Otolaryngology-Head & Neck Surgery
Medical Student Clerkship

Stanford University
School of Medicine

www.med.stanford.edu/ohns.html

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Welcome to the Department of Otolaryngology-Head & Neck Surgery

801 Welch Road
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Rotational Overview

- There are 3 ENT Services at Stanford:
  1. Head and Neck (Scalpel)
  2. Specialties (Scope): Otology, rhinology, laryngology, sleep surgery, facial plastic surgery
  3. Pediatrics (LPCH)

Students will be assigned to services at Stanford or LPCH. But on some occasions, such as when there are many students, you may be assigned to the Santa Clara Valley Medical Center or Palo Alto Veterans Affairs Hospital.

- Your main contact is the chief resident on the service to which you are assigned.
• Each service will have a number of attendings whom you will be rotating with during the week.

• Besides Stanford, our attendings and trainees are located at several clinical locations: Palo Alto Veterans Affairs Hospital, Redwood City Campus, Stanford Ear Institute (SEI) in East Palo Alto, and Santa Clara Valley Medical Center (see page 7 for addresses).

• Sub-I – Faculty Mentorship Program
  The purpose of this program is to foster students’ ability to become better acquainted with a faculty member during their sub-I with us. Plan to rotate with your faculty mentor at least one day a week (it can be two half-days or one full day), regardless of the service you are on. For example, even if you have been assigned to the peds service, your mentor may belong to the Scope service, which would require you to be excused from peds on occasion. For it to be successful, this program requires initiative on your part to a) make arrangements directly with your mentor and to b) keep the chief resident on your team apprised of when you will be with your mentor instead of on their service.

**Expectations and Requirements**

☑ **Conferences**

Students are expected to attend three kinds of didactic teaching sessions within the department. It is your responsibility to remind residents and attendings to excuse you for medical student lectures.

1. **Resident Education**: Mondays at 7:15-8:00 AM & Thursdays, 5-6:00 PM (time may vary in summer).
   
   In addition, there are Temporal Bone Labs and Journal Clubs held at varying times.

2. **Grand Rounds**: Thursdays, 6-7:00 PM (except in summer)

3. **Medical Student Talks** (times vary)
   
   The education calendar for events above can be accessed here:
   
   [http://med.stanford.edu/ohns/education/calendar.html](http://med.stanford.edu/ohns/education/calendar.html)

☑ **Surveys & Evaluations**

• Complete the Survey Monkey evaluation sent to you each week, asking you to provide the names of the faculty, fellows and residents that you worked with that week. You will also be asked to rate the quality of your lectures that week. This log is due by Monday of the following week.
Additional Information

- **Please evaluate us!** At the end of your rotation you will receive an overall evaluation of the clerkship that is anonymous. Your email or any other form of identity is not recorded with these surveys. We appreciate any feedback you may give us so that we may improve our clerkships.

- **For visiting students only:** 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.

Stanford Residency Applicants

*Do you plan on applying to the Stanford OHNS residency?*

Residency candidates should meet with program director, **Dr. Anna Messner** towards the end of their rotation. Appointments can be scheduled through Olga Blanson (oblanson@stanford.edu). Many applicants additionally meet with **Erika Shimahara**, our education specialist (eshimahara@stanford.edu), who can also answer questions about the residency.

**Attention Stanford students!**

If you enjoyed your rotation with us, there are more ways to get involved in ENT. Contact the **Stanford SOM Otolaryngology Interest Group** at stanfordoig@gmail.com to find out about special events with faculty and residents, research projects, oral cancer screening events and more.

**Helpful Tips While on 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 (or PGY 2 if there is no intern on service) 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), collecting vitals for patients off of the computer, and pre-rounding on patients whom you are following. Students generally arrive around 45 minutes before the start of rounds.
• Rounds will typically need to be completed by 7:00 AM so that team members can proceed to the pre-op area to check in patients and prepare for surgery.
• The first OR cases are scheduled to start at 7:15 AM daily, except Mondays, when it starts at 8:30 AM.

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

Procedures that are commonly performed at or just after rounds.
• This includes dressing changes, trach suctioning, trach changes, drain removal, staple removal, and suture removal.
• It is expected to carry some supplies with you such as tongue blades, a headlight/penlight, 4X4 gauze, suture removal kits, staple removers, and paper tape.
• If you know that your patient will be needing a dressing or 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 be asked to 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.
• Share the note with your intern/pgy 2 so they may edit it before signing.
• 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, and it is a good idea to check with the attending regarding their clinic expectations for you as a medical student. Some will prefer that you shadow while others will have you see patients independently.
• 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

• 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.
• Check with the resident/attending at the beginning of clinic to determine whether a comprehensive or focused history/exam are warranted.

Clinical Progress Notes

• A resident can share templates with you for clinic progress notes.
• Send these to the attending for co-signature.
• Make sure to assign the attending physician as a cosigner on a clinic 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 (e.g. indications, complications, and general stages of the procedure) 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. Offer to help position/prep the patient and OR.

2018-19 Chief Residents
For Your Reference

Clinical Sites

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

Stanford Hospital
Main hospital
300 Pasteur Dr, Stanford, CA 94304
• 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.

Stanford Children’s Health – Lucille Packard Children’s Hospital (LPCH)
725 Welch Road, Palo Alto, CA 94304
• Location of OR for pediatric patients.
• Outpatient cases performed in the APU on the first floor of LPCH.

Stanford Children’s Health – Otolaryngology Clinic
730 Welch Road
Palo Alto, CA 94304

Stanford Ear Institute
Adult and peds otology and audiology services
2452 Watson Court, Suite 1700
Palo Alto, CA 94303

Cancer Center
875 Blake Wilbur Dr., Stanford, CA 94305
• Head & Neck faculty offices.
• Many outpatient surgeries performed at the Ambulatory Surgery Center (ASC), located on the 3rd floor.

H&N Clinics
900 Blake Wilbur Drive
Stanford, CA 94305

Stanford Sleep Center
450 Broadway Street
Pavillion B, 2nd Fl., B21
Redwood City, CA 94063

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

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