

Operative/Perioperative Care IDPT 7050

Curriculum & Course OVERVIEW

The following information provides an overview of the 2018-2019 Academic year for the Operative/Perioperative Care Curriculum.

All course information will be found on the Operative/Perioperative Care CANVAS site. The CANVAS site includes the learning materials and requirements.

Note: *The sole purpose of this document is to provide an OVERVIEW of the Operative/Perioperative Care Clerkship. Specific course and curriculum requirements are housed on the Operative/Perioperative Care Clerkship CANVAS pages, which supersede any and all information included in this document.*

Operative/Perioperative Care Faculty & Staff Contact Information

Anesthesia Co-Director: Jason Papazian, MD (Jason.Papazian@ucdenver.edu)

Anesthesia Assistant Director: Scott Vogel, DO (Scott.Vogel@ucdenver.edu)

Anesthesia Coordinator: Sarah Lesko (Sarah.M.Lesko@ucdenver.edu)

Surgery Co-Director: Paul Montero, MD (Paul.Montero@ucdenver.edu)

Surgery Assistant Director: Teresa Jones, MD (Teresa.Jones@ucdenver.edu)

Surgery Coordinator: Mary Kay Anderson (MaryKay.Anderson@ucdenver.edu)

Disclaimer:

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Welcome

Welcome to your Operative/Perioperative Care block. This clerkship is a clinical experience that introduces students to basic principles of surgery, anesthesia, and other perioperative related problems. This curriculum is defined by learning objectives and encompasses inpatient-hospital and outpatient-office experiences. Students gain experience in clinical anesthesia, subspecialty surgery and general surgery while studying surgical disease processes and therapeutic procedures in the perioperative setting. The course focuses on the assessment and perioperative management of patients undergoing routine surgery from initial referral to discharge. During the clerkship, students evaluate and follow patients, function as members of the patient-care team providing pre- and post-operative evaluation and management, and participate in surgical and anesthetic procedures.

Rationale and Expectations

This is an eight week Clerkship that introduces students to basic principles of general surgery, subspecialty surgery, anesthesia, and other peri-operative related problems. Daily rounds and faculty/preceptor interactions give students the opportunity to discuss patient problems in detail. Faculty members and residents provide students with regular feedback, advice, and direction.

Core Clinical Conditions (Table format)

CATEGORY	COMPETENCY
Anesthesia	ANES-Bag Mask Ventilation
GI	GI-Hepatobiliary Disease
GI	GI-Hernia
Ill-defined Condition	Ill-Hypotension-surgery
Injury	INJ-Trauma Management
Neoplasm (one of the competencies is required)	NEO-Cancer—Colon, Kidney, Liver, Prostate, Skin, Thyroid, Lymphoma, Pancreatic, Breast, Lung
Pain (one of the competencies is required)	PAIN-Pain Management PAIN-Pain Assessment PAIN-Abdominal Pain
Skin (one of the competencies is required)	SKIN-Wound Care SKIN-Wound Infection SKIN-Burns
Women’s Health	WOM-Breast Diseases

http://www.ucdenver.edu/academics/colleges/medicalschool/education/degree_programs/MDProgram/clinicalcore/peri-operativecare/Pages/Overview.aspx

Course Goals and Objectives

The eight week Operative/Peri-Operative Care Clerkship is a clinical experience that introduces students to basic principles of surgery, anesthesia, and other peri-operative related problems. Its curriculum is



defined by learning objectives and encompasses inpatient-hospital and outpatient-office experiences. Students gain experience in clinical anesthesiology and general surgery while studying surgical disease processes and therapeutic procedures in the perioperative setting. The course focuses on the assessment and perioperative management of patients undergoing routine surgery from initial referral to discharge. During the clerkship, students evaluate and follow patients, function as members of the patient-care team providing pre-and post-operative evaluation and management, and participate in surgical and anesthetic procedures. Daily rounds and faculty/preceptor interactions give students the opportunity to discuss patient problems in detail. Faculty members and residents provide students with regular feedback, advice, and direction.

- [Operative and Perioperative Care Course Goals and Objectives](#)
- http://www.ucdenver.edu/academics/colleges/medicalschoo/education/degree_programs/MDPr ogram/clinicalcore/peri-operativecare/Pages/Overview.aspx

General Surgery Objectives

Understand the pathophysiology, pertinent anatomy, workup, and operative/peri-operative management of surgical diseases regarding the following:

1. Abdominal Wall Hernia
2. Acute Abdomen
3. Acute Appendicitis
4. Biliary Surgery
5. Breast Disease
6. Colon, Rectum and Anus
7. Stomach and Duodenum
8. Liver, Spleen and Pancreas
9. Peripheral Vascular Disease
10. Small Bowel
11. Surgical Infections and Intra-Abdominal Abscesses
12. Thyroid and Parathyroid Glands
13. Trauma and Emergency Management

General Surgery Goals:

1. The student will be able to provide a focused history and physical on a patient with surgical disease.
2. The student will be able to assess abdominal pain and prioritize work-up and management for the acute abdomen.
3. The student will be able to interpret the diagnostic workup for gallbladder disease.
4. The student will be able to demonstrate proficiency in the vascular, trauma, and abdominal exams.
5. The student will understand fundamentals of fluid and electrolyte balance.



Anesthesia Week Objectives:

These are not requirements but goals for your experience. Each student's experience will vary. You may not see or experience all of these. These variations of experiences will not affect your clinical grade. The attending anesthesiologist in charge of patient care will decide your involvement in each case and you should be sensitive to the fact that these decisions are based on patient safety.

Pre-operative Skills:

- Pre-operative Airway Assessment for > 3 patients.
- Assignment of ASA classification for > 3 patients.
- Pre-operative cardiac evaluation for at least one ASA 3 patient.

Intra-operative Skills:

- Perform > 10 mask ventilations (most important)
- Attempt > 5 intubations.
- Attempt > 2 IV starts.
- Observe arterial line placement, Spinal/Epidural placement. Medical students should not expect to perform these advanced procedures.

Post-operative Goals:

- Evaluate Pain control for at least 3 patients in PACU.

Suggested Discussions:

These are suggested topics to bring up for discussion with attending physicians or residents. Often attendings and residents have particular topics they like to discuss, and your learning will be infinitely better if you encourage teaching about topics that are mutually enjoyable/beneficial.

Pre-Operative Topics:

- Cardiac evaluation – Exercise tolerance, CAD, valvular disease, arrhythmias
- Pulmonary evaluation – Asthma, COPD, OSA, smoking history
- Airway assessment – reassuring versus concerning exam findings
- Indications and contraindications for regional block placements
- Neuromuscular disease/Malignant Hyperthermia
- Multimodal analgesia

Intra-operative Topics:

- Airway management – mask ventilation, intubation
- Principles of Monitoring Instrumentation – Pulse oximetry, NIBP, ECG, capnography, arterial line, central line, pulmonary artery catheter
- Induction Methods – IV, Inhalation, RSI
- Regional – Spinal, epidural, peripheral nerve block techniques/use in OR.
- Maintenance – TIVA, inhaled gas, context sensitive half time, MAC
- Muscle Relaxants– types, method of monitoring
- Fluid Therapy – Rates of replacement, colloid vs. crystalloid
- Ventilator Management, Extubation Criteria
- Awareness – high risk procedures, methods to reduce incidence



Post-operative Topics:

- Respiratory failure – evaluation and management
 - Cardiac – Post op MI/SVT/AF/Hypertension/Hypotension
 - Nausea and Vomiting
 - Analgesia – PO, IV, PCEA, PCA, rescue blocks
-

Course Format and Timeline

- The first two days and last two days of the clerkship are spent on administrative duties:
 1. Days 1 and 2 for Orientation and lectures (6:00 a.m. to 5:00 p.m.)
 2. The last two days are for Anesthesia Simulation (Thursday morning), Informed Consent Class (12:30-2:00 p.m.) and Town Hall Meeting (2:00-3:30 p.m.), and NBME Surgery Shelf Exam (Friday 8:00-11:00 a.m.). Friday times are subject to change based on availability of computer labs. Check Canvas calendar for final times.
 - Each student will spend four weeks on a general surgery rotation, 1-2 weeks on anesthesia and 2-3 weeks on surgical subspecialties (core/non-core).
 - MidPoint Review Meeting - All students are required to have a mid-clerkship review at the mid-point of their 4-week General Surgery rotation with their supervising physician (senior resident or attending). Students should complete the Student Self-Assessment portion of the form (front page) prior to this meeting. Upon signature by the attending or senior resident, the student should upload the completed form into Canvas.
 - There are two papers in this course:
 1. Informed Consent due Tuesday of Week 7
 2. Long Case Report due Monday of Week 8
 - Each student will do a 10-minute presentation on a surgical or anesthesia topic.
 - Each student will participate in a 2-hour Radiology Workshop and a 6-hour Ophthalmology Workshop on one Monday.
 - The weekend at the end of Week 4 is a “golden” weekend (no call or clinic duties on Saturday and Sunday). Some students may be assigned to Trauma call that Friday night.
 - UCH and VA general surgery students are assigned to a specific day for breast clinic or OR in order to meet the breast disease competency and prevent having too many students at one time.
 - Students assigned to the VAMC and St. Joseph take call for one night at Denver Health Emergency Room in order to meet the trauma competency.
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Attendance Policy

Refer to “Attendance & Absence Policies for Phases III & IV, ICC” in SOM White book at <http://www.ucdenver.edu/academics/colleges/medicalschoo/education/studentaffairs/studentresources/Documents/StudentHandbook.pdf>.

