

Appendix C: Op Log Requirements

A. Obstetrics and Gynecology Clerkship

OB/GYN Clerkship Specific Op Log Expectations:

As indicated in the Block Policies section, 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 following table indicates the minimum you must see by experience category:

*****OP-LOG ENTRIES MUST BE UPDATED WEEKLY*****

Below are the possible categories and diagnoses:

Op Log Requirements (1 or 2 of each of the following are required as noted)

Required Diagnoses	Clinical Setting (Inpatient or Outpatient)	Required Level of Responsibility	Date completed
Annual exam in any age group	Outpatient	Assist or manage	#1
Sexually Transmitted Infection	Outpatient	Assist or Manage	#1
Abdominal pain	Outpatient	Assist or Manage	#1
Menopause/perimenopause	Outpatient	Assist or Manage	#1
Pelvic pain/LAP (dysmenorrhea, dyspareunia, endometriosis)	Outpatient	Assist or Manage	#1
Contraceptive counseling	Outpatient	Assist or Manage	#1
Vaginal discharge	Outpatient	Assist or Manage	#1
PCOS	Outpatient	Assist or Manage	#1
Pelvic floor disorders (prolapse-cele)	Outpatient	Assist or Manage	#1
Routine OB	Outpatient	Assist or Manage	#1

Diabetes Management	Outpatient	Assist or Manage	#1
High Risk OB HTN	Outpatient	Assist	#1
Postpartum visit	Outpatient	Assist or Manage	#1
Abdominal/pelvic pain	Outpatient	Assist or Manage	#1
Assessment of labor	Antepartum Care/ ER / Triage	Assist or Manage	#1
Evaluation/Rx bleeding in pregnancy including previa	Antepartum Care/ ER / Triage	Assist	#1
Discomforts of pregnancy (low abd pain, round lig pain, other)	Antepartum Care/ ER / Triage	Assist or Manage	#1
Management of labor	Inpatient	Assist	#1
Repair of episiotomy or laceration	Inpatient	Assist or Manage	#1
Cesarean section (san blood)	Inpatient	Observe or Assist	#1
Preeclampsia/Eclampsia/HELLP Syndrome	Inpatient	Assist	#1
Preterm labor	Inpatient	Assist	#1
Postpartum care in hospital – uncomplicated	Inpatient	Assist or Manage	#1
Postpartum care in hospital – complicated	Inpatient	Observe or Assist	#1
Eval/treatment of: Cervical dysplasia or cancer	Either	Observe or Assist	#1
Eval/treatment of: Ovarian pathology	Either	Observe or Assist	#1
Op Log Procedures			
Laparoscopy or laparotomy (other than Hysterectomy)	Inpatient	Assist	#1
Pelvic floor surgery & suspensions	Inpatient	Assist	#1
Hysterectomy (vag, abd, Robotic or laparoscopic)	Inpatient	Assist	#1
D&C – obstetrical or gynecological	Inpatient	Observe or Assist	#1
Hysteroscopy	Either	Assist	#1
Ectopic pregnancy	Either	Assist	#1

NOTE: Required conditions and procedures are highlighted in red. Expected level of participation is noted in parenthesis after each required condition.

