

STANDARD 12: MEDICAL STUDENT HEALTH SERVICES, PERSONAL COUNSELING, AND FINANCIAL AID SERVICES

A medical school provides effective student services to all medical students to assist them in achieving the program's goals for its students. All medical students have the same rights and receive comparable services.

SUPPORTING DATA

Table 12.0-1 Tuition and Fees					
Provide the <i>total tuition and fees</i> assessed to first-year medical students (both for in-state residents and out-of-state non-residents) for the indicated academic years. Include the medical school's health insurance fee, even if that fee is waived for a student with proof of existing coverage.					
	AY 2014-15	AY 2015-16	AY 2016-17	AY 2017-18	AY 2018-19
In-state	\$20,086	\$20,100	\$21,104	\$22,154	\$22,094
Out-of-state	\$47,676	\$47,690	\$50,074	\$52,542	\$54,772

Table 12.0-2¹ Median Medical School Educational Debt								
Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the median reported medical school educational indebtedness of all medical student graduates with medical school debt and the percentage of graduates with indebtedness equal to or more than \$200,000.								
	GQ 2015		GQ 2016		GQ 2017		GQ 2018	
	School %	National %						
Median medical school debt	\$160,500	\$132,968	\$200,000	\$180,000	\$145,000	\$180,000	\$140,000	\$195,000
Percent of graduates with debt equal to or more than \$200,000	19.8	24.9	45.8	32.5	22.1	33.0	14.6	35.4

Table 12.0-3² Median Overall Educational Debt								
Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the median overall educational debt (including undergraduate college/university debt) of all medical school graduates with educational debt and the percentage of graduates with debt equal to or more than \$200,000.								
	GQ 2015		GQ 2016		GQ 2017		GQ 2018	
	School %	National %						
Median overall educational debt	\$170,000	\$183,189	\$206,000	\$190,000	\$160,000	\$195,000	\$150,000	\$200,000
Percent of graduates with debt equal to or more than \$200,000	31.9	32.1	49.9	36.3	27.5	36.9	18.6	38.7

¹ Due to a change in the 2016 AAMC Graduation Questionnaire (GQ) data, table 12.0-2 has been revised. The prepopulated data have been deleted because they were in error on 8/11/2016.

² Due to a change in the 2016 AAMC Graduation Questionnaire (GQ) data, table 12.0-3 has been revised. The prepopulated data have been deleted because they were in error on 8/11/2016.

Table 12.0-4 | Support Services at Regional Campuses

Indicate how the following services are made available to students at each regional campus by placing an “X” in the appropriate columns(s). Add additional rows for each service/campus. *Note: this question only applies to schools with regional campus(es).*

Available to Students via	Campus	Services			
		Personal counseling	Student health services	Student well-being programs	Financial aid management
Personnel located on campus	N/A				
Visits from central campus personnel	N/A				
E-mail or tele/videoconference	N/A				
Student travel to central campus	N/A				

12.1 FINANCIAL AID/DEBT MANAGEMENT COUNSELING/STUDENT EDUCATIONAL DEBT

A medical school provides its medical students with effective financial aid and debt management counseling and has mechanisms in place to minimize the impact of direct educational expenses (i.e., tuition, fees, books, supplies) on medical student indebtedness.

SUPPORTING DATA

Table 12.1-1 Financial Aid and Debt Counseling Services.								
Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who were <i>satisfied/very satisfied</i> (aggregated) in the following areas.								
	GQ 2015		GQ 2016		GQ 2017		GQ 2018	
	School %	National %						
Financial aid administrative services	97.7	78.9	54.5	75.7	82.0	75.0	80.5	75.0
Overall educational debt management counseling	95.5	70.4	60.6	67.3	74.6	66.3	70.5	67.5

Table 12.1-2 Financial Aid and Debt Counseling Services.				
Provide data from the independent student analysis, by curriculum year, on the percentage of respondents that were <i>satisfied/very satisfied</i> (aggregated) with financial aid services and debt management counseling. Add rows for each additional question on the student survey.				
Survey Question	Year 1	Year 2	Year 3	Year 4
Quality of financial aid administrative services	97.5	92.9	89.3	88.0
Overall debt management counseling	76.6	79.8	84.6	86.7

