

OSR

SOUTheRN

REGION

Indulge your feet.

Hello fellow OSR members!

Are you getting ready for New Orleans? We will have to rely on those OSR members who have visited New Orleans before to help coordinate our fun activities! (What would we have done without Red Starks in San Antonio?)

I have several topics to tell ya about:

1. St. Simon's (at the Beach!)
2. Current Issues
3. Organization "Stuff"
4. "Go Get 'Em"

ST. SIMON'S . . . Life's a Beach:

In August, I was invited to attend the planning session for the Southern Regional Meeting in 1987. We devised a new program schedule, which I hope works!

Wednesday - (this evening will be the "usual")
Introduction of meeting - 5-6 p.m.
Reception (GSA-OSR-etc) by the pool - 6-8 p.m.
OSR Roundtable Group - 7-8:30 p.m.
(Information exchange)

Thursday - 9-9:45 a.m. - Keynote talk on ADMISSIONS/FINANCIAL AID
10-12 a.m. - Four small groups
2-2:45 p.m. - Keynote talk on CURRICULUM WITH FOCUS ON
TRANSITIONITIS/CAREER COUNSELING
3-5 p.m. - Small groups
8 p.m. - Seafood Buffet

(OSR Only: Small groups at lunch; box lunches on beach while sunning; groups divided by M1, M2, M3, M4,)

Friday - 9-9:45 a.m. - Keynote talk on PROFESSIONAL CONDUCT
(ethical/legal/moral issues)
10-12 a.m. - Small groups
2-2:45 p.m. - Keynote talk on IMPAIRED STUDENTS/DRUG
SCREENING
3-5 p.m. - Small groups

OSR Only: Cook-out by the Beach.

Saturday - OSR Business meeting
Elections

This schedule is very tentative but I thought you might like to hear about it. At NEW ORLEANS, I've planned a slide show so you can start thinking about "Life's a Beach".

In further newsletters, I'll have some tips for saving money and having a good time at St. Simon's.

CURRENT ISSUES:

- 1) Transitionitis: a report is ^{not} included in this newsletter which lists some specific problems and recommendations. Be sure to read pps 6-12. This report will be discussed at New Orleans. (see OSR Annual Meeting Program) per Janet.
- 2) Doctor Overdose: an irritating but provocative article has been included. This is an issue which plagues us. What is the truth?
- 3) AIDS: What about students with AIDS or HTLV-III Antibody? A Council of Deans memorandum has been included which addresses this issue.
- 4) In tribute to our San Antonio meeting - "Mind Cures", an article I found, has been included.

ORGANIZATION STUFF:

- 1) Newsletter - I've prepared a handout--which hopefully can be passed at each meeting (even when we are gone) to help get the thing rolling.
- 2) Housing students - Our list went out and I've discovered several flaws. I have some new ideas which I'll share with ya at New Orleans. I'd appreciate any suggestions.
- 3) Thanks to Dan Shapiro who sent me a change of address . . . It really helps when we keep up-to-date.

"GO GET 'EM":

Alright everyone! Hang in there! Just do what you can and have some fun. Don't give up on OSR if you're getting discouraged. Just bring your problems, frustrations and plans to New Orleans. A bunch of drunk (did I write that?) heads is better than just one.

Gill Hankins
Arkansas
"Go Hogs"

SCHOOL REPORTS

University of Tennessee

1. Class attendance study results. I compiled lists of "attenders" and "corresponders" and analyzed GPAs and National Board Part I scores for my class. I believe the results suggest that medical schools ought to allow students to choose their preferred method of study and to choose whether they want to attend class or not. I am writing the paper describing the results now and it should be ready for your scrutiny at the National Meeting.

2. Peer counseling training instituted. The first two batches of peer counselors (in my class and the class below mine) have been trained by the Psychiatry department. By the time of the National meeting, IU should have some feedback on how the new peer counseling system is working here.

3. Medical software needed. If you have any particularly good computer software that is relevant to medical school, you might think to make several copies with instructions so that we can trade among ourselves at the meeting. I am trying to see if the Deans would be willing to foot the bill to rent an IBM PC for the spring meeting so we can use it for an informal program.

XOXOX,
Andy Spooner (3)

Bowman Gray

1. Medical students will provide free blood pressure screening on a Saturday at a local mall as part of our CHAMPS (Community Health Awareness in Medicine Provided by Students) program.

2. Students and faculty from the medical school (Jock Docs) competed against students and faculty from the law school (Legal Eagles) in a basketball game to raise money for United Way. Approximately \$600 was raised and the Jock Docs won, 60-49.

Billy Rice

UNC-Chapel Hill

1. The students at UNC were very responsive in volunteering for the visiting student lodgings network. They want to encourage a nationwide system.