Essential Procedures (Level of involvement required is noted as: O = observe, A = Assist, M = Manage)	GYN Clinic – Outpatient Procedures (Level of involvement required is noted as: O = observe, A = Assist, M = Manage)
Vaginal delivery (2) – (A, M) Observed H and P (1) – (M) Annual exam in any age group (1) - (A, M)	Wet mount (1) – (M) Colposcopy (1) –(O, A) Cryo/LEEP Endometrial Biopsy Transvaginal U/S IUD Subdermal contraception Pessary
GYN Clinic (Level of involvement required is noted as: O= observe, A = Assist, M= Manage)	
Abnormal uterine bleeding STI (1) – (A,M) Abdominal pain (1) – (A, M) Abnormal Pap/dysplasia Spontaneous abortion Ectopic pregnancy Molar pregnancy Menopause/perimenopause (1) – (A, M) Pelvic pain/LAP (dysmenorrhea, dyspareunie, endometriosis) (1) – (A, M) Infertility Contraceptive counseling (1) – (A, M)	Vulva lesions Vaginal lesions (not discharge) Vaginal discharge (1) – (A, M) Cervical lesions (polyps, etc. not polyp, dysplasia) Uterine abnormalities Adnexal abnormalities (cysts, masses) PCOS (1) – (A, M) SUI Pelvic floor disorders (prolapse-cele) (1) –(A, M) Preop exam Postop exam Wound infection
Antepartum/Postpartum Care Outpatient (level of involvement required is noted as: O= observe, A = Assist, M= Manage)	Antepartum Care ER/Triage (level of involvement required is noted as: O= observe, A = Assist, M= Manage)
Routine OB (1) – (A, M) Diabetes Management (1) –(A, M) Advanced Maternal Age Abnormal Screening or U/S OB U/S Multiple Gestation High Risk OB HTN (1) – (A) High Risk OB Other Incompetent cervix Postpartum visit (1) – (A, M) Preop BTL Abdominal pain (1) – (A, M)	Eval/Rx vag dc R/O ROM Assessment of labor (1) – (A, M) Eval/Rx spontaneous abortion Eval/Rx ectopic Eval/Rx bleeding in pregnancy including previa (1)- (A) Eval/Rx UTI and pyelo Ob U/S Discomforts of pregnancy (low abd pain, round lig pain, other) (1) – (A, M) Decreased fetal movement
GYN - Inpatient Procedures (Level of involvement required is noted as: O= observe, A = Assist, M= Manage)	
Uterine surgery, not hyst (1) –(A) Pelvic floor surgery & suspensions (1) –(A) Laparotomy Hysterectomy (vag, abd, laparoscopic) (1) – (A) Endometrial ablation	D&C – obstetrical or Gynecological (1) – (A) Conization of cervix Laparoscopy Tubal ligation Hysteroscopy (1) – (A)

Labial or vaginal procedure Postop care in hosp – uncomplicated (1) –(A, M) Postop care in hosp – complicated (1) –(O, A)	Ectopic pregnancy (1) – (A) Endometriosis surgery Adnexal surgery Adhesions
Labor & Delivery/Postpartum/Antepartum: Must have an observed H & P <i>(Level of involvement required is noted as: O= observe, A = Assist, M= Manage)</i>	
Admit H&P (labor, induction, scheduled C/S) Management of labor (1) – (A) Forceps/vacuum assisted delivery Repair of episiotomy and/or laceration (1) – (A, M) Cesarean section (1) – (A) Postpartum tubal Preeclampsia/Eclampsia/HELLP Syndrome (1) –(A) PROM/PPROM Preterm labor (1) – (A) Postpartum hemorrhage Placenta previa Malpresentation (breech, transverse, etc.) Abruptio	Fetal Demise Termination Postpartum care in hosp – uncomplicated (1) – (A, M) Postpartum care in hosp – complicated (1) – (O, A) Antepartum care: Pyelo, UTI Hyperemesis Oligo Diabetes Chronic HTN Preeclampsia Gb disease Other
GYN – Inpatient or Outpatient <i>(Level of involvement required is noted as: O= observe, A = Assist, M= Manage)</i> 2 pt min to include the additional required as noted	
Eval/treatment of: Cervical dysplasia or cancer (1) (I or O, A) Uterine cancer Ovarian pathology (1) (I or O, A)	

Level of student involvement:

- *Assisted:* Student was actively involved in the patient encounter or procedure but was not acting independently.
- *Managed:* Student directed the encounter or procedure under the supervision of a faculty or resident member.
- *Observed:* Student was present during the encounter or procedure but was not an active participant.

B. Pediatric Clerkship

Required Patient Encounters/Op Log Requirements (30 total in 10 categories are required)

During this clerkship, you must have a patient encounter involving all of the following conditions or complete alternative method of learning (didactic session, mock-OSCE, Aquifer Pediatric Case, etc.). You will be asked if you have the required encounters.