Table 12.1-3 Financial Aid/Debt Management Activities			
Describe financial aid and debt management counseling/advising activities (including one-on-one sessions) that were available for medical students in each year of the curriculum during the most recently completed academic year. Note whether they were required (R) or optional (O).			
Financial Aid/Debt Management Activities			
Year 1	Year 2	Year 3	Year 4
<ul style="list-style-type: none"> Orientation presentation regarding policies and procedures, budgeting, money saving tips, scholarships, and resources. (R) One-on-one budgeting session (R) Financial aid forum presentation with 4 West Virginia representatives discussing financial opportunities in the state as well as national financial incentive programs. (R) <p>FAFSA workshops offered twice during the academic year (O)</p>	<ul style="list-style-type: none"> Bank representatives come to discuss issues such as credit cards, credit scores, how student loans effect credit, and budgeting. (R) <p>FAFSA workshops offered twice during the academic year (O)</p>	<ul style="list-style-type: none"> Rising MS4 presentation discussing budgeting issues for upcoming year and testing, interview and travelling costs (R) <p>FAFSA workshop offered twice during the academic year (O)</p>	<ul style="list-style-type: none"> Loan Exit Interview presented by AAMC discussing repayment plans and forgiveness programs. (R) One-on-one exit counseling (O) <p>FAFSA workshops offered twice during the academic year (O)</p>

If the medical school has one or more regional campuses, list which of the required and optional advising sessions were available at each campus during the most recently completed academic year.

NARRATIVE RESPONSE

a. Describe the staffing of the financial aid office used by medical students.

1. Note if the financial aid office resides organizationally within the medical school or at the university level. If the latter, list the other schools/programs supported by financial aid office staff.
2. Indicate the number of financial aid staff who are available to specifically assist medical students.
3. Describe how the medical school determines and evaluates the adequacy of financial aid staffing.

JCESOM employs a 1.0 FTE employee to manage and advise all medical students regarding financial aid. The employee resides in the JCESOM Office of Student Affairs at the Byrd Clinical Center and is readily available to all medical students. Financial aid staffing is reviewed annually by monitoring the responses from the AAMC GQ.

b. Provide a description of the types of print and/or online debt management information available to medical students. Note if students are required to use some or all of these materials (e.g., as part of financial aid/debt management sessions).

The JCESOM Student Financial Aid Department utilizes the resources from AAMC's Education Debt Manager, AAMC SALT Program, and AAMC Medloans Organizer and Calculator. All resources are optional for student use.

c. Describe current activities at the medical school or university to raise funding for scholarship and grant support for medical students (e.g., a current fund-raising campaign devoted to increasing scholarship resources). Describe the goals of these activities, their current levels of success, and the timeframe for their completion.

For the sixth straight year, the Joan C. Edwards School of Medicine increased scholarship revenue and distribution during the 2016-2017 academic year. A total of \$2,953,464 in scholarship funding was distributed to 193 different medical students, making the average amount per student \$15,303. This is an increase of 5 percent from 2015-2016 and an increase of 61 percent from 2011-2012.

Although significant progress has been made since 2011-2012, we continue to cultivate a large number of alumni and friends as potential donors and work with current donors to expand their capacity for major gifts. A total of eight new scholarships, both endowed and expendable, were established during 2016-2017.

Thanks to generous sponsors, Standing Out in Our Field, the school's annual scholarship fundraising event now in its fourth year, has contributed a total of \$400,000+ to the MUJCESOM Scholarship Campaign Fund.

As we look toward 2018-2019, the School of Medicine will continue its efforts to increase the number of current scholarships while planning for the future. This includes a focus on our "Adopt a Medical Student" initiative, as well as planned giving. Another area of emphasis is growing our underfunded endowed scholarships. Currently, 27 scholarship funds have been established by donors or school of medicine graduating classes that have not yet reached endowed status. We continue to work with donors to complete the funds so that they may begin earning revenue and awarding scholarships.

d. Describe other mechanisms, such as limiting tuition increases that are being used by the medical school and the university to limit medical student debt.

JCESOM has made multiple attempts to limiting medical student debt. There has been a slow rise in tuition for several years, increase in tuition waivers, a dedicated effort to increasing scholarship opportunities, and establishing a student budget that equals the economic status of the region.

SUPPORTING DOCUMENTATION

1. The most recent LCME Part I-B Financial Aid Questionnaire.

Appendix 12.1-1 LCME Part I-B Financial Aid Questionnaire

12.2 TUITION REFUND POLICY

A medical school has clear, reasonable, and fair policies for the refund of a medical student's tuition, fees, and other allowable payments (e.g., payments made for health or disability insurance, parking, housing, and other similar services for which a student may no longer be eligible following withdrawal).

NARRATIVE RESPONSE

- a. Briefly describe the tuition and fee refund policy. Describe how the policy is disseminated to medical students.

MUJCESOM follows the Marshall University policy on tuition and fee refunds. The policy is available to students on the Marshall University Office of Financial Assistance webpage.

<https://www.marshall.edu/sfa/notificationdisbursement/#fndtn-efs-tabpane-1-4>

According to Marshall University's Refund Policy:

When students withdraw from all courses on or before the 60% point in time of an academic term, the Office of Financial Assistance is required to review financial aid awards to determine whether financial aid funds must be adjusted in accordance with federal and state regulations. The policies on treatment of financial aid for total withdrawal are specific to each designated financial aid program and are applicable only if the student has received those particular kinds of funds. If a student received various types of financial aid, more than one policy may apply when determining revised financial aid eligibility.

