Operative/Perioperative Care
IDPT 7050

Curriculum & Course OVERVIEW

The following information provides an overview of the 2016-2017 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

Surgery Co-Director: Paul Montero, MD (Paul.Montero@ucdenver.edu)
Surgery Assistant Director: Thomas A. Whitehill, MD (Thomas.Whitehill@va.gov)
Surgery Coordinator: Mary Kay Anderson (MaryKay.Anderson@ucdenver.edu)

Anesthesia Co-Director: Alison Brainard, MD (Alison.Brainard@ucdenver.edu)
Anesthesia Assistant Director: Tony Oliva, MD, PhD (Anthony.Oliva@ucdenver.edu)
Anesthesia Coordinator: Krystle Wetherbee (Krystle.Wetherbee@ucdenver.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.
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Welcome

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

Rationale and Expectations

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

Core Clinical Conditions (Table format)

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

Course Objectives

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

General Surgery Objectives

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

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

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

Anesthesia Week Objectives:

- Pre-operative Airway Assessment for > 3 patients.
• Assignment of ASA classification for > 3 patients.
• Pre-operative cardiac evaluation for at least one ASA 3 patient.
• Pre-operative suggested didactic topics (Faculty): Cardiac Eval – CAD/Aortic/Mitral stenosis; Neuromuscular disease/Malignant Hyperthermia; Pulmonary Dz (Asthma, COPD); Indications and contraindications for regional block placements.

Intra-operative Skills:
• Perform > 10 mask ventilations, Attempt > 5 intubations.
• Attempt at least 2 IV starts.
• Observe arterial line placement, Spinal/Epidural placement.

Intra-operative Didactics: Options for discussion
• Airway management (mask ventilation, intubation).
• Principles of Monitoring Instrumentation (Arterial line, Central lines, PAC).
• Induction Methods (IV, Inhalation, RSI).
• Regional (Spinal/Epidural/Peripheral Nerve Block) techniques/use in OR.

• Maintenance: TIVA vs. Inhaled Gas, Context Sensitive half time, MAC, etc.
• Muscle Relaxants (types, method of monitoring).
• Fluid Therapy (Rates of replacement, colloid vs. crystalloid)
• Ventilator Management, Extubation Criteria
• Awareness (high risk procedures, methods to reduce incidence)

Post-operative Goals:
• Evaluate Pain control for at least 3 patients in PACU.

Post-operative Didactics:
• Respiratory failure – evaluation and management.
• Cardiac: Post op MI/VT/AF/Hypertension/Hypotension
• Nausea and Vomiting

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 for Anesthesia Simulation (Thursday morning), Anesthesia/Informed Consent Quiz (available on Canvas between 8 am and 5 pm), NBME Surgery Shelf Exam (Friday 7:30-10:00 a.m.), Informed Consent Class (10:30 a.m. to Noon) and End of Course Meeting (between 12:00-5:00 p.m.).
● Each student will spend four weeks on a general surgery rotation, 1-2 weeks on anesthesia and 2-3 weeks on surgical subspecialties (core and/or non-core).
● MidPoint Review Meeting with Course Directors on the Friday of Week 4.
● There are two papers in this course:
  1. Informed Consent due Tuesday of Week 7
  2. Long Case Report due Monday of Week 8
● Each student will do a 10-minute presentation on a surgical or anesthesia topic.
● Each student will participate in a 2-hour Radiology Workshop and a 6-hour Ophthalmology Workshop on one Monday.
● The weekend at the end of Week 4 is a golden weekend (no call or clinic duties on Saturday and Sunday). Some students may be assigned to Trauma call that Friday night.
● UCH and VA general surgery students are assigned to specific days for breast clinic in order to meet the breast disease competency and prevent having too many students in the Breast Clinic at one time.
● Students assigned to the VAMC and St. Joseph take call for one night at Denver Health Emergency Room in order to meet the trauma competency.

