



2015-2016

# CLERKSHIP EDUCATOR'S GUIDEBOOK

Stanford School of Medicine MD Program  
Surgery 300A



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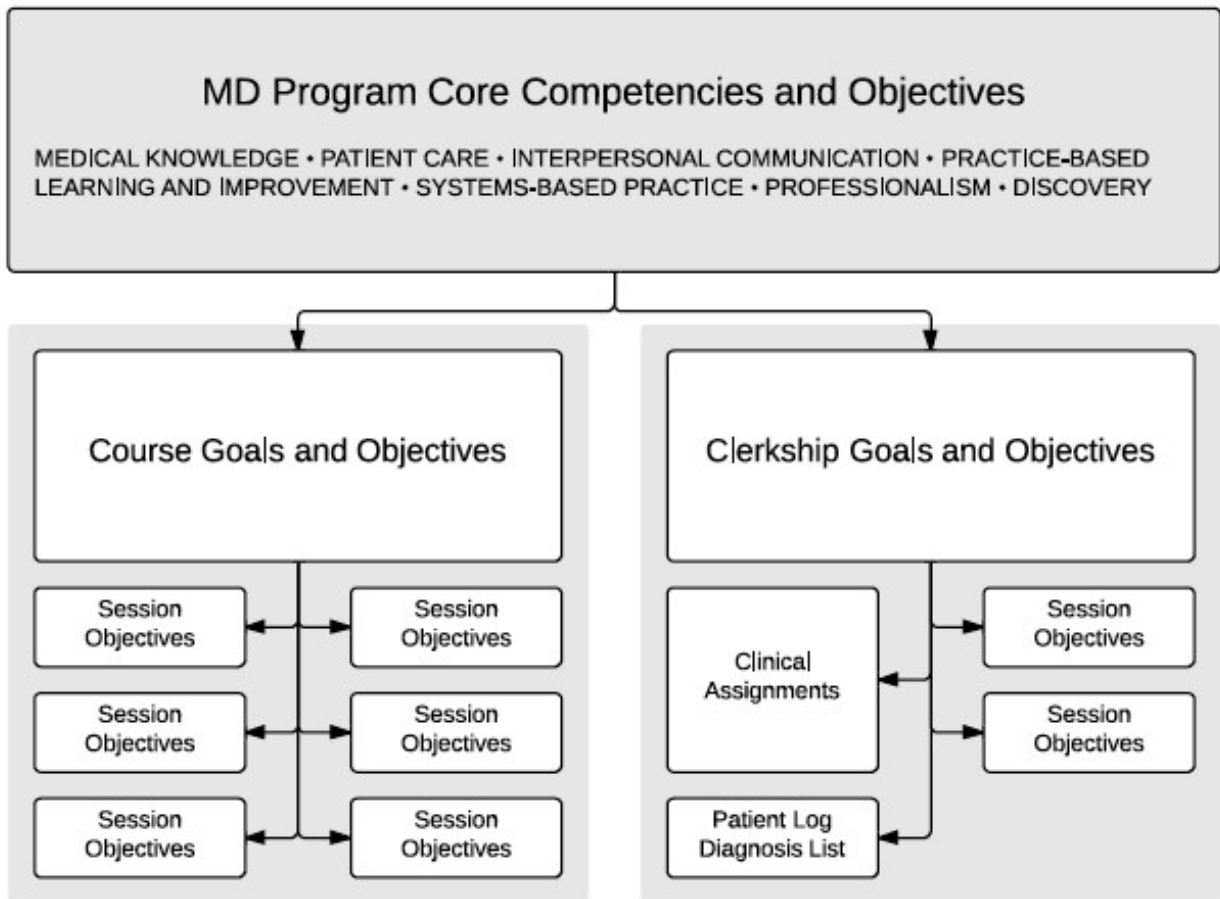
## **MD PROGRAM CURRICULUM**

The MD Program Curriculum builds from a framework that aligns with the Accreditation Council for Graduate Medical Education's (ACGME) six core competencies and adds Discovery as a seventh competency. Alignment of the school-wide competencies and objectives with clerkship and session objectives also meets the requirements of the educational standards of the Liaison Committee on Medical Education (LCME)



# MD Program Curriculum Framework

Written goals and objectives for each course and clerkship arise from the underlying MD Program Core Competencies and Objectives





# MD PROGRAM COMPETENCIES AND OBJECTIVES

## ACGME + DISCOVERY

### MEDICAL KNOWLEDGE

1. Describe the normal structure and function of the body and of each of its major organ systems
2. Explain the molecular, biochemical, and cellular mechanisms that are important in maintaining the body's homeostasis
3. State the causes (genetic, developmental, metabolic, toxic, microbiologic, autoimmune, neoplastic, degenerative, and traumatic) of major categories of disease and injury and the ways in which they present in clinical practice.
4. Relate the altered structure and function (pathology and pathophysiology) of the body and its major organ systems to various diseases and conditions
5. Discuss the epidemiology of common conditions
6. Describe the impact of social, economic, environmental, and behavioral factors on health status
7. Explain the principles of pharmacology, therapeutics, and therapeutic decision-making

### PATIENT CARE

1. Conduct a thorough, accurate, and patient-centered medical interview that covers all essential aspects of the history, including issues related to age, gender, sexuality, and socio-economic status
2. Conduct a thorough and accurate physical exam, including psychiatric, neurologic, genital, and orthopedic examinations in adults and children
3. Interpret the most frequent clinical, laboratory, radiographic, and pathologic manifestations of common diseases and injuries
4. Formulate a differential diagnosis that incorporates scientific principles and sound clinical reasoning
5. Construct appropriate management strategies (both diagnostic and therapeutic) for patients with common acute and chronic conditions, including medical, psychiatric, and surgical conditions, and those requiring short- and long-term rehabilitation
6. Articulate an initial course of management for patients with serious conditions requiring critical care
7. Recognize and manage pain
8. Perform routine technical procedures used in clinical practice