For unanticipated absences during the rotation, you MUST contact the Course Director, Course Coordinator, Student Life (Dr. Kristina Tocce) and your Team to advise of your situation (one e-mail to all).



Accommodations

Please advise the Surgery Clerkship Coordinator if you need testing accommodations on the first day of Orientation. Delayed request can mean delayed test administration which can mean an IP grade until resolved.

To ensure disability-related concerns are properly addressed, students with disabilities who require assistance to participate in this class should contact the Office of Disability Resources and Services, Building 500, room Q20-EG305, 13001 E 17th Place, Aurora, CO 80045, 303-724-5640 to request accommodation.

Any students with disabilities or other special needs who need special accommodations in this course are invited to share these concerns or requests with the instructor and contact the [Disability Services Office \(http://www.ucdenver.edu/student-services/resources/disability-resources-services/Pages/disability-resources-services.aspx\)](http://www.ucdenver.edu/student-services/resources/disability-resources-services/Pages/disability-resources-services.aspx) as soon as possible.

First day reporting section

Depending on your site assignments, your first day site reporting will be communicated to you by each site. See specific site information listed below:

AHEC Reporting

If you are assigned to an AHEC site, you have been registered by the Clerkship Coordinator as an AHEC student for your rotation. Please be sure to follow-up on any additional information required from the AHEC office immediately. In addition, please contact your preceptor at least one week before the beginning of your rotation. You may also need to contact the hospital(s) where your preceptor practices. If you have any questions, please contact MaryKay.Anderson@ucdenver.edu, 303.724.2681.

You will attend orientation at CU Anschutz the first two days of the course and leave for your AHEC rotations on the third day. If you are in the first half of the course, you will return on the Friday at the end of your rotation. If you are in the second half of the course, you will return on the last Wednesday of the course, in order to attend mandatory sessions on the last Thursday and Friday.

Take your HIPAA certification, background check and **current immunization records** to present to your AHEC rotation. Records should include evidence of Hepatitis B vaccine, MMR immunity, and recent TB screening. Unless these records are up-to-date, students can be prohibited from any patient and OR contact. Not having your current records available on the first day of your rotation can result in valuable loss of time and experience on your clinical rotation. You have to provide your health records—because of privacy constraints, the school cannot provide these records.

There may be **further paperwork** for you to complete prior to or upon arrival at your preceptor's office in order for you to work in the affiliated hospitals. The preceptor's contact person will guide you through that process. Most hospitals require a short autobiographical statement and some also request a current photograph.

These sites also require **School of Medicine verification** of your medical student status, insurance, and SOM liability coverage. A letter of good standing from the Office of Student Life has been sent to your preceptors.



Housing arrangements are made by the AHEC site coordinators. If you have not received confirmation/information about housing two weeks before the start of class, please contact your AHEC site coordinator.

AHEC Sites by Town	Associated Hospitals
<p>Alamosa, Colorado David N. Geiger, DO San Luis Valley Medical Clinics 106 Blanca Alamosa, Colorado 81101 Program Contact: Dr. Geiger 719 589-8073 Fax: 719 589-8112 David.Geiger@slvrmc.org</p>	<p>San Luis Valley Regional Medical Center 106 Blanca Avenue Alamosa, Colorado 81101 Contact: Jennifer Martinez jennifer.martinez@slvrmc.org 719-589-8053 FAX: 719-587-1430</p>
<p>Fort Collins, Colorado Thomas G. Chiavetta, MD Robert R. Quaid, MD Craig R. Clear, MD James Dickinson, MD Stefan M. Pettine, MD Michael Roller, MD Northern Colorado Surgical Associates, PC 2121 East Harmony Rd, Suite 250 Fort Collins, Colorado 80528-9503 Program Contact: Pam Weeks pamnca@hotmail.com 970 482-6456 Fax: 970 482-3921</p>	<p>Poudre Valley Hospital and Medical Center of the Rockies Medical Staff Services O: 970.495.7153 (PVH) O: 970-624-1225 (MCR) F: 970.495.7639 MedicalStaffServices@uhealth.org Jacqueline.Lowe@uhealth.org</p> <p>Harmony Ambulatory Surgery Center 2127 E. Harmony Rd. Suite #200 Fort Collins, Colorado 80521 Attention: Cassie 970 297-6300 Fax: 970 297-6329</p>
<p>Montrose, Colorado Montrose Surgical Associates K. Michael Jay, MD Sarah Judkins, MD Cynthia Millward, MD Collin Sharp, MD 611 East Star Court, Suite A Montrose, CO 81401 Program Contact: Terra Cox tcox@montrosesurgical.com 970 249-4321</p>	<p>Black Canyon Surgical Center 611 East Star Court, Suite C Montrose, CO 81401 Dan Soderlin 970 249-6842</p> <p>Montrose Memorial Hospital 800 South Third Street Montrose, CO 81401 Julie Disher 970 240-7394 Nancy Abel 970 240-7249</p>



AHEC AREA HEALTH EDUCATION CENTERS STUDENT SUPPORT SERVICES

Centennial AHEC

Ft. Collins
Nancy Schumacher
Centennial AHEC
4650 W. 20th Street, Suite A
Greeley, CO 80634
Office Phone: 970.330.3608
Fax: 970.330.3608
nschumacher@cahec.org
www.cahec.org

San Luis Valley AHEC

Alamosa
Lisa Lucero
SLVAHEC Housing Coordinator
300 Ross, PO Box 1657
Alamosa, CO 81101
Phone: 719.589.4977
Cell: 719.588.5363
Fax: 719.589.4978
lisa@slvahec.org
www.slvahec.org

Western Colorado AHEC

Grand Junction

Nicole Heil
2938B North Avenue
Grand Junction, CO 81504
Office Phone: 970.434.5474
Fax: 970.434.9212
nheil@wcahec.org
www.wcahec.org

Reporting Information for Core and Non-Core Surgical Subspecialties

Burn Surgery

Report to the UCH Burn Unit (third floor) of Anschutz Inpatient Pavilion (AIP), Nurses Station at 8 a.m.
Contact Anne Wagner, MD, for further information (anne.wagner@ucdenver.edu).

Cardiothoracic Surgery

Amber Camus will send you reporting information (303.724.2822 or amber.camus@ucdenver) a few days before the rotation begins. You will be working in two hospitals, VAMC and UCH.



Contact Information for the 6 Thoracic Surgery Residents for AY2018-2019:

- Marshall Bell, MD, Chief Fellow, Pager 303-266-3487
- Jordan Hoffman, MD, Chief Fellow, Pager 303-266-4758
- Chris Holley, 2nd Year Fellow, Pager 303-266-5451
- Andrew Mesher, 2nd Year Fellow, Pager 303-266-5452
- Neil Venardos, 1st Year Fellow, Pager 303-266-5842
- Vicente Valero, 1st Year Fellow, Pager 303-266-3810

Interventional Radiology

Mary Teel will email information to you about this elective. You may contact her at mary.teel@ucdenver.edu or 303-724-9245. Her office is in AO1, Hallway 2400.

Jonathan Lindquist, MD (Pager 303.266.1549) is the rotation director. This rotation is only available at University Hospital. Reporting time is usually at 7:30 a.m.

Neurosurgery

Krystin Martinez will send you contact information for the Neurosurgical Resident at your assigned hospital. Reporting time is usually 6:30 a.m. Krystin.Martinez@ucdenver.edu or 303.724.2303. The following website will link you to the Neurosurgery Medical Student Curriculum. You are expected to download, read, and review the Curriculum.

1. Curriculum <http://w3.cns.org/education/medStudCur/index.asp>
2. Required Textbook - The Essential Neurosurgery Companion, 1st Ed., Jaime Gasco

Ophthalmology

Contact Hanna Sotiropoulos (Hanna.Sotiropoulos@ucdenver.edu) or Bethany Joswick (Bethany.joswick@ucdenver.edu) if she is not available, for your reporting information. Ophthalmology rotations may take place at UCH, CHC, DHMC, VAMC or at a combination thereof. Please be ready to inform Ms. Sotiropoulos of your current ID badge status at each of these facilities when you make initial contact.

Otolaryngology

Vicki Muscatello will e-mail information to you at least three weeks before the start of your elective. You may contact her at vicki.muscatello@ucdenver.edu. Her office is in Academic One Office Building, Suite 3001.

Pathology

Miriam Post, MD, is the rotation director, miriam.post@ucdenver.edu, 720.848.4416. Gretchen Haroldson is the Coordinator and can be reached at gretchen.haroldson@ucdenver.edu. This rotation is only available at University Hospital. On the first day of the rotation, students should come to Anatomic Pathology on the 3rd floor of AIP and report to the residents' room (3.002) as soon as their didactics are complete. They should ask for a resident on surgical pathology to show them what desk to sit at. Scrubs are the most appropriate attire.



Pediatric Surgery

Michael Bengé (Michael.benge@childrenscolorado.org) will email you specific instructions and documents by 9:00 a.m. the Wednesday before your rotation begins. If he is not available, you may page the 3rd Year Resident listed on Amion. Surgery Site Preceptor is Jonathan Roach, MD.

ID Badges and Electronic Medical Access: Andrea Reed (Andrea.Reed@childrenscolorado.org 303-777-8396) should have contacted you regarding your ID Badge and electronic medical records access. If she has not, please contact her today.

Scrubs: Once your badge is activated, you will be able to access the OR suite. You will need a code to get into the locker rooms; ask at the main OR desk for the code. Scrubs are in the OR suite.

Lockers: Located on the 1st floor of the Administrative Pavilion just outside of the Aspen conference room. There are also additional lockers in the 8th floor workroom.