2. The Substance Abuse Committee is getting off to a good start. A couple of the committee members will participate in the AMSA-UTHS co-sponsored conference in early October.

3. Luleh Koochek, a second year student, will be introduced at the National meeting as the new OSR representative.

Francis Owl-Smith (4)

University of South Alabama

There is concern among students that substantial changes in the fourth year curriculum may be in the offing which may significantly decrease the flexibility of this year for planning externships and interview trips. I have made the report of the ad hoc AAMC committee available to the student assembly so we can deal with these issues in the student/faculty liaison committee. By the time such issues arise in the Curriculum Committee they are already a fait accompli. A comparative study of approaches to the fourth year at different schools might be a good idea.

The new OSR representative for USA is Joe Joyave; he will be in New Orleans. The demands of interviewing ensure my absence.

I am still hopeful of getting more responses to my questionnaire on the non-traditional student; I had good responses from West Va., Memphis, and Little Rock. To help you out, I have appended a copy to the newsletter for you to copy and distribute at your school. Thanks.

The article on insurance is donated by me; so maybe the lawyers/doctors aren't all to blame.....

We joyfully welcomed William Tucker Dean ("Tucker") into the world on August 4, 1986. All are doing fabulously.

Keep the faith,

Bob Dean MSIU

EDITORIAL PAGE

TRAINED TO HEAL?

It is alarming that state-sanctioned brutality exists at all, but it is doubly alarming that medical personnel participate in this brutality. Medical professionals are trained to heal, but some, for various reasons that include coercion or fear of reprisals, use their knowledge and skills to inflict needless pain and suffering.

"The medical profession and the prevention of torture", NEJM 313, 1102 (1985)

It is easy to be horrified and mystified by the participation of physicians and others in atrocities around the world and here at home. But I found myself startled by the passage above. As I think through my third year, the clinical rotations, I found myself asking if I was being trained to heal. I don't think so. I have been trained to solve problems, to treat lab values and diseases, to pick my way through a decision tree. But it is people who are healed, and often the healing process may be extraneous to medical treatment; even a dying patient may be healed before his death.

Yet how often have you seen a patient manipulated into agreeing to an operation or procedure she didn't want because it is a teaching hospital? How often have our skills kept dying patients dying in the ICU? Those of us who learn to heal acquire it elsewhere: from experiences before school, from a few extraordinary people on the house staff or faculty, or from only God knows where. But trained to heal? We are not even trained to see people rather than cases. And if the case fails to respond well, it was her fault for smoking/drinking/etc anyway. The failure of medical education to instill respect for patients is a major failure.

Robert Dean
Univ S Alabama

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INFO DESIRED

Mitchell Goldstein (1) Miami
Financial Aid
Send any info on financial aid support.

Mitchell Goldstein (2) Miami
Fund Raising
Send any info on fund raising projects at your school.

Mitchell Goldstein (3) Miami
Medical Education
Send info on student input into decision making in medical education at your school.

Mitchell Goldstein (4) Miami
Computers
Send any info on computer based learning at your school.

Mitchell Goldstein (5) Miami
Peer Counseling
Send any info on peer counseling at your school.

Jill Hankins (1) Arkansas
Senior Year Curriculum
Need info on various schools' senior curriculum

Jill Hankins (2) Arkansas
Nutrition
Need info on Nutrition courses taught in the first two years

Jill Hankins (3) Arkansas
Career Counseling
What is done to help junior med students choose a specialty?

Bill Kapp Georgia
National Boards
Need info on time allotted for study for the National Boards

Katherine Madson (1) East Carolina
Peer Counseling
Need info on peer counseling programs

Katherine Madson (2) East Carolina
National Boards
Need info on preparation time

Xavier Castellanos LSU Shreveport
LCME Accreditation
How have students at your school been involved with the LCME accreditation process?

Robert Dean (1) South Alabama
Non-Traditional Students
Please turn in questionnaires about non-traditional students

Robert Dean (2) South Alabama
Residency Interviewing
How to evaluate a residency program while on an interview

Kim Dunn (1) Texas at Houston
Tenure Policies
Need info on tenure policies at medical schools

Kim Dunn (2) Texas at Houston
Teaching
How is good teaching rewarded at your school?

Kim Dunn (3) Texas at Houston
Preventive Medicine
What teaching in preventive medicine is done at your school?
When? By whom? How?

Dave Ehle (1) Florida
Hepatavax
Do your students receive Hepatavax? Who funds it?

Dave Ehle (2) Florida
Preclin/Clinical Transition
What mechanisms at your school are working to ease the transition between preclinical and clinical years?

