



**CENTER FOR
HEALTH SCIENCES**

Office of Clinical Education
OSU Center for Health
Sciences 1111 West 17th Street
Tulsa, OK 74107
(918) 561-8293
(918) 561-8411 FAX

**APPENDIX A
APPLICATION FOR ELECTIVE ROTATION**

*(This form must be completed for ALL elective clinical rotations, including vacation) *

Student Name (Please Print) _____

Type of Rotation (Service/Specialty) _____

Location (City/State) _____

From _____ To _____

ELECTIVES: (7-8)

- ☐ 6 Electives may be in any clinical area under the direct supervision of a licensed physician.
*(2 Electives may be research based under the direction of a Ph.D. – plan required) *
- ☐ Type: _____
- ☐ 2 Electives must be in a Primary Care area (no subspecialties, i.e., Cardiology) under the direct supervision of a licensed physician
- | | |
|--|---|
| <input type="checkbox"/> Family Practice / OMM | <input type="checkbox"/> General Pediatrics |
| <input type="checkbox"/> General Internal Medicine | <input type="checkbox"/> Emergency Medicine |
| <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Psychiatry |

If requesting a rotation outside the OSUCHS system:

Justification for Request:

- ☐ Elective Rotation in a specialty for which there is not a residency program in the OSUCHS System (includes ACGME programs sponsored by OSUCHS, OMECO, or St. Anthony Hospital)
- ☐ Elective Rotation is unavailable with a Residency Program in the OSUCHS system (no availability to schedule between July 2020 and February 2021)
- ☐ Elective Rotation needed to meet a service requirement

Please provide any additional information to support your request to rotate outside the OSUCHS System (Please attach additional sheet if needed):

VACATION: (1-2)

- ☐ Vacation 1 ☐ Vacation 2

I will accept the OSU Center for Health Sciences medical student listed above on said dates, for a clerkship experience. I will coordinate and supervise the clinical training program for the student and complete a Performance Evaluation at the conclusion of the student's rotation. I have read and agree to the "High Risk Exposure Policy & Procedure" outlined on the next page and it is my understanding that the student is covered by professional liability insurance during all college-approved rotations.

PHYSICIANE-MAIL: (REQUIRED**)**

Physician Name: (Please Print) _____

Indicate for CME Credit: () D.O. – AOA # _____ () M.D.

☐ Board Certified: Board _____ Year: _____

☐ Board Eligible: Year of graduation from Residency: _____

Facility Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____

Physician/PhD Signature: _____

Hospital Director of Medical Education Signature: _____

*(DME signature (or designee) must be obtained if student is to see patients in a hospital setting) *



Bloodborne Pathogen (BBP) EXPOSURE PROCEDURES

(Please refer to the most recent OSHA and CDC guidelines for updated information.)

It is the policy of Oklahoma State University Center for Health Sciences (OSU-CHS) that all students having occupational exposure to blood or other potentially infectious materials will be offered the post-exposure evaluation and follow-up required by OSHA. Should an exposure incident occur, it must be immediately reported to the student's supervising physician, site administration, OSU Safety and the Office of Clinical Education at OSU-CHS.

It is the policy of the College to offer immediate medical evaluation and follow-up to all students who have an exposure incident. This service is provided at no charge to the student. All costs, at Medicare approved rates, for the student will be reimbursed by the College while the site will incur all costs for source patient testing and follow-up. All post-exposure evaluations and follow-ups must remain confidential.

If an exposure incident occurs, the student must identify the source patient, if known. The incident must be documented on the appropriate form located with this policy and be faxed to the Occupational Health Nurse at OSU Houston Center, fax (918)561-1248.

The source patient will be contacted for consent and appropriate testing should the HBV/HCV/HIV antibody status be unknown - the site will incur all costs for source patient testing and follow-up. Test results should be reported to OSU Safety Office within 48 hours. If the testing shows the source patient to be positive or if the patient refuses to be tested, refer to the following sections for guidelines.

Post-exposure evaluation should include the following:

1. A blood sample will be drawn and tested as soon as feasible for HBV/HCV/HIV status (baseline HIV, Hepatitis panel ABC).
2. Counseling will be provided.
3. The student will be advised that they are entitled to a medical evaluation in addition to testing for HIV status.
4. If the initial test is seronegative for HIV, retesting will be offered through the OSU Occupational Health at 3, 6, and 12 months after the incident.

Steps To Take In Case Of An Exposure Incident:

Within the Tulsa Area

1. Provide immediate care to the exposure site (wash it); notify your supervisor and OSU Occupational Health Nurse, (918)561-1256.
2. Have source blood drawn immediately at the exposure site, have the results forwarded to the OSU Safety Office, fax (918)561-1248.
3. Have student blood drawn at OSU Houston Center, 717 S Houston Ave, Suite 510, Tulsa, OK 74127, (918)561-1256 if the incident occurs between 8am and 5pm M/F. Afterhours exposures will be sent to OSU Medical Center (OSUMC-ER) (918)599-5373. All follow-up testing will be at OSU Houston Center.
4. If post exposure prophylaxis is required have the physician call any preferred pharmacy and inform the clerk that this prescription is for an OSU Medical Student. The student may have to pay the bill and submit for reimbursement with health fees. Send the bill to OSU-Clinic Financial Services (OSU-CFS) Student Health, 2401 Southwest Boulevard, Tulsa, OK 74107, fax (918)561-1173.

Outside the Tulsa Area

1. Provide immediate care to the exposure site (wash it); notify your supervisor and the OSU Occupational Health Nurse at (918)561-1256.
2. Have source blood drawn immediately at the exposure site, have the results forwarded to the OSU-Safety, fax (918)561-1248.
3. Student blood will be drawn based on the attending physician recommendations at the exposure site, have the results forwarded to the OSU Safety, fax (918)561-1248.
4. All follow-up testing will be conducted at the exposure site unless you are assigned to the Tulsa area when the next test is required.
5. If post exposure prophylaxis is required, have the physician call the nearest pharmacy and inform the clerk that this prescription is for an OSU Medical Student. Send bill to OSU-CFS, 2401 Southwest Boulevard, Tulsa, OK 74107, fax (918) 561-1173.

Contacts:

Patty White, Safety Manager
Erika Teel, Occupational Health Nurse
OSU Clinical Education

(918) 561-8391
(918) 582-1256
(918) 561-8208

(918) 561-1248 fax
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