

**UNDERSTANDING  
PATIENTS WITH  
REPRODUCTIVE AND  
SURGICAL NEEDS  
UPRSN**



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## **INTRODUCTION**

The Departments of Obstetrics and Gynecology, Surgery and Anesthesiology are pleased to offer Understanding Patients with Reproductive and Surgical Needs (UPRSN).

This will include material traditionally taught and tested during these rotations but do so in an integrated format, focusing on commonalities between the two and especially on concepts fundamental to the practice of all medical specialties.

### **Goals of the curriculum include:**

- Streamlining attending-student interactions to focus on interaction-specific objectives, with strictly information-transfer activities moving to on-line and print materials and away from lectures.
- Giving students exposure to a broader number of surgical specialties.
- Improving the ability to practice decision making.

### **Design**

- Duration: A total of 16 weeks. The first week will be a Ground School where students will be introduced to basic clinical concepts and skills related to OB/Gyn and Surgery. The last week will be the Assessment Week when knowledge and skill based evaluations and assessments will be performed.
- Clinical experience will be more integrated between specialties while accomplishing specialty specific objectives.
- Students placed at OSUWMC will be assigned a faculty mentor. Students placed at community sites, the Site Director will serve as your mentor. All students will participate in weekly small group sessions led by faculty.
- Periodic assessments of knowledge and skills will be performed during the rotation.
- NBME "Shelf Exams" will be given in both OB/Gyn and Surgery.
- Grades
  1. There will be one narrative and overall grade for the UPRSN Ring.
  2. There will be separate grades for Ob/Gyn, Surgery, and Perioperative Services without a narrative.
  3. Total number of grades for your MSPE is 4.

### **Primary Objectives**

Primary Objectives are listed below. We encourage you to review these objectives as well as the secondary objectives listed on VITALS.

- Describe gynecological malignancies including risk factors, signs/symptoms and initial evaluation of Cervical Disease and Neoplasia
- Integrate routine health screening into practice with understanding of its impact on disease prevention
- Demonstrate competence in med interview/exam of female and incorporate ethical, social and diversity perspectives to provide competent care

- Assess risk for unintended pregnancy, sexually transmitted infections, cervical pathology, breast malignancy, gynecologic malignancies and domestic violence
- Define infertility
- Describe the causes of male and female infertility
- Describe the evaluation and initial management of an infertile couple
- List the psychosocial issues associated with infertility
- Explain normal physiologic pregnancy changes, management of pregnancy and interpretation of common diagnostic studies
- Understand the impact of the intrauterine and neonatal environment on adult life
- Discuss the potential impact of the preeclampsia-eclampsia on the gravid patient and the fetus /newborn and the impact of pregnancy (if any) and appropriate initial evaluation
- Evaluate and treat patients with common surgical problems in all phases of their care
- Evaluate and determine initial treatment of patients presenting with surgical diseases in all patients as well as medical diseases in pregnant patients
- Describe basic perioperative care of patients with end-organ dysfunction who are being considered for transplantation
- Decide between medical and surgical intervention for patients with common signs and symptoms
- Recognize the key principles in management of the patient with traumatic injury and critical illness
- Evaluate and formulate a management plan for a patient with acute abdominal pain
- Develop understanding of common thoracic surgery problems
- Develop understanding of the pathophysiology of skin and wound healing.
- Evaluate the pathophysiology and management of disorders of the foregut, midgut, and hindgut in pediatric and adult populations
- Evaluation and management of breast disease
- Evaluation and surgical management of Endocrine/Metabolic disorders
- Counseling patients on general areas of preventive care
- Communicate with patients and families regarding the risks, benefits, alternatives and outcomes of surgical therapy

- Implement inter-professional plans for patients that promote complete recovery and return to normal activities after surgical therapy
- Describe and discuss ethical principles and dilemmas in surgery and obstetrics
- Generate a differential diagnosis for acute abdomen and chronic pelvic pain
- Interpret the changes in menstrual cycle, puberty and menopause physiology and anatomy in relation to normal and abnormal gynecologic conditions
- Demonstrate knowledge of normal antepartum, intrapartum and postpartum care
- Explain the potential impact of pregnancy complications on the gravid patient and fetus/newborn
- Summarize the potential impact of medical and surgical problems on the gravid patient and fetus
- Demonstrate a thorough understanding of contraception, including sterilization and abortion
- Demonstrate knowledge of common gynecological conditions
- Demonstrate knowledge of infections of the gynecologic tract
- Demonstrate knowledge of perioperative care and familiarity with common gynecological procedures including indications and possible
- Describe common obstetrical procedures, the indications and possible complications
- Describe the preliminary assessment of patients with sexual concerns
- Counsel patients regarding contraception, prevention of STI, immunizations, domestic violence and depression
- Explain the prevention guidelines for screening procedures for diseases of the reproductive organs
- Incorporate cultural, psychosocial, economic and ethical issues in patient care and impact on families and societies
- Perform a basic anesthesia pre-operative evaluation
- Describe different types of anesthesia with consideration to indications, risks, benefits, and complications
- Describe various methods of airway management
- Review the components of basic perioperative monitoring
- Describe the basic operation of the anesthesia machine

- Describe the mechanism of action and purpose of drugs frequently used in anesthesia
- Recognize and explain reactions that are related to anesthesia and perioperative issues

Students will demonstrate the fundamentals of history taking and physical examination by assessing patients who present with surgical disease including trauma, surgical emergencies, and cancer. The student's ability to conduct a concise and comprehensive H&P in a methodical and efficient manner will be assessed by the supervising faculty and housestaff through direct observation and review of written documentation.

Students will document differential diagnosis, the resulting evaluation, and treatment plans. Supervising faculty and housestaff will review notes made in the patients' medical records, as well as the student's case presentations to determine the student's ability to focus on pre- and post-operative decision-making abilities and skills. Through active participation in the anatomy lab and various skills lab, in the operating room, and in other clinical settings, students will initiate and practice the technical skills required of all physicians including sterile technique, knot tying, simple suturing, suture and staple removal, catheterization of the bladder, and venous access.

Students will demonstrate knowledge of anatomy, disease states, and pathophysiology as acquired by participating in patient care, by participating in all didactic sessions and conferences, and through the reading of assigned text material. Students will also demonstrate knowledge by earning a passing score on the written examination.

Students will practice and refine the communication and interpersonal skills acquired in the preclinical curriculum by participating in discussions with patients and their families regarding diagnosis, evaluation, treatment, and prognosis. Students should also have exposure to breaking bad news. Students will demonstrate and refine an appropriate professional demeanor including physical appearance, punctuality, reliability, confidentiality, dependability, cooperation, and respect as described in the College's Part 2 Handbook.

### **ANCILLARY TESTS/ORDER WRITING**

To receive reimbursement for any ancillary testing such as laboratory tests (to include the evaluation of tissue), we must meet the medical necessity standards established by law. These standards stipulate that ancillary tests must be ordered and signed by an individual with order-writing privileges. Individuals who may write orders for performance of ancillary tests are limited to physicians, nurse practitioners, and physician assistants who have order-writing privileges granted by the health system. Medical students, office associates, practice managers, etc., do not have order-writing privileges, and therefore, may not sign a requisition for laboratory tests. All orders are to be written by a licensed medical practitioner.

### **ATTENDANCE**

It is the expectation that students will be present for all assigned learning experiences. Attendance at ground school, scheduled clinical assignments, didactic sessions, small groups, call, and conferences is mandatory. Unapproved absences from clinical activities or examinations may result in failure of the course component. Any absence from clinical assignments must be accounted for through the appropriate medical education offices in the departments, and absence from specific rotation requirements may require make-up work. Students who require time off from the UPRSN curriculum for any reason **MUST** complete the College's Absence Approval form. The UPRSN curriculum team are the only individuals authorized to approve time off from the UPRSN curriculum. Residents/fellows/attendings/community hospital coordinators do NOT have the authority to grant time off during the UPRSN ring, these absences will be considered unexcused and may necessitate

make-up work. We reserve the right to ask students to provide a doctor's excuse prior to the student being permitted to return to service.