Adjustments to institutional and external financial aid follow the Marshall University Refund Policy. If the student is a recipient of state aid but is not receiving federal student aid, adjustments to state aid follow the Marshall University Refund Policy. The chart below describes how institutional, state, and external financial aid is treated whenever a student withdraws:

Period of Withdrawal During a Semester	Percentage of Aid Returned to Program
Weeks 1-2	90%
Weeks 3-4	70%
Weeks 5-6	50%

- b. If not included in the tuition refund policy, describe policies related to the refund of payments made for health and disability insurance and for other fees.

Disability insurance premiums are covered by the school of medicine.

Health insurance premiums for medical students are paid on an annual basis through Marshall Health, the practice plan of JCESOM. Students reimburse Marshall Health at the time financial aid is dispersed. In the event a medical student withdraws or is dismissed from medical school, the student has the option to remain on the insurance plan for the remainder of the policy year.

SUPPORTING DOCUMENTATION

1. Policy for refunding tuition and fee payments to medical students who withdraw or are dismissed from the medical education program.

See Appendix *12.2-1 Tuition Refund Policy.pdf*

12.3 PERSONAL COUNSELING/WELL-BEING PROGRAMS

A medical school has in place an effective system of personal counseling for its medical students that includes programs to promote their well-being and to facilitate their adjustment to the physical and emotional demands of medical education.

SUPPORTING DATA

Table 12.3-1 Personal Counseling							
Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who were <i>satisfied/very satisfied</i> (aggregated) with personal counseling.							
GQ 2015		GQ 2016		GQ 2017		GQ 2018	
School %	National %	School %	National %	School %	National %	School %	National %
100.0	75.5	55.6	73.3	80.0	72.3	55.9	71.3

Table 12.3-2 Mental Health Services							
Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who were <i>satisfied/very satisfied</i> (aggregated) with student mental health services.							
GQ 2015		GQ 2016		GQ 2017		GQ 2018	
School %	National %	School %	National %	School %	National %	School %	National %
95.2	77.0	73.6	74.1	85.3	74.0	68.9	73.3

Table 12.3-3 Well-being							
Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who were <i>satisfied/very satisfied</i> (aggregated) with programs and activities that promote effective stress management, a balanced lifestyle, and overall well-being.							
GQ 2015		GQ 2016		GQ 2017		GQ 2018	
School %	National %	School %	National %	School %	National %	School %	National %
95.2	75.5	54.5	73.3	80.0	72.1	67.3	70.8

Table 12.3-4 Student Support Services by Curriculum Year				
As available, provide data from the independent student analysis, by curriculum year, on the percentage of respondents who were <i>satisfied/very satisfied</i> (aggregated) with the listed student support services. Add rows for additional student survey questions.				
Survey Question	Year 1	Year 2	Year 3	Year 4
Accessibility of personal counseling	83.9	92.9	75.4	82.7
Confidentiality of personal counseling	71.6	70.2	70.4	80.0
Availability of mental health services	87.7	90.5	80.0	88.0
Availability of programs to support student well-being	88.9	91.7	84.6	84.0

NARRATIVE RESPONSE

- a. Describe the system for personal counseling for medical students, including how, by whom (i.e., roles and titles), and where services are provided. Describe how students are informed about the availability of personal counseling services.

CONTRACTED SERVICES WITH CABELL HUNTINGTON HOSPITAL

Personal counseling for medical students is provided by Cabell Huntington Hospital. JCESOM holds two contracts that provide Employee Assistance Program (EAP) and counseling services to all medical students.

This benefit provided by JCESOM demonstrates that mental health and wellbeing is a cornerstone of services. Utilization of services is monitored on a monthly basis with the issue of an invoice.

The Cabell Huntington Hospital Counseling Center is located on the second floor of the Chafin Building in downtown Huntington, less than a mile from the main campus and Marshall Medical Center. Examples of services provided are counseling specialties of individual sessions, counseling couples, families, children/adolescents, learning disabilities, sexual addiction, and death of a loved one, sexual assault, and workplace stress, history of childhood abuse/neglect, and health crisis /chronic illness. All mental health specialist has a Master's Degree in Counseling or Psychology and independently licensed except for one doctoral student who is under licensure supervision. For current patients, staff are available 24/7 for emergency/crisis interventions.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Cabell Huntington Hospital makes its employee assistance program available to medical students at JCESOM. On an annual basis, the agreement between Cabell Huntington Hospital and JCESOM is reviewed. During the review process, the value of the EAP program, utilization of resources, and future needs are discussed. JCESOM compensates Cabell Huntington Hospital \$6600 per year for the EAP services provided.

