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Welcome to the Department of Otolaryngology—Head and Neck Surgery

Whether you are visiting from afar or you are a current student at Stanford University, we would like to give you a warm welcome. We hope your time spent in our department is fulfilling.

Getting Started

Students primarily rotate at Stanford Hospital (SUMC).

There are 3 ENT Services at Stanford:

- Head and Neck (a.k.a. Scalpel)
- Specialties (a.k.a. Scope)
- Pediatrics

A two-week rotation might look like this:

- 1 week Head and Neck
- 1 week in Specialties/Pediatrics

A four-week rotation might look like this:

- 2 weeks Head and Neck
- 1 week in Specialties
- 1 week in Pediatrics.

On some occasions when there are many students you may be assigned to the Santa Clara Valley Medical Center (SCVMC, a county hospital) or the Palo Alto Veterans Affairs Hospital (PAVA).

Rotations

- **Main Contact**: The Chief Resident on that service.
- Each service will have a number of faculty that you will be rotating with during the week.
- This rotation is meant to be flexible rather than rigid, therefore it is expected that medical students will take self-responsibility by selecting 1-2 faculty members who you spend at least 3 sessions with (half-day clinic counts as one session).
- If other med students are also assigned to the same service collaborate with them and the chief resident regarding your selections so that multiple students do not end up with a single faculty member on any particular session.
- Please be aware that while what is specified on the provided rotation schedule is the typical weekly schedule, occasionally some clinics will be cancelled due to faculty being away or other conflicting responsibilities. There can also be add-on OR cases that are not indicated on this schedule.
Expectations and Requirements

Students are expected to attend lectures and conferences within the department.

- These conferences include Resident Education and Grand Rounds on Thursdays.

- In addition, if you are on the Head & Neck Service only, you will attend the Thursday morning conference from 8:00-9:00am in the Fee library. You will be expected to present answers to 2-3 questions.

- If the faculty or residents forget to excuse you for these lectures, please remind them.

Evaluations

Evaluation of the student:

- At the end of each week a log will be sent out on SurveyMonkey. On there you will provide the names of the faculty, fellows and residents that you worked with that week. You will also rate the quality of your lectures that week.

- You are required to complete this log by Monday of the following week. These logs will then be used to send out evaluations on your performance.

- Dr. Kwang Sung, the Clerkship Director, will then review all the evaluations to give you your final grade.

- **AWAY STUDENTS:** Please provide a copy of your school’s evaluation and contact information for your school’s registrar to the Clerkship Coordinator as soon as possible once you start your rotation.

Evaluation of the Clerkship Overall:

- At the end of your rotation you will receive an overall evaluation of the Clerkship. Please be as candid as possible. Your email or any other form of identity is not recorded with these surveys.

- Feedback is essential and important to this institution in order to provide future physicians with the best education possible. We thank you in advance for your cooperation.
For Your Reference

Clinical Sites

LPCH
725 Welch Rd.
Palo Alto, CA 94304

Stanford Sleep Center: Redwood City Clinic
450 Broadway St.
Redwood City, CA 94063

Cancer Center
875 Blake Wilbur Dr.
Stanford, CA 94305

Santa Clara Valley Medical Center
751 Bascom Avenue
San Jose, CA 95128

Palo Alto VAHCS
3801 Miranda Ave.
Palo Alto, CA 94304

Do you plan on applying to the Stanford OHNS residency?

Contact Erika Shimahara, our education specialist and residency coordinator (eshimahara@stanford.edu), who can answer questions you may have. We suggest that residency candidates also meet with the program director, Dr. Anna Messner towards the end of your rotation. Erika Shimahara can be contacted to arrange both meetings.

Free Literature

This is a handy reference for a student who is new to ENT or may not know anything about ENT. It is a free downloadable book. → www.entnet.org/primarycare

Without continual growth and progress, such words as improvement, achievement, and success have no meaning. Benjamin Franklin
Helpful Tips While on Rotation

Clinical Locations

Department Headquarters
801 Welch Road
• With faculty, fellow and resident, administrative offices.
• Location of lectures is the second-floor conference room.