## **INTERPERSONAL COMMUNICATION**

1. Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds
2. Communicate with patients and families in culturally appropriate ways regarding: sexuality and sexual function, domestic violence, substance abuse, financial obstacles to health, end-of-life issues, and other topics that materially affect patient well-being
3. Communicate effectively, both orally and in writing, with physicians, other health professionals, health related agencies, and others with whom physicians must exchange information in carrying out their responsibilities

## **PRACTICE-BASED LEARNING AND IMPROVEMENT**

1. Appraise one's own medical knowledge and clinical skills and identify goals for continuous development and learning
2. Formulate high quality clinical questions
3. Acquire and appraise the quality and relevance of new medical information to clinical questions
4. Apply high quality evidence to the care of individual patients
5. Manage the tension between the obligation to meet the needs of individual patients with a societal obligation to practice evidence-based and cost-conscious medicine

## **SYSTEMS BASED PRACTICE**

1. Describe the structure and function of the healthcare and public health systems and the role of physicians within them
2. Describe systematic, population-based approaches useful in reducing the incidence and prevalence of common conditions
3. Describe the major social determinants of health and identify population-level health disparities locally, nationally and globally.
4. Describe strategies for physician advocacy and principles of ethical and effective community engagement to reduce health disparities and improve population health
5. Analyze the positive and negative consequences resulting from the involvement of industry in health care delivery, scientific research, and medical product development.



## **PROFESSIONALISM**

1. Demonstrate honesty and integrity in all interactions with patients, families, colleagues, and others with whom physicians interact in their professional lives
2. Advocate for the interests of one's patients over one's own interests
3. Demonstrate compassion and respect in treatment of patients
4. Demonstrate respect for patient confidentiality and privacy of protected health information.
5. Demonstrate respect for people of diverse cultures and belief systems
6. Demonstrate a commitment to provide care to patients from underserved populations
7. Demonstrate respect for the roles of other health care professionals and a willingness/commitment to collaborate with others in caring for individual patients and in promoting the health of defined populations
8. Collaborate effectively in working with colleagues in healthcare, research, and leadership teams
9. Discuss major theories and principles of medical ethics, including the approach to resolution of major ethical dilemmas in clinical practice

## **DISCOVERY**

1. Critically analyze existing literature in a field of inquiry and formulate new investigative questions
2. Formulate a high-quality research question and hypothesis
3. Describe and employ appropriate research methods to answer a specific investigative question
4. Describe and apply the requirements for ethical conduct of scientific inquiry
5. Communicate clearly and accurately new knowledge obtained from scientific inquiry

# SURGERY CORE CLERKSHIP OBJECTIVES 2015-16

## **PATIENT CARE**

- Perform a complete history and physical; Modify interviewing and exam techniques according to specific problem; Perform focused interviews and exams when appropriate by setting
- Based on a patient's chief complaint, history, and exam findings, identify salient features of the history and exam; Develop a differential diagnosis; Select and interpret results of appropriate diagnostic tests
- Synthesize patient data to formulate an initial treatment plan
- Correlate diagnostic studies with history and physical exam findings in formulating care plans
- Organize and prioritize responsibilities in to provide care that is safe, effective and efficient
- Demonstrate proficiency with basic surgical skills, including knot tying and suturing, foley catheter placement, sterile technique, drain care, breast exam, focused abdominal exam, and primary survey for patients in trauma
- Discuss the importance and describe key elements of communication with referring physicians or services

## **INTERPERSONAL COMMUNICATION**

- Demonstrate sensitivity, honesty, and compassion in conversations regarding complications, risks, and benefits of surgical procedures
- Recognize the need for foreign language interpretation
- Present patients to colleagues and supervisors in a focused, logical manner; modify the presentation to fit the situation; make a full presentation after a consult is accomplished, give a problem-focused presentation for an established inpatient or clinic patient; present sign out for evening rounds
- Write complete and well organized notes, including admission notes, inpatient progress notes, outpatient progress notes, inpatient discharge summaries, operative notes, consult notes, and post-operative notes
- Demonstrate proficiency in writing orders and prescriptions, including admission orders for a hospitalized patient, medication scripts, surgical nutrition scripts, anticoagulation protocols

## **KNOWLEDGE FOR PRACTICE**

- Discuss principles of anatomy, physiology, pathophysiology, and pharmacology relevant to the evaluation and treatment of common problems encountered in the surgical setting
- For each problem or diagnosis in the SURG 300A core topics list, summarize essential clinical features and essential elements of diagnosis and management
- Discuss and apply principles of epidemiology, (risk factors, disease prevention, and screening) as they relate to common surgical diseases

## **PROFESSIONALISM**

- Demonstrate compassion, integrity, and respect for others
- Demonstrate responsiveness to patient needs that supersedes self-interest
- Demonstrate accountability to patients, society and the profession
- Demonstrate respect for patient privacy and autonomy
- Demonstrate a commitment to principles of ethics in obtaining informed consent for procedures and discussing goals of care

## **INTERPROFESSIONAL COLLABORATION**

- Describe the unique contributions of each member of a multidisciplinary surgical team
- Recognize professional cultural norms that are unique to surgery