Per the agreement the EAP program offers the following services to all medical students and immediate family members defined as spouses and dependent children under the age of 26. In the event of a student's death, services are extended for their immediate family members for one year following the student's date of death.

Intervention Services:

Counseling-CHH will provide consultation and assessments as needed by referral from the Office of Student Affairs. The EAP program will then make a referral to an appropriate counselor to address the medical student's concerns as needed. Additionally, if the consultation deems to be a short-term resolution counseling then the EAP will conduct this service independently.

Education and Skill Development:

At the request of the Office of Student Affairs, the EAP staff will provide one (60-minute) substance abuse in-service per year. At the time of this document, the director of the EAP program and the assistant dean of student affairs agreed upon to revise this service to substitute another topic for substance abuse such as burnout and stress.

Consultation Services:

The staff of the EAP program are available to JCESOM Office of Student Affairs to assess student needs and make recommendations regarding intervention options as needed.

Availability of services:

Office hours are 8am-5pm Monday-Thursday, Friday appointments are available upon request.

In the event of an emergency, the EAP Coordinator may be contacted after hours using a posted pager number.

COUNSELING SERVICES

Cabell Huntington Hospital operates a counseling center and provides contracted services to the JCESOM. As with the EAP program, the contract is reviewed annually around the anniversary date. JCESOM compensates Cabell Huntington Hospital Counseling Center \$20,000 per year for counseling services.

Per the agreement, in the event of a student's death services will be extended to the student's spouse or domestic partner for one year following the student's death. It is important to note that extension of services in other circumstances will be at the discretion of the counseling center and office of student affairs.

All current medical students are covered for a total of ten (10) sessions (individual, couple, family, group or session referred by the WV Medical Professionals Health Program). The ten sessions are counted within the academic year of July 1-June 30. If a student requires more than 10 sessions, the charges are the responsibility of the student. It is noteworthy to state that the administration of the counseling centers works closely with the medical students to make additional visits as affordable as possible by using a sliding scale fee.

TYPES OF COUNSELING SERVICES

Individual counseling where the student meets one on one with a counselor working on individual's issues.

Couples counseling where student with spouse or domestic partner working in relational issues.

Family counseling is the student with any member of immediate family which includes siblings, spouse, or domestic partner, siblings-in-law, parent-in-law, dependent children, adult children, or parents.

Group counseling where the counseling center manages group therapy sessions that focus on a range of issues such as healthy relationships, anxiety, depression, sexual addictions, and other topics.

Availability of services:

Appointment hours are Monday 11am-7pm; Tuesday-Thursday 8am-5pm.

Student intakes will be scheduled at the next available appointment.

In the case of emergency including potential harm to self or others the student is to call 911 or go to the closest Emergency Department.

For urgent issues, the student may call after hours and weekends the on call counselor via a pager.

MARSHALL UNIVERSITY STUDENT SERVICES

Students also have access to the Marshall University Counseling Center on main campus. Examples of services provided are counseling specialties of individual, couples, group, sexual assault/abuse, rape concerns, dating concerns, domestic violence, substance abuse, eating disorders, stress management, and depression.

Appointments are recommended, however, walk-in hours are available. Services are free to all current full-time and part-time students. Emergency/Crisis Counseling is available 24/7 for any student. All mental health specialist has a Master's Degree in Counseling or Social Work.

Students are informed of services annually during orientation and as needed during the academic year. Services are found on the Student Resource webpage.

Services are free to all students.

In the event psychiatric services are needed, the medical school has an agreement with a board certified, licensed psychiatrist. The office is located approximately 10 miles from main campus and Marshall Medical Center. Additionally, the psychiatrist is the medical director of the Cabell Huntington Hospital Counseling Center. This provides additional points of communication for any medical student within the services.

Students are informed that in the event of an emergency including potential harm to self or others, the student is to call 911 or go to the closest emergency department.

Information regarding personal counseling, EAP and psychiatry appointments are discussed annually during matriculation and class orientations and as needed during the academic year. Services are found on the Student Resource webpage.

- b. Comment on how the medical school ensures that personal counseling services are accessible and confidential.

The medical school has invested resources to ensure personal counseling services are available to medical students. Counseling services and an EAP program is contracted out annually to Cabell Huntington Hospital. Additionally, Marshall University provides all students access to counseling services through main campus resources.

Both institutions respect student's privacy and have policies and procedures that ensure protected health information is not obtained by the medical school or any other individuals without written authorization of the medical student. Policies are in accordance to the HIPAA Omnibus Privacy Rules.

- c. Summarize medical school programs or other programs designed to support students' well-being and facilitate students' ongoing adjustment to the physical and emotional demands of medical school. Describe how students are informed about the availability of these programs/activities.