Attendance Policy

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

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

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

Any students with disabilities or other special needs who need special accommodations in this course are invited to share these concerns or requests with the instructor and contact the Disability Services Office (http://www.ucdenver.edu/student-services/resources/disability-resources-services/Pages/disability-resources-services.aspx) as soon as possible.
First day reporting section
Depending on your site assignments, your first day site reporting will be communicated to you by each site. See specific site information listed below:

AHEC Reporting

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

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

There may be further paperwork for you to complete upon arrival at your preceptor’s office in order for you to work in the affiliated hospitals. The preceptor’s contact person will guide you through that process.

These sites also require School of Medicine verification of your medical student status, insurance, and SOM liability coverage. A letter of confirmation from Dean Garrity’s office has been sent to your preceptors with a copy to you.

Housing arrangements are made by the AHEC site coordinators. If you have not received confirmation/information about housing two weeks before the start of class, please contact your AHEC site coordinator or e-mail COAHECHousing@ucdenver.edu.

<table>
<thead>
<tr>
<th>AHEC Sites by Town</th>
<th>Associated Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alamosa, Colorado</td>
<td>San Luis Valley Regional Medical Center</td>
</tr>
<tr>
<td>David N. Geiger, MD</td>
<td>106 Blanca Avenue</td>
</tr>
<tr>
<td>San Luis Valley Medical Clinics</td>
<td>Alamosa, Colorado   81101</td>
</tr>
<tr>
<td>2115 Stuart Street</td>
<td>Contact: Jennifer Martinez</td>
</tr>
<tr>
<td>Alamosa, Colorado 81101</td>
<td><a href="mailto:jennifer.martinez@slvrmc.org">jennifer.martinez@slvrmc.org</a></td>
</tr>
<tr>
<td>Program Contact: Dr. Geiger</td>
<td>719.589.8053 FAX: 719.587.1430</td>
</tr>
<tr>
<td>719.589.8073 Fax: 719.589.8112</td>
<td><a href="mailto:David.Geiger@slvrmc.org">David.Geiger@slvrmc.org</a></td>
</tr>
</tbody>
</table>

| Cortez, Colorado            | Southwest Memorial Hospital                                |
| William Rainer, Jr., MD     | 1311 North Mildred Road                                    |
| General, Vascular, Thoracic Surgery | Cortez, Colorado  81321                                  |
AHEC AREA HEALTH EDUCATION CENTERS STUDENT SUPPORT SERVICES

**Centennial AHEC**
**Ft. Collins**

Laurie Exby  
Centennial AHEC  
4650 W. 20th Street, Suite A  
Greeley, CO 80634  
Office Phone: 970.330.3608  
Fax: 970.330.3608  
lexby@cahec.org  
www.cahec.org

**San Luis Valley AHEC**
**Alamosa**

Lisa Lucero  
SLVAHEC Housing Coordinator  
300 Ross, PO Box 1657  
Alamosa, CO 81101  
Phone: 719.589.4977  
Cell: 719.588.5363  
Fax: 719.589.4978
Southwestern Colorado AHEC
Cortez

Karen Rider
Southwestern Colorado AHEC
700 Main Street, Suite D
Durango, CO 81302
Phone: 970.375.3250
Karen.Rider@swcahec.org
www.swcahec.org

Reporting Information for Core and Non-Core Surgical Subspecialties

Burn Surgery
Report to the UCH Burn Unit (third floor) at 8 a.m. Contact Anne Wagner, MD, for further information (anne.wagner@ucdenver.edu).

Cardiothoracic Surgery
Linsey Kasper will send you reporting information (303.724.2801 or linsey.kasper@ucdenver) a few days before the rotation begins. Justin Reeves, MD, (Thoracic Surgery Chief Resident, pager 303.266.4675) or Ryan Shelstad, MD (Thoracic Surgery Chief Resident, pager 303.266.4548) will be your primary contact for the rotation. You will be working in two hospitals, VAMC and UCH.

