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Kathryn Reed, MD
Professor & Head

Heather Reed, MD
Clerkship Director

Amy Mitchell, MD
Assistant Clerkship Director

Celia Valenzuela, MD
Clerkship Outreach Director

Sonia de Leon
Clerkship Coordinator



College of Medicine



Tucson Campus

OB/GYN Clerkship Student Manual

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The University of Arizona

OBGYN Clerkship

Welcome to your third year clerkship in Obstetrics and Gynecology. This primary learning experience is designed to meet several goals. First, we hope you develop some appreciation for the specialty of obstetrics and gynecology which deals exclusively with female patients at all stages of their life cycle.

Second, it is our hope that you will integrate all of the experiences that you have had in your education to this point regarding women's health into a great picture which will assist you in becoming a more knowledgeable, compassionate and excellent physician.

Finally, please realize whatever specialty you ultimately choose you will undoubtedly encounter women and you will want to provide them with the best care and information possible.

We look forward to seeing you soon.

Sincerely,

Kathryn Reed, MD
Professor and Head

Heather Reed, MD
Clerkship Director

Amy Mitchell, MD
Assistant Clerkship Director

Clerkship Organization & Course Directors

This is a six week rotation consisting of experience in both inpatient and outpatient settings. Students will spend their time in two weeks of obstetrics, two weeks of gynecology, and two weeks of didactics (to include skills labs, lectures, team based learning, and student presentations).

Didactic Sessions

Lectures will be a mixture of team based learning, traditional lectures, and skills labs. Lectures will be held at the Tucson Campus during week one of your rotation Monday, Wednesday, Thursday, and Friday 9:00 am to 5:00 pm, and Tuesday from 7am to 5pm (unless otherwise noted by clerkship coordinator). Attendance is mandatory.

Department Conferences

Students assigned to The University of Arizona Medical Center (UAMC) and local community preceptor sites will attend Wednesday Conferences from 7am – 9am. Attendance is mandatory unless student is post call, attending surgery, or assigned to a rural location.

1 st Wednesday	7:00am – 8:00am <i>M&M Conference</i> (Dining Room E&F) 8:00am – 9:00am <i>Core Lecture</i> (Room 8304)
2 nd Wednesday	7:00am – 8:00am <i>Path Conference</i> (Room 8403) 8:00am – 9:00am <i>Core Lecture</i> (Room 8304)
3 rd Wednesday	7:00am – 8:00am <i>Grand Rounds</i> (Room 8403) 8:00am – 9:00am <i>Core Lecture</i> (Room 8304)
4 th Wednesday	7:00am – 8:00am <i>Journal Club</i> (Room 8403) 8:00am – 9:00am <i>Core Lecture</i> (Room 8304)
5 th Wednesday	7:00am – 8:00am <i>Grand Rounds</i> (Room 8403) 8:00am – 9:00am <i>Core Lecture</i> (Room 8304)

Clinical Site Assignments

Students will be rotating at one or more of the sites listed on pages 5-9. Site assignment is completed in a random fashion, with an effort made to have students rotating at different sites for a more broadened clinical experience.

Night Call

There will be two required night calls assigned during the clerkship. Students assigned to UAMC will do their night call at UAMC, and off-site students assigned to community preceptors will do night call at TMC. Students assigned to rural sites will communicate with their rural preceptor to set up two night calls.

Readings

The main textbook is C. R. B., & American College of Obstetricians and Gynecologists. (2010). *Obstetrics and Gynecology*. Baltimore, MD: Lippincott Williams & Wilkins. (6th edition). Additional reference books will be given to you at the start of the clerkship (John David Gordon, et al. (2007). *Obstetrics, Gynecology and Infertility*. Arlington, VA: Scrub Hill Press, Inc. (6th edition). K. M. S. & S. K. P. (2009). *Pretest – Obstetrics and Gynecology*. New York, NY: McGraw-Hill Companies. (12th edition). M. M. H, et al. (2009). *APGO Medical Student Educational Objectives*. Crofton, MD: APGO. (9th edition). All books must be returned at the end of the clerkship. Main websites used:

1. APGO uWISE: <https://www.apgo.org/student/uwise2.html>
2. ACOG: www.acog.org
3. Pub Med: www.pubmed.gov
4. ArizonaMed Online: <http://www.arizonamed.medicine.arizona.edu/>

Students with Disabilities

Pursuant to the Americans with Disabilities Act, any student who anticipates issues related to the format or requirements of this course, please meet with the Clerkship Director to discuss ways to ensure their full participation in the course. If a student determines that disability-related accommodations are necessary, it is very important that the student be registered with Disability Resources (520.621.3268, drc.arizona.edu) and notify the Clerkship Director of their eligibility for reasonable accommodations. Plans can then be made on how best to coordinate the student's accommodations.

Clerkship Director, Site Directors and Staff



University of Arizona
College of Medicine-OB/GYN Department
1501 N. Campbell Avenue, Rm 8319
PO Box 245078
Tucson, Arizona 85724
<http://www.obgyn.arizona.edu/>



Heather Reed, MD
Clerkship Director
Assistant Professor
Office: 520.626.7414
Fax: 520.626.1446
hreed@obgyn.arizona.edu



Amy Mitchell, MD
Assistant Clerkship Director
Assistant Professor
Office: 520.626.6636
Fax: 520.626.1446
amymitch@obgyn.arizona.edu



Celia Valenzuela, MD
Clerkship Outreach Director
Assistant Professor
Office: 520.626.6591
cpvalenz@obgyn.arizona.edu



Sonia de Leon
Clerkship Coordinator
Office: 520.626.7414
Fax: 520.626.1446
soniabelleon@obgyn.arizona.edu

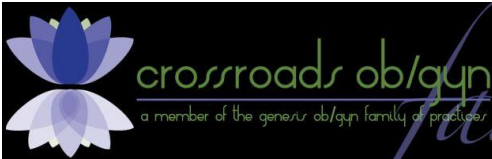
Clerkship Director, Site Directors and Staff



Copperstate OB/GYN
5550 E. Hampton St
Tucson, AZ 85712
Office: 520.721.8605



Katherine Farias, MD
Site Director
Clinical Assistant Professor
kbfarias@gmail.com



Crossroads OB/GYN
4881 E. Grant Rd
Tucson, AZ 85712
Office: 520.795.8080



Heather Andrews, MD,
Clinical Assistant Professor
handrews@genesisobgyn.net



Jennifer Reinhart, MD, FACOG
Site Director
Clinical Assistant Professor
reinbudd@yahoo.com



Gayle Dean, MD, FACOG
Clinical Assistant Professor
gdean@genesisobgyn.net

Kim Perez, Crossroads OB/GYN
Office Manager
520.795.8080
kperez@genesisobgyn.net

Clerkship Director, Site Directors and Staff



Desert Bloom OBGYN
6452 E Carondelet Dr
Tucson, AZ 85710
Office: 520.885.5300



Andrea Mainman, MD
Site Director
Clinical Assistant Professor
amainman@desertloomobgyn.com



Frank Laudonio, MD, OBGYN
523 N. Tucson Blvd.
Tucson, AZ 85716
Office: 520.323.5577

Frank Laudonio, MD
Site Director
Clinical Assistant Professor
drlaudonio@midtownobgyn.org

Sandra Laudonio
Office Manager
520.323.5577
Sandra@midtownobgyn.org



Generations Healthcare for Women
2171 W. Orange Grove Rd
Tucson, AZ 85741
Office: 520.877-3800



Janet Warner, MD, FACOG
Site Director
Clinical Assistant Professor
Jpwarner72@hotmail.com

Clerkship Director, Site Directors and Staff



Marana Health Center

2055 W. Hospital Dr, #115
Tucson, AZ 85704
Office: 520.797.0011



Alicia Costantino, MD, FACOG
Site Director
Clinical Assistant Professor
acostantino@maranahealthcenter.org
Liberty Bruss
Office Manager
Office: 520.797.0011
lbruss@maranahealthcenter.org