Dirk Gesink (1) Texas at Galveston
Syllabi
Use and effectiveness of faculty-authored syllabi as opposed to and in addition to textbooks for basic sciences and clinics

Dirk Gesink (2) Texas at Galveston
Curriculum Reform
Use and effectiveness of small group sessions as opposed to and in addition to lectures in the basic sciences

Dirk Gesink (3) Texas at Galveston
Curriculum Reform
Use and effectiveness of clinical exposure in the preclinical years: how much, how often, how early?

- Billy Rice (1) Bowman Gray
Teaching
Any organization that offers seminars on how to teach (in order to help medical school teachers do their jobs)
- Billy Rice (2) Bowman Gray
Curriculum Reform
Ideas on getting students exposed to clinical medicine early (1st year)
- Gerant Rivera-Sanfeliz Puerto Rico
Admissions
Need info on admissions formula of different medical schools in the U.S.
- Chuck Secrest Mississippi
Career Counseling
Need info on alumni involvement in career selection
- Dāh Shapiro Emory
M-3 Schedule
At Emory, we have some control over who we rotate with, but cannot pick the order of clinical rotations. How does your school arrange M-3 assignments?
- Andy Spooner (1) Tennessee
Career Counseling
What structured programs do you have in career counseling? Do tests such as MSPI and Myers-Briggs help? Do students like to be advised about careers in medicine?
- Andy Spooner (2) Tennessee
Minority Affairs
Does your school have any orientation to the culture of the indigent population which is served by the major hospitals (black, hispanic, etc.)?
- Andy Spooner (3) Tennessee
Peer Counseling
Does your school have a viable peer counseling program? We are setting one up, and we want to know what works and especially what doesn't work.
- Red Starks (1) Texas at San Antonio
Health Fairs
How to plan and carry off a health fair providing education and service to indigent populations
- Red Starks (2) Texas at San Antonio
Curriculum Reform
How to reduce course load and curriculum hours
- Barry Melton (1) East Carolina
National Boards
How many weeks off before boards for preparation? Does your school offer any support for boards preparation (e.g., a course) and how is that run?
- Barry Melton (2) East Carolina
Honor Code
Do you have an honor code? How is it written and set up? I would love to get a copy of your honor code.
- Barry Melton (3) East Carolina
Itsy-Bitsy Courses
How are the smaller courses like biostats, ethics, etc. dealt with at your school? Are they graded? Are they combined into one? Are they too time consuming?
- Bill Obresky (1) Duke
Computers
Use of computers in medical education
- Bill Obresky (2) Duke
Nutrition
Need info on Nutrition electives
- Bill Obresky (3) Duke
Residency Counseling
Need info on programs on choosing a residency
- Frances Owl-Smith North Carolina
Alcohol/Substance Abuse
Need info on alcohol/substance abuse programs at medical schools
- Bill Pietrantuono (1) South Florida
Match Orientation
Need info on surviving the Match.
- Bill Pietrantuono (2) South Florida
National Boards
How are the National Boards used in the evaluation of [residency] candidates?
- Bill Pietrantuono (3) South Florida
Fourth Year Electives
How are your fourth year electives set up and assigned?
- Laurie Prewitt Texas at Houston
Preventive Medicine
How to include prevention in already existing courses, especially in the basic sciences

Red Starks (3) Texas at San Antonio
 Recruiting
 Are any students involved in structured recruiting processes
 or programs at their schools?

Red Starks (4) Texas at San Antonio
 National Boards
 Has any school recently reviewed the efficacy of the Boards?
 We will be reviewing our involvement in taking them and
 I need some outside info to take to the dean.

Red Starks (5) Texas at San Antonio
 Financial Aid
 Debt management programs--need info. Our tuition is
 increasing drastically.

Monica Vogt (1) Baylor
 Nutrition
 Need info on Nutrition elective or course

Monica Vogt (2) Baylor
 Residency Interviews
 Need info on housing during residency interviews.

Monica Vogt (3) Baylor
 Housing during Externships
 Need info on housing during externships

Monica Vogt (4) Baylor
 Residency Interviewing
 What support does your school give to students (financially
 or otherwise) to aid them in residency interviewing?

INFO TO SHARE

Robert Dean (1) South Alabama
 Computers
 Contact: Dr. Joe Troncale
 Dept. of Family Practice, U. South Alabama
 Mobile, AL 36617
 for info on their use of interactive computer programs
 in Family Practice (also for info on teenage suicide pgm.)

Robert Dean (2) South Alabama
 Constitution/Honor Code
 I have information on a creating a constitution and an honor
 code for a college of medicine executive council
 (student government).

