

## Provision of Medical Treatment to UCR SOM Students by UCR SOM Faculty

UCR SOM faculty members may not academically evaluate students for whom they provide or have provided medical care for sensitive health issues (e.g., mental health, sexually transmitted diseases or any health issue the student defines as sensitive). Prior to providing any medical care to a UCR SOM student, a faculty member must explain this policy and ask the medical student to sign this form.

This policy will be explained to UCR SOM students during orientation at matriculation and again at the beginning of the 3<sup>rd</sup> year of medical training during Clinical Fundamentals. When ranking clerkship sites, students may not include sites where their physician treating him/her for a sensitive health issue is located. In the unlikely event that the student is assigned to such a site, the faculty member must recuse himself or herself from any evaluative or grading role.

This document will be kept by the student's treating health care provider. The student must submit a copy to Student Affairs to be kept on file for reference.

---

### Student Agreement on Provision of Medical Treatment by UCR SOM Faculty

#### To be completed by UCR SOM faculty health care provider:

Name of faculty health care provider: \_\_\_\_\_

A. Relevant department clerkship (e.g., Psychiatry, OB/GYN): \_\_\_\_\_

B. Clerkship sites where physician has an evaluative role:

\_\_\_\_\_  
\_\_\_\_\_

#### To be completed by UCR SOM MD Student:

I understand that UCR SOM policy prohibits faculty from academic evaluation of medical students for whom they have provided medical care for sensitive health issues, and that mental health issues are defined *a priori* as sensitive.

I consider my health issue as:       Sensitive       Not sensitive

If health services involve mental health or services that I have defined above as sensitive, I agree that, when ranking clerkship sites for the clerkship listed in A above, I will not include the site(s) listed in B above. I also agree to inform the registrar of this requirement.

In the unlikely event that despite my ranking I am assigned to a clerkship site listed in B above, I understand that the physician will recuse himself or herself from any evaluative/grading role.

Student's name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_