

Obstetrics/Gynecology, Pediatrics and Surgery Block Syllabus

The MS III OBSTETRICS/GYNECOLOGY, PEDIATRICS and SURGERY BLOCK will be cover a full semester in which the student will have an opportunity to integrate teaching and learning experiences across the three disciplines, observing the developmental continuum from prenatal to postnatal life and gaining an understanding of medical and surgical treatment options for patients of all ages with a variety of conditions. During the perinatal period, medical decisions made by the mother will impact the infant, and the medical condition of the infant can affect the health of the mother. Psychosocial aspects of the family life prior to and during the pregnancy are important aspects in the care of the child. A holistic approach is important in all disciplines. When considering treatment options, gynecologic surgeons and general surgeons take a comprehensive approach that goes beyond the operating room with attention to quality care in the pre-operative and post-operative periods.

Integrated Clerkships provide added educational value by including opportunities to not only learn more about each specialty, but also obtain medical knowledge and skills on a broader and deeper level. The information learned in each specialty builds and enhances future learning as students move through the Block. Students participating in this longitudinal and interdisciplinary experience can distinguish areas in which Obstetrics/Gynecology, Pediatrics and Surgery rely on each other and on other specialties of medicine and how this collaborative relationship benefits patient care. Students will also appreciate the inter-professionalism and interdisciplinary approach as they work with and observe other disciplines, such as social work and pharmacy, to enhance patient care and safety.

The OB-GYN/Pediatric/Surgery clerkship will be a full time clinical rotation in the format of a blended longitudinal integrated clerkship. The schedule will contain concentrated block time for inpatient rotations and blocks for ambulatory experiences. Parallel streaming of experiences during the ambulatory blocks builds on the concept of interleaving in adult learning theory. Open space is flexible time built into the calendar and can be used for study, follow-up of continuity patients or personal time.

Block Goals and Objectives

- Implement an interdisciplinary approach to patient care and function effectively on a health care team (7.2, 7.3)
- Communicate effectively with health care professionals both orally and in written documentation (4.2)
- Understand the interface between medical and surgical specialties across the spectrum of ages (2.5)
- Perform the basic evaluation and develop an initial management plan for patients of all ages who have concomitant medical and/or surgical conditions in various treatment settings (1.1, 1.2, 1.3)
- Demonstrate patient centered care in the management of medical and surgical conditions (2.5, 1.6)

- Apply medical knowledge to form a broad differential diagnosis for patients with a variety of presentations across the lifespan (2.1, 2.2, 2.5)
- Use data derived from the history, physical examination, imaging and/or laboratory investigation to categorize the disease process to prioritize a list of diagnostic considerations and develop a treatment plan (1.3)
- Apply evidence-based principles of clinical sciences in diagnostic and therapeutic decision making in various treatment settings (2.3)
- Understand the importance of collaborative care across specialties in medicine and with other health care professionals in improving patient safety and maximizing patient outcomes (7.2)
- Understand the health care system and explore solutions to barriers at the system level that impact primary and specialty care and referral practices (6.4)
- Through these teaching and learning experiences, students will be prepared to do well on the Obstetrics/Gynecology, Pediatric and Surgery NBME shelf-exams. (2.1, 2.2, 2.3, 2.4, 2.5)

Block Scheduling

Discipline-specific concentrated rotations in this block include Pediatric Inpatient Wards, Labor & Delivery, Gynecologic Surgery, and General Surgery. During the ambulatory block, experiences are integrated across the three specialties in a parallel streaming model with the goal of continuity with supervising residents and faculty. Family Medicine experiences are concentrated in the IM/Psych/FM Block but will contain some longitudinal experiences during this semester. Didactics in each block will be integrated across disciplines to the extent possible. This block achieves the goals by weaving block (shared) activities with clerkship specific activities.

Within any week, there will be some events that all students in the rotation, regardless of where they are in the block schedule, will be expected to attend. These include the orientation to the block and the weekly didactic sessions.

Overview of the Block Schedule

Preceding the clinical activities of each block, there will be **one week of orientation and shared activities** (*not shown in the diagram below*).

Following the completion of the spring semester, all students will participate a **2 week Intersession Course** that will include common learning experiences and end of year testing (not shown in the diagram below)

Please note that students will rotate through the experiences in a different order with small groups of their colleagues.

Sample Block Schedule:

General Surgery Inpatient 3 weeks	Ambulatory Pediatrics	Surgery selective 2 weeks	Peds Selective 1 week	ILP	GYN Surgical service 2 weeks	Ambulatory Pediatrics	L & D 2 weeks	Peds Wards 1week	Ambulatory Pediatrics	Testing/ NBME/ OSCE
	Ambulatory OB GYN					Ambulatory OB GYN			Ambulatory OB GYN	
	Ambulatory Surgery					Ambulatory Surgery			Ambulatory Surgery	
FM Longitudinal TBD										
Mother/ Baby Longitudinal										
Individual Learning Plan (ILP)										

Disability Support Services:

TTUHSC El Paso is committed to providing equal access to learning opportunities to students with documented disabilities. To ensure access to the educational opportunities in the clinical setting, please contact the Director of Disability Support Services (DSS) to engage in a confidential conversation about the process for requesting accommodations in the classroom and clinical setting. Accommodations are not provided retroactively so students are encouraged to register with DSS as soon as possible. More information can be found on the DSS website: <http://el Paso.ttuhs.c.edu/student services/disability-support-services>.

Attendance Policy (Please see the Common Clerkship Policies for more details)

Attendance at clinical duties and didactics is mandatory. Unexcused absences will not be tolerated and may result in disciplinary action, potentially including a requirement to repeat a clinical block or rotation. Students have allotted institutional holidays as stated in the student handbook and on each academic calendar.

Students assigned to WBAMC will be excused from duty on institutional holidays. Students will be expected to work on Military Training Days that do not coincide with institutional holidays. If the clinic to which the student is assigned is closed, the student will be assigned duties on campus for the day.

Students are required to attend both the first and last days of the rotation. The only excused absences will be for interviews, illnesses (with doctor's note), or documented family emergency. Students will not be excused in order to depart for an away or international rotation.

Absences are only excused at the discretion of the Clerkship/Course Director. Commonly excused absences include:

- Illness/health care appointment
- Family Emergency
- Death in the Family
- Religious Holidays (please see the Religious Holy Days Policy in the Student Affairs Handbook)
- Presenting at a National Conference
- Interviews for Residency (MS4 only)

During the third year, a student is expected to attend all clinical and didactic activities. If a student will be absent for any activity, they must obtain approval from the Clerkship Director. *If the Clerkship Director determines that a student's absence(s) compromises the student's ability to attain the necessary competencies, they may require the student to make up days or complete alternate assignments.* If a student is required to make up time, this must be completed during unscheduled time and the hours worked must be in compliance with the duty hour policy.

Notification of Absence (Third and Fourth Year)

When a student is going to be absent, they are required to notify: 1) the Clerkship Coordinator BEFORE their shift or assigned duties begin. Acceptable forms of notification are: email (preferred), phone call, or text message. **Please see individual Clerkship Syllabus for Clerkship-specific contact requirements;** 2) The Office of Student Affairs by emailing PLFELPClerkshipAbsence@ttuhsc.edu.

Planned Absences:

A planned absence from a clerkship phase required activity must be reported **a minimum of two weeks in advance** (unless deemed unavoidable by the Associate Dean for Student Affairs and the Clerkship Director). Non-compliance shall result in the absence being counted as unplanned and potentially unexcused). The same notification rules listed in the previous paragraph apply.

Medical Student Clinical Competency Committee

The Medical Student Clinical Competency Committee (MS CCC) will meet twice per semester, or more often if needed, to review student progress in the eight competencies outlined in the medical school's Program Goals and Objectives. The major purpose of the

MS CCC will be early intervention with feedback and remediation for students struggling with clinical skills, diagnostic reasoning and professionalism across disciplines.

Orientation Week:

Preceding the clinical activities of each block, there will be one week of orientation and shared activities to prepare students for the upcoming rotations. Topics to be covered will vary by semester and will include the following:

- Orientation to each clerkship
- Electronic Health Record introduction and training
- Scrub training
- Bladder catheterization training and competency check-off
- Suture workshop
- Pelvic and delivery simulations
- How to perform a Pediatric H&P
- Clinical Terminology
- Clinical reasoning session
- Introduction to the Individual Learning Plan

Shared Learning Activities (scheduled throughout the Block):

1. Pediatric & Adolescent Gynecology

Collaboration between Adolescent Medicine and Gynecology faculty. Clinical assessment and gynecologic care of pediatric and adolescent patients are stressed.

You will be able to:

- Identify relevant gynecological/obstetrical/pediatric concerns that arise in the patient encounter (PGO 1.1 – 1.5, 2.1 – 2.4)
- Establish an age-appropriate alliance with the patient (PGO 1.6, 1.7, 2.5, 4.1 – 4.4, 5.1 – 5.2, 5.6)
- Communicate effectively (written and verbal) in an age-appropriate manner (PGO 1.6 – 1.8, 4.1 – 4.4, 5.1 – 5.2, 6.3 – 6.4)
- Demonstrate effective interaction techniques for working with young patients. (PGO 1.6, 4.1, 4.3, 5.1-5.2)

Learning modality

Clinical experience

Didactic

2. Emergency Delivery Simulation

You will participate in a simulated emergency care of both mother and neonate.

You will be able to:

- Evaluate the patient and suggest appropriate course of action. (PGO 1.1-1.5, 1.8, 2.2-2.3, 4.1 – 4.3, 5.1, 5.3, 6.4, 7.3, 8.1 – 8.4)
- Interpret fetal monitoring strips, vital signs, and clinical data generated from an emergent event. (PGO 1.1-1.5, 2.2-2.3)
- Implement evidence-based treatment plans. (PGO 1.2-1.3, 2.2-2.3)
- Demonstrate knowledge of adult and neonatal resuscitation protocols. (PGO 2.2-2.3)
- Work effectively in a team. (PGO 4.2, 5.1, 5.3, 7.3)

Learning modality

Simulation

Didactic

3. Longitudinal (Continuity) Experience (PGO 1.1-1.8, 2.1-2.5, 3.4-3.5, 4.1-4.4, 5.1-5.3, 5.6-5.7, 6.1-6.4, 7.1-7.3, 8.1, 8.3-8.4)

You will be assigned or will find one pregnant patient to follow through the antepartum, delivery and postpartum courses of pregnancy. The patient must be timed to deliver during your Clerkship Block. You will attend all of this patient's appointments (antepartum/postpartum) and the delivery of the infant, regardless of what rotation you are on. Once the child is born, you will complete the newborn H&P, and attend the infant's appointments if the follow-up care is at TTUHSC.

You are responsible for notifying the service and the clerkship coordinators of these appointments as soon as you receive scheduling information. All patient encounters will be appropriately documented. Notes will be turned in weekly and will be reviewed by the Clerkship Director. At the conclusion, you will reflect on the experience in writing and submit this reflection to both the Clerkship Coordinators and Directors. This activity is graded as Pass or Fail.

Note: Because of the nature of obstetrical deliveries, some experiences may not be available to all students. In the case of a missed delivery or no follow-up appointments, you must notify the Clerkship Director who will assign an alternate activity for you, which is required to be completed by the end of the clerkship block.

You will be able to:

- Observe the psychosocial impact that pregnancy and a newborn has on family function. (PGO 1.2, 1.6, 2.5, 4.1, 4.3)
- Develop an appropriate provider relationship with an obstetrical patient and her newborn. (PGO 1.2, 2.5, 4.1, 4.3, 5.1-5.2, 8.1)
- Develop competence in executing a newborn physical exam. (PGO 1.1-1.6, 2.1-2.5)

Learning modality:

Clinical experience

4. Patient Safety

You will participate in a mock Root-Cause Analysis of cases involving adverse maternal and pediatric outcomes.

You will be able to:

- Identify and categorize adverse events and outcomes. (PGO 1.2, 1.5, 2.3,2.5, 3.2-3.3, 3.5, 4.1-4.4, 6.1,6.3-6.4, 7.1-7.2)
- Analyze clinical events leading to poor outcomes. (PGO 1.1-1.5, 2.2-2.5, 6.1,6.3-6.4, 7.1-7.2)
- Suggest areas for change or improvement in clinical care. (PGO 1.1-1.5, 2.2-2.5, 6.1,6.3-6.4, 7.1-7.2)
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Learning modality:

Didactic
Large group activity
Self-study

5. *Ethics*

You will be assigned roles and participate in a small-group session (Mock Ethics Committee deliberation) involving a clinical scenario to gain understanding of ethical considerations. The scenario involves intersection of Surgery, OB, and Pediatrics.

You will:

- Participate in small groups simulating considerations of a medical ethics committee. (PGO 1.2, 5.1- 5.2, 5.4-5.5, 5.7, 6.1, 6.3, 7.2, 7.3)
 - Present a researched perspective. (3.1, 3.4, 6.1, 8.5)
 - Collectively render a recommendation regarding the clinical care of the patient. (PGO 1.6, 3.4, 4.3, 5.2-5.5, 5.7, 6.1, 7.3)
 - Identify the ethical principles and other factors influencing the individual and group recommendations. (PGO 5.4, 5.5)
- Large group debrief in which
 - Small group recommendations are explained to the group.
 - Questions are answered.

Learning modality:

Small-group session (simulation)
Self-study
Didactic

6. *Discharge Planning Activity*

You will be provided with a hypothetical high-risk mother-baby pair case that will require you to identify discharge needs and resources for both patients. You are expected to identify all needs, not just medical needs.

You will:

- Prepare the patients' discharge plan. (PGO 1.2, 1.4, 1.7, 2.4-2.5, 4.1-4.2, 6.1-6.4, 7.2)
- Identify other professionals and local/national service resources for the continuing care of a woman and her infant. (6.2-6.4, 7.2)

Learning modality:

Self-study

7. *Vertical Integration in Clinical Education (VICE) Activities*

You will participate as a team involving cases of congenitally acquired infections moderated by clinical and basic science faculty. You will prepare for this activity in the manner prescribed. An additional VICE activity may be scheduled during the block.

- You will incorporate basic science knowledge and principles into specific clinical decisions affecting the pregnant woman and her fetus and/or mother and her infant. (PGO 1.1-1.4, 2.2-2.4,2.6,3.1, 3.4, 5.3, 7.3)

Learning modality:

Team learning

Self-study

Peer Teaching

9. *Clinical Reasoning Session(s)*

You will participate in small and/or large group sessions designed to hone clinical reasoning and improve documentation of your clinical reasoning. This will include data gathering, analysis, and generation of diagnostic and therapeutic plans.

- Perform a complete, pertinent history and physical exam in an appropriately focused manner. (1.1, 1.5)
- Analyze information gathered to generate a reasonable, prioritized differential diagnosis. (1.3)
- Utilize information to generate appropriate diagnostic and therapeutic plans. (1.2, 1.4)
- Document appropriate information and clinical reasoning. (4.4)

Learning modality:

- Simulation
- Large group discussion

10 Order Writing Activities

You will be given information about how to write admission and discharge orders for adult and pediatric patients. You will be given opportunities to write admission and discharge orders. You will receive individualized feedback on form and content your order writing.

- Apply medical knowledge base to clinical cases (2.1, 2.2, 2.3, 2.4, 1.3)
- Write admission and discharge orders that are specific to the patient's condition and that follows the appropriate format. (1.2, 1.6, 2.3, 4.2)

Learning modality:

Didactic
Clinical experience

111. Interprofessional Educational Activity with UTEP medical professional students.

One time per block you will be required to go to UTEP for case-based learning session with other professional students. You will be required to work through a case utilizing each profession's expertise, knowledge, and skills. The students may include (but are not limited to) OT, PT, Pharmacy, Social work, and NP and RN students.

- Apply knowledge of your role and the roles of other students to development an assessment and treatment plan for specific case(s) presented to you. (7.1, 7.2)
- Function as a team member to contribute to the medical care. (7.3)
- Recognize when you need assistance for clinical problem solving and from whom to seek assistance. Utilize new information to solve clinical challenges. (8.1, 3.1)

Learning modality:

Didactic
Small group discussions with debrief to larger group

112. Professional Identity Session(s)

You are required to participate in small group discussions. You will be asked to review your personal career pathway and consider specific circumstances in your medical educational/professional path. You will share/discuss insights and identify themes.

- Demonstrate ability to reflect on influences that shape a career in medicine.(PGO 8.2, 8.3)
- Find meaning in daily clinical interactions and allow growth in professional identity.(PGO 8.2, 8.3)
- Find meaning in clinical work and alleviate burnout. (8.2)

Learning modality:

Small group discussions with debrief to larger group

13: *Delivery of Bad News activity (OB/Peds/Surgery with FM)*

You will be given instruction on how to deliver bad news and will have the opportunity to practice the skill in a simulated setting.