Kim Dunn (1) Texas at Houston
 Preventive Medicine
 I have information on the implementation of preventive
 medicine curriculum:
 a. Personal Wellness
 b. Clinical Prevention
 c. Community Oriented Primary Care

Kim Dunn (2) Texas at Houston
 Teaching
 I have info on a policy study of effective evaluation and
 reward of teaching.

Dave Ehle Florida
 Student Advocacy
 We have initiated a student advocacy committee to address
 issues of concern to students, i.e., sexual harassment,
 faculty grading inconsistencies, etc.

Dirk Gesink (1) Texas at Galveston
 Ethics
 I Have info on our course in Medical Ethics.

Dirk Gesink (2) Texas at Galveston
 Preventive Medicine
 I have info on our course in Preventive Medicine &
 Community Health.

Dirk Gesink (3) Texas at Galveston
 Preclinical Pt Evaluation
 I have info on our course in Preclinical Patient Evaluation.

Mitchell Goldstein (1) Miami
Physical Diagnosis
I have info on our PD program.

Mitchell Goldstein (2) Miami
Instruments
I have info on organizing and running a profitable instrument co-op.

Mitchell Goldstein (3) Miami
Computers
I have info on our computer elective in the 4th year.

Mitchell Goldstein (4) Miami
Fund Raising
I have info on loan fund raising (John K. Robinson Fund).

Mitchell Goldstein (5) Miami
Parents' Association
I have info on our Parents' Association.

Jill Hankins (1) Arkansas
Impairment
I have info on our AIMS program.

Jill Hankins (2) Arkansas
Preventive Medicine
Preventive Medicine info is now integrated with our Family Practice rotation.

Jill Hankins (3) Arkansas
Physical Diagnosis
We have a new PD course with a new format that works well.

Bill Kapp Georgia
Computers
Dr. Abdulla Abdulla has created ACLS and heart sounds software which is problem based. The programs are available and Dr. Abdulla will be happy to furnish info to interested parties.

Katherine Madson (1) East Carolina
Ethics
I have info about our ethics program.

Katherine Madson (2) East Carolina
Tutorials
I have information about our tutorial program.

Bill Marchand (1) West Virginia
Student Well-Being
I have info on our student well-being program.

Bill Marchand (2) West Virginia
Impairment
I have a literature review of the med student impairment problem.

Bill Marchand (3) West Virginia
Impairment
I have data to support the hypothesis that medical students suffering from impairment neither believe they need treatment nor seek it.

Barry Melton East Carolina
Preclinical Pt Contact
At ECU we have a Primary Care Conference once a week for about 1-1/2 hours. We are presented simulated patients in small groups with a physician preceptor--we interview the patient and try to come up with a diagnosis. This is a valuable course.

Bill Obremsky (1) Duke
Pre-Med Education
We have a symposium for "Pre-Med" undergrads on "What Med School is All About."

Bill Obremsky (2) Duke
Sex Education
We have a 7th grade sex education program in the community.

Bill Obremsky (3) Duke
Health Screening Clinic
We have a rural health screening clinic in the summer.

Bill Obremsky (4) Duke
Residency Selection
We have a symposium on how residency programs make their selections.

Frances Owl-Smith (1) North Carolina
Alcohol/Substance Abuse
I have info on our alcohol & substance abuse program.

Frances Owl-Smith (2) North Carolina
Community Involvement
I have info on our programs for community involvement at the level of the medical student.

Frances Owl-Smith (3) North Carolina
Indian Health Service
I have information about clerkships at Indian Health Service hospitals.

Billy Rice (1) Bowman Gray
Student Affairs
"Getting to Know You" idea: send a letter to everyone's parents and get a baby picture of everyone in the class. Post the pictures outside the classroom; post the names a couple of days later. Works great!

Billy Rice (2) Bowman Gray
Student Impairment
AIMS program name has been changed to "CALL SOS" (Call for Substance Abuse or Stress Management) to take the emphasis off of "impairment" and to broaden the appeal of the group.

Peter Rigby Virginia
Intro to Clinical Med
We have a reorganized ICM class, including an orientation to the clinics by upperclassmen, fewer lectures, focus on actual patient cases, and small groups.

Dan Shapiro (1) Emory
Hepatavax
Emory provides free Hep B vaccines to all 2nd-year students. Funding comes from the county hospital authority, Grady Memorial Hospital, and Emory.

Dan Shapiro (2) Emory
Ethics
Our student organization sponsored an ethics conference in January. The conference addressed issues like "Code-No Code," "Malpractice," "Ethical Decision Making," etc.

Andy Spooner (1) Tennessee
Class Attendance
I have an article that supports the contention that if a student is not making the best possible grades, he or she would do better by going to class. It also makes the point that students who do well by "corresponding" should not be discouraged from doing so.