Plastic and Reconstructive Surgery

Brooke French, MD, is the rotation director. You will work at UCH and CHCO. Upon arrival please proceed to the badging office (Access Control) to receive your badge. Access Control is located on the lower level of the main hospital by the front entrance. Please use the elevators to the right of the front desk by the Special Care Clinic. Please note that UCSOM/UCHSC/UCDHSC students are not given a parking assignment at Children's Hospital. You are required to use your University parking. If you do not have parking at the University then it will be up to you to find parking on your own. For your best preparation, you may page the plastic surgery resident (Pager: 303.266.4791) the day prior to starting your rotation for more detailed instructions on where to be at what time. We look forward to having you on service!

Transplant Surgery

The day before you start your rotation, please contact the transplant surgery fellow (Dr. Amir Dagan 720-788-6341 or amir.dagan@ucdenver.edu) to arrange meeting time and location. Please allow time for response as they are frequently operating.

The week before you start your rotation, please contact Dr. Kendra Conzen, Assistant Professor in Transplant Surgery, to schedule a rotation orientation meeting and didactic session. She can be reached at Kendra.conzen@ucdenver.edu or 720-848-0833. Please include your scheduled start date.

Urology

Ashley Lane or Kathy Politis will e-mail you reporting information and a weekly schedule. You may contact them at ashley.2.lane@ucdenver.edu or 303.724.2712; or Katherine.politis@ucdenver.edu. Ty Higuchi, MD is the rotation director. Students are expected to read and apply the core content of the National Medical Student Curriculum during their rotation. The core content can be found at the following URL: <https://www.auanet.org/education/education-for-medical-students.cfm>.

Vascular Surgery

Donald Jacobs, MD, is the rotation director. Contact Dr. Jacobs and/or Trina Smidt by email or cell phone for reporting information Donald.L.Jacobs@ucdenver.edu and/or Trina.Smidt@ucdenver.edu or 720.258.5526, no later than Thursday of the week before your rotation starts.



CALL REQUIREMENTS WHILE ON GENERAL SURGERY

University of Colorado Hospital

Two overnight calls during your 4-week rotation. Call will be with the overnight TACS PGY 3 for weekdays and PGY2 or 3 and PGY5 for weekends.

Denver Health

Two overnight calls during your 4-week rotation. Please pay attention to schedule of VAMC and St. Joe's students assigned (usually to a Friday night) so there are only one/two students on call at a time. This schedule can be found in Canvas. Alternative option is a night float "mini-rotation" where you take 4 overnight (12hr) shifts with the TACS team.

St. Joe's

Two overnight calls during your 4-week rotation (a 'trauma call night' at Denver Health counts as one of your 2 call nights).

VAMC

No call (Denver Health Medical Center trauma night assigned).

AHEC Sites

No in-house overnight call; attendings on call may notify you if overnight operations occur (varies by site).

REPORTING INFORMATION FOR GENERAL SURGERY ROTATIONS

Denver Health Medical Center – General Surgery

Site Preceptor: Kshama Jaiswal, MD

General Surgery Site Coordinator: Kaley Batley, Kaley.Batley@dhha.org, Third Floor, Pavilion A, Main Hospital, Department of Surgery Administration Offices, Rm. # A358. Any time between 8:00 am and 3:30 pm M-F is a good time to stop by and pick up your parking pass.

Badges, Surgical Scrubs, and Computerized Medical Records Access: Refer to the email Kaley Batley sent you. Please email her your scrub size.

Parking: Parking is in the triangle lot across from the emergency room entrance. If the lot is full you may park in the Rita Bass lot – show them your parking tag and you will not have to pay. You can get a parking tag from Kaley as well.

DHMC students are responsible for attending one breast clinic on a Wednesday (8:00 a.m. to 4:00 p.m.) with Dr. Kshama Jaiswal, MD, in the Davis Pavilion. Wear dress clothes (nice shirt, pants and shoes, no scrubs) and your white jacket. Schedule your day with Kaley Batley, Kaley.Batley@dhha.org, by emailing her which Wednesday during your rotation you would like to accompany Dr. Jaiswal in the Breast Clinic. Breast clinic days are reserved by the order in which Kaley receives your email. One student per clinic is preferred.



You are scheduled to meet with Dr. Jaiswal every Friday of your rotation in the A370 Conference Room from 2:30 p.m. to 3:30 p.m., unless otherwise specified. Sometimes it will change to Thursdays. Bring your questions and/or interesting cases to discuss and learn from.

Below is a description for each of the Surgery Teams. Please discuss amongst yourselves which team interests you the most and let the chief resident know on the first day of clinical work. All teams see general surgery and trauma patients and also have the subspecialties listed below:

- **Blue Team:** (Drs. Platnick, Cohen, Fox and Jaiswal): vascular, breast and general surgery
- **Purple Team:** (Drs. Pieracci, Lawless): thoracic, morbid obesity and general surgery
- **Gray Team:** (Drs. Burlew, Moore, Campion, Bensard, Kulungowski): endocrine, pediatrics and general surgery

Exempla St. Joseph Hospital – General Surgery

Site Preceptor: Emily Speer, MD (Office: 303.812.6433; Pager: 303.234.3615); emily.speer@sclhs.net

General Surgery Site Coordinator: Sarah Flores (Office: 303-812-6434) sarah.flores@sclhs.net

Department of Surgery: 2nd Floor of the Russell Pavilion, 1375 East 19th Avenue, Denver, CO 80218

Please report to the Sterne Elder Conference Room by 7:00 a.m. for the morning conference. After the morning conference, go to the GME office where you will meet with Sarah. The GME offices are in the Russell Pavilion on the very west side of the hospital.

Hospital Badge: St. Joe will issue you a Student ID Card. Sarah Flores makes arrangements for your ID card. Replacement cost is \$20.

Surgical Scrubs: Hospital scrubs are available from the operating room. The St. Joseph Hospital policy is to dispense one set of scrubs at a time to a student. You should not wear home any scrubs. You will need your St. Joe Student ID to obtain the scrubs.

Computerized Medical Records Access: Sarah Flores will have your medical records access set up, if you contacted her with your birth date and last four digits of your social security number. If you have not already done so, call Sarah with this information today. If your badge is not allowing computer access, you may just need to call the IT Department on your first day as you most likely will just need direct IT help.

Parking: Student parking is assigned in the Russell Pavilion Garage. Contact Sarah Flores for details.

Miscellaneous: Student badges and SJH MD pocket are provided on your first day and must be returned at the end of your rotation. Replacements are as follows: badge (\$20.00 replacement), SJH MD pocket (\$16 to buy or replace).

If you have any questions, you may contact Sarah between the hours of 7 a.m. to 4 p.m. Monday to Friday or by e-mail.

University of Colorado Hospital – General Surgery

Site Preceptor: Paul Montero, MD, pager 303.266.0065, paul.montero@ucdenver.edu.

Hospital ID Badge: All students should have a UCH ID Badge and inner and outer door, ER and OR access. If you have problems with access during this course, check with the hospital ID Access office in



the Leprino Building, Room 9-020, 720.848.8356. If you continue to have problems, please notify Mary Kay Anderson at 303-724-2681.

Surgical Scrubs: Hospital scrubs are available through the scrub dispensing units in the AOP and AIP. Scrub access is added to all third year medical student badges during Transitions Week. If you have problems with the scrub machines, call Dulce at x.85964 (M-F 5 am-1:30pm) or email dulce.munoz@uchealth.org. After hours leave a message on x84840 and identify which machine you are calling about. Please try one of the other 6 machines at UCH.

Electronic Medical Records Access: If you have problems logging into EPIC, call the Help Desk at 720.848.4000.

Parking: University of Colorado Hospital does not have separate parking for students. You may use the parking options provided by the University of Colorado Denver for its Anschutz Medical Campus. You can buy temporary parking access for a week at a time (\$10/week for students). The access is loaded onto your school ID. Arrangements need to be made at the Parking Office, Building 500, First Floor, one day in advance. Parking Office phone number is 303.724.2555 or <http://www.ucdenver.edu/about/departments/FacilitiesManagement/ParkingMaps/Parking/Pages/PermitParking.aspx>

Sleep rooms: Located on the 4th floor of the Leprino Building, north of AIP. The ID scanner is located at the north end of the hallway that runs along the west boundary of the sleep room area. Four sleep rooms are identified as “medical student/hotel space” rooms: #437 Sleep Room 30, #438 Sleep Room 31, #439 Sleep Room 32 and #440 Sleep Room 33. A locker is provided in each room, but you will need your own lock.

Lockers: Available in AIP, room #2010. The access code is 1010. There are many lockers available, but you must provide your own lock.

LOCKERS AVAILABLE FOR MEDICAL STUDENTS’ USE IN ANSCHUTZ INPATIENT PAVILION OR LOCKER ROOMS – PLEASE SHARE!

Women’s OR Locker Room

Locker # 531

Combination: 07 17 39

Men’s OR Locker Room

Lock # 1 – Locker # 549

Combination: 38 04 34 (#1)

Lock # 2 - Locker #551

Combination: 31 01 23 (#2)

Study Rooms: Every computer at UCH is directly linked to the UC Denver Health Sciences Library <http://hslibrary.ucdenver.edu> . You can also access the library by clicking the link on the UCH iAmaze Home page, then look for Clinical Resources, External Resources, and then Health Sciences Library.

Veteran’s Administration Medical Center – General Surgery

Site Preceptor: Teresa Jones, MD, Chief of Surgery, 303.266.4871

General Surgery Administrative Officer: MaryEllen Winkler



Department of Surgery: 4th Floor, Room 4B117, 303.399.8020, ext. 2912

On first day of rotation, report to 4th Floor, Room 4B147 at 6:00 a.m.