Carol Dehase, MD, FACOG
Clinical Assistant Professor
cdehase@maranahealthcenter.org
Liberty Bruss
Office Manager
Office: 520.797.0011
lbruss@maranahealthcenter.org



Obstetrix Medical Group

5301 E. Grant Rd
Tucson, AZ 85712
Office: 520.795.8188

Mary "Gina" Connelly, MD
Site Director
Clinical Assistant Professor
bgconn@aol.com



JUDITH E. RILEY, M.D.
GYNECOLOGIST & OBSTETRICIAN

Judith E. Riley, MD

210 N Wilmot Rd, #306
Tucson, AZ 85711
Office: 520.325.0865



Judith Riley, MD
Site Director
Clinical Assistant Professor

Tami Gram
Office Manager
Office: 520.325.0865
tami@jermd.com

Clerkship Director, Site Directors and Staff



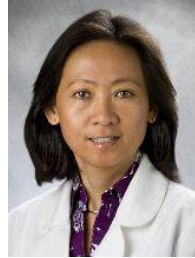
Tuba City
Regional Health Care Corporation

Tuba City Reginal Health

167 N Main St
Tuba City, AZ 86045
Office: 928.283.2588

John Heusinkveld, MD
Site Director
Clinical Assistant Professor
jheusinkveld@email.arizona.edu

Jennifer Whitehair, MD
Clinical Assistant Professor
Jennifer.whitehair@tchealth.org



Tucson Gynecology

395 N Silverbell #107
Tucson, AZ 85745
Office: 520.207.1718

Ratheany Sakbun, MD
Site Director
Clinical Assistant Professor
rsakbun@gmail.com



**THE UNIVERSITY OF ARIZONA
MEDICAL CENTER**



UAMC Pantano Clinic

7901 E 22nd St
Tucson, AZ 85710
Office: 520.694.8400

Marilyn Medwied, MD
Site Director
Clinical Assistant Professor
mmedwied@umcaz.edu



**THE UNIVERSITY OF ARIZONA
MEDICAL CENTER**



North Hills Physician's Offices

265 W Ina Rd
Tucson, AZ 85704

Jaime Ledesma, MD
Site Director
Clinical Assistant Professor
jledesma@comcast.net



Women's Health Specialists

2911 S Eighth Ave
Yuma, AZ 85364
Office: 928.446.1828



James E. Vining II, MD
Site Director
Clinical Assistant Professor
jvining@whsaz.com

Wendy Steward
Office Manager
Office: 928.217.3331
wsteward@whsaz.com

Course Description and Educational Objectives

Clerkship Description

This course is an introductory experience in the provision of comprehensive medical care and counseling services to elderly, adult and adolescent female patients. The obstetrical conditions and gynecological problems commonly encountered by the physician provide the primary focus for this clerkship experience, but knowledge of serious or less common conditions is also available. Therefore the basis for the clerkship is to introduce the clinical information thought to be fundamental in the education of all physicians.

Clerkship Learning Objectives

The expectation for the third year clerkship in obstetrics and gynecology is that you begin to build the foundation of knowledge and skills that you will need in the area of women's health, regardless of the specialty you decide to enter. This foundation is described in the learning objectives listed below. It is recognized that in a six-week clerkship with all its activities, mastery of all the goals will be difficult. However, through efficient use of your time and sound planning, along with the preceptoring and teaching you will experience, you will progress on your journey into women's health care. The four-year objectives for your entire medical student education are included in Appendix A and may be found on the Educational Policy Committee website: <http://epc.medicine.arizona.edu/ProgObjectives>

The following clerkship objectives have been adapted from the 9th edition of the Association of Professors of Gynecology & Obstetrics (APGO) Medical Student Educational Objectives handbook.

OBJ #	COMPETENCY	OBSTETRICS AND GYNECOLOGY CLERKSHIP LEARNING OBJECTIVES
1	PC	Develop competence in the medical interview and physical examination of women and incorporate ethical, social, and diversity perspective to provide culturally competent health care.
2	PC	Apply recommended prevention strategies to women throughout the life-span.

OBJ #	COMPETENCY	OBSTETRICS AND GYNECOLOGY CLERKSHIP LEARNING OBJECTIVES
3	PC	Demonstrates competency of basic skills appropriate for this clerkship.
4	PC	Obtains accurate obstetric and gynecologic histories.
5	PC	Performs both a complete physical exam including a pelvic exam.
6	PC	Orders commonly used diagnostic procedures and accurately interpret results.
7	PC	Exhibits effective problem solving skills.
8	PC	Provides care that is psychosocially and culturally appropriate.
9	MK	Demonstrate knowledge of preconception care including the impact of genetics, medical conditions and environmental factors on maternal health and fetal development.
10	MK	Explain the normal physiologic changes of pregnancy including interpretation of common diagnostic studies.
11	MK	Describe common problems in obstetrics.
12	MK	Demonstrate knowledge of intrapartum care.
13	MK	Demonstrate knowledge of postpartum care of the mother and newborn.
14	MK	Describe menstrual cycle physiology, discuss puberty and menopause and explain normal and abnormal bleeding.
15	MK	Describe the etiology and evaluation of infertility.
16	MK	Develop a thorough understanding of contraception, including sterilization and abortion.
17	MK	Demonstrate knowledge of common benign gynecological conditions.
18	MK	Formulate a differential diagnosis of the acute abdomen and chronic pelvic pain.
19	MK	Describe common breast conditions and outline the evaluation of breast complaints.
20	MK	Demonstrate knowledge of perioperative care and familiarity with gynecological procedures.
21	MK	Describe gynecological malignancies including risk factors, signs and symptoms and initial evaluation.
22	MK	Provide a preliminary assessment of patients with sexual concerns.
23	MK	Demonstrates adequate knowledge by answering questions related to Obstetrics and Gynecology.
24	MK	Exhibits a satisfactory fund of knowledge and an understanding of basic pathophysiological processes concerning common OB/GYN problems.

OBJ #	COMPETENCY	OBSTETRICS AND GYNECOLOGY CLERKSHIP LEARNING OBJECTIVES
25	MK	Demonstrates ability to apply knowledge to clinical situations.
26	MK	Demonstrates an understanding of the influences of patient's age, sex, socio-economic conditions, culture, race and ethnicity in the perception of illness and its treatment.
27	PB	Uses evidence-based approach.
28	PB	Can organize and discuss literature related to this specialty.
29	PB	Demonstrates appropriate use of information technology.
30	PB	Competencies are applicable to all rotations; focus more on the specific competency of these rotations.
31	COM	Creates and sustains a therapeutic and ethically sound relationship with patients, families, and colleagues.
32	COM	Possesses effective listening skills.
33	COM	Clearly documents and presents patient data and clinical information.
34	Prof	Recognize his/her role as a leader and advocate for women.
35	Prof	Asks insightful questions and contributes to the care of their patient.
36	Prof	Effectively works with health care professionals to provide patient-focused care.
37	Prof	Displays respect for others.
38	Prof	Actively seeks responsibility beyond the scope of expectations.
39	Prof	Recognizes limitations of knowledge and incorporates feedback.
40	Prof	Demonstrates integrity in all interactions.
41	Prof	Maintains appropriate dress and demeanor.
42	SB	Practices cost-effective health care and resource allocation that does not compromise quality of care.
43	SB	Functions as patient advocate.
44	SB	Can function effectively in different types of delivery systems.
45	SB	Demonstrates awareness of social and community issues related to OB/GYN.