Absences during Part 2 are limited to four days over a 16 week ring; absences that exceed these limits may require additional assignments and may result in a grade of Incomplete or Unsatisfactory until resolved. Students are encouraged to use unscheduled time for personal needs. It is acknowledged that students do need to attend to healthcare needs and that some medical, dental, and other personal issues cannot be resolved except during regular business hours. For absences that cannot be resolved except during regular business hours, students may request time off from curriculum responsibilities within the days allotted and complete the absence request approval from. Prior notification and approval of the UPRSN Director is required. Absence without notification may negatively affect patients, your fellow students, and staff, and is considered unprofessional.

In cases of absence for serious injury, illness, or personal emergency such as a death in the family, the student must call or email their Chief/senior resident, AND the Program Coordinator within two hours of the start of the session that will be missed. You should also contact the Dean for student life at (614) 292-5126 in 155 Meiling, or email at student.life@osumc.edu when the emergency permits. Upon return, the student needs to complete the absence form indicating illness as the reason for the absence. **The absence request form can be found on VITALS under LINKS->UPRSN->UPRSN Absence Request Form**

For causes other than serious injury, illness or personal emergency, students must submit the required form to request approval of absence when submitting preference forms, or at least two weeks in advance of the time off requested. If the requested absence will be within the first two weeks of the rotation, the student must contact the UPRSN Director or Program Coordinator prior to the start of the rotation to discuss the request. Students should be aware of and consider carefully the days and times of specific course requirements and avoid requesting absence during any required or scheduled activities such as orientation, didactic sessions, and exam times.

The UPRSN Directors will determine any make-up assignments for a missed component or for absences exceeding the limit. Students selected to present papers at national meetings may be given time off at the discretion of the Curriculum Directors. When approval is received, the student should ensure that both the Curriculum Director and preceptor are informed of the specific times the student will miss. For absences involving travel outside the Columbus area, no travel arrangements should be finalized before obtaining approval from the UPRSN Directors. For general curriculum time commitments, refer to the Absence from Part 2 Assignments document posted on the College of Medicine website.

In the event of inclement weather, it is expected that all students will follow The Ohio State University policy guidelines. If The Ohio State University closes due to bad weather, students are not required to report to service. If the University does not close and classes are still in session, students are expected to participate in duties as assigned. During times when the University policy may not apply (weekend obligations), students should use their best judgment taking into consideration the following guidelines:

**Level 1 Snow Emergency: Attendance required**

**Level 2 Snow Emergency: Use best judgment based on your location and assignment**

**Level 3 Snow Emergency: Stay home**

When in doubt, contact the MED 3-4 office or the Program Coordinator for clarification. If you are not able to make contact, use your best judgment, and clearly communicate (E-MAIL) your actions to both your team and the Program Coordinators on your current service.

## **ATTIRE/APPEARANCE/DRESS CODE**

The College of Medicine has developed a policy to delineate guidelines regarding professional attire for any preclinical or clinical patient encounter, whether actual patients or simulated patients. This policy is available to students in the student handbook, which can be found on the College of Medicine website. Additional guidelines of affiliated hospitals or preceptors shall be observed. Students are expected to inquire prior to wearing any questionable items.

For the UPRSN curriculum, students are to dress in business attire when not in the operating room (tie, dress shirt, dockers or similar pants for men, skirt/slacks and blouse for women). Students participating in the Ob/Gyn clinics are permitted to wear scrubs to the McCampbell Hall clinics only –all other clinics require business attire. Students are required to change into scrubs for the OR Orientation. Students should wear goggles, scrubs, and disposable gloves during the anatomy and suturing lab. Scrubs may also be worn during any other skills labs. Any scrubs worn outside the operating room must be covered with a lab coat or other cover garment. **Exceptions to these requirements for religious preference require prior approval of the UPRSN Unit or Ring Director/Dean's Staff.**

## **BLOOD/BODY FLUID EXPOSURE**

Universal blood and body fluid precautions lessen the risk of exposure to such fluids, and these precautions must be used routinely. Medical students are in many situations during clinical experiences where breaks in skin (“sharps” injuries) or mucosal contact may expose them to possibly infectious blood or body fluids. Students are assigned to several affiliated hospitals as well as University Hospitals. The protocols at each institution are slightly different. The following, however, are common to all facilities:

- Decontaminate (wash with disinfectant) the exposed or contaminated site immediately.
- Make a note of the patient's name, hospital number, attending physician, and location.
- Report to your immediate supervisor (attending or resident physician).
- Have the injury inspected and an incident report filled out by a supervisor (e.g., resident or head nurse).
- Report the injury as soon as possible to Hospital Epidemiology or Student Health. Notify the attending physician of the patient. Usually, this is done by Hospital Epidemiology or OSU Wilce Student Health Center, since it is the hospital's responsibility to have the patient's blood drawn and tests done. The attending physician, though, may order the appropriate testing.
- Go to OSU Wilce Student Health Center or the Emergency Department immediately.
- The injured student's blood may be drawn for baseline serologies at OSU Wilce Student Health Center, an OSU Emergency room or, if the student is out of Franklin County at the nearest emergency room.
- In the event of a needle stick, the student should call the OSU Wilce Student Health Center Appointment Line at 614-292-4321. They should identify themselves as a student who has had a needle stick injury, and they should be routed to the Triage Nurse for an ASAP appointment. Dr. Mary Lynn Kiacz can also be contacted if there are any questions or difficulties. Reports of tests should be sent to the Wilce Student Health Center for follow-up and appropriate medical recording.
- Notify the Associate Dean for Student Life (joanne.lynn@osumc.edu) or the Associate Dean for Medical Education (john.davis@osumc.edu).
- Regardless of where the initial urgent care is received, all follow-up care of a BBFE should be obtained through the Wilce Student Health Center.

- Bills for blood tests and assessment should be submitted to the student's health insurance. Any uncovered costs and bills should be brought to 155 Meiling Hall (office of the Associate Dean for Student Life).

## CALL REQUIREMENT

The MED 3-4 Academic Program Committee supports night call for medical students as an integral, valuable, and vital component of the medical education process. Students are expected to attend call as determined by the clinical departments and Curriculum, but students may not be required to serve overnight call any more frequently than every third night. The departments will define the role of the student when on call on their services.

The purpose of taking call while on the UPRSN Curriculum is to provide students with an opportunity to learn the evaluation and management of difficult clinical scenarios, and emergent & urgent disease processes as well as to hone routine problem-solving skills. While on surgery call, students may be expected to cover consults, ER, traumas, and codes. **THERE ARE NO POST CALL ACTIVITIES ON THE UPRSN RING.**

**Surgery:** *Surgery residents have a PGY-3 Float Rotation.* **Students assigned to OSU are required to report to the on-call PGY-3 general surgery float resident at the start of their call.** Unless otherwise instructed by this individual, please remain with the PGY-3 float resident for the duration of your call. The on-call PGY-3 float resident can be found in WebXchange on the General Surgery Call Schedule, line 7 titled Consults - ER/GS/Code/Phone Emergency Consults Only.

*Students assigned to Grant, MCW, Riverside, or Nationwide Children's Hospital for surgery will have a separate call schedule. The site coordinators will assist with call schedule requirements.*

*Students completing surgery at OSU East will complete their call requirement at OSU main hospital.*

**Students are required to take two calls during their general Surgery rotation – one weekday call and one weekend call (either Saturday or Sunday). Students are excused from service responsibilities no later than 12:00 p.m. post call.**

If you need to make a change in the call schedule, please contact the Surgery Education Coordinator, at 293-9751. Students may switch call nights with one another, but must notify the Program Coordinator prior to doing so. Students who switch call without first contacting the Program Coordinator will be considered absent from call and will be required to make up the call.

ON-CALL rooms are located on 3 West Doan Hall. The OR, call rooms, and locker rooms are accessed by swiping your hospital badge via a matrix card reader. Prior to the start of the Curriculum, student hospital IDs were entered into the Hospital's security system. If you are unable to enter these areas, please call the Program Coordinator at 293-9751 (surgery) or 293-8509 (ob/gyn). Please allow 24 - 36 hours for the ID number to be loaded and access granted. Grades will be submitted to the College as Incomplete for those students who fail to take call. Once call is remediated, the grade will be adjusted accordingly.