Maintaining a healthy sense of emotional well-being is a vital component of success as a medical student. MUSOM supports a medical student wellness committee that enables students to create an atmosphere of support, encouragement, and wellness activities. Examples of activities include yoga, Zumba, intermural activities, and access to the MU Rec Center. The MUJCESOM Wellness program is distinguished by eight major categories: Career, Physical, Social, Financial, Intellectual, Environmental, Spiritual, and Emotional. Each of the eight categories have specific activities that promote health and wellness.

In addition to the provided counseling sessions, MUJCESOM has an active chapter of Active Minds. Active Minds is a nonprofit organization that empowers students to speak openly about mental health. The chapter participates in national programs that surrounds mental health issues such as Stress Less...Laugh More weeks, and Post Secret U activities.

In the fall of 2018, The Office of Student Affairs and the Topics in Healthcare Interest Group hosted a voluntary panel group discussion that was led by an attending physician, two licensed practicing counselors and a senior medical student. Topics discussed were recognizing burnout, stress, reaching out for assistance, mindfulness activities, etc.

One-on-one general wellness checks are conducted as needed by the Assistant Dean of Student Affairs, Assistant Director of Student Affairs, or the Assistant Dean of Academic Affairs. The Vice Dean of Medical Education is readily available when needed. The meetings include a review of common problems for medical students such as: sleeping schedules, eating, adjustment to medical school, risky behaviors such as drug/alcohol use, status of relationships, past history of any learning disabilities, history of any psychological problems, personal life issues or stressors, etc. Depending on the outcomes of the wellness check, appropriate referrals are made for counseling, primary care physician, learning specialist, etc.

Each semester, the Dean, Vice-Dean of Medical Education, Associate Dean of Medical Education, Assistant Dean of Student Affairs and the Assistant Dean of Academic Affairs hosts a dinner with pre-clinical and clinical students. These are town hall, open forum dinners for any medical student to discuss whatever concern(s) he or she may have with any aspect of medical student life. The dean of the medical school has weekly open office hours to any student who wishes to meet to discuss any personal or academic issues.

Communication on student wellness begins in year one at orientation. Multiple presentations are provided that discuss emotional health, coping strategies, resiliency, and self-care are some examples. During orientation, students are notified of support services available such as counseling, learning specialist, and administration. The Vice Dean of Medical Education and the Assistant Dean of Student Affairs provides their personal cell phone numbers to all medical students. Students have access to faculty via Doc Halo, a secure text messaging system. Learning Communities focus on wellness and self-care during orientation sessions.

For year 2-4 students, resources, activities, well-being and self-care are discussed at the beginning year orientation. Events are communicated via email, class newsletters, Office of Student Affairs Facebook, and class specific Facebook pages.

Multiple one-on-one meetings are scheduled throughout third and fourth year with the Assistant Dean of Student Affairs to discuss clinical academic life, clinical learning environments, adjustment and student' career selections. All meetings are documented and placed in the student's personal files in the Office of Student Affairs.

All offices of student affairs and medical education maintain an open door policy for addressing any students with issues or concerns. Any member of the staff can assist a student and in the event, a specific staff member is requested, then all efforts are made to make that accommodation or assist with a temporary solution. The Assistant Dean of Student Affairs is primarily available during off-hours to assist students with concerns and circumstances that may occur during evenings and weekends. In the event of vacations or unavailability, students are communicated whom to contact.

SUPPORTING DOCUMENTATION:

Appendix 12.3-1 Cabell Huntington Hospital EAP Contract.pdf

Appendix 12.3-2 CHH Counseling Agreement.pdf

12.4 STUDENT ACCESS TO HEALTH CARE SERVICES

A medical school provides its medical students with timely access to needed diagnostic, preventive, and therapeutic health services at sites in reasonable proximity to the locations of their required educational experiences and has policies and procedures in place that permit students to be excused from these experiences to seek needed care.

SUPPORTING DATA

Table 12.4-1 Student Satisfaction with Health Services							
Provide school and national benchmark data from the AAMC Graduation Questionnaire (GQ) on the percentage of respondents who were <i>satisfied/very satisfied</i> (aggregated) with student health services.							
GQ 2015		GQ 2016		GQ 2017		GQ 2018	
School %	National %	School %	National %	School %	National %	School %	National %
57.8	79.7	55.5	78.9	83.3	79.5	77.3	78.5

Table 12.4-2 Student Satisfaction with Health Services by Curriculum Year				
As available, provide data from the independent student analysis, by curriculum year, on the percentage of respondents who were <i>satisfied/very satisfied</i> (aggregated) with health care services. Add rows for each additional student survey question.				
Survey Question	Year 1	Year 2	Year 3	Year 4
Accessibility of student health services	83.9	78.5	81.5	88.0

Schools with regional campuses should provide the supporting data requested above for each campus (as available).