As indicated in the Block Policies section, you are expected to complete Op-Log entries *at least weekly*. You must record a **minimum of 30 patients in 10 different categories** including the required conditions as outlined in the following table.

*****OP-LOG ENTRIES MUST BE UPDATED AT LEAST WEEKLY*****

Failure to do so may result in loss of Honors or Needs Improvement in Professionalism

Required Diagnoses	Clinical Setting (Inpatient or Outpatient)	Required Level of Responsibility	Date completed
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Newborn (≤ 7 days old)			
• Normal newborn exam (3)	Either	Assist or Manage	#1
			#2
			#3
• Jaundice	Either	Assist or Manage	
• Prematurity	Either	Observe, Assist or Manage	
• Respiratory Distress	Either	Observe, Assist or Manage	
Child (≥ 7 days – 21 years)			
• Abdominal pain	Either	Observe, Assist or Manage	
• Anemia	Either	Assist or Manage	
• Asthma	Either	Assist or Manage	
• Child abuse/neglect	Either	Assist or Manage	
• Colic, infantile	Either	Assist or Manage	
• Developmental delay or regression	Either	Assist or Manage	
• Diabetes mellitus	Either	Assist or Manage	
• Diarrhea	Either	Assist or Manage	
• Exanthem	Either	Assist or Manage	
• FTT	Either	Assist or Manage	
• Heart murmur	Either	Assist or Manage	
• Obesity	Either	Assist or Manage	
• Otitis	Either	Assist or Manage	
• Respiratory distress	Either	Assist or Manage	
• Sore throat	Either	Assist or Manage	
Well Child Exam:			
• 2 months	Outpatient	Assist or Manage	
• 4 months	Outpatient	Assist or Manage	
• 6 months	Outpatient	Assist or Manage	
• 12 months	Outpatient	Assist or Manage	
• Toddler	Outpatient	Assist or Manage	
• School-age	Outpatient	Assist or Manage	
• Adolescent	Outpatient	Assist or Manage	

***Observe** - The student observes others interacting with, and/or examining the patient, or performing a procedure, but the student does not participate directly in the process. This is a passive experience from the standpoint of the interaction of the learner and patient. An example would be rounding on someone else's patient.

****Assist** - The student participates with a supervising physician (resident or attending) in interviewing, and/or examining a patient, or performing a procedure. The student may perform a portion of the

history or physical or participate in a procedure in a secondary role. The student may or may not play an **active** role in diagnosis or treatment decision-making.

*****Manage-** The student performs majority of the history or physical exam AND formulates the differential diagnosis AND **suggests** the appropriate course of treatment under supervision of the preceptor, resident, or attending.

Obviously, the Department of Pediatrics cannot guarantee that you will encounter patients with all of these conditions. 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.

C. Surgery Clerkship

Op-Log Expectations for the Surgery Clerkship

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.

The following entries are required:

Op-Log Categories

Clinical diagnostic category	Inclusions	Number of patients
Abdominal wall	AW	2

Alimentary tract	AT	2
Breast	B	2
Endocrine	E	2
Oncology	O	2
Skin/Soft Tissue	SS	2
Subspecialty	Sub	2
Trauma/Critical Care	TC	10
Vascular/Thoracic/Cardiac	VTC	2
Hepatobiliary	HB	2