The VA will be moving to Anschutz Medical Campus in July 2018.

Hospital Badge, Surgical Scrubs, Computerized Medical Records Access: Your VA hospital badge was issued to you from the Foundations of Doctoring office in your first year of medical school. Please complete the Computer Access Request Form (CARF) and return to Angelo Austin (Angelo.Austin@va.gov) at least one week in advance of your rotation. This form will be emailed to you from the General Surgery Coordinator and can also be found on Canvas. Your scrub cards will be issued to you by Angelo Austin at the VA. Be sure your TMS (HIPPA, etc.) is up-to-date. If not, complete here: www.tms.va.gov.

Computers: Each PC has the medical information website “Up-to Date.”

Lockers: Lockers for students are located in the medical resident call room on the 5th floor in rooms 5B110 and 5A161, but you will need your own lock. Students can ask any surgical resident for the number codes to get into the rooms. (Subject to change with move in July 2018.)

Alamosa AHEC Site – General Surgery

Site Preceptor: David Geiger, DO (David.Geiger@slvrmc.org)

General Surgery Site Coordinator: Jennifer Martinez (Jennifer.Martinez@slvrmc.org)

Badges, Surgical Scrubs, and Computerized Medical Records Access: San Luis Valley Health ID badge should be obtained from Jennifer Martinez on the day of arrival. This allows locker room access and should be worn at all times on hospital premises. Scrubs are available in the OR locker room, no special sign-out procedure is required. Scrubs should not be worn outside of the hospital. The students will be provided with access log-ins to the in-patient and out-patient EMR, there are two different systems. An orientation to the EMR system will be provided by a representative from Medical Records/Information Technology within two days of arrival. Upon arrival, the student should check-in with Jennifer Martinez. Her office is in the Administration hallway on the first floor of the hospital. After Jennifer completes the administrative check-in process, she will deliver the student to Dr. Geiger for a brief orientation and the beginning of the clinical experience.

Parking: Available without charge. The lot in front, west of the hospital is reserved for patients and families. The student may park in any employee lot. The lot immediately south of the clinic entrance to the hospital is the most convenient.

Fort Collins AHEC Site – General Surgery

Site Preceptor: Thomas Chiavetta, MD

General Surgery Site Coordinator: Keri Austin (keri.austin@uchealth.org)

Badges: All students should have a UHealth Northern Colorado badge. Badge forms can be obtained at the Medical Staff Office at Poudre Valley Hospital or Medical Center of the Rockies. Please bring a driver’s license, passport, or school ID badge with you.

Computerized Medical Records Access: If you have problems logging into EPIC (please use your EPIC account through the University), call the Help Desk at 970-495-7540.



Parking: Poudre Valley Hospital and Medical Center of the Rockies do not have separate parking for students. Please park in Employee-designated lots only. Parking Tags can be obtained at the Medical Staff Office at Poudre Valley Hospital or Medical Center of the Rockies (Parking maps in Canvas).

Montrose AHEC Site – General Surgery

Site Preceptor: Collin Sharp, MD

General Surgery Site Coordinator: Terra Cox (tcx@montrosesurgical.com) – Office Manager for Dr. Sharp’s office (Montrose Surgical Associates)

Badges, Surgical Scrubs, and Computerized Medical Records Access:

You will be rotating at Montrose Hospital and Black Canyon Surgical Center. They each have a simple student application you need to complete. Your contact at Montrose Hospital is Nancy Abel (Nabel@montrosehospital.com) and Dan Soderlind (dsoderlind@cobcsc.com) at Black Canyon Surgical Center.

REPORTING INFORMATION FOR ANESTHESIA ROTATIONS

University of Colorado Hospital - Anesthesia

OR Schedule: Kristin Jordan (or someone else) will email you the day before with your schedule for the following day. This will let you know where to report, what cases you are assigned and who you will be working with for the day.

Hospital ID Badge: All students should have a UCH ID Badge and inner and outer door, ER, OR, and Leprino call room access. If you have problems with access during this course, check with the hospital ID Access office in the Parking Garage, 720.848.8356. If you continue to have problems, please notify Sarah Lesko at 303-724-8373.

Surgical Scrubs: Hospital scrubs are available through the scrub dispensing units in the AOP and AIP. Scrub access is added to all third year medical student badges during Transitions Week. If you have problems with the scrub machines, call Dulce at x.85964 (M-F 5 am-1:30pm) or email dulce.munoz@uchealth.org. After hours leave a message on x84840 and identify which machine you are calling about. Please try one of the other 6 machines at UCH.

Electronic Medical Records Access: If you have problems logging into EPIC, call the Help Desk at 720.848.4000.

Parking: University of Colorado Hospital does not have separate parking for students. You may use the parking options provided by the University of Colorado Denver for its Anschutz Medical Campus. You can buy temporary parking access for a week at a time (\$10/week for students). The access is loaded onto your school ID. Arrangements need to be made at the Parking Office, Building 500, First Floor, one day in advance. Parking Office phone number is 303.724.2555 or <http://www.ucdenver.edu/about/departments/FacilitiesManagement/ParkingMaps/Parking/Pages/PermitParking.aspx>.

Sleep rooms: Located on the 4th floor of the Leprino Building, north of AIP. The ID scanner is located at the north end of the hallway that runs along the west boundary of the sleep room area. Four sleep rooms are identified as “medical student/hotel space” rooms: #437 Sleep Room 30, #438 Sleep Room



31, #439 Sleep Room 32 and #440 Sleep Room 33. A locker is provided in each room, but you will need your own lock.

Lockers: Available in AIP, room #2010. The access code is 1010. There are several lockers available, but you must provide your own lock. This room is near Elevator D. We also have day lockers now available adjacent to the OR charge desk area.

Study Rooms: Every computer at UCH is directly linked to the UC Denver Health Sciences Library <http://hslibrary.ucdenver.edu>. You can also access the library by clicking the link on the UCH iAmaze Home page, then look for Clinical Resources, External Resources, and then Health Sciences Library. A Faculty/Medical Student Lounge is located on the first floor of the AOP, adjacent to the Outpatient Radiology Department, room #OP-1602. It has six computers, a printer, a refrigerator, and comfortable chairs. Punch in 4444* to access the lounge.

Children's Hospital Colorado – Anesthesia

OR Schedule: Latha Hinckley (or someone else) will email you the day before with your schedule for the following day. This will let you know where to report, what cases you are assigned and who you will be working with for the day.

ID Badges and Electronic Medical Access: Andrea Reed (Andrea.Reed@childrenscolorado.org 303-777-8396) should have contacted you regarding your ID Badge and electronic medical records access. If she has not, please contact her today.

Parking: Children's Hospital Colorado does not have separate parking for students. You may use the parking options provided by the University of Colorado Denver for its Anschutz Medical Campus. You can buy temporary parking access for a week at a time (\$10/week for students). The access is loaded onto your school ID. Arrangements need to be made at the Parking Office, Building 500, First Floor, one day in advance. Parking Office phone number is 303-724-2555 or <http://www.ucdenver.edu/about/departments/FacilitiesManagement/ParkingMaps/Parking/Pages/PermitParking.aspx>.

Scrubs: Once your badge is activated, you will be able to access the OR suite. You will need a code to get into the locker rooms; ask at the main OR desk for the code. Scrubs are in the OR suite.

Lockers: Located on the 1st floor of the Administrative Pavilion just outside of the Aspen conference room. There are also additional lockers in the 8th floor workroom.

Study Rooms: The CHC Clinical & Research Library is located on the 2nd floor, outpatient side. Their hours are 7:30 a.m.-5:30 p.m. M-F staffed, but students have 24/7 access with their CHC badge. PCs are available in the Medical Education office lounge which students can access 24/7.

Veterans Administration Medical Center – Anesthesia

Daily Schedule

All conferences held in 4B-105 (Main elevators to the 4th floor, exit and take a right. Turn left towards the OR across from the SICU and conference room is the last door before the OR doors)

- Monday: Grand Rounds via webcast 6:45am
- Tuesday/Wednesday/Friday: Morning Conference 6:30am
- Thursday: Resident lecture/Oral Board Prep 6:30am (via webcast)



- Additional WebCast conferences Tuesday/Wednesday @ 3:30pm
- OR Start Daily at 8:00 (8:30 Mondays), Pre-op anesthesia starts at 7:00

Administrative contact

Nathaniel Graff 303-393-2883, Nathaniel.Graff@va.gov

Donald Cranmore 303-393-2883, Donald.Cranmore@va.gov

Clinical Contact

Dr. Dan Beck, Daniel-beck2@va.gov or beck.dan.r@gmail.com (if you need a reply off hours/weekends)

Scrubs/OR access should go through Nathaniel Graff if you do not already have access from your surgery rotation. Please email him 1-2 weeks before your rotation starts if you already have a badge to allow time for processing. See page 2 for details.

Daily work flow should allow you to visit as many ORs per day as possible. Focus on watching beginning and ends of cases as this is where the most airway management will occur, the main goal of your week. 1 student per OR at a time.

IV access attempts should be supervised by an attending, resident, CRNA, or RN

Review the board/OR schedule daily with an attending to point out learning opportunities for the next day to facilitate reading and preparation.

We would like to have you each present one anesthesia H&P during your rotation.

Evaluations can be a composite evaluation from Dr. Beck, but also ask any other attendings you spent significant time with.

Procedure cards and observation forms should be signed by Dr. Beck on the last day of your rotation or any attending in his absence.

