School of Medicine: Other Policies

Policies Related to Student Health and Safety

Bloodborne Pathogens Policy

In 1992, the Executive Faculty of the School of Medicine formally adopted a Medical Campus policy on Human Immunodeficiency Virus (HIV) and Hepatitis B Virus (HBV) infections. This policy was updated in 2001 to include Hepatitis C Virus (HCV) infections. The purpose of the policy is to provide guidelines to prevent or reduce the transmission of these infectious agents between patients and health care workers (HCWs). It is an ethical and moral obligation for students/employees to report bloodborne pathogens (BBP) infections.

The policy deals with the following: (1) the university’s responsibilities to infected patients (including obligation to treat, confidentiality and appropriate serologic testing); (2) appropriate health and safety precautions and procedures for faculty, students and staff (including compliance with CDC guidelines, blood and body fluid precautions and handling of needles or sharp instruments); and (3) the university’s responsibilities to faculty, staff or students who are infected with HIV, HBV or HCV, including admission to medical school, participation in clinical rotations, serologic testing confidentiality and medical treatment.

The policy makes a distinction between Category I activities (those involving no risk of transmission from infected HCWs to patients, such as routine history/physical examinations, minor surface suturing, and elective phlebotomy), Category II activities (procedures for which bloodborne virus transmission is theoretically possible but unlikely, such as minor local procedures, central venous lines, and other specialty procedures); and Category III activities (procedures for which there is definite risk of bloodborne virus transmission, such as general surgery, CT surgery, neurosurgery, and other surgeries as well as non-elective procedures performed in the emergency department).

In 2012, a committee was formed that included representation from Administration, Legal – Risk Management, Infectious Disease, Occupational Health, and Student Health Services (SHS). The SHS director meets with the infected student and discusses the need for restricted activities and proper follow-up.

Needle Stick/Human Blood and Body Fluid Exposure Policy

All exposures to human blood and body fluids will be reported immediately to the Health Service. The Health Service maintains a 24-hour reporting system. During working hours (8 a.m.-4 p.m.), the office can be reached at 314-362-3523 or 314-362-3528. After hours, the Health Service can be contacted through a digital beeper at 314-871-2966.

Needle Stick Procedure

Cleanse wound immediately with soap and water. If a mucous membrane has been exposed, rinse with copious amounts of water.

1. Identify the source of exposure.
2. Call the Health Service for further instructions. Source patient will be evaluated for HIV, Hepatitis B and Hepatitis C. The responsibility of acquiring patient consent for testing will be the responsibility of the physician in charge of the case. The employee will notify the physician. All source patient charges will be the responsibility of the Health Service.
4. Employees and students will report to the Health Service for follow-up. Individuals will be evaluated for the following:
   a. HIV or Serum Sample Save
   b. Hepatitis B Vaccination
   c. HbsAB (a positive test in past eliminates further testing)
   d. HCV
   e. Td
   f. PEP Prophylaxis

Human Blood and Body Fluid Exposures Procedure

1. Clean area with soap and water.
3. Keep source or patient available for HIV, HbsAg, and HCV testing.
4. Follow the instructions given by the Health Service. Complete an incident report.

Always wear Personal Protective Equipment (PPE)!

Pharmaceutical and Medical Device Industry Policy

For the Pharmaceutical and Medical Device Industry Policy (https://fpp.wustl.edu/policies/policy-on-conflicts-of-interest-in-clinical-care), please visit the Faculty Practice Plan website.

* This policy applies to fourth-year students as well.
Washington University School of Medicine Continuous Quality Improvement Policy

Background

The Liaison Committee on Medical Education (LCME), per element 1.1, expects that a medical school engages in ongoing planning and continuous quality improvement processes that establish short- and long-term programmatic goals, that result in the achievement of measurable outcomes that are used to improve programmatic quality, and that ensure effective monitoring of the medical education program’s compliance with accreditation standards.

Continuous quality improvement is designed to create a seamless system for monitoring and improving medical school programs and should be transparent to all relevant stakeholders. Washington University School of Medicine (WUSM) is committed to exceeding these standards.

Policies/Requirement

A. Monitoring of accreditation standards will be led by the Program Evaluation and Continuous Quality Improvement (PE/CQI) unit in collaboration with appropriate person(s), unit(s) and/or department(s). The following process will take place annually or more frequently as needed:

1. The data collection instrument (DCI) element requirements will be sent to the responsible person(s), unit(s) or department(s) who will be asked to review, edit, add, and/or remove information that fulfills the required response. The information will be organized and tracked by the PE/CQI unit using various software and project management tools.