## **PRACTICE-BASED LEARNING AND IMPROVEMENT**

- Identify and engage in learning activities to address gaps in one's knowledge, skills, or attitudes
- Incorporate feedback into daily practice
- Incorporate information from reference resources and clinical studies in developing evaluation and treatment plans
- Prepare and present a brief teaching session on a case or topic of interest

## **SYSTEMS-BASED PRACTICE**

- Work effectively in a variety of settings, including the outpatient surgical clinic, inpatient ward, and operating room
- Participate in coordination of care - including discharge planning and communication with social workers, referring physicians and services, and outside agencies
- Incorporate considerations of cost awareness and risk-benefit analysis in formulating diagnostic and therapeutic plans of care
- Advocate for quality patient care

## **PERSONAL AND PROFESSIONAL DEVELOPMENT**

- Demonstrate self-awareness of knowledge, skills and emotional limitations by engaging in appropriate help-seeking behaviors
- Practice flexibility and maturity in adjusting to change with the capacity to alter one's behavior
- Manage conflict between personal and professional responsibilities

## **SURGERY 300A CORE TOPICS LIST**

### Acute Illnesses

- Bowel Obstruction
- Incarcerated Hernia
- Colorectal Carcinoma
- Volvulus
- Bowel Ischemia and Perforation
- Mesenteric Ischemia
- Perforated Ulcerations
- Appendicitis
- Acute Cholecystitis
- Dissecting Aortic Aneurysms
- Pancreatitis

### Common Presenting Complaints

- Abdominal Pain
- Hematemesis
- Hematuria
- Hematochezia

### Common Surgical Diseases

- Breast Disease (Malignant and Benign)
- GI Cancers (Colon, Pancreas, Esophageal)
- Hernias
- GI Bleeding
- Portal Hypertension
- Inflammatory Bowel Disease
- Surgical Endocrine Diseases
- Biliary Disease
- Benign Anorectal
- Reflux and Foregut Diseases

### Trauma and Critical Care

- Blunt Injury
- Penetrating Injury
- Airway and Acute Resuscitation
- Burn Management
- Shock
- Ventilator Management
- Surgical Nutrition

### Post Operative Complications

- Fever (Pneumonia, Urinary Tract Infections, Bacteremia)
- Bowel Obstruction vs. Ileus
- Bleeding
- Anastamotic Leaks
- Sepsis

## PATIENT LOG DIAGNOSIS LIST: SURG 300A Surgery

\*MINIMUM number of patients to be seen/logged for each diagnosis listed below

\*\*This total (29) does NOT equal the total number of patients that must be seen and logged during the 8 weeks of the clerkship. The total minimum number of patients is 56 – additional patients to meet this requirement can be logged under any diagnosis listed below

\*\*\*1 diagnosis only per patient should be logged

Logged (E*Value)	Clinical Problem	*Minimum # of patients to be seen for this diagnosis	Minimum level of involvement	Clinical setting+
<input type="checkbox"/>	Evaluation of surgical patient requiring emergency care.	1	Direct	I
<input type="checkbox"/>	Evaluation of patient before operation for malignancy.	1	Direct	O/I
<input type="checkbox"/>	Evaluation of patient before operation for benign condition.	5	Direct	O/I
<input type="checkbox"/>	Post-operative evaluation and management: uncomplicated recovery.	5	Direct	O/I
<input type="checkbox"/>	Postoperative evaluation and management: hemorrhage, hematoma, or anemia.	1	Direct	I
<input type="checkbox"/>	Postoperative evaluation and management: cardiac or pulmonary abnormality.	2	Direct	I
<input type="checkbox"/>	Postoperative evaluation and management: fluid, nutrition or electrolyte abnormality.	2	Direct	I
<input type="checkbox"/>	Postoperative evaluation and management: renal or urinary tract abnormality.	1	Direct	I
<input type="checkbox"/>	Postoperative evaluation and management: fever or infection.	2	Direct	I
<input type="checkbox"/>	Postoperative evaluation and management: mental status change.	1	Direct	I
<input type="checkbox"/>	Management of surgical wound: normal.	6	Direct	I
<input type="checkbox"/>	Management of surgical wound: abnormal.	1	Direct	O/I
<input type="checkbox"/>	Discussion of ethical dimension of surgical decision-making.	1	OBS	O/I
<input type="checkbox"/>		**29		

**OBS** = observation or case discussion;

**Direct patient care** = participation in History-taking, Physical exam, and/or Clinical Decision-Making (formulation of assessment and plan, presentation, notes, practical management of patient care).

+ O – outpatient; I – inpatient

## **PERFORMANCE ASSESSMENT IN REQUIRED CLERKSHIPS**

The information that follows provides a brief overview of the performance evaluation system in required clerkships, including the role of residents, fellows, and faculty in evaluating student performance.

For additional information, see the CBEI Website at:  
<https://med.stanford.edu/md/faculty-resources/cbes.html>

## EVALUATION ESSENTIALS

- \* Criterion- vs. norm-based evaluation
- \* Pass with Distinction (PWD)
- \* Criteria for PWD
  - Exceptional Patient Care
  - Exceptional Professionalism and Interpersonal Communication
  - Final Exam
- \* Clerkship Evaluation Teams
- \* Role of resident, fellow, and faculty evaluators
- \* Fairness, Accuracy, & Timelines
- \* Brief interactions

### CRITERION VS. NORM-BASED EVALUATION

- Stanford's performance evaluation system in required clerkships is criterion-based.
- All students whose performance meets established criteria can earn a Pass with Distinction, regardless of how other students perform.
- This is in contrast to a curved or norm-based system, where only a certain proportion of students can earn the top descriptor of performance.

