SUMMER RURAL EXTERNSHIP PHYSICIAN APPROVAL

OSU College of Osteopathic Medicine
Center for Rural Health
1111 West 17th Street
Tulsa, OK 74107

Student Name (Please Print) ________________________
Semester ________________________________
Location ________________________________
Dates ________________________________

Lori Boyd, Program Contact
Phone: 918-928-6074
Fax: 918-423-7053

Summer Rural Externship is a 2-week summer rotation scheduled between 1st and 2nd year
A completed form is required.

I will accept the OSU College of Osteopathic Medicine medical student listed above on said dates, for a Summer Rural Externship. I will

- Coordinate and supervise the observation-only clinical training for the student
- Complete the electronic Performance Evaluation at the conclusion of the student’s experience
- Review the evaluation with the student the last day of their experience

I have read and agree to the "High Risk Exposure Policy & Procedure" outlined on the next page and it is my understanding that the student is covered by professional liability insurance during all college-approved rotations.

Physician Name: (Please Print) ________________________________

Indicate for CME Credit:  
- D.O. – AOA # ________________

Board Certified: Board ________________________________ Year ________________
- Board Eligible: Year of graduation from Residency ________________________________

Address ________________________________ City ________________ State _____ Zip ______

Phone ________________________________ FAX ________________________________

Physician Signature ________________________________

Physician Email (Required) ________________________________

Optional: Hospital Director of Medical Education Signature ________________________________

- DME signature (or designee) must be obtained if student is to see patients in a hospital setting under the direct supervision of a licensed physician.
- Experience must be in a Primary Care area (no subspecialties, i.e., Cardiology) under the direct supervision of a licensed physician
  - Family Practice / OMM
  - General Internal Medicine
  - General Pediatrics

REV 10/16/2014
Bloodborne Pathogen (BBP) EXPOSURE PROCEDURES

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

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

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

If an exposure incident occurs, the student must identify the source patient, if known. The incident must be documented on the appropriate form located with this policy and be faxed to the Safety Officer at OSU-CFS, 2345 Southwest Boulevard, Tulsa, OK 74107, fax (918)561-8391.

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

Post-exposure evaluation should include the following:

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

Steps To Take In Case Of An Exposure Incident:

**Within the Tulsa Area**

1. Provide immediate care to the exposure site (wash it); notify your supervisor and OSU Safety Officer, (918)561-8391.
2. Have source blood drawn immediately at the exposure site, have the results forwarded to the OSU-Safety, fax (918)561-1261.
3. Have student blood drawn at OSU-HCC, 2345 Southwest Boulevard, Tulsa, OK 74107, (918)582-1890 if the incident occurs between 8am and 5pm M/F. Afterhours exposures will be sent to OSU Medical Center (OSUMC-ER) (918)599-5373. All follow-up testing will be at OSU-HCC.
4. If post exposure prophylaxis is required have the physician call Drug Warehouse, 6336 East 4th Place, Tulsa, OK 74112, (918)833-5180 and inform the clerk that this prescription is for an OSU Medical Student. Send the bill to OSU-Clinic Financial Services (OSU-CFS) Student Health, 2345 Southwest Boulevard, Tulsa, OK 74107, (918)561-5747 fax

**Outside the Tulsa Area**

1. Provide immediate care to the exposure site (wash it); notify your supervisor and the OSU Safety Officer at (918)561-8391.
2. Have source blood drawn immediately at the exposure site, have the results forwarded to the OSU-Safety, fax (918)561-1261.
3. Student blood will be drawn based on the attending physician recommendations at the exposure site, have the results forwarded to the OSU Safety, fax (918)561-1261.
4. All follow-up testing will be conducted at the exposure site unless you are assigned to the Tulsa area when the next test is required.
5. If post exposure prophylaxis is required have the physician call the nearest pharmacy and inform the clerk that this prescription is for an OSU Medical Student. Send bill to OSU CFS, 2345 Southwest Boulevard, Tulsa, OK 74107, fax (918)561-5747.

**Contacts:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matt Sharpe, Safety Officer</td>
<td>(918) 561-8391 (918)830-1367 cell (918)561-1261 fax</td>
</tr>
<tr>
<td>Health Care Clinic</td>
<td>(918) 582-1890</td>
</tr>
<tr>
<td>OSU Clinical Education</td>
<td>(918) 561-1232 (800) 799-1972</td>
</tr>
<tr>
<td>OSU Clinical Financial Services</td>
<td>(918) 561-5747 fax</td>
</tr>
</tbody>
</table>