2. The PE/CQI unit will review the submitted information to assess whether the information fulfills LCME and institutional requirements based on research, benchmarking, Secretariat calls, annual internal surveys and AAMC survey data.

3. For areas in which WUSM is not meeting expected metrics (as created and vetted with WUSM stakeholders) or when new requirements emerge, a plan of action will be defined including responsible person(s), resources needed, timeline for completion and evidence of improvement.

4. Results of the improvement plan will be shared with appropriate individuals, administration, and committees such as the Committee on Oversight of Medical Student Education.

5. The PE/CQI unit will continually monitor the success of the implemented plan to determine if additional improvement is required.

6. If conditions of improvement are not met, the concern will be brought to the attention of the Senior Associate Dean for Education for further action.

B. For areas not specifically required by the LCME/DCI, PE/CQI will use a similar process as outlined above.

The Continuous Quality Improvement Policy was approved by the Academic Affairs Committee on May 30, 2019. All substantive edits to this policy require approval by the Academic Affairs Committee.

Washington University School of Medicine Duty Hour Policy for Medical Students on Clerkships and Other Clinical Rotations

Background

Washington University School of Medicine (WUSM) is committed to the creation of effective learning environments that balance the importance of meaningful participation in clinical activities with the need to support equilibrium among student clinical responsibilities, learning, and personal health and well-being. The following policies and guidelines are set taking into account the effects of fatigue and sleep deprivation on learning and patient care.

In keeping with LCME standard 8.8, clerkship directors, directors of clinical electives, and the Office of Medical Student Education are responsible for monitoring duty hours and ensuring that these are adjusted as necessary. Duty hours are defined as all clinical and required academic activities related to medical student education, including patient care (both inpatient and outpatient), administrative duties (e.g., completion of paperwork, dictation of charts), the provision for transfer of patient care (e.g., check-in, check-out), time spent in-house while on call, and scheduled academic activities (i.e., required academic conferences). Time spent in self-directed study or practice performed after leaving the hospital (or after having been told that the student can leave) does not count toward duty hours.

Policies

• Students must not be scheduled for more than 80 clinical duty hours during a seven-day week, averaged over a four-week period.

• Students must have a minimum of four periods of 24 consecutive hours off over four weeks. Note: Official WUSM school breaks and holidays should not be counted toward this minimum time-off requirement. Weekends that are adjacent to holidays (e.g., Labor Day) are not considered official holidays.

• Students must not be on overnight call more frequently than every third night. Overnight shifts that do not extend a student’s duty hours during the workday, such as those that might occur in Emergency Medicine or Obstetrics, are not included.

• Students must have access to call room facilities during overnight call shifts that extend a student’s duty hours during the workday.
Guidelines

- Students cannot be on call for more than 24 successive hours, with an added period of up to four hours for continuity, educational debriefing, and didactic activities. No new patients should be assigned to students after the 24-hour call limit.
- All students on clinical rotations will have all official duty hours data collected via End of Clerkship Course Evaluation and Clinical Elective Course Evaluations, completed by students after each clerkship and clinical elective.
- Clerks will review duty hours data after each rotation to address any concerns and adjust requirements as necessary.
- The Office of Medical Student Education will review the data quarterly to any concerns and adjust requirements as necessary. Quarterly data will be presented to the Committee on Oversight of Medical Student Education and its subcommittee, the Clinical Curriculum Committee, which will charge the appropriate individual(s) or office with improvement plans when necessary.

The Duty Hour Policy was last approved by the Academy Affairs Committee on September 12, 2019. All substantive edits to this policy require approval by the Academic Affairs Committee.

Policies Related to Student Rights

Students with Disabilities Policy

It is the goal of Washington University to assist students with disabilities in removing the barriers their disabilities may pose and to provide support as these students face the challenge of pursuing an education at Washington University.

Washington University recognizes and accepts its professional, legal and moral responsibility to avoid discrimination in the acceptance and education of qualified students with disabilities and to provide reasonable accommodations to such students consistent with the principles embodied in the law. These guidelines apply to students seeking admittance as well as to those who become disabled while they are enrolled.

Washington University makes every effort to ensure that all qualified applicants and students can participate in and take full advantage of all programs and opportunities offered within the university. Washington University encourages and gives full consideration to all applicants for admission. Washington University does not discriminate in access to its programs and activities on the basis of age, sex, sexual orientation, race, disability, religion, color or national origin.