**Ob/Gyn: OSU: Students will be required to complete four calls – one overnight call per week on L & D, one short call on Gyn and one 12 hour weekend call (8 am – 8 pm, either Saturday or Sunday).** Community site call requirements (St. Ann's, Mt Carmel West, Grant and Riverside) are assigned by the Site Director and reviewed by Clerkship Director. Any questions contact the Ob/Gyn Education Manager, Dawn Watson at 293-8509

**YOU DO NOT NEED TO ATTEND GRAND ROUNDS, CHAIR ROUNDS, OR ANY ACTIVITY POST CALL.**

## DUTY HOURS



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 1 day in 7 free from all educational and clinical responsibilities, averaged over a 4-week period, inclusive of call. One day is defined as one continuous 24-hour period free from all clinical activities.
- Adequate time for rest and for personal activities must be provided.
- In-house call is defined as those duty hours beyond the normal workday when medical students are required to be immediately available in the assigned institution. In-house call must occur no more frequently than every third night. Students should be excused from clinical work by noon following overnight call duties. Rings should avoid assigning students to call on the night prior to required afternoon didactic or skill-training experiences.

**The Chief/Senior resident on service is responsible for scheduling weekend coverage.**

It is expected that medical students will remain aware of the UPRSN Curriculum Student Duty Hour Policy and request permission to be excused from their clinical responsibilities when it appears they have reached the duty hour limits. Surgical residents and faculty will respond to these requests based on the particular circumstances with the understanding that the Department is committed to 100% compliance with this policy. In order to facilitate this, students are required to track their duty hours on timecards. Conflicts will be resolved at the Department level without any fear of retribution for the student in question.

All participating services, Departments, and Community Hospitals in the UPRSN faculty have been informed of the curriculum's Student Duty Hour Policy and are expected to adhere to it.

Furthermore, the offices of Education Coordinators and UPRSN Directors are always accessible to students who are experiencing conflicts with meeting duty-hour requirements. Students who find themselves in violation of the Student Duty Hour Policy are to bring this to the attention of the Program Coordinators, UPRSN Directors, immediately.

**EDUCATION**

Students who require special accommodations (academic or otherwise) are asked to discuss their needs with the Program Coordinators PRIOR to the start of the UPRSN ring. Documentation for learning disabilities must be on file with the College of Medicine before accommodations will be made.

Please arrive promptly for all didactic, skills or small group sessions. In addition to the graded course components of this curriculum (small group sessions, examinations, and clinical evaluations), there are several other requirements that must be met in order to receive a passing grade for the UPRSN ring.

**Call** – This requirement is outlined in the section titled CALL REQUIREMENT. Students who do not participate in call will receive a grade of Incomplete for the Curriculum.

**Clinic Attendance** – Keeping in mind that the one main goals of this curriculum is to teach students to recognize conditions that need referral to a surgeon or Ob/Gyn, students are required to participate in clinic on assigned days. The Chief/senior resident will let students know what days they are to attend and where clinics are located. Maps to the clinics may be found on OneSource.

**Conference Attendance** – Students are expected to participate in Grand Rounds, Chair Rounds, M&M as well as **service-specific conferences on each rotation**. Students rotating at OSU East will attend these conferences at OSU main hospital. Students who are rotating at the community hospitals will attend conferences at those institutions, if they are being video-conferenced. The Chief/senior resident will let students know what conferences they need to attend. If in doubt, please contact the Program Coordinators.

**Chair rounds** - Two students rotating on Ob/Gyn services will be assigned to present a case at Ob/Gyn Chair rounds each week. Chair Rounds and Grand Rounds should be attended by ALL students who are on an Ob/Gyn rotation regardless of the assigned hospital. The Chair Rounds schedule and presentation instructions are available on VTIALS.

**Direct Observation Requirement** – As part of the College of Medicine's efforts to improve student education, we have increased the amount of direct observation of students by faculty on each rotation. Rather than relying on secondary measures such as oral and written patient presentations and resident evaluations, we are endeavoring to increase our personal observation and feedback for each student. As such, we are asking that each student be observed and coached by an attending during an interview focusing on gastrointestinal complaints and the performance of an abdominal exam.

**Mid Rotation Feedback Session** is a required activity which will review and monitor your progress up to the mid-point and is meant to provide feedback, guidance, self-reflection, and a plan of improvement, if necessary. You should meet with your mentor to review your performance at the midpoint of the rotation, prior to week six. Print and complete your Mid-Rotation Feedback form, your **Vitals evaluations to date** (completed by attending/resident assigned in Vitals to complete the form-not your mentor) and bring to the session which will be scheduled by the Coordinators during the seventh week of the rotation.

Students who have not turned in their evaluations by the end of the seventh week of the 15-week rotation will be required to contact the Education Coordinator; students starting on Surgery contact Alissa MacAdam, students starting on Ob/Gyn students contact Dawn Watson. They will then contact your mentor to facilitate a meeting to review your feedback forms.

**PX/DX Documentation in MyProgress** – Students are required to document all PX/DX listed in MyProgress. You may see some or all of the PX/DX while on call, in clinics, etc. Students who fail to meet this requirement will receive a grade of Incomplete until such time the entries are made. \*\*\*\*\*Documentation of PX/DX in MyProgress must be completed prior to the completion of the curriculum. The grade of Incomplete will be adjusted to Unsatisfactory for students who do not enter their PX/DX within 30 days. Additional clinical experiences may be scheduled for students who do not meet the entry deadline.

**NBME Shelf Exam** – The UPRSN curriculum utilizes the NBME (National Board Medical Exam) to test the knowledge gained by students while on the UPRSN ring. The written exams will be held during Assessment Week, which is the last week of the rotation. **Students who require special accommodations for the examination are asked to bring this to the attention of the Education Coordinators PRIOR to the start of the Curriculum.** Please see section titled GRADE COMPONENTS, GRADE APPEALS & REMEDIATION for information concerning exam remediation.

**QUIZZES**- Each week you will have a short quiz which will cover the material to be presented and reviewed during the weekly small group session. You may obtain your quiz scores weekly from Exam Soft.

**Small Group Sessions** - Our goal is to create a positive learning environment between the students and small

group facilitators.

- a) Students will be present at all small group sessions and need to have oral presentation complete on My Progress by the FACULTY facilitator.
- b) Each student will be assigned a week to present a patient they have encountered on their service with the diagnosis indicated for that week.
- c) Maximum 5 minute PowerPoint presentation is expected from each student. This presentation can also include lab results, previous history, x-rays, etc.
- e) In addition to the case presentations, every student will be assigned specific journal articles and will be responsible for reading journal articles prior to their scheduled meeting that are relevant to the topic.
- f) All students will be asked to be able to discuss the articles and participate in discussion.

**Surgery didactic lectures** encompassing the entire curriculum will be posted on Vitals are available through BuckeyeBox. We encourage you to review all lectures, however it is not required that you do so. Reviewing these lectures should prove valuable in successfully passing the NBME shelf examination. Please see COM GRADE COMPONENTS, GRADE APPEALS & REMEDIATION for more information.

Lecture PowerPoint presentations are located on BUCKEYEBOX and can be accessed using the following link or by searching "Surgery Lectures" (5728-0) on Vitals:  
<https://osu.app.box.com/s/rst2flmlxtpwztmo264y>

Dr. Schlanger's Wound Care Lectures can be accessed using the following link or by searching "Wound Care Lectures" (6081-0) on Vitals:  
<https://osu.box.com/s/cjuzn1smc2th69ylfhr3uc4awmd00ka>

iTunes podcasts can be viewed using the link below or by searching "Surgery Podcasts" (5722-0) on Vitals:  
<https://itunes.apple.com/us/podcast/surgery-101/id293184847?mt=2>

**Small Group sessions on Tuesday afternoons and attendance is required. There are several Articulate eModules available on VITALS which must be viewed prior to the end of the rotation.**

#### **EVALUATIONS of the CURRICULUM, SURGICAL SERVICES, SKILLS LAB, FACULTY, and RESIDENTS**

Students are required to complete evaluations of the curriculum, surgical services, obstetric services, residents, and faculty and at the conclusion of the UPRSN ring using Vitals. *See link on Vitals for **Student Instructor Reporting** for more information on how to assign evaluations.* Please be aware that comments taken from these evaluations are used to measure the performance of curriculum faculty and residents as well as to improve the curriculum. Your constructive criticisms and suggestions are very much appreciated.

