



American University School of Medicine Aruba (AUSOMA)

Clinical Handbook 2025-2026

Revised December 5, 2025

Handbook disclaimer

The policies and procedures appearing in the AUSOMA Clinical Student Handbook reflect the most current policies and procedures of the University but are subject to amendment and change without prior notice. AUSOMA reserves the right to change policies, procedures, and programs. Minor changes will be posted directly to the Clinical Student Handbook. When major changes occur, a notification will be sent to all medical students.

It is the responsibility of each student enrolled in the American University School of Medicine Aruba to understand and abide by the regulations and policies within this Clinical Handbook, within the AUSOMA Student Handbook and within American University School of Medicine Aruba Publications.

The policies listed in this Clinical Handbook were reviewed and approved by the Curriculum Committee, the Students Promotion Committee, the Grievance Committee, and the leadership of AUSOMA in November 2025.

This Clinical Handbook assists faculty and students in studying the policies and procedures of the University. Failure to follow these policies and procedures can lead to disciplinary action. The Board of Trustees of the School of Medicine have final authority in interpreting the policies and procedures in this handbook.

Dear Clinical Students:

Welcome to the Clinical Science portion of the medical school program. The knowledge from the first two years of basic science courses you have taken will now prepare you to succeed in your clinical rotations. During the clinical science portion of the medical school years, you will learn a great deal about how to work with patients, how to gather and interpret medical information including diagnostic studies, how to identify medical problems faced by patients, how to effectively develop an appropriate differential diagnosis, how to come up with an effective treatment program and plan for follow-up, how to skillfully perform medical procedures, and how to help patient maintain health and wellness. This part of your medical education also provides the opportunity to work in groups and interact with skilled and dedicated physicians and other health care professionals.

This Guide describes the policies of the AUSOMA relative to the III and IV Years of MD program. The required curriculum in Years III and IV has its own policies, goals, learning objectives, and grading policies described in detail. The objectives are included and designed to achieve overall student competencies and institutional objectives.

Among the things you can do to have successful years are to read constantly about the patients and conditions you see in the Hospitals. You need to go beyond review books and question banks, which while useful, cannot replace the required or recommended texts and reading in every clerkship. Another key is to be the first one to arrive at clerkship activities and be the last one to leave. Obtain the list of patients for your attending, go through patients' medical files, note down all the important labs, do the history and physical on your assigned patients, come up with differential diagnoses, plan of management, and be prepared to present all that to your attending. Participate in all the medical rounds and medical lectures and be prepared to participate in the learning and patient care activities fully and actively. Volunteer to stay extra hours, volunteer to stay on call and stay overnight at the hospitals, because what you will learn in these last two years of your MD program will help you during the rest of your professional life as a physician. Finally, professionalism is a key element to success in the clinical years.

I hope that you find your clinical clerkship years enriching and enjoyable and that you have successful years of studies.

With best wishes,

Eric Goldklang, MD
Dean of Clinical Medicine
American University School of Medicine Aruba

Nazir A. Umrani, MD., MA.
Associate Dean of Clinical Medicine
American University School of Medicine Aruba

INTRODUCTION

This Clinical Student Handbook is intended to serve as an addendum to the Student Handbook and Clinical Curriculum Booklet and is a guide for AUSOMA students. Rules, procedures, and regulations not contained within this handbook are dictated in AUSOMA's Student Handbook. This Clinical Student Handbook has been compiled by the clinical department and other sources, and it serves as a guide for our students. American University School of Medicine Aruba (AUSOMA) reserves the right to make any changes it considers appropriate and in the best educational interest of students after the publication of this Clinical Student Handbook. These changes may reflect the requirements of accrediting agencies, as well as newly adopted policies at AUSOMA.

In addition to the Clinical orientation, AUSOMA students are responsible for becoming familiar with and keeping themselves informed about the institutional rules, procedures, and other policies, including updated information that is published from time to time.

The contents of this Clinical Student Handbook have been approved by the CEO, COO, CAO, Dean of Clinical Sciences, and Associate Dean of Clinical Sciences. The information contained in it supersedes any other documentation, including verbal or written expressions that may be contradictory to the policies established herein.

CONTACT INFORMATION

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AUSOMA's Vision, Mission and Educational Competencies

Vision

To develop culturally diverse individuals into compassionate physicians and leaders in their respective medical fields without the life-long crippling debt.

Mission

The mission of AUSOMA is to deliver high-quality, affordable medical education that leverages cutting-edge technology within a supportive and student-centered environment. AUSOMA prepares future physicians with the knowledge, clinical expertise, communication skills, and compassion needed to provide excellent patient care and to thrive in a dynamic, evolving healthcare landscape. AUSOMA graduates will possess the competence, confidence, and commitment to lifelong learning necessary to integrate knowledge effectively and manage patient needs with efficiency and empathy.

Educational competencies

AUSOMA has identified and defined six educational competencies aligned with the six ACGME competencies. The program educational competencies (PEC) and the corresponding program educational objectives (PEOs) of AUSOMA are shown in the following table:

PEC	PEO
	The objective of the AUSOMA MD program is to train students to become physicians with the ability to
PEC 1: Basic Knowledge of medicine	PEO1: Apply medical knowledge to dedicated patient care
PEC 2: Clinical and diagnostic skills	PEO2: Use the acquired knowledge towards right discretion to diagnose and treat patients
PEC 3: Patient centered medicine	PEO3: Understand the influence of socio-economic, behavioral, ethnic, cultural & religious factors on patients during treatment
PEC 4: Interpersonal rapport and communication	PEO4: Effectively and empathetically communicate with patients, patient families and fellow team members for quality healthcare
PEC 5: Medical ethics and professionalism	PEO5: Adhere to the highest ethical standards and professional protocols while dealing with patients
PEC 6: Evidence based practice and lifelong learning	PEO6: Treat newly emerging diseases based on community medical evidence and continue learning till the end of their practicing career

CLINICAL SCIENCE PROGRAM

The Clinical Science Program is comprised of 72 weeks of clinical rotations at our affiliated hospitals and specialized Clinical facilities across the United States. During required clerkships and fourth year electives, the student participates in supervised patient care while rotating through various medical specialties and sub-specialties. Training includes history taking, physical examinations, laboratory analysis, case presentations, clinical workshops, and conferences. The student receives personalized guidance by the clinical faculty and develops the skills and knowledge that are essential for graduate medical education. During rotations, the student also has an opportunity to assess the degree of his/her interest in each of the major fields of specialized medical training.

Students progress into the Clinical Science Program once they have successfully completed the Basic Sciences component of their medical education, the MD-5 semester, and obtained a passing grade on USMLE STEP 1.

The 72 weeks of Clinical Rotations consist of 48 weeks of Core Clerkship Rotations and 24 weeks of Elective Rotations.