Badging/scrubs/OR access

Your badging should have been initiated prior to your rotation. If you do not have a VA badge that is active, please contact Mr. Graff more than 1 month prior to your rotation. This can be a timely process involving multiple appointments with the badging office

OR scrub cards can be obtained by emailing Mr. Graff with your scrub size. Tops and bottoms need to both be the same size. Please email more than 1 week prior to your rotation. You will need to have OR access to get to the scrub machine (see below).

To obtain OR access, please email Mr. Graff your badge ID number more than 1 week prior to starting. This number can be found on the back of your VA badge.

Exempla St. Joseph Hospital - Anesthesia

Site Preceptors:

- Keri Propst, MD (keripropst@gmail.com)
- Kathleen Marzluf, MD (kmarzluf@gmail.com)



Please email Dr. Propst and Marzluf the week before your rotation starts. They will email you the day before and let you know where to go.

Hospital Badge: St. Joe will issue you a Student ID Card. Sarah Flores, sarah.flores@sclhs.net, makes arrangements for your ID card. Replacement cost is \$10.

Surgical Scrubs: Hospital scrubs are available from the operating room. The Exempla St. Joseph Hospital policy is to dispense one set of scrubs at a time to a student. You should not wear home any scrubs. You will need your St. Joe Student ID to obtain the scrubs.

Computerized Medical Records Access: Sarah Flores will have your medical records access set up, if you contacted her with your birth date and last four digits of your social security number. If you have not already done so, call Laurie with this information today. If your badge is not allowing computer access, you may just need to call the IT Department on your first day as you most likely will just need direct IT help.

Credentialing: You will also need to make sure you have completed paperwork with Sarah Flores, Medical, sarah.flores@sclhs.net, 303.812.5161.

Parking: Student parking is assigned in the Russell Pavilion Garage. Contact Sarah Flores for details.

Miscellaneous

St. Joe's provides some meals for you. Refer to the email from Sarah Flores for details.

Student badges, keys to the call room and ESJH MD pocket are provided on your first day and must be returned at the end of your rotation. **Replacements are as follow: badge (\$10.00 replacement), key (\$2.00 replacement) and ESJH MD pocket (\$16 to buy or replace).**

If you have any questions, you may contact Sarah between the hours of 7 a.m. to 4 p.m. Monday to Friday or by e-mail.

Denver Health Medical Center - Anesthesia

Site Preceptor: Aaron Murray, MD, Aaron.murray@dhha.org

Anesthesia Site Coordinator: Irene Horton (303.602.1100), irene.horton@dhha.org

Report to DH, 3rd floor of Pavilion A (main hospital), room A332. Irene will get your badge, scrubs and get you set up in the OR.

Badges (\$25 check/cash deposit required), Surgical Scrubs, and Computerized Medical Records Access: Irene Horton will have a temporary badge for you on the first day of your rotation.

Parking: Parking is \$2.00/day. Rita Bass Conference Center at 6th & Bannock often has spaces available, as does the Emergency Department parking lot at Bannock & Speer. You can also purchase parking tokens at the Cashier's Office on the first floor of Denver Health.

PVH/MCR (Ft. Collins/Loveland) Reporting information

OR Schedule: Dr. Moss will email students approximately 1 week prior to the start of the rotation with logistics and expectations. He will also email you the evening before (~1900) with your schedule for the



following day. This will let you know where to report, what time and who you will be working with for the day.

Hospital ID Badge: All students should have a UCH ID Badge. If you have problems with access during this course, check with Sue McBride in medical staff office. If you continue to have problems, please notify Sarah Lesko at 303-724-8373.

Surgical Scrubs: Hospital scrubs are available upon entering each OR locker room.

Parking: MCR/PVH does not provide specific parking for students. Please park in the main visitor lot.

Lockers: There are no specific lockers available for students. If you have valuable items, please place them in the anesthesia office at MCR or PVH. The supervising anesthesiologist can assist you.

Security, Student Safety, and Disaster Preparedness

Institutional emergency and disaster preparedness policies and plan are outlined in the “Emergency-Preparedness Quick-Reference Guide” for the Anschutz Medical Campus. The link is published in the Clinical Block Syllabus, posted on Canvas <http://ucdenver.canvas.com>, and located next to emergency phones (e.g., ED1 and 2) as well as many of the student lounge areas, small group rooms, and lecture halls. Colorado Springs Branch students located have similar policies and procedures provided by the branch.

Medical Student Policies and Procedures Manual “White Book”

(<http://www.ucdenver.edu/academics/colleges/medicalschoo/education/studentaffairs/studentresources/Documents/StudentHandbook.pdf>) publishes emergency information (section 4.1), “In an emergency, both the Office of Student Life (303-724-6407) and the Registrar’s Office (303-724-8053) will make reasonable efforts to contact a student or a student’s designated emergency contact.”

Emergency information is also found on the Student Life web site:

<http://www.ucdenver.edu/academics/colleges/medicalschoo/education/studentaffairs/emergencies/Pages/Emergencies.aspx>

Recommended Resources

Please realize that information in most large textbooks was submitted at least two years prior to publication. You will profit most by reading a smaller text, reviewing lecture notes, and using the larger texts and recent journals for references.

NBME Practice Test: \$20 for 50 questions - <http://www.nbme.org/students/sas/masteryseries.html>.

BoardVitals: an exam prep tool through the [Health Sciences Library](#).

You can find [BoardVitals](#) on the library’s [database page](#), or through [STAT!Ref](#). You must [register with your @ucdenver.edu, @childrenscolorado.org or @uhealth.org email address to access BoardVitals](#).

Suggested Textbooks for Surgery

Essentials of General Surgery

Peter F. Lawrence, MD, et al, Fifth Edition, 2012, Lippincott (Amazon Price, New, \$60)



Surgical Recall

Lorne E. Blackbourne, MD, Seventh Edition, 2014, Lippincott (Amazon Price, New, \$56), (Kindle Edition, \$44)

Other Suggested Textbooks for Surgery

Dr. Pestana's Surgery Notes

Carlos Pestana, MD, Third Edition, 2017, Kaplan Publishing (Amazon Price, New, \$12)
(Kindle Edition, \$25)

Advanced Surgical Recall

Lorne H. Blackbourne, MD, Fourth Edition, 2014, Lippincott (Amazon Price, New, \$29)(Kindle Edition \$54)

Fundamentals of Surgery

John E. Niederhuber, MD (ed.), 1998, Appleton & Lange (Amazon Price, Used, \$6)

Understanding Surgical Disease – The Miami Manual of Surgery

Mark G. McKenny, MD, Patrick C. Mangonon, MD, 1998, Lippincott-Raven
(Amazon Price, New \$25)

Essentials of Surgical Specialties

Peter F. Lawrence, MD, 3rd edition, 2006, Lippincott (Amazon Price, New, \$57)
(Kindle Edition, \$54)

Surgery: A Case Based Clinical Review

Christian de Virgilio and Paul N. Frank, Springer (Amazon Price, New \$66) (Kindle Edition, \$63)

Suggested References for Surgery

Greenfield's Surgery: Scientific Principles and Practice

Mulholland, Lillemoe, et al, 6th edition, 2016, Lippincott (Amazon Price, New, \$120)
(Kindle Edition, \$158)

Current Surgical Therapy

Cameron and Cameron, 12th Edition, 2017, Elsevier/Mosby (Amazon Price, New, \$163)
(Kindle Edition, \$115)

Sabiston's Textbook of Surgery

Townsend, et al, 20th Edition, 2017, Elsevier/Saunders, (Amazon Price, New, \$125)
(Kindle Edition, \$88)

**Available as an e-book from Health Sciences Library (Free)*

Schwartz's Principles of Surgery

Brunicaudi, et al, Tenth Edition, 2014 (Amazon Price, New, \$106)
(Kindle Edition, \$152)



Podcasts – Surgery 101

UWorld - <https://www.uworld.com/>

ACS Surgery - <https://www.facs.org/education/program/simulation-based> (Free)

ANESTHESIA TEXTBOOK – book is provided to students during clerkship. See link below for electronic version:

Manual of Clinical Anesthesiology

Larry Chu & Andrea Fuller

<http://hslibraryguides.ucdenver.edu/>

Click on medicine subject

Click on Anesthesiology

Second column, Manual of Clinical Anesthesia

Testable Reading List:

Chapter – Title

7 – PONV

20 – Endotracheal Intubation

23 – LMA

30 – Spinal

37 – Local Anesthetics

38 – Neuromuscular Blockade

39 – Anticholinergics

40 – Benzodiazepines

41 – Opioids

43 – IV induction

44 – Volatile Anesthetics

48 – Anti-Emetics

Suggested Reading List for OR Readiness

Chapter – Title

1 – Anesthetic Plan and induction

2 – Pre-op Assessment

8 – ASA monitors

19 – Mechanical Ventilation

21 – Difficult Airway

25 – Peri-operative Fluids

26 – Crystalloids/Colloids

31 – Epidural

45 – Adrenergic Agents

Appendix C



Assignments

Long Case Report

The Course Directors will grade the Case Report using the following criteria for a total of up to 7.5 points. The goal is to describe a challenging or otherwise interesting/unique case scenario. An example is provided for illustration purposes; no portion of the example should be used in your report as doing so is plagiarism. Other examples can be found in the literature by searching on PubMed and the assignment should be modeled after a case report in a journal following specific criteria. Overall word count should not exceed 2000 words, and word count MUST be noted at the end of your text (prior to and excluding the reference section). Note that while there is no minimum word count a low word-count is highly correlative with effort, and effort is graded. Rewrites not accepted so consider all relative possible point deductions below. This is an exercise in structured not creative writing so please consider the inclusion and scoring criteria below before starting your report.