All students in educational programs at the School of Medicine, those seeking admittance, and those who become disabled while they are enrolled must possess the intellectual, ethical, physical and emotional capabilities required to undertake the full curriculum and to achieve the levels of competence required by the faculty and the profession.

In this regard, we will be guided by the principles outlined below.

A. Responsibilities of the Student

1. Disclosure of disability

It is the responsibility of a student who has a disability to disclose it and request accommodation from the dean for student affairs or program director. The school encourages students with disabilities to identify themselves as early as possible in order to optimize the mobilization of resources and available accommodations.

2. Diagnosis of disability

Students who are in academic difficulty that might be a consequence of a disability are encouraged to avail themselves of diagnostic services that may lead to accommodations. Furthermore, such students are encouraged to explore with the administration of their academic unit the possibility of a disability if the inquiry is
B. Responsibilities of the School

1. Review of requests for accommodation
   Requests for accommodations will usually be reviewed by the dean for student affairs or program director. An ad hoc assessment team may be convened that may include the dean for student affairs, the educational program director (or curriculum supervisor), selected members of the Disabilities Oversight Committee (refer to Section B.5 below) and other consultants as appropriate to the individual circumstances. The assessment team usually should include the following people: (1) individuals who understand the curriculum in question; (2) a person who is knowledgeable about the Americans with Disabilities Act; and (3) a person with authority to authorize accommodations and cause them to be implemented.

2. Responsibilities for accommodation
   The School of Medicine is responsible for the costs incurred in making accommodations that are not unduly burdensome or unreasonable. Accommodations may include but may not be limited to academic modifications that do not fundamentally alter the nature of the program, auxiliary services, modifications of the circumstances and methods of qualification examinations, classroom modifications and others. The school's responsibility to accommodate ends when a student with a disability

   (1) refuses reasonable accommodations; (2) is unable, with reasonable accommodations, to fulfill the essential requirements of the program; (3) fulfills the essential requirements and graduates; or (4) transfers to another institution. The school is not required to provide an accommodation that fundamentally alters the nature of the program, that is unduly burdensome or that is unreasonable.

3. Documentation of disability and request for accommodation
   The disability, its functional impact and the requested accommodation(s) must be documented. If the student discloses a disability and requests accommodation, the school requires documentation of the disability from a qualified professional. The student is financially responsible, unless there are extraordinary and compelling circumstances, for the costs related to the documentation by an appropriately educated and trained professional. The information provided by the professional must be factual, objective and technically valid, and it must establish clearly that the disability substantially limits one or more of the student's major life activities. The professional(s) who evaluate the student should identify options for management of the disability. Based on this information, the affected student then should request in writing the accommodations that they request be made. The dean for student affairs or program director and the student should work together to arrive at reasonable accommodations. The school may also require a second expert opinion for which the school may be financially responsible under extraordinary and compelling circumstances. The school reserves the right to request as much detailed information from the student and/or the professional(s) as is necessary to assess the scope of the disability and/or the reasonable accommodations.

4. Confiden
tiality
   Information pertaining to a student's disability and accommodations will be maintained in a file that is kept confidential and separate from the student's academic record. Appropriate faculty, staff and administrators may be informed regarding the disability, limitations, restrictions and accommodations when they have a need to know such information.

4. Application of the Committee on the Academic and Professional Evaluation of Students (CAPES) policies
   The policies and procedures of the school regarding promotion and retention are documented for each academic unit. These policies and procedures govern the relationship between the school and all students, including those with disabilities. The school is not obligated to retain a student with a disability who poses a significant threat to the health or safety of others when there is no reasonable accommodation that either eliminates or sufficiently reduces that risk.

5. Disabilities Oversight Committee
   There shall exist a standing Disabilities Oversight Committee composed of members designated by the dean of the School of Medicine. The committee shall have the following responsibilities: performing a periodic review of requests for accommodations and accommodations granted, providing recommendations regarding accommodations for disabilities, and serving as requested on disability appeals committee. This group serves as a resource regarding issues of significance to the institution and to students with disabilities.

C. Appeals
   A student with a disability who believes that a request for accommodation has been improperly denied or who perceives that they have been discriminated against on the basis of a disability should direct their appeal to the dean of the School of Medicine. As needed, the dean of the School of Medicine may assemble an advisory group to review appeals and make recommendations. This group may include but may not be limited to the following: the chair of the committee that oversees the academic evaluation and advancement of students for the particular academic unit, students, and/or representatives of the Disabilities Oversight Committee.