **total score $\geq 85\%$** . Any unexplained absences from the Wednesday tutorials sessions or issues with professionalism will preclude you from receiving honors.

Clerkship Shelf Examination Policy---**11/18/2014**

All Students are required to pass the National Board of Medical Examiners Subject Examination (Shelf Exam) for each core third year clerkship. A passing score is defined as being above the fifth percentile of the national mean score for that exam. Students who fail to achieve a passing score on their first attempt will be allowed one additional opportunity to pass. However, students in this category will no longer be eligible to receive an honors grade for the clerkship. Students needing to schedule a shelf examination re-take should first meet with both the clerkship director and the Associate Dean for Student Affairs. In general, shelf exam re-takes will be scheduled during break periods in the student's schedule so as not to disrupt their participation in other clerkships. Students who are pending a shelf exam re-take will receive a grade of incomplete for that clerkship. By University rule all incomplete grades must be made up within twelve months or the incomplete grade will automatically revert to a grade of fail. **Students who accumulate an initial clerkship shelf exam failure in more than one clerkship will be placed on administrative leave for a period of one month during which they will be expected to complete both shelf exam re-takes. If the student has not done so by the end of one month, their status in the**

School of Medicine will be reviewed by the faculty Committee on Promotions and Honors. Students who fail a clerkship shelf exam on their second attempt will receive a fail grade and will be required to complete a remediation clerkship of at least four weeks in duration. The total length of the remediation clerkship will be at the discretion of the clerkship director. The grade of fail will remain permanently on the student's transcript and the remediation will be considered a new course for the student. This additional time will not count toward graduation requirements. Following the remediation clerkship the student will have up to two additional opportunities to pass the shelf examination. Failure on these two repeat attempts will result in the student being eligible for academic disqualification from the School of Medicine.

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. Johanna Toohey.

PED NEURO

Please call Adriana Hernandez prior to starting at 714-509-3219 for precise starting information. Please be at her office immediately following orientation. She can be emailed at ahernandez@CHOC.org. Our second contact at CHOC Nicole Montes can be reached at nmontes@CHOC.ORG.

NEUROSURGERY

Please read additional document and follow the instructions. Questions-please email Cindy Wang at cindysw@uci.edu

NEUROCRITICAL CARE

Please go to Douglas Hospital 5th floor Neuro-ICU (52) immediately after orientation or by 7:15am and have nursing staff page the Neurocritical Care attending On Call.

Neuro-Critical Care

Purpose: Recognizing that many important topics and clinical lessons within neurology are set within the Neuro-ICU, the Neuroscience Clerkship will provide an opportunity for medical students to gain exposure to Neuro-critical Care.

What is Neurocritical Care?: Neurocritical Care is a dynamic interdisciplinary field that focuses on the most critically ill patients in neurology and neurosurgery, and includes daily application of various concepts in internal medicine, pulmonology, anesthesiology, emergency medicine, and general critical care. Neuro-intensivists provide comprehensive care for these patients, including full support of other failing organs such initiating and continuing mechanical ventilation for respiratory failure, as well as treating cardiac failure, renal and liver failure. Nearly all bedside procedures are conducted by neuro-intensivists, including but not limited to: intubations, central lines, arterial lines, lumbar punctures, lumbar drains, thoracentesis, paracentesis. For more information on neurocritical care, please refer to: <http://www.neurocriticalcare.org/patients-families/what-neurocritical-care>

Goal: The goal for the 2 week optional rotation through Neuro-critical Care is to give medical students education, exposure and training in the care of critically ill neurology patients.

Education: Medical student education will be in the form of clinical training, procedural skills, morning rounds with bedside teaching, radiology rounds including neuro and non-neuro imaging with patient-centered clinical correlations, and didactic talks.