#### **GRADE COMPONENTS, GRADE APPEALS, and REMEDIATION**

The Departments of Surgery and Obstetrics and Gynecology have a transparent grading policy. Most students will earn a grade of Satisfactory and 25-30% will receive Letter of Commendation or Honors.

In addition to the **UPRSN grade**, students will receive separate grade card for **Surgery, Obstetrics and Gynecology**, and **PeriOperative Services**. Students must pass ALL components of the Clerkship to pass the course. Students may fail the Clerkship for failure on the clinical evaluation alone. An unsatisfactory in any grade component prevents a final grade above satisfactory. The Clerkship Director reserves the right to adjust grades up, but not down.

The **OB/Gyn** grade will be decided as follows:

Students must pass ALL components of the curriculum, including professionalism component to pass the course. Students may fail the Clerkship for failure on the clinical evaluation alone. Students who fail *two of the three* components of the course will be required to repeat the clerkship. An unsatisfactory in any grade component prevents a final grade above satisfactory. The Clerkship Director reserves the right to adjust final grades up, but not down

## Assessments and Grading for UPRSN

Domains assessed	Assessments	Minimum Pass [Competency requirements]	Weighting of assessments toward UPRSN grade
<b>Medical Knowledge</b>	Multiple choice examinations, quizzes, subject exams	*Must pass each NBME subject exam (see minimum pass for each subject exam)	<b>TOTAL 40% unit grade</b> e.g. 30 from NBME exam(s) 9 from quizzes 1 from Midterm=oral exam
<b>Patient Care and procedural skills</b>	Log Direct Observation of Competence (DOC) Objective structured clinical examinations (OSCE)* Clinical Performance Assessment (CPA) Clinical Practical Exam Checklists (simulation/workshop) Oral exam (in place of midterm above)	Must pass: 1. Patient Care portion of OSCE 2. Meet basic patient care standards on CPA 3. Meet basic standards on DOC	<b>TOTAL 60% unit grade</b> e.g. Clinical Performance Assessments [35] OSCE [10] MyProgress Checklists [10] Clinical Practical Exam [5]
<b>Practice-Based &amp; Life Long Learning</b>	[Project Work- HSIQ] Clinical Performance Assessment Portfolio coach work Feedback	Must pass: 1. Complete Portfolio activities 2. Participate in feedback sessions 3. Complete assigned reflections	
<b>Interpersonal Communications</b>	Log, DOC Clinical documentation review (CDR) OSCE Clinical Performance Assessments	Must pass 1. Communication portion of OSCE 2. Demonstrate minimum standards for effective communication with patients & teams (CPA, DOC)	
<b>Systems-Based Practice</b>	[Project report- HSIQ]	Must satisfactorily progress in HSIQ	<b>Minimum pass set by faculty standards in advance (criterion-based)</b>
<b>Professionalism, consistent and ongoing</b>	Log, DOC, Clinical Performance Assessments, OSCE, Compliance	Must demonstrate minimum standards of professionalism 1. with patients/family 2. with others/team 3. self-regulation- e.g. completed logs and DOC, attended required activities	

## Assessments and Grading for Ob/Gyn

Domains assessed	Assessments	Weighting of assessments toward Ob/Gyn grade
<b>Medical Knowledge</b>	Multiple choice examinations	<b>TOTAL 40%</b> <i>OB/Gyn NBME Subject Exam [30]</i> <i>Quizzes [10]</i>
<b>Patient Care and procedural skills</b>	Log Direct Observation of Competence (DOC) Objective structured clinical examinations (OSCE)* Clinical Performance Assessment (CPA) Clinical Practical Exam Checklists (simulation/workshop) Oral exam	<b>TOTAL 60% unit grade</b> <i>e.g.</i> <i>Clinical Performance Assessments [30]</i> <i>OSCE [10]</i> <i>MyProgress Checklists [10]</i> <i>Oral Exam [5]</i> <i>Clinical Practical Exam[5]</i>
<b>Practice-Based &amp; Life Long Learning</b>	[Project Work- HSIQ] Clinical Performance Assessment Portfolio coach work Feedback	
<b>Interpersonal Communications</b>	Log, DOC Clinical documentation review (CDR) OSCE Clinical Performance Assessments	
<b>Systems-Based Practice</b>	—	
<b>Professionalism, consistent and ongoing</b>	Log, DOC, Clinical Performance Assessments, , OSCE, Compliance	

## Assessments and Grading for Surgery

Domains assessed	Assessments	Weighting of assessments toward Surgery grade
<b>Medical Knowledge</b>	Multiple choice examinations,	<b>TOTAL 40% unit grade</b> <i>Surgery NBME Subject Exam [30%]</i> <i>Quizzes [10%]</i>
<b>Patient Care and procedural skills</b>	Log Direct Observation of Competence (DOC) Objective structured clinical examinations (OSCE)* Clinical Performance Assessment (CPA) Clinical Practical Exam Checklists (simulation/workshop) Oral exam	<b>TOTAL 60% unit grade</b> <i>e.g.</i> <i>Clinical Performance Assessments [30]</i> <i>OSCE [10]</i> <i>Checklists [10]</i> <i>Clinical Practical Exam [5]</i> <i>Oral Exam [5]</i>
<b>Practice-Based &amp; Life Long Learning</b>	Clinical Performance Assessment Portfolio coach work Feedback	<i>Clinical Practical Exam [5]</i> <i>Oral Exam [5]</i>
<b>Interpersonal Communications</b>	Log, DOC Clinical documentation review (CDR) OSCE Clinical Performance Assessments	
<b>Systems-Based Practice</b>	_____	
<b>Professionalism, consistent and ongoing</b>	Clinical Performance Assessments, OSCE, Compliance	

## Assessments and Grading for Perioperative Specialties

Domains assessed	Assessments	Weighting of assessments toward PeriOperative grade
<b>Medical Knowledge</b>	Multiple choice examinations, quizzes	<b>TOTAL 40% unit grade</b> <i>Quiz items (Pathology, Anatomy, Anesthesiology, Radiology) [40]</i>
<b>Patient Care and procedural skills</b>	Log Direct Observation of Competence (DOC) Objective structured clinical examinations (OSCE)* Clinical Performance Assessment (CPA) Clinical Practical Exam Checklists (simulation/workshop)	<b>TOTAL 60% unit grade</b> <i>e.g.</i> <i>Clinical Performance Assessments [40]</i> <i>Attendance Pathology Session [5]</i> <i>MyProgress Checklists [5]</i> <i>Clinical Practical Exam [10]</i>
<b>Practice-Based &amp; Life Long Learning</b>	Clinical Performance Assessment Portfolio coach work Feedback	
<b>Interpersonal Communications</b>	PxDx Log, DOC Clinical documentation review (CDR) OSCE Clinical Performance Assessments	
<b>Systems-Based Practice</b>	—————	
<b>Professionalism, consistent and ongoing</b>	PxDx Log, DOC, Clinical Performance Assessments, OSCE, Compliance	



## Grade Review Process

### Student request for review of grade:

1. A student who has concerns regarding a grade from a ring or unit should meet with the ring or unit director to discuss those concerns prior to formally requesting review of a grade.
2. A student who wishes to request formal review of the grade must notify, in writing, the chairperson of the department issuing the grade (if a unit grade) or the Part 2 associate program director for a ring grade. The request for review must be submitted within 21 days of receiving the grade.
3. The chairperson/associate director shall, within 10 days, appoint a committee of faculty members.
4. The Committee will meet with the student to review the grade and to make a recommendation to the department chairperson/Part 2 associate director. The chairperson of the department or associate program director makes the final decision and will notify the student in writing.
5. Departments may institute policies that incorporate additional procedures, but must meet these guidelines.
6. If the student disagrees with the departmental or associate director's committee decision, he/she may request review by the Part 2 Academic Program Committee. A request for further review must be submitted in writing to the Chair of the Part 2 Academic Program Committee within ten days of notification of the departmental/associate director committee decision.
7. A designated ad hoc subcommittee will review the case to determine if proper departmental and Part 2 policies have been followed and that the student has received due process. The student will be notified in writing of the subcommittee's decision.

