Operative/Perioperative Care IDPT 7050

Curriculum & Course OVERVIEW

The following information provides an overview of the 2020-2021 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: Scott Vogel, DO (Scott.Vogel@cuanschutz.edu)

Anesthesia Assistant Director: Jason Papazian, MD (<u>Jason.Papazian@cuanschutz.edu</u>)

Anesthesia Coordinator: Birdie Moua, MPH (Bertha.Moua@cuanschutz.edu)

Surgery Co-Director: Paul Montero, MD (<u>Paul.Montero@cuanschutz.edu</u>)

Surgery Assistant Director: Teresa Jones, MD (<u>Teresa.Jones@cuanschutz.edu</u>)

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

Disclaimer:

This handbook/syllabus does not constitute a contract, either expressed or implied, with the University of Colorado, School of Medicine and the University reserves the right at any time to change, delete or add to any of the provisions at its sole discretion. Furthermore, the provisions of this document are designed by the University to serve as guidelines rather than absolute rules, and exceptions may be made on the basis of particular circumstances.

Contents

Curriculum & Course OVERVIEW	1
Operative/Perioperative Care Faculty & Staff Contact Information	
Disclaimer:	
Contents	
Welcome	
Core Clinical Conditions (Table format)	
Course Goals and Objectives	
General Surgery Objectives	
Course Format and Timeline	
Attendance Policy	6
Accommodations	
First day reporting section	
REPORTING INFORMATION FOR SURGICAL SUBSPECIALTIES	
Anesthesia	
Burn Surgery	
Cardiothoracic Surgery	
Neurosurgery	
Orthopedic Surgery	
Pediatric Surgery	
Plastic and Reconstructive Surgery	
Transplant Surgery	
Urology	
Vascular Surgery	
CALL REQUIREMENTS WHILE ON GENERAL SURGERY – NO CALL REQUIRED DURING PANDEMIC	
University of Colorado Hospital	
Denver Health	
St. Joe's	
VAMC	
REPORTING INFORMATION FOR GENERAL SURGERY ROTATIONS	
Denver Health Medical Center – General Surgery	<u>c</u>
Exempla St. Joseph Hospital – General Surgery	10
University of Colorado Hospital – General Surgery	
Veteran's Administration Medical Center – General Surgery	
Security, Student Safety, and Disaster Preparedness	
Recommended Resources	13

Assignments	15
Informed Consent Outline and Class Participation	15
Student Presentation	17
Written Questions	17
Direct Observation & Mid-Point Review Feedback Forms	18
Examinations	18
Evaluations and Grading	19
Hazard Exposure/Needlestick	23
How to pick rotation site and subspecialty	24
Logger	24
Professionalism - Student Expectations of Professionalism	27
Reporting Issues of Professionalism of Others:	27
Mistreatment	
Communication	28
Attire	28
Course Calendar	28



Welcome

Welcome to your Operative/Perioperative Care block. This clerkship is a clinical experience that introduces students to basic principles of surgery 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 procedures.

Core Clinical Conditions (Table format)

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

http://www.cuanschutz.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 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 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.cuanschutz.edu/academics/colleges/medicalschool/education/degree_programs/MD
 Program/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.

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 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 8:30-11:30 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, two-2 week sessions on two surgical subspecialties.
- MidPoint Review Meeting All students are required to have a mid-clerkship review at the midpoint 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: Informed Consent due Tuesday of Week 7 and Student Written Questions due Tuesday of Week 8.
- Each student will do a 10-minute presentation on a surgical topic.
- Each student will participate in a 2-hour online Radiology Workshop during Orientation.
- 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.
- 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.

Attendance Policy

Refer to "Attendance & Absence Policies for Phases III & IV, ICC" in SOM White book at http://www.cuanschutz.edu/academics/colleges/medicalschool/education/studentaffairs/studentresources/Documents/StudentHandbook.pdf.

For unanticipated absences during the rotation, you MUST contact the Course Director, Course Coordinator, Student Life Dean 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 <u>Disability Services</u> <u>Office (http://www.cuanschutz.edu/student-services/resources/disability-resources-services/Pages/disability-resources-services.aspx)</u> 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:



REPORTING INFORMATION FOR SURGICAL SUBSPECIALTIES

Anesthesia

Anesthesiologists care for anyone and everyone. It is a practice of medicine dealing with the management of procedures in using anesthesia and anesthetics to assist in managing patient pain and emotional stress. They practice in the ORs, ICU, Labor and Delivery, pain clinic and more.