Core Clerkship Rotations	Duration
Internal Medicine	12 weeks
Surgery	12 weeks
OB-GYN	6 weeks
Pediatrics	6 weeks
Psychiatry	6 weeks
Family Practice	6 weeks
Total	48 weeks

MD Program:

On successful completion of the basic sciences portion of the medical curriculum at AUSOMA and passing USMLE Step 1, students will then undertake two years for the completion of the clinical sciences portion of the clinical program (clinical rotations/clerkships) in hospitals in the USA. AUSOMA has well-established affiliations with excellent teaching hospitals. In the first clinical year, students will undertake 48 weeks of core clinical rotations in the areas of:

- Internal Medicine (12 weeks)
- Family Medicine (6 weeks)
- OB/GYN (6 weeks)
- Surgery (12 weeks)
- Pediatrics (6 weeks)
- Psychiatry (6 weeks)

The core clerkships listed above will form the foundation of the student's clinical educational framework, after which, students are then required to select and rotate for a further 24 weeks in approved 4th year electives. Students can select their clinical electives offered by AUSOMA, as well as any other medical subspecialty recognized by the Accrediting Boards of the country involved.

GOALS AND OBJECTIVES:

AUSOMA is dedicated to preparing future physicians who excel and become leaders in their professions. This goal is met by encouraging and challenging the knowledge, skills, attitudes, and behaviors of our students. In this curriculum, students acquire all the elements of a general medical education, which provides them with strong foundations in the clinical sciences essential to the practice of medicine, as well as professional attitudes and clinical skills.

Each clerkship has learning objectives, required clinical conditions, and appropriate assessment instruments to ensure that students have met the objectives.

The medical school must ensure that before graduation a student will have demonstrated, to the satisfaction of the faculty, the following:

Knowledge:

- Of the structure and function of the body and each of its major organ systems
- Of the various genetic, developmental, metabolic, toxic, microbiologic, autoimmune, neoplastic, degenerative, and traumatic causes of maladies and how they operate on the body (pathogenesis).
- Of the altered structure and function (pathology and pathophysiology) of the body and its major organ systems that are seen in various diseases and conditions.
- The responsibility to engage in continued education to stay abreast of relevant scientific advances.
- Of the most frequent clinical, laboratory and pathologic manifestations of common maladies.
- About pain management and help improve the suffering of patients.
- Of the epidemiology of common maladies within a specific population, and the systematic approaches in reducing the incidence and prevalence of maladies.

- Of non-biological determinants of poor health and of the economic, psychological, social, and cultural factors that contribute to the development and/or continuation of maladies.

Skills:

- Obtain an accurate medical history that covers all essential aspects of the history, including issues related to age, gender, and socio-economic status.
- Perform both a complete and an organ system specific examination, including a mental status examination.
- Perform technical procedures including venipuncture, inserting an intravenous catheter, arterial puncture, thoracentesis, lumbar puncture, inserting a nasogastric tube, inserting a Foley catheter, and suturing lacerations.
- Interpret results of diagnostic procedures.
- Reason deductively in solving clinical problems.
- Recognize patients with immediately life threatening cardiac, pulmonary, or neurological conditions regardless of etiology, and to institute appropriate initial therapy.
- Recognize and outline an initial course of management for patients with serious conditions requiring critical care.
- Effectively communicate, orally and in writing, with those with whom physicians must exchange information in carrying out their responsibilities.
- Select appropriate tests for detecting patients at risk for specific diseases and to determine strategies for responding appropriately.
- Manage and utilize biomedical information for solving problems and making decisions that are relevant to the care of individuals and populations using electronic records and databases.

Attitudes:

- The capacity to recognize and accept limitations in one's knowledge and clinical skills, and a commitment to continuously improve one's knowledge and ability.
- Knowledge of the principles of ethical decision making, particularly those that arise at the beginning and end of life.
- Respect for the roles of other health care professionals, and of the need to collaborate with others in caring for individual patients and in promoting the health of defined populations.

Behaviors:

- Empathy of patients, and respect for their privacy and dignity.
- Honesty and integrity in all interactions with patients' families, colleagues, and others with whom physicians must interact in their professional lives.

A commitment to provide care to patients who are unable to pay and to advocate for access to health care for members of traditionally underserved populations.

POLICIES AND PROCEDURES:

Promotion and Grading System

The Dean and Associate Dean of Clinical Science are responsible for evaluating and recommending promotion of students throughout the clinical sciences years. Promotions from MSIII to MSIV are granted at the end of core rotations, following compliance with established criteria, including satisfactory completion of all requirements of those clerkships. The student then will be allowed to continue to elective rotations for the completion of their medical education.

The grading system will be HONORS – HIGH PASS – PASS – FAIL.

Withdrawal, Leave of Absence, and Readmission

Students who wish to withdraw from AUSOMA must contact the Registrar's Office, complete the withdrawal application, and follow the established procedures. The student must obtain the official signatures indicated on the application and return the completed application to the Registrar's Office. Withdrawal will be considered effective on the date the completed application is received in the Registrar's Office.

AUSOMA recognizes that extensive interruptions of a student's education are undesirable but nevertheless acknowledges that it may be necessary for students to take a 'leave of absence' at certain times.

Students who are in financial hardships, ill and/or facing family/personal problems may file for a Leave of Absence for a semester, but this cannot exceed more than a year during their Clinical science program with AUSOMA. LOA Form is available at the AUSOMA website, or you may contact registrar@AUSOMA.org. The LOA Fee is \$500 and must be paid upon submission of the form. For every month of extended LOA, the student will be charged a fee of \$500. Students who failed to register (i.e. have not submitted a form and/or submitted a form but were not financially cleared) for a semester or did not file for a Leave of Absence are tagged Absence without Leave (AWOL) and must:

- a) Write the Dean a letter requesting to be enrolled in the next term.
- b). If approved, and:
 - i. Student has financial accountability; student must pay off their balance and an additional \$650 USD as readmission fee.
 - ii. Student has no financial accountability, student must pay \$650 USD as readmission fee.
- c) Students who are on AWOL for more than two terms must:
 - i. Fill out and submit the Readmission Form to the Office of the Registrar.
 - ii. Upon submission of the form, student is required to pay \$1000 USD as readmission fee.

Note: Do not assume a Leave of Absence request is automatically granted.

USMLE RULES

All students must pass USMLE Step 1 to qualify to enter the clinical component of their medical education. All gaps in continuity of medical education have been reviewed by all credentialing bodies including ECFMG and the maximum allowable break has been identified as one semester (16 weeks). Thus, the USMLE Step 1 examination must be taken not later than one semester following completion of MD-5. If passed, Core rotations will be assigned by the Department of Clinical Science for the 48-week block. If failed, student must reregister to retake USMLE Step 1 within twelve weeks of unsuccessful score posting. Credentialing Bodies will monitor any breaks in continuity of medical education. The test must be taken within four calendar months upon completion of the Fifth Semester and successfully passing the NBME Comprehensive Basic Sciences Exam (CBSE). Students will have three chances to pass USMLE Step 1. Students that do not obtain a PASS score on Step 1 after three attempts will be dismissed from AUSOMA on academic grounds.