- Compare and contrast bad news from a provider and patients' viewpoint. (4.1, 4.2, 4.3)
- Describe eligibility requirements for hospice. (2.2, 6.4)
- Explain an appropriate referral to hospice. (6.4)
- Demonstrate how to convey bad news humanely. (4.1, 4.2, 4.3, 5.1, 5.2, 5.6, 7.1, 7.2)

Learning modality:

Didactics

Simulation

Large group debrief

14. *Trauma Workshop*

Trauma resuscitation and burn management (team approach to trauma)

- Describe primary survey of the trauma patient (1.1, 1.3)
- Describe evaluation of mental status in trauma patients (AVPU). (1.1, 1.3)

- Describe secondary survey of trauma patient. (1.1, 1.3)
- Describe associated injuries after falls as a mechanism of injury. (1.3)
- Describe associated injuries after motor vehicle crash. (1.3)
- Describe adjunctive evaluation of the abdomen with FAST vs. CT scan vs. DPL. Describe indications and positive findings of each method. (1.2)
- List steps in initial resuscitation of a trauma patient in shock. (1.5)
- Describe the differences in hemorrhagic shock vs. obstructive shock vs. distributive-septic and distributive-neurogenic shock. (1.3, 2.2)
- Perform a history and physical exam using primary and secondary survey on a trauma patient. (1.1)
- Discuss causes, history and physical findings, and differential diagnoses of obstructive shock in a trauma patient. (1.3)
- Compare and contrast the findings of tension pneumothorax vs. cardiac tamponade in a trauma patient. (1.3, 2.2, 2.3)
- List treatment of cardiac tamponade. (1.2, 1.5)
- List treatment of tension pneumothorax. (1.2, 1.5)
- Discuss triage decisions in trauma patients with multiple trauma victims. (1.4, 1.5)
- Discuss need for transfer to definitive care for a trauma patient. (1.5)

Learning modality:

Didactics

Simulation

Guided practice in suturing and knot tying

Guided practice in chest tube placement and management

Large group debrief

15. *Systemic Racism and Implicit Bias in Healthcare*

- Understand and reflect on implicit bias and how it affects our behavior. (5.1, 3.1)
- Understand the relationship between implicit bias in providers and the perpetuation of racial disparities in healthcare and in society.(2.5, 5.5)
- Apply the concepts learned to improve the treatment of pain. (1.2)

Learning Modality:

- Didactic
- Small group discussion
- Large group debrief

Combined Core Didactics

- ***Combined Didactics*** will be held every Thursday **OR** Friday afternoon throughout the Clerkship (generally 1:00 P.M. – 5:00 P.M.). All necessary reading material will be provided prior to scheduled lecture via email or on Elantra LMS. (1.1-1.10, 2.1-2.6, 3.1-3.5, 4.1-4.3, 5.1-5.7)
- Please see Appendix A for a list of didactics and associated learning objectives.

Block Assignments:

These assignments pertain to all students across all clerkships. This is in addition to individual clerkship assignments.

- **Q stream participation**
 - Q stream is an electronic platform for spaced learning. Concepts that are important across all clerkships will be covered in a series of Q Stream modules. Examples include infection control and patient safety concepts.
 - Reports regarding participation will be forwarded to the clerkships directors at the midpoint of the block and at the end of the block. Failure to participate may affect the student's final grade in the related competency, such as system-based practice, practice-based learning and improvement, and/or professionalism.
 - Participation in the assigned Q Stream modules is required.
- **Individualized Learning Plan**
 - One week per semester is reserved for an Individualized Learning Plan.
 - Two weeks before their scheduled ILP week, the student will need to turn in their ILP Sheet. Students will need to generate a prioritized list 4 areas of improvement and/or Professional Development. The student will also need to generate how they plan to achieve their list and uploaded to Elentra. The Student will then be scheduled to meet with their assigned Faculty member a week before their ILP to discuss their ILP Sheet. The student will need to generate a 5 minute annotated PowerPoint




presentation and provide it to the Faculty for review and approval. Once it is approved it will be uploaded it by the student to Elentra for the other students that are in the same ILP week to review and comment.

- **Additional asynchronous learning requirements:**

- Each semester, students will be assigned modules for completion to enhance their knowledge and skills and complement their clinical experiences. These include:
 - **eMurmur** – Fall semester assignment
 - eMurmur Primer is a self-paced learning app that allows students to work through graduated modules and help develop cardiac auscultation skills.
 - Students will complete the basic and intermediate modules and upload the certificates to the curriculum management system - Elantra.
 - **Basic Quality and Safety Course offered by the Institute for Healthcare Improvement** – Spring Semester Assignment
 - Students will complete the 13 essential courses available online at <http://app.ihi.org/lmsspa/#/6cb1c614-884b-43ef-9abd-d90849f183d4> and upload the certificate of completion.
 - The required modules are:
 1. Q1 101: Introduction to Health Care Improvement
 2. Q1 102: How to Improve with the model for improvement
 3. Q1 103: Testing and measuring changes with PDSA cycles
 4. Q1 104: Interpreting data: Run charts, control charts, and other measurement tools
 5. Q1 105: Leading Quality Improvement
 6. PS 101: Introduction to Patient Safety
 7. PS 102: From Error to Harm
 8. PS 103: Human Factors and Safety
 9. PS 104: Teamwork and Communication
 10. PS 105: Responding to Adverse Events
 11. L 101: Introduction to Healthcare Leadership
 12. PFC 101: Introduction to Patient-Centered Care
 13. TA 101: Introduction to the Triple Aim for Populations

Obstetrics & Gynecology Clerkship

Clerkship Team

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Clerkship Description:

Clerkship Learning Objectives:

The following Learning Objectives align with the PLFSOM Medical Education Program Goals and Objectives: explicit references are provided in the sections indicated in parentheses.

Medical Knowledge

Goal: You will demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.

You will develop an understanding of the assessment and management of common clinical conditions in Obstetrics and Gynecology in both the inpatient and outpatient setting. You will demonstrate the ability to acquire, critically interpret, and apply this knowledge. (1.1-1.9; 2.1-2.6)

Objectives: By the end of this clerkship experience you will be able to:

- Provide evidence based, age-appropriate preventive and health maintenance care (2.2-2.4).
- Recognize the signs, symptoms, and physical findings associated with commonly occurring conditions; furthermore, communicate effectively with patients about their concerns (2.1-2.3; 3.2, 3.4, 3.5).

For example:

antenatal care, low risk	term labor	pelvic floor relaxation
antenatal care, high risk	office and hospital management of pregnant patients with coexisting medical conditions	incontinence
gestational diabetes	women's health maintenance	abnormal vaginal bleeding
spontaneous abortion	sexually-transmitted diseases	contraception
ectopic pregnancy	menopause	infertility

Patient Care

Goal: You will be able to provide patient-centered care that is age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health (1.1 – 1.9; 2.1 – 2.6; 4.1 – 4.4; 5.1- 5.7; 7.1 – 7.4).

Objectives: By the end of this clerkship experience, you will be able demonstrate the ability to:

- Obtain a competent clinical data base on obstetrical and gynecological patients, and perform a competent pelvic exam in the gravid and non-gravid patient (1.1, 1.3, 1.4, 1.6, 1.7).
- Develop knowledge and proficiency in the provision of ambulatory care to the uncomplicated pregnant patient, and to manage common conditions and complications associated with pregnancy (1.1, 1.3, 1.4, 1.6, 1.7, 4.1 – 4.3).
- Develop competency at the level of the MS III in the management of uncomplicated labor and delivery, and recognize indications for operative obstetrical intervention (1.1 – 1.9).
- Develop appreciation for the proficient management of high-risk pregnancies and for the management of complications of labor and delivery (1.1 – 1.9).
- Develop proficiency at the level of the MS III in the management of ambulatory gynecological patient (1.1 – 1.9).
- Perform or assist in the performance of Pap smears, wet prep and KOH preps, pelvic exams, deliveries and ultrasounds (1.1 – 1.9).
- Utilize diagnostic testing and imaging resources effectively and efficiently. (1.1 – 1.3, 1.7).

Interpersonal And Communication Skills

Goal: You will demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families and health professionals. (4.1 – 4.4; 5.1 – 5.7; 7.1 – 7.4; 8.1 – 8.6).

Objectives: Throughout this clerkship you will be able to demonstrate the ability to:

- Communicate effectively with patients and their families (4.1).
- Appropriately utilize interpreters, if necessary, to communicate with patients with limited English proficiency (4.1, 4.2).
- Communicate effectively and respectfully with physicians and other health professionals in order to share knowledge and discuss management of patients (4.2).
- Maintain professional and appropriate personal interaction with patients (4.1, 4.3).
- Use effective listening, verbal and writing skills to communicate with patients and members of the health care team (4.1 – 4.4).

Professionalism / Ethics

Goal: You will demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population. (4.1 – 4.4; 5.1 – 5.7; 8.1 – 8.5)

Objectives: Throughout this clerkship, you will be able to demonstrate a commitment to:

- Being sensitive to patient and family concerns (5.1 – 5.6).
- Maintaining confidentiality and respecting patient privacy (5.1 – 5.7).
- Managing personal biases in caring for patients of diverse populations and different backgrounds and recognizing how biases may affect care and decision-making (5.1 – 5.6).
- Meeting professional obligations and the timely completion of assignments and responsibilities (5.6, 5.7).
- Advocate for patient needs (5.1 – 5.6)

Practice Base Learning and Improvement

Goal: You will understand the application of scientific evidence and accept feedback for continuous self-assessment in the improvement of patient care practices (3.1 – 3.5; 5.1 – 5.7; 7.1 – 7.4; 8.1 – 8.5).

Objectives: During this clerkship experience, you will:

- Demonstrate effective use of digital technology (e.g., smart phones, tablets, PCs, etc.) for accessing and evaluating evidenced-based medical information (e.g., e-medicine, appropriate journals such as AAFP, NEJM, American Journal of Obstetrics and Gynecology, etc.) (3.1, 3.5).
- Accept feedback from faculty and incorporate this to improve clinical practice (3.1, 3.3).

System Based Practice

Goal: You must demonstrate an awareness of medical systems, responsiveness to the larger context and system of health care, and the ability to effectively utilize system resources to provide optimal care. You will develop an appreciation of supportive health care resources, and understand their utilization as part of patient advocacy (5.1 – 5.7; 6.1 – 6.4; 7.1 – 7.4).

Objectives: During this clerkship experience, you will demonstrate the ability to:

- Utilize ancillary health services and specialty consultants properly (6.2; 6.4).

Inter-Professional Collaboration

Goal: The student will demonstrate the ability to engage in an inter-professional team in a manner that optimizes safe, effective patient and population care. (7.1-7.4, 5.3, 4.2)

Objectives: during the clerkship experience the student will

- Demonstrate effective communication with healthcare providers (7.2, 7.3)
- Perform or assist in care planning with other healthcare providers (7.2, 7.3)

Personal and Professional Development

Goal: The student will demonstrate required to sustain lifelong personal and professional growth. (8.1-8.5)

Objectives: During the clerkship the student will demonstrate the ability to:

- Recognize when to take responsibility and when to seek assistance. (7.1)
- Adapt to changing situations with flexibility and appropriate coping mechanisms. (8.2, 8.4)

Integrated Threads:

X Geriatrics (C, L)	X Basic Science (C, L)	X Ethics (L)
X – Professionalism ©	X EBM	X Chronic illness care (C,L)
X Patient safety (S)	X Pain Management ©	X Clinical pathology (C,L)
X Palliative care (C,L)	X – Quality Improvement (L, S)	X Clinical and/or translational research (C)
X Communication skills (C)	X Diagnostic imaging (C)	
KEY: S- Simulation lab; C – Clinical experience; L - Lectures		

OBGYN CLERKSHIP THREADS

In addition to these components being encountered or modeled during inpatient and outpatient clinical activities, activities that specifically address these are:

<i>ETHICS AND PROFESSIONALISM</i>	<i>PATIENT SAFETY/QI</i>	<i>PALLIATIVE CARE</i>
1.) Defined and explained during clerkship orientation	1.) Mock root cause analysis	1.) Morning report

2.) Combined Ethics Activity; involving didactics, role playing	2.) Morning report	
3.) Morning report	3) TeamSTEPPS	
4.) Teaching Resident Sessions		
COMMUNICATION SKILLS	BASIC SCIENCE	PAIN MANAGEMENT
1.) Transparent Group OSCE	1.) Didactic lectures	1.) Clinical encounters
2.) OSCE	2.) Morning report	2.) Morning report
DIAGNOSTIC IMAGING	CLINICAL PATHOLOGY	
1.) Clinical encounters	1.) Didactic lectures	
2.) Morning report	2.) Morning report	
3.) Didactic lectures		

Clerkship Location:

CLINIC LOCATION		
Patricia Rojas Mendez, MD, OG/GYN Clerkship Director	915-215-4699	4801 Alberta Ave Clinic building, 2 nd floor Suite #209 & #210
Naima Khamsi, MD., OB/GYN Clerkship Assistant Director		
Rebecca Dorris OB/GYN Clerkship Coordinator		
LABOR AND DELIVERY		
Children's Hospital, 2 nd floor; 4 th & 5 th floors		
Transmountain Campus		
Texas Tech Physicians of El Paso 2000 B Woodrow Bean Transmountain Drive		
The Hospitals of Providence Transmountain Campus 2000 Woodrow Bean Transmountain Drive		

OBGYN Clinics start @ 8:00 A.M. & 1P.M.; **OR cases** begin @ 7 A.M.; **OR case list** of surgeries will be discussed during Grand Rounds the Friday prior to service; **Night Float service** – 5:30 P.M. – 7 A.M.

Required, expected and optional events:

Rotations (required)

- Labor and Delivery (3 weeks) include MFM and Triage
- **GYN Service (2 weeks) include Benign and Urogyn Ambulatory Clinic (streamed throughout 9 weeks) include Gynecologic Surgical Service/GYN ONC and Specialty service**

Service Objectives and Preparations:

Labor and Delivery:

Objectives:

1. You will perform 2 vaginal deliveries. (1.10)
2. You will participate in labor management. (1.3, 1.6)
3. You will scrub on at least 1 cesarean section. (1.10)
4. You will be able to identify abnormal labor. (1.5, 2.1)
5. You will be able to discuss interventions for the management of shoulder dystocia. (1.6)
6. You will discuss interventions for the management of post-partum hemorrhage. (1.6, 1.5, 1.3)
7. The student will participate in post-partum rounds on the complicated and uncomplicated OB service. (Night student will make rounds with residents. Day triage will round with residents and /or faculty.) (1.1, 1.2, 1.3)

Preparation:

1. Complete online course on evaluation of fetal heart rate monitoring strips.
2. Review normal labor.
3. Review abnormal labor.
4. Review cardinal movements of the fetus in the birth canal.

Additional Responsibilities:

1. You will arrive at 6 A.M. and participate in Morning Report, if on the 7-3 shift..

2. You will participate in team care of selected patients including presenting the patient on rounds, and writing SOAP notes. (7.3, 1.7, 4.4)
3. At the end of the week, you will present evaluations to the attending faculty, senior, and junior residents.

Triage:

Objectives:

1. The student will evaluate patients for rupture of membranes (1.1, 1.2, 1.3)
2. The student will evaluate patients for preterm or term labor (1.5, 1.1)
3. The student will perform one observed history and physical (1.1, 1.2, 1.3)
4. The student will be familiar with the use of ultrasound in the labor and delivery triage setting. (1.10)
5. The student will participate in post-partum rounds on the complicated and uncomplicated OB service. (Night triage will make rounds with residents. Day triage will round with residents and/or faculty.) (1.1, 1.2, 1.3)
6. You will be able to discuss common post-partum and post-cesarean section complications. (2.1, 1.10)

Preparation:

1. Review speculum exam, wet mount.
2. Review and complete on-line modules and complete all assignments for the service.

Additional Responsibilities:

1. You will perform an Observed H&P evaluation. This must be completed at the time it is done and turned in by the student to the Clerkship Coordinator.
2. Ask residents to evaluate you.
3. Participate in postpartum rounds

Maternal Fetal Medicine assignment while in L&D week Service:

Objectives:

1. You will interview and present patients to residents and attending physicians. (1.1, 1.2, 1.3, 1.6, 4.2)
2. You will be able to discuss gestational diabetes, & disorders of blood pressure in pregnancy. (2.1, 2.2)
3. You will participate in antepartum rounds and after rounds you will incorporate to the L&D team.

Preparation:

1. Review gestational diabetes.
2. Review chronic hypertension in pregnancy and preeclampsia.
3. Review postpartum complications including anemia and post-partum hemorrhage.
4. Review evaluation and management of febrile illness in the peri- and post-partum periods.

Additional Responsibilities:

1. At the end of the week, you will present evaluation forms to the attending faculty, and the residents on the antepartum OB team or L&D team.
2. You will participate in antepartum rounds.
3. You will present a 10-15 minute PowerPoint on an assigned topic.