Andy Spooner (2) Tennessee
Impairment
I have a pamphlet on our AIMS program.

Red Starks (1) Texas at San Antonio
National Boards Review
We have organized a review course for National Boards Part I.

Red Starks (2) Texas at San Antonio
Clinical Skills
We have a 4-hour short course on venipuncture and IV cath taught by RN's and med techs in our class.

Red Starks (3) Texas at San Antonio
Survival Guide
We have a "survival manual" edited by 4th year students for
entering 3rd year students.

Monica Wehby Vogt (1) Baylor
Residency Planning
We have a residency planning workshop.

Monica Wehby Vogt (2) Baylor
History of Medicine
We have an elective in the history of Medicine.

Monica Wehby Vogt (3) Baylor
Ethics
We have a "Dealing with Dying" and an "Evening of Ethics"
program.

Monica Wehby Vogt (4) Baylor
Clinical Orientation
We have a "Day with a Doctor" program via the Texas Medical
Society and the Harris County Medical Society.

Monica Wehby Vogt (5) Baylor
Student Affairs
SPICE Program (described at the meeting)

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES

MEMORANDUM #86-46

July 3, 1986

TO: Council of Deans
FROM: John A. D. Cooper, M.D., President
SUBJECT: AIDS

Within the past 7-10 months, schools of medicine have initiated, with some intensity, discussions related to the management of medical students with AIDS or AIDS related syndromes. In several cases, such discussions have arisen in response to the knowledge that an individual(s) in their student body has contracted AIDS. In other cases, institutions have begun to consider the establishment of policies and procedures in the event that one of their students is reported to have AIDS. Institutional consideration of guidelines has resulted in numerous requests of the AAMC regarding how other schools are dealing with this issue.

Several months ago, the Division of Student Programs contacted the student affairs offices in each institution and requested examples of any policies and procedures that had been developed, or were being developed, regarding the management of students with AIDS or AIDS related syndromes. The purpose of the request was to share such guidelines with other institutions as they undertake the development of their own policies and procedures.

The attached document represents a compilation of the responses from approximately 20 schools of medicine. The policies and procedures of these schools have been categorized according to general areas of concern, e.g., Management of Medical Students with Positive Antibody for HTLV-III. The statements within each of the areas are direct quotes from the policies of these schools. The examples were selected specifically to demonstrate the range of institutional responses to the management of students with AIDS in medical school, and where appropriate, to indicate areas that require further discussion.

In summary, the examples we received revealed that:

- o few institutions have implemented final policies; most are still in draft form and awaiting approval from committee/university counsel;
- o many medical schools have formed ad hoc advisory committees to formulate policies and to deal with medical students with AIDS;

- o generally, medical schools have not recommended a mass screening of newly admitted and currently enrolled students at this time;
- o while confidentiality of a medical student's positive AIDS/antibody status was stressed, schools varied as to whom, if any, among their administration and faculty should be informed of a student's positive antibody status.
- o some schools recommend that an infected student be monitored closely; others do not require a student to report his/her condition to the administration.
- o precautions taken to prevent the transmission of HTLV-III/LAV infection from medical students to patients were in accordance with recommendations suggested in the Center for Disease Control's Morbidity and Mortality Weekly Report, April 11, 1986 and November 15, 1985, e.g., wearing gloves when in contact with mucous membranes or nonintact skin, etc.

Areas needing further discussion:

- A. AIDS and the admissions process. Is it appropriate or advisable for admissions committees or school officials to be aware of applicants/new matriculants who have AIDS or AIDS related conditions?
- B. Policies and procedures for invasive vs non-invasive procedures. Is it appropriate (or manageable) for schools to have different policies for students who perform non-invasive vs. invasive procedures?

Do the requirements of the educational program permit a student to waive the requirements of certain clinical clerkships?

If a school's policy states that it recommends no screening of students who do not perform invasive procedures, does that mean that students who do perform invasive procedures should be screened for HTLV-III/LAV antibodies?

- C. When, if ever, should a student's personal physician be consulted regarding his/her physical and mental condition?
- D. Under what circumstances and to whom does an institution reveal a student's positive status?
- E. Should the management of a student with a positive HTLV-III antibody test differ from the management of a student with clinically manifested AIDS or ARC?
- F. How is an institution's AIDS policy disseminated to medical students? Should it be included in administration publications?

The attached compilation is not intended to be for the purpose of establishing a national or AAMC policy in this area. The development of policies and procedures are an institutional matter. The AAMC's Division of Student Programs will continue to serve as a repository for AIDS information

and will share such information with the schools on a periodic basis. We also will maintain a list of institutional representatives to facilitate your contact with colleagues at other institutions.