NARRATIVE RESPONSE

- a. Describe the current system for providing medical students with access to diagnostic, preventive, and therapeutic health services, including where and by whom (i.e., roles and titles) services are provided. For example, if there is a student health center, comment on its location, staffing, and hours of operation.

Student Health is housed and adequately staffed through a contract with the main campus in the Department of Family and Community Health Department of Marshall Health. Hours are Monday-Friday when the main campus is in session 8-10:45am and 1pm-4pm. No appointment is necessary.

The Department of Internal Medicine has a walk-in clinic that medical students may utilize. It is located at the Byrd Clinical Center, second floor. Hours are Monday-Friday 8am-4pm. No appointment or established care are required.

For establishing a medical relationship, students are provided a list of participating physicians on the student resource website. Often, students will consult with the Assistant Dean of Student Affairs who will aid in finding medical care, in particular, for any specialized needs.

- b. Describe how medical students at all instructional sites/campuses with required educational activities are informed about availability of and access to health services.

Students who rotate away from the home medical campus on electives are instructed to seek care at the nearest Emergency Department or Urgent Care. Information is given and reiterated to students during their orientation to their elective year.

- c. Describe how medical students, faculty, and residents are informed of policies that allow students to be excused from classes or clinical activities in order to access health services.

Medical students are educated on the “Student Access to Health Services” policy during orientation. Faculty and residents are informed via clerkship, subcommittee, and curriculum committee meetings, or through orientations that cover teaching responsibilities.

SUPPORTING DOCUMENTATION

1. Policy or guidance document that specifies that medical students may be excused from classes or clinical activities in order to access health services.

Appendix 12.4-1 Student Access to Health Services.docx

12.5 NON-INVOLVEMENT OF PROVIDERS OF STUDENT HEALTH SERVICES IN STUDENT ASSESSMENT/ LOCATION OF STUDENT HEALTH RECORDS

The health professionals who provide health services, including psychiatric/psychological counseling, to a medical student have no involvement in the academic assessment or promotion of the medical student receiving those services. A medical school ensures that medical student health records are maintained in accordance with legal requirements for security, privacy, confidentiality, and accessibility.

NARRATIVE RESPONSE

- a. Describe how the medical school ensures that a provider of health and/or psychiatric/psychological services to a medical student has no current or future involvement in the academic assessment of, or in decisions about, the promotion of that student. Describe how medical students, residents, and faculty are informed of this requirement.

JCESOM faculty and residents who provide any health services to students are excluded from participating in the academic assessment or promotion of the medical student. If a student is assigned to an educational activity or educational site in which the healthcare provider is providing services, the student will be reassigned.

The Office of Student Affairs works closely with healthcare centers distant from the Marshall Health main campus to establish healthcare services to students.

For each clinical student evaluation, the faculty completing the evaluation must attest that they have no provider-based relationship with the student they are evaluating.

Due to the sensitivity of psychiatric and psychological service, the SOM does not promote Marshall Health Department of Psychiatry to medical students. Services are contracted out with Cabell Huntington Hospital Department of Counseling and Midland Behavioral Health for Psychiatric services.

- b. If health and/or psychiatric/psychological services are provided by university or medical school service providers, describe where these student health records are stored and how the confidentiality of these records is maintained. Note if any medical school personnel have access to these records.

Marshall Health (which controls and maintains all University generated health services) maintains all health records in a fully electronic state. This electronic medical record is certified and fully compliant with all electronic HIPAA and CMS regulations. Medical student health encounters which are non-psychiatric in nature are shielded by a standard, double sign-in method requiring special documentation for need and justification of access. This is the same privacy shielding accorded faculty and staff of the facility. Access to these records are monitored by the Organization's privacy and security officers. Psychiatric records are shielded by an even stronger system of protection. They are entirely inaccessible by any other staff and faculty of Marshall Health and cannot be viewed under any circumstance except for those specifically designated mental health personnel who are directly involved in the patient/student's care.

SUPPORTING DOCUMENTATION

1. Policies and/or procedures that specify that providers of health and psychiatric/psychological services to a medical student will have no involvement in the academic assessment of or in decisions about the promotion of that student.

Appendix 12.5-1 Provider-Student Evaluation Policy.pdf

12.6 STUDENT HEALTH AND DISABILITY INSURANCE

A medical school ensures that health insurance and disability insurance are available to each medical student and that health insurance is also available to each medical student's dependents.

NARRATIVE RESPONSE

- a. Indicate whether health insurance is available to all medical students and their dependents.

It is a requirement of all enrolled medical students to provide proof of health insurance. In the event the student needs to purchase a policy, the medical school provides options annually for students to purchase a policy. It is available to their dependents. The insurance policy contract is negotiated by the Chief Financial Officer of Marshall Health in collaboration with the Assistant Dean of Student Affairs.