### PASS WITH DISTINCTION (PWD)

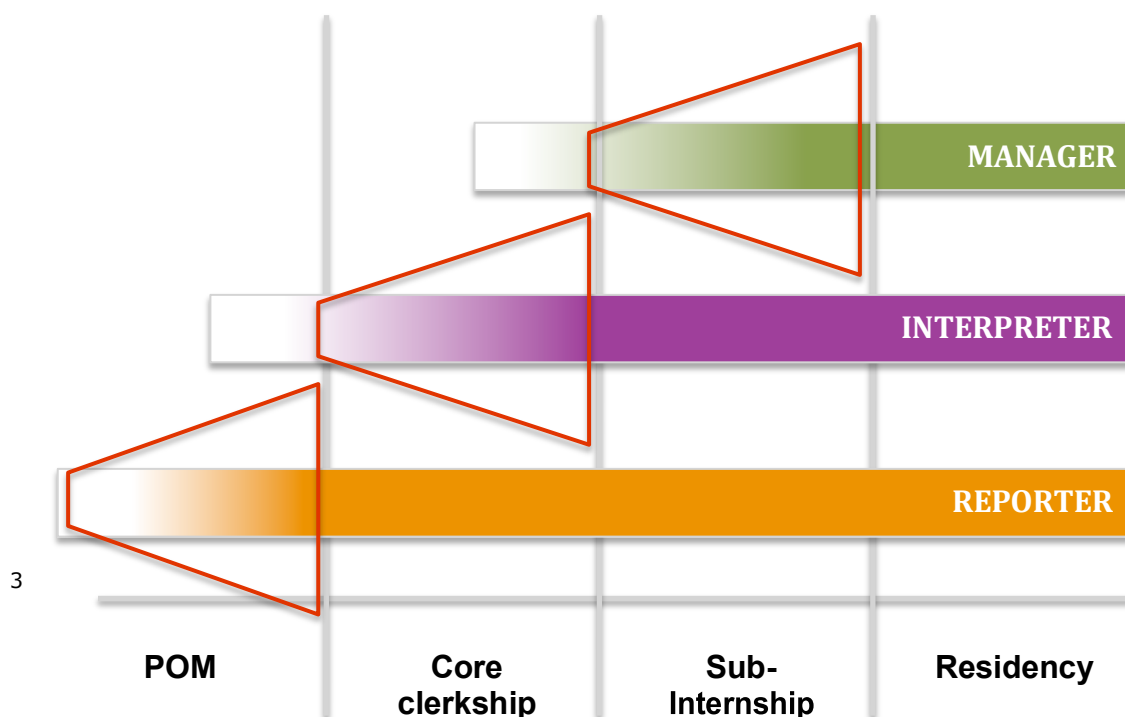
- Prior to 2010, all clerkships at Stanford assigned final grades of Pass, Marginal Pass, or Fail.
- Since 2010, students are eligible to earn a Pass with Distinction in each of three domains:
  - Patient Care
  - Professionalism and Interpersonal Communication
  - Final Exam
- Grades for each domain are reported separately in the MSPE

## PATIENT CARE

- The School of Medicine has adopted the RIME framework (Pangaro, 1999) to describe performance in Patient Care.
- The RIME framework is based on the understanding that students move through a sequence of developmental stages:
  - Reporter
  - Interpreter
  - Manager
  - Educator
- Students must function in the Interpreter stage to pass each core clerkship.
- Pass with Distinction requires functioning in the Manager stage.
- Managers must consistently demonstrate strong Reporting and Interpreting skills.

## EXPECTED TRANSITIONS

Core clerkship students are expected to be in the Interpreter stage.  
Functioning as a Manager –  
during a required clerkship – earns a Pass with Distinction for Patient Care.





## RIME STAGE DESCRIPTIONS

Adapted from Pangaro & Holmboe, Evaluation Forms and Global Rating Scales, in Holmboe & Hawkins eds. *Practical Guide to the Evaluation of Clinical Competence*, Mosby 2008 p 40.

### REPORTER

- Focus at this stage: Reliable, accurate, complete data---gathering and presentation of clinical information
- Emphasis on the S/O (Subjective/Objective) part of SOAP.
- Student is able to answer the "What" questions (What's the patient's blood pressure? What medications is he taking? What findings are present on physical exam?)
- Students are expected move through the reporter stage during preclinical training, i.e. Practice of Medicine

### INTERPRETER

- Focus at this stage: Diagnostic reasoning.
- Emphasis on the A (Assessment) part of SOAP.
- Student can answer the Why questions: e.g. Why does this patient have chest pain? What does this exam finding means?
- Begins to see how details fit together.
- Data---gathering and reporting become more purposeful, more focused on pertinent positive and negative information and exploring diagnostic possibilities.
- Students are expected to move into the interpreter stage during their core clinical training

### MANAGER

- Focus of this stage: treatment planning --- including diagnostic testing and therapy.
- Emphasis on the P (Plan) in SOAP.
- Student can answer the How or What Next questions: e.g. How do we solve or treat this clinical problem? What do we need to do next for the patient?
- Data---gathering and decision---making become more flexible, individualized, patient centered. Student thinks critically about recommendations, takes a more sophisticated approach to using

medical literature to support patient care.

- Students at the Manager stage take primary responsibility for ensuring patients' well-being and making sure care plans are carried through. Patients, fellow team members, and staff view the student as patients' primary provider.
- Students are expected to move into the manager stage at the sub-internship level and beyond.