Cancer Center
875 Blake Wilbur Dr., Stanford, CA 94305
• Located across from the parking lot of 801 Welch.
• Head and Neck faculty offices, clinics, and Thursday Tumor Board are located here.
• Many of the outpatient surgeries are performed at the Ambulatory Surgery Center (ASC), located on the 3rd floor.

Main hospital
• The adult inpatient wards are located here.
• Unit C2 is where the majority of primary ENT floor patients are assigned. Rounds for the adult Head and Neck and Specialty services will typically start here, unless otherwise specified by your team.
• Adult main OR is located on the 2nd floor of the Stanford Hospital.
• Residents can show you where the locker rooms are and where to get scrubs.

Lucile Packard Children’s Hospital
725 Welch Rd., Palo Alto, CA 94304
• Pediatric Service is based here.
• ENT Clinic is at the Mary L. Johnson Pediatric Ambulatory Care Center, located across from LPCH at 730 Welch Road.
• Pediatric services are performed either in the Pediatric Main OR, on the ground floor of the LPCH, or in the Ambulatory Procedure Unit (APU), located on the 1st floor of LPCH.

Generally, you will be assigned to an even mix of clinic and OR. Feel free to let your chief know if there are any types of cases you are particularly interested in seeing during your rotation.

Rounds

Rounding times vary by service and by day.
• There are daily morning and afternoon rounds.
• All team members round together in the mornings.
• Afternoon rounds may consist of the entire team, depending on availability.
• Check with the chief resident on your service each evening to establish where and when to meet the following morning and what your schedule will be for the next day.

When to arrive for rounds and what to do.
• Discuss with intern/PGY-2 as to when they plan to arrive and what tasks you can help them with. Often, you may be able to help with printing copies of the patient list for all team
Members (a resident can show you how to do this) and/or collecting vitals for patients off of the computer.

- Rounds will typically need to be completed by 7am so that team members can proceed to the pre-op area to check in patients and prepare for surgery.
- Generally students will arrive 30 minutes ahead of when rounds start to pre-round and assist intern/PGY-2.
- OR starts at 7:30 every morning (except Mondays, which are 8:30am start).

**Presenting on patients**

- Students will be expected to follow any inpatients whose cases they have scrubbed in on.
- You should pre-round on these patients (i.e. speak with and examine them) and be prepared to present the patient to the team on rounds.
- Presentations should be brief.
  - Begin with the patient’s post-op day and what surgery they had, followed by any significant overnight events/complaints.
  - Next, provide vital signs, I/Os (drain outputs by shift, PO intake and/or tube feeds). Pertinent physical exam, and new lab results.
  - Try to give an assessment and plan for the day (including why the patient needs to stay in the hospital, e.g. IV antibiotics, nutritional status, drains in place, etc.)
  - If the patient is in the ICU, you should present the patient by system (Neuro, CV, Resp, GI, Heme/ID, Endo).
  - Include antibiotic day number and relevant prophylaxis (e.g. DVT/PE prevention) in your presentation for all patients.

**Procedures that are commonly performed on or just after rounds.**

- This includes dressing changes, trach suctioning, trach changes, drain removal, staple removal, and suture removal.
- It is useful and expected to carry some supplies with you such as tongue blades, a headlight, 4X4 gauze, suture removal kits, staple removers, and paper tape.
- If you know that your patient will be needing a trach change the next day, check with the nursing staff to make sure there are supplies at the bedside (including a new trach, a spare trach that is one size smaller, trach suctions, trach ties, lube, etc.)

**Progress Notes**

**Writing daily progress notes for your patient(s).**

- You may assist with these notes after rounds.
- There are templates available for this purpose.
- One of the residents can share these templates with you and show you how to use them.
- Be careful if you are copying and pasting the previous day’s note for a patient that you update all the pertinent information, including post-op day, any new labs or vitals, antibiotic day, etc.
- Designate the intern/PGY-2 as the co-signer for your note.
- Medical students are not expected to input orders on patients.
Clinic

**Remember you are a very important part of your patient’s care!** Medical students can be the source of vital information regarding their patients because they have the time to speak with their patients in depth and conduct thorough chart reviews. Patients are also very appreciative of the care you can provide.