USMLE Step 1 Application:

Students are required to complete an application and submit payment to become eligible to sit for the Step 1 exam. This process is initiated by visiting www.ecfm.org. It is suggested to navigate the MyIntealth website as primary source of information and resources. The process is straight forward and is explained fully on the website. Students should carefully read and follow the instructions; if help is needed, students may contact the AUSOMA Office of Academic Affairs to advise on the process.

USMLE transcript release Letter and form (*required*):

USMLE Step scores are a very important component of your medical degree credentials and AUSOMA does not receive USMLE score reports automatically when the scores become available to you. AUSOMA must depend on the student to release the scores so they can be added to your official medical school record. **For AUSOMA to be able to have the most current records regarding a student's USMLE exam history, your signature on the USMLE Transcript Release form is required to allow the CAO or his/her designee to request a transcript from the ECFMG** which will show your USMLE Step 1 history.

Requirements to Enter Clinical Rotations

Successful completion of all Basic Sciences courses including the Fifth Semester.

Obtaining a PASS grade on the NBME Comprehensive Basic Sciences Exam.

Obtaining a PASS grade on the USMLE STEP 1.

USMLE STEP 2 CK RULES

To register for the USMLE Step 2, a student must:

- Pass the USMLE Step I
- Complete at least 6 months of core clinical clerkships

- Receive a score of 224 or better on the NBME Comprehensive Clinical Science Exam.
- Be in good financial standing
- Review “Leave of absence policy” in the Student Handbook for information regarding taking a leave of absence for exam preparation
- Complete and submit Leave of absence paperwork according to policy guidelines
- Three to Two policy (3 months maximum from NBME CCSE to Step 2 policy)
 - Any student who wishes to register for Step 2 should have a Pass (224 or more) on NBME CCSE
 - CCSE must be NOT LATER than 3 months from the application for USMLE registration.
 - A student who applies for registration of USMLE Step 2 is hence required to submit a copy of his/her latest NBME CCSE performance report in addition to other documents that were listed hitherto.

Students are expected to avoid scheduling interviews or Step 2 testing on clerkship exam dates and orientation dates. During interview months of October through January, students will be allowed to take time off between rotations for examinations and residency interviews, but the normal attendance policy will apply during the clerkships.

Please refer to **Appendix A** for the **Post-Clerkship Policy** regarding required NBME CCSE and Step 2 examinations.

CLINICAL CLERKSHIP RULES:

Clinical Core Clerkships:

USMLE STEP 1 must be taken, and the results of that test must be received by AUSOMA prior to beginning clinical rotations.

If passed STEP 1, core rotations will be assigned by the Department of Clinical Science for the 48-week block. Any clinical student unwilling or unable to accept an assigned rotation as scheduled must sign a waiver acknowledging the possible delay in reassignment of up to 16 weeks during which the University is not responsible for restitution of tuition.

Students will fill out a questionnaire regarding geographic preferences. AUSOMA’s Clinical Department will try to accommodate students within their preferences but it is **NOT GUARANTEED**. Do not assume that you will be placed to the site that you chose. Clinical clerkships are assigned based on availability.

All students are required to be reviewed by the Dean or Associate Dean of Clinical Sciences prior to the start of each clinical semester.

Core clinical clerkship scheduling is based upon availability and rejecting a schedule may result in one or more of the following consequences:

- A delayed graduation of up to 1 full calendar year
- A delay in re-scheduling of up to 1 semester
- Cost of living expenses and damages
- U.S. Immigration difficulties
- Rescheduling in a different hospital, city or state
- Loss of tuition fees

All clinical students will finish core rotations before electives are authorized.

Communication with third parties:

- Students are prohibited to communicate with third party agencies for rotations without first getting approval from AUSOMA's staff. If a student communicates with third party agencies for rotations without approval, that student is subject to disciplinary actions, including automatic dismissal from AUSOMA.
- Rotations privately arranged by students and/or third parties without prior approval of AUSOMA's Clinical Education Team, **will not receive credit**. If the student is permitted to remain enrolled, the student must repeat the rotation.

Clinical Electives:

AUSOMA has a system in place to assist medical students in choosing elective courses, evaluating career options, and applying to residency programs. Students must contact the Clinical Sciences Team a minimum of four weeks prior to the end of the last Core Clerkship to schedule their elective rotations.

Procedure for requesting Elective Rotations:

- Submit a request to the Clinical Department.
- Be paid and financially cleared. It is the responsibility of the students to maintain their active status.
- Wait for approval from the Dean or Associate Dean of Clinical Sciences
- Receive confirmation from the Clinical Coordinator
- Report to your rotation
- Provide the Clinical Coordinator with information if there are any issues with your rotations.

The Clinical Sciences Team will assist the students in choosing the electives that better suit the students' post graduate interests as well as scheduling them. If the student is interested in choosing their own electives, they can do so by following these steps:

Students can choose their Elective Clerkship/Rotations to further their interests in their medical education. To schedule Elective Clerkships, the student must first contact the Clinical Sciences Team for an orientation. Students may start the process of arranging electives on their own but must notify the Clinical Coordinator of their intentions prior to the end of their last Core Clerkship. Elective rotations that are arranged by the student **MUST be** approved by the Dean of Clinical Sciences or his/her designee. The documentation required for approval is the following:

- Description of the intended rotation(s): dates and duties
- A list of Clinical faculty/preceptors, including a curriculum vitae of the preceptors.
- Documentation of the rotation dates and name of the contact person at each of the sites scheduled.
- All clinical elective requests must be forwarded to the Clinical Sciences Team and approved by the Dean prior to completion of the last core rotation.
- Preceptors for Elective rotations must be Board Certified or equivalent depending on their geographical location.
- If the elective is listed in an LCME-accredited medical school catalogue, the student must supply a link to the course description or a pdf printout with the course specifics. This will facilitate review of the course.

Notes to Students:

All **Core** Clinical Rotations must be officially initiated through AUSOMA's Department of Clinical Sciences and the Clinical Coordinator. Contacting hospital administrators, physicians, or others independently regarding the scheduling, authorization, or approval of **Core** Clinical Rotations by students, their family or friends is **strictly forbidden unless it is pre-authorized by the Clinical Sciences Team**. AUSOMA reserves the right to **withhold credit** for any **Core** rotation that is not initiated through the Clinical Sciences Team.

All Clinical Rotations are a full-time commitment. Students are advised to refrain from assuming **ALL** obligations that divert time, attention, and energy from the full-time task of clinical training in medicine.

Clinical Rotations are competitive and limited. Priority may be based on USMLE scores, seniority and/or performance in prior rotations. Some hospitals and preceptors request and interview with the student before starting the rotation. In such cases, the student will be notified in advance.