#### EDUCATOR\*

- At the Educator stage, students
- Reflect on experiences to identify learning needs
- Define important questions to learn about in more depth
- Takes ownership for self-improvement

\*Features of the Educator stage are threaded through all other stages.

## PROFESSIONALISM AND INTERPERSONAL COMMUNICATION

- To earn a Pass with Distinction for Professionalism and Interpersonal Communication, students must demonstrate:
  - An absence of behavior that raises significant or consistent concerns
  - Consistent evidence of exceptional Professionalism and Interpersonal Communication with both patients and the medical team
- In addition, students must request multisource feedback from patients, peers, and non-MD staff

## EXAMPLES OF EXCEPTIONAL PROFESSIONALISM AND INTERPERSONAL COMMUNICATION

- Student:
  - Extends him/herself beyond usual duties to ensure patients' comfort or well---being
  - Advocates on behalf of patients
  - Puts patients at ease
  - Makes an extra effort to support or help fellow students excel
  - Without prompting, takes on extra work to help the team
  - Supports the team by paying attention to the needs and care plans of patients other than those assigned
  - Adapts well to changing circumstances
  - Maintains composure in difficult situations
  - Manages conflict in a collegial manner
  - Makes an extra effort to participate in learning opportunities beyond those required
- Patients, families or non---MD staff offer unsolicited praise regarding the student's contribution to team functioning or patient care

## FINAL EXAM

- In clerkships using the NBME Subject Exam, an exam score between the 75<sup>th</sup>---80<sup>th</sup> percentile earns a Pass with Distinction for the final exam.
- Clerkships using non---NBME exams have set comparable thresholds for Pass with Distinction.
- Clinical application of knowledge and efforts to expand knowledge are assessed as part of Patient Care and Professionalism

## CLERKSHIP EVALUATION TEAMS

- Each clerkship has established an Evaluation Team to review student performance data and assign final grades.
- Evaluation Teams are required to submit final grades and evaluations within 4---6 weeks of the end of each rotation.

## ROLE OF RESIDENTS, FELLOWS AND FACULTY

- Individual residents, fellows, and faculty will not be asked to assign final grades or judge whether students should earn Pass with Distinction.
- The role of each individual evaluator is to:
  - Respond promptly to requests for input on student performance
  - Describe observations of student performance
  - Provide feedback directly to students on observations of performance

## RESPONDING TO REQUESTS FOR INPUT

- Individual clerkships may use any or all of the following mechanisms to gather input on student performance:
  - Electronic forms (E\*Value)
  - Paper forms
  - Email
  - Team meetings

## FAIRNESS, ACCURACY AND TIMELINESS

- To ensure that student performance evaluations are as fair and accurate as possible, clerkships must collect information from the full range of residents, fellows, and faculty who work with each student.
- Please respond promptly to clerkship directors' and coordinators' requests for information about student performance.

## A NOTE ON BRIEF INTERACTIONS

- Q: What if I didn't have enough contact to decide whether a student functioned as a Manager or demonstrated exceptional professionalism?
- A: Clerkship Evaluation Teams will review and synthesize descriptions of student performance from multiple evaluators. Multiple brief observations from multiple evaluators will fall together as themes and trends. ALL input is valuable.

## **SCHOOL OF MEDICINE POLICIES PERTINENT TO CLERKSHIP EDUCATION**

- Definition of Medical Student Practice Role
- Respectful Educator and Mistreatment Policy
- Student Duty Hours and the Work Environment
- Universal Precautions and Needlestick Protocol
- Protecting Patient Privacy During Clerkships - Practices That Put Confidentiality at Risk:
- Professionalism and Mobile Devices
- Absences During Clerkships
- Dress Code

## DEFINITION OF MEDICAL STUDENT PRACTICE ROLE

California state law allows specific exceptions for medical students to the general code, which requires that all medical acts must be performed by licensed physicians. The exception specifies that a student may do all things that a physician may do with the following provisos:

1. That any medically-related activity performed by students be part of the course of study of an approved medical school; and
2. That any medically-related activity performed by students be under the proper direction and supervision of the faculty of an approved medical school.
3. Where clinically and educationally appropriate, physicians who are supervising medical students may delegate responsibility for some elements of teaching and supervision to non-physician care providers, e.g. allied health professionals, nurses, respiratory therapists, etc.. within the institution. It will be the responsibility of each supervising physician to determine which learning experiences are appropriately delegated in this manner and to ensure that non-physicians providing such supervision are working within their scope of practice.

Medical students may therefore write orders for drugs, treatments, etc., provided that:

1. the provisions of number 2 above are observed;
2. the students are assigned to or are consultants to the service on which the order pertains; and
3. a licensed physician countersigns all orders before the orders are executed. Telephone orders of counter-signatures will be accepted from licensed physicians (including licensed housestaff). Medical students may locate and solicit the licensed physician's verification by telephone, but the licensed physician must speak directly to the registered nurse and must actually sign the order before going off duty. The counter-signature is recorded as a telephone order. Routine admission orders are not exempted from the above provisions.

Medical students acting as subinterns, are still subject to the above provisions.

Medical students will identify their signatures with CC (Clinical Clerk) or MS (Medical Student), just as licensed physicians identify their signatures with MD. Medical students will also wear badges identifying them as medical students.

Medical students are not to be involved in any portion of the medical care of other medical students.

## RESPECTFUL EDUCATOR AND MISTREATMENT POLICY

Fostering a Respectful Learning Environment -Information Sheet for Reporting Concerns of Mistreatment

### What is the Respectful Educator and Mistreatment Policy?

It is a policy of Stanford School of Medicine that outlines the shared commitment among all members of the SoM community to respect each person's worth and dignity, and to contribute to a positive learning environment where medical students are enabled and encouraged to excel.