Inclusion Criteria:

1. Clinical findings at presentation
2. Key lab / radiology findings that support the diagnosis
3. Pre-anesthesia and pre-operative assessment / plan (may be combined or separate)
4. Succinct summary of key intraoperative and post-operative course (focus on aspects pertinent to case presentation)
5. Discussion should include between 3-6 pertinent educational points related to the case presented. This discussion should be fully supported by current literature, referenced as for a journal submission. See example below for reference format.
6. Roughly 1/3 total length should be devoted to points 1-4, with 2/3 devoted to Discussion.

Potential deductions:

Points will be awarded based on:

- Originality,
- Adherence to word count limit,
- Quality of discussion points,
- Editorial factors including References/Grammar/Spelling,
- Clinical (anesthetic/surgical) section quality, and
- Overall effort.

Deductions will be based on the following:

- Lack of originality (0-0.5 points off)
- Lack of effort (variable, 0.5-2 points off depending on severity)
- Late submission (1 point off per 24 hours late)
- Word count >2000 (0.5 off)
- Word count not noted in the appropriate location (end of text, before references, 0.5 points off)
- Not adhering to the 1/3 clinical, 2/3 discussion ratio (0.5-1 point off depending on severity)
- Few grammatical, typos, spelling, or other minor errors (0.5 points off)
- Multiple/marked/severe grammatical, typo, spelling, or other major errors (1 or more points off)



- Incorrect medical or surgical information (1 or more points off)
- Improper referencing. Not numerical, not referenced well, use of Wikipedia or other improper sources (minimum 1-3 points off depending on severity)
- Frank copy/paste plagiarism or completed unreferenced paper (5-7.5 points off, possible referral to professionalism and/or promotions, if flagrant)
- Failure to include criteria 1 through 5 in the paper (1-2 points off)

Informed Consent Outline and Class Participation

Objectives:

At the end of this session, participants should be able to:

1. Describe the purpose of the informed consent process;
2. Describe eight elements necessary by law for a valid informed consent process;
3. Identify ethical values that support the practice of informed consent;
4. Describe the evidence, procedure and professional standard of care that Colorado Courts apply to resolve informed consent cases;
5. Describe the process for proxy decision makers for incapacitated adults in Colorado;
6. Describe informed consent for minors; and
7. Identify ethical issues raised by DNR orders in the OR.

Required Readings:

1. Overview video module by Pat O'Rourke (12 minutes and 42 seconds), found on Canvas
2. Eight Elements Necessary for Valid Informed Consent - an outline of the material for this session
3. Article: Legal and Ethical Myths About Informed Consent by Alan Meisel, JD and Mark Kuczewski, Ph.D.
4. Article: Informed Consent in Clinical Care by Yael Schenker, MD, MAS and Alan Meisel, JD
5. ASA Ethical Guidelines for the "Anesthesia Care of Patients with Do-Not-Resuscitate Orders" and sample UCH Form
6. University of Colorado Hospital Assessing Capacity form
7. Informed Consent Decisions for Adult Patients and Minor Patients – 2 Diagrams by Patrick O'Rourke

Resources:

1. Ethics Basic Concepts and Vocabulary

Required Written Assignment: Case Presentation Outline (worth up to 10 points)

Student must pass this element (receive 6/10) to pass the Perioperative Block. Assignments receiving a 5 or below must be rewritten and the final grade can only receive a total of 8/10 (2 points will be deducted for the rewrite.) Rewrites are due in two weeks.

1. Read the required readings.



2. Identify a patient story / case of your own that you have experienced on this rotation that includes a lesson about informed consent. It can be a positive example about how best to get informed consent or an example that illustrates a problem.
3. Choose **one** element of the eight elements in your reading and explain how this element was or was not met in your chosen story / case.
4. Prepare a case presentation outline that will be turned in and graded. **Due Tuesday of week 7. This is not a paper requiring full sentences – but an outline with bullet points of key information and points of analysis. Maximum of 4 pages.** A case presentation outline rubric, a sample, and the assessment rubric are provided.

Required Discussion

Held the last Thursday afternoon of the course. Check the course schedule for building and room number.

Students will meet with a faculty facilitator to present and discuss their cases.

Case Presentation Outline Rubric

- Describe a case scenario that has taught you something about informed consent.
- Clearly identify the element that you will be discussing. You can discuss any of the 8 elements, but be aware that informed consent law focuses on the disclosure of information (element #4).
- Ethical Implications: Identify the stakeholders and the ethical values of each. May include patient, family, institution, healthcare professionals, you as the student, and/or the community/society. Identify the areas of overlap among values and also the areas of tensions among values.
- Legal Implications:
 - Discuss whether the team put themselves at risk for an informed consent suit. If you select a case that is NOT problematic – use hypotheticals to demonstrate that you understand how a lack of informed consent case could be brought, argued and won. You can discuss any of the 8 elements, but be aware that informed consent law focuses on the disclosure element (#4). The other elements of capacity, understanding, or language barriers (use of interpreters) are relevant in so far as they relate to the physician's duty to get informed consent. But a lack of informed consent case is about disclosure and you may need to use hypotheticals to demonstrate your understanding of this.
 - You will need to demonstrate that you understand how a lack of informed consent case would be brought, argued and won including an understanding of how the standard of care applies.
 - Clearly discuss your case in the language of a tort – duty/breach/damages and causation. Make sure you include the unique causation that is part of a lack of informed consent case.
 - Also – make sure to discuss the Colorado standard for disclosure – reasonable physician – and how it applies to your case.
- References to medical literature, ethical guidelines, and course readings as appropriate.



Sample Case Presentation Outline – 4 page maximum

This is a case of disclosure – you can present other of the 8 elements like capacity, coercion, understanding, language barriers or authorization.

This is a sample for your information to help you to be as complete in your analysis as possible. **Do not cut and paste from this sample** – do your own work analyzing your unique case according to the components outlined in the rubric, the assessment rubric and this sample.

Student Presentation

This presentation is worth 7.5 points.

You will be graded on the following areas:

- Time limitation – no more than 10 minutes
- Organization/content/accuracy
- No YouTube or other Web-based videos
- Please spell-check your slides
- Slide content (not too busy, not hard to understand)
- Public speaking skills
- Diction/pronunciation
- Volume (use the microphone!)
- Eye contact with audience
- Timing of slides (don't show a busy slide and not let your audience take it all in)
- Reference list

See sample in Canvas.

Direct Observation & Mid-Point Review Feedback Forms

Direct Observation Form

- Students are required to have one direct observation form completed per week by a supervising physician (can be a resident or an attending).
- Completion of at least 7 direct feedback forms required for final grade in each block.
- Student can scribe.

Mid-Point Review Form

- All students are required to have a mid-clerkship review at the mid-point of their 4-week General Surgery rotation with their supervising physician (senior resident or attending).
- Students should complete the Student Self-Assessment portion of the form (front page) prior to this meeting. Upon signature by the attending or senior resident, the student should upload the completed form into Canvas.

Examinations

1. Anesthesia Quiz – available on Canvas between 6 am Saturday to Midnight Sunday the weekend after your first week of Anesthesia – Pass/Fail



- 2. NBME Surgery Shelf Exam – last Friday of the block – 100 points (57 required to pass and national mean of 74 to be eligible for Honors or High Pass)

Evaluations and Grading

The IDPT 7050 grade is broken down between Clinical Performance and Cognitive Performance:

Clinical Performance (50%)

Clinical Team Assessment 50%

Cognitive Performance (50%)

Written Exam	20%
Informed Consent Thread	10%
Long Case Report	7.5%
Student Presentation	7.5%
Professionalism	5%
	<hr/>
	100%

The Block Co-Directors use the combination of clinical assessment and cognitive assessment to assign the overall course grade.

- Students should achieve Honors designation for the clinical assessment (must achieve Honors in General Surgery OR Honors in Anesthesia AND Subspecialties) to qualify for a final grade of Honors. **A shelf exam minimum score at or above the national mean is required in order to receive Honors.**
- Students should achieve High Pass designation for the clinical assessment (must achieve High Pass in General Surgery OR High Pass in Anesthesia AND Subspecialties) to qualify for a final grade of High Pass.
- Students receive a final composite evaluation which includes a breakdown of clinical and cognitive performance and summary evaluation comments.
- Grade assignments will be distributed approximately 30% Honors and 30% High Pass with a combined maximum not to exceed 70% of the total grades per School of Medicine Policy.

CLINICAL PERFORMANCE

Clinical Team Assessment 50%

Members of your clinical teams provide assessments and comments about your performance on the clinical rotations. These assessments reflect your ability to work effectively with peers, residents, staff, and patients. General surgery and anesthesia knowledge, as well as your ability to apply the knowledge to clinical problems, is evaluated. Tardiness and absences from your clinical rotations will affect how your evaluators assess your performance.

The clinical evaluation grade is determined by several components:

General Surgery: 60%

Anesthesia: 30% for students completing one week of anesthesia
 35% for students completing two weeks of anesthesia



Surgical Subspecialties: 5% for one subspecialty and 10% for two subspecialties

The course grading committee will determine the Clinical Team Assessment grade, using the assessments as completed by your evaluators. The grades are:

- H Student demonstrates advanced level of clinical performance and competency based on assessments of clinical course activities
- HP Student demonstrates above expected level of clinical performance and competency based on assessments of clinical course activities
- P Student demonstrates expected level of clinical performance and competency based on assessments of clinical course activities
- F Student does not demonstrate level of clinical performance and competency based on assessments of clinical course activities

The School of Medicine uses the RIME model of assessment. This assessment is designed to demonstrate a student's growth developmentally during the clinical years. Beginning third year students will fall in the range of Novice Reporter to Reporter stage. Students achieve the level of Interpreter to Novice Manager by the end of their 4th year. On OPC this is used for formative feedback, not for grading.