**STUDENT ASSISTANCE:** Please note there are numerous safety net options available for students as a resource if you feel you are struggling or need extra guidance or assistance during the UPRSN ring, or at any time during the academic year. You may contact a **Unit Director, Academic Counselor or Expert Educator. Other resources are available by contacting Laura Volk at the College of Medicine at 292-1494, Joanne Lynn, MD or John Davis, MD at 292-5126.**

**STUDENT REVIEW:** When grades are compiled, it is possible that a student pass all three components of the Curriculum yet have issues which need to be communicated to the College. The student will be asked to discuss these issues with the UPRSN Directors. The UPRSN Directors may refer the student for review at the College level.

**REMEDIATION:** Unsatisfactory performance on subsets of the curriculum will result in a grade of Unsatisfactory. This grade can be commuted to Satisfactory but not to a Letter of Commendation or Honors by successful Remediation of the unsatisfactory components.

#### IF THE STUDENT

- Fails the written exam only . . .
- Fails the written exam remediation . . .
- Fails the clinical rotations (one or both months)
- Fails any 2 of the 3 grade components

#### S/HE MUST:

- Retake the exam, eligible only for Satisfactory
- Perform remedial coursework & retake the exam
- Repeat the course
- Repeat the course

(The UPRSN Directors reserves the right to alter the above remediation plans.)

\*IF A STUDENT FAILS TWO OF THE THREE COMPONENTS OF THIS CURRICULUM, S/HE WILL REPEAT THE ENTIRE COURSE. STUDENTS MAY FAIL THE CURRICULUM, IF THEY RECEIVE A FAILING GRADE ON THE CLINICAL PORTION OF THE CURRICULUM or PROFESSIONALISM CONCERNS.

## **GRIEVANCES**

The OSU College of Medicine promotes a professional environment in which students are able to fulfill their educational and patient care responsibilities, and communicate their needs comfortably. Our expectation is that students will communicate their complaints and concerns while still on service so options and resolutions can be reached. Bringing such matters to our attention at the conclusion of the curriculum is of no benefit to the student or departments.

The UPRSN Ring Director, UPRSN Unit Directors, and Program Coordinators are always available to meet with students. It is anticipated that students who have issues or concerns with the curriculum, interpersonal relationships with faculty or residents, or who for one reason or another cannot meet the course requirements, will conduct themselves in a professional manner and schedule an appointment to meet with UPRSN Director/UPRSN Unit Directors to discuss their concerns.

## **HARASSMENT, ABUSE, DISCRIMINATION, or MISTREATMENT**

The UPRSN ring is committed to providing a climate of mutual respect in the teaching and learning environment. We are dedicated to resolving issues of harassment, abuse, discrimination, or student mistreatment in a timely and effective manner. Students are encouraged to raise concerns early. If a student waits until a negative evaluation is turned in, it may appear that the concerns are an excuse for the performance evaluation rather than the cause. Specifically, students should contact the appropriate UPRSN curriculum personnel in the following order based on the issue and the student's comfort level:

- a. Chief Resident***
- b. Program Manager or Coordinator (staff)***
- c. UPRSN Curriculum Directors (faculty)***
- d. Department Chair (faculty)***

Students are welcome to discuss these issues with the UPRSN Ring Director or the UPRSN Unit Directors at any time without fear of retribution. Students may elect to report an incident that occurred in one department to personnel in another department if they feel more comfortable doing so. This also applies to incidents that may occur at other hospitals or community locations, where students can report incidents to course Site Directors (faculty) or the hospital medical education offices (staff). Students may also elect to report such issues to the Associate Dean for Medical College in the College of Medicine. An incident report form and further information is available in the student handbook and can be accessed through the following

The College of Medicine Student Mistreatment Policy clarifies what constitutes abuse in the teacher-learner relationship and includes mechanisms for handling complaints. The full policy can be viewed in the Student Handbook, Section 13. <http://medicine.osu.edu/students/life/Documents/handbooks/13-AbusePolicy.pdf>

## **HAND HYGIENE POLICY**

Proper hand hygiene is an essential tool in reducing the risk of transmitting organisms from one person to another or from one body site to another in the same person. In an effort to reduce the transmission of infectious agents the Medical Center has a detailed hand hygiene policy with specific instructions for students available on the

College of Medicine website. It is a detailed policy that medical students should review prior to patient contact. It includes watching hands upon entering and exiting a patient room. The Medical Student Hand Hygiene Non-Compliance Policy is in direct alignment with similar policies created for faculty and staff and will be applied to reports received from OSU medical center and/or reports received from any other medical center.

<http://medicine.osu.edu/students/life/Documents/handbooks/Student%20Hand%20Hygiene%20Policy%205-11.pdf>

### **INFECTIOUS DISEASE POLICY**

Students who contract a serious or infectious disease during medical school must immediately seek appropriate medical care. The physician-in-training must also report any such occurrence to the Associate Dean for Student Life (joanne.lynn@osumc.edu). The Associate Dean may work with appropriate specialists to determine if the medical school curriculum should be appropriately modified.

### **Caring for Patients with Infectious Diseases**

Human Immunodeficiency Virus (HIV) and Hepatitis B (HBV) are serious health problems in the United States. There has also been an increase in the number of patients with tuberculosis infections. In keeping with the policy of the College of Medicine regarding patient care, medical students may not refuse to assist in the treatment of a patient solely because the patient is infected with HIV, HBV, or other infectious disease.

The physician-in-training must use universal precautions when in contact with infected patients. Medical students must also comply with specific clinical departmental guidelines regarding contact with patients who have infectious diseases. Precautions and appropriate safeguards are expected to be used in the treatment of all patients.

### **LOCKER ROOMS**

Students will be emailed their locker assignments prior to the start of the rotation. The female locker room is located at S-405 Rhodes Hall. The male locker room is located at 400 Doan Hall. Some lockers are difficult to open, so please be patient and persistent. Please be aware that there are a limited number of lockers allotted for student use. Students will be sharing lockers and are advised to leave their valuables at home.

\*\*\*Students assigned to Vascular and Cardiac Curriculum-- you will be using the lockers located in the Ross Heart Hospital. Please see Mary Anderson at the 4Ross OR Desk for a locker assignment.

### **MAP LINKS**

#### **Community Hospitals:**

<http://wexnermedical.osu.edu/patient-care/locations-and-parking/University-Hospital-East>(OSU EAST)

<https://www.ohiohealth.com/mapsriverside/> (Riverside)

<https://www.ohiohealth.com/grant/> (Grant)

<http://www.mountcarmelhealth.com/body.cfm?id=390> (Mt Carmel)

<http://www.nationwidechildrens.org/maps-and-directions> (Children's Hospital)

### **ODRC INMATE SERVICES – DEPARTMENT OF SURGERY**

It is the policy of the Ohio Department of Rehabilitation and Corrections to provide inmates with access to necessary medical care in a manner that is secure and humane. This is accomplished while ensuring the safety of the general public, the medical staff, the custody staff, and the inmates themselves. Safety and security are of prime importance on the 8W Doan Correctional Health Care Unit. Following are some general unit practices to assist you in caring for inmates. Never forget that these are convicted felons, and they may dangerous!