The full policy is in the 2012---2013 MD Program Handbook-

<http://med.stanford.edu/md/mdhandbook/respectfuleducatorandmistreatmentpolicy.html>

### Where do I go to report concerns of mistreatment?

You can report concerns to the Respectful Educator and Mistreatment Committee (REMC). As a first step, please contact the chair of REMC, Rebecca Smith-Coggins, MD, at [smithcog@stanford.edu](mailto:smithcog@stanford.edu) or pager 13481 through the Stanford University operator, to confidentially review all options available. The purpose of the REMC is to educate and raise awareness of our standards for respectful educator conduct, to enable a procedure by which students can report concerns of student mistreatment without fear of retaliation, and to address solutions for these concerns.

You can also report concerns on the E\*Value End of Clerkship Evaluation form. This information will go anonymously to the Director of Clerkships and Associate Dean for Student Life Advising. Any egregious concern will be handled immediately. All other concerns will be given to the specific clerkship director after 8 weeks to ensure that student evaluations are complete.

You may also utilize the hospital 'SAFE' reporting system if you want to report mistreatment immediately. This is an online system to report unprofessional conduct and patient safety issues:

[safe@stanfordmed.org](mailto:safe@stanfordmed.org)

Voicemail box, (650) 497---8788

SHC connect: green box on left "SAFE", then red box for "other"

### What type of concerns should I bring to the attention of the REMC?

Any potential violations of the Respectful Educator and Mistreatment Policy, such as:

- Public humiliation or offensive remarks
- Threatening behavior
- Physical harm
- Requiring a student to perform personal services (such as shopping or babysitting)
- Unwarranted exclusion from reasonable learning or professional opportunities
- Evaluating or grading on inappropriate criteria



- Harassment or discrimination on the basis of sex, race, age, color, disability, religion, sexual orientation, gender identity, national or ethnic origin.

If there is any behavior you are subjected to or that you witness that makes you uncomfortable or that you feel is inappropriate, please bring it to the RECC or report it on your clerkship evaluation.

The SoM has an Ombudsperson, James Laflin, who can be contacted at (650) 498-5744 or [jlaflin@stanford.edu](mailto:jlaflin@stanford.edu). The Ombudsperson provides a neutral, confidential and independent resource for dispute resolution for faculty, residents, postdoctoral scholars and students. The ombudsperson assists members of the School of Medicine community with any work related difficulty, including interpersonal conflict or misunderstandings, as well as academic or administrative concerns. <http://med.stanford.edu/ombuds/>

## STUDENT DUTY HOURS AND THE WORK ENVIRONMENT

Providing students with a sound academic and clinical education must be carefully planned and balanced with concerns for patient safety and student well-being.

### Supervision of students

All patient care must be supervised by qualified physicians or non-physician designees operating within their scope of practice.

Faculty, residents and students must be educated to recognize the signs of fatigue, and adopt and apply policies to prevent and counteract the potential negative effects.

### Duty hours

Duty hours are defined as all clinical and academic activities related to the students, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

Students must be provided with one day in seven free from all educational and clinical responsibilities, averaged over a four-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical, academic, and administrative activities.

### In-house call activities

The objective of all call activities is to provide students with continuity of patient care experiences throughout a 24-hour period. In-house call is defined as those duty hours beyond the normal workday when students are required to be immediately available in the assigned institution.

In-house call must occur no more frequently than every third night, averaged over a four-week period.

Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours.

Students must have a minimum of 8-hours free of duty between scheduled duty periods. Students must have a minimum of 14-hours free of duty after 24-hours of in-house duty.

## UNIVERSAL PRECAUTIONS AND NEEDLESTICK PROTOCOL

Universal Precautions apply to the handling of all blood, body fluids, and human tissue. Body fluids, also known as other potentially infectious materials (OPIM), include: semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids, feces, urine, sputum, nasal secretions, saliva, tears, vomitus or any other body fluid or tissue that is visibly contaminated with blood. Appropriate protection including gloves, mask and gown should be worn to protect oneself from exposure.

If you are stuck by a needle or splashed with bloody fluid (on to your mucous membrane or wound), this is what you do immediately!

CLEANSE: Rinse copiously.

CALL: Call the needlestick hotline 24/7/365 from all hospital sites. Pager 1-STIX (1-7849). If in SHC/LPCH dial 222 then follow prompts to page. If at a non-Stanford facility, such as SCVMC, PAVA, Cardinal Free Clinics, etc. dial (650)723-8222. and then enter 1-7849 when prompted. Follow additional instructions to enter your phone number and receive a return call.

A trained professional will call you back, decide if you need post-exposure prophylaxis and work with you to get medication expeditiously from a pharmacy nearest to you. Most students do not need to go to the Emergency Department or Occupational Health initially. There is no charge if you use the 1-STIX hotline for blood tests, medication or initial follow-up care.

Follow up appointment may be needed but this will be recommended by the 1-STIX professional staff person. This has been set up specially for Stanford medical students and employees so that it is QUICK, CONFIDENTIAL and with NO CHARGE. Records are kept confidential in accordance with applicable laws so that it does not become a part of your health care record. This is a protection for you. If you have any problems with the hotline, please call Dr. Rebecca Smith-Coggins immediately. Dr. Smith-Coggins can be reached through the hospital page system at 650-723-6661 at pager 13481.

If you choose to go to the Emergency Department, the hospital will charge you and it will go on your health care record. Please call the needlestick hotline first.