Students also are expected to complete the following required patient encounters and perform the following required clinical skills. Completion of the required patient encounters must be logged in *ArizonaMed Online (Tucson)* or *E*Value (Phoenix)*. Performance of the required clinical skills must be recorded in the Clinical Skills & Procedures Feedback Passport. If a student does not complete all required patient encounters by the end of the clerkship, the Clerkship Director will assign student an alternative experience. When a student must complete an alternative experience, the following procedures should be followed:

1. The student requests the Clerkship Director's approval.
2. The clerkship coordinator adds the alternative experience to the student's patient log, making it visible to the student.
3. The student logs the alternative experience.

Required Patient Encounters			
Types of Patients	Clinical setting (Inpatient, Outpatient, Both)	Expected level of student responsibility	Alternative Experience
First Trimester Bleeding (OB)	Inpatient or Outpatient	Observe	uWISE ET 16, 43 & 45; Chapter 13 in text
Pregnancy Induced Hypertension (OB)	Inpatient or Outpatient	Observe	uWISE ET 18; Chapter 16 in text
Prenatal Examination (OB)	Outpatient	Perform (at least 1 patients)	Additional Clinical Experience
Third Trimester Bleeding (OB)	Inpatient	Observe	uWISE ET 23, and 45; Obstetrics and Gynecology e-Learning Module: Third Trimester Bleeding
Abnormal Uterine Bleeding (GYN)	Inpatient or Outpatient	Observe	uWISE ET 45
Amenorrhea (GYN)	Inpatient or Outpatient	Observe	uWISE ET 43; Obstetrics and Gynecology e-Learning Module: Amenorrhea
Contraceptive Counseling (GYN)	Inpatient or Outpatient	Observe	uWISE ET 33; APGO Educational Series on Women's Health Issues: Contraception-Patient Counseling and Management
Ectopic Pregnancy (GYN)	Inpatient or Outpatient	Observe	uWISE ET 15; Chapter 13 in text
Hormone Replacement Therapy/Menopause (GYN)	Outpatient	Observe	uWISE ET 47; Chapter 37 in text
Pelvic Pain (GYN)	Inpatient or Outpatient	Observe	uWISE ET 39
Screening for Reproductive Cancers (GYN)	Outpatient	Observe	uWISE ET 50, 51, 52, 53, 54, and 55
Sexually Transmitted Diseases/PID (GYN)	Inpatient or Outpatient	Perform (at least 1 patient)	uWISE ET 36; Chapter 27 in text, Obstetrics and Gynecology e-Learning Module: Vaginitis
Required Clinical Skills			
Types of Patients	Clinical setting (Inpatient, Outpatient, Both)	Expected level of student responsibility	*Alternative Experience
APGAR Evaluation (OB)	Inpatient	Perform (at least 1 infant)	uWISE ET 12
Cervical exam on patients in labor (OB)	Inpatient	Perform (at least 1 patient)	Additional Clinical Sessions
Chart Friedman Curve (OB)	Inpatient	Perform (at least 1 patient)	Friedman Curve Quiz

Follow patient through labor and delivery (OB)	Inpatient	Perform (at least 1 patient)	Additional Clinical Sessions
Perform sterile techniques (OB)	Inpatient	Perform/Demonstrate	Additional Clinical Session
Review fetal heart rate tracing in labor (OB)	Inpatient	Perform (at least 1 patient)	uWISE ET 26; Chapter 9 in text
Speculum examination (OB/GYN)	Both	Perform (at least 1 patient)	Simulation session with clerkship co-director or preceptor
Vaginal Delivery (OB)	Inpatient	Perform (at least 1 patient)	APGO Clinical Skills Curriculum module: Vaginal Delivery; Simulation
Write H&P of new ante partum patient (OB)	Inpatient	Perform (at least 1 patient)	
Write H&P of OB patients expected to deliver (OB)	Inpatient	Perform (at least 1 patient)	
Basic suture tying techniques (GYN)	Inpatient	Demonstrate	APGO Clinical Skills Curriculum Module: Knots and Sutures; simulation session
Breast examination (GYN)	Both	Perform (at least 1 patient)	uWISE ET 40; APGO Clinical Skills Module: Breast Exam and simulation with clerkship co-director or preceptor
Cervical Culture/ STI Screening (GYN)	Both	Perform (at least 1 patient)	uWISE ET 3; simulation session with clerkship co-director or preceptor
Female Catheterization (GYN)	Inpatient	Perform (at least 1 patient)	Additional clinical session
Gynecologic History Taking (GYN)	Inpatient	Perform (at least 1 patient)	Additional clinical session
Pap Smear (GYN)	Both	Perform (at least 1 patient)	Simulation session with clerkship co-director or preceptor
Pelvic Exam (GYN)	Both	Perform (at least 1 patient)	APGO Clinical Skills Curriculum Module: Pelvic Exam; simulation session

*The Obstetrics and Gynecology e-Learning Modules can be checked out from the clerkship coordinator. The APGO Clinical Skills Curriculum modules and the APGO educational Series on Women's Health Issues modules may be accessed via the APGO website at www.apgo.org/elearn. The clerkship co-director/coordinator provides the password. Text: Beckmann, C. R. B., & American College of Obstetricians and Gynecologists. (2010). *Obstetrics and Gynecology*. Baltimore, MD: Lippincott Williams & Wilkins. (6th edition) provided to the students at the clerkship orientation.

Clerkship Policies

Attendance

Attendance Policy for Clerkships

Tucson and Phoenix
Approved by EPC September 12, 2011
Amended: September 18, 2013
Wording edited: 10-15-13

Rationale for Attendance Policy for Clerkships

The following policies were drafted to provide students with clear expectations about absences from required rotations and to provide consistent policies between the Phoenix and Tucson campuses. Policies have been stated explicitly and precisely, whenever possible. In some instances, however, the policies needed to be broad to account for unique features that differ among clerkships including the clerkship structure, duration, clinical sites, and curricular needs. Link to Attendance Policy: <http://epc.medicine.arizona.edu/node/161>.

1. Policies regarding attendance

- All clerkship experiences are mandatory and any absence must be recorded.
- Excused absences will be remediated as deemed appropriate by the clerkship director.
 - To demonstrate that a student has remediated an absence, students will be expected to know the information and follow the requirements found in each clerkship manual as presented by the clerkship directors during orientation.
- For each campus, the Associate Dean of Student Affairs, in consultation with the clerkship directors, is responsible for establishing a procedure for adhering to this policy.
-

2. Excused absences

An excused absence may be granted for one or more of the following reasons:

- **Presentation at a Professional Conference or Leadership Activity (e.g., as an AMSA Committee Member) on behalf of the University of Arizona College of Medicine.** The number of days excused will be decided in consideration of the student's role and duties at the conference and the requirements and experiences of the clerkship that would need to be remediated.

- **Religious observance.** Students may request an excused absence for religious observances, which will be considered in accordance with law and University policy.
- **Extenuating Personal Circumstances.** Extenuating personal circumstances may include, without limitation, significant family or personal events that acutely disrupt the student's ability to attend to clerkship responsibilities. However, extended periods of absence may result in a student's inability to successfully complete the clerkship, as remediation of such absences, as outlined below, may not be possible.
- **Health Care Maintenance Appointments.** Students may request an excused absence for health care maintenance appointments such as annual physical examinations with a primary care physician or a routine dental appointment.
- **Personal Illness, injury or disability.** In the case of a student's own illness, injury or disability, it is the student's responsibility to ensure that the appropriate parties, including both the site and the home clerkship office (typically, the departmental office) are informed of the absence in a timely manner. If the student is seriously ill (injured, etc), a family member or friend can inform the appropriate parties. Please see the Procedures section for each campus for the appropriate parties who must be informed.