Assessments are completed in Oasis. Please ask your evaluators if they would be willing to complete an evaluation for you (professional courtesy) and then complete the Weekly Evaluator Assignment in Canvas. Not completing this weekly assignment on time (due Sunday of each week) can result in the loss of a professionalism point. St. Joe's is trialing a new system of paper evaluations as this may help their return rate, so please use this system if it is in place.

The form for listing your evaluators is in your packet. The Evaluator List form with all final evaluators is to be uploaded into Canvas the last Wednesday of the block. This allows the Surgery and Anesthesia Coordinators time to double check the evaluations have all been entered into Oasis, allowing you the greatest opportunity for great evaluations.

Here are some guidelines for specific rotations:

ANESTHESIA

Exempla St. Joseph/Kaiser Permanente

You may ask Dr. Propst to complete a composite assessment or you may ask the anesthesiologists with whom you worked. If you do not choose the composite assessment, please ask AT LEAST two evaluators.

Denver Health Medical Center

Dr. Aaron Murray will assign teaching faculty and complete a composite assessment. Please give him a list of your evaluators.

Children's Hospital of Colorado

Teaching Faculty (1-2) are assigned to you. Please ask your teaching faculty, as well as any residents with whom you worked.

University of Colorado Hospital

Please ask at least one attending and one resident, with whom you worked and had good rapport with. You may ask up to six persons to fill out an evaluation form.



Veterans Administration Medical Center

Dr. Dan Beck will assign teaching faculty. You may ask Dr. Beck to complete a composite assessment or you may ask the faculty/residents with whom you worked. You must have AT LEAST one faculty assessment. daniel.beck2@va.gov.

Ft. Collins

In most instances, Dr. Moss will complete a composite assessment. You may also request assessments from additional faculty.

SURGERY

General Surgery

Please ask six evaluators for your general surgery rotation. You must be evaluated by at least one faculty member, one chief or 4th year resident, and one other resident. The other evaluators may be faculty or residents. Exceptions are noted below.

Denver Health Medical Center

Dr. Kshama Jaiswal will complete a composite assessment. Email a list of your general surgery evaluators to Dr. Jaiswal. You evaluate all faculty and residents with whom you worked.

Ft. Collins

Dr. Chiavetta will complete a composite assessment.

Alamosa and Montrose

The general surgeons with whom you work will evaluate you. You may have only one evaluator completing a composite evaluation.

SURGICAL SUBSPECIALTY EVALUATORS

Please note when a composite evaluation is applicable, students still need to give the Coordinators names of faculty and residents they worked with so they can be evaluated in Oasis.

Burn Surgery: One faculty member and one resident.

Cardiothoracic Surgery: One faculty member or fellow and one fellow or resident (total of two).

Interventional Radiology: Kimi Kondo, DO or Kristofer Schramm, MD will complete a composite evaluation.

Neurosurgery: Chief or most senior resident will complete a composite evaluation.

Ophthalmology: Chief or most senior resident and one other evaluator (total of two).

Otolaryngology: Chief or most senior resident and one other evaluator (total of two).

Pathology: Miriam Post, MD or her delegate will complete a composite evaluation.

Pediatric Surgery: Dr. Jonathan Roach will complete a composite assessment. Email a list of your general surgery evaluators to Dr. Roach at jonathan.roach@childrenscolorado.org.

Reconstructive and Plastic Surgery: One or two faculty or fellow (one is required).

Transplant: Kendra Conzen, MD will complete a composite evaluation.



Urology: Attending or chief resident and one other resident (total of two).

Vascular Surgery: Mark Nehler, MD, and the fellow/chief resident (total of two).

COGNITIVE PERFORMANCE

Written Examination - 20%

- The NBME Shelf Exam for Surgery and surgical subspecialties is taken on the computer on the last day of the course. It is 110 questions (includes 10 BETA questions) and the student must get 57% of the questions correct in order to pass. The NBME Surgery Shelf exam allows you two and one-half hours for the exam.
- There is an Anesthesia quiz (21 questions) which is taken on Canvas between 6 am Saturday to Midnight Sunday the weekend after your first full week of Anesthesia. The exam is Pass/Fail and the student must get 50% of the questions correct in order to pass the quiz. There is one opportunity to retake the quiz if the student fails. Failure of quiz may influence overall grade.

Professionalism – 5%

Participation and attendance are essential components of this course. Course activities requiring your on time attendance include but are not limited to:

- Orientation
- Monday morning didactics
- Breast clinic at UCH, if assigned
- Assigned time at Denver Health emergency room
- Mid-Point Feedback meeting/end of course Town Hall meeting
- Informed consent session
- Simulations and small group sessions
- Written exam

The informed consent paper, long case report, mid-course review form, anesthesia book, and competency log are expected to be turned in by the deadlines. Failure to follow attendance policies and meet deadlines can result in loss of points for professionalism. If a student has lost 2.5 professionalism points, it becomes mandatory that the student meet with the Course Co-Directors. If a student has lost all 5 professionalism points, there will also be communication with the Student Life Office putting this student on their radar. This loss of professionalism points could influence the student's overall grade. If a student has lost all 5 professionalism points and continues to have late assignments, points can also be deducted from the points appropriated to the paper.

Students are expected to:

- Contact the appropriate block faculty and student life for all voluntary and involuntary absences.
- Check email and Canvas regularly for communication about block activities and updates. Respond within 24 hours to all block emails requiring individual student response.
- Attend all block conferences and required events and arrive on time to these events.
- Complete all required coursework and evaluations.
- Use smart phones and electronic tablets with discretion.
- Wear professional dress.



Informed Consent – 10%

Required Written Assignment: - Case Presentation Outline -worth up to 10 points

Student must pass this element (receive 6/10) to pass the Perioperative Block. Assignments receiving a 5 or below must be rewritten and the final grade can only receive a total of 8/10 (2 points will be deducted for the rewrite.). Specific rubric located on Canvas.

Grades assigned for IDPT 7050 are:

- H Student demonstrates advanced level of performance/competency in course requirements.
- HP Student demonstrates above expected level of performance/competency in course requirements.
- P Student demonstrates expected level of performance/competency in course requirements.
- F Student does not demonstrate expected level of performance/competency in course requirements.
- PR Student demonstrates expected performance/competency in the course requirements after remediation.
- IP Student is unable to or does not complete course requirements during time allotted for the course.

To be eligible for overall Honors, student must have Clinical Honors in General Surgery or in both Anesthesia and Surgical Subspecialties.

School of Medicine policy limits the number of students awarded Honors and High Pass to no more than 70% over the academic year.

Per School of Medicine policy, grades are not calculated for students who do not complete evaluator, course, and site evaluations. An IP grade will be recorded until the student completes evaluations of the course, site, and faculty and residents, due two weeks after the end of the course.

All grades remain permanently on the student’s transcript except IP and I, which are replaced with the appropriate grade after the student has completed the course requirements.

GRADE REVIEW:

After all grades are assigned for the academic year, the course directors and co-directors will meet in June 2019 to review grades for the past academic year to determine IF grades can be raised for some students. If you wish to have your grade reviewed, please email the course coordinators **within thirty days** after you receive your grade notification. Include any information you wish to be considered. This grade review is different and separate from the grade appeals process, covered in the next section below. Requesting a grade review does not constitute a formal grade appeal.

GRADE APPEALS POLICY

The School of Medicine is committed to the ideal of academic freedom and so recognizes that the assignment of grades is a faculty responsibility. The School also recognizes that students have the right to appeal a final grade or any other academic decision. The School of Medicine has a responsibility to respond to such an appeal in a judicious and timely manner.



Criteria for Appealing a Grade

A student may appeal a final Block or Course grade on the grounds that:

1. The methods or criteria for evaluating academic or clinical performance, as stated in the Block/Course syllabus, were not applied in determining the final grade, and/or
2. The faculty applied the grading criteria unfairly.

Procedures

Any student wishing to appeal a grade must initiate the process **within 30 calendar days** of receiving the disputed grade. An appeal letter should be sent to the Co-Course Directors identifying the Course and the grade being appealed, stating the reason(s) for the appeal, and specifying the requested change. Students are encouraged to discuss the appeal informally with the Co-Course Director(s) before submitting a formal appeal.

The Course Co-Director(s) will meet with the student to discuss the appeal within 15 calendar days of receipt of the appeal letter. Before the meeting, the student should provide the Block/Course Director with copies of all materials pertinent to the appeal, such as the Block/Course syllabus, papers, tests, write-ups, etc.

If, after meeting with the student and consulting with faculty responsible for assigning the grade, the Course Co-Directors determine that a change of grade is warranted, then the Course Co-Directors will change the grade in a timely manner. If the Course Co-Directors determine that a change of grade is not warranted, they must notify the student within 5 calendar days.

The student may appeal the decision of the Course Co-Directors to the Assistant Dean of the Clinical Core, by forwarding copies of all correspondence related to the appeal to the appropriate Assistant Dean, Curriculum, within seven calendar days of the Course Co-Directors ruling. The Assistant Dean, at his/her discretion, may meet with the student, the faculty, or the Course Directors, and may consult with the Course/Block Director Committee before making a ruling.