Bertha (Birdie) Moua (Bertha.Moua@cuanschutz.edu) will be your main administration point of contact for anesthesiology, but you will receive site requirements and information from other coordinators depending on which location you are assigned to. Anesthesiology sites will be CHCO, DHMC, St. Joseph's, UCH and VAMC.

Burn Surgery

Report to the UCH Burn Unit (third floor) of Anschutz Inpatient Pavilion (AIP), Nurses Station at 8 a.m. Contact Arek Wiktor, MD, for further information (<u>Arek.Wiktor@cuanschutz.edu</u>).

Cardiothoracic Surgery

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

Contact Information for the 6 Thoracic Surgery Fellows for AY2020-2021:

Neil Venardos, Chief Fellow

Pager: 303-266-5842 Cell: 713-806-5060

Vicente Valero, Chief Fellow

Pager: 303-266-3810

Cell: 713-805-1334

Yihan Lin, 2nd Year Fellow

Pager: 303-266-5426 Cell: 720-320-1458

Brandon Wojcik, 2nd Year Fellow

Pager 303-266-2515

Cell: 616-723-1500

Lauren Taylor, 1st Year Fellow

Pager: 303-266-3704

Cell: 952-457-0821

Michael Cain, 1st Year Fellow Pager: 303-266-3703

Cell: 307-200-1508

Neurosurgery

Jenny Hasenbalg will send you contact information for the Neurosurgical Resident at your assigned hospital. Reporting time is usually 6:30 a.m. <u>Jennifer.Hasenbalg@cuanschutz.edu</u> or 303-724-8963.

Please review the Department of Neurosurgery Goals and Objectives to prepare for your rotation. This can be found in Canvas/Files/Neurosurgery.

1. Recommended Resource: Greenberg's Handbook of Neurosurgery

Orthopedic Surgery

On any given day, our orthopedic surgeons are working to save a limb, stabilize a complex fracture, correct a deformity, or heal a bone infection. Our fellowship-trained orthopedic specialists work with a multi-disciplinary team of providers to support our patient's comprehensive health. This rotation will focus primarily on outpatient orthopedic care and includes opportunities to work with many of our subspecialty providers. Frank Scott, MD is the preceptor and Rebecca Lewis, Coordinator, can be reached at Rebecca.2.Lewis@cuanschutz.edu.

Pediatric Surgery

Michael Benge (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 email the senior fellow Chris Derderian, MD (Sarkis.Derderian@childrenscolorado.org). Surgery Site Preceptor is Jonathan Roach, MD.

ID Badges and Electronic Medical Access: Andrea Reed (<u>Andrea.Reed@childrenscolorado.org</u> 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 1^{st} floor of the Administrative Pavilion just outside of the Aspen conference room. There are also additional lockers in the 8^{th} floor workroom.

Plastic and Reconstructive Surgery

Erin Oglesby (erin.oglesby@cuanschutz.edu) will email you specific instructions and resident contact information the Wednesday before your rotation begins. You will spend time with the Plastic & Reconstructive Surgery service at both UCH and CHCO. Before starting at CHCO, please go to Access Control on the lower level of the main hospital by the front entrance to get your badge – use the elevators to the right of the front desk by the Special Care Clinic. You are required to use your University parking while at CHCO.

For your best preparation, you may page the plastic surgery intern at 303.266.4354 the day prior to starting your rotation for more detailed instructions on where to be at what time. We will try to get you exposure to both pediatric and adult plastic and reconstructive surgery. Brooke French, MD, is the rotation director. Please let us know if you have particular interests that we can foster. We look forward to having you on service!

Transplant Surgery

Two days before you start your rotation, please contact the transplant surgery fellows Dr. Hunter Moore (303-378-6526, hunter.moore@cuanschutz.edu) and Dr. Yanik Bababekov (617-23-1225 or Yanik.Bababekov@cuanschutz.edu) to arrange meeting time and location. Please allow time for response as they are frequently operating. You may also page the Transplant Service pager after you

complete your didactics on the first day of the rotation (303-266-1630). The Transplant Surgery Unit is located in AIP1, 6^{th} floor.