3. Remediation of excused absences

- The clerkship directors will establish guidelines for implementation of remediation plans that are specific for the unique requirements of their clerkship. The implementation guidelines will apply for students at all sites within that clerkship.
- In the case where (1) an absence is requested 30 days in advance and (2) the clerkship director is unable to arrange an alternate remediation plan because of a student's prolonged absence or the clerkship director's inability to recreate the needed clinical or didactic material, the clerkship director may deny approval for the requested absence.
- In the case where (1) an absence due to illness or unanticipated events (i.e., 30 days advance notice is impossible) and (2) the clerkship director is unable to arrange an alternate remediation plan because of a student's prolonged absence, or the clerkship director is unable to recreate the needed clinical or didactic material, the clerkship director, in consultation with the Associate Dean for Student Affairs, may require the student to repeat the entire clerkship.

4. Unexcused Absences and Consequences of Unexcused Absences

- Any non-emergency absence that is taken without prior notification by the student or the student's designee, as set for the below, or permission of the clerkship director is considered an unexcused absence and will be treated as an act of unprofessional behavior, which will be included in the student's final assessment.
- An unexcused absence from the clerkship didactics may be noted in the final assessment and may affect the student's final grade.

5. Holidays. Following the college-wide policies approved by the Educational Policy Committee, students will observe the [holiday schedule of the University of Arizona](#). A student may request to work on a day designated as a holiday by the University of Arizona. Upon approval by the clerkship director in advance, the holiday day may be substituted for a regular non-holiday work day.

6. Inability to Participate in Clerkship

- If a student is unable to participate in a clerkship because of his or her own serious illness, injury or disability, or other personal reasons, he or she should be apprised of the College of Medicine's leave of absence policy and the University's withdrawal policies.
- Students with disabilities who require reasonable accommodation(s) must register with the University's Disability Resource Center in accordance with procedures outlined at <http://drc.arizona.edu/>, and work with that office to effect such accommodations.

Tucson Procedure for Requesting and Tracking Absences

1. Requesting an excused absence

- To request an excused absence, except in cases of personal illness, injury, disability or emergency, students must send an email request to the Associate Dean for Student Affairs **30 days in advance** of the anticipated absence. The reasons for the absence and the date(s) of the absence must be included in the request.
- Students will also inform their clerkship director/clerkship coordinator by email or telephone that they have submitted a request.
- If a student requests an excused absence due to illness or injury, he or she will contact the Associate Dean for Student Affairs and the clerkship director/clerkship coordinator that day, unless unable to do so because of such illness or injury. In the alternative, the student will provide a note from either his or her health care provider or Campus Health at the earliest possible opportunity.
- The Associate Dean for Student Affairs will notify the student and the clerkship director/clerkship coordinator of his/her decision regarding the requested absence.

2. Tracking absences

- It is expected that regular communication will take place between the Associate Dean for Student Affairs and the clerkship director/clerkship coordinator to ensure student absence reports are up-to-date and accurate.
- The following indicates the maximum number of excused absences for clerkships of various lengths.
 - 1.5 days for a 3-week rotation
 - 2 days for a 4-week rotation
 - 3 days for a 6-week rotation
 - 6 days for a 12-week rotation
- The Associate Dean for Student Affairs will review the student absence reports, and if a student exceeds the limits above in two clerkships, the student will be required to meet with the Associate Dean of Student Affairs to explain the reasons and discuss a plan for improvement in attendance.
- The Associate Dean for Student Affairs shall present the data from student absence reports to the Tucson Clinical Curriculum Subcommittee (TCCS) on an annual basis so that trends in the data can be noted and discussed.
- These procedures will be modified as necessary.

Professionalism Attributes

The attributes of professional behavior that are expected of our University of Arizona College of Medicine medical students as well as our faculty, fellows, residents, and staff were developed and voted upon by our general faculty.

The professionalism attributes are:

- Communicate in a manner that is effective and that promotes understanding, inclusion and respect for individuals' diverse characteristics.
- Adhere to ethical & legal principles as set forth in College of Medicine and University policies and other standards for scholarship, research, and patient care including advances in medicine.
- Demonstrate sensitivity and respect for others, irrespective of their age, race or ethnicity, cultural background, gender, disability, social and economic status, sexual orientation, or other unique personal characteristics.
- Strive for excellence and quality of care in all activities and continuously seek to improve knowledge and skills through life-long learning while recognizing one's own limitations.
- Uphold and be respectful of the privacy of others.
- Consistently display compassion, humility, integrity, and honesty as role model to others.
- Work collaboratively to support the overall mission of the College and the University in a manner that demonstrates initiative, responsibility, dependability, and accountability.
- Maintain a professional appearance and demeanor and demonstrate respect for appropriate boundaries in all settings in which an individual is representing the College of Medicine or University.
- Promote wellbeing and self-care for patients, colleagues, and one's self.
- Be responsive to the needs of the patients and society that supersedes self-interest.

The complete link to the attributes of professional behavior can be found at the following:

http://medicine.arizona.edu/sites/default/files/form_pdf/professional_conduct_overview.pdf

Dress Code: You will notice that there are certain expectations of the residents in obstetrics and gynecology pertaining to their professional attire. While scrubs are considered appropriate when you are in L&D, when you are away from L&D a white laboratory coat should be worn. You should wear your identification badge on your laboratory coat and a name tag will be issued to you to wear on "scrubs". When you are not on L&D, neatly pressed clean clothes are required. Specifically, sandals without socks are not considered appropriate. The wearing of a necktie is strongly encouraged. It is the students' responsibility to make sure their coat is clean and maintained in a professional manner. If you have any questions or concerns about this policy please contact the clerkship site coordinator

Duty Hours

Medical Student Duty Hours Policy
Approved by the EPC, June 20, 2012
This policy is in effect beginning AY 2012-13

Goal/rationale: This duty hour policy is created to parallel ACGME standards, with the understanding that medical students are supervised in all patient care activities and do

not make independent patient care decisions. As a result, the duty hour policy for medical students follows ACGME stipulations for a PGY 2 resident and will support maximum educational benefit for students. The specifics of the PGY 2 duty hour time limits have been changed in the most recent ACGME iteration and are reflected in this policy change. This policy was modified to include new ACGME language recognizing the potentially impairing effects of sleep deprivation particularly in the area of student safety while driving home.

1. Duty hours for medical students must be **limited to 80** hours per week, averaged over the clerkship period, inclusive of all in-house call activities.
2. Duty periods of students may be scheduled to a maximum of **24 hours of continuous duty** in the hospital.
 - Clerkship directors must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested. It is essential for patient safety and medical student education that effective transitions in care occur. Students may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.
 - Students must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty, but may remain for required formal learning activities such as noon conferences, scheduled didactic sessions, etc.
 - In unusual circumstances, students, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.
 - Medical students must have eight hours between scheduled duty periods. They must have at least 14 hours free of clinical duty after 24 hours of in-house duty.
3. Medical students must be scheduled for **in-house call** no more frequently than every-fourth night (when averaged over the clerkship period).
4. Medical students must be scheduled for a minimum of **one day free of all duty** every week. This can be averaged over 4 weeks only if there is a compelling educational need that has been approved by the CCS. At-home call cannot be assigned on these free days.
5. The sponsoring institution must have a process in place to allow for adequate sleep facilities or suggestions for alternate transportation if the medical student feels like driving home would be dangerous. The College of Medicine must:
 - Educate all students to recognize the signs of fatigue and sleep deprivation;
 - Educate all faculty members and students in alertness management and fatigue mitigation processes; and,
 - Adopt fatigue mitigation processes to manage the potential negative effects of fatigue on patient care, learning and personal safety, such as strategic napping and personal strategies for safe transportation home.

Documenting Duty Hours

Students are expected to record their duty hours. Students are exempted from this requirement while participating in clerkships that do not require call of any type.

Required Clerkships:

1. Students must complete recording of their duty hours by the last day of the clerkship.

- Clerkship directors or clerkship coordinators will routinely review cumulative duty hour's data and correct any systemic problems that prevent compliance with the stated duty hour's policy.
- Where students report a violation of duty hour limits, they will indicate the reason for that violation with the report.
- Students will not be penalized for accurate reporting, nor will duty hours information be used to determine grades or for student evaluations.
- Duty hour's reports will be retained in the electronic database systems.
- Grades will not be released until duty hours are reported by the student.