For your information the copies of this document that will be sent to Student Affairs officers and designated institutional AIDS representatives will be accompanied by an American Hospital Association publication entitled Management of HTLV-III/LAV in the Hospital and an American College Health Association special report, AIDS on the College Campus. Of additional interest, this year's GSA Annual Meeting program will feature a session entitled "AIDS and its Effect on Undergraduate Medical Education." Dr. David Altman, Associate Dean for Student Affairs, University of California, San Francisco, is coordinating this program.

In order to address this issue more thoroughly, we still need examples of institutional policies. Please send copies to Sharon L. Taylor, Staff Assistant, Division of Student Programs. If you have any questions, comments or suggestions on how we may be of more assistance, please don't hesitate to call Ms. Taylor at (202) 828-0570.

Attachments

cc: GSA Student Affairs Officers
Designated Institutional AIDS Representatives

Medical Students and AIDS
A Compilation of Medical Schools' Policies

Introduction

The following comments were taken from the AIDS policies of approximately 20 U.S. medical schools. The sample comments, which were selected to demonstrate the range of institutional policies, are organized around nine major topic areas:

- I. Admission of Medical Students with AIDS
- II. Screening for HTLV-III Infection
- III. Managing Medical Students with Positive Antibody for HTLV-III
- IV. Management of Students with Clinically Manifested AIDS or ARC
- V. Confidentiality and Student Reporting of Condition
- VI. Student Interaction with Patients with AIDS
- VII. Precautions to Prevent Transmission of HTLV-III/LAV Infection
- VIII. Provision of Care to Medical Students with AIDS
- IX. Education of Medical Students Concerning AIDS

I. Admission of Students with AIDS

- A. "Prior to matriculation at _____, it is recommended that persons with illnesses which carry a high risk of fatality and make it unlikely for them to complete the four years of medical school or engage in an active practice of medicine should not be accepted into the entering class."
- B. ".... no administration, faculty member, staff member, or student shall make administrative, employment, or academic decisions concerning another person who is, or is applying to be, a member of the University based solely on the sexual orientation of that person."
- C. "The existence of AIDS should not be part of the initial admission decision as long as the student can participate in required activities."
- D. "The existence of AIDS, ARC or positive HTLV-III antibody tests should not be a part of the initial admissions decision for applicants to _____ University for students as long as the individual is in adequate physical condition to participate in the required activities of the university."

II. Screening for HTLV-III Infection

- A. "A mass screening program is not...advisable at this time."
- B. "Routine serologic testing of medical students who do not perform invasive procedures is not recommended to prevent transmission of HTLV-III infection...serologic testing is available to medical students who may wish to know their HTLV-III/LAV infection status."
- C. "Routine serologic testing of students for HTLV-III/LAV will not be carried out. Serologic testing will be available to all students who may wish to know their HTLV-III/LAV status... The School of Medicine will not be informed of the results of this test."
- D. "HTLV-III/LAV antibody testing should only be used in situations where it will directly benefit the patient or where it will be of public health benefit."
- E. "Mass screening is not recommended. Exceptions may include high risk or symptomatic individuals in environments conducive to HTLV-III transmission."
- F. "At this time there is no basis for adopting mandatory testing of students or employees for the AIDS antibody."

III. Managing Medical Students with Positive Antibody for HTLV-III

- A. "Any individual at _____ found positive for HTLV-III/LAV antibody and who is asymptomatic, should be allowed access to all University facilities and full participation in all University activities."

- B. "... there is no reason to restrict the activities of a student or faculty person having HTLV-III infection provided that their behavior and personal hygiene are acceptable. Acceptable means that they are aware of the risks of transmission of HTLV-III by exchange of body fluids, particularly semen and blood, that they practice appropriate standards of personal hygiene including handwashing before personal contact, proper management of open lesions on the hands, etc. Each such individual will be counseled by a member of the Office of Student Affairs concerning the appropriate safeguards and behavior expected on the job and in the school setting. Individuals whose behavior for any reason significantly deviates from these guidelines and places patients or staff members in jeopardy, will be immediately brought before the Committee on Student Promotions for appropriate disciplinary action."
- C. "Medical students known to be infected with HTLV-III/LAV who do not perform invasive procedures need not be restricted from school unless they have evidence of other infection or illness for which any medical student would be restricted."
- D. "The medical student's personal physician(s), in conjunction with the medical school administration, should determine on an individual basis whether the infected medical student can adequately and safely perform patient-care duties and suggest changes in work assignments, if indicated."
- E. "... AIDS shall be treated like any other serious communicable disease... there is presently no known reason to exclude AIDS victims from campus, social, cultural, or employment activities, provided the individual behaves responsibly in light of his or her medical condition. Responsible behavior shall include acquiring information about preventing the transmission of AIDS and proper management of the medical condition itself, and taking appropriate precautions to protect others."
- F. "Students or employees having AIDS, ARC or antibody to AIDS virus may participate in patient related activity. Such students will not, however, participate in any invasive activity (surgery, deliveries, endoscopies or other procedures in which the possibility of contamination of the patient would exist should the student have an open lesion or injure himself/herself such that the student's or employee's blood might contaminate the patient.) If the school becomes aware that a student or employee is engaging in conduct or procedures that threaten the possibility of transmission of AIDS to others, that individual shall be immediately suspended pending full investigation of the circumstances in the alleged event."
- G. "Should a student or employee with AIDS, ARC, or antibody to AIDS virus develop a condition whereby he/she endangers or might endanger patients...the institution will decide on restriction of that individual's activities based on informed medical judgment in the individual case...(The school) may require regular monitoring of the person's medical condition to ensure that he or she poses no risk to (others). This monitoring may be imposed as a condition of continued attendance."

