

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

- 1. Review trends in tuition in relation to trends in medical student debt and the level of scholarship support available. Evaluate the effectiveness of efforts to minimize student debt, including raising funds for scholarships and providing accessible financial aid and debt management counseling. Note if there is a clear and reasonable policy for the refund of tuition and allowable payments (12.1, 12.2, overview)**

Described are several University and School specific fund raising efforts for philanthropic support of student scholarships. The level of grant and scholarship support without a service commitment to students is significant, with nearly half of the student body receiving over \$6 million in support and an average scholarship award of \$23,492 in 2013-2014. When including grants/scholarships with a service commitment, the level of support rises to over \$7 million. Also outlined are plans for future efforts in reducing medical student financial burden in areas such as housing and childcare. As measured by student satisfaction with financial aid services in **Table 12.1**, items of note include significant percentages of students satisfied with the amount of financial aid allotted for their financial situation as compared to the national average. There is also overall satisfaction with availability and content of debt management counseling with a desire for more of it. To this end, financial counseling workshops will be offered to students starting in the fall of 2015.

The medical school has a clear and fair policy for the refund of a medical student's tuition, fees and other allowable payments which is disseminated to students through the student handbook. The policy seems reasonable, but there is no national benchmark data on refunds to compare it to.

- 2. Evaluate the adequacy, availability, and confidentiality of student support in the following areas, including the satisfaction of students at all sites with the services (overview):**
 - a. Personal counseling and programs to facilitate students' adjustment to medical school (12.3)**
 - b. Preventive and therapeutic health care services (12.4)**
 - c. Health and disability insurance (12.6)**
 - d. Immunizations as specified in school of medicine policies (12.7)**

High levels of satisfaction with Personal Counseling, Mental Health, and Wellbeing are reported across all classes and exceed national averages.

Student Health is adequate and available, located one block from the medical school, open Monday through Friday between 8:30 am and 5:00 pm with limited Saturday hours. Because evening and weekend hours were significantly underutilized, they were discontinued and the Director of Student Health (Dr. Michael Huey) provides students with his personal phone number to help them find opportunities to be seen outside of business hours. While according to **Table 12.4-2** satisfaction with Student Health hours of operation and affordability of health insurance is lower among students in the third (M3) year as compared to other classes, overall satisfaction remains above the national average. In March 2015, the Executive Associate Dean of Medical Education and Student Affairs reminded faculty and residents by email that they must not prevent or discourage students from seeking needed medical and mental health care during regular business hours.

Health and disability insurance is available and adequate. Medical students are required to have both health insurance and long-term disability insurance from the date of enrollment until graduation. An Emory non-subsidized sponsored plan is available at registration to students and their dependents. Professional visit fees are covered by tuition while charges for labs, medications, supplies, immunizations, etc. are billed to insurance. Overall, students are mostly satisfied with the affordability of the Emory Aetna Student Insurance Plan as noted in **Table 12.4-2**. The plan is comparably priced to other non-self-insured student plans with similar coverage levels.

Emory's immunization policy is adequate and follows accepted guidelines from the CDC, ACIP, the American College Health Association and the State of Georgia in determining immunization requirements for its medical students.

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3. Evaluate whether existing policies and processes ensure that a health professional who provides health services and psychiatric/psychological counseling to a medical student will have no role in that student's assessment or promotion and that the confidentiality of student health records is maintained.

Overall, maintenance of confidentiality of records at Emory Student Health and Counseling Services is excellent and students clearly feel confident in this process.

Emory SOM Separation of Professional Roles policy clearly delineates that a health professional that provides health services and psychiatric/psychological counseling to a medical student will have no role in that student's assessment or promotion. If a student requires subspecialty care and chooses to stay in network for financial reasons, all efforts are made to ensure the treating physician is recused from any assessment or promotion decisions regarding the student. If dual degree students are not initially identified as medical students and are inadvertently scheduled to see a faculty physician, once recognized, the student is reassigned to another physician. One faculty physician (Dr. Emily Herndon) regularly interacts with students as a small group advisor and assistant clerkship director and is on the staff of student health. A formal policy was created and is in place to prevent medical students being seen by Dr. Herndon as patients at Student Health Service. There is a possibility of an after-hours telephone call being taken by Dr. Herndon as we do not have a formal back-up on-call person for her.

When special circumstances arise, the SOM has demonstrated the ability to create a policy (i.e. the case of Dr. Herndon) or process (i.e. student request to be reassigned to a different clinical site/faculty member with Dean's approval) to work through the situation while protecting the student.

4. Evaluate the effectiveness of policies and educational programs addressing medical student exposure to infectious and environmental hazards. Are students, including visiting students, appropriately educated about methods of prevention and about the steps to take in the case of exposure? Do medical school policies include all required elements? (12.8)

Overall, medical students report being well-educated about occupational exposures and expressed understanding of the protocols in the event of an occupational exposure. The student handbook is very clear concerning occupational exposure risks and methods to lower risk when working with patients; the contact numbers for each of the hospital needle stick hotlines are distributed multiple times including at medical school orientation and orientation to the wards during the clerkship year. Nearly all students feel confident and satisfied in their understanding of occupational exposure, with >98% satisfied throughout all classes reported in the ISA.

Student Health and Emory Infectious Diseases are creating training sessions for Emory medical students working in low-resource international clinical settings where HIV and bloodborne pathogen exposures are a specific risk. These sessions will begin in 2015.

Visiting medical students receive an email with a link directing them to the student handbook policies regarding blood-borne or air-borne pathogens. This link is also available in *Visiting Students Application Service (VSAS)*. A form is being developed for visiting students to sign that they have read and understand the handbook which includes the sections on occupational exposures.