2. Clerkship directors/coordinators will be asked annually by the Educational Policy Committee to report on compliance with the duty hour policy.

The medical students follow the ACGME duty hour policy mostly as it pertains to a PGY 2 resident with the understanding that they will be supervised in all patient care activities and not be making independent patient care decisions (please see the below student supervision policy for further details regarding supervision). The specific duty hour policy are as follows: no more than 80 hours per week averaged over the clerkship period inclusive of all in-house activities, periods may be scheduled to a maximum of 24 hours of continuous duty in the hospital, no more than every fourth night on in-house call averaged over the clerkship period, and a minimum of one day free of duty averaged over a 4 week period. It is important that the students be aware of the signs of fatigue as well as be able to recognize in themselves and others the signs and symptoms of sleep deprivation. Please familiarize yourself with the complete medical student duty hour policy at the following link:

<http://epc.medicine.arizona.edu/content/student-duty-hours-policy>

Supervision

Purpose

The University of Arizona College of Medicine Phoenix and Tucson campuses recognize and support the importance of graded and progressive responsibility in medical student education. This policy outlines the requirements to be followed when supervising medical students. The college's goal is to promote safe patient care and maximize students' development of skills, knowledge, and attitudes needed to enter the practice of medicine.

Relevant LCME Standard

ED-25A. At a medical education program, students in clinical learning situations involving patient care must be appropriately supervised at all times. While students learn through graded responsibility as their skills progress, supervision at all times must ensure patient and student safety. *The accountability of physicians and non-physicians who supervise medical students in clinical learning settings will be clearly described in the program's policies and procedures. The level of responsibility delegated to the student by the supervisor will be appropriate for the student's level of training, and the activities supervised will be within the scope of practice of the supervising health professional.*

Distribution

This policy is distributed to all faculty within the University of Arizona College of Medicine at both the Phoenix and Tucson campuses, including clerkship directors, residency program directors, fellowship directors, and community/rural faculty preceptors.

Supervising Physician Definition

An attending physician employed by the College of Medicine; a community/rural attending physician with an associate faculty appointment at the College of Medicine; a resident or fellow physician training in a graduate medical education program at or associated with the College of Medicine.

Responsibility

It is the responsibility of the supervising faculty member and/or site director to assure that the specifications of this policy are followed for all medical students of the University of Arizona College of Medicine.

Allied Healthcare Providers

When a medical student is participating in a private practice setting in which allied healthcare providers are present, it is the responsibility of the supervising faculty physician to assure that the allied healthcare providers are appropriately credentialed and capable of medical student supervision within the scope of their practice.

When a medical student is participating in a hospital-based practice, it is assumed that all allied healthcare providers employed are appropriately credentialed by the hospital and capable of medical student supervision within the scope of their practice.

Supervision Levels

- **Direct Supervision With Supervising Physician Present:** The supervising physician is physically present with the medical student and the patient and is prepared to take over the provision of patient care if/as needed.
- **Direct Supervision With Supervising Physician Available:** The supervising physician is on-duty and is available to provide direct supervision.

Clinical Supervision

- In the clinical setting (in-patient or out-patient), MS 1 and 2 students will be **directly supervised with the supervising physician present or with the supervising physician available** and MS 3 and MS 4 students will be **directly supervised with supervising physician available**.
- Faculty physicians will identify those patients for whom initial medical student supervision may be provided by fellows, residents, and/or appropriately credentialed allied healthcare providers.
- Medical Students, in the course of their educational curriculum, may take patient histories and perform complete physical examinations.
- Year 3 and year 4 medical students may enter findings in the medical record of the patient with the approval of the patient's supervising physician.
- The supervising physician will review medical student documentation and provide feedback for educational purposes.
- Clinical decisions and orders are never formulated or enacted by medical students without a supervising physician's input.

- All on-call experiences in which medical students participate are subject to the supervision rules described above.

Procedure Supervision

- Medical students may be assigned and directed to provide additional patient care services under the direct supervision of a supervising physician.
- A supervising physician is required to directly supervise (physician present or available) all procedures (clinical, in-patient bedside, emergency department, and/or operating room) in which a medical student is involved.
- The degree of supervision (direct supervision with supervision physician present or available) will take into account the complexity of the procedure, potential for adverse effects, and the demonstrated competence, maturity and responsibility of each student in order to ensure the safety and comfort of the patient.
- The supervising physician must have privileges or authorization to perform the procedure being supervised.

Exposure to Infectious Agents/Hazardous Materials

In the event of an exposure, student must follow the follow procedure:

1. Remove soiled clothing and wash the exposed area with soap and water, if appropriate. Administer first aid as appropriate to the exposure.
2. Immediately notify attending physician/supervisor of exposure.
3. Students shall present at the Affiliate’s Employee Health, ER, or Urgent Care for assessment and initial prophylactic treatment if applicable.
4. Students should present the Card to treating health care provider.
5. For Blood/Body Fluid Exposures: Following the incident, the Affiliate shall immediately make available to the affected student a copy of all the student’s records relating to the treatment and follow up, and if and when available, results regarding the HIC, HBV, and HCV status of the source, to the extent permitted by law.
6. Following the incident, the student must download and complete the Non-Employee Incident Report Form from the UA Risk Management website and send to BOTH of the departments listed below. FORM: <http://risk.arizona.edu/foms/index.shtml>

University of Arizona Campus Health
 Highland Commons
 1224 E. Lowell Street
 PO Box 210095
 Tucson, AZ 85721
 Fax: (520)626-4301

Risk Management Services
 (Attn: Herb Wagner)
 220 W. 6th Street
 PO Box 210300
 Tucson, AZ 85721-0300
 Fax: (520)621-3706

7. Within 5 days of the exposure, the student must follow up with Campus Health:
 - a. Tucson: University of Arizona Campus Health (520)621-6493
 - b. Phoenix: ASU Downtown Campus Health (602)496-0721

FOR TREATING PHYSICIAN:

If consultation is needed, treating physician may contact the on-call infectious disease physicians at UA via the Physician's Resource Line at (520)694-5868 or (800)777-7552 to discuss recommendations for tests and/or medications related to the student's exposure.

Arizona Poison and Drug Information Center (24/7): 1-800-222-1222.

Post-exposure testing and further prophylactic drug treatment of AHSC students will be performed in Tucson or Phoenix.

Additional information can be found at:

<http://medicine.arizona.edu/sites/medicine.arizona.edu/files/student-affairs-tucson/AHSC%20Student%20Occupational%20Exposure%20Policy%20and%20Procedures%205.23.12.pdf>

Urgent/Emergent Health Care Services

The safety and security of our students is of utmost importance. Please orientate and review all relevant safety, emergency contact information, hospital codes, evacuation plans, security policies and procedures with any students assigned to your location. Emergency contact information for the student and for the facility that they are attending should be distributed to each party and maintained in a previously identified location.

As a preceptor you are to relay the following information to any student on site. "If a medical student is participating in a rotation at a site distant from Tucson/Phoenix and are in need of urgent or emergent medical or mental health care services, contact your preceptor/supervising attending. He/she will assure that the medical student is directed to services in a timely manner."

Please see the policy "**Separation of academic Assessment and Provision of Health Services to Student**" explaining that faculty cannot evaluate students who are/have been under their care. Please see all procedures, including the "opt out" option, by which this policy is implemented at: <http://epc.medicine.arizona.edu/AssmntHCDeliv>

In the event of any emergency related to the student from the University of Arizona, College of Medicine, the Office of Student Affairs should also be contacted:

Office of Student Affairs

Dr. Lori Alvord, Associate Dean

Contact number that can be reached 24/7 is **(520)870-5703**.