The student may make a final request to the Senior Associate Dean for Education for a review of due process. The decision of the Senior Associate Dean for Education is final.

Hazard Exposure/Needlestick

Posted on Canvas for OPC Course as well as delineated below.

On the CUSOM website at

http://www.ucdenver.edu/academics/colleges/medicalschoo/education/degree_programs/MDProgram/administration/policy/Documents/CUSOM-Hazardous%20Exposure%20Policy.pdf

At ALL clinical sites (exceptions below), if you experience a needlestick, sharp injury, blood/other body fluid exposure, or any other hazardous exposure, immediately follow these steps:

1. **Wash** needlesticks/cuts with soap and water
2. **Flush** splashes to the nose, mouth, or skin with water
3. **Irrigate** eyes with clean water, saline, or sterile irrigants
4. **Report** the incident to your supervisor
5. Go to the nearest **Emergency Room**



6. Questions: Call UCH ID Clinic 720-848-0191

Exceptions:

1. **University of Colorado Hospital**, 8-4pm, Monday-Friday, go to the Infectious Disease Clinic, 7th Floor. Phone: 720-848-0191. **Use Emergency Room after hours.**
2. **Denver Health Medical Center**, 8-3:30pm, Monday-Friday, go to Occupational Health and Safety Center, 6th and Bannock, 4th floor. Phone: 303-436-7155. **Use Emergency Room after hours.**
3. **Children's Hospital of Colorado**, 7-4:30pm, Monday-Friday, go to Occupational Health Services, B260. Phone: 720-777-6577. **Use Emergency Room after hours.**
4. **Veteran's Affairs**, 8-4pm, Monday-Friday, go to Occupational Health 1055 Clermont St. Phone: 720-777-2330. **Use Emergency Room after hours.**
5. **Memorial Hospital Colorado Springs**, 7:30-5pm, Monday-Friday, go to Occupational Health 175 S. Union Blvd Ste. 315. Phone: 719-365-6840. **Use Emergency Room after hours.**

Next Steps:

1. The University of Colorado provides workers' compensation coverage for students who have a needlestick, sharps injury, blood/other body fluid exposure or any other hazardous exposure.
 2. University Risk Management is responsible for payment. Send bills to: University Risk Management, 1800 Grant Street, Ste. 700 Denver, CO 80203.
 3. File a claim **within 4 days** with University Risk Management at www.cu.edu/risk/incident-procedure.
 4. For follow-up on exposure, go to one of the Designated Medical Providers listed online.
 5. Questions? Call University Risk Management 303-860-5682 or 888-812-9601.
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How to pick rotation site and subspecialty

A Survey Monkey is sent out eight weeks prior to the start of the block requesting your choices.

Every effort is made to give the student their top choices, however, if there are more students than spots at a given location, a lottery method is used in the selection process.

Logger

In order to ensure that students are seeing all of the required conditions and adhering to duty hour restrictions during Phase III, the following requirements of students and clerkship directors are in place:

Logger Requirements

- Update the Logger at least once weekly, including duty hours for the week.
- Only required to log a required clinical condition once during the block in which it is required.
- Log honestly, including truthfully reporting duty hours and patients seen.



- Provide the logger to the clerkship director or their designee at the midpoint and end of a block, or at the end of the block for blocks less than 4 weeks in length.

Duty Hour Requirements

In addition to your clinical responsibilities, students are required to complete Phase III Foundations of Doctoring course requirements and occasional activities mandated by the Dean of Student Affairs. The CUSOM has developed a medical student “duty hours” policy based on the policy requirements for residents.

<http://www.ucdenver.edu/academics/colleges/medicalschoo/education/graduamedicaeducation/GMEDocuments/Documents/4.Policies%20and%20Procedures/Clinical%20and%20Educational%20Work%20Policy.pdf>

The CUSOM duty hour policy for medical students applies to all clinical sites providing education to medical students.

During Phase III required clerkships, students are required weekly to indicate whether they have complied with duty hour policy and if unable to comply, to provide the reason(s) for non-compliance. Students should contact the clinical block or clerkship director when they are approaching duty hour limits, and discuss with block directors about how to proceed including possible schedule adjustment at the clinical site.

- Students will not work more than 80 hours per week when averaged over four weeks.
- Students will have a minimum of one day in seven off, when averaged over four weeks.
- Students will not work more than 24 consecutive hours of scheduled participation during one period of time and no more than 4 additional hours to accomplish an effective transition of patient care.
- Students should have 8 hours free of duty between work shifts.
- After a 24-hour shift, students should have 14 hours free of duty.
- No more than every 3rd night on call. Duty hour activities include patient care and all required educational activities. Studying, reading, and academic preparation do not count towards the work hour maximums. Travel time to rotations does not count as work hours.

Clerkship Directors or their Designee will:

- Review the student logger data at the midpoint and end of a block, or end of the block for blocks less than 4 weeks in length, to ensure students are on track to see all required clinical conditions.
- Review aggregate data twice yearly to ensure that all required clinical conditions are seen by all students and to ensure that alternate methods are used minimally to achieve this.

Students not completing their requirements will face the following consequences:

- Dishonest Logging of Patient Encounters or Duty Hours will be deemed a violation of the Student Honor Code and be referred to the Student Honor Council for further discussion.
- Students will not receive a grade until a completed logger has been turned in at the end of the block.

Please refer to the video presentation from ICC 7001 for instructions on how to successfully use the logger if you run into technical issues.



Professionalism - Student Expectations of Professionalism

Academic Honesty Statement

Students are expected to adhere to the Honor Code of the University of Colorado School of Medicine which states that students must not lie, cheat, steal, take unfair advantage of others, nor tolerate students who engage in these behaviors. Please check the website for information on the Medical Student Honor Code.

<http://www.ucdenver.edu/academics/colleges/medicalschoo/education/studentaffairs/AcademicLife/HonorCouncil/Pages/default.aspx>

Students are also expected to:

- Contact the appropriate block faculty and student life for all voluntary and involuntary absences.
- Check email and Canvas regularly for communication about block activities and updates. Respond within 24 hours to all block emails requiring individual student response.
- Attend all block conferences and required events and arrive on time to these events.
- Complete all required coursework and evaluation.
- Use smart phones and electronic tables with discretion
- Wear professional dress.

Reporting Issues of Professionalism of Others:

The Office of Professionalism exists to provide faculty, residents, fellows and students a resource on campus to obtain a fair and equitable treatment for all matters. Under appropriate circumstances, the office can serve as an advocate for fair and equitable treatment for faculty, residents, fellows, and students and can facilitate safe reporting of mistreatment or abuse.

The Office is available to help faculty, residents, fellows, and students with all issues and concerns and provides consultations, short-term coaching, counseling, referrals, alternative dispute resolution and facilitation. The Office can also assist faculty, students, and staff members in preparation for various meetings and conversations.

The services of the Office of Professionalism are provided free of charge.

Contact the office by emailing Abigail Lara, MD at ABIGAIL.LARA@UCDENVER.EDU and Jeff Druck, MD at JEFFREY.DRUCK@UCDENVER.EDU. For faster response, (no confidential information please) call 303-724-4PRO (4776). Offsite and onsite visits are by appointment only. Building 500, 8th floor, room 8000C.

Mistreatment

If a student feels that he or she has been subject to mistreatment in the learning or clinical environment, there are a variety of options for reporting. We recognize that students may differ in how they want to address this issue, and we seek to provide a wide array of reporting options.

Please check the website for information and reporting in regards to mistreatment vs. suboptimal learning.

<http://www.ucdenver.edu/academics/colleges/medicalschoo/facultyAffairs/Professionalism/Pages/DefinitionsExamples.aspx>



Communication

The preferred methods of communication during OPC clerkship include:

Email: For non-urgent issues e-mail is the preferred method of communication. If urgent or after hours, you can page Course Directors.

Canvas: Canvas is used as the main source of information for this course. Please be sure to have your notifications turned on as announcements are made from Canvas. Assignments are uploaded by the student into Canvas. Various lecture and small group evaluations, as well as the Anesthesia/Informed Consent quiz are administered through Canvas. The course calendar is located in Canvas. AHEC students will participate in Monday morning didactics via Zoom in Canvas. Panopto recordings of lectures are also available.

Laptop and Mobile Device Usage: Students are required to bring laptop or tablet to Orientation and are encouraged to bring them for Monday morning didactics.

Library-supplied online databases and collections. If you assign research projects, describe your expectations for students to be able to successfully use library resources. For your student presentation and long case report please use HSL resources to access journal articles.

Attire

No scrubs in clinic unless specifically told otherwise at your site. White coats should be worn. Business attire for outpatient business.

Foundations of Doctoring Curriculum (FDC)

You will continue with the longitudinal Foundations of Doctoring Course while completing your clinical rotations in Phase III. You are required to attend a minimum of 10 sessions (40 hours) with your preceptor during Phase III. These sessions may occur at your discretion and during any of the blocks. Your block directors and clerkship teams are aware of your preceptorship requirements so please work with them to determine the best time to attend preceptor sessions. You will be excused from clinical duties while attending preceptor sessions. Please be considerate of the time you are away from each clerkship and attend NO MORE than 2 sessions during the 4-week blocks and 3 sessions during the 6-or 8-week blocks. You cannot miss required clerkship activities or go over duty hours to attend preceptor sessions.

You are also required to attend two Hidden Curriculum sessions during the clinical blocks (June & October) and IPE Clinical Transformations Simulation during the HAC block. These sessions are required but do not count as a preceptor session.

Please refer to the FDC syllabus for further details.

Course Calendar

Posted on Course Canvas site.