Rotations are largely dependent on scheduling and availability. AUSOMA will make the best effort to place students in Clinical Rotations and hospitals taking into consideration their geographic, career and academic preferences, lodging, family considerations and other personal needs.

Each rotation must be done to its completion to be credited. There is no schedule or sequence of **Core** Clinical medicine rotations. No elective rotation may be scheduled for less than two (2) weeks or more than four (4) weeks.

AUSOMA's Clinical Coordinator will provide students with a schedule of projected core rotations in a minimum of twelve (12) week intervals. Changes to a student's schedule can only be made with approval of the Clinical Coordinator.

If the student is not present for the first two days of a clinical clerkship without a proper excuse, the student must repeat the full clerkship and will be charged for the full rotation again.

AFFILIATED CLINICAL SITES

Students will be placed into clinical sites where they can see the depth and breadth of medical practice. Current clinical sites are in the vicinity of Atlanta, GA, Richmond, VA, and Chicago, IL. Students will rotate within hospitals, outpatient surgical facilities, clinics, private practices, and additional outpatient settings. Students will rotate both with resident teams and directly with faculty.

Students may rotate to affiliated clinical locations not currently indicated if it is in the best educational interest of all students involved. Stated clinical location cities are subject to change without notice.

HOUSING

Students are responsible for securing and financing their own housing and transportation throughout the Clinical Sciences program. Students must keep AUSOMA's Clinical Coordinator informed of their current residence and telephone numbers. In case of a change of address, phone number or email address, students must notify the AUSOMA Clinical Coordinator within 24 hours. Please be advised that students may be asked to relocate to another clinical site if it is in the best educational interest of the student

DUTY HOUR POLICY

Student work hours are limited to a maximum of 80 hours per week, averaged over four weeks while on clinical rotations. Students usually follow their resident's schedule during required clerkships, subinternships or electives.

Students are required to enter their duty hours into their logbook on a daily basis so it may be monitored by the site director.

NOTE: When duty hour logging transitions to an electronic format, for students that attest to working more than 80 hours in a week, an email will be automatically generated and sent to the Department Chair for follow up with the student and to adjust the student schedule if necessary.

CONDUCT

Additional to the rules established in the Student Manual when working with physicians and residents at the clerkships in the clinical setting, you **MUST** observe the following:

- Punctuality is mandatory. Arriving late is inexcusable. If you are sick, you should call the attending as early as possible. Arriving early, staying late, and volunteering will earn you respect.
- Do not leave the rotation site until you have been told to do so by your preceptor. When you begin a rotation clarify your duties and schedule with the preceptor.
- Do not write in patient charts unless specifically permitted to do so by your attending physician/preceptor. Please ask your attending physician about the hospital/clinic policies on medical students making entries in patient charts.

- Do not remove charts from the clinical site.
- Stay in contact with the Clinical Coordinator regularly.
- Be respectful to attending physicians, residents, peers and patients.
- Always formally introduce yourself and your purpose to patients.
- Always wash your hands before and after each patient interaction
- Always be attentive to patients.
- Respect patient's privacy by drawing curtains or closing doors during examinations.
- Avoid discussing patient cases or issues in public areas (HIPAA).
- Check your school email account and voicemail daily.
- Inform us immediately of any changes in address, phone number or email address.

DISCIPLINARY ACTIONS

Any student that is accused of violations of AUSOMA's Students Code of Conduct will be assessed using the rules and regulations stated in AUSOMA's Student Handbook.

STANDARDS FOR APPEARANCE AND APPAREL

Be properly attired including a clean white coat and school identification. (please refer to the dress code in the Student Handbook for more regulations).

These rules apply to all classes and activities of the clerkships. Failure to comply with these regulations will not allow the student to participate in the activities.

ANONYMOUS REPORTING SYSTEM

Students may report concerns via AUSOMA's Anonymous Reporting System. Examples of such concerns are Duty Hour Violations, Unethical Behavior, and any other issues a student would prefer to report anonymously. [AUSOMA Anonymous Feedback \(https://ausoma.org/feedback/ \)](https://ausoma.org/feedback/) Reporter information is not tracked in any way. Reports go directly to the AUSOMA President and COO.

STUDENT EVALUATION

Evaluation Forms:

Evaluation forms are to be filled out by the preceptor at the end of each rotation. AUSOMA will ensure that each preceptor has been provided access to the evaluation form. Evaluation forms can be requested by the preceptor from the office of the Clinical Coordinator. The preceptor will complete the evaluation form and return it to the Clinical Coordinator. The complete and original evaluation form will remain in the student's file. Students may request copies of their evaluations from the Clinical Coordinator.

Clinical Log

Students are required to keep a patient log for each clinical rotation and have log signed by attending at the end of the rotation. Log will list date, sex, diagnosis, age of patient, treatment plan, procedure, and/or medication regimen for **EVERY** patient encounter **EVERY** day. Log will **NOT** include patient's name to comply with HIPPA. **No log...no credit!**

Clinical Clerkship Student Evaluation

The evaluation of the student's performance during clerkships includes practical clinical aspects and written examinations. The student must complete the clinical case presentations and pass the clinical competence requirements prior to taking the final written examination. The final grade will be the result of the following formula:

NBME Shelf Exams: **25%**

Grade for practical evaluation (clinical appraisal by faculty): **70**

Internal Assessment (includes attendance and assigned clinical education completion): **5%**

The evaluation of students will include a narrative description of clinical performance in all the required competencies. A student who receives a "FAIL" grade in the written evaluation must register for and repeat the clerkship, including all clinical experiences.

AUSOMA uses the following grading system:

Honor	90-100%
High pass	80-89%
Pass	70-79%
Fail	Below 70%

NBME Shelf Examinations

NBME subject exams are achievement tests in a broad sense, requiring medical students to solve scientific and clinical problems. Although students' performance on the exams will reflect the learning specific to their clerkship experiences, their test scores will also reflect educational development resulting from their overall medical school experiences.

Final Examination in each core clerkship will be the NBME subject shelf exam and will represent 25% of the course grade. The clinical science web-based shelf examinations will be offered for administration at Prometric's worldwide network of test centers. Prometric testing is preferred as most students are serving on clinical rotations in a distributed hospital network and located at sites without web-based test delivery. Students must score at least 60 on the exam or they must repeat it. If a student does not achieve a passing score of at least 60 on more than one exam, further clinical rotations will be suspended until a passing score is achieved on the exams.