Here is the contact information for the 5 Thoracic Surgery Residents for AY2015-16:
Justin Reeves, MD, Fellow, Pager: 303-266-4675
Ryan Shelstad, MD, Fellow, Pager: 303-266-4538
Ed Bergeron, MD, 2nd Year Fellow, Pager: 303-266-1828
Giorgio Zanotti, MD, 2nd Year Fellow, Pager: 303-266-1829
Charles Cole, MD, 1st Year Fellow, Pager 303-266-1811
Brendan Dewan, MD, 1st Year Fellow, Pager 303-266-1817

Interventional Radiology
Katelynn Weber will email information to you about this elective. You may contact her at Katelynn.2.weber@ucdenver.edu or 303-724-1989. Her office is in AO1, room 2414. Kimi Kondo, DO is the rotation director. This rotation is only available at University Hospital. Reporting time is usually at 7:30 a.m.
Neurosurgery
Krystin Martinez will send you contact information for the Neurosurgical Resident at your assigned hospital. Reporting time is usually 6:30 a.m. Krystin.Martinez@ucdenver.edu or 303.724.2303. The following website will link you to the Neurosurgery Medical Student Curriculum. You are expected to download, read, and review the Curriculum.

2. Required Textbook - Neurosurgery: An Introductory Text. Author: Black, Peter M.

Ophthalmology
Contact Bethany Jackson for your reporting information 720.848.2508 or Bethany.Jackson@ucdenver.edu. Ophthalmology rotations may take place at UCH, CHC, DHMC, VAMC or at a combination thereof. Please be ready to inform Ms. Jackson of your current ID badge status at each of these facilities when you make initial contact.

Otolaryngology
Vicki Muscatello will e-mail information to you about this elective. You may contact her at vicki.muscatello@ucdenver.edu. Her office is in Academic Office One, Suite 3000.

Pathology
Miriam Post, MD, is the rotation director, miriam.post@ucdenver.edu, 720.848.4416. Gretchen Amend is the Coordinator and can be reached at gretchen.amend@ucdenver.edu. This rotation is only available at University Hospital.

Pediatric Surgery
Melissa Gray 720.777.6846 or Melissa.Gray@childrenscolorado.org. Contact Melissa several days before you start at Children’s. She will give you reporting information. If she is not available, you may page the 4th Year Resident listed on the roster. Surgery Site Preceptor is Jonathan Roach, MD.

Plastic and Reconstructive Surgery
Fred Deleyiannis, MD, is the rotation director. Contact Kathy Vavrina for your schedule, Kathy.Vavrina@childrenscolorado.org or 720.777.3880 (e-mail preferred). You will work at UCH and CHCO.

Transplant Surgery
The day before you begin, contact Thomas Pshak, MD, transplant fellow, (cell phone 303.551.2278), Thomas.pshak@ucdenver.edu, or Megan Adams, MD, transplant fellow (cell phone 303.503.6282), Megan.Adams@ucdenver.edu for reporting information. Trevor Nydam, MD, is the rotation director. This rotation is only available at University Hospital.
Urology
Ashley Lane or Kathy Politis will e-mail you reporting information and a weekly schedule. You may contact them at ashley.2.lane@ucdenver.edu or 303.724.2712; or Katherine.politis@ucdenver.edu. Ty Higuchi, MD is the rotation director. Students are expected to read and apply the core content of the National Medical Student Curriculum during their rotation. The core content can be found at the following URL: https://www.auanet.org/education/education-for-medical-students.cfm.

Vascular Surgery
Omid Jazaeri, MD, is the rotation director. Contact Dr. Jazaeri by email or cell phone for reporting information Omid.Jazaeri@ucdenver.edu or 720.258.5526, no later than Thursday of the week before your rotation starts.

REPORTING INFORMATION FOR GENERAL SURGERY ROTATIONS

University of Colorado Hospital – General Surgery

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

Hospital ID Badge: All students should have a UCH ID Badge and inner and outer door, ER, OR, and Leprino call room access. If you have problems with access during this course, check with the hospital ID Access office in the Leprino Building, Room 9-020, 720.848.8356. If you continue to have problems, please notify Mary Kay Anderson at 303-724-2681.