<p>AT:</p> <p>Gastroesophageal reflux (E; A or M)</p> <p>Esophageal cancer (I; A)</p> <p>Peptic/Duodenal ulcer (I; A)</p> <p>Bariatric Surgery (E; A)</p> <p>Gastric cancer (I; A)</p> <p>Small bowel obstruction (I; A)</p> <p>Large bowel obstruction (I; A)</p> <p>Appendicitis (I; A)</p> <p>Colon cancer (I; A)</p> <p>Inflammatory bowel disease (E; A)</p> <p>Diverticulitis (I; A)</p> <p>GI Bleeding: Upper/lower (I; A)</p> <p>Hemorrhoids (E; A or M)</p> <p>Other (I; A)</p>	<p>AW: Hernia of any type, except hiatal hernia (E; A)</p> <p>O: Any oncology (I; A)</p> <p>SS: Melanoma (E; A)</p> <p>Skin cancer (E; A)</p> <p>Abscess (E; A or M)</p>
<p>B:</p> <p>Fibrocystic changes (E; A or M)</p> <p>Breast Cyst (E; A or M)</p> <p>Fibroadenoma (E; A)</p> <p>Breast abscess (E; A or M)</p> <p>Breast cancer (E; A)</p> <p>Other (E; A)</p>	<p>E:</p> <p>Thyroid nodule (E; A)Hyperthyroidism (E; A)</p> <p>Thyroid cancer (E; A)</p> <p>Hyperparathyroidism (E; A)</p> <p>Adrenal mass (E; A)</p> <p>Other</p>
<p>Sub: Anesthesia (I; A)</p> <p>ENT (I; A)</p> <p>Plastic Surgery (I; A)</p> <p>Orthopedic surgery (I; A)</p> <p>Cardiothoracic surgery (I; A)</p> <p>Vascular surgery not otherwise listed (I; A)</p>	<p>TC: Blunt trauma: head/neck/chest/abdomen/ pelvis (I; O or A)</p> <p>Penetrating trauma: head/neck/chest/abdomen/ pelvis (I; O or A)</p> <p>Burn injury (I; O or A)</p> <p>Respiratory failure/ARDS (I; O or A)</p> <p>Acute renal failure (I; O or A)</p> <p>Multiple system organ failure (I; O or A)</p> <p>Other (I; O or A)</p>

VTC: Carotid artery stenosis (I; A) Abdominal aortic aneurysm (I; A) Claudication (I; A) Acute arterial ischemia – extremity (I; A) Chronic limb ischemia: ulcer/restpain/gangrene (I; A) Deep venous thrombosis (I; A) Lung nodule (I; A) Lung cancer (I; A) COPD (I; A) Pneumothorax (I; A) Coronary artery disease (I; A) Other (I; O or A)	HB: Cholecystitis (I; A) Pancreatitis (I; A) Hepatitis (I; A) Pancreatic pseudocyst (I; A) Pancreatic cancer (I; A) Liver mass/cancer (I; A) Gallbladder (E; A) Other (E; A)
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Clinical setting: I=Inpatient, O=Outpatient, or E=Either

Level of responsibility required: O= Observe*, A= Assist**, M= manage***

***Observe** - The student observes others interacting with, and/or examining the patient, or performing a procedure, but the student does not participate directly in the process. This is a passive experience from the standpoint of the interaction of the learner and patient.

****Assist** - The student participates with a supervising physician (resident or attending) in interviewing, and/or examining a patient, or performing a procedure. The student may perform a portion of the history or physical or participate in a procedure in a secondary role. The student does not play an active role in diagnosis or treatment decision-making.

*****Manage/Perform**- The student performs the history or physical exam AND formulates the differential diagnosis AND suggests the appropriate course of treatment under supervision of the preceptor, resident, or attending. For procedures, the student plays a primary role in performing the indicated procedure under supervision of the preceptor, resident, or attending.

Surgery Clerkship Procedure log Expectations

The procedures listed below 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.

Procedure Log List

Mandatory Procedures to be Performed by Students	Number of Patients	Level of Responsibility (O=Observe, A=Assist, M=Manage/Perform)
1. Assessment of Surgical Patient: A. Direct observation of Physical Exam B. B. Written H&P Critique (1)	A-1 B-1	M
2. Care of Surgical Wound/Dressing change	2	A or M
3. Management and Removal of Drains and Tubes	2	M
4. Nasogastric Tube or Feeding Tube Insertion	2	M
5. Insertion Foley catheter	2	M
6. Venipuncture/IV	2 times	M
7. Suturing	2 times	M
8. Suture or Staple Removal	at least 2 times	M
9. Rectal Exam (all patients for whom H&P is completed)	at least 2 times	M