Shelf Exam Policy -

1. Students will be charged for the shelf exam at the beginning of the rotation with their tuition.
2. Students will be scheduled to take the shelf exam on the last Friday of the rotation.
 - Students with an extenuating circumstance may submit a request for an alternate exam date that is within 7 days of the end of the clerkship. This request should be sent to the Dean of Clinical Sciences at the beginning of the clerkship with a copy to the AUSOMA Clinical Coordinator

- Taking the shelf exam on the last Friday of the rotation will minimize gaps between rotations.
- 3. A minimum score of 60 is required to pass each shelf exam.
- 4. If more than one shelf exam is failed or outstanding, further clinical rotations will be suspended pending a passing score on the exams.
- 5. Shelf Exam Failure
 - If a student fails an exam, the student will contact the Dean of Clinical Science and Associate Dean of Academics to schedule a retake exam at their own cost.
 - The student may continue with the next rotation while continuing to prepare for the failed exam (one outstanding shelf exam)
 - If a student fails another exam, whether the same shelf or a subsequent shelf exam before the first has been completed successfully, then the student will have to take time off to prepare for **and pass** the exam(s) before continuing rotations.

STUDENT ACADEMIC PROGRESS POLICY

Any student that does not comply with the Student Academic Progress Policy as stated in the Student Handbook will be assessed using the rules and regulations stated in it.

ABSENCES

Days of Absence per Clerkship

Students must attend at least 95% of the activities scheduled in their clerkships. If the student absences exceed 5%, the student will receive a FAIL grade on the clerkship. This includes elective clerkships.

All absences must be officially excused, and students **MUST** fully make-up time lost.

Students are not allowed to take time off for examinations and residency interviews during rotations. It is the student's responsibility to schedule these events so that they do not conflict with their Clinical Rotations.

Advanced Notification

Students are expected to be proactive in notifying the Clinical Sciences Team of any scheduled residency interviews. Therefore, students are required to present proof of interview invitation(s) to the Associate Dean of Clinical Sciences and present the evidence:

- One month in advance;
- As soon as they receive it
- Whichever comes first

The Associate Dean of Clinical Sciences will contact the Clinical Chair and the preceptors.

Compensatory Learning Activities

While students are expected to take some initiative in proposing alternative activities, experiences, schedules, and/or assignments for those missed, clerkship directors reserve final authority to mandate students complete specific additional learning or clinical activities to compensate for approved time away. A student may need to alter his/her schedule (including any

planned time off) to meet clerkship requirements.

Additional Policy for USMLEs

When a student schedules the USMLE Step 2 CK Examination, he/she must provide proof in advance that he/she is registered for the examination. If any required rotation components or exams are missed, the form of the make-up is at the discretion of the clerkship. A student may need to alter his/her schedule (including any planned time off) to meet clerkship requirements.

Match Day Release

Match Day is Friday of Match Week. All students participating in the Match are excused from taking call on the Thursday night before Match Day. Students must resume their duties by 1:00 pm on Saturday if scheduled to do so.

CLINICAL STUDENT REQUIRED DOCUMENTS:

Some clinical documents are required by hospitals and clinics to accept students into their institutions.

Students are required to submit the following clinical documents to the office of the Clinical Coordinator 4 weeks prior to the FIRST Clinical Rotation start date:

- Curriculum Vitae (**valid for one year**)
- If not a U.S. Citizen, verification of Visa status in the U.S.
- Legible copy of your Identification (unexpired Driver's License or Passport)
- Two (2) passport size photos (**no older than 12 months**)
- Original Police Background Check not older than 6 months
- 10 panel drug test results (**valid for one year**)
- Physical Examination (**valid for one year**)
- Step 1 Examination (with date and score)
- Record of Immunizations (Varicella, Hepatitis B, Mumps, Measles and Rubella (MMR), & annual PPD). If PPD is positive, provide official reading of a negative chest x-ray (**valid for one year**)
- Emergency contact information
- BLS and ACLS (current)
- Health Certificate
- HIPAA and OSHA certification

Students are responsible for keeping all documentation up to date and being in compliance with both AUSOMA and clinical site requirements. Both AUSOMA and clinical sites have the right to modify the required documentation at any time to meet clinical site requirements, and/or any other governing/accrediting agency requirements.

RULES FOR REGISTRATION AND SOFTWARE

Registration and Financial good standing

Students MUST fill out the Clinical registration form EVERY semester 4 weeks prior to the first

scheduled day of the semester. Students must also make sure they are in good financial standing prior to starting rotations every semester.

Certificate of Malpractice insurance and Health Insurance

All students must be in good financial standing pertaining to the payment of their malpractice insurance to be placed or continue doing rotations.

Students must provide the Registrar's office proof of Health insurance.

SMS Software

SMS is a web-based student management system that all clinical students must use. This includes curricular materials, course calendars, evaluations, and patient logs. All students must become familiar with and use this software to be able to track their progress through clinical sciences and to enter essential information into the system.

CODE OF HONOR

The Code of Honor is an individual and collective commitment of all students enrolled at AUSOMA. This includes:

Commitment to honesty and integrity with academic responsibilities, including examinations, reports, presentations, class work, group work, patients care, and others.

Commitment to always maintain integral, honest and respectful behavior according to the ethical and social coexistence norms, which include contact with professors, fellow students, patients, and administrative staff.

Commitment to oversee that other students observe the Code of Honor.

The faculty manifests their commitment with Code of Honor, and the trust in the students' honor, which facilitate the optimum conditions for its compliance.

The faculty will oversee that other members of the academic community observe violations of the Code of Honor are among others:

- Any way of plagiarism; both active and passive.
- Breach of intellectual property.
- Non-authorized help in the preparation of any academic assignment.
- Verbal or physical violence against any member of the academic community and patients and Violation of medical records.
- Violation of the rules of medical ethics and respect for patients.
- Complicity in the violation of the Code of Honor.

POLICY FOR STUDENTS IMPAIRED BY DRUGS AND/OR ALCOHOL

Students presenting to AUSOMA Faculty or Administration acknowledging a dependency on drugs and/or alcohol can withdraw from the academic curriculum without penalty. They are referred to a private Rehabilitation Program of their choice at their expense. The school is to be advised as to the name of the Program, its location, the medical director and the projected length of stay. Periodic updates as to progress are to be forwarded to the Dean of Clinical Sciences.

Upon completion of the Program and the recommendation of the Medical Director, the student may resume the academic curriculum but must submit to random chemical testing by the Dean of Clinical Sciences. Positive screens will result in expulsion from the school.

POLICY AGAINST DISCRIMINATION AND SEXUAL HARASSMENT

AUSOMA is committed to providing every student, faculty, and staff with an environment free from unlawful discrimination. All forms of unlawful discrimination based upon race, religion, color, national origin, age, sex (including sexual harassment), sexual orientation, gender, gender identity, marital status, citizenship status, disability, or status in the uniformed services (veteran status), etc., are prohibited and will not be tolerated. The University abides by all applicable laws as stated in the Constitution of Aruba which prohibit discrimination.

This policy applies to all students, faculty, administration, staff, and/or third parties. AUSOMA will not tolerate harassment or discrimination by anyone in the community. In accordance with these policies, practices, and procedures, the University also prohibits retaliation against anyone who has complained about discrimination or harassment. All members of the AUSOMA community have an obligation to cooperate in the application of this policy and the investigation of complaints of violations to this policy.