#### REFERENCE PEOPLE FOR ODRC INMATE ISSUES:

Nurse Manager 8W Doan: 293-5560 or pager 730-6101

PCRM: 293-4340 or pager 730-6905

8W Doan Custody Supervisor: 293-5726 or 6-6876

8W Doan Charge Nurse: 293-6426 or 293-8428

8W Doan Unit Secretary: 293-8428

- A. Admittance to 8W Doan and Satellite Rooms: OSUMC ID badges are required for admittance to the Prison Unit. The Correction Officer, at the door of the Prison Unit or satellite room, will check your ID each time you enter. Tight security is maintained at all times. If you do not have your OSUMC ID badge with you, a picture ID or the signature of a Prison Unit staff member will help you access the unit.
- B. Do not wear loose clothing or jewelry.
- C. Remember that when you attend clinics at CMC, you are entering a prison. Appropriate attire should be worn. The CMC Correction Officer will ask you to remove your coat and head covering, empty your pockets, look through your purse, and have you walk through a metal detector. This is standard CMC Policy. They are looking for contraband, both weapons and drugs.
- D. No conversation of a personal nature is to be discussed with an inmate or in an inmate area.
- E. Surgical Instruments: All staff must be aware of the number of medical instruments (e.g. needles, hemostats, scalpels) taken into an inmate's room when doing procedures. All such equipment must be accounted for.
- F. Inmates are wards of the state. The Warden or Correctional Supervisor must know who is talking with the family and what is being discussed. The PCRM or Correctional Supervisor will coordinate this for you.
- G. Never make a phone call or take a message for an inmate. If you are approached, tell the room Correction Officer and the correctional Supervisor.
- H. No Shackle Orders: No shackle orders must be written by a physician and must state a medical reason associated with the request (e.g. peripheral vascular disease, edema). If there is a concern regarding shackling the lower extremities, the patient's arm will be shackled to the bed. The Correctional Supervisor reviews all such orders.
- J. Discharge Date and Follow Up Appointments: **Never tell the inmate the exact date and time of any discharge or follow up appointment as this is a security breach.** If a security breach occurs, contact the PCRM and the appointment will be changed. This must be done to ensure the safety of the OSUMC staff and patients. All inmates are escape risks and will plan to escape when given the opportunity.

#### **PATIENT CONFIDENTIALITY**

Pursuant to The Ohio State University Medical Center's confidentiality policies, patients are assured that their medical records, and discussions or decisions about their care will be kept confidential. While in our care, the patient's privacy and dignity will be maintained. Students are responsible for maintaining confidential and privileged information and are only authorized to use patient information as outlined in The Ohio State University Medical Center's confidentiality policies. Please be mindful not to discuss patient issues in public areas of the hospital or clinics where you may be overheard by the general public or other hospital personnel.

#### **PROFESSIONALISM STANDARDS**

As future physicians, the students of The Ohio State University College of Medicine accept the responsibility

of maintaining high standards of honor and professional conduct. We believe that this responsibility begins not upon graduation but at the inception of our medical education.

It is expected that students will conduct themselves in a mature and professional manner at all times, and that they will behave in a manner consistent with the following principles of professionalism: Altruism, Honesty & Integrity, Caring & Compassion, Service, Responsibility, Excellence & Scholarship, Accountability, and Respect for Teachers, Staff, Colleagues, Patients & Families. In addition, students will demonstrate academic honesty and refrain from dishonorable actions that include, but are not limited to, cheating, plagiarism, fabrication, or aid in academic dishonesty.

## **RESIDENCY**

Students who are interested in pursuing a career in General Surgery, OB/Gyn, Anesthesia , or one of the PeriOperative services are encouraged to discuss their career objectives with the UPRSN Directors.

## **TEXTBOOK and OTHER LEARNING MATERIALS**

### **SURGERY**

Essentials of General Surgery, Peter F. Lawrence

Dr. Pestana's Surgery Notes, Carlos Pestana

<https://hsl.osu.edu/resources/subject-guides/guide/surgery>

These resources are especially helpful for case presentations, preparation for the operating room and learning more about one's patients' diseases.

### **WISE-MD**

There are a number of modules on WISE-MD that you will be asked to review. Directions on how to access WISE-MD are located on Vitals under the UPRSN Ring Orientation TLM (Resource 5720-0).

### **OB/GYN**

Core Textbook: Essentials of Obstetrics and Gynecology, 5th Edition, Hacker/Moore

Supplemental Reading:

1. Blueprints in Obstetrics and Gynecology, 5th Edition, by Callahan, Caughey
2. Obstetrics and Gynecology, 6th Edition, Beckman
3. Obstetrics: Normal and Problem Pregnancies 6th Edition Gabbe, Niebyl, Simpson
4. Additional resources **APGO**: [www.apgo.org](http://www.apgo.org)

**uWISE**: <https://www.apgo.org/student/320-uwise-index.html>

**The APGO uWise quizzes are required as a completion grade only. Students have found the quizzes to be a valuable tool in studying for the NBME shelf exam. There are quizzes for each Unit/Section and a Comprehensive Ob and a Comprehensive GYN quiz.**

**You must create a username and password to access these websites.**

## **PERIOPERATIVE SERVICES**

Anesthesiology specialty week:

You will receive an email from the department of anesthesiology for your site prior to the week of your rotation. It will provide you with a contact person and expectations for the 1<sup>st</sup> day of your anesthesia experience. There are anesthesiology videos ([go.osu.edu/anesthesia](http://go.osu.edu/anesthesia)) and a Pre-Op Evaluation e-module on VITALS. ***It would be extremely beneficial to go over these prior to your week on anesthesia***, and if you have any questions that develop from using these resources, you can ask them during your rotation. All of the questions regarding anesthesiology on your perioperative quiz come from these resources. The other half of the questions on this quiz relate to your anatomy and pathology experiences during the ring. This is the week where you should try and hone your mask ventilation skills, which you will be introduced to during ground school and tested on during the practical exam for the ring.

**The Perioperative Quiz will be held on Friday of the 15<sup>th</sup> week at 12:00pm in 112 Meiling Hall**

## **SURGICAL PATHOLOGY**

### **DESIGN**

- Dedicated surgical pathology experience accommodating 4-6 students per week
- Exposure to gross room, histology, immunohistochemistry and attending surgical pathologist case sign-out
- Observation and/or active participation in histologic slide preparation (sectioning paraffin embedded tissue), specimen grossing (sectioning of gross specimen) and intraoperative consultation (grossing and sectioning)
- Same objectives for all surgical pathology services (urologic, breast, gynecologic, thoracic, gastrointestinal, ENT, orthopedic, ophthalmic, hematologic, dermatology and/or neurologic)
- Insufficient exposure to gain a letter of recommendation (students interested in pathology can take a pathology elective or participate in a research project)

### **EVALUATION**

- Expectation is professional behavior: show up on assigned day, show up on time, not distracting behaviors (texting/talking on phone, etc)
- Quiz and attendance are a component of the Anesthesiology/Pathology Perioperative clerkship grade
- There are no "make up" sessions

### **TIME**

- 2016-2017 LSI Curriculum: Wednesdays 2-4 pm in UPRSN (Surgery) Block
- Meet in Doan Hall 4th floor E415 (pathology department gross room)

### **OBJECTIVES**

- State information needed on the pathology requisition
- List steps and timing of specimen processing including accessioning, grossing, histology, immunohistochemistry and case sign-out and intraoperative section analysis

- Describe how to submit a surgical pathology specimen for routine processing, intraoperative consultation and lymphoma work-up
- Explain limitations of surgical pathology

### M3 Surgical Pathology Introductory Experience Objectives

#### Understand specimen processing including accessioning, grossing, histology, immunohistochemistry, case sign-out and intraoperative section analysis and storage

Intraoperative consultation	Submission of a specimen from the OR for immediate diagnosis
Intraoperative gross consult	Analyzed grossly (ex: margin assessment) ~10 minutes, no tissue wasted, ~\$40
Intraoperative frozen consult	Analyzed microscopically (ex: margin assessment, lymph node status) ~20 minutes, uses much of the tissue, ~\$200
Grossing	Select tissue based upon what is needed to guide clinical management and to assess items in synoptic reports/staging and national guidelines
“Tissue for disposal”	Almost no tissue is for disposal, often <i>incorrect</i> OR documentation
Gross only	Examine a specimen grossly without submission for microscopic examination (ex: medical device, teeth)
Routine processing	Submit tissue and create Hematoxylin& Eosin (purple/pink) slide to be examined by light microscopy
Biopsy	~ 6 hours in histology processor ~ 24 hour minimum total pathology report turnaround time
Resection	~9 to 13 hours in histology processor ~ 48 hour minimum total pathology report turnaround time
Immunohistochemistry	Use of antibody to a specific protein, visualized by light microscopy (most commonly brown color) Adds ~1-2 days to turnaround time
Specimen storage minimums	Remnant tissue not submitted to histology: 2 weeks Paraffin tissue blocks: 10 years Slides: 10 years

#### List information needed on the pathology requisition

Patient identifiers, relevant clinical history, prior cancer diagnoses, history of chemotherapy and/or radiation, surgical impression, surgical procedure

#### Describe how to submit a surgical pathology specimen for routine processing, intraoperative consultation and lymphoma work-up