Surgical Scrubs: Hospital scrubs are available through the scrub dispensing units in the AOP and AIP. Scrub access is added to all third year medical student badges during Transitions Week. If you have problems with the scrub machines, contact Jack Rupert at 720.848.6638 or Linens at 720.848.4915 or go to Environmental Services in the Leprino Building, Room 9-020. The University of Colorado Hospital policy is to dispense two sets of scrubs at a time to a student.

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

Parking: University of Colorado Hospital does not have separate parking for students. You may use the parking options provided by the University of Colorado Denver for its Anschutz Medical Campus. You can buy temporary parking access for a week at a time ($10/week for students). The access is loaded onto your school ID. Arrangements need to be made at the Parking Office, Building 500, First Floor, one day in advance. Parking Office phone number is 303.724.2555 or http://www.ucdenver.edu/about/departments/FacilitiesManagement/ParkingMaps/Parking/Pages/PermitParking.aspx
Sleep rooms: Located on the 4th floor of the Leprino Building, north of AIP. The ID scanner is located at the north end of the hallway that runs along the west boundary of the sleep room area. Four sleep rooms are identified as “medical student/hotel space” rooms: #437 Sleep Room 30, #438 Sleep Room 31, #439 Sleep Room 32 and #440 Sleep Room 33. A locker is provided in each room, but you will need your own lock.

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

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

Women’s OR Locker Room
Locker # 531
Combination: 07 17 39

Men’s OR Locker Room
Lock # 1 – Locker # 549
Combination: 38 04 34 (#1)

Lock # 2 - Locker #551
Combination: 31 01 23 (#2)

Study Rooms: Every computer at UCH is directly linked to the UC Denver Health Sciences Library. You can also access the library by clicking the link on the UCH iAmaze Home page, then look for Clinical Resources, External Resources, and then Health Sciences Library. A Faculty/Medical Student Lounge is located on the first floor of the AOP, adjacent to the Outpatient Radiology Department, room #OP-1602. It has six computers, a printer, a refrigerator, and comfortable chairs. Punch in 4444* to access the lounge. Anesthesiology has a small library on the 2nd floor of AO1. Off the elevators, go to the far south hallway. The room is the first through the doorway on the right. Computers, a printer, study space, and anesthesia library materials are available.

Veteran’s Administration Medical Center – General Surgery

Site Preceptor: Thomas A. Whitehill, MD, Chief of Surgery
General Surgery Administrative Officer: Tim Burkhead
Department of Surgery: 4th Floor, Room 4B117, 303.399.8020, ext. 2912

Hospital Badge, Surgical Scrubs, Computerized Medical Records Access: Arranged in advance with Veronica Paradise in Foundations of Doctoring office.

Computers: Each PC has the medical information website “Up-to Date.”
Lockers: Lockers for students are located in the medical resident call room on the 5th floor in rooms 5B110 and 5A161, but you will need your own lock. Students can ask any surgical resident for the number codes to get into the rooms.

Exempla St. Joseph Hospital – General Surgery

Site Preceptor: Ed Kimm, MD
Pager 303.201.4372, Office, 303.837.7886

General Surgery Site Coordinator: Laurie Cooper (Office 303.837.7295) cooperla@exempla.org
Department of Surgery, 1st 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 Laurie. 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. Laurie Cooper makes arrangements for your ID card. Replacement cost is $10.

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

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

Credentialing: You will also need to make sure you have completed paperwork with Melissa Torres, Medical Staff Privileging Coordinator, Melissa.Torres@sclhs.net, 303.812.3591.

Parking: Student parking is assigned in the Russell Pavilion Garage. Contact Laurie Cooper for details.

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

If you have any questions, you may contact Laurie between the hours of 7 a.m. to 4 p.m. Monday to Friday or by e-mail.
Denver Health Medical Center – General Surgery

Site Preceptor: Kshama Jaiswal, MD

General Surgery Site Coordinator: Launcelott (Lance) Loveday (303.602.1845)
launcelott.loveday@dhha.org Pavilion A, Department of Surgery/3rd Floor, Rm. # A358
Refer to the email Lance Loveday sent you. If you haven’t contacted him before now, do so today.