- H. "Individuals who are known to be immunologically compromised should be excused from institutional requirements for certain vaccinations; notably measles, mumps and rubella vaccines, as those vaccinations can lead to serious consequences in those with poorly functioning immune systems."

IV. Management of Students with Clinically Manifested AIDS or ARC

- A. "The safety measures to be followed when they are involved in performing invasive procedures involving needles, scalpels or other sharp instruments will be the following:
1. Student will be double gloved.
 2. The preceptor will be made aware that the student is positive for HTLV-III and must be present at any times that the student has sharp instruments in their hands.
 3. The student will not be permitted use of a scalpel.
 4. Should the student's glove or any other part of his/her body be entered or nicked by a needle or scalpel or other sharp instrument, the involved instrument, needle, etc., will be immediately discarded without further use on the patient, and the student will retire for appropriate medical management.
- B. "... a regular program (every three months) of testing of higher mental functions will be performed on all students recognized as having AIDS or ARC. Students who show evidence of mental deterioration will be removed from those rotations where their front line judgment may pose a significant threat to the patients."
- C. "Medical students with AIDS or related syndromes who are involved in direct patient care shall not work with immunocompromised patients, including pregnant women."
- D. "The Dean, in conjunction with the student's physician, and subject to the policies of the participating hospitals or institutions shall determine whether the impaired student can continue in a modified program if needed for completion of medical education, based on the abilities of the student."
- E. "It is recognized that students with AIDS or ARC may have restrictions of his/her activities imposed by the symptoms of this or associated disease."
- F. "The need for accommodations and restrictions will be determined on a case-by-case basis."

V. Confidentiality and Student Reporting of Condition

- A. "No other individual other than the attending physician (during invasive procedures) will be aware of the status of any student relative to their status to HTLV-III infection."

- B. "For a student... who develops a clinical case of AIDS, that student's situation should be reviewed by one member of the Department of Medicine Infectious Disease Division and one member of the School of Medicine administration. The primary issue is that of protecting the student from patients with infectious diseases which could place them at increased risks."
- C. "In all cases of illness, including AIDS, an employee who is ill shall not be required to submit a diagnosis of illness, except as may be required for accommodation of medical disability claims. As appropriate, the employee may be asked to provide a physician's certificate of ability to work or amount of time needed for recuperation."
- D. "During the student orientation process, students who know themselves to have HTLV-III antibody will be informed of their responsibility to report this fact to the student health service in order to obtain medical treatment and counseling for their own protection."
- E. "Current information about the epidemiology of AIDS does not justify any notices to people in the University community beyond the notices applying to other communicable diseases. It was suggested that the transmissibility of AIDS is analogous to that of hepatitis B."
- F. "A medical student with AIDS or related syndromes must:
- (1) promptly advise the Dean of Student Affairs at the medical college of his condition.
 - (2) see this physician regularly, and authorize his physician to consult with the committee (which includes the chairman of the department to which the student is to be assigned, a representative of the Infectious Disease Service, a representative of hospital administration, and the Dean of Student Affairs) to the extent necessary to enable the committee to make its determinations."
- G. "Hospital employees or other persons engaged in patient care activities who know or have reason to believe that they are infected with HTLV-III/LAV are urged to share that information, on a confidential basis, with the Director of the Employee Health Services, so that the hospital can respond appropriately to their health and educational needs."
- H. "... in the absence of legislation to the contrary, the existing rules concerning the confidentiality of medical records of students and employees shall apply to situations involving AIDS and that such information, if known, shall not be released without the person's permission, except as otherwise required by law. This statement... does not diminish the obligation to report necessary information concerning diagnosed and verified cases of AIDS to the appropriate disease control centers."