Expectations:

- Students will report to Douglas Hospital Neuro-ICU (52) on Monday morning of their first week after orientation or 7:15 am, and ask nursing staff to page the neuro-critical attending on call.
- Students are expected to be present and on-time for daily morning rounds starting at 8:00 am, Monday-Thursday.
- Rounds will take place at 10am on Fridays.
- Students are expected to pre-round and have any clinically relevant information on their assigned patients during rounds.
- Students are expected to present 2 interesting critically ill patients to the attending on morning rounds in a thorough yet concise manner.
- Students are expected to generate new patient H&P notes, Consult notes, and Progress notes on their patients.
- Student's clinical duties are superseded by Wednesday didactic sessions, Grand Rounds, and the OSCE.
- Students are encouraged to look into an area of interest, unfamiliar topic or finding, and deliver a brief informal presentation of approximately 5 minutes. Handouts and slides are not necessary.

Evaluation: Medical student evaluation during the Neuro-critical Care week will be in the form of Attending and Resident evaluations. The overall grade in the Neuroscience Clerkship will incorporate these evaluations into the student's averaged clinical evaluation.

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.

**Medical Students on Clinical Rotation
Questions? Call EIP: 714-456-5221**

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.

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

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.

(JAC revised 12/19/12)

University of California, Irvine

School of Medicine

HANDBOOK

Work hours and working conditions policy to govern all student physician clinical rotations

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. Medical students 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 16 consecutive hours.
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 Medical Education 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.

UC Irvine Holiday Accommodation

Third-year medical students get the same holidays as the University calendar indicates, not counting weekends. For example, at Thanksgiving, Thursday and Friday are counted as holidays, Saturday and Sunday are not. Course Directors cannot grade students down for not working on holidays. Fourth year students who have direct patient care responsibilities are expected to work the same schedule as their teams. For official holidays, students will be relieved from clinical responsibilities at 6:00 AM the day of the holiday and will be expected to return to their clinical responsibilities at 6:00 AM the day after the holiday. Check with the educational program representative in charge of scheduling at UCIMC for more information on the holiday schedules.

While on a Sub-Internship, a student is considered the patient's intern. Therefore, the student will adhere to the schedule set for the interns and his/her call will follow the intern schedule. The student will work from the Monday that begins the Sub-I until the Sunday that concludes that four-week rotation. Students will have days off as assigned to the interns on the service but must not expect to have more days off than would be assigned to an intern. It is especially important for students to keep this in mind when scheduling interviews. Finally, students will take holiday call as an intern. If the student's team is assigned to call, the

student is expected to take call. Unless otherwise explicitly stated, if the interns on the student's service are required to round on a holiday, the student should expect to do so as well. Exceptions to this policy can be obtained only from the clerkship director.

Absence from course activities including examinations during religious holidays that are not recognized as official University holidays will be arranged on an individual basis. Students should contact the course director for the relevant course to make such arrangements.

Students will be released from clinical duties at 6:00 pm 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 days off.*

Match Day & Picnic Accommodations

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 UC Irvine campus.

Honor's Evening Accommodations

Fourth year students will be released from clinical duties at 3:00 p.m. the day of the Honor's Evening Event. 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 ICU), he/she will work the exact schedule that the team works. Therefore, anyone who does not want to be on call the night before the Honor's Evening Event, make sure not schedule the Senior Sub I, Emergency Medicine, or ICU rotation during that time.

Personal Day Vouchers

As a courtesy, the Senior Administration of the University of California, Irvine School of Medicine will allow each student to have two personal days off from clinical responsibilities for legitimate reasons as described below. Each student will receive two vouchers to be excused from clinical activities on the two days of his/her choice for important events that can be anticipated in advance and for which no suitable alternative arrangement exists.

1. The student must write on the back of the voucher the reason for needing the day off.
2. Vouchers cannot be used for days when call is scheduled.
3. It is the responsibility of the students to keep track of the passes. They are not transferable, and they cannot be carried over into the next year. Replacement passes will not be issued for those that are lost.