Urology

Amber Camus will e-mail you reporting information and a weekly schedule. You may contact her at Amber.Camus@cuanschutz.edu. 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

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

CALL REQUIREMENTS WHILE ON GENERAL SURGERY – NO CALL REQUIRED DURING PANDEMIC

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. If you are assigned to the TACS team for your rotation, you do not need to take call.

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).

REPORTING INFORMATION FOR GENERAL SURGERY ROTATIONS

Denver Health Medical Center – General Surgery

Site Preceptor: Alexander Morton, MD, Alexander.Morton@dhha.org

General Surgery Site Coordinator: Elizabeth Hill, <u>Elizabeth.Hill@dhha.org</u>, Third Floor, Pavilion A, Main Hospital, Department of Surgery Administration Offices, Rm. # A358. Elizabeth's hours are 7:00 a.m. to 4:30 p.m., Monday through Friday.

Badges, Surgical Scrubs, and Computerized Medical Records Access: Refer to the welcome email Elizabeth Hill sent you. Please email her your scrub size. They need to be the same size for top and bottom.

Parking: Students may park in the Rita Bass parking lot located at 190 West 6th Avenue for a daily fee of \$2.00 a day or there is metered parking on the streets as well. Please see the parking map in Canvas under Files/Denver Health.

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 Elizabeth Hill, Elizabeth.Hill@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 Elizabeth receives your email. One student per clinic is preferred.

You are scheduled to meet with Dr. Morton every Friday of your rotation in the A370 Conference Room from 2:30 p.m. to 3:30 p.m., unless otherwise specified. Bring your questions and/or interesting cases to discuss and learn from. This date might change due to Dr. Morton's OR schedule.

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, Lawless, Coleman, Werner, Brooke: general surgery
- Red Team: Drs. Jaiswal, Hoehn, Bensard, Somme: pediatrics, vascular, breast
- <u>Gray Team</u>: Drs. Burlew, Moore, Campion, Pieracci, Morton: endocrine, thoracic, bariatric, general surgery
- TACS Day/Night Teams: Multiple Attendings; acute trauma and general surgery

Exempla St. Joseph Hospital – General Surgery

Site Preceptor: Sydne Muratore, MD (Office: 303.812.6434; Pager: 303.234.2508); sydne.muratore@sclhealth.org.

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

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@cuanschutz.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. 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. You need to complete the registration process (if you haven't already) Registration Link: https://ucolorado.registerscrubxchange.com/login. If you have registration problems, contact Fabiola Pacheco at fpacheco@hospitalcooperative.com. She will need your badge ID number starting with "150".

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.cuanschutz.edu/about/departments/FacilitiesManagement/ParkingMaps/Parking/Pages/Pe

Sleep rooms: The resident call room (AIP, Room 2010, access code 2010) has a bunk bed. Work out call nights with your fellow classmates as there is only so much room. Leprino, Rooms 438 and 440 have been opened up during COVID to medical students.

Lockers: Available in AIP, room #2010. The access code is 2010. 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

rmitParking.aspx

Combination: 07 17 39



Men's OR Locker Room

Lock # 1 – Locker # 424 Combination: 38 04 34 (#1) Lock # 2 - Locker #427 Combination: 31 01 23 (#2)

Please note that due to construction of Tower 3 at University Hospital, the student locker space is being moved to the basement of AOP. The room number is OP-0016 and OP-0018. It is right off the elevator C in the main AOP area. There are showers in these locker rooms, which we hope will make up for the slightly increased walk.

Study Rooms: Every computer at UCH is directly linked to the UC Denver Health Sciences Library http://hslibrary.cuanschutz.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, pager 303.266.4871, Room D-3-112, Teresa.jones@cuanschutz.edu

General Surgery Administrative Officer: MaryEllen Winkler

Department of Surgery: 1700 North Wheeling, Building D, Third Floor, Room D-3-122, Aurora,

Colorado, Surgery Administration: 720.723.6466

On first day of rotation, report to the Resident Room, D3-120, at 6:00 a.m. or after Monday didactics.