- I. "Beyond mandated reporting requirements to public health authorities...results of tests for anti-HTLV-III/LAV antibody should not be communicated to any party other than the individual who has been tested."
- J. "There is no requirement that the administration of the School of Medicine should be informed of a positive test result for HTLV-III infection."

VI. Student Interaction with Patients with AIDS

- A. "Should an employee refuse to work with a person with AIDS, or someone identified as a member of a high risk group, that employee shall be directed to the University Health Service for counseling about AIDS transmission and prevention to help allay the employee's fears. If the employee's fears persist, he or she should apply for a transfer."
- B. "Refusal to work with a person with AIDS does not excuse an employee from fulfilling assigned responsibilities and such refusal can result in disciplinary action."
- C. "Medical center physicians are urged to incorporate into their practices standard procedures for obtaining complete sexual histories on their patients and should assume responsibility for candid communication with and education of patients known to fall into high risk groups for HTLV-III/LAV infection. All physicians should remain abreast of future advances in our understanding of AIDS and HTLV-III/LAV, and should strive to disseminate that information to individuals at risk in an effort to reduce or eliminate high risk behavior. Physicians who find this difficult to accomplish should consider referring selected patients (those thought to be in high risk groups) to other appropriate primary care providers or consultants."
- D. "Healthy health care personnel should not be excluded on their own request from providing care to patients with AIDS. Health care personnel who believe they may be at increased risk because they are immunosuppressed or have other clinical conditions that may increase their risk of acquiring an infection should discuss their work responsibilities with employee health services."
- E. "It is not appropriate for Health Care Workers to refuse treatment for patients with HTLV-III infection or AIDS except under medically justified circumstances."

VII. Precautions to Prevent Transmission of HTLV-III/LAV Infection

- A. "These precautions apply to all medical students, regardless of whether or not they perform invasive procedures:
- (1) All medical students should wear gloves for direct contact with mucous membranes or nonintact skin of all patients and

(2) medical students who have exudative lesions or dermatitis should refrain from all direct patient care and from handling patient-care equipment until the condition resolves."

- B. "Blood precautions' should be observed. Gloves should be worn during any procedures involving handling of blood or items contaminated with blood or other body fluids. Gowns, masks and eye-coverings are not needed for routine purposes but may be desired during procedures involving more extensive contact with blood or other potentially infective body fluids."
- C. "Mouth pieces, resuscitation bags (Ambu bags), or other ventilation devices should be readily available for use in the event of the need for cardio-pulmonary resuscitation."
- D. "All programs in which students are handling potentially and definitely infected material should be reviewed for the teaching of appropriate techniques." Assistance should be provided for correcting substandard procedures."
- E. "After a medical student's accidental exposure to a possible HTLV-III/LAV infection in a patient, medical evaluation should determine whether an HTLV-III serology test should be obtained. If tested, and the individual is found to be sero-negative, retest after six weeks and then at three, six, and twelve months."
- F. "To prevent needlestick injuries, needles should not be recapped, bent, broken, removed from disposable syringes, or otherwise manipulated by hand."
- G. "If a patient has a parenteral or mucous membrane exposure to blood or other body fluids of a Health Care Worker, the patient should be informed of the incident by a representative of the hospital's infection control committee and the same procedure...for exposures of Health Care Workers to patients should be followed for both the source Health Care Worker and the potentially exposed patient."

VIII. Provision of Care to Medical Students with AIDS

- A. "Any HTLV-III/LAV positive person, whether or not a member of a risk group, should be counseled by an appropriate health care professional about his or her own health and responsible behavior."
- B. "Medical students with AIDS or related syndromes will be instructed as to:
 - (1) the significance of HTLV-III infection;
 - (2) the potential for transmission of HTLV-III to patients and the means to minimize or prevent such transmission;
 - (3) their risk of contracting infections from patients and the means to reduce the risk;

(4) the availability of psychosocial support."

IX. Education of Medical Students Concerning AIDS

- A. "Medical students receive specific information on HTLV-III virus and AIDS during their pre-clinical training. Additionally, either during their MII year, or as part of an introduction to the hospital environment at the beginning of their MIII clinical rotations, all students should uniformly receive training in hospital infection control standards."
- B. "The primary emphasis of the University's approach to AIDS should be an educational one. Students, faculty and staff should be informed about the disease, especially modes of transmission and disease prevention. The University health service will prepare information material to be distributed to specific groups. (This) policy should be published."
- C. "The University will take an active role in making available to the members of its community current information about the transmission of AIDS and the means of minimizing the risk of contracting it."