Teacher-Learner Compact

The teacher-learner compact was developed around the professional attributes to outline the responsibilities of the faculty, fellows, residents, and staff (teachers) toward our medical students and the medical students (learners) professional responsibilities toward the faculty, fellows, residents, and staff. The COM is committed to ensuring that the learning environment is conducive to open communication and robust interactions between faculty and learners that promote the acquisition of knowledge and foster attitudes and skills required for the professional practice of medicine. Such

activities require an environment that is free from harassment, discrimination, retaliation, or other inappropriate conduct. All faculty and learners are governed by the University of Arizona, COM, and Arizona Board of Regent policies, and are expected to adhere to them. Violations of these policies will be investigated and disciplinary action imposed if appropriate. Please review the complete compact at the following link: <http://medicine.arizona.edu/TeacherLearner>.

UAMC – South Campus Security and Safety Plan

The Security Management Plan describes the methods of providing security for people, equipment and other material through risk assessment and management for The University of Arizona Medical Center – South Campus, as well as associated off site locations. Security protects individuals and property against harm or loss, including workplace violence, theft, infant abduction, and unrestricted access to medications. The program is applied to the South Campus and all other associated clinics and off-site areas of the University of Arizona Medical Center – South Campus. Please see Appendix B for full plan.

Academic Participation Requirements

Academic participation requirements will include adherence to the attendance policy for all clinical assignments and didactic lectures, completion of procedure logs and duty hours, and maintenance of professionalism.

ArizonaMed

ArizonaMed was built to be the tool to report our curriculum to the AAMC. ArizonaMed is a repository for all learning elements (lecture and lab notes, images, PowerPoint presentation slides, cases, Independent Learning Modules, etc.) used in the curriculum. It has interactive tools for students to access material for any learning session as well as a daily calendar, surveys, announcements and more. You will be required to login with your UA NetID and password : <http://arizonamed.medicine.arizona.edu>

- Duty Hours: You must login daily to record your Duty Hours. Please refer to the Duty Hours Policy in this manual, or the following website for more information:
<http://epc.medicine.arizona.edu/content/student-duty-hours-policy>
- Patient Log: You must login daily to record your required patient encounters and skills as described under Clerkship Educational Objectives in this manual. All of the required patient logs must be logged in by the end of the clerkship. If student is unable to see a particular case, the Clerkship Director will assign an alternative experience. You are **ONLY** to log alternative experience in ArizonaMed if it was approved by the Clerkship Director. Please see Clerkship Learning Objectives for a list of approved Alternative Experiences.

Clinical Skills & Procedures Feedback Passport

The Feedback Passport was designed to give immediate feedback to students. The Feedback Passport contains Skills Checklists that must be completed and turned in to your Clerkship Coordinator on Tuesday of week 6. Please carry the Feedback Passport with you at all times. It is the student's responsibility to make sure skills are observed by faculty, fellows, residents, or RNs and have them complete the related Skills Checklist. Please see Appendix A for a sample of Feedback Passport.

Student Presentations

Each student is required to do a student presentation during Week 6 of their Clerkship (please see Appendix A for a sample of the Student Presentation Evaluation Form). The student presentation topics are in alignment with the page numbers from the APGO Medical Student Education Objectives, 9th

Edition. Students must use this list to choose a topic for their presentation. Please use the APGO Medical Student Education Objectives 9th Edition to organize your presentations. For a full description of the student presentation topics, please see Appendix B. The objectives and page numbers can be found below:

TOPICS (Choose one):	APGO Objectives Page #:
Genetic Screening	What, When, How; Risks; Benefits
Immunizations – Preventative Care Vaccines	“GYN” Immunizations; Vaccines during pregnancy; Vaccines during pre-conception
Lactation	Page 31
Fetal Death	Page 45
Third Trimester Bleeding	Page 49
Psychological disturbance during pregnancy and postpartum	Page 61
Post-Term Pregnancy	Page 63
Fetal Growth Abnormalities	Page 65
Endometriosis	Page 81
Amenorrhea	Page 93
Puberty	Page 91
Dysmenorrhea/PMS/PMDD	Pages 99 & 105
Sexual Function and Dysfunction	Page 123
Fibroids	Page 115
GTN	Page 109
Induced Abortion	Page 73
Spontaneous Abortion	Page 35

Preceptor Experience

Each medical student will be assigned a preceptor during his/her clerkship. Your preceptor will be your mentor and answer any questions you may have during your OB/GYN Clerkship. Students must complete three written H&P's that will be graded by your preceptor. You will be assigned to at least three outpatient clinics with your preceptor. Please see Appendix A for a sample of the H&P Evaluation Form.

Preceptor Responsibilities	Student Responsibilities
<ul style="list-style-type: none"> · Must observe and evaluate at least: <ul style="list-style-type: none"> · 1 History · 1 Physical · Must evaluate an additional 3 <u>written</u> H&P's and complete Skills Checklist in Feedback Passport · Must give a preceptor grade based on clinical and written work 	<ul style="list-style-type: none"> · Ask preceptor to observe 1 history and 1 physical and complete appropriate Skills Checklist in Feedback Passport · Turn in 3 written H&P's to preceptor before end of week 5 and have preceptor complete Skills Checklist in Feedback Passport

APGO: uWISE

Our department offers student access to uWISE, an online interactive question bank. The program utilizes various clinical vignettes followed by multiple choice questions to help you in preparing for the

NBME exam. We encourage you to utilize this teaching tool to compliment your OB/GYN learning. To access uWISE v.2, you must create a new account using your institutional email address (e.g. @email.arizona.edu), and select "*The University of Arizona Affiliated Hospital*" as your medical school. <https://www.apgo.org/student/uwise2.html>.

How to Excel in the Rotation

- Be on time. If you can't, let someone know, particularly the chief of your service.
- See patients whom you have participated in their care; have the progress notes written and signed before "official" morning rounds. Always make sure a resident or attending has reviewed and signed off on your notes.
- When your patients go for special studies, try to go with them. Stay with patients for moral support; if possible find out results, and report to the resident before attending rounds.
- Try to watch interesting procedures even if they do not involve your patients.
- Be enthusiastic; it makes life easier and more fun. Don't sit back, get in there! If things get busy and you don't speak up, someone may forget to ask you.
- Be courteous to everyone; being in a hospital particularly is a very special time in many people's lives.
- READ DAILY! This time will pass very quickly. Use the learning objectives from the textbook to help direct your study. Ask if you are not sure.

Clinical Assessment of Students

Assessment of Student Performance in OB/GYN Clerkship

Students will be evaluated on their clinical performance and overall assessment provided by faculty, housestaff and nurses. These assessment forms will be sent through New Innovations. Student's performance will be assessed on the following six competencies: medical knowledge, patient care, interpersonal and communications skills, professionalism, practice-based learning improvement, and system-based practice. Each evaluator will rate the student's performance in these areas and provide narrative comments for potential inclusion in the future Dean's letter. Please see Appendix A for a sample of the Assessment of Student Performance in OB/GYN Clerkship.

NBME Shelf Exam

To objectively evaluate students' overall OB/GYN medical knowledge and to provide national normative comparisons, students will take the OB/GYN NBME Shelf Exam on the Friday morning at the end of their clerkship at the University of Arizona Tucson Campus. The exam consists of 100 multiple choice questions with a time limit of 2 hours and 30 minutes. A "mock exam" will be included in your orientation packet for you to complete for the shelf exam review session on the last Wednesday of your OB/GYN Clerkship. As mentioned before, uWISE is a great website to use to help you prepare for this NBME Shelf Exam.

Mid-Clerkship Formative Feedback

At the midpoint of the clerkship a process known as the mid-clerkship evaluation will occur. This process consists of a student self-evaluation as well as a face-to-face evaluation with the Clerkship Director. Its purpose is to provide feedback to the students on their current performance as well as to allow the opportunity to correct any significant deficiencies and/or problems which students may have encountered to date on the clerkship. The Feedback Passport will be reviewed at this time, as well as Patient Logs and Duty Hours from ArizonaMed. Students are expected to have the student self-assessment mid-evaluation completed and prepared to be discussed at the time of their face-to-face evaluation. Please see Appendix A for a sample of the Mid-Clerkship Formative Feedback form. This form will be included in your Feedback Passport.