All students are automatically enrolled at the beginning of each academic year, there is a waiver period in which the student must provide adequate coverage to the CHP-Student Health Insurance. The Office of Student Affairs staff works closely with all students to ensure that waivers are processed in a timely manner. Marshall Health pays the annual premium for all medical students who are enrolled. Students are provided the opportunity to reimburse Marshall Health bi-annually at the time of financial aid disbursements. In the event the student withdraws, they have the option to remain covered for the remainder of the policy active dates.

- b. Indicate whether and when disability insurance is made available to medical students. Describe when and by what means medical students are informed of its availability.

The medical school provides disability insurance to any enrolled student. Availability is discussed at each year's orientation and as needed with each student.

A medical student group disability insurance policy is provided by Marshall Health and developed by Health Sciences Assurance Consulting, Inc. It was developed to meet the needs of the student and is updated as needed. In the event a student suffers from a disabling injury or illness, they are informed to submit their claim form as instructed <https://app.hsac.com/MUJCESOM>. The Office of Student Affairs is primarily responsible for guiding and advising students who may qualify for LTD.

12.7 IMMUNIZATION REQUIREMENTS AND MONITORING

A medical school follows accepted guidelines in determining immunization requirements for its medical students and monitors students' compliance with those requirements.

NARRATIVE RESPONSE

- a. Note if the immunization requirements for medical students follow national and regional recommendations (e.g., from the Centers for Disease Control and Prevention, state agencies, etc.). Summarize the rationale for any school requirements that differ from national/regional guidelines.

The immunization requirements for all medical students follow the requirements from the CDC and are reviewed annually with the Department of Family Medicine, Assistant Dean of Admissions, and the Assistant Dean of Student Affairs. Immunization policy can be found <https://jcesom.marshall.edu/admissions/once-youve-been-accepted/>

Immunization Requirements for AY 2018-2019 for entering JCESOM students are as follows:

- Rubella (German Measles)-titer required
- Rubeola (Measles)-titer required
- Mumps-titer required
- Varicella (Chicken Pox)-titer required
- Hepatitis B-documentation of three immunizations and quantitative titer required
- Tetanus/Diphtheria/Pertussis-proof of immunization
- Tdap-recent Td > 2 years Tdap required
- TST (Tuberculin Skin Testing) or Quantiferon TB Gold Assay
- Influenza Vaccine (annually in the fall)

- b. Describe how and by whom the immunization status of medical students is monitored.

Immunization status is monitored by the Clinical Coordinator of the Marshall Health Family Medicine, Division of Occupational Health and Wellness. The Assistant Dean of Student Affairs is currently a licensed registered nurse and is available to assist when needed.

If any student is found to be non-compliant, assistance from the Office of Student Affairs is available. The Vice Dean of Clinical Affairs is a resource for assistance as well.

12.8 STUDENT EXPOSURE POLICIES/PROCEDURES

A medical school has policies in place that effectively address medical student exposure to infectious and environmental hazards, including the following:

- The education of medical students about methods of prevention
- The procedures for care and treatment after exposure, including a definition of financial responsibility
- The effects of infectious and environmental disease or disability on medical student learning activities

All registered medical students (including visiting students) are informed of these policies before undertaking any educational activities that would place them at risk.

NARRATIVE RESPONSE

a. Describe institutional policies in the following areas related to medical student exposure to infectious and environmental hazards:

1. The education of medical students about methods of prevention
2. The procedures for care and treatment after exposure, including definition of financial responsibility
3. The effects of infectious and/or environmental disease or disability on medical student learning activities

1. The education of medical students about methods of prevention

Education of prevention of infectious and environmental hazards occurs during orientation to the clerkships. All students are required to complete annual online OSHA Blood-borne Pathogens training which includes the procedures for exposure.

2. The procedures for care and treatment after exposure, including definition of financial responsibility

a. STEP 1 – IMMEDIATE TREATMENT

Percutaneous (needlesticks/sharp objects) Injury (where there is the slightest suggestion that the integrity of skin has been broken by a potentially contaminated item)

1. Wash wound thoroughly with a sudsy soap and running water; if water is not available use alcohol. (This first step with soap directly reduces the virus's ability to infect.)
2. Remove any foreign materials embedded in the wound.
3. If not allergic, disinfect with Betadine solution.

Non-intact Skin Exposure

1. Wash skin thoroughly as in #1 above.
2. If not allergic, disinfect with Betadine solution. There is no evidence that squeezing the wound or applying topical antiseptics further reduces the risk of viral transmission.