Benign Gynecology:

Objectives:

1. You will participate in the intraoperative care of the patient. (1.10)
2. You will participate in the perioperative care of the patient. (1.1, 1.2, 1.3, 1.6)
3. You will be able to discuss common post-operative complications and their management. (2.1, 1.6)
4. You will participate in team care of selected patients including presenting the patient on rounds, and writing SOAP notes. (7.3, 1.7, 4.4)
5. You will participate in the evaluation of gynecology patients in the ED. You will write admission order assignment and get feedback from the residents or faculty. (1.5, 1.1, 1.2)

Preparation:

1. Review pelvic anatomy.
2. Review hysterectomy, and pelvic prolapse.
3. Review PID, abnormal uterine bleeding, and first trimester bleeding.

Additional Responsibilities:

1. You will prepare a 10-15 minute presentation on an assigned gynecologic topic.
2. At the end of the week, You will present evaluation forms to the senior residents.

Gynecologic Surgical Specialty:

Objectives:

1. You will participate in perioperative care of URO-Gynecology and MIS (minimally invasive surgery) patients. (1.1, 1.2, 1.3, 1.4, 1.6)

2. You will participate in team care of selected patients including presenting the patient on rounds and writing SOAP notes. (7.3, 1.7, 4.4)
3. You will be able to discuss evaluation and non-surgical treatment of cancers of the female genital tract. 1.2, 1.6)

Preparation:

1. Review pelvic anatomy.
2. Review female genital tract cancers (cervix, ovary, uterus).
3. Review abnormal Pap smears.
4. Review pelvic prolapse

Additional Responsibilities:

1. You will arrive at 6 A.M. and assist the intern in preparation for morning rounds.
2. You will present an evaluation to the senior resident at the conclusion of the week.

Ambulatory Clinic (Faculty Practice/Resident clinic/Private Community Practice/CNM/Specialty Clinics):

Objectives:

1. You will observe the interaction and flow of patients and provider in a private office setting. (6.1, 6.4)
2. You will interview patients and present patient information to the attending/resident physician as directed. (1.1, 1.2, 1.3, 1.4, 1.6, 4.2)
3. You will discuss the evaluation and management of abnormal mammogram findings and palpable breast mass (2.1, 2.2, 1.2, 1.6)
4. You will explain the indications for colposcopy , will prepare patients for colposcopy, and will be able to interpret results of colposcopy biopsies.(1.10, 2.1, 2.2)

Preparation:

1. Review office prenatal care.
2. Review health maintenance and ambulatory gynecologic office care.

Additional Responsibilities:

1. For off-site Community Practice: You will arrive at the preceptor's clinic as designated by the Preceptor/Clinic Manager.
2. You will present evaluation forms to the attending physician, CNM or resident at the end of the session. If there is more than one session with the same physician, you will present the evaluation from the last encounter.)

Clerkship Activities

- **Resident/student sessions.** A resident will meet with the group of students for weekly sessions. The goal of these sessions is to review various topics related to Obstetrics/Gynecology and will help prepare you for the NBME exam. Clinical presentation schemes are used. Topics and instructions will be provided throughout the rotation.
- **Departmental Didactic Sessions/Grand Rounds.** Didactic sessions/Grand Rounds are held for the entire department every Friday. If these sessions are not applicable to the clerkship, alternate activities are provided. Schedules will be posted into your scheduling system.

SIMULATION AND TRAINING:

- **Suturing:** You will attend this workshop to gain the basic suturing and knot tying skills used in the OBGYN OR. You will be instructed on one-handed and two-handed knots; proper technique for handling suturing instruments (e.g., loading needle driver, using tissue forceps, etc.); and practice continuous locking suturing. Performance and proficiency will be assessed at the end of the clerkship by the Clerkship Directors. An assessment form will be provided for review prior to the exam.
- **Pelvic Exam: This will be held during orientation to review basic skills for the pelvic exam.**
- **Vaginal Delivery:** During orientation, the process of a vaginal delivery will be reviewed on a low fidelity manikin.

Clinical Expectations:

During this clerkship, you are expected to experience the following:

Condition	Associated Clinical Presentation(s)
New OB visit	Contraception
Routine OB visit	Screening and prevention
Diabetes Management	Normal pregnancy
Non stress test/Fetal Monitoring	Diabetes and Hyperlipidemia

Condition	Associated Clinical Presentation(s)
Evaluation/treatment vaginal discharge Evaluation of ruptured membranes Assessment of Labor Evaluation/treatment 2nd and 3rd trimester bleeding Evaluation/treatment UTI and Pyelonephritis OB ultrasound	Vaginal discharge Abnormal genital track bleeding Pregnancy loss
Evaluation/treatment vaginal discharge Evaluation of ruptured membranes Assessment of Labor Evaluation/treatment 2nd and 3rd trimester bleeding Evaluation/treatment UTI and Pyelonephritis OB ultrasound	Pregnancy complications
Evaluation/treatment of abnormal uterine bleeding Evaluation/treatment of sexually transmitted diseases Evaluation/treatment of abnormal pap smears Evaluation/treatment of spontaneous abortions Evaluation/treatment of Ectopic pregnancies Contraception counseling	Abnormal genital track bleeding Pelvic pain Pelvic mass Pregnancy loss Menopause Prolapse/Pelvic floor relaxation Pregnancy complications
Colposcopy Laser/Leep/Cryosurgery Endometrial biopsy Transvaginal sonography (+/-)	

Condition	Associated Clinical Presentation(s)
Post-op care D&C Cold knife cone Tubal ligation (Laparoscopy and Laparotomy) Hysterectomy (Abdominal, Vaginal, Robotic and Laparoscopic Assisted Vaginal) Ectopic Pregnancy (Laparoscopy or Laparotomy) Adnexal surgery Pelvic floor surgery	
Evaluation/treatment cervical cancer Evaluation/treatment uterine cancer Evaluation/treatment ovarian cancer	

During this clerkship, students are expected to perform the following procedures:

Procedure	Associated Clinical Presentation(s)
Annual Exam (minimum of two exams) 18-25 years old 25-40 years old 40+ years old	Periodic Health exam-Adult Screening and prevention Contraception

Op Log Expectations: Please see a detailed list of required patient encounters in Appendix C.

You are expected to complete Op Log entries in a timely manner and on a weekly basis. In addition to the basic requirement that you record a minimum number of patients, there is also a requirement that you experience a minimum number within certain experience categories. Students who do not meet these expectations in the documentation of their clinical experiences will not be eligible for “Honors” designation; nevertheless, students will still be required to meet these requirements by the use of other

resources (e.g., simulation; on-line resources). The table in Appendix C indicates the minimum you must see by experience category.

Assessment in the OB/GYN Clerkship:

Assessment forms used during the clerkship are located in **Appendix D**.

Mid-Clerkship Review (Please see form located in Appendix D):

The mid-clerkship evaluation is a face to face one on one session with the clerkship director or assistant clerkship director. It is an opportunity for students to receive feedback to improve their performance. It is also an opportunity for the students to voice any concerns regarding the clerkship.

Students will be notified regarding their assigned time by the clerkship coordinator in an email. Failure to have an updated op log may result a needs improvement in the professionalism competency.

OB/GYN Clinical Grading Criteria and Sources of Final Competency Grades are outlined in the table below.

Components	SCALE	SOURCE OF FINAL GRADE IN INDICATED COMPETENCY
Knowledge for Practice		
Identifies biopsychosocial issues relevant to patient treatment.		
Can compare and contrast normal variation and pathological states commonly encountered in Obstetrics and Gynecology.		
Can independently apply knowledge to identify problem.		
Comments related to Knowledge for Practice (If none, please enter NA):		Clinical Evaluations
Patient Care and Procedural Skills		
Completes an appropriate history.		Clinical Evaluations
Exam is appropriate in scope and linked to history.	Needs Improvement, Pass, Honors,	Pelvic Exams
Generates a comprehensive list of diagnostic considerations based on the integration of historical, physical, and laboratory findings.	N/A	Suture Exams
Provides preventive healthcare services and promotes health in patients		GYN OSCE
Appropriately documents findings.		
Comments related to Patient Care and Procedural Skills (If none, please enter NA):		
Interpersonal and Communication Skills		
Communicates effectively with patients and families across a broad range of socio-economic and cultural backgrounds.		Clinical Evaluations
Presentations to faculty or resident are organized.		Continuity Patient Activity
Comments related to Interpersonal and Communication Skills (If none, please enter NA):		
Practice-Based Learning and Improvement		

System-Based Practices		
Effectively utilizes medical care systems and resources to benefit patient health.		Clinical Evaluations
Demonstrates understanding of processes for maintaining continuity of care throughout transitions (change in team of providers or transfer in level of care).		Systems Enrichment Activities
Comments related to System-based Practice (If none, please enter NA):		(Mock RCA, Emergent Delivery Simulation;)
Professionalism		
Is reliable and dependable		Clinical Evaluations
Acknowledges mistakes		
Displays compassion and respect for all people.		Clerkship Coordinator Professionalism Evaluations
Demonstrates honesty in all professional matters		
Protects patient confidentiality		Timely OP-log entries
Dress and grooming appropriate for the setting		
Comments related to Professionalism (If none, please enter NA):		
Interprofessional Collaboration		
Works professionally with other health care personnel including nurses, technicians, and ancillary service personnel		Clinical Evaluations
Is an important, contributing member of the assigned team.		
		Emergent Delivery Simulation activity

		Emergent Delivery Simulation activity
Comments related to Interprofessional Collaboration (If none, please enter NA):	Needs Improvement, Pass, Honors,	
Personal and Professional Development	N/A	
Recognizes when to take responsibility and when to seek assistance		
Practice flexibility in adjusting to change and difficult situations		
Professional Development (If none, please enter NA):		
Overall Comments/ strengths/weaknesses (required):		Clinical Evaluations

- *Grading Policy – In Addition to Common Clerkship Policies:*

Please refer to the Common Clerkship policies for final grade criteria and the syllabus for required activities and assignments. These specific areas can affect a student’s overall final grade in professionalism independent from their assessment scores from faculty and senior residents. For example, if a student’s overall assessment score from faculty and residents is a “pass” in professionalism but they miss a required event as noted below, the student will receive an overall “needs improvement” in their final professionalism grade. Students should expect to receive “pass” in professionalism. For example, honors is rarely awarded for this competency.]

Professionalism Expectations:

Expected Through the Clerkship

- Attendance at all required educational activities, including clinical assignments, didactics, and simulations.
- Complete all assignments in a timely manner.
- Appropriate cell phone and laptop/tablet use – no texting, emailing, etc. when expected to be attentive to faculty/presenter.
- Update Op-Log on at least a weekly basis
- Enter duty hours daily
- Dress and groom appropriately

Missed Events – In Addition to Common Clerkship Policies:

All missed mandatory sessions/ exercises without an excused absence will affect the student's professionalism grade. In addition, alternate activities/assignments may be required. Students who are excused from these sessions/ exercises will complete missed activities at the discretion of the Clerkship Director.

Readings for Clerkship:

Required textbook readings:

Obstetrics & Gynecology, 8th ed., Beckman, Charles

Obstetrics Gynecology & Infertility, 7 th ed, Gordon, John

Pediatric Clerkship

<p>Lynn J. Hernan, M.D. Pediatric Clerkship Director lynn.fuhrman@ttuhsc.edu</p>	<p>4801 Alberta Ave. AEC 2nd Floor Room 225</p>
<p>Joanna Wojciechowska, M.D. Assistant Clerkship Director joanna.wojciechowska@ttuhsc.edu</p>	<p>4800 Alberta Ave. CSB 3rd floor Room</p>
<p>Gabriela (Gabby) Kutz Clerkship Coordinator Cell: 915 564 1991 O: 915-215-5727 Gabriela.kutz@ttuhsc.edu Preferred Text</p>	<p>4801 Alberta Ave. AEC 2nd Floor Room 218E</p>

Clerkship Description:

Objectives for the pediatrics clerkship follow the current COMSEP (Council on Medical Student Education in Pediatrics) General Clerkship Curriculum (2019 COMSEP Curriculum Revision) organized around 3 key themes – care of the well child, care of the acutely ill child, and care of the chronically ill child. The objectives also reflect the integrated nature of the OB-GYN/Pediatrics/Surgery block. Some topics covered during the OB-GYN/Pediatrics block have been identified as “shared topics” and will be addressed with students through integrative lectures, workshops, seminars, case conferences, or shared rounds. Examples of shared topics include adolescent gynecology/contraception, adolescent STIs, pregnancy/birth, neonatology, intrauterine/fetal/congenital infections of the newborn, Delivery Room Resuscitation Simulation, Poor Outcome of birth/Root-Cause Analysis, Discharge Planning activity, Professional Identity Session, Interprofessional Education activity, and an Ethics activity.

Clerkship Objectives:

Medical Knowledge

Goal: You must acquire knowledge about established and evolving biomedical, epidemiological, clinical, and psychosocial sciences and apply this knowledge to patient care. You will develop an understanding in the assessment and management of common clinical conditions in pediatrics in the inpatient and the outpatient setting. You will demonstrate the ability to acquire, critically interpret, and apply this knowledge.

Objectives: Recognize the signs, and symptoms of common pediatric problems including the following (1.1-1.9, 2.1 – 2.6, 3.1, 3.3):

- Health Supervision from birth through adolescence
- Growth
- Development
- Behavior
- Nutrition
- Issues unique to adolescence
- Issues unique to newborn
- Common acute pediatric illness/common pediatric complaints
- Common chronic illness and disability
- Therapeutics with specific pediatric dosing of medications
- Fluids and electrolytes management appropriate for age and clinical situations
- Pediatric emergencies

- Child Abuse

Patient Care

Goals: You must be able to provide patient-centered care that is age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.

Objectives: By the completion of this clerkship experience, you will be able to:

- Determine which patients can be managed in an outpatient setting and/or general inpatient setting, and which require higher levels of care and expertise in a critical care unit (1.5, 1.6, 7.2, 7.3, 8.1).
- Demonstrate skills at the MS III level in evaluating, diagnosing, managing, and determining the appropriate disposition of pediatric patients (1.1–1.9, 2.1–2.3, 3.4-3.5, 6.2-6.4,7.2)
- Develop differential diagnoses, planning diagnostic studies, formulate and implement therapeutic options and plans for discharge of patients under the student’s care (1.2–1.4, 1.6, 1.8, 2.2-2.3, 2.6).
- Utilize appropriate consultants/subspecialists (1.5-1.6, 4.2, 6.2, 7.2).
- Utilize diagnostic testing and imaging resources effectively and efficiently (1.1, 1.3, 6.2, 6.3).

Interpersonal And Communication Skills

Goal: You must demonstrate interpersonal and communication skills that result in effective information exchange with patients, their families, and professional associates. You will develop knowledge of specific techniques and methods that facilitate effective, empathic communication and cultural sensitivity.

Objectives: You will demonstrate the ability to:

- Communicate effectively with families and patients (considering patients age/ developmental levels) (4.1–4.4).
- Interview adolescent patients in an effective manner (4.1–4.4).
- Appropriately utilize interpreters, if necessary, to communicate with non-English speaking patients (4.1, 4.3, 6.2, 7.2, 8.1).
- Communicate effectively and respectfully with physicians and other health professionals in order to share knowledge and discuss management of patients (4.2, 4.4).
- Maintain professional and appropriate interactions with patients and their caregivers (4.1, 4.3, 5.1, 5.6).

- Effectively listen, and then utilize verbal and writing skills to communicate with patients, families, and members of the health care team (4.1–4.4, 7.2, 7.3).

Professionalism/ Ethics

Goal: You must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

Objectives: During this clerkship, you will demonstrate:

- Sensitivity to patient and family concerns (5.1, 5.6, 5.7).
- Acceptance of parent and patient differences in culture, beliefs, attitudes, and lifestyle (5.1).
- The ability to manage personal biases in caring for patients of diverse populations and different backgrounds, and to recognize how these biases may affect care and decision-making (5.1, 5.4, 8.3 – 8.5).
- Respect for patient privacy and confidentiality (5.2, 5.5, 5.7).
- Commitment to following through with professional obligations (clinical and educational) and to the timely completion of assigned tasks and duties (4.4, 5.3, 5.7, 7.3, 8.1, 8.5).
- Commitment to treat faculty, residents, staff, patients, and fellow students with respect and courtesy (5.1, 5.3, 5.7, 7.3, 7.4).
- Advocate for patient needs (5.7, 6.2-6.4).

Practice Base Learning and Improvement

Goal: You will understand the application of scientific evidence, and seek and accept feedback for continuous self-improvement in patient care and educational practices.

Objectives: During this clerkship experience, you will:

- Demonstrate the use electronic technology (e.g., PDA, PC, internet) for accessing and evaluating evidenced-based medical information (e-medicine, journals, textbooks, etc.) (1.2, 2.2-2.4, 3.1, 3.3-3.4, 8,5).
- Accept feedback from the faculty, residents, and other team members, and incorporate this to improve your clinical practice (3.3, 5.3).

- Demonstrate a basic understanding of quality improvement principles and their application to analyzing and solving problems in patient care (3.2).
- Participate fully in educational activities.

System Based Practice

Goal: You must demonstrate an awareness of medical systems, responsiveness to the larger context and system of health care, and the ability to effectively utilize system resources to provide optimal care. You will develop an appreciation of supportive health care resources and understand their utilization as part of patient advocacy.