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. Should you need to get a badge, you need to make an appointment through Ashley Herrera with the Personal Identity Verification office whose Standard Operating Hours are 7:30 a.m. to 3:30 p.m. M-F. Directions to the PIV office: RMR VAMC, 1700 Wheeling St., Building A is the VA building that is closest to Colfax & Wheeling, the driving/street entrance is a block north, inside fence, 1st building you see on the right, as you come into the court yard. (5 minutes from Children's Hospital, on foot.) In building A, go to 2nd floor, far left side of lobby from elevators, to the glass window in the wall (like at a pharmacy). Badging is on left side of lobby (HSPD-12 criteria), while HR (uses I-9 criteria) is across from them, on the right side of lobby (should a copy of WOC appointment letter be needed).
- Please contact Ashley Herrera (<u>Ashley.Herrera@va.go</u>); Dasia Price (<u>Dasia.Price@va.gov</u>) or Rebecca Pace (<u>Rebecca.Pace3@va.gov</u>) at least three weeks in advance of your rotation.
- You can check out scrubs each day through the Surgery Administration Office.
- Be sure your TMS (HIPPA, etc.) is up-to-date. If not, complete here:
 https://www.tms.va.gov/SecureAuth35/. If you have issues accessing your TMS account, you can send an email to VHAECHTMSHelpDesk@va.gov for assistance.

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

Lockers: Lockers for students are available for daily use:

 Female students can use locker # 77 (or the resident lockers, if not already in use, which are #81 & 82) Male students can use locker # 79 (or the resident lockers, if not already in use, which are #80 & 81)

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.cuanschutz.edu/academics/colleges/medicalschool/education/studentaffairs/studentreso urces/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.cuanschutz.edu/academics/colleges/medicalschool/education/studentaffairs/emergencies/ Pages/Emergencies.aspx

Recommended Resources

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

BoardVitals: an exam prep tool through the Health Sciences Library.

You can find <u>BoardVitals</u> on the library's <u>database page</u>, or through <u>STAT!Ref</u>. You must <u>register</u> with your @cuanschutz.edu, @childrenscolorado.org or @uchealth.org email address to access BoardVitals.

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.

Health Sciences Library has a few copies of "Essentials of General Surgery"

Check out Ebooks by Subject: Surgery at the HSL Library (https://hslibrary.cuanschutz.edu/ebooks/subject/Surgery)

Suggested Textbooks for Surgery

Essentials of General Surgery

Peter F. Lawrence, MD, et al, Sixth Edition, 2019, Wolters Kluwer (Amazon Price, New, \$72)(Kindle Edition, \$61)

Surgical Recall

Lorne E. Blackbourne, MD, Eighth Edition, 2018, Wolters Kluwer (Amazon Price, New, \$34) (Kindle Edition, \$38)

Other Suggested Textbooks for Surgery

Dr. Pestana's Surgery Notes

Carlos Pestana, MD, Fourth Edition, 2018, Kaplan Publishing (Amazon Price, New, \$22) (Kindle Edition, \$25)

Advanced Surgical Recall

Lorne H. Blackbourne, MD, Fourth Edition, 2015, Wolters Kluwer (Amazon Price, New, \$24)(Kindle Edition \$49)

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, 2007, Lipincott Williams & Wilkins (Amazon Price, New, \$48) (Kindle Edition, \$49)

Surgery: A Case Based Clinical Review

Christian de Virgilio and Paul N. Frank, 2015, Springer (Amazon Price, New \$67) (Kindle Edition, \$55)

Suggested References for Surgery

Greenfield's Surgery: Scientific Principles and Practice

Mulholland, Lillemoe, et al, 6th edition, 2017, Wolters Kluwer (Amazon Price, New, \$95) (Kindle Edition, \$154)

Current Surgical Therapy

Cameron and Cameron, 12th Edition, 2017, Elsevier/Mosby (Amazon Price, New, \$125) (Kindle Edition, \$120)

Sabiston's Textbook of Surgery

Townsend, et al, 20th Edition, 2017, Elsevier, (Amazon Price, New, \$125)(Kindle Edition, \$50) *Available as an e-book from Health Sciences Library (Free)

Schwartz's Principles of Surgery

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

Podcasts:

- Surgery 101
- Rocky Mountain Surgery

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

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

Assignments

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. <u>Eight Elements Necessary for Valid Informed Consent</u> an outline of the material for this session
- 3. Article: <u>Legal and Ethical Myths About Informed Consent</u> 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. <u>Informed Consent Decisions for Adult Patients and Minor Patients</u> 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 <u>one</u> 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

- <u>Describe a case scenario</u> that has taught you something about informed consent.
- <u>Clearly identify the element</u> 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).
- <u>Ethical Implications</u>: 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 you 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 5 points.