Each member of the AUSOMA community must exercise his or her own good judgment to avoid engaging in conduct that may be perceived by others as harassment.

UNLAWFUL DISCRIMINATION

It is a violation of this policy to engage in any practices or procedures which treat students less favorably based upon a person's race, color, gender, gender identity, national origin, religion, age, disability, sexual orientation, marital status, veteran status, etc. It is also a violation of this policy to use derogatory or demeaning slurs to refer to a person based upon these categories, which have the effect of harassing a student or creating a hostile environment.

SEXUAL HARASSMENT

It is the policy of AUSOMA to maintain a learning and work environment that is free from sexual harassment. Sexual harassment is a form of sex discrimination prohibited by US federal law under Title IX of the Education Amendments of 1972 and Title VII of the Civil Rights Act of 1964. The labor court requires a safe working environment for all persons, and the court could address sexual harassment cases.

It shall be a violation of this policy for any member of AUSOMA's staff or faculty, or any student or member of the public while on campus to harass another person, staff, faculty or student through conduct or communications of a sexual nature as defined below:

Definition: “Sexual harassment” includes unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual’s employment or education
- Submission to or rejection of such conduct by an individual is used as the basis for employment or educational/academic decisions affecting such individual
- Such conduct has the purpose or effect of substantially interfering with an individual’s educational/academic or professional performance by creating an intimidating, hostile or offensive employment or educational environment

The definition of sexual harassment will be interpreted and applied consistently with current legal standards, as well as accepted standards of mature behavior and/or professional responsibilities.

Forms of discrimination/Harassment

Forms of discrimination / harassment include, but are not limited to:

- Verbal: Repeated sexual innuendoes, racial or sexual epithets, derogatory slurs, off-color jokes, propositions, or threats.
- Visual/Non- Verbal: Derogatory posters, cartoons, or drawings; suggestive objects or pictures; graphic commentaries; or obscene gestures.
- Physical: Unwanted physical contact, including touching, patting, pinching, hugging, brushing against another’s body, interference with an individual’s normal physical movements, or sexual assault.

PROCEDURES

Any student who alleges discrimination / sexual harassment by any faculty, staff member, member of the public or other student is encouraged to promptly report the incident(s) to the Office of the Provost. Any faculty or staff member who alleges sexual harassment should report the alleged incident to the CMO. A formal complaint shall consist of a signed statement detailing the sequence and nature of events. All complaints will be reviewed, investigated, and appropriate remedial action will be taken to address any substantiated claim. The purpose of such investigation is to determine whether there is a reasonable basis for believing that the alleged violation of this policy has occurred. In conducting the investigation, all information gathered during the investigation will remain confidential within the constraints of investigating. All students, faculty, and staff are expected to cooperate with an investigation. Failure to cooperate in any investigation may result in disciplinary action. All complaints will be reviewed, investigated, and appropriate remedial action will be taken to address any substantiated claim. If a violation of the University’s policy against discrimination, discrimination-related and sexual harassment has occurred, prompt and appropriate remedial action shall be taken. The appropriate individual(s), including but not limited to the Office of Academic Affairs, will meet with the complainant and the respondent, separately, to discuss the resolution and outline the remedial action to be taken, including any imposition of discipline. If necessary, the complaint and results of the investigation may be brought confidentially before the Grievance Committee for its recommendation. If the student does not agree with the decision of the Grievance Committee, he/she may appeal that decision through the CAO. The CAO’s resolution will be deemed final and binding.

CONFIDENTIALITY

The confidentiality of all parties involved in a discrimination/sexual harassment charge shall be strictly respected insofar as it does not interfere with the legal obligation of the University to investigate allegations of misconduct and to take corrective action. Documents created as part of a sexual harassment investigation shall remain confidential and shall not be considered public records.

SANCTIONS

If charges against a faculty or staff member at the University are substantiated, AUSOMA will impose appropriate sanctions, including but not limited to a letter of reprimand, job termination or other disciplinary action.

If charges against a student at the University are substantiated, AUSOMA will impose appropriate sanctions, including but not limited to disciplinary probation, suspension or dismissal from the program.

If any student, faculty, or staff knowingly makes a false accusation of unlawful discrimination / harassment or knowingly provides false information during an investigation of a complaint, such conduct may be grounds for discipline. Complaints made in good faith, however, even if found to be unsubstantiated, will not be considered a false accusation.

INFECTIOUS CONDITIONS / BLOOD – BOURNE PATHOGENS

I. Introduction:

American University School of Medicine Aruba (AUSOMA) recognizes bloodborne pathogens and Acquired Immune Deficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and Hepatitis C Virus (HCV) as serious public health threats and is committed to encouraging an informed and educated response to issues and questions concerning HIV/AIDS, HBV, and HCV. In furtherance of its commitment, AUSOMA has adopted a policy and procedural steps to both prevent the spread of infection and to protect the rights and well-being of students, employees, and patients who may be infected with HIV, HCV, or HBV.

Any work done at work AUSOMA which exposes students to blood borne pathogens is performed in accordance with the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard 29 CFR 1910.1030 (http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=standards&p_id=10051).

OSHA Standard requires that AUSOMA maintain an Exposure Control Plan, to protect students from bloodborne pathogens by reducing occupational exposure and providing appropriate treatment and counseling for employees potentially exposed to these pathogens. The plan covers

all students who could reasonably anticipate contact with blood and other potentially infectious materials during their work or studies. These infectious materials include body fluids, such as semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluid; any body fluid where blood is apparent; saliva from dental procedures; body fluid where it is difficult to differentiate body fluids; unfixed human tissues and organs other than intact skin and human cell lines.

For all clinical students, AUSOMA recognizes the US Federal guidelines that discuss the interpretation of the Americans with Disabilities Act (ADA) particularly as amended in 2008 (ADA Amendments Act of 2008, Pub. L. No. 110-325, 110th Congress, Second Session), and the Rehabilitation Act of 1973 as it concerns coverage for people with HIV/AIDS and make a note of the fact that a disability, including those such as early HIV disease with no visible manifestations, is the basis for protection from discrimination against those who, while living with a disability, are otherwise able to work or participate in programs and services.

II. AUSOMA Health Standards for Students

All AUSOMA students are required to submit a completed Health History Form prior to their first day of enrollment. This form includes a physical exam, health history, and record of immunizations. It must be completed by the student and a health care practitioner and must be signed and dated by both. Documentation is maintained by the Registrar and Clinical Coordinator as it pertains to enrollment requirements.

All information regarding the medical status of AUSOMA faculty, staff, and students is confidential. In compliance with Federal regulations, no individual with any medical condition will be discriminated against in admission to academic programs, employment, health benefits, or access to facilities.