Objectives: During this clerkship experience, you will demonstrate the ability to:

- Understand the health system and utilize ancillary health services and specialty consultants properly (1.1-1.2, 1.5-1.6, 6.1-6.2, 6.4, 7.2, 8.1, 8.3, 8.5).
- Utilize the integrated systems available to help the mother and infant with unexpected complications or problems during the perinatal period (i.e. neonatal resuscitation teams in delivery room, lactation consultants, etc.) (1.1-1.2, 1.5-1.6, 6.1-6.2, 6.4, 7.2, 8.1, 8.3, 8.5).

Interprofessional Collaboration

Goal: You must demonstrate the ability to engage in an interprofessional team in manner that optimizes safe, effective patient and population-centered care.

Objectives: During this clerkship experience, you will demonstrate the ability to:

- Use knowledge of one's own role and the roles of other health care professionals to work together in providing safe and effective care. (7.1-7.2)
- Function effectively as a team member. (PGO 7.3)

Personal and Professional Development

Goal: You must demonstrate the qualities required to sustain lifelong personal and professional growth.

Objectives: During this clerkship experience, you will demonstrate the ability to:

- Recognize when to take responsibility and when to seek assistance. (PGO 8.1)
- Demonstrate flexibility in adjusting to change and/or difficult situations.(PGO8.3)
- Demonstrate the ability to employ self-initiated learning strategies (problem definition, identification of appropriate learning resources, and critical appraisal of information) when approaching new challenges, problems, or unfamiliar situations.(PGO 8.5)
- Reflect on clinical experiences with goal of finding meaning in your work and strengthening resiliency (PGO 8.2)

Integration Threads:

–	geriatrics	X	basic science	X	ethics
X	professionalism	X	EBM	X	chronic illness care
X	patient safety	X	pain management	X	clinical pathology,
X	palliative care	X	quality improvement	–	clinical and/or
X	communication skills	X	diagnostic imaging		translational research

PEDIATRIC CLERKSHIP THREADS

In addition to these components being encountered or modeled during inpatient and outpatient clinical activities, activities that specifically address these are:

ETHICS AND PROFESSIONALISM

- 1.) Defined and explained during clerkship orientation and modeled during clinical encounters (3.3, 4.3, 5.1-5.3)
- 2.) Combined Ethics Activity - involving didactics, role playing (3.1, 3.4-3.5, 4.2-4.3, 5.1, 5.3-5.4)
- 3.) Morning report (1.6, 1.8, 2.5, 4.2-4.3, 5.1-5.3, 5.6-5.7, 6.1-6.4, 7.1-7.2, 8.5)
- 4.) Peer Teaching Session (VICE activity) (3.1, 3.4, 3.5, 4.2, 5.6)

PATIENT SAFETY/QI

- 1.) Mock root cause analysis (3.2)
- 2.) Morning report (3.2)
- 3.) Discharge Planning Activity (3.2, 3.4, 6.1-6.2)

PALLIATIVE CARE

- 1.) Morning report (1.8, 2.5, 5.1, 6.2)
- 2.) Clinical encounters (1.8, 2.5, 5.1, 6.2)

COMMUNICATION SKILLS

- 1.) Transparent Group OSCE (1.1-1.3, 3.3, 4.1-4.3)
- 2.) OSCE (1.1, 1.7, 4.1, 4.3)
- 3.) Delivery Room Resuscitation Scenario (1.1, 4.2-4.3, 5.1-5.2, 7.3)
- 4.) Peer Teaching Session (VICE activity) (4.2)

BASIC SCIENCE (2.1 – 2.2)

- 1.) Didactic lectures
- 2.) Morning report
- 3.) ILP
- 4.) VICE (vertical integration in clinical education) sessions
- 5.) Newborn nursery – Texas newborn screening (biochemistry, genetics)

EBM (2.2-2.3)

- 1.) Morning report
- 2.) OSCE
- 3.) Clinical encounters
- 4.) Didactics

PAIN MANAGEMENT

- 1.) Morning report
- 2.) Clinical encounters

DIAGNOSTIC IMAGING

- 1.) Morning report
- 2.) Didactic lectures
- 3.) Clinical encounters

CHRONIC ILLNESS CARE

- 1.) Clinical encounters

- 2.) Didactic lectures
- 3.) Morning report

CLINICAL PATHOLOGY

- 1.) Didactic lectures
- 2.) Morning report
- 3.) VICE (vertical integration in clinical education) sessions

UNDERSERVED POPULATIONS

- 1.) SNAP challenge
- 2.) Discharge planning activity
- 3.) Interprofessional Collaboration
- 4.) Interprofessional Education activity

Op Log Requirements:

Please see **Appendix C for a complete list of required patient encounters for the Pediatric Clerkship**. Please monitor your Op Log Dashboard to ensure that you are on track to complete his requirement. If you do not log a required encounter, you will need to complete an alternate assignment. Your progress will be reviewed at your mid-clerkship meeting.

You are responsible for informing the Clerkship Director or Coordinator that you have not completed a required patient encounter in time for an alternative experience to be arranged. This typically occurs during and after the mid-clerkship evaluation. After Midclerkship evaluations, it is your responsibility to inform the Coordinator when and how (clinical encounter or alternate experience) you satisfied the requirements.

Calendar of Required Clerkship Events:

Morning Report every Monday and Friday@ 8:00 A.M. in various locations (please see scheduler): Sr. Resident discusses admissions from the night before and an interesting case is presented. You may be assigned a Morning Report presentation while on Wards. (1.2-1.4, 1.6, 1.10, 2.2-2.6, 3.1, 3.3-3.4, 4.2-4.3, 5.1-5.3, 5.6-5.7, 6.1-6.3, 7.1-7.2, 8.5)

Pediatric Grand Rounds takes place the 1st and 3rd Wednesday of the month from 8:00 A.M. – 9:00 A.M. in Auditorium B in the AEC. This activity is required and fulfills students' CME credit requirements. Breakfast is available at 7:30 A.M. (1.2-1.4, 1.6, 1.8, 1.9-1.10, 2.2-2.6, 3.1, 3.4-3.5, 5.7, 6.2-6.3, 8.5)

Rotations

The Pediatrics component of the integrated Pediatrics/OB-GYN/Surgery rotation occurs in the following settings:

- Inpatient
 - Newborn Nursery
 - Wards
- Outpatient
 - General Pediatrics
- Subspecialty Pediatrics

Inpatient Services:

Newborn Nursery

You are supervised by the faculty and residents in the “Well-Baby” Nursery. During this time, you will :

- 1.) learn the normal newborn exam, identify physical findings that are normal variants and those that represent pathology, and communicate this information to faculty, residents, and others. (1.1-1.6, 1.8-1.9, 2.1,3.1, 3.3-3.5, 4.1-4.4)
- 2.) learn about common problems in the newborn, such as jaundice, respiratory distress, and prematurity in the WBN, NICU, or IMCU. (2.1-2.5, ,3.1, 3.3-3.5, 6.4)
- 3.) learn about the Texas newborn screening. (3.5, 5.5, 5.7, 6.3-6.4, 8.5)

Pediatric Wards

You are integrated into the Pediatric Ward team which includes MS4s, interns, residents, hospitalists, community physicians, nurses, respiratory therapists, social workers, nutritionists, families, patients, etc. You are expected to complete documentation on your own patients. You are supervised by pediatric house staff and pediatric hospitalists. You will:

- 1.) learn about pathophysiology and management of illnesses that commonly affect normal children and children with chronic diseases. (1.1-1.9 , 2.1-2.5, 3.1)
- 2.) learn to triage patients. (1.5, 2.1, 2.3, 2.5, 3.1, 8.1, 8.3, 8.5)
- 3.) learn the mechanics of hospital care, including order writing, documentation, utilization of other specialties, identifying discharge needs and resources, and safe handoff of patient care. (1.3-1.8, 3.1, 3.3–3.5, 4.1-4.4, 5.2, 5.5, 6.1-6.4, 7.2-7.3, 8.3,8.5)

Outpatient Services:

General Pediatric Clinic:

You will experience all aspects of outpatient pediatric care, including taking vital signs, administering hearing and sight exams, giving immunizations, and patient management. You are involved in the care of children from post-nursery discharge through adolescence. You may experience delivering care at the urgent care center. Outpatient experience will occur at TTUHSC EP Clinics at the PLFSOM and Transmountain sites, and in community faculty offices. You will learn:

- 1.) to complete an age-appropriate H&P on children of all ages. (1.1-1.4, 1.6-1.9, 2.1, 4.1, 4.3, 5.1-5.2, 5.5)
- 2.) to anticipate common threats to children and provide appropriate anticipatory guidance to caretakers. (1.5, 1.8-1.9, 2.3-2.5, 3.4, 4.1, 4.3, 8.1)
- 3.) to screen for developmental problems and learn when to refer children for an in-depth evaluation by a specialist. (1.6, 2.3, 3.4, 4.1-4.3, 5.1, 5.7, 6.4, 7.1-7.3, 8.1)
- 4.) to recognize illnesses/conditions commonly treated by a general pediatrician, and learn when to refer to a subspecialist. (1.6, 2.3, 3.4, 4.1-4.3, 5.7, 6.4, 7.1-7.3, 8.1)
- 5.) about nutrition by participating in the **team** activity SNAP (Supplemental Nutrition Assistance Program [food stamps]) Challenge. You will generate a meal plan for a hypothetical child. You will be given the weekly average SNAP benefit in cash to shop for food. Food may be donated by you or given to the Clerkship Coordinator for donation to a food bank. (2.3, 3.1-3.5, 5.7, 6.1-6.3, 7.1-7.3, 8.5)

Other Rotations:

Subspecialty Rotations:

You will interact with patients and subspecialty physicians and teams on multiple subspecialty services. You will:

- 1.) learn how children who require subspecialty care are referred to Pediatric Subspecialists. (3.4, 4.1-4.4, 6.1, 6.4, 7.1-7.2, 8.1)

- 2.) learn how to diagnose and manage common subspecialty illnesses and conditions. (1.1-1.8, 2.1-2.5, 3.1, 3.4, 4.1-4.4, 6.2-6.3, 8.1, 8.5)
- 3.) learn the challenges of managing chronic illnesses for physicians and families. (1.4-1.8, 2.3-2.4, 3.1, 3.4, 4.2, 4.4, 5.5, 6.2-6.3, 7.2, 8.1, 8.3-8.5)

POSSIBLE SUBSPECIALTY ROTATIONS

Adolescent Medicine

- 1.) You will learn the spectrum of diseases and conditions in Adolescent Medicine, including how they present, are diagnosed, and the treatment and sequelae. (1.1-1.6, 1.10, 2.1-2.3, 2.5, 3.3-3.4, 4.1-4.3, 5.1, 5.7, 6.3)
- 2.) You will be able to articulate the criteria for referring patients to an Adolescent Medicine Specialist. (6.4, 8.1)
- 3.) You will learn how to approach and manage adolescent patients in the outpatient setting. You will learn to appropriately document confidential information. (1.1-1.6, 1.8, 1.10, 2.1-2.3, 2.5, 3.3-3.4, 4.1-4.3, 5.1-5.2, 5.6-5.7, 6.3-6.4, 7.2, 8.1, 8.3, 8.5)
- 4.) You will recognize and understand the impact of the family, school, and work environments on the health and development of the adolescent patient. (1.8, 2.5, 3.5, 4.1, 4.3, 5.1)

Anesthesiology:

- 1.) You will learn the scope of Pediatric Anesthesiology practice in the OR, including evaluation of an infant or child for surgery, management of infant or child throughout surgery and recovery from anesthetics, as well as assessment of the neurologic and cardiorespiratory stability of a child while under care of a Pediatric Anesthesiologist. (1.1, 1.2, 1.4 - 1.8, 1.10, 2.1-2.3, 4.1-4.4, 5.1 – 5.3, 5.7, 6.3, 7.2, 7.3)
- 2.) You will learn the scope of Pediatric Anesthesiology practice outside the OR, possible including consultation for pain management and provision of sedation/anesthesia for procedures done in areas other than the OR. (1.1, 1.2, 1.4 - 1.8, 1.10, 2.1-2.3, 4.1-4.4, 5.1 – 5.3, 5.7, 6.3, 7.2, 7.3)
- 3.) You will demonstrate basic skills to manage a pediatric airway. (1.10)
- 4.) You will appreciate the team work involved in safely taking a child from their pre-surgical state to their postsurgical state. (7.1 – 7.3, 8.2 - 8.3, 8.5)

Cardiology:

- 1.) You will learn the spectrum of diseases and conditions in Pediatric Cardiology, including how they present in the pediatric population, how they are diagnosed, and the treatment and sequelae. (1.1-1.6, 1.10, 2.1-2.3, 2.5, 3.3-3.4, 4.1-4.3, 5.1, 5.7, 6.3)
- 2.) You will be able to articulate the criteria for referring patients to a Pediatric Cardiologist. (6.4, 8.1)
- 3.) You will learn to manage patients with pediatric cardiac diseases in inpatient and outpatient settings. (1.1-1.6, 1.8, 1.10, 2.1-2.3, 2.5, 3.3-3.4, 4.1-4.3, 5.1-5.2, 5.6-5.7, 6.3-6.4, 7.2, 8.1, 8.3, 8.5)
- 4.) You will recognize and understand the impact of acute and/or chronic cardiac disorders in the life of the developing child and family. (1.8, 2.5, 3.5, 4.1, 4.3, 5.1)

Developmental and Behavioral Pediatrics

- 1.) You will be able to articulate the criteria for referring patients to a Developmental Pediatric specialist. (6.4, 8.1)
- 2.) You will learn to diagnoses, manage, and follow patients with developmental disabilities in the outpatient settings. (1.1-1.6, 1.8, 1.10, 2.1-2.3, 2.5, 3.3-3.4, 4.1-4.3, 5.1-5.2, 5.6-5.7, 6.3-6.4, 7.2, 8.1, 8.3, 8.5)

Emergency Medicine

- 1.) You will learn the spectrum of diseases and conditions presenting to a Pediatric Emergency Department, how they are diagnosed, and the treatment and sequelae. (1.1-1.6, 1.10, 2.1-2.3, 2.5, 3.3-3.4, 4.1-4.3, 5.1, 5.7, 6.3)
- 2.) You will be able to articulate the criteria for triage in the Pediatric ED. You will be able to articulate hospital admission criteria and criteria for discharge from the Pediatric ED. (6.4, 8.1)

Gastroenterology

- 1.) You will learn the spectrum of diseases and conditions in Pediatric Gastroenterology, including how they present in the pediatric population, how they are diagnosed, and the treatment and sequelae. (1.1-1.6, 1.10, 2.1-2.3, 2.5, 3.3-3.4, 4.1-4.3, 5.1, 5.7, 6.3)
- 2.) You will be able to articulate the criteria for referring patients to a Pediatric Gastroenterologist. (6.4, 8.1)
- 3.) You will learn to manage patients with pediatric GI diseases/disorders in inpatient and outpatient settings. (1.1-1.6, 1.8, 1.10, 2.1-2.3, 2.5, 3.3-3.4, 4.1-4.3, 5.1-5.2, 5.6-5.7, 6.3-6.4, 7.2, 8.1, 8.3, 8.5)
- 4.) You will recognize and understand the impact of acute and/or chronic GI disorders in the life of the developing child and family. (1.8, 2.5, 3.5, 4.1, 4.3, 5.1)

Hematology/Oncology

- 1.) You will learn the spectrum of diseases and conditions in Pediatric Hematology/Oncology, including how they present in the pediatric population, how they are diagnosed, and the treatment and sequelae. (1.1-1.6, 1.10, 2.1-2.3, 2.5, 3.3-3.4, 4.1-4.3, 5.1, 5.7, 6.3)
- 2.) You will be able to articulate the criteria for referring patients to a Pediatric Hematologist/Oncologist. (6.4, 8.1)
- 3.) You will learn to manage patients with pediatric hematologic and oncologic diseases/disorders in inpatient and outpatient settings. (1.1-1.6, 1.8, 1.10, 2.1-2.3, 2.5, 3.3-3.4, 4.1-4.3, 5.1-5.2, 5.4, 5.6-5.7, 6.3-6.4, 7.2, 8.1, 8.3, 8.5)
- 4.) You will recognize and understand the impact of acute and/or chronic hematologic and oncologic disorders in the life of the developing child and family. (1.8, 2.5, 3.5, 4.1, 4.3, 5.1)

Infectious Diseases

- 1.) You will learn the spectrum of diseases and conditions in Pediatric Infectious Disease, including how they present in the pediatric population, how they are diagnosed, and the treatment and sequelae. (1.1-1.6, 1.10, 2.1-2.3, 2.5, 3.3-3.4, 4.1-4.3, 5.1, 5.7, 6.3)
- 2.) You will be able to articulate the criteria for referring patients to a Pediatric Infectious Disease Specialist. (6.4, 8.1)
- 3.) You will learn to manage patients with pediatric ID diseases/disorders in inpatient and outpatient settings. (1.1-1.6, 1.8, 1.10, 2.1-2.3, 2.5, 3.3-3.4, 4.1-4.3, 5.1-5.2, 5.6-5.7, 6.3-6.4, 7.2, 8.1, 8.3, 8.5)
- 4.) You will recognize and understand the impact of acute and/or chronic ID disorders in the life of the developing child and family. (1.8, 2.5, 3.5, 4.1, 4.3, 5.1)

Neonatology

- 1.) You will articulate reasons that patients are admitted to a NICU. (6.3 -6.4, 8.1)
- 2.) You will understand how neonates present with common critical illnesses/conditions, how they are diagnosed, and the treatment and sequelae. (1.1-1.6, 1.10, 2.1-2.3, 2.5, 3.3-3.4, 4.1-4.3, 5.1, 5.7, 6.3)
- 3.) You will understand and appreciate the importance of the multidisciplinary team in the care of the critically ill neonate. (7.1-7.3)
- 4.) You will recognize the importance of technology and pharmacology in the care of the critically ill neonate. (1.2, 1.5, 1.10, 6.2-6.4, 7.1-7.2, 8.1)
- 5.) You will understand the impact of acute and/or chronic critical illness has on the developing neonate and family. (1.8, 2.5, 3.5, 4.1, 4.3, 5.1)
- 6.) You will understand the importance of following patients after discharge from the NICU.