## PROTECTING PATIENT PRIVACY DURING CLERKSHIPS - PRACTICES THAT PUT CONFIDENTIALITY AT RISK:

The following are examples of situations in which clerkship students might inadvertently violate HIPAA regulations and put Protected Health Information (PHI) at risk.

- Laptop or other device with PHI/access to PHI left in car during on-the-way home trip to grocery store
- Laptop or other device left in an unsecure hospital area while scrubbed in in the operating room – or left in OR or staff break room
- Patient sticker/ chart label left in coat/scrub shirt pocket – taken home/misplaced
- Lab coat pockets with printed patient information left in public area while in OR or at noon conference
- End-of-shift student evaluation forms or other paperwork containing PHI carried home in backpack – left unattended
- Use of new laptop/tablet/mobile phone prior to Stanford SOM encryption
- Copies of patient information left on fax or copy machine
- Paper chart left behind in clinic exam room and new patient comes in
- Team rounding list left at nurses' station in patient care unit – or dropped in hall, parking lot, etc.
- Hard copies of lab data, clinical notes, EKGs, etc. with patient identifiers left in public areas
- Failure to log out of electronic medical record (EMR) system at any workstation or mobile computer (WOW/COW)
- Student is asked by busy, distracted resident to present a patient case in the elevator "on the fly"
- Team comment in elevator about patient to be seen next
- Clinic door or conference room left open during patient presentations
- Family member stops team member in the hall or cafeteria, potentially prompting public discussion of PHI
- Auto-forwarding text pages with PHI to personal mobile phone
- Personal computer with remote access set to auto-fill EMR passwords
- PHI entered in E\*Value (evaluation system) notes or reflections for patient logs

**Please be vigilant when working with Protected Health Information.**

## PROFESSIONALISM AND MOBILE DEVICES

Because personal computing devices are becoming more and more portable — laptops, smart phones, USB thumb drives, etc. — securing the sensitive information stored on those devices is more important than ever. And some new laws have been passed, holding the individual personally and fiscally liable in the event of information disclosure. Students are expected to review and follow the policies outlined below:

### Mobile Device Management

<https://itservices.stanford.edu/service/mobiledevice/management>

If you have an iPhone, iPad, or iPod Touch, there's an easy way to set up and maintain proper security practices on your device. Mobile Device Management (MDM) is free to install, and automatically configures your device to be optimized for the Stanford environment—from email settings to security settings. Visit our page on MDM for more information about the service.

### Stanford SOM Course Content Access and Appropriate Use Policy

[http://med.stanford.edu/irt/edtech/policies/course\\_content\\_access.html](http://med.stanford.edu/irt/edtech/policies/course_content_access.html)

Stanford students may only use Stanford University School of Medicine course materials as intended for curriculum and course-related purposes. These materials are copyrighted by the University or others. Access to this content is for personal academic study and review purposes only. Unless otherwise stated in writing, students may not share, distribute, modify, transmit, reuse, sell, or disseminate any of this content.

### Restricted Data and HIPAA Compliance

[http://www.stanford.edu/group/security/securecomputing/dataclass\\_chart.html](http://www.stanford.edu/group/security/securecomputing/dataclass_chart.html)

Students must protect their laptops, tablets and mobile devices by following Stanford University mobile device security guidelines (especially by having a security passcode set and encrypting the backup) to protect any Stanford Confidential Information that may be accessible on their device. Students must not access or store Stanford Prohibited Information on their tablets or mobile devices as they are not intended for the storage of Restricted Information, specifically including Protected Health Information (PHI). Definitions of terms are provided on the website linked above.

### Stanford University Computer and Network Usage Policy

<http://adminguide.stanford.edu/62.pdf>

Students must respect copyrights and licenses, respect the integrity of computer based information resources and refrain from seeking to gain unauthorized access, and respect the rights of other information resource users.

### Stanford Hospital Q&A on iPad use and Access to Patient Records

<http://stanfordhospital.org/epic/support/ipad.html>

Students must review Stanford Hospital's position on iPad use and access to patient records, and must follow the recommendations outlined on the Q&A web link. Students must agree to be bound to the terms of this Agreement. A student can be held financially responsible for the loss or theft of the device and the disclosure of information should he or she fail to take appropriate steps to protect the device and its contents.

#### Clinical Rotations at Stanford Affiliated Entities

*The Stanford Privacy Office Guidelines on Clinical Rotations at Stanford Affiliated Entities* that establishes the student's obligation to comply with the privacy policies of the affiliated organization and also includes other best practices for securing and protecting PHI and information on student responsibilities when subject to the specific policies of the affiliated entity.

## ABSENCES DURING CLERKSHIPS

Students must contact the clerkship director to obtain explicit advance approval for any planned absence from the clerkship. Unanticipated absences for illness or emergency must be communicated to the clerkship director as promptly as possible.

Students are expected to seek necessary health care to maintain their physical and mental well-being. Examples of necessary health care include preventive health services and screening (e.g., annual check-ups, routine dental cleaning, vaccinations), new and follow-up visits for acute illness, ongoing care for chronic illnesses, physical therapy, and counseling and psychological services. Students have a right to privacy when seeking care.

For planned absences related to healthcare, students must contact the clerkship director, site director, and preceptor or patient care team in advance to coordinate time away from the clerkship. Students need not disclose the specific type of healthcare that is being sought. A student's decision to seek healthcare during a clerkship should be managed so as to have no impact on his or her performance evaluation.

Students who are absent more than two days during a four or six-week rotation or more than three days during an eight-week rotation for any reason will be required to make up missed time.