Contact with patients is an integral part of medical education. Contact with patients may expose students to hazards, including exposure to patients with contagious diseases that can be transmitted to students and other health-care providers by way of airborne droplets or needle-puncture wounds involving infected body fluids. Examples of these diseases include tuberculosis, hepatitis B, hepatitis C, and AIDS. The risk of contracting serious illness from these hazards is very small; however, AUSOMA seeks to reduce incidents of students' exposure to infectious diseases and environmental hazards.

AUSOMA students enrolled in full-time degree programs are required to obtain health insurance for inpatient and outpatient care. Medical students need the protection of a comprehensive health insurance policy to maintain their own health during their training. It is particularly important for medical students to have this protection because the University is not responsible for any expenses or losses associated with care and treatment after exposure to infections or environmental hazards encountered during medical training.

III. HIV/AIDS and Hepatitis Policy Purpose

To educate AUSOMA community concerning the transmission of HIV/AIDS and provide procedures to be used to deal with the presence or anticipated presence of faculty, staff, or students on campus who have contracted Acquired Immune Deficiency Syndrome (AIDS) or AIDS - related complex (ARC) or who have had a positive Human Immunodeficiency Virus (HIV) antibody test Mandatory educational sessions on universal precautions for blood-borne pathogens and information about safety and response to exposure to infectious agents or hazardous substances are provided within the first week of the first year for entering students, and repeated in first week of the second year and again at entry into the third year of the curriculum. Information is also provided during course orientations for those specific courses in which students may be exposed to infectious agents and/or toxic substances.

Students receive training in proper blood- drawing techniques and patient-isolation policies prior to the intense clinical exposure. In addition, physicians are available to advise students and answer any questions. The school reserves the right to restrict student contact by a patient believed to pose a risk to the health of the student.

The HIV Testing Policy for students is provided in a manner that protects patient rights and is consistent with other relevant medical center policies. No student of AUSOMA will be tested without his/her consent. Students with HIV or HBV infection may attend all classes without restriction if they are physically and mentally able to participate and perform assigned work and pose no health risks to others.

IV. Responsibility

Responsibility for effective implementation of an Exposure Control Plan (ECP) at AUSOMA rests with three groups:

- A. Department of Infectious Diseases and Pathology:** Each clinical site has an Infection Control Office that is able to facilitate incidents involving exposure to bloodborne pathogens, provide technical and general assistance and guidance for AUSOMA to develop their exposure control plans for new activities and projects, and assist with development and presentation of training and education programs. AUSOMA keeps records of reported exposed medical students.
- B. The Chief Academic Officer:** The CAO or his/her designee is responsible for enforcement of the requirements of the standard, identification of rotations, tasks and procedures in which medical students have occupational exposure to blood or other potentially infectious materials. The CAO or his/her designee is responsible for providing engineering controls, ensuring personal protective equipment is available at clinical sites, for mandating proper medical student work practices at clinical sites, and medical student participation in a training and education program has proper oversight. The CAO or his/her designee assures that all students have been vaccinated for hepatitis B vaccine prior to enrollment, that any exposed medical student obtain hepatitis B vaccine and notifies the clinical site infection control Officer of any medical student exposed to potentially infectious material.
- C. Medical Students:** Medical students who have occupational exposure to bloodborne pathogens shall participate in training and education programs annually, observe universal

precautions, know the routes of transmission of bloodborne pathogens, report their exposures to potentially infectious materials, and comply with other site-specific requirements. AUSOMA medical students are required to have health insurance for inpatient and outpatient care, including exposure to infectious diseases.

V. Review and Update of the Exposure Control Plan

Each clinical site periodically reviews and updates their exposure plans in accordance with OSHA Bloodborne Pathogen Standard 29 CFR 1910.1030 updates and also follows CDC guidelines.

The Dean of Clinical Sciences will review the specific exposure plan whenever new or modified tasks are implemented and when student duties are revised that result in changes of occupational exposures. In addition, AUSOMA will review suggestions and include any modifications to tasks that result in the reduction or prevention of occupational exposures as recommended by the student.

VI. Risk Determination

Risk determination is identified from position descriptions of tasks and procedures where occupational exposure will occur.

The Dean of Clinical Sciences or his/her designee shall identify rotations and activities where (1) all students have exposure to human blood or other potentially infectious material (OPIM), and (2) where SOME students have exposure to human blood or other potentially infectious material. When only SOME employees or students are exposed, the Dean of Clinical Sciences or his/her designee will identify the tasks and procedures where occupational exposure occurs.

Student Supervisors shall identify students assigned to tasks that place them at risk for occupational exposure to blood or other potentially infectious materials within 10 days of the change of activity/responsibility for the student, offer training for handling bloodborne pathogens and offer the HBV vaccine.

VII. General Methods of Compliance

At the AUSOMA compliance can be met through work practices by controlling work procedures and exposure to contaminated patients. This is accomplished by educating the students regarding universal precautions, and of the risks from bloodborne diseases. In addition, AUSOMA develops specific work task plans for any potentially hazardous activity that would reduce any hazard. These work practice task plans could be used in areas where a reasonable likelihood of occupational exposure exists. Examples of work practice controls are washing hands after gloves are removed and as soon as possible after skin contact with blood or other potentially infectious materials, and prohibiting the recapping, removing or bending of needles.

Universal precautions are another form of work practice compliance. Universal precautions are

methods of treating all human blood, tissue and other potentially infectious materials as if it is infectious for HBV, HCV, and HIV. When it is difficult to distinguish among types of body fluid, all materials shall be assumed to be infectious. The concept of Universal Precautions shall be observed throughout the AUSOMA, at any health fair, and at any clinic, hospital, or other training facility where students are training or volunteering.

Good housekeeping is another form of work practice. AUSOMA has developed a rigorous cleaning schedule that includes appropriate methods of decontamination based on the location of potentially infectious sites within the school facility, types of surfaces to be cleaned, and types of contamination present.

Physical layout compliance is done through engineering control. Engineering controls are barriers that can be placed between the student, faculty member or another employee and the hazard. They reduce student and employee exposure by either removing or isolating the people from the hazard. Examples are the sheath on a self-sheathing needle, puncture-resistant sharps containers, and biological safety cabinets.

Engineering and work practice controls are often used together. For instance, needle sticks are a major hazard in hospitals and clinics; their control is based on not recapping needles (work practice) and disposing of them properly in the sharp's container (engineering control).

Personal protective equipment (PPE) such as uniforms, protective gloves, and facemasks shall be used as supplemental protection when occupational exposure remains after instituting engineering and work practice controls.

In addition to these primary practices and general compliance methods, facility members are advised to insert site-specific information into their own exposure control plan. Please consult with the infection control Officer at your clinical site if you have questions or need assistance.

VIII. Hazard Communication

Labels and signs bearing a Biohazard warning symbol shall be affixed to locations and containers used to store, transport, and ship blood or other potentially infectious materials.

IX. Training

Medical students in the clinical setting have the potential for exposure to blood and other potentially infectious materials (OPIM). Students will be provided with information and appropriate site-specific training within 10 working days of commencement of assignment.