You will be graded on the following areas:

- Organization/content/accuracy
- No YouTube or other Web-based videos
- Please spell-check your slides
- Accuracy of Information
- Reference List
- Slide content (not too busy, not hard to understand)
- Presentation skills
- Diction/pronunciation
- Timing of slides (don't show a busy slide and not let your audience take it all in)
- Reference list

See sample in Canvas.

Written Questions

These questions are worth 5 points and are due Tuesday of Week 8.

Write 6 total multiple choice "board style" questions.

- 1) 2 questions applicable to General Surgery (total 2)
- 2) 2 question applicable to EACH subspecialty (total 4)

Each question should:

Be Of good quality (appropriate distractors, adequate length, etc.)

Have 4-5 associated answers, labeled A-E

Related to a clinical context the student experienced on their rotation

Have a labeled correct answer

Include an explanation with appropriate references (1-3 per question adequate):

Should explain why correct answer is correct

Should explain why incorrect answers are incorrect

Appropriate reference(s) can include peer-reviewed text books and/or journal articles

Grading: Each question will be graded in an all or none score of 1 per question, with one "freebee". Total 5 points available. Plagiarism is grounds for loss of ALL assignment points, a loss of professionalism points and referral to SOM as appropriate.

Resources of examples of "Board style" questions are the same as resources that would be used for shelf exam study as provided by Dr. Vogel.



Direct Observation & Mid-Point Review Feedback Forms

Direct Observation Form

- Students are required to complete all 4 components of the OPC Direct Observation Form (can be an observer resident or an attending).
- 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

NBME Surgery Shelf Exam – last Friday of the block – 100 points (58 required to pass). NBME Policy Statement: NBME Examinations Rules and Conduct. Students who arrive 15 minutes after the actual exam start time will NOT be allowed to take the exam.

NBME Shelf Exam Student Expectations Checklist

The National Board of Medical Examiners (NBME) Shelf Exams are a requirement for many courses during the Clinical Core clerkship year of the School of Medicine Curriculum. Students should be aware of the following exam requirements prior to each shelf exam and be aware that these requirements apply to every student taking each exam.

If a student is approved for special accommodations, they need to refer to their TAF form for clarifications or communicate with their course coordinator regarding any questions.

The items below outline the expectations that are held by the NBME and the School of Medicine. All students are expected to:

- Review the NBME policy in the Phase III Guidebook that states that if a student is <u>more</u> than 15 minutes late to the exam, they cannot take the exam that day and need to reschedule with their course coordinator. This likely will require the student to retake the exam on a standard make-up exam day offered by the SOM.
- Have their student ID memorized.
- Bring a state issued photo ID to the exam for the proctor to match to the photo roster.
- Be aware that they cannot have any personal items at their desk including: any electronic devices, food, drink (including water), notes, paper, writing utensils (except the dry eraser marker that is provided) and bulky clothing items or hats.
- Raise their hand if a clean noteboard is needed or if they need to use the restroom so that the student can be escorted by a test proctor.
- Know that test questions are randomized for each student and if there is suspected cheating during the exam, an Incident Report will be filed with the NBME.

Evaluations and Grading

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

Clinical Performance (50%)

Clinical Team Assessment	<mark>50%</mark>
Cognitive Performance (50%)	
Written Exam	20%
Informed Consent Thread	10%
Student Presentation	5%
Professionalism	10%
Questions for Shelf Exam	5%

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 BOTH Subspecialties) to qualify for a final grade of Honors.
- Students should achieve High Pass designation for the clinical assessment (must achieve High Pass in General Surgery OR High Pass in BOTH 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 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%

Surgical Subspecialties: 20% each 2-week rotation for a total of 40%

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. In 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 Weeks 2, 3, 4, 5, 6, 7) will result in the loss of a professionalism point. The guidelines for evaluators are posted in Canvas.

Here are some guidelines for specific rotations:

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. Alex Morton will complete a composite assessment. Email a list of your general surgery evaluators to Dr. Morton and the DHMC Coordinator. You evaluate all faculty and residents with whom you worked.

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.

Anesthesia: Minimum of one attending and one resident. Some sites will require a composite.

Burn Surgery: One faculty member and one resident.

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

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

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

<u>Pediatric Surgery</u>: Attendings and/or Fellows (minimum of two).

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

<u>Transplant</u>: Attendings and/or Fellows (minimum of two).

<u>Urology</u>: Attending or chief resident and one other resident (total of two).