Students who will miss more than 20% of the total duration of a clerkship for any reason will be asked to reschedule the clerkship.

Failure to communicate with the clerkship director about unavoidable absences is a potential reason for failing the clerkship.

## DRESS CODE

Any time students see patients; they must adhere to the dress code described below. Dress code guidelines must be followed at all encounters with patients, standardized or real.

Students are expected to dress professionally and conservatively. Attire typically worn to class or lecture will in many cases not be appropriate. Hospital scrubs are not considered professional attire for patient encounters.

- Always bring your white coat. Your coat must be clean, pressed and worn at all times, unless you are directed otherwise by the supervising physician
- Wear your nametag in an easily viewable location (collar of coat, top, or dress)
- Do not wear cologne or perfumes
- Tattoos should be covered
- Jewelry should be minimal and understated
- Clothing should not have rips, tears or frayed edges
- Do not expose your midriff
- Clothing should allow for an appropriate range of movement, and should not be flashy or draw attention
- Button-down shirts (with or without ties), professional tops, or blouses should be worn and should avoid low-cut necklines
- Tank tops, T-shirts, and thin or "spaghetti-style" straps on tops are not appropriate.
- Pants, slacks, khakis, skirts, or dresses are appropriate. Legs should be covered to the knee
- Do not wear jeans or shorts
- Dress shoes, low heels, or flats should be worn. Avoid open-toed shoes, flip flops, tennis shoes, or porous shoes



## **Teaching Evaluations**

The information that follows provides an example of the form students fill out regarding their evaluation of the educator as well as instructions for how to view submitted evaluations.

- Teaching evaluation form
- Instructions for viewing teaching evaluations





## Stanford University Surgery Clerkships

**Subject:**  
**Evaluator:**  
**Site:**  
**Period:**  
**Dates of Activity:**  
**Activity:** \*Evaluation Preview  
**Form:** Clinical Educator

**Evaluation information entered here will be made available to the evaluated person in anonymous and aggregated form only.**

### Learning Climate (Question 1 of 8 - Mandatory)

Did not show interest in facilitating learning; did not make teaching and learning a priority; ignored students; failed to convey respect; discouraged active participation; seemed burdened by having students present

Clearly interested in facilitating students' learning; made teaching and learning a priority; listened to students; conveyed respect for students; encouraged active participation and involvement

Cannot

Evaluate

1

2

3

4

5

0

1

2

3

4

5

### Feedback (Question 2 of 8 - Mandatory)

Never gave feedback or gave feedback infrequently; did not offer specific suggestions for improvement; gave non-specific praise or criticism; based feedback on interpretations or assumptions about attitudes and personality rather than on specific, remediable aspects of behavior/performance

Gave feedback frequently; gave corrective as well as positive feedback; offered specific suggestions for improvement; avoided non-specific praise or criticism; focused feedback on remediable aspects of behavior/performance, rather than on interpretations or assumptions about attitudes and personality

Cannot

Evaluate

1

2

3

4

5

0

1

2

3

4

5

### Facilitation of Learning (Question 3 of 8 - Mandatory)

Did not explain things clearly; not an effective role model in caring for patients; did not encourage further learning; did not help me add to my knowledge and skills

Explained concepts clearly; summarized key learning points; served as a helpful role model in caring for patients; helped teach by "thinking out loud" ; explicitly encouraged further learning; motivated me to learn on my own; helped me add to my knowledge and skills

Cannot

Evaluate

1

2

3

4

5

0

1

2

3

4

5

**Professionalism (Question 4 of 8 - Mandatory)**

Did not consistently model or encourage high standards for professional behavior. Showed a questionable commitment to altruism, learning and self-improvement, honesty and integrity, confidentiality, professional responsibility, or maintaining respectful interactions with others

Consistently modeled and encouraged high standards for professional behavior. Showed a strong commitment to altruism, learning and self-improvement, honesty and integrity, confidentiality, professional responsibility, and maintaining respectful interactions with others

Cannot Evaluate

1

2

3

4

5

0	1	2	3	4	5
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**Overall quality of instruction**

*(Question 5 of 8 - Mandatory)*

Unable to Rate

Poor

Fair

Good

Very Good

Excellent

0	1	2	3	4	5
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**Describe this teacher's strengths (Specific suggestions for what to keep doing)** *(Question 6 of 8 - Mandatory)*

**Describe potential areas for improvement (Specific suggestions for what to do differently)** *(Question 7 of 8 - Mandatory)*

**Do you wish to nominate this educator for a teaching award?** *(Question 8 of 8 - Mandatory, Confidential)*

No

Yes

1	2
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## Teaching Evaluations – Pulling Individual Reports

Go to [www.e---value.net](http://www.e---value.net)

Log in with your username and password. Contact the Clerkship Coordinator if you have forgotten either. If you are given a choice, log in under your specific clerkship. (Do not log in to School of Medicine.)

From the list of options on the top menu:

- Select Evaluations
- Select Educator Reports
- In the Performance Overview box, select Aggregate
- If asked to specify your role, select Clinical Educator. Click Next.



On the new screen that appears:

- Enter a time frame (Start Date and End Date)
- If your name is not auto---populated, select it from the Dropdown list and click Filter/Refresh
- Click Next at the bottom of the screen

A summary report of ratings will appear. Click Show Comments at the bottom of the screen to see narrative evaluation data.

If there are fewer than three evaluations on file for the time frame you selected, you will be unable to view evaluation data.

Please contact the Clerkship Coordinator if you would like help accessing teaching evaluations.