Nephrology

- 1.) You will learn the spectrum of diseases and conditions in Pediatric Nephrology, including how they present in the pediatric population, how they are diagnosed, and the treatment and sequelae. (1.1-1.6, 1.10, 2.1-2.3, 2.5, 3.3-3.4, 4.1-4.3, 5.1, 5.7, 6.3)
- 2.) You will be able to articulate the criteria for referring patients to a Pediatric Nephrologist. (6.4, 8.1)
- 3.) You will learn to manage patients with pediatric kidney diseases/disorders in inpatient and outpatient settings. (1.1-1.6, 1.8, 1.10, 2.1-2.3, 2.5, 3.3-3.4, 4.1-4.3, 5.1-5.2, 5.6-
- 4.) You will recognize and understand the impact of acute and/or chronic kidney disorders in the life of the developing child and family. (1.8, 2.5, 3.5, 4.1, 4.3, 5.1)
- 5.) You will articulate the types of dialysis available to infants and children, as well as the indication for each type of dialysis. (1.2, 1.10, 2.2-2.3)

Orthopedics

- 1.) You will learn the spectrum of diseases and conditions in Pediatric Orthopedics, including how they present in the pediatric population, how they are diagnosed, and the treatment and sequelae. You will be able to articulate indicate indications for and timing of surgery for common pediatric orthopedic conditions. (1.1-1.6, 1.10, 2.1-2.3, 2.5, 3.3-3.4, 4.1-4.3, 5.1, 5.7, 6.3)
- 2.) You will be able to articulate the criteria for referring patients to a Pediatric Orthopedic Surgeon. (6.4, 8.1)
- 3.) You will learn to manage patients with pediatric orthopedic diseases/disorders in inpatient, outpatient, and OR settings. (1.1-1.6, 1.8, 1.10, 2.1-2.3, 2.5, 3.3-3.4, 4.1-4.3, 5.1-5.2, 5.6-5.7, 6.3-6.4, 7.2, 8.1, 8.3, 8.5)
- 4.) You will recognize and understand the impact of acute and/or chronic orthopedic disorders in the life of the developing child and family. (1.8, 2.5, 3.5, 4.1, 4.3, 5.1)

Pathology

- 1.) You will understand the scope of services that a Pediatric Pathologist performs. (6.2, 6.4, 7.1-7.2, 8.1)
- 2.) You will learn how Pathology is integral to and is integrated with the multiple services offered by a Pediatric Hospital. (6.2, 6.4, 7.1-7.2, 8.1)

Not all experiences may be available each week, and experiences may be deleted or added. Student preferences may not be able to be accommodated.

Student Performance Objectives

Procedures

During this clerkship, you will not be directly responsible for any procedures while on a Pediatric Rotation; however, you may be asked to assist and will be expected to keep a log of the procedures in which you have participated.

Assessment:

Assessment forms used throughout the block are located in Appendix D. There are 2 assessment forms used in the Pediatric Clerkship – Pediatric Clinical Assessment form (AKA long form) and the Assessment card (AKA short form). The Pediatric Clinical Assessment form (AKA long form) is for use on Wards (minimum of 2 per week), Nursery, Subspecialty rotation (with the exception of the NICU) and in the general Pediatric clinic where you have had ≥ 3 encounters with same evaluator (cumulative over Clerkship). An encounter is considered 1 day. You are expected to get 1 evaluation (long form or short form) per evaluator per week.

Pediatric Clinical Assessment Card: for use with < 3 encounters (cumulative over Clerkship) with evaluator in the outpatient setting.

Honors for professionalism MUST be accompanied by comments describing the exceptional behavior or the grade will revert to a Pass.

See section “Forms used in Clerkship” below for examples of evaluations.

Pediatric Clerkship Final Evaluation (bolded areas carry more weight)

1. Knowledge for Practice
 - a. Grade -“Needs improvement, Pass, Honors”
 - b. Graded activities:

Faculty & Resident evaluations
Observed H&Ps
Write-ups
Order and prescription writing
Handoff evaluations
Delivery Room Simulation
Specialty Clinic Presentation
Transparent Group OSCE
Continuity Patient

SNAP Challenge

c. Comments – meant to justify the score in this competency. Could be taken from the weekly evaluations.

2. Patient Care and Procedural Skills

a. Grade – “Needs improvement, Pass, Honors”

b. Graded activities:

Faculty & Resident evaluations

Observed H&Ps

Write-ups

Order Writing/ Prescription Activities

Handoff tool evaluation

Transparent Group OSCE (Telephone Medicine)

Delivery Room Simulation

Continuity Patient

c. Comments – meant to justify grade in this competency

3. Interpersonal and Communication Skills

a. Grade – “Needs improvement, pass, honors”

b. Graded activities:

Faculty & Resident evaluations

Observed H&Ps

Write-ups

Order writing/Prescription writing

Handoff evaluation

Transparent Group OSCE (Telephone Medicine)

Continuity Patient

Ethics Activity

Communication w/ Director & Coordinator
Delivery Room Simulation
Peer Teaching (VICE) presentations
Reflective writings

c. Comments – meant to justify grade in this competency

4. Practice-based Learning and Improvement

a. Grade – “Needs improvement, pass, honors”

b. Source – list sources for evaluation in this competency

Faculty & Resident evaluations

ILP

Aquifer Pediatric Cases
Transparent Group OSCE (Telephone Medicine)
Delivery Room Simulation
Order Writing/ Prescription Activities
Ethics Activity
Peer Teaching (VICE) presentations

c. Comments – meant to justify grade in this competency

5. Systems-Based Practice

a. Grade – “Needs improvement, pass, honors”

b. Source – list sources for evaluation in this competency

Faculty & Resident evaluations

Discharge Planning Activity

Mock RCA
Ethics Activity

- c. Comments – meant to justify grade in this competency

6. Professionalism

- a. Grade – “Needs improvement, pass, honors”
- b. Source – list sources for evaluation in this competency

Faculty & Resident evaluations (to receive Honors, must have comments documenting exceptional professional, otherwise reverts to Pass)

Timely completion of course requirements

Ethics case

Timely Op-Log Entry with completion of required patient encounters

Peer Teaching (VICE) Sessions

- c. Comments – meant to justify grade in this competency

7. Interprofessional Collaboration

- a. Grade – “Needs improvement, pass, honors”
- b. Source – list sources for evaluation in this competency

Faculty & Resident evaluations

Ethics Case

Discharge Planning Activity

SNAP Challenge

Mock RCA

Interprofessional Activity with UTEP students

- c. Comments – meant to justify grade in this competency

8. Personal and Professional Development

- a. Grade – “Needs improvement, pass, honors”

- b. Source – list sources for evaluation in this competency

Faculty & Resident evaluations

ILP

Reflective Writings

Professional Identity Sessions

- c. Comments – meant to justify grade in this competency

9. NBME score

10. OSCE

11. MSPE comments

12. General Comments (Optional and not for MSPE)

13. Final grade for Clerkship – Honors, Pass, Fail

Grading for the Pediatric Clerkship will be explained during Orientation and in more detail during a didactic session and Midclerkship evaluation. []

Mid-Clerkship Review: You will meet with Clerkship Director or Associate Clerkship Director during the middle week of ambulatory rotation (Week 5) (unless other arrangements are made) to review progress, status of requirement completion, identification of red flags, etc. []

Grading Policy – In Addition to Common Clerkship Policies: []

In addition to Clinical Evaluations, the following assignments will be used in determining final grade. **They are expected to be turned in by deadline noted on Quick Guide.** Failure to turn them in by deadline noted on Quick Guide means you will receive a “Needs improvement” in Professionalism and are ineligible for Honors as final grade. If assignments are not handed in by Week 22, your final grade will be “In progress” until assignments are completed at an acceptable level of performance.

Wards

Observed H&P – scored by Ward resident or faculty – see scoring rubric. (Scored as Superior/Pass/Fail) (PGO 1.1, 1.3, 1.6, 3.3, 4.1, 4.3, 5.1, 5.7)

- Superior ≥ 90% of scored items

- Pass = 70 - 89% of scored items
- If failed, must re-do.
- Given 2 attempts to pass. If do not pass, may affect ability to receive Honors in appropriate competencies, and as final grade.

Orders – 1 set of admission orders, 1 set of discharge orders – reviewed by resident or faculty (PGO 1.1, 1.6, 1.8-1.9, 2.5, 3.3, 5.7)

- Must complete to complete Clerkship requirements.
- Immediate feedback – given by Ward resident or faculty
- Feedback also given by Clerkship Director

Handoff Tool evaluation – reviewed by Ward resident or faculty (PGO 4.2)

- Must complete to complete Clerkship requirements.

Nursery

Observed newborn H&P – scored by Nursery resident or faculty - see scoring rubric. (Scored as Superior/Pass/Fail)(PGO 1.1, 3.3, 4.1, 5.1, 5.7)

- Superior ≥ 90%
- Pass = 70 - 89%
- If fail, must re-do it until pass
- Must pass to complete Clerkship requirements.
- Given 2 attempts to pass. If do not pass, may affect ability to receive Honors in appropriate competencies, and as final grade.

Write-up – scored by Associate Clerkship Director - see scoring rubric. (Scored as Superior/Pass/Fail). (PGO 1.1-1.3, 1.6-1.8, 3.3-3.4, 4.2, 4.4, 5.7)

- Superior ≥ 90%
- Pass = 70 - 89%
- If fail, must re-do it using feedback from previous attempt
- Must pass to complete Clerkship requirements.
- Given 2 attempts to pass. If do not pass, may affect ability to receive Honors in appropriate competencies, and as final grade.

General Pediatric Clinic

2 Observed Clinic H&Ps –scored by Clinic faculty or resident - see scoring rubric. (Scored as Superior/Pass/Fail) (PGO 1.1, 1.3, 1.6, 1.9, 2.1-2.3, 3.3, 4.1, 4.3, 5.1, 5.7)

- Superior ≥ 90%
- Pass = 70 – 89%
- If fail, must re-do it until pass
- Must pass to complete Clerkship requirements.

- Given 2 attempts to pass. If do not pass, may affect ability to receive Honors in appropriate competencies, and as final grade.

Prescription Writing - reviewed and signed off by Clinic faculty or resident – must write at least 4 prescription on real or mock patients, and receive feedback from faculty or resident on format of prescription and accuracy/appropriateness of dosing. (PGO 1.6)

- Must complete to complete Clerkship requirements.

SNAP Challenge (PGO 1.9, 2.3, 3.3, 5.3, 5.7, 6.1-6.2, 7.1-7.4)

Receipts and meal plan

- Must complete to fulfill Clerkship requirements

Reflective writing

- Must complete to satisfaction of Clerkship Director
- Must complete to complete Clerkship requirements

Specialty Rotation

Reflective writing (<1 page) (PGO 2.5, 3.1, 4.2-4.3, 5.1, 5.7, 8.2-8.3)

- Must complete to satisfaction of Clerkship Director to complete Clerkship requirements

Continuity Patient (all assignments to be turned in to Clerkship Coordinator and/or Clerkship Director by the end of Clerkship)

Newborn H&P (PGO 1.1, 3.3, 4.1, 5.1, 5.7)

- Done on UMC Nursery Admission H&P form with Ballard and growth chart
- Must complete to satisfaction of Clerkship Director to complete Clerkship requirements.

Reflective writing (PGO 2.5, 3.1, 4.2-4.3, 5.1, 5.7, 8.2-8.3)

- Must complete to satisfaction of Clerkship Director to complete Clerkship requirements.

Follow-up infant visit notes – *if at TTUHSC Clinics* (PGO 1.1-1.4, 1.6-1.8, 2.1-2.5, 3.3, 4.1-4.4, 5.1, 5.7)

- Must complete to complete Clerkship requirements only if patient is seen in TTUHSC clinics.

15 Aquifer Pediatrics Cases - must be completed by end of week 22 (PGO 1.1-1.3, 1.6-1.8, 2.1-2.4, 3.3-3.4, 5.7)

- Must complete to fulfill Clerkship requirements

Discharge Planning Activity- (Honors/High Pass/Pass/Low Pass/Fail) (PGO 1.9, 2.4-2.5, 5.1, 5.7, 6.1-6.4, 7.2)

- Evaluated by OB-Gyn and Pediatric Clerkship Directors and/or Associate Clerkship Directors
- May be asked to redo it if particular deficiencies noted.
- Must pass to complete Clerkship requirements.

Ethics Project-- (Honors/Pass/Fail) – based on participation, performance, and preparation (PGO 1.1-1.2, 1.6, 1.10, 2.2-2.5, 3.1, 3.4, 4.2-4.3, 5.1-5.5, 5.7, 7.1, 7.3-7.4, 8.5)

- Evaluated by OB-Gyn and/or Pediatric and/or Surgery Clerkship Directors or Assistant Clerkship Directors.
- If fail, will be given a make-up assignment
- Failure of or to complete make-up assignment will result in loss of Honors.

Delivery Room Simulation-- (Pass/Fail) (PGO 1.1, 1.4-1.6, 3.3, 4.1-4.3, 5.3, 5.7, 7.3, 8.1, 8.5)

- If fail, must re-do it or complete alternate activity to the satisfaction of the faculty or their designee.
- If excused absence – alternate activity will be given.
- Must pass to complete Clerkship requirements.

Mock RCA- (Pass/Fail) (PGO 2.5, 3.1-3.3, 3.5, 5.7, 6.1, 6.3-6.4, 7.3)

- Must complete activity worksheet(s) and participate in didactic activity.
- Failure to complete all components will result in failing grade
- If fail, will be given a make-up assignments.
- If excused absence – alternate activity will be given

Transparent Group OSCE/Telephone Medicine (PGO 1.1-1.2, 1.4-1.5, 1.7, 3.3, 4.1, 5.1, 7.3)

- Must complete pre-activity preparation and participate in activity.
- Failure to complete all components will result in failing grade
- If fails, will be given a make-up assignments and/or must re-do until pass.
- If excused absence – alternate activity will be given.

Completion of emurmur modules from basic through (and including) intermediate (PGO 1.1, 1.3, 1.7, 2.1, 3.1)

- Must complete activity prior to Cardiology didactic.
- Must turn in completion certificates to Coordinator prior to Cardiology didactic.
- Failure to complete all components may result in a needs improvement in Practice-based Learning and Professionalism grades.

Professionalism Expectations:
Expected throughout the Clerkship

Educational Professionalism – including but not limited to:

- Attendance at all required educational activities, including clinical assignments, didactics, and simulations, and completion of preparation for activities.
- Complete all assignments in a timely manner.
- Appropriate cell phone and laptop/tablet use – no texting, emailing, etc. when expected to be attentive to faculty/presenter.
- Update Op-Log on at least a weekly basis
- Enter duty hours daily
- Dress and groom appropriately
- Being respectful to all those (including other students) involved in your education.

Clinical Professionalism - including but not limited to:

- Professional interactions with patients, families, and team.
- Respect for personal and professional boundaries.
- Be where you are supposed to be when you are supposed to be, and be ready to learn.
- Appropriate cell phone and laptop/tablet use
- Dress and groom appropriately

Failure to meet standards may result in “Needs improvement” as Professionalism competency grade and may result in being ineligible for Honors as final grade. Repeated lapses may result in failure of Clerkship.

Miscellaneous:

Deaths during medical encounters are infrequent but can happen. The death of a child is a tragic event. In the event of a death during your Clerkship, please notify the Clerkship Director, Assistant Clerkship Director, or Coordinator. The Clerkship Director or Assistant Director should debrief you about the experience and will monitor you going forward.

Please keep copies or photos of all assignments you hand in.

Readings:

Caring for the Hospitalized Child: A Handbook of Inpatient Medicine by AAP Section on Hospital Medicine, (Rauch, Daniel A. and Gershel, Jeffrey C., editors) 2013.