Student Feedback Surveys on Clerkship

Program evaluations will be available to students in New Innovations during the last week of the clerkship. Students must complete program evaluation surveys for each assigned site within a clerkship. Clerkship grades will be withheld unless surveys are completed within 2 weeks of the clerkship's end date. This policy is effective as of January 2, 2014.

Exit Interview

Clerkship Director will meet with students on the last Tuesday of their OB/GYN Clerkship to review Feedback Passport and make sure all Clinical Skills/Procedures were completed, and if not, then alternative experiences will be assigned.

Clerkship Grading

Clerkship Grading Policy

Approved by the EPC June 15, 2011
Revised and approved February 15, 2012.
Policies are effectively immediately

1. The grade in a clerkship is based on a student's performance in the competencies.
2. The grade will be a composite grade, using the common assessment form, test scores, and other assessment tools that are approved by the EPC.
3. The composite grade will be divided into four categories: Honors, High Pass, Pass, or Fail (H, HP, P, F).
 - a. The test will account for 25-30% of the composite score.
 - b. The test can be a shelf exam or self-designed.
 - c. Each clerkship will determine its own formulas for calculating the composite score and will use the same formula at all sites (Tucson & Phoenix) of the clerkship. The formula must be documented and communicated to faculty and students.
 - d. The clerkship director is responsible for final determination of each student's grade.
 - e. Honors will be awarded to students with composite grades in the top 20-30% of all student scores, and High Pass will be awarded to students with the next highest 20-30% of scores. Clerkships will annually review procedures for determining Honors and High Pass and revise as needed.
 - f. A student must achieve satisfactory assessment in every competency to receive either a P, HP, or H for the clerkship. Unsatisfactory in any competency will result in a failing grade in the clerkship.
 - g. High pass indicates a student who has excelled in either the exam or the clinical grade but not in the other, or who is outstanding in all areas and is close to an Honors score, but does not achieve it.
 - h. Each clerkship will set the minimum passing score on its exam.
 - i. If a student fails the exam, the student will be given one opportunity to complete a Retake Exam.
 - j. If a student needs to schedule a retake exam during Year III, it must be scheduled at the next academic break.
 - i. These are the Winter and Spring breaks. The 'next' break will be determined by the timing of the results of the 1st exam and the time it takes to order a new exam.

- ii. The retake exam cannot be scheduled during a clerkship or Intersessions or the third year elective block.
 - iii. If a student needs to schedule a retake exam during Year IV, the student will arrange his/her schedule to accommodate a week without curricular requirements and will schedule the Retake Exam at the end of that week.
 - iv. A student who fails a second clerkship exam before completing the Retake Exam for a previous failure must stop his/her academic progress and meet with the Student Progress Committee to agree on a plan for the student to complete the Retake Exams. If a student must schedule multiple Retake Exams, s/he must pass all of them before resuming his/her clinical training.
4. If a student fails the clerkship, the student will be required to repeat the course. This means that the student must complete all components and requirements for the clerkship course (for example, completion of exam and of clinical requirements).
 5. A mid-clerkship assessment for each student is required, and the Mid-Clerkship Formative Feedback form approved by the EPC will be used for this. The student's performance must be reviewed in a face-to-face meeting with a clinical teacher, and the student and clinical teacher must sign the Mid-Clerkship Formative Feedback form. The signed forms must be stored and available for review. The link to the complete grading system for years 3 and 4 can be found at the following: http://epc.medicine.arizona.edu/AzMedGrading/#GradingProgressYrs3_4

Contingency for clerkship failure or need for remediation will be completed during holiday breaks or 4th year elective time:

1. Please note that a failing grade on the clinical performance or shelf exam would prevent someone from obtaining an overall passing grade for the entire clerkship.
2. If you fail the written exam, a grade of incomplete will be given and you will be required to take the exam again; it is advised to seek assistance from the academic specialist at the Tucson or Phoenix campus. If the exam is passed with a retake you can only receive an overall grade of Pass. If the exam is failed twice, you will be required to repeat the entire clerkship and take the exam again. The grade you receive for that clerkship will be your standing grade. You will not be given a grade of higher than Pass, and your performance on your previous examinations will be noted in your Dean's letter.
3. USMLE Step 2 scores will not be accepted in lieu of the shelf exam. If you pass the exam but fail the clinical rotation, you will be required to repeat the rotation. You have two weeks to discuss any questions. Any discussion should be carried out only with the physician site coordinator where your clerkship was taken. Contacting other faculty members or residents will not be considered appropriate contact. Please limit your questions to specifically deal with a clerical or computation question.

Grading Criteria for OB/GYN Clerkship

Grades will be based on the following criteria: NBME Shelf Exam, Clinical Performance Assessment, Student Presentation, and Preceptor (3 written H&P's).

POINTS REQUIRED FOR FINAL GRADE:	EXAM SCORES TO AIM FOR:
8 points required for overall Honors grade	Honors: 80 th percentile
6 points required for overall High Pass grade	High Pass: 65 th percentile
4 points required for overall Pass grade	Pass: 10 th percentile

Clinical Rotation	Points
Honors	5
High Pass	4
Pass	3
Fail	-5

Shelf Exam	Points
Honors	2
High Pass	1
Pass	0.5
Fail	-5

Presentation	Points
Honors	1
High Pass	0.5
Pass	0.25
Fail	0

Preceptor	Points
Honors	1
High Pass	0.5
Pass	0.25
Fail	0

Appendix A

UNIVERSITY OF ARIZONA COLLEGE OF MEDICINE COMMON ASSESSMENT – END OF ROTATION EVALUATION FORM

Evaluator: _____

Dates: _____

Student Name: _____

Not Enough Contact to Evaluate

It is very important that you explain student performance for each of the competencies listed. The clerkship director relies on this information when assigning the student's grade and the Senior Associate Dean for Student Affairs uses this information in writing Dean's Letter. You can explain the ratings you assigned by commenting on the competencies separately (refer to the "Comments" section below each competency) and/or you can aggregate your comments in the "Summary Comments" section at the end of the survey. **PLEASE "X" CORRECT BOX. PLEASE BE LIBERAL IN WRITING COMMENTS, INCLUDING STRENGTHS, WEAKNESSES, AND SUGGESTIONS.**

Medical Knowledge	Far Above Expectations	Above Expectations	Meets Expectations	Below Expectations	Far Below Expectations	
Exhibits an appropriate fund of knowledge and an understanding of basic pathophysiological processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates the ability to apply knowledge to specific clinical situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates an understanding of psychosocial influences on illness and treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates critical thinking and clinical decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments concerning Medical Knowledge:						

Patient Care	Far Above Expectations	Above Expectations	Meets Expectations	Below Expectations	Far Below Expectations	
Conducts accurate history and physical exams, covering all essential aspects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suggests and/or performs appropriate diagnostic tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriately manages patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Works effectively with health care professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments concerning Patient Care:						

Interpersonal & Communication Skills	Far Above Expectations	Above Expectations	Meets Expectations	Below Expectations	Far Below Expectations	
Creates & sustains a therapeutically and ethically sound relationship with patients and families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clearly documents & presents patient data and clinical information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates effective listening skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments concerning Interpersonal & Communication Skills:						

Professionalism	Far Above Expectations	Above Expectations	Meets Expectations	Below Expectations	Far Below Expectations	
Demonstrates punctuality, accountability, honesty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Actively seeks responsibility beyond the scope of expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates sensitivity and responsiveness to diversity, including culture, ethnicity, income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates respect for patients and families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Demonstrates respect for physician colleagues (residents & attendings)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Demonstrates respect for other patient care providers & hospital personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments concerning Professionalism:						