Mucous Membrane Exposure

1. Irrigate copiously with tap water, sterile saline, or sterile water

Intact Skin Exposure

1. Exposure to intact skin to potentially contaminated material is not considered an exposure at any significant risk and is neither considered an exposed person or in need of evaluation. Thoroughly clean and wash exposed intact skin.

b. STEP 2 – Exposure Protocol

1. Report the exposure to a supervisor (faculty or resident preceptor or other responsible person)
2. During regular business hours, report to the Marshall University Division of Occupational Health & Wellness located in the Department of Family Medicine. If exposure occurs after hours or off-site, report this to your immediate supervisor and go to the nearest Emergency Department and follow their school/hospital-specific policy.
3. After treatment in the Emergency Department, call the Marshall University Division of Occupational Health & Wellness at 304-691-1187 to report your incident and to coordinate any follow-up care needed.

REMEMBER TO:

- Remind others (while you seek immediate medical attention) to obtain consent and test source individual's blood (requesting a rapid HIV antibody test) immediately or ASAP if the patient is not on premises. If the source individual is known to be infected with HIV, HBC, or HCV, testing need not be repeated to determine the known infectivity.
- Identify and document the source individual, unless the employer can establish that identification is infeasible or prohibited by state or local law.

For Medical Students: FINANCIAL CONCERNS ASSOCIATED WITH AN EXPOSURE

The Office of Student Affairs encourages students to become aware of the Blood and Body Fluids Exposure Protocol so that an appropriate course of action can be followed in the event of an exposure. Please do not let a concern over expenses result in a lack of health care. With appropriate documentation, the Office of Student Affairs will reimburse any enrolled student up to \$10,000 for costs related to an exposure. Students must provide a copy of their Explanation of Benefits from the health insurance AND a copy of the bill from the site at which you had services such as lab work to Ms. Laura Christopher in the Office of Student Affairs at the Byrd Clinical Center. Submit this documentation for payment or reimbursement as soon as possible after the event. Direct any questions to Amy Smith at 304-691-8684 or by email at smith305@marshall.edu

3. The effects of infectious and/or environmental disease or disability on medical student learning activities.

Any medical student exposed to infectious and/or environmental disease would follow the Post Exposure Policy (Appendix). The student will coordinate follow up testing and treatment with the Marshall Health Occupational Department. For any student unable to fulfill educational duties, they would be referred to the long term disability process.

Students infected with an infectious or environmental disease are directed to apply for an occupational evaluation so that the medical condition can be assessed and reviewed by a review panel with expertise on deciding safety

for the student and patients. Clinical duties may be modified based upon the recommendations of the review panel and based upon CDC guidelines.

- b. Describe when and in what way(s) the school’s own medical students and visiting medical students are informed of the medical school’s policies and procedures related to exposure to infectious and environmental hazards at all instructional sites. For example, describe when and how students, including visiting students, learn about the procedures to be followed in the event of exposure to blood-borne or air-borne pathogens (e.g., a needle-stick injury).

Policies and procedures are reviewed at new student orientation, rising class meetings, and individual clerkship meetings. All information, including procedures, is available to students on the Student Resource webpage. Protocols are posted on the medical student resource webpage.

- c. Describe when in the course of their education medical students learn how to prevent exposure to infectious diseases, especially from contaminated body fluids.

Students are required to complete an annual OSHA training. Compliance is monitored by the Office of Medical Education. Clerkships review the information in their clerkship orientations.

- d. Provide data from the Independent Student Analysis on the percentage of medical students who report being familiar with the protocol following exposure to infectious and environmental hazards. For programs with regional campuses, provide data by campus. Also, provide data from the Independent Student Analysis on student satisfaction with the adequacy of education about prevention and exposure to infectious and environmental hazards.

From the 2017-2018 Independent Student Analysis:

Adequacy of education about prevention and exposure to infectious and environmental hazards											
Medical School Class	Number of Total Responses to This Item	Number and % of N/A Responses		Number and % of Very Dissatisfied (1)		Number and % of Dissatisfied (2)		Number and % of Satisfied (3)		Number and % of Very Satisfied	
		N	%	N	%	N	%	N	%	N	%
M1	80	7	8.8	0	0.0	2	2.5	24	30.0	47	58.8
M2	84	3	3.6	0	0.0	3	3.6	39	46.4	39	46.4
M3	63	5	7.9	1	1.3	2	3.2	30	47.6	25	39.7
M4	75	1	1.3	1	1.3	4	5.3	38	50.7	31	41.3
Total	302	16	5.3	2	0.7	11	3.6	131	43.4	142	47.0

SUPPORTING DOCUMENTATION

1. Policies on medical student exposure to infectious and environmental hazards.

Appendix 12.8-1 Student Exposure to Hazards.pdf

2. Policies related to the implications of infectious and/or environmental disease or disability on medical student educational activities.

Appendix 12.8-2 Post Exposure Policy