- Handed out for inpatient Wards rotation
- Must be returned at end of Wards week

El Paso Children's Antimicrobial Stewardship Handbook 2014

- Handed out for inpatient Wards rotation
- Must be returned at end of Wards week

Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents by AAP

- Handed out for General Pediatric Clinic rotation
- Must be returned by the end of General Pediatric Clinic rotation
- Also available as pdf in Elantra


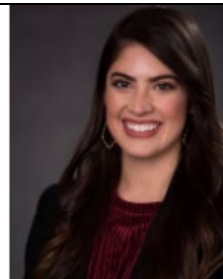
Pretest Pediatrics, 12th edition, Yetman, Robert J. and Hormann, Mark D., 2009

- Handed out for the whole Clerkship
- Must be returned by end of Clerkship

Other resources for ILP [will be uploaded on Elantra.]

Surgery Clerkship

Surgery Clerkship Contact Information

3rdYear Medical Student Director				
Karinn M. Chambers, M.D., FACS Clerkship Director		O: 915-215-4963	Karinn.chambers@ttuhsc.edu	4800 Alberta Ave. AEC, 1 st Floor, 104-H
3 rd and 4 th Year Medical Student Coordinator				
Dianne Saucedo Clerkship Program Coordinator		O: 915-215-6341 F: 545-6864	dianne.saucedo@ttuhsc.edu	4800 Alberta Ave. AEC, 1 st Floor, 104-G

Clerkship Description

We hope that your time on the Surgery Clerkship is informative as well as enjoyable. Remember to have a great time on the rotation! Please make sure to review the Common Clerkship Policies and the Student Handbook.

Clerkship Objectives

Medical Knowledge

Goal: The student will gain and develop an effective understanding of the assessment and management of patients with common surgical conditions in the inpatient and outpatient (clinic) setting. The learner will demonstrate the ability to acquire, critically interpret, and apply this knowledge.

Objectives: The student will know the following anatomical considerations at the MS 3 level:

- The basic anatomy of the abdomen including its viscera and anatomic spaces (2.1)
- The anatomy of the chest, including the heart and lungs (2.1)
- The student will know, at the MS 3 level, the diagnostic criteria for commonly occurring disorders within the following categories (2.1, 2.2, 2.3, 2.4):
 - Alimentary track/Abdominal
 - Hepatobiliary/Pancreas
 - Breast
 - Vascular/Cardiac/Thoracic
 - Endocrine
 - Trauma/Critical Care

Patient Care

Goal: The students must be able to provide patient-centered care that is age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.

Objectives: The student will perform the history and physical examination pertinent to the patient with surgical illness and will participate when possible in the operative procedure(s) on patients he/she has personally examined and managed. By the end of the surgery Clerkship, the student will demonstrate the ability to:

- Consistently obtain a reliable history and perform an appropriate physical examination (1.1, 4.1)
- Develop a problem list, differential diagnosis, and plan for treatment (1.2, 1.3, 3.4)
- Actively participate in the pre-operative and post-operative management of patients examined and evaluated (1.1,1.6, 7.2, 7.3)
- Utilize diagnostic testing and imaging resources effectively and efficiently (1.3, 1.6)
- Demonstrate knowledge of surgical scrub, sterile technique, proper attire, and proper conduct in the operating room (2.2, 5.1, 5.7)
- Demonstrate the correct handling of tissues, techniques of wound closure, and the selection of suture materials appropriate to the clinical situation (1.4, 1.6, 2.3)

- Correctly use common surgical instruments (1.6)
- Demonstrate the ability to evaluate and provide appropriate care of trauma patients (1.1, 1.2, 1.3, 1.4) including basic life-saving procedures such as the placement of a tube thoracostomy (1.5)

Interpersonal & Communication Skills

Goal: The student will develop knowledge of specific techniques and methods that facilitate effective and empathic communication with patients and their families, faculty, residents, staff, and fellow students.

Objectives: During this Clerkship experience, the student will demonstrate the ability to:

- Communicate effectively with patients and their families (4.1, 4.3, 5.1)
- Appropriately utilize interpreters, if necessary to communicate with patients with limited English language proficiency (4.1, 4.3, 5.1)
- Communicate effectively and respectfully with physicians and other health professionals in order to share knowledge and discuss management of patients (4.2)
- Record history and physical examination findings in an organized manner and in an accepted format (1.7)

Professionalism & Ethics

Goal: Students must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

Objectives: During this Clerkship experience, the student will demonstrate the ability to:

- Maintain grooming and dress appropriate to setting (5.1, 5.2)
- Maintain confidentiality and respect patient privacy (5.2, 5.1, 5.3, 5.6)
- Manage personal biases in caring for patients of diverse populations and different backgrounds (5.1, 4.3, 4.1)
- Recognize how biases may affect care and decision-making (5.2, 5.4, 5.5)
- Demonstrate honesty in all professional matters (5.1, 5.2, 5.6)
- Meet professional obligations and the timely completion of assignments and responsibilities (5.7)
- Acknowledge mistakes (5.1, 5.2)

Practiced-Based Learning & Improvements

Goal: The student will understand the application of scientific evidence and accept feedback for continuous self-assessment in the improvement of patient care practices.

Objectives: During this Clerkship experience, the student will demonstrate the ability to:

- Demonstrate the use of electronic technology (e.g., PDA, PC, Internet) for accessing and evaluating evidence-based medical information (3.4)

- Accept feedback from the faculty and incorporate this to improve clinical practice (3.3)
- Take initiative in increasing clinical knowledge and skills (3.1, 3.4, 8.5)

Systems-Based Practice

Goal: Students must demonstrate an awareness of medical systems, responsiveness to the larger context and system of health care, and the ability to effectively utilize system resources to provide optimal care. The student will develop an appreciation of supportive health care resources and understand their utilization as part of patient advocacy.

Objectives: During this Clerkship experience, the student will demonstrate the ability to:

- Utilize ancillary health services and specialty consultants properly (6.1, 6.2, 7.1, 7.2)
- Consider risks and benefits of treatment in decision making (6.3)

Personal & Professional Development

Goal: The student should demonstrate an awareness of the principles of altruism, accountability, duty, integrity, respect for others and lifelong learning which are central to medical professionalism.

Objectives: During the Clerkship experience, the student will demonstrate the ability to:

- Understand when to take responsibility and when to ask for assistance (8.1, 5.3, 5.5, 5.6)
- Be proactive in self-directed learning and reflection (5.2, 5.4, 5.7, 8.5)
- Demonstrate flexibility in adjusting to changes and difficult situations (8.3)

Interprofessional Collaboration

Goal: The student should demonstrate an understanding of the multiple members of the patient care team and the importance of working well with other members of the team. The student should be aware of the importance of an integrated and cohesive approach to patient care with members of team as well as nursing, social work and other medical services.

Objectives: During this clerkship experience the student will demonstrate the ability to:

- Work with other members of the patient care team and contribute to an assigned team (7.1, 7.2, 7.3, 7.4)

Integration Threads

Per the clerkship goals and objectives, these integration threads will be encountered throughout the block.

X	Geriatrics	X	Basic Science	X	Ethics
X	Professionalism	X	EBM	X	Patient safety
X	Pain Management	X	Chronic Illness Care	X	Palliative care
X	Quality Improvement	X	Communication Skills	X	Diagnostic Imaging
X	Clinical Pathology,	X	Clinical and/or Translational Research		

An X indicates that the topic is covered during this Clerkship

Clerkship Overview

You may receive considerable amounts of information during orientation; therefore, the information is summarized below.

Rotations	3 weeks General Surgery (UMC or WBAMC)	
	2 weeks Surgery Selective aka Sub-Specialty	
Required Assignments	GenSurg OR case log, Wise MD assignments, OR video assignments, Op-log, Procedure log, and duty hours must be completed. If not complete, this may impact your professionalism evaluation (you may be ineligible for honors) and you will receive an Incomplete grade until completion.	
Required Evaluations	3 for General Surgery	1 for Selective Rotation
Mid-Clerkship Feedback	You will meet with Dr. Chambers, or Dr. Hetz if at WBAMC, for Mid-Clerkship feedback. During this meeting, you will receive feedback regarding your performance and will have the opportunity to provide feedback regarding your experience in the clerkship up to that point. Your evaluations, Case log, Op-Log and Procedure Log will be reviewed, so please have them up to date and have your procedure log with you. Surgery Clerkship Program Coordinator will provide a copy of your Op-Log. Other topics to be reviewed will include your study strategy for the NBME, absence requests, make up time (if needed) and any other issues that may be pertinent. Surgery Clerkship Program Coordinator will contact you to schedule your meeting. If you are rotating at WBAMC, you will receive your mid-clerkship feedback from the faculty there.	

Daily Schedules	Please check the Paul L. Foster School of Medicine (PLFSOM) Elantra on a daily basis. If something looks unusual please contact Surgery Clerkship Program Coordinator; it is your responsibility to be up to date with your daily and lecture schedules.
Absences	Please report absence to preceptor, resident and coordinators via email, text or phone as soon as possible. Please also email PLFAbsence line at: PLFELPClerkshipAbsence@ttuhsc.edu. An unexcused absence may result in assignment of make-up work, a professionalism concern, or failure of the clerkship. It is your responsibility to reschedule learning activities that are missed due to absence.
Didactics/ Lectures	You are required to attend all lectures every Thursday/Friday afternoon. It is your responsibility to check lecture schedules posted on Elantra. Clerkship Program Coordinators will be present to take attendance. If you are not present at the lecture we will contact you and document this as an unexcused absence. If this becomes a pattern, a meeting with the Clerkship Director will be set up and this will be documented as a professionalism issue for your clerkship evaluation.
OR	<p>Operating Rooms</p> <p>Located on the first floor of the UMC. The OR is in two parts: Rooms A1 to A4 are in the North Tower near the blue elevators. Rooms 1-7 are in the new ED extension west of the North Tower.</p> <p>OR Cases</p> <p>Residents in the OR may assign you to a case; make sure to write your names on the OR card/board. This is to keep everybody in the OR informed of cases that are open or closed.</p> <p>Scrubs</p> <p>Obtainable at Environmental Services (basement of UMC). Please have TTUHSC El Paso badge ready.</p>
Scrubs	<p>Please make sure to wear the appropriate scrubs based on the facility you are in.</p> <p>UMC-Obtainable at Environmental Services in the basement. Please have TTUHSCPEP badge ready.</p>

Trainings

Scrub Training

There will be an on campus training conducted by the UMC RN-Educator Perioperative Services manager that will show the student how to scrub before going into the OR. The Surgery Coordinator will contact you by email for the UMC training.

Foley Training

There will be an on campus training conducted by Dr. Francis with help of faculty that will show the student how to place a foley on patients. The Surgery Coordinator will contact you by email to for the UMC training.

Locations

Surgery Admin Department- Located on the 2nd floor of the TTUHSC El Paso Academic Education Center (AEC).

Surgery Clinic- Located on the 1st floor of Texas Tech Physicians of El Paso.

Coordinator Office- Located on 1st floor in AEC 104G

Dr. Chambers Office- Located on 1st floor in AEC 104H

Parking

Make sure you have the proper decal displayed on your vehicles when parking in the lot next to GGSON. Any unauthorized vehicles parked in the lot will be towed at the owner's expense.

General Advice	<p>Faculty or residents will release you of your duties, at the end of the shift. Please remind them, if you are close to 16hours. Also, know the patients that you see on the floor and the OR. Read Surgical Recall. Great advice on how to be a good Student/Intern (p. 4-7, 110-11).</p> <p>Please remember to keep in contact and openly communicate with Faculty, Residents, and Clerkship Program Coordinators.</p>
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Communication	<p>It is important that you check your email and maintain contact with our department. Please check your email daily, and respond to communications from the clerkship faculty and staff. Email is the primary mode of communication between the clerkship program coordinators and students. You will receive important reminders from the clerkship program coordinator or Director. We also encourage you to email us with questions or concerns. If you encounter any problems or conflicts that interfere with learning, you can discuss them with the senior resident or attending surgeon on the service to which you are assigned. The Clerkship Director, Dr. Chambers, will also be happy to discuss problems with you. Other problems or concerns can be discussed with the Clerkship Program Coordinator, Dianne Saucedo.</p>
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Clerkship Assignments

WiseMD Modules	<p>You will have 8 WiseMD modules to complete under Acquifer. These modules will help understand specific surgical topics.</p>
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GenSurg OR Case log	<p>You will be required to log the cases seen during each week of your General Surgery rotation. This will ensure you are seeing a good number of cases per week as well as fair distribution among team members.</p>
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Procedure Log	<p>You are required to see a total of 18 procedure during your surgery rotations. Please look below under Procedure Log Expectations for details.</p>
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OP-log	You are required to see a total of 28 Oplog entries during your surgery rotations. Please look below under Op- Log Expectations for details.
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OR Video Assignments	You have 15 videos of different surgeries to view and answer questions in order to assess your understanding of of the surgical case.
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Grading

Honors-level work includes: engaged participation, evidence of reading, and active learning. Students should also take the initiative to see patients (if applicable), and improve their clinical skills by consistently applying new knowledge in the clinical arena

Calendar of Clerkship Rotations

Rotations

The surgical component of the block consists of the following rotations:

- **General Surgery** (In-patient, OR, and outpatient surgery and clinic) at UMC or WBAMC – 3 weeks
- **Surgery Sub-Specialty Selective** (In-patient, OR, and outpatient)—2 weeks
 - Pediatric surgery
 - Ophthalmologic surgery
 - Orthopedic surgery
 - Trauma and critical care surgery
 - Plastic surgery
 - ENT
 - Neurosurgery
 - Anesthesiology
 - Urology
 - Bariatric Surgery
 - Colon and Rectal Surgery
 - Surgical Oncology

- Endocrine and Thyroid Surgery

Duty Hours

Your duty hours must be entered online on the Paul L. Foster School of within **48 hours** after your shift is over. Should you forget to log in hours, please contact the Surgery Clerkship Program Coordinator via email. You do not have to enter any duty hours if you have the “day off” or it’s a “holiday.” This is to make sure you are not working more than 80 hours per week.

General Surgery

UMC El Paso General Surgery Rotation

During this 3-week rotation, students will be rotating at UMC and the TTP El Paso. Please view the schedule marked “Typical Weekly schedule for Surgery Rotation.” This schedule is from the Surgery point of view. Students are assigned to either Team A or Team B. The students will cover in-patients at UMC and outpatients in the TTP El Paso clinics for whichever service they are assigned. Rounds and cases are in the morning. Clinics are Monday-Wednesday mornings from 8am-12pm and afternoons from 1pm-5pm. You will be scheduled to attend clinic for half day. There is no night call assigned while on the General Surgery rotation. Didactics are every Thursday or Friday afternoon and will be included on your schedule. Students are required to assist with weekend (Saturday and/or Sunday) rounds lasting 2-3 hours during one of the weekends while on the General Surgery Rotation. The start time on weekend rounds is flexible and depends on the number of patients the team needs to round on. Please contact the Sr. Resident for start times for Saturday rounds. Students should scrub with attendings on their service primarily-if all cases are covered, student should scrub on cases with plastic surgery, oral-maxillofacial surgery (OMFS) or any other available cases.

Scheduling

Table # __: Typical Weekly Schedule for Team A/B:

*This is a rough approximation of the schedule. Please follow what the resident instructs you to do.