These passes are not to be used casually and they are not a guarantee for a day off. In addition, two extra days off are not the goal. Students cannot take the days off unless there is a legitimate and significant reason. Examples of appropriate use of the Vouchers include

1. A personal religious holiday not on the University calendar.
2. A wedding or other important family event.
3. A doctor's visit or other personal health care needs that cannot be scheduled on regular days off.
4. Residency interviewing that cannot be accommodated during the usual vacation schedule.

5. Attending an academic meeting.

Examples of inappropriate use of the Vouchers:

1. A mental health day.
2. An extra day to study for an exam.
3. A laundry day.
4. To extend a long weekend.

Students should use regular days off for these activities. The students must notify the course director and the student coordinator a minimum of 30 days in advance of intent to use the pass. This will allow the clinic schedules to be developed accordingly and not cause difficulty in patient care. Requests made less than 30 days in advance will be honored only if they are not disruptive to existing schedules and patient care.

Once the course director has signed off on the pass, the course director will forward it to the Office of Student Support services in Building 22A, room 2108 for tracking purposes. Please note that an attempt to duplicate the passes or use more than two is in violation of the honor code and will cause disciplinary action. Students may not sell, trade, or otherwise, convey pass privileges to another student. It is a violation of the honor code to falsify the justification for using the pass.

Although this option has been made available, it is not a valid option when students have direct patient care (Sub I, ICU or Emergency Medicine,). When on rotations, students will work the exact schedule that the team works. Therefore, if a student wants to observe these holidays, be sure not to schedule a Sub I, ICU, or Emergency Medicine rotation.

Time Off for Interviews

Interviewing is an essential component of the search for a residency program. Interviews must be scheduled during vacation time. Under no circumstances may interviews be scheduled during rotations or when students have direct patient care responsibilities. 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 two week rotation 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.

Illness

A student must call the department educational program representative for the clerkship in which he/she is enrolled and ask that all involved faculty and residents be notified if he/she will be out ill. (DO NOT GIVE MESSAGES TO BE DELIVERED BY FRIENDS.) If a student misses too many days of a rotation, he/she may be required to make up part of the clerkship. This is an individual departmental decision. Fourth year students who have direct patient care responsibilities are expected to work the same schedule as their teams.

Promptness

Students are expected to be at the assigned location for every rotation on time. Students are not to miss a clerkship or arrive late without being excused beforehand by the clerkship director and/or the educational program representative.

E-mail and Mailboxes

Although the clinical years are very busy, a student is expected to check his/her e-mail regularly. This is the major means of communication between the staff, faculty, and students. In addition, larger items will be placed in student mailboxes. Students are responsible for all information e-mailed to them or put in their mailboxes and for meeting deadlines; being at another hospital is not a valid excuse.

Dress Code

It is recommended that male students wear a dress shirt, collar and tie and female students dress in a neat and professional manner. All students are required to wear a lab coat and their student physician nametag. Students are to introduce themselves as medical students.

Policy on Revision of Submitted Final Grades in the Clinical Clerkships

Once grades and narratives are submitted, they will not be revised unless:

1. An error of calculation or transcription is discovered; or
2. The clerkship director becomes convinced through communication with the student or the evaluator that the final grade or narrative grossly misrepresents the student's actual performance on the clerkship.

The student has 30 days after the narrative evaluation is completed to request a revision.

Examination "No-Show" Policy

1. A no-show for a scheduled shelf examination constitutes a failure unless written clearance by the course director is obtained prior to the time of administration and a student will have one additional opportunity to take the examination.
2. The student will have to pay for the re-administration of an examination if he/she fails to show for an administration without prior approval or changes the testing date less than 30 days prior to the examination.
3. If a student misses a final examination, he/she is required to retake the exam at the first available make-up examination time. Exceptions to this policy may be granted by the clerkship director or the Associate Dean for Student Affairs.