Vascular Surgery: An Attending 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 58% of the questions correct in order to pass. The NBME Surgery Shelf exam allows you two and one-half hours for the exam. If you fail the Surgery Shelf exam, you will be given an IP and will have the opportunity to retake the NBME Surgery Shelf exam per school policy. If you pass on the second attempt, you will get a Pass (not eligible for High Pass or Honors). If you fail again, the highest possible grade would then be Pass with Remediation (PR).

Professionalism - 10%

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
- Written exam

The informed consent paper, mid-course review form 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 Surgical Subspecialties.

<u>School of Medicine policy</u> 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 2021 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.cuanschutz.edu/academics/colleges/medicalschool/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.

How to pick rotation site and subspecialty

A Survey Monkey is sent out six-seven 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:

Clinical Logger Requirements

- Update the Logger at least once weekly.
- 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 via Canvas at the midpoint and end of a block, or at the end of the block for blocks less than 4 weeks in length.
- http://www.cuanschutz.edu/academics/colleges/medicalschool/education/degree_programs/MD
 Program/administration/policy/Documents/LoggingRequiredClinicalExperiences-PhaseIII.pdf

Duty Hour Requirements

The CUSOM has developed a medical student "duty hours" policy based on the policy requirements for residents.

http://www.cuanschutz.edu/academics/colleges/medicalschool/education/degree_programs/MDProgram/administration/policy/Documents/MedStudDutyHoursPolicy.pdf

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

An important part of medical education involves student learning while in a clinical setting. The CUSOM has developed a medical student "duty hours" policy based on the policy requirements for second year residents (e.g., PGY-2, R-2). The CUSOM duty hour policy for medical students applies to all clinical sites providing education to medical students. Briefly, the requirement is:

- 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 (excluding rotations in which students are working consecutive night or swing shifts and have days off).

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.

Snapshot Surveys

Periodically throughout the academic year (June, August, October, January, March), all active Phase 3 students enrolled in clerkships 4 weeks or longer will be asked to log duty hours every day for a week. Logging will be scheduled to avoid the first week of new blocks (orientation) and the last week of blocks (exams).

Each day of the week, the students will receive an email invitation to complete a Qualtrics survey. Monday through Sunday, the survey will have one question that will ask the students to enter the number of hours they worked that day.

On the final survey day, the survey will have an additional question:

If you v	vere not able to comply with Duty Hour Requirements during this course, please check
the req	uirement that led to a violation of duty hour requirements:
	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 will have 8 hours free of duty between work shifts.

After a 24-hour shift, students will have 14 hours free of duty.
Students will not have more than every 3rd night on call (excluding rotations in which
students are working consecutive night or swing shifts and have days off)

(Comment box if any boxes checked): Please provide explanation of any areas above that you have not been able to comply with:

The surveys will be set to send a reminder daily until each survey is complete.

The Phase 3 Coordinator will monitor survey completion of the duty hour logs during the week and ensure completion. Each student will have a unique URLs which will enable correlation of the student's schedule and duty hour logging. After the logging is completed, the survey data will be downloaded and combined with clinical site data.

End of Block Evaluations

An evaluation question is included in the course evaluation for all clerkships 4 weeks and longer, and all sub-internships:

If you were not able to comply with Duty Hour Requirements during this course, please check the requirement that led to a violation of duty hour requirements:

req	full efficient that led to a violation of duty flour requirements.
	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 will have 8 hours free of duty between work shifts.
	After a 24-hour shift, students will have 14 hours free of duty.
	Students will not have more than every 3rd night on call (excluding rotations in which

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.

students are working consecutive night or swing shifts and have days off)

• 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.cuanschutz.edu/academics/colleges/medicalschool/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. <u>Respond</u> 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 Professional Excellence 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 Professional Excellence are provided free of charge.

Contact the office by emailing Abigail Lara, MD at ABIGAIL.LARA@CUANSCHUTZ.EDU, Jeff Druck, MD at JEFFREY.DRUCK@CUANSCHUTZ.EDU or Josette Harris at JOSETTE.HARRIS@CUANSCHUTZ.EDU. You can also report by phone at 303-724-4PRO (4776) or through the website at http://www.cuanschutz.edu/about/departments/Professionalism/Pages/default.aspx. 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.cuanschutz.edu/academics/colleges/medicalschool/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 are administered through Canvas. The course calendar is located in Canvas.

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 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.

Course Calendar

Posted on Course Canvas site.