**Clinic day will be on your schedule via PLFSOM Schedler15

Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
5-7:30am Work Rounds	5-7:30am Work Rounds	5-7:30am Work Rounds	5-6:30am Work Rounds 7am: Trauma Grand rounds, M&M, MDMM, Periop lecture	5-7:30am Work Rounds	5-7:30am Work Rounds Selected students as assigned
7:30-8am Morning Report	7:30-8am Morning Report	7:30-8am Morning Report	6:30-7am Morning Report	7:30-8am Morning Report	7:30-8am Morning Report

8-4pm OR cases, follow-up on orders, patient care, clinic	8-4pm OR cases, follow-up on orders, patient care, clinic	8-4pm OR cases, follow-up on orders, patient care, clinic	7am-1pm Protected Education Time Didactics	8-4pm OR cases, follow-up on orders, patient care, clinic	
4-5:15pm Checkout Case Assignments	4-5:15pm Checkout Case Assignments	4-5:15pm Checkout Case Assignments	5-5:15pm Checkout Case Assignments	4-5:15pm Checkout Case Assignments	

Team A Clinic Attendings		Team B Clinic Attendings	
Dr. Chambers: M, W, F	8-5pm	Dr. Tyroch: Mondays	1-5pm
Dr. Konstantinidis: Tuesdays	8-12pm	Dr. Andrade: Tuesdays	1-5pm
Dr. Davis: Wednesdays	8-12pm	Dr. McLean: Wednesdays	1-5pm

Daily Schedule

At beginning of rotation	Attend scrub instruction and Foley instruction	
	Give phone numbers to interns, R2s, R3s, and Chief residents	
	Notify everyone in advance of: days off, weekends on and off.	
Pre-Round 5am- 6am	Before going to the floor to pre-round, sign up for OR cases on the board, it's okay to put: 1st name and "MS3" on card (ex: John, MS3)	
	At 0500, arrive at the hospital and obtain a list of patients on the team from the intern on the third floor west tower.	
	Select 2-4 patients to see (make sure patient is not already being seen by another student; make sure not too complex or simple).	Example too complex: long paragraphs on the list who are just awaiting rehab placement
		Example too simple: isolated maxillofacial injuries, isolated ortho injuries, concussions on pediatric patients

<p>Review</p>	<p>For each patient: review vitals, labs, imaging, cultures, in's/out's, medications and active orders in the past 24 hours</p> <hr/> <p>Review previous progress notes, consultant notes, social workers notes, recent therapy notes, dictated/chart, and written H&P</p> <hr/> <p>See patient; perform a pertinent physical exam (chaperone if breast or rectal exam), get translator if needed</p> <hr/> <p>Write a SOAP note in progress note section (time, date, write name, sign name)</p> <hr/> <p>Repeat for each patient</p> <hr/> <p>Keep blue note in the chart for the resident to review and append</p>
<p>Rounds</p> <p>Start at 6am & should be completed by <u>7:15am</u></p>	<p>Rounds start at 0600 on the 6th floor. They may start earlier depending on the senior resident and patient volume</p> <hr/> <p>Round with the team; ask questions when appropriate</p> <hr/> <p>Present your patient to the R2 or R3 before the team sees the patient, outside the room</p> <hr/> <p>Make sure to notify the resident of which patients you have seen prior to starting rounds, so that you do not miss the opportunity to present during fast-paced rounding</p> <hr/> <p>Be respectful while the resident and patient are talking and do not talk or distract the group</p> <hr/> <p>You are expected to enter each patient room, even if the patient is on contact precautions. Foam in/out. Wash hands for C. diff., etc.</p> <hr/> <p>(Rounding hint: it would be helpful to have a stack of outpatient PT, imaging forms, consult sheets, blank trauma tertiary forms on hand as well as lube, red guaiac cards, scissors, alcohol wipes, stethoscope and dressing supplies)</p>

Post Rounds	At 0715, meet in ICU conference room (next to ICU bed 30). Sit at the periphery near your respective team (A/B)
	Listen attentively for the plans for each patient as the list is run (write down the plans. These will be the things you can check on during the day in between surgeries)
0730 Morning Report	Morning report begins to discuss new admissions
	Listen to presentations. View images. Ask questions as appropriate.
0800 Board Check	Go down to the board to check for changes and go see your patient. (Introduce yourself, examine the patient as appropriate (no rectal or breast exams), read chart, H&P, procedure, consent forms, labs, biopsy/pathology results in CERNER, imaging studies in PACS, etc.)
	The group of medical students should not need to congregate near the board all at once, since the case assignments should have generally been decided beforehand, and names should have been written on the respective cards upon arrival to the hospital.
	Stay with the patient and follow to the OR and introduce yourself to the circulator nurse and other members of the OR team.

Operating Room

Guidelines

Scrub into the case before the resident/attending

(cannot scrub into robotic cases except at the very end of the case when the robot is undocked, to help close skin)

Introduce yourself to scrub tech. Inform them if you are scrubbing in, and give them your gown/gloves if needed.

Be prepared to answer any questions relevant to the surgery

Help circulating nurse move patient

Ask where to stand, etc. Suction, retract

Ask to place Foley catheter if applicable

Assist with closure/dressings/moving patient

As etiquette, wait until patient is extubated and help move the patient to the bed/gurney

Accompany the patient to the recovery unit or ask to go with the resident to talk with the family

Check the OR board for next case

Daily Duties

When not in the OR

Notify the next student that you are done, or meet the next patient in holding (repeat above)

Go eat if it's lunch time or go call/text the intern on the floor to assist with floor work

Pull drains, do tertiaries, check orders, talk with social worker, physical therapist, occupational therapist, speech therapist, consultant notes, new imaging

Check your patients for any changes- (generally 30-45 minutes from patient leaving OR to the new patient entering the OR/being intubated)

Pay attention to TSA's (Time/Space Available cards) which can change throughout the day (do not pay attention to start times). Cases may be added on during the day. Make sure they are covered.

Make sure all cases are covered. For example, if scheduled for 0800 with one attending, do not schedule yourself for a case with a second attending that is "scheduled" to start at 1100 because it may actually start earlier at 1000, and you may not be out of the first surgery.

Notify the next student that you are done, or meet the next patient in holding (repeat above)

PM Checkout

At the end of the day: go to PM sign-out at 1700 in the ICU conference room

When going over your patient, be prepared to talk about the details of what happened during the day

Give updates on their status, ask questions, voice concerns

When your team is done checking out (A/B), you may leave

However, if OR cases are still going on, students are still expected to cover them.

If cases are starting right before PM sign-out, it is okay to miss sign out to scrub the case; just let another student know so they can inform residents if asked during sign-out

If a case from the day will start at 1800 or later, the night trauma medical student can scrub instead

Ask about the next day's surgeries to prepare. Discuss case assignments with your respective senior to better prepare

If residents are unavailable to give you schedule: look at the OR schedule (behind glass) in the hallway between Ortho Lounge and Main OR's. [Ask the senior residents specifically where this is on the first days of the rotation.]

Read about the case prior to surgery so you have an idea of what is going on, relevant anatomy, etc.

Prepare who will scrub which cases with the other students

General Surgery A

Gen Surg: Davis, Andrade, (must always have a student scrubbed)

OMFS: Filler, Fallah (only scrub if there are absolutely no other Gen Surg cases which need coverage by a med student)

Pediatric Surgery: Howe (only scrub if there is no dedicated Pedi Surg medical student)

Cardiothoracic Surgery: Eisenberg, (only scrub if resident is scrubbed; ask to scrub first)

General Surgery B	Trauma/Gen Surg: Tyroch, McLean (must always have a student scrubbed)
	Plastic Surgery: Castro (only scrub if there is no dedicated Plastic Surg medical student)
	Breast Oncology Surgery: Chambers (must always have a student scrubbed)
	Surgery Oncology & Endo. & Thyroid Surgery: Konstantinidis & Alkhalili (only scrub if there is no dedicated medical student)

Ideally, scrub into a case with an attending

from your corresponding team so that you can round on your patient the next morning. Understandably, this may not always be possible depending on when cases are scheduled.

Weekends	Same as weekdays
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Clinic

Clinic Schedule	Monday 0800-1200: n/a	1300-1700: Tyroch
	Tuesday 0800-1200: Konstantinidis 1/2	1300-1700: Andrade
	Wednesday 0800-1200: Davis	1300-1700: McLean
	Thursday 0800-1200: n/a	1300-1700: Chambers

Clinical Expectations

During this Clerkship, students are expected to participate in the care of patients with some of the conditions in this table. Obviously not all students will be exposed to patients with all of the following conditions; however, every student is expected to be proactive in seeking out opportunities to care for patients with enough of these conditions to complete the Op-Log.

Conference

Students should go to conference with residents every Thursday morning.

Students may be asked to leave when residents do evaluations or during residency program evaluation committee meetings.

Okay to attend the remainder of conference until 1200

If there are any cases which are scheduled from 0800 to 1200 on Thursdays with General Surgery attendings, MS3's and MS4's may ask to leave conference and scrub these cases to assist attendings when needed. (No residents involved in cases on Thursday mornings)

William Beaumont Army Medical Center (WBAMC) General Surgery Rotation

Students may be assigned to WBAMC for either a 3 week General Surgery rotation or 3 week Surgery Sub-specialty rotation. This experience will be comparable to that of the rotations at UMC or the Private Clinic Selectives.

On behalf of the staff surgeons, welcome to WBAMC for your general surgery rotation! Whether you are here from near or far, civilian or HPSP, MD or DO school, we are glad you are here and hope you have a valuable experience on your rotation. Here are a few guidelines to follow while you're here, but these are by no means all of the details. In many ways, your rotation is what you make of it. If you want to sit back and observe from the rear, then you will have an "observer's" experience. If you are more aggressive and ask to participate, you can have a "hands-on" experience. We know that not everyone wants to become a surgeon (but we hope to inspire some of you to that goal), but we ask that you participate as much as possible to get what may be one of your only exposures to the world of surgery.

Guidelines

Scrubs: Scrubs are not to be worn outside the hospital. The only scrubs to be worn inside the hospital are WBAMC-issued scrubs.

Grades: are given according to the TTUHSC El Paso Paul L. Foster School of Medicine grading scheme. Generally, everyone starts off with an average grade and can move up or down from there, depending on their performance on the rotation. Points are added for enthusiasm, inquisitive approach to surgery, and demonstration of superior fund of knowledge on rounds or in conference. Points are subtracted for tardiness, disinterest, weak presentations, and lack of effort.

Scheduling

Schedule:	You will be assigned to one of two General Surgery teams (East or West). You are limited to an 80-hour work week as per the TTUHSC El Paso Common Clerkship policies and Student Handbook. In general, this will limit you to 12-hour days (approximately 60 hours per week). That leaves you 20 hours of extra time for days that run late due to interesting cases or longer team rounds. Be flexible, but monitor your hours.
Weekend Rounds:	Students are not required to assist with weekend rounds unless otherwise specified by the Sr. Resident on your team.
Absences:	If, due to illness or emergency, you will be unable to report to WBAMC, you must inform your junior resident prior to the absence.
Duty Hours:	Duty hours must be entered online within 48 hours after your shift is over. Should you forget to log in hours, please contact the Surgery Clerkship Program Coordinator via email. You do not have to enter any duty hours if you have the “day off” or if it’s a “holiday.” This is to make sure you are not working more than 80 hours per week.

Daily Schedule

Daily Routine on Mon., Tues., & Fri. will be:	06:45 Rounding with your team at a time designated by your chief resident
	07:30 Operating Room two days per week
	08:00 Clinic two days per week
	15:00 Lecture
	Afternoon: PM rounding with your team at a time designated by senior or chief resident

Daily Routine on Wdnesdays will be:	Rounds with your team followed by your academic day:
	07:00 Resident Lecture
	08:00 Morbidity and Mortality Conference
	09:00 Pre-op Conference
	10:00 Pre-op Clinic or Vascular Lecture or Round in SICU
	13:00 Tumor Conference
Afternoon: Team Rounds with Staff	

General Surgery Goals/ Objectives

OR Cases:	Objective 1: Demonstrate correct handling of tissues, techniques of wound closure and selection and suture materials (1.10)
	Objective 2: Demonstrate knowledge of surgical scrub, sterile technique, proper attire, and conduct in operating room (2.2, 5.7, 5.1)
	Objective 3: Correctly use common surgical instruments (1.10)
Work Rounds:	Objective 1: Understand principles of preoperative and postoperative care of surgical patients (2.2, 2.3)
	Objective 2: Communicate effectively with patients and families (4.1)
	Objective 3: Participate in pre-and postoperative management of surgical patients (1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7)
	Objective 4: Communicate effectively with physicians and other health professionals (4.2)
Morning Report:	Objective 1: Participate in pre-and postoperative management of surgical patients (1.1, 1.2, 1.3, 1.4, 1.5, 1.6)
	Objective 2: Develop a problem list, differential diagnosis and plan for treatment (1.3, 1.6)
	Objective 3: Demonstrate use of electronic technology and hospital based resources (EMR, radiology) for patient care (1.1,1.4)
	Objective 4: Accept feedback from faculty/residents to improve clinical practice (3.1)

Checkout:	Objective 1: Participate pre-and postoperative management of surgical patients(1.1, 1.2, 1.3, 1.4, 1.5, 1.6)
	Objective 2: Develop a problem list, differential diagnosis and plan for treatment (1.3, 1.6)
	Objective 3: Demonstrate use of electronic technology and hospital bases resources (EMR, radiology) for patient care (1.1,1.4)
	Objective 4: Accept feedback from faculty/residents to improve clinical practice (3.1)
	Objective 5: Communicate effectively with physicians and other health professionals during sign out and transitions in care. (1.4, 4.2)

Clinic Goals/ Objectives:	Objective 1: Demonstrate ability to obtain a focused history and appropriate physical exam in a patient presenting for pre- and/or postoperative assessment (1.1)
	Objective 2: Identify patients needing further preoperative assessment, such as risk stratification, "cardiac clearance," or smoking cessation prior to surgical intervention (1.2, 1.3, 1.4)
	Objective 3: Work with other health professionals in the patient care team (7.3)

Self Directed Learning:	Objective 1: Update op logs, duty hours, work on any pending assignments for clerkship (5.7)
	Objective 2: Read and prepare for upcoming cases (3.1, 8.5)
	Objective 3: Review WISE MD modules (2.1, 2.2, 5.7)
	Objective 4: Study for NBME (5.7)

Simulation Center Learning Facilitator: Hector J. Aranda	Practice & enhance skills in the following:
	Objective 1: Knot tying (1.10)
	Objective 2: Suturing (1.10)
	Objective 3: Basic hand eye coordination (1.10)
	Objective 4: Basic laparoscopic skills (1.10)

Trauma and Acute Care Surgery (TACS) Week- *To be modified*

The students will spend one week rotating with the Surgical Consult and Trauma Service at night only. They will assist the team with trauma and acute care surgery admissions and OR cases. Additionally, they will be able to see orthopedic cases with the orthopedic resident on call when there are no general surgery

trauma cases needing their assistance. They will arrive at 6pm on each of the following evenings: Monday, Tuesday, Wednesday, Friday, and Saturday. On arrival they will notify the Consult resident and the orthopedic resident of their arrival and their availability to participate in patient care. Please refer to the resident call schedule. Students will stay in the hospital actively participating in patient care until 6am at which time they should check out with the general surgery consult resident before departing. On Wednesday evening, they are to leave at midnight in order to be rested for didactic sessions on Thursday afternoon.) Students are expected to see at least 10 Trauma patients during this week and log them into the Op-Log.

Daily Duties

Daily Routine	Arrive by 8:00pm and meet in the Ultrasound room. If no one is there please go to ICU Conference room (next to ICU bed 30) or in the ED CT scanner
Meeting Location	Or if no night surgery resident in either location: page the surgery resident on call via the UMC operator to locate and meet with resident
Duties	Assist by seeing consults prior to resident and presenting your findings/plan. Cannot write/document in H&P paperwork, but okay to write vitals and lab values, and medications If you see any loose papers building up for the resident, ask to help Review images with the resident Perform rectal exams and Foley catheters with the resident's supervision Suture lacerations in the ED with supervision
OR	Scrub into any cases that are starting after 8:00pm with the resident, usually just 1 at a time , but maybe more in a big case (okay to scrub with neurosurgeon, OMFS, orthopedics, etc. if ABSOLUTELY NOTHING ELSE is going on, and cleared with resident and with the appropriate attending)
Trauma Bay	Level 1 traumas: stay outside the trauma bay initially, unless told to come into the trauma bay by the resident. Get all your precautions (PPE) on and be ready to walk into the room to assist when you are told to do so. Stay away from the doorway or away from heavily-trafficked areas during the immediate survey After the primary survey is done, ask the senior resident to go into the trauma bay to help with the secondary survey, Foley catheter, rectal exam, OG tube, etc.
No consults	If no consults are going on, stay with the intern on the floor to help check on patients Remind resident of mid-shift break to eat "lunch" If no consults, nothing to help with on the floor, and no OR cases, may study in the basement lounge but periodically check with the intern to help and make sure all is still quiet
CT Scanner	Leave food, backpacks, OUT of the CT scanner Respect the CT techs' space and chairs, and do not touch their printer, etc. If there is a 0600 OR case, should scrub in to case as long as duty hours permit

Goals & Objectives

TACS:	Objective 1: Consistently obtains reliable history and appropriate physical exam (1.1)
	Objective 2: Develop a problem list, differential diagnosis and treatment plan (1.2, 1.3, 1.6)
	Objective 3: Demonstrate abilities to evaluate and provide appropriate care of trauma patients including lifesaving procedures, such as placement of tube thoracostomy (1.5, 1.6)

OR Cases:	Objective 1: Demonstrate correct handling of tissues, techniques of wound closure and selection and suture materials (1.10)
	Objective 2: Demonstrate knowledge of surgical scrub, sterile technique, proper attire, and conduct in operating room (2.2, 5.7, 5.1)
	Objective 3: Correctly use common surgical instruments (1.10)

System Based Learning Activities- *To be modified*

During General Surgery/ Ambulatory rotation, the student may be scheduled for the following activities: Orthopedics clinic, , wound care clinic, phlebotomy, and speech pathology/physical therapy. The objective for this is to see the continuum of care to the home and to see how these services fit in with inpatient and outpatient care.