Practice-based Learning Improvement	Far Above Expectations	Above Expectations	Meets Expectations	Below Expectations	Far Below Expectations	
Exhibits skills of self-directed learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Uses evidence-based approaches to pt care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Appropriately self-assesses and incorporates feedback to improve performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments concerning Practice-based Learning Improvement:						

Systems-based Practice	Far Above Expectations	Above Expectations	Meets Expectations	Below Expectations	Far Below Expectations	
Advocates for quality patient care and access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Knows and works appropriately within delivery systems, health costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Knows the role of MD in community health & prevention and applies to patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Applies knowledge of disease prevalence/incidence to the clinical care of patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comments concerning Systems-based Practice:						

	YES	NO	NA
Demonstrates adequate performance of a pelvic exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates adequate performance of a pap smear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates adequate performance of a breast exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performs normal spontaneous vaginal delivery successfully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please select one or more descriptive word that describes this student. Add additional comments describing your choice in the next question:											
1. Abrasive	11. Considerate	21. Indifferent	31. Resourceful	41. Understanding							
2. Apathetic	12. Cooperative	22. Inept	32. Rude	42. Unfriendly							
3. Arrogant	13. Dependable	23. Intelligent	33. Sarcastic	43. Unorganized							
4. Attentive	14. Dishonest	24. Introverted	34. Sincere	44. Unscrupulous							
5. Capable	15. Efficient	25. Irresponsible	35. Tactful	45. Wise							
6. Careless	16. Friendly	26. Logical	36. Tactless	46. Timid							
7. Caring	17. Honest	27. Mature	37. Team Player								
8. Clear-thinking	18. Immature	28. Obnoxious	38. Thoughtful								
9. Cocky	19. Impatient	29. Organized	39. Timid								
10. Conscientious	20. Inconsiderate	30. Reliable	40. Undependable								

Summary Comments: (Please provide comments on the overall performance of a student, such as how s/he integrates the multiple competencies and his/her strengths and weaknesses.)

Student's greatest strength?
What are the next steps for this student to improve?
Do you have any other comments about this student?

OVERALL CLINICAL Performance: FAIL Pass High Pass Honors

Evaluator Signature: _____

Mid-Clerkship Formative Feedback Form

MID-CLERKSHIP FORMATIVE FEEDBACK

Signatures: **Student:** _____
 Site: _____

Evaluator: _____
Date: _____

	Faculty			Student	
	NA	Below Expectations	Meets Expectations	Below Expectations	Meets Expectations
MEDICAL KNOWLEDGE (<i>Question 1 of 12 - Mandatory</i>) such as; <ul style="list-style-type: none"> Exhibits appropriate fund of knowledge and understanding of basic pathophysiological processes Demonstrates critical thinking and clinical decision making 					
PATIENT CARE (<i>Question 2 of 12 - Mandatory</i>) such as; <ul style="list-style-type: none"> Conducts accurate history & physical exam Appropriately manages patient care Works effectively with health care professionals 					
INTERPERSONAL & COMMUNICATION SKILLS (<i>Question 3 of 12 - Mandatory</i>) such as; <ul style="list-style-type: none"> Establishes effective therapeutic & ethical relations with patients, family and colleagues Clearly documents & presents patient data & clinical information Demonstrates effective listening skills 					
PROFESSIONALISM (<i>Question 4 of 12 - Mandatory</i>) such as; <ul style="list-style-type: none"> Demonstrates punctuality, accountability, honesty Shows respect for others & seeks responsibility Demonstrates sensitivity & responsiveness to diversity, including culture, ethnicity, income 					
PRACTICE-BASED LEARNING IMPROVEMENT (<i>Question 5 of 12 - Mandatory</i>) such as; <ul style="list-style-type: none"> Uses evidence-based approaches Exhibits skills of self-directed learning Appropriately self-assesses and incorporates feedback to improve performance 					
SYSTEMS-BASED PRACTICE (<i>Question 6 of 12 - Mandatory</i>) such as; <ul style="list-style-type: none"> Advocates for quality patient care and access Knows and works appropriately within delivery systems, health costs Knows role of MD in community health & prevention and applies to patient care Applies knowledge of disease prevalence/incidence to clinical care of patients 					

Explanation for rating(s) "below expectations": _____

Strengths: _____

Goals/Plans for improvement: _____

Signatures: **Student:** _____ **Evaluator:** _____

Student History and Physical Evaluation

**The University of Arizona College of Medicine
Department of Obstetrics and Gynecology
Student History and Physical Evaluation**

Student _____ Date _____ Clerkship Site _____

1. Chief Complaint

Is the presenting complaint clearly identified? Y N
 Are all important components of the chief complaint present? Y N

2. History of Present Illness

Is the development of the history of the illness adequate? Y N
 Are all important pertinent historical positives present? Y N
 Are important pertinent historical negatives documented? Y N

3. Prenatal Care History (if OB Patient)

Are relevant prenatal problems identified? Y N
 Are important prenatal labs documented? Y N

4. Past Medical/Past Surgical Histories

Are relevant past medical or surgical conditions identified? Y N
 Are treatments, where relevant, included? Y N

5. Family/Social History

Are important genetic or family conditions documented? Y N
 Are important social conditions such as tobacco/drug use or domestic violence identified? Y N
 Are pertinent negatives as well as pertinent positives identified? Y N

6. Past OB/GYN History

Is this section adequately documented? Y N
 Are important relevant components identified? Y N

7. Physical Examination

Are relevant vital signs included? Y N
 Are all pertinent positives included? Y N
 Are pertinent negatives included? Y N

8. Assessment

Is the assessment accurate and carefully considered? Y N
 Are alternatives (a differential list) mentioned? Y N

9. Plan

Is the plan reasonable given the clinical presentation and assessment? Y N
 Is the plan complete? Y N

10. Discussion

Is the discussion well written? Y N
 Is important background information on the illness included? Y N
 Is there an attempt to integrate the patient into the discussion? Y N

Please rate the H&P (0-100) for each of the following:

Completeness of Presentation _____ Clarity of Presentation _____ Quality of Deduction _____ Overall Score _____

Subjective Comments _____

Student Presentation Evaluation Form

University of Arizona College of Medicine
Department of Obstetrics and Gynecology
Student Presentation Evaluation

Student: _____

Date: _____ Clerkship Site: _____

Topic: _____

Please rate the following on a scale of 1 to 5 (1=least, 5=most)


- | | | | | | |
|--|---|---|---|---|---|
| 1. How relevant/important is this topic to the field of OB/GYN? | 1 | 2 | 3 | 4 | 5 |
| 2. How applicable is the knowledge in the presentation? | 1 | 2 | 3 | 4 | 5 |
| 3. How informative is the talk? | 1 | 2 | 3 | 4 | 5 |
| 4. How well-organized is the talk? | 1 | 2 | 3 | 4 | 5 |
| 5. How successful was the speaker in meeting his/her objectives? | 1 | 2 | 3 | 4 | 5 |
| 6. If there is a handout, how well-organized and useful is it? | 1 | 2 | 3 | 4 | 5 |
| 7. How well-prepared is the speaker? | 1 | 2 | 3 | 4 | 5 |
| 8. How would you rate the enthusiasm of the speaker? | 1 | 2 | 3 | 4 | 5 |
| 9. How appropriate are the references? | 1 | 2 | 3 | 4 | 5 |
| 10. Your overall impression of the quality of the presentation | 1 | 2 | 3 | 4 | 5 |

Subjective Comments:

Submitted by: _____

Faculty/Resident

Clinical Skills & Procedures Feedback Passport



THE UNIVERSITY OF ARIZONA
College of Medicine

Obstetrics & Gynecology Clerkship