Information and training for students is provided by AUSOMA initially within 10 working days of arriving at the school and then at least annually thereafter. Medical students receive training in the first week of the first year, the first week of the second year, and prior to clinical rotations.

Additional training is offered when existing tasks are modified, or new tasks introduced which affect the student's exposure to bloodborne pathogens. It is the schools' responsibility to contact the clinical site for the required training. Training shall cover the following topics:

- How to obtain a copy of the regulatory text and an explanation of its contents.
- Information on the epidemiology and symptoms of bloodborne diseases.
- Ways in which bloodborne pathogens are transmitted.
- Explanation of the Exposure Control Plan and how to obtain a copy.
- Information on how to recognize tasks that might result in occupational exposure.
- Explanation of the use and limitations of work practices, engineering controls, and personal protective equipment.
- Information on the types, selection, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
- Information on the Hepatitis B vaccination such as safety, benefits, efficacy, methods of administration and availability.
- Information on what to do and whom to contact in an emergency.
- Information on how to report an exposure incident and on the post-exposure evaluation and follow-up.
- Information on warning labels and signs, where applicable, and color-coding.
- Opportunity for questions and answers on any part of the training.
- Post training test for validation that the concepts presented are understood by the student

X. Obtaining the HBV Vaccine Series

All students must have received the HBV vaccination series prior to enrollment. All medical students are required to have health insurance to cover the costs of vaccination and the CAO or his/her designee shall either offer or provide a means for individuals to obtain the Hepatitis B who have occupational exposure to human blood or other potentially infectious material during their clinical work or studies. **This must be done within 10 days** after student has received training and information:

- The student will be offered the Hepatitis B vaccine and the cost of Hepatitis B vaccination for occupational exposure is the responsibility of the health care plan of the student or the student.
- For students involved in sponsored research, AUSOMA will offer the Hepatitis B vaccine and will pay for the cost of the vaccine.

XI. Post Exposure Evaluation and Follow-up

If the student has been exposed to blood or other potentially infectious materials, a healthcare provider should evaluate the exposed student within 24 hours of the exposure.

The clinical site will follow their exposure protocols and will offer post exposure evaluation and follow-up to any student who is exposed to blood or other potentially infectious materials during his/her work or training. Any costs will be borne by the student's health insurance or student.

If the student or employee has been exposed by a source individual's blood, the source individual's blood shall be tested as soon as feasible, and after consent is obtained, to determine HBV, HBC, and HIV infection, or unless the information is already available.

If possible, the student or employee will be given confidential information (if obtainable) on the HBV, HCV, and HIV status of the source individual, and will be informed of applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

XII. Exposure Determination Record

The following documents are required for each student to determine exposure potential and administrative procedures for students classified as potentially occupationally exposed to blood and other potentially infectious materials (OPIM).

Each clinical site will determine if Medical Students are deemed to be included in a clinical Exposure Control Plan In addition, the clinical site will also outline the medical student's activity and identify work or training procedures that may expose the student to blood or OPIM. This then would require the student to receive appropriate training and be offered the HBV vaccine.

Hepatitis B Vaccine Record, a list of questions to help AUSOMA identify if the student has previously received or now wishes to receive or decline the Hepatitis B vaccine. Note that if the student initially declines the Hepatitis B vaccine, the student may request it at any time during enrollment if the student's duties and responsibilities have not changed.

The Dean of Clinical Sciences or his/her designee should review the clinical site's Exposure Control Plan to ensure medical students are included. If the answer to any question is YES, the OSHA Standard applies to the students.

XIII. Records

Medical records (HBV status, records on post exposure follow up) will be kept by the medical facility performing services. Records must be kept for 30 years after graduation or termination of employment.

The dean or his/her designee will maintain training records, which include training dates, location, summary of training, qualifications of trainer, name, job titles of trainees, and sign-up sheet. Training records shall be maintained for 3 years from the date of training. All records must be made available to the Assistant Director and Director of OSHA or designee upon request.

A reported exposure for any student is to be kept on file by the clinical site's Exposure Control Plan coordinator for 30 years after graduation. A Hepatitis B Vaccine Record for each student is to be kept in the by the school for 30 year following graduation. These records are maintained by the Registrar.

A copy of the incident report must be filed at the Student Affairs Office by the next working day. The Office of Student Affairs will coordinate the follow up on the incident to assure that the student receives the appropriate evaluation, treatment and follow up services and for identification of other possible needs such as counseling and health insurance coordination.

The student and/or his/her medical insurance are responsible for all payments and co-payments related to the medical care of the incident. All HIV testing and information processing will adhere to applicable Federal law regarding Confidentiality of HIV-related Information. The student will continue regular clinical activities unless excused from patient contact by the health care provider. The student will be responsible for completing the time lost by coordinating with the Chair of the Department where the exposure occurred. AUSOMA is committed to offering its students ample information and education regarding methods of prevention of infections.

Appendix A

POST-CLERKSHIP COMPLETION POLICY

Upon successful completion of the Clinical rotations, the student may either -

(a) sit for the CCSE examination immediately, if academically ready, or

(b) apply for an initial Leave of Absence (LOA) of up to four (4) months to prepare for the NBME-CCSE and USMLE Step 2.

- While students are encouraged to take the first NBME-CCSE attempt within sixty (60) days of clerkship completion, this timing is preferred but not mandatory.
- A student may apply for up to three (3) sequential LOAs, each of four (4) months' duration, for a maximum total of twelve (12) months to complete both the NBME-CCSE and USMLE Step 2 examinations.
- During each LOA period, the student must continue academic preparation and make at least one formal attempt at the CCSE and/or USMLE Step 2, as advised by the Student Success Director/ Dean/Associate Dean of Clinical Sciences or CAO.
- If a student has not passed both the CCSE (≥ 224 score) and USMLE Step 2 examinations by the conclusion of the third LOA (12th month), the student must submit a formal request or appeal to the Student Promotions Committee (SPC).
- Upon review, the SPC may:
 - (a) Approve one additional LOA (up to 4 months) under defined conditions, or
 - (b) Recommend dismissal from the program.
- All LOA requests and extensions must be formally approved by the CAO and recorded with the Registrar.
- Standard LOA fees (\$500 per month after the first 4 months) remain applicable during extended periods.
- Additionally, if a student does not pass the NBME-CCSE (score of 224 or more) even after three (3) attempts or within the one (1)-year-maximum-permitted-LOA, the student will be required to successfully complete a recommended review course and submit documentation of the same within the extended LOA/ granted by the SPC appeal or withdraw from the program or face dismissal from the program.
- Following the successful completion of the recommended-Review course, the student must then pass the NBME-CCSE on the first attempt, with a score of 224 or more

- Failure to pass the NBME-CCSE after completion of the recommended Review Course will result in academic dismissal from the school.
- If a student does not pass the USMLE Step 2 even after three attempts, the student will be automatically dismissed from the program