Routine processing	Small biopsies should be sent in formalin Large specimens may be sent dry
Intraoperative consult	Small biopsies should be sent dry/on Telfa pads (NOT in saline) Large specimens should be sent dry
Lymphoma work-up	Should be sent in saline, RPMI or dry (NOT in formalin)

#### Explain limitations of surgical pathology

Tissue sampling, specimen mix-up, tissue artifact, unclassifiable tumors

**Active participation**

Histologic slide preparation	observe/practice sectioning paraffin embedded tissue
Specimen grossing	observe/assist sectioning of gross specimen
Intraoperative consultation	observe/practice grossing and cryo-sectioning of intraoperative consult

**Assignments/Instructions****PXDX LIST- REQUIRED PROCEDURES TO LOG IN MyProgress:**

1. Abdominal pain
2. Adnexal surgery (tubal and ovaries)
3. Assist at surgery (suction; etc)
4. Basic airway management – (bag-valve-mask; etc)
5. Cervical exam in laboring patient/Normal Labor
6. Cesarean delivery
7. Colposcopy/Cone biopsy or LEEP
8. Diagnosis and treatment of ectopic pregnancy
9. Dilation and Curettage/Endometrial biopsy (office procedure)
10. Hysterectomy
11. Immediate post-operative care
12. Laparoscopy
13. Normal vaginal delivery
14. Obstetric ultrasound
15. Outpatient post-operative follow-up care
16. Pap smear/Obtain specimens to detect sexually transmitted infections
17. Patient with traumatic injury
18. Place Urinary catheter on male and female
19. Preoperative assessment
20. Routine postpartum care/Postpartum anxiety and depression
21. Routine pregnancy care
22. Sterile technique – (eg; scrub; stay sterile during surgery)
23. Suturing
24. Universal Precautions
25. Witness a time out
26. Witness informed consent



## **(HSIQ) HEALTH SYSTEMS INFORMATICS & QUALITY PROJECT**

### Assignments due for Safety Coach Session #1 Define and Measure

1. Problem Statement
2. Voice of the Customer
3. Flow Chart

### Assignments due for Safety Coach Session #2 Examine

1. Cause and Effect Fish Boneing
2. Why Methodology
3. Data Display

### Assignments due for Safety Coach Session #3 Improve and Control

1. Search evidence-based guidelines
2. Develop an EMR countermeasure
3. Complete a prioritization matrix
4. All tools from Sessions 1-3 inserted in the A3 template

**All assignments must be submitted in Dropbox 48 hours prior to the Safety Coach Session.**

## **UPRSN SMALL GROUP INSTRUCTIONS**

### **Format:**

Small group sessions will be two hours in length. The breakdown of how this time should be used is as follows:

40-50 minutes: Student presentation of relevant cases, with 2 students presenting for approximately 20 minutes each followed by faculty commentary or facilitated Q & A. Students in the same small group presenting on the same day should choose different topics for their presentation.

20-30 minutes: Discussion of assigned paper

30 minutes: Discussion of relevant behavioral science topic

### **Case presentations**

2 students for each session will be responsible for finding a case for discussion that pertains to the week's topic. Ideally, the presenting student will be responsible for selecting a patient in whose care s/he has been personally involved, and that s/he had an opportunity to interview and examine. Given the specificity of topics and the limited exposure that students may have in a given period of time, it is understood that a student may need to present a patient that s/he has not personally interacted with. The student's preceptor may be of assistance in identifying a relevant patient for presentation, either from IHIS or from a standardized module. Have your presentation checked off by a faculty in MyProgress.

Case presentations should be in a format similar to, though somewhat more detailed than, those presented on clinical rounds. Students should not include patient names or personally identifying information, but may use initials to identify patients. The presentation should include:

- Description of patient presentation, including history (with pertinent risk factors and negative history), physical exam findings and laboratory findings (approx 5 minutes)
- Differential diagnosis of situation and what tests/ imaging were used to make a diagnosis (approx 2-3 minutes)
- Management plans and treatment, as well as outcome of patient if known (approx 2-3 minutes)
- General commentary on the particular disease process in question, with description of pathophysiology and rationale for diagnosing and treating such conditions in future (approx 8-10 minutes)

Following the two student presentations, the preceptor may provide some commentary as to clinical background and context for the described patients. However, it is acknowledged that preceptors will not have expertise in all topics and the majority of clinical instruction is the responsibility of the students.

#### **Discussion of literature:**

For each weekly topic, there will be one or more papers assigned that reflect either a seminal aspect of the topic, or a point of interest that relates to the discussion. These papers are to be read by the entire group in advance of the session. Students should be prepared to discuss the papers and answer questions on:

- Methodology of the research
- Quality of the medical writing
- Understanding of the basic science, if pertinent
- Clinical relevance and to what degree clinical practice should change based on the findings

#### **Behavioral science topic**

For each weekly session, there will be a standardized case that reflects a psychosocial issue relevant to the week's discussion. Each case will feature a brief description of a clinical scenario, followed by a set of questions that are meant to stimulate discussion about the psychosocial/ cultural aspects of the case.

Students will then answer these questions and discuss how they apply to patients on the service. These discussion questions are meant to be broad enough that a faculty member from any discipline could lead the discussion and assess student participation.

### **Assessment:**

Students making presentations will be assessed on their presentation skills, their clinical insight and interpretation of the case's management, and their preparation and mastery of the topic. The MyProgress oral presentation check list will be used.

Other students in the group will be assessed in general fashion on their degree of participation in and contribution to the discussion. All students are expected to participate and contribute to the discussions.

### **Small Group Topics**

- Week 1. No small group – Ground School
- Week 2. Amenorrhea & Infertility
- Week 3. Acute Abdomen
- Week 4. Trauma Team Based Learning
- Week 5. Surgical/Gynecological Oncology
- Week 6. Colorectal Surgery
- Week 7. Preterm Birth/PPROM / & 3<sup>rd</sup> Trimester Bleeding
- Week 8. Diabetes and Hypertension in Pregnancy
- Week 9. Family planning/pregnancy termination & 1<sup>st</sup> trimester bleeding
- Week 10. Surgical Intensive/Critical care
- Week 11. Endocrine Surgery
- Week 12. Menopause & PMDD
- Week 13. Vascular disease
- Week 14. Transplant Surgery
- Week 15: Menstrual Disorders/Abnormal Uterine Bleeding
- Week 16: No Small Group – Assessment week

***Cases can be found on VITALS.***

## **UPRSN REFLECTION EXERCISE-Reflection #1**

### Rationale

Self-directed learning is an important part of learning the clinical setting. Reflection is essential for medical practice and enables the learner to connect past experiences, observations and judgments in the decision making process<sup>1</sup>. It gives meaning to experience and promotes a deeper approach to learning because it requires the learners to reframe problems, question their own assumptions and look at a situation from multiple perspectives.<sup>1</sup>

### Objective

Student will recognize his/her role as a leader and advocate for patients with reproductive and/or surgical needs.

Student will assess his/her own strengths and weaknesses with regard to interaction and communication skills.