Badges ($25 check/cash deposit required), Surgical Scrubs, and Computerized Medical Records Access: Refer to the email Lance Loveday sent you.

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

DHMC students are responsible for attending one breast clinic on a Wednesday (8:45 a.m. to 5 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 Lance Loveday, 303.602.1845, lance.loveday@dhha.org. One student per clinic is preferred.

Children’s Hospital Colorado – General Surgery

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

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

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

Lockers: Located on the 1st floor of the Administrative Pavilion just outside of the Aspen conference room. There are also additional lockers in the 8th floor workroom.
**Study Rooms:** The CHC Clinical & Research Library is located on the 2nd floor, outpatient side. Their hours are 7:30 a.m.-5:30 p.m. M-F staffed, but students have 24/7 access with their CHC badge. PCs are available in the Medical Education office lounge which students can access 24/7.

**REPORTING INFORMATION FOR ANESTHESIA ROTATIONS**

**University of Colorado Hospital- Anesthesia**

**OR Schedule:** Holly Williams will email you the day before with your schedule for the following day. This will let you know where to report and who you will be working with for the day.

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

**Surgical Scrubs:** Hospital scrubs are available through the scrub dispensing units in the AOP and AIP. Scrub access is added to all third year medical student badges during Transitions Week. If you have problems with the scrub machines, contact Jack Rupert at 720.848.6638 or Linens at 720.848.4915 or go to Environmental Services in the Leprino Building, Room 9-020. The University of Colorado Hospital policy is to dispense two sets of scrubs at a time to a student.

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

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

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

**Lockers:** Available in AIP, room #2010. The access code is 1010. There are many lockers available, but you must provide your own lock.
Study Rooms: Every computer at UCH is directly linked to the UC Denver Health Sciences Library http://hslibrary.ucdenver.edu. You can also access the library by clicking the link on the UCH iAmaze Home page, then look for Clinical Resources, External Resources, and then Health Sciences Library. A Faculty/Medical Student Lounge is located on the first floor of the AOP, adjacent to the Outpatient Radiology Department, room #OP-1602. It has six computers, a printer, a refrigerator, and comfortable chairs. Punch in 4444* to access the lounge.

Children’s Hospital Colorado – Anesthesia

OR Schedule: Latha Hinckley will email you the day before with your schedule for the following day. This will let you know where to report and who you will be working with for the day.

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

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

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

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

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

Security, Student Safety, and Disaster Preparedness

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

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

Emergency information is also found on the Student Life web site: http://www.ucdenver.edu/academics/colleges/medicalschool/education/studentaffairs/emergencies/Pages/Emergencies.aspx

Needle stick Policy posted on Canvas for OPC Course as well as delineated below.

Medical Treatment: Employees and student interns that have needle-sticks or bodily fluid exposures should seek immediate medical attention in the Emergency Room of the hospital where the work related incident occurs. Notify the Course Director, Course Coordinator and Student Life Office.

Exceptions are:
University of Colorado Hospital (UH) - Go to the Infectious Disease Clinic at Anschutz Outpatient Pavilion, 1637 Aurora Court, 7th floor, between 8:00 AM and 4:00 PM Monday -Friday, or the Emergency Room after hours.
Denver Health Medical Center (DHMC) - Go to the Occupational Health and Safety Center (corner of 6th Avenue and Bannock, 4th Floor) between 8:00 AM - 3:30 PM Monday through Friday or the Emergency Room after hours.

Employees/Student Interns working in small clinics or in laboratories off campus should go to the nearest emergency room or facility that can perform a blood draw. • Students, volunteers or others not covered by workers’ compensation should contact their personal healthcare provider.

On the CUSOM website at: Needle-Stick & Bodily Fluid Exposures

Recommended Resources

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

NBME Practice Test. $20 for 50 questions - http://www.nbme.org/students/sas/masteryseries.html.
BoardVitals: an exam prep tool through the Health Sciences Library. You can find BoardVitals on the library’s database page, or through STAT!Ref. You must register with your @ucdenver.edu, @childrenscolorado.org or @uchealth.org email address to access BoardVitals.

Suggested Textbooks for Surgery

Essentials of General Surgery

Surgical Recall
(Kindle Edition, $44)

Other Suggested Textbooks for Surgery

Dr. Pestana's Surgery Notes
(Kindle Edition, $22)

Advanced Surgical Recall

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

Understanding Surgical Disease – The Miami Manual of Surgery
Mark G. McKenny, MD, Patrick C. Mangonon, MD, 1998, Lippincott-Raven
(Amazon Price, New $25)

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

Suggested References for Surgery

Greenfield’s Surgery: Scientific Principles and Practice
(Kindle Edition, $184)

Current Surgical Therapy
(Kindle Edition, $176)

Sabiston’s Textbook of Surgery
(Kindle Edition, $121)  
*Available as an e-book from Health Sciences Library (Free)  

Schwartz’s Principles of Surgery  
(Kindle Edition, $152)  

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

ANESTHESIA TEXTBOOK – book is provided to students during clerkship  

Manual of Clinical Anesthesiology  
Larry Chu & Andrea Fuller  

Testable Reading List:  
Chapter – Title  
7 – PONV  
20 – Endotracheal Intubation  
23 – LMA  
30 – Spinal  
37 – Local Anesthetics  
38 – Neuromuscular Blockade  
39 – Anticholinergics  
40 – Benzodiazepines  
41 – Opioids  
43 – IV induction  
44 – Volatile Anesthetics  
48 – Anti-Emetics  

Suggested Reading List for OR Readiness  
Chapter – Title  
1 – Anesthetic Plan and induction  
2 – Pre-op Assessment  
8 – ASA monitors  
19 – Mechanical Ventilation  
21 – Difficult Airway  
25 – Peri-operative Fluids  
26 – Crystalloids/Colloids  
31 – Epidural  
45 – Adrenergic Agents  
Appendix C
Assignments

Long Case Report

The Course Directors will grade the Case Report using the following criteria for a total of up to 7.5 points. An example is provided for illustration purposes; no portion of the example should be used in your report. This example is longer than the 2000 word limit – but serves as framework to base your report on. The Case Report should be modeled after a case report in a journal following specific criteria. Overall word count should not exceed 2000 words, please be sure to note the number of words at the end of your document (excluding reference section). Describe a challenging case scenario.

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

Potential deductions:
Points will be assigned based on
   a) Originality,
   b) Adherence to word count limit,
   c) Quality of discussion points,
   d) Editorial factors including References/Grammar/Spelling, and
   e) Overall effort.

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)
2) Eight Elements Necessary for Valid Informed Consent - an outline of the material for this session
2) Article: [Legal and Ethical Myths About Informed Consent](#) by Alan Meisel, JD and Mark Kuczewski, Ph.D.
3) Article: Informed Consent in Clinical Care by Yael Schenker, MD, MAS and Alan Meisel, JD
4) ASA Ethical Guidelines for the “Anesthesia Care of Patients with Do-Not-Resuscitate Orders” and sample UCH Form
5) University of Colorado Hospital [Assessing Capacity form](#)
6) Informed Consent Decisions for Adult Patients and Minor Patients – 2 Diagrams by Patrick O’Rourke

**Resources:**

7) 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.)

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

**Required Discussion**
Held the last Friday of the course, 10:30am to noon. Check the course schedule for building and room number.
Students will meet with a faculty facilitator to present and discuss their cases.