Goals & Objectives

Wound Care:	Objective 1: Demonstrate understanding of appropriate use of ancillary health services and specialty consultants (7.1, 7.2, 7.3)
	Objective 2: Work with other members of patient care team (7.3)
	Objective 3: Demonstrate understanding of normal wound healing and local wound care (2.2, 2.3)

Ortho Clinic & Casting:	Objective 1: Demonstrate understanding of appropriate use of ancillary health services and specialty consultants (7.1, 7.2, 7.3)
	Objective 2: Work with other members of patient care team (7.3)
	Objective 3: Demonstrate correct handling of tissues, techniques of wound closure and selection and suture materials (1.10)
	Objective 4: Demonstrate knowledge of surgical scrub, sterile technique, proper attire, and conduct in operating room (2.2, 5.7, 5.1)

Physical Therapy/ Speech Path:	Objective 1: Demonstrate understanding of appropriate use of ancillary health services and specialty consultants (7.1, 7.2, 7.3)
	Objective 2: Work with other members of patient care team (7.3)
	Objective 3: Understand how PT and speech therapy contribute to overall goals of discharge and post hospital discharge recovery (1.6, 7.1)
Phlebotomy:	Objective 1: Demonstrate understanding of ancillary health services (7.1)
	Objective 2: Work with other members of patient care team (7.3)
	Objective 3: Place intravenous line and draw blood sample for labs with appropriate technique (1.10)

Selective (aka Sub-Specialty) Rotation

The student will spend three weeks on a Surgical Sub-Specialty which you may choose from during your block. You will be contacted by the Office of Medical Education at least 1 month prior to the block to see which specialty you are interested in. You will select your top 4 choices and a “lottery” system will be used to finalize what selective you will be assigned to. They will also be in charge of any changes and requests that you have regarding your selective.

Description: Rotation in the subspecialties will consist of the student rotating with the specific subspecialty faculty. The student will be expected to get an overview of the subspecialty. The specific objectives will depend in part on the student’s interest. For example, if a student is rotating on pediatric surgery and is planning on a pediatrics residency, more emphasis will likely be placed on preoperative and postoperative assessment. The students will be expected to attend clinic or office hours with the faculty and attend rounds and OR cases. All faculty make their own schedules.

Objectives per Specialty

Anesthesiology

Anesthesiology:	Dr. Buendia at Transmountain Hospital or Peds Anesthesia Dr. Marc Orlandi at Children's EPCH
Objectives:	
At the end of the clerkship, students should be able to:	<ul style="list-style-type: none"> • Objective 1: Understand the principles of pre-operative assessment and successfully preform a minimum of 3 preoperative assessments while observed by faculty anesthesiologist. (1.1, 1.2) • Objective 2: By week 3 of the anesthesiology selective, a verbal anesthetic plan, including premedication selection and dose, induction plan (including appropriate drug dose and selection) will be communicated to an anesthesiology faculty member for a minimum of 2 patients. (1.6) • Objective 3: Upon successful completion of the rotation, medical students will have a basic understanding of airway anatomy and management including mask ventilation, intubation and exposure to advanced airway techniques. Each student will be expected to successfully mask ventilate and intubate at least 2 adult surgical patients while being supervised by a faculty anesthesiologist. (2.1, 1.10) <p>Objective 4: Demonstrate understanding of preoperative orders for adult surgical patients, including drug selection and dose for analgesia and postoperative nausea and vomiting. (1.2, 1.6)</p>

Endocrine & Thyroid Surgery

Endo. & Thyroid Surgery	Dr. Eyas Alkhalili- Transmountain Hospital & UMC
Objectives:	
At the end of the clerkship, students should be able to:	Pending

ENT

ENT:	Dr. Patrick Gomez- (Private Practice Clinic)
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Objectives:	
At the end of the clerkship, students should be able to:	<ul style="list-style-type: none"> • Objective 1: To expose you to the general field of otolaryngology-head and neck surgery (2.1) • Objective 2: To teach you how to evaluate and manage some common otolaryngology problems (1.2, 1.3, 1.6) • Objective 3: To help determine the appropriateness of referral of future patients to an otolaryngologist (7.1, 7.2)

Neurosurgery

Neurosurgery:	Dr. Gupte- UMC
Objectives:	
At the end of the clerkship, students should be able to:	<ul style="list-style-type: none"> • Objective 1: The student should be able to identify the presenting problem, generate a differential diagnosis and indicate a plan for treatment when neurosurgery is consulted in a patient (1.1, 1.2, 1.3, 1.6) • Objective 2: Demonstrate the ability to perform preoperative evaluation and risk assessment, obtain informed consent, and perform postoperative management including monitoring of key neurologic parameters. (1.2, 1.6, 1.8, 5.2) • Objective 3: Demonstrate knowledge and ability to adequately scrub in the surgery, maintain a sterile field, and assist the surgeon during a neurosurgical procedure. (1.10) • Objective 4: Demonstrate the ability to select appropriate diagnostic imaging for a given neurosurgical problem. (1.2, 1.6)

Ophthalmology

Ophthalmology:	Dr. Patricia Nelson-Transmountain Hospital, Dr. Prospero Ponce- UMC or Dr. Javier De La Torre (Private Clinics)
Objectives:	
At the end of the clerkship, students should be able to:	<ul style="list-style-type: none"> • Objective 1: To help the student develop confidence in specific examination techniques which are commonly used by ophthalmologists to detect abnormalities of the eyes, optic nerve, lids, lacrimal apparatus and visual pathways (1.1)

	<ul style="list-style-type: none"> • Objective 2: To assist the student in identifying, recalling and categorizing information about the following clinical problem areas: visual acuity, glaucoma, red eye, injuries, amblyopia and strabismus, and neuro-ophthalmology (2.1, 2.2, 2.3) • Objective 3: To assist the student in describing and communicating ocular findings with other physicians and to learn when to refer cataract or sight-threatening symptoms (e.g., eye pain, vision loss, flashers and floaters) to an ophthalmologist. (1.7, 4.2) • Objective 3: To provide a first time experience working in an ophthalmology practice setting with adult and pediatric patients, their families and ophthalmic nurses and technicians. The setting provides a balance of outpatient, emergency room, inpatient and operating room experiences. (7.1, 7.2, 4.1, 5.1) • Objective 4: To observe common surgical techniques, such as cataract extraction with intraocular lens implantation. (1.10)
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Orthopedic Surgery

Orthopedic Surgery:	Dr. Rajani- UMC
Objectives:	
At the end of the clerkship, students should be able to	<ul style="list-style-type: none"> • Objective 1: Demonstrate the ability to obtain a basic history and orthopedic specific history. (1.1) • Objective 2: Understand the relevant parts of a musculoskeletal physical examination and specifically knee and shoulder examinations. (1.1) • Objective 3: Understand physical exam findings for common orthopedic diagnoses such as ACL tear, meniscus tear, ankle sprain, rotator cuff tear, and carpal tunnel syndrome. (1.1) • Objective 4: Understand how to interpret and order appropriate radiographic tests for common orthopedic trauma injuries including pilon and tibial plateau fractures (8.1, 8.5)

Pediatrics

Pediatric Surgery	Dr. Jarrett Howe & Dr. Sara Walker- EPC & Providence
Objectives:	

<p>At the end of the clerkship, students should be able to:</p>	<ul style="list-style-type: none"> • Objective 1: The student will learn the principles of pre- and post-operative management of children requiring operation. The student needs to understand that children are not just small adults, and therefore the same care of patients learned by the student in treating adults cannot necessarily be transferred in “smaller doses” to the care of children with operative problems. (1.2, 1.6) • Objective 2: The student should have a thorough knowledge of the processes leading to the need for operative intervention in children. This includes knowledge of embryology leading to congenital defects as well as the pathophysiology of disease processes affecting children that lead to the need for operative treatment. (2.1, 2.2, 2.3) • Objective 3: The student will actively participate in the intra-operative care of the patient including learning some basic surgical techniques and actively visualizing more complicated techniques. (1.10) • Objective 4: The student will learn how to compassionately relate to children and their families as they realize that they, as doctors, are not treating a disease entity or a congenital defect, but a living, breathing child in need of operative treatment. (4.1, 5.1)
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Plastic Surgery

Plastic Surgery	Dr. Jose Castro- EPC & UMC
Objectives:	
<p>At the end of the clerkship, students should be able to:</p>	<ul style="list-style-type: none"> • Objective 1: Learn anatomy of soft tissues/musculoskeletal system (2.1) • Objective 2: Understand the wound healing/repair process (2.2) • Objective 3: Learn different suturing techniques (1.10) • Objective 4: Understand basic concepts on: Pediatric, Plastic Surgery and Breast cancer reconstruction, wound management/soft tissue coverage, difference flap/graft, and skin malignancies and management. (2.2, 2.3)

Surgical Oncology

Surgical Oncology	Dr. Ioannis Konstantinidis
Objectives:	

At the end of the clerkship, students should be able to:	Pending
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Trauma & Critical Care Surgery

Trauma & Critical Care Surgery	Dr. Susan Mclean, Dr. Alan Tyroch, Dr. Alejandro Rios-Tovar, & Dr. Grace Ng- UMC
Objectives:	
At the end of the clerkship, students should be able to:	<ul style="list-style-type: none"> • Objective 1: Perform a trauma history and physical with primary survey and secondary survey (1.1) • Objective 2: List causes of shock after trauma (2.1, 2.2) • Objective 3: Participate in pre-op/post-op/or non-operative management of trauma patient encounters and use appropriate initial diagnostic testing. (1.2, 1.3, 1.4, 1.6) • Objective 4: Communicate effectively by recording trauma history and physical diagnosis, test results, and also communicating to consultants (1.7, 4.2, 4.4)

Urologic Surgery

Urologic Surgery	Dr. Ronald Caras at WBAMC
Objectives:	
At the end of the clerkship, students should be able to:	<ul style="list-style-type: none"> • Objective 1: The student will be exposed to the general field of urology, including inpatient and outpatient procedures. (1.10) • Objective 2: The student should demonstrate knowledge of common urologic conditions, including initial workup and management of benign and malignant conditions. (1.2, 1.6, 2.1) • Objective 3: Upon completion of the selective, the student should demonstrate understanding of indications for referral to a urologist. (7.1, 7.2) • Objective 4: The student should demonstrate ability to perform an appropriate focused history and exam for urologic complaints (1.1)

Op-Log Expectations

Clerkship Specific Op-Log and Procedure Log Expectations

Op-Log

Please document all significant patient encounters (not necessarily scrubbed for that operation) in the Op-Log. Expectations are that you will have at least 30 Surgery specific encounters during the Clerkship. You may not receive honors if your Op-Log is not complete by end of clerkship. A clinically significant encounter is any encounter in which you participate enough to document a note or help significantly. Examples are: history and physical exam, daily progress note, Surgery clinic focused history and physical and note, attendance at an OR case, attendance at trauma activation, attendance at a surgery consult at night, suturing a laceration. Encounters in which you are not really involved should not be listed. For example, if you are following a resident and that resident goes to the floor to follow-up on an admission, you should not record that even if you watch the resident. However, you can document a new admission in which you participate in the history and physical.

In the very rare instance a student is unable to complete their OpLog requirements, he/she should contact the clerkship director as early as possible to facilitate a clinical experience for that clinical diagnostic category. If a clinical experience cannot be found to fulfill that diagnostic category, a simulation (procedure log) or written assignment will be arranged by the clerkship director.

Required entries are listed in detail in Appendix C.

Procedure log Expectations

The procedures listed in Appendix C are required. You may not receive honors if your procedure log is not complete by end of clerkship. If you feel you will not perform the appropriate number of procedures, try hard again to locate an appropriate patient. If you cannot, contact one of the Clerkship Directors. You can do these procedures under the supervision of a nurse, certified registered nurse anesthetist (CRNA), resident or faculty physician. You may do a dressing change under the guidance of a wound care nurse. Procedures may be done in the inpatient or outpatient clinical setting.

- Most patients receiving general anesthesia in the operating room will have an orogastric tube (OG tube) placed.
- Foley catheters are placed on many patients getting hernia repairs, laparoscopic surgery in the lower abdomen (to decompress the bladder) or for cases such as neck dissections, bilateral mastectomies (cases that are long). This can help guide you as to which cases may be more likely to get foley catheters.
- Rectal exams can be found on cases posted as exam under anesthesia (EUA), fistulotomy, hemorrhoidectomy, abdominoperineal resection (APR), low anterior resection (LAR), and any colonoscopies done by Dr. Davis, , or Olivas.

- You need to be in the OR early in order to do these procedures – if you show up when the attending or resident are scrubbing, then you have missed your opportunity. You should enter the OR when the patient does and be ready to assist. Be proactive, ask to do these procedures, gather your supplies in advance.
- These are minimum requirements-you should be proactive in doing as many of these procedures as possible.

In the very rare instance a student is unable to complete their OpLog requirements, he/she should contact the clerkship director as early as possible to facilitate a clinical experience for that clinical diagnostic category. If a clinical experience cannot be found to fulfill that diagnostic category, a simulation (procedure log) or written assignment will be arranged by the clerkship director. If a substitute simulation and/or assignment is needed, the student may not be eligible to receive honors.

Procedures Students are expected to do with Indirect Supervision once competency is demonstrated:

- H&P (excluding Pelvic)
- Daily physical exams for progress notes
- Scrubbing at operations (refers to sterile precautions and assisting, NOT performing the procedure)
- Withdraw blood for lab determinations (exclusive of jugular and femoral withdrawal)
- Begin peripheral intravenous infusion (excluding transfusions and only in adults)
- Removal of sutures
- Wound dressing changes

Procedures done only with help & hands-on direct supervision of a Physician. Female chaperone should be present for all female patients.

- Closure of skin incisions or lacerations, excluding facial laceration
- Administration of anesthetic agents
- Inserting central venous pressure lines
- Arterial puncture
- Writing of order to nurses
- Small feeding tube
- Placement of chest tubes

Surgery Assessment and Grading

Surgery Assessment forms are located in Appendix D. Students will receive a grade in eight competency domains with the sources of the final grade for each competency outlined in the table below. In addition, please refer to the **Common Clerkship Policies** regarding criteria used to establish overall final grades.

Honors-level work includes: engaged participation, evidence of reading, and active learning. Students should also take the initiative to see patients (if applicable), and improve their clinical skills by consistently applying new knowledge in the clinical arena

NOTE: Students at UMC should keep a list of all cases that they participate in (pt. initials, surgery performed, resident name and attending name) and submit them to coordinator at the end of the 3 week general surgery rotation. This will help us identify who to ask for an evaluation. We will also solicit evaluations from residents. Students may ask the coordinator to give an evaluation to a particular resident if more are needed.

Surgery Final Grade Evaluation Form
<p>Knowledge for Practice</p> <ul style="list-style-type: none"> • Grade -“Needs improvement, pass, honors” • Source <ul style="list-style-type: none"> ○ Weekly Evaluations ○ Evaluation Cards
<p>Patient Care and Procedural Skills</p> <ul style="list-style-type: none"> • Grade -“Needs improvement, pass, honors” • Source <ul style="list-style-type: none"> ○ Weekly Evaluations ○ Evaluation Cards
<p>Interpersonal and Communication Skills</p> <ul style="list-style-type: none"> • Grade -“Needs improvement, pass, honors” • Source <ul style="list-style-type: none"> ○ Weekly Evaluations ○ Combined/Integrated Case Presentations
<p>Practiced-Based Learning and Improvement</p>

<ul style="list-style-type: none"> • Grade -“Needs improvement, pass, honors” • Source <ul style="list-style-type: none"> ○ Weekly Evaluations ○ Integrated Case Presentations
<p>System-Based Practice</p> <ul style="list-style-type: none"> • Grade -“Needs improvement, pass, honors” • Source <ul style="list-style-type: none"> ○ Weekly Evaluations
<p>Professionalism</p> <ul style="list-style-type: none"> • Grade -“Needs improvement, pass, honors” • Source <ul style="list-style-type: none"> ○ Weekly Evaluations ○ Clerkship Unit Coordinator Evaluation ○ Op-Log/Procedure Log completion on time
<p>Interprofessional Collaboration</p> <ul style="list-style-type: none"> • Grade -“Needs improvement, pass, honors” • Source <ul style="list-style-type: none"> ○ Weekly Evaluations ○ Integrated Case Presentations
<p>Personal and Professional Development</p> <ul style="list-style-type: none"> • Grade -“Needs improvement, pass, honors” • Source <ul style="list-style-type: none"> ○ Weekly Evaluations ○ Integrated Case Presentations
NBME Score
OSCE Score

Professionalism

As a student it is important to be professional at all times. This includes:

- Being on time
- Being honest
- Admit mistakes

- Being prepared to learn
- Checking your email daily
- Maintained grooming and dressed appropriately to setting
- Timely completion of all assignments including op-log, procedure log, and duty hour entries
- Your professionalism is formally evaluated by the Clerkship Director at the end of the clerkship
- Your professionalism is also monitored, and if needed, evaluated by the clerkship program coordinator
- Failure to receive a satisfactory rating on all aspects of professionalism may result in failure of the clerkship

The Clerkship Director who either directly experiences, or receives a report of potentially unprofessional behavior will generally discuss the concerns directly with the student either:

- At the time of mid clerkship feedback
- Schedule an individual meeting
- If further action is needed, Student Affairs will be contacted

Grading Policy – In Addition to Common Clerkship Policies

Receiving Your Grade

Grades for Surgery should be available approximately three to four weeks after the conclusion of the rotation.