**Attire**

- If you are assigned to attend clinic for the morning, come dressed in appropriate professional attire (e.g. collared shirt and slacks for men; blouse and slacks or skirt/dress for women) with your white coat and name badge.
- If you will be in the OR in the morning and clinic in the afternoon, bring a change of clothes.
- Clinical procedure will vary depending on the attending.
- You may be asked to accompany a resident or fellow to see patients initially, but eventually, you should be seeing patients on your own before presenting to the attending.
- Most clinics will provide you with an intake form for you to jot down notes on the history and examination. These do not get scanned into the patient record, but the actual clinic progress note is typed in the computer, so do not worry about having to fill these out in great detail.

**Patients**

- Generally, there will be a list of patients posted or written up somewhere or in EPIC under “schedule.”
- A medical assistant will indicate on the list which patients are available to be seen.
- You can sign up for the next available patient on the list, or ask the resident/fellow/attending which patient they would like you to see.
- The patient’s chart is usually by the door. This includes a print out of the last clinic visit, or any faxed referral documentation if it is a new patient.
- Review these materials as well as any other notes or imaging available in the electronic record.
- Take a thorough history and do a complete examination unless instructed otherwise.

**Clinical Progress Notes**

- A resident can share templates with you for clinic progress notes.
- Send these to the attending for co-signature.
- In some cases (such as the LPCH or for the Tumor Board), you may be asked to dictate or write progress notes. A dictation template is available in these cases; ask a resident to provide you with a copy.
- Make sure to specify the attending physician’s name at the beginning of the dictation or assign them as a cosigner on a progress note.

**OR cases**

- One of the residents can provide you with a list of all the OR cases for the week.
- If you are assigned to a case, make sure to read about the surgery and the patient’s history ahead of time.
- Look up H & P in EPIC as well as labs and imaging.

*Introduce yourself to the circulating nurse and scrub tech once you get to the OR. Write your name and MS3 or MS4, as well as your glove size on the white board.*
Tumor Board

The multidisciplinary Head & Neck Tumor Board is held every Thursday morning. Students on the Head & Neck service will be assigned a patient to examine and present at the conference. A general description of the diagnosis will be provided the night before (e.g. oral cavity cancer or laryngeal SCCa), but you will not be able to review the patient’s information until the morning of Tumor Board. After morning rounds, the team will convene at the Cancer Center Workroom A. There, you will find your patient’s chart, which contains all of the history, imaging results, and labs we have available.

Examining the Patient

- You will take your patient's history and do an examination.
- You will have 1 hour to complete your history and physical.
- A resident or attending will help you perform the flexible fiberoptic laryngoscopic exam on your patient. Make sure to document your findings!
- Members of the TB panel including Head & Neck, Medical Oncology, etc. will come in all at one time to meet the patient. Give a one-liner and then tell the panel if there are exam findings and they will examine the patient.

Presenting your patient

- When it is your turn, start with a one-liner "Mr. X is a 67 year-old man, who has been referred to us for evaluation of a right tonsil squamous cell carcinoma."
- Follow with a concise history: Include all prior treatment history, if applicable, as well as, tobacco/alcohol use history and family history and relevant findings on physical examination. Do not include normal findings or non-head & neck exam, unless pertinent in some way.
- At this point, you will be asked what you would like to do next. The answer is "review the pathology."
- The pathologist will then review any slides that are available for your patient.
- Once this is done, or if there is no pathology, the next step is to review the imaging. The neuroradiologist will do this.
- Make sure you document the findings and whether you agree or disagree with the report.
- After the images are reviewed, you will be asked to provide an assessment and plan.
- You will need to state the TNM staging and type of cancer first, and then suggest a treatment (e.g. type of surgery, or chemo-XRT). It is okay to ask for help at this point if you are unsure.
- Following this, the Tumor Board convenes upstairs in the 2nd conference room and each patient is presented.

Tumor board notes

After the Tumor Board adjourns, you will need to dictate or type a Tumor Board note on your patient.

- It should contain: 1) reviews the relevant history, 2) the physical exam findings, 3) the results of the pathology and radiology reviews, and 4) the Tumor Board’s consensus on treatment options.
- A template is available for this, or you can ask a resident to give you a copy of a Tumor Board letter for another patient.
- The letter should be cc’ed to the patient’s referring physician, primary care physician, any other physicians involved in the treatment, and the patient him/herself. Internal cc’s may also be made to the participating medical oncologist and radiation oncologist at the Tumor Board.