**Anesthesia Exam**
There will be questions about this material on the Anesthesia exam.
Case Presentation Outline Rubric

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

Sample Case Presentation Outline – 4 page maximum (This is a case of disclosure – you can present other of the 8 elements like capacity, coercion, understanding, language barriers or authorization)

This is a sample for your information to help you to be as complete in your analysis as possible. Do not cut and paste from this sample – do 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 7.5 points
You will be graded on the following areas:
Time limitation – no more than 10 minutes
Organization/content/accuracy
No YouTube or other Web-based videos
Please spell-check your slides
Slide content (not too busy, not hard to understand)
Public speaking skills
Diction/pronunciation
Volume (use the microphone!)
Eye contact with audience
Timing of slides (don’t show a busy slide and not let your audience take it all in)
Reference list

See sample in Canvas.

Direct Observation & Mid-Point Review Feedback Forms

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

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

Reminder email for Preceptors
You are encouraged to email preceptors and summarize feedback, individual goals for the rotation, and patients seen so that the preceptor can use this to inform their New Innovations evaluations.

Example
Hello Dr. Smith,
I hope this email finds you well. I was hoping to send a reminder about filling out the formal evaluation for my time with you at the Denver Health Pediatric inpatient ward (this is not due until after the end of the rotation, I just wanted to make you aware of it). I was also hoping to recap my goals and what I felt I accomplished with you in hopes that it may help you complete the evaluation. For your information, you are able to save the evaluation and work on it at any time.
My goals for the rotation were:
1) Be able to perform a throat exam on young/difficult children
2) Be able to perform a well child exam for different ages
3) Create a differential for pediatric specific diagnoses and formulate a plan

While I was with you, you evaluated me using a Direct Observation form for an H+P patient presentation (on a both bone forearm fracture). I have attached that form for your reference. Other pts that I presented to you include a pyelonephritis pt, surgical pts, and asthma exacerbations. You were also able to observe me in interactions with physical exam, explaining plans to patients, and gaining rapport with families.

Hopefully these goals and comments will help you recall what I tried to accomplish during my rotation. I really appreciate comments in the evaluation that let the evaluators know at what level I was performing. They like to hear about presentations, how we managed patients (assessment, plan), patient rapport, etc. and value specific examples of what we did. These comments also help with residency applications in the future. I appreciate the time and dedication you have already taken in my education. Let me know if you have any questions!

Examinations
1. Radiology Quiz – Pass/Fail
2. Anesthesia Quiz – last Thursday of the block – Pass/Fail
3. NBME Surgery Shelf Exam – last Friday of the block – 100 points (60 required to pass and national mean to be eligible for Honors or High Pass)

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

Clinical Performance (50%)
  Clinical Team Assessment 50%

Cognitive Performance (50%)
  Written Exam 20%
  Informed Consent Thread 10%
  Long Case Report 7.5%
  Student Presentation 7.5%
  Professionalism 5%

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 to qualify for a final grade of Honors. Students should achieve High Pass designation for the clinical assessment to qualify for a final grade of High Pass. *A written exam minimum score above the national mean is required in order to receive either honors or 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 as up to 20% Honors and 20% High Pass.

**CLINICAL PERFORMANCE**

**Clinical Team Assessment 50%**

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

The clinical evaluation grade is determined by several components:

- **General Surgery:** 60%
- **Anesthesia:**
  - 30% for students completing one week of anesthesia
  - 35% for students completing two weeks of anesthesia
- **Surgical Subspecialties:**
  - 5% for one subspecialty and 10% for two subspecialties

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

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

Surgery faculty assessments will have more weight than those of fellows; fellows more than chief residents; chief residents more than interns.

The anesthesia grading committee, chaired by the anesthesiology clinical block director, reviews the anesthesia evaluations and determines the final overall anesthesia grade.
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. Sample forms used by the evaluators are attached.

Assessments are completed in New Innovations (www.newinnov.com). Students set up the assessments and are responsible for following the evaluator selection guidelines listed on the attached page. Please ask your evaluators and create the evaluations before you leave the rotation. Detailed instructions for creating evaluations are attached.

The form for listing your evaluators is in your packet. Give the form to the course coordinators via upload to Canvas the last Sunday of the block.