### Instructions

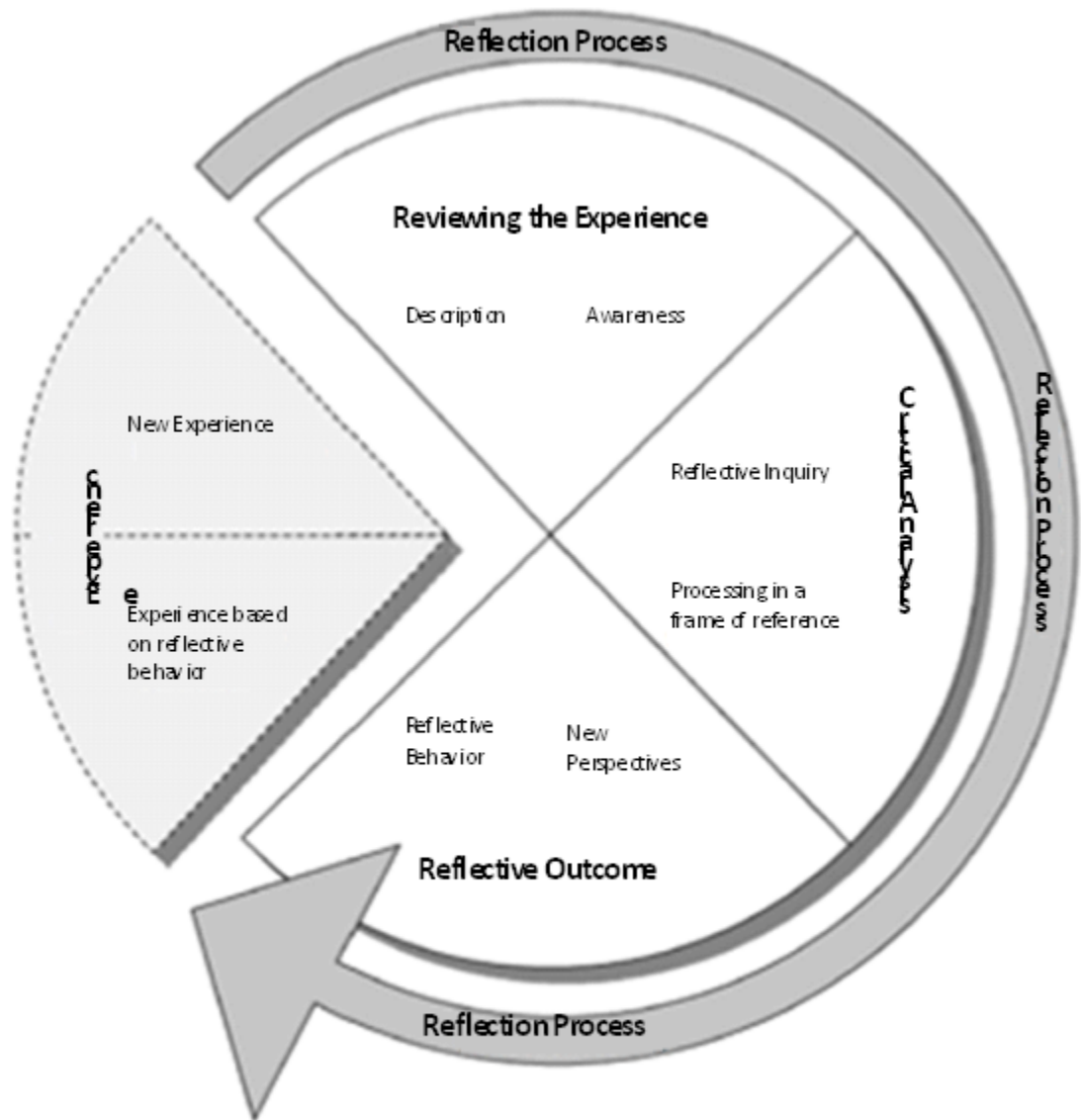
- Identify and describe a situation encountered during your rotation where medical ethics, psychosocial, positive or challenging issues occurred. (Awareness of self and the situation).
- Describe your reactions and feelings to the situation or those around you (Critical analysis and understanding of self and the situation)
- Describe how what you learned in this situation may influence your attitudes or behaviors in the future (Development of new perspectives to inform future action)
- Respond in 1-2 double spaced pages (12 point, Times New Roman font). (Minimum 1 page, max 2)
- Each student must complete this exercise and submit by 8am on of the UPRSN ring and upload it to his/her ePortfolio site using the tag OBGYN

Feedback: You will be provided feedback regarding your reflection. The following elements will be reviewed, and if not completed, you may be asked to provide an addendum:-

- Awareness of the experience
  - The ability to describe an experience adequately.
  - The ability to identify essential elements and describe own thoughts and feelings.
- Understanding the experience
  - The ability to pose searching questions.
  - The ability to answer searching questions and being aware of the relevant frames of reference.
- Impact on future actions
  - The ability to draw conclusions.
  - The ability to describe concrete learning goals and plans for future action

### References

1. Morgenstern BZ. Guidebook for Clerkship Directors/ Alliance for Clinical Education. Gegansatz Press. 4<sup>th</sup>ed 2012:37



**Model of common elements describing the reflection process**

Koole S1, Dornan T, Aper L, Scherpier A, Valcke M, Cohen-Schotanus J, Derese A. Factors confounding the assessment of reflection: a critical review. BMC Med Educ. 2011 Dec 28;11:104. doi: 10.1186/1472-6920-11-104.

Created by Wanjiku Musindi

Revised 5-30-2014

Refer to Educational Portfolio on VITALS for guidelines.

UPRSN RING		
	Attend and complete weekly quizzes (every Tuesday @ 12pm in 112 Meiling)	
	Attend all Tuesday afternoon didactic sessions	
	Px Dx (via medstar)	
	Participate in Feedback Sessions (MRFB Session Week 8, Portfolio Coach Week 11)	
	Oral Exam (scheduled during Week 9)	
	All Assigned Evaluations: Site, Instructor, Program (via Vitals)	
	Take NBME Subject Examinations	
	Take OSCE	
	Take Practical	
Obstetrics & Gynecology: Questions should be directed to Dawn Watson		
	Complete call requirements	
	Attend Grand Rounds – every Thursday morning from 7-8am in the Ross Auditorium	
	Complete individually scheduled Pelvic Exam with Teaching Associates	
	Complete uWise Comprehensive Quiz (any quiz-there are several options listed on the APGO.org website)	
	Attend scheduled Chair Rounds	
Surgery: Questions should be directed to Alissa MacAdam		
	Complete call requirements (Total of 2 – 1 weekday and 1 weekend)	
Perioperative Services: Questions should be directed to Rita Arnold		
	Review anesthesiology videos ( <a href="http://go.osu.edu/anesthesia">go.osu.edu/anesthesia</a> ) and Pre-Op Evaluation e-Module ( <a href="http://vitals.osumc.edu/articulate/5073/player.html">http://vitals.osumc.edu/articulate/5073/player.html</a> ) prior to Anesthesia week	
	Attend Pathology session (refer to VITALS for scheduled date/time)	
	Take Perioperative Quiz (Friday, December 9 @ 12pm in 112 Meiling Hall)	
MyProgress Checklists		
UPRSN	Obstetrics & Gynecology	Surgery
Bladder Catheter Placement-Female Ground School)	Pelvic Exam	Acute Abdomen
Bladder Catheter Placement-Male (Ground School)	Direct Observation of History - Focused	Direct Observation of History – Focused
Basic Airway Mgmt (Ground School)	Follow – Up Inpatient Note (remove any patient identifiers and email completed note to <a href="mailto:uprsn@osumc.edu">uprsn@osumc.edu</a> )	Written Communication – Comprehensive Note (remove any patient identifiers and email completed note to <a href="mailto:uprsn@osumc.edu">uprsn@osumc.edu</a> )
Vascular Access (Ground School)	Breast Exam (Optional - Will be tested during assessment week)	
Oral presentation (Tuesday Small Group)	Oral Presentation	
HSIQ-Safety Coach: Questions should be directed to Amber Clevenger		
	Student Project	
Educational Portfolio: Assignment details are available on Vitals. Questions should be directed to Cheri Bardales		
	Two Reflection exercises: May select from the menu of prompts or use another prompt related to the Core Educational Objectives:	
	Reflection 1: (tag: reflection 1)	
	Reflection 2: (tag: reflection 2)	
	Summary of mid-ring feedback with ring faculty:	
	Post to portfolio site a brief written summary of feedback session with ring faculty (tag: feedback)	
	Two Meetings with Portfolio Coach:	
	Ground School Meeting;; Check Vitals for specific meeting times	
	Mid Ring Meeting: Check Vitals for specific meeting times	

**Minimum Requirements:**

- **Medical Knowledge** Must pass each NBME Subject Exam
- **Patient Care and procedural Skills** Must pass: 1. Patient Care portion of OSCE 2. Meet basic patient standards on CPA (Clinical Performance Assessments)
- **Practice-Based & Life Long Learning** Must pass: 1. Complete Portfolio activities 2. Participate in feedback sessions
- **Interpersonal Communications** Must pass: 1. Communication portion of OSCE 2. Demonstrate minimum standards for effective communications with patients & teams (CPA)
- **Systems-Based Practice** Must satisfactorily progress in HSIQ (patient care safety project)
- **Professionalism** Must demonstrate minimum standards of professionalism