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 100 questions and the student must get 60% of the questions correct in order to pass. The NBME Surgery Shelf exam allows you two and one-half hours for the exam.
- There is an Anesthesia quiz (23 questions) which is taken on the last Thursday after the Anesthesia simulation event. The exam is Pass/Fail and the student must get 50% of the questions correct in order to pass the quiz. There is one opportunity to retake the quiz if the student fails. Failure of quiz may influence overall grade.

Professionalism – 5%
Participation and attendance are essential components of this course. Course activities requiring your on time attendance include but are not limited to:

- Orientation
- Monday morning didactics
- Breast clinic at UCH, if assigned
- Assigned time at Denver Health emergency room
- Mid-course/end of course sessions with course directors with required logs and forms
- Informed consent session
- Simulations and small group sessions
- Written exam

The informed consent paper, long case report, mid-course review form, anesthesia book, and competency log are expected to be turned in by the deadlines. Failure to follow attendance policies and meet deadlines can result in loss of points for professionalism.
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 tables with discretion.
- Wear professional dress.

Informed Consent – 10%
Required Written Assignment: - Case Presentation Outline -worth up to 10 points
Student must pass this element (receive 6/10) to pass the Perioperative Block. Assignments receiving a 5 or below must be rewritten and the final grade can only receive a total of 8/10 (2 points will be deducted for the rewrite.). Specific rubric located on Canvas.

*******************************************************************************
Grades assigned for IDPT 7050 are:

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

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

School of Medicine policy limits the number of students awarded Honors and High Pass to no more than 50% 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 2015 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/Needle-stick**

Medical Treatment: Employees and student interns that have needle-sticks or bodily fluid exposures should seek immediate medical attention in the Emergency Room of the hospital where the work related incident occurs.

Exceptions are:

- University of Colorado Hospital (UH) - Go to the Infectious Disease Clinic at Anschutz Outpatient Pavilion, 1637 Aurora Court, 7th floor, between 8:00 AM and 4:00 PM Monday -Friday, or the Emergency Room after hours.
- Denver Health Medical Center (DHMC) - Go to the Occupational Health and Safety Center (corner of 6th Avenue and Bannock, 4th Floor) between 8:00 AM - 3:30 PM Monday through Friday or the Emergency Room after hours.
- Employees/Student Interns working in small clinics or in laboratories off campus should go to the nearest emergency room or facility that can perform a blood draw. Students, volunteers or others not covered by workers’ compensation should contact their personal healthcare provider.

On the CUSOM website at: Needle-Stick & Bodily Fluid Exposures

**How to pick rotation site and subspecialty**

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

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

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

- **Logger Requirements**
  - Update the Logger **at least once weekly, including duty hours for the week**.
  - Only required to log a required clinical condition once during the block in which it is required.
  - Log honestly, including truthfully reporting duty hours and patients seen.
  - Provide the logger to the clerkship director or their designee at the midpoint and end of a block, or at the end of the block for blocks less than 4 weeks in length.

- **Duty Hour Requirements**
  In addition to your clinical responsibilities, students are required to complete Phase III Foundations of Doctoring course requirements and occasional activities mandated by the Dean of Student Affairs. In addition:
    - Students will have no more than 80 hours a week of scheduled participation **averaged over 4 weeks**. This does not include time students should spend reading about their patients or doing patient write ups.
    - Students will have no more than 30 consecutive hours of scheduled participation during one period of time.
    - Students will have a minimum of 24 consecutive hours scheduled off in 7 days averaged over 4 weeks.

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

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

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

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

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

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

Contact the office by emailing Barry H. Rumack, MD at barry.rumack@ucdenver.edu or Josette Harris at Josette.harris@ucdenver.edu. For faster response, (no confidential information please) call 303-724-7854. Offsite and onsite visits are by appointment only. Building 500, 8th floor, room 8000C.

Academic Honesty Statement

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

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

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.

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. Preferred avenue is to contact Course Director. If not comfortable with contacting the Course Director, contact the Office of Professionalism. 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.
Communication

The preferred methods of communication during OPC clerkship include:

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

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

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

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

Attire

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

FAQs of general information and resources
Course Calendar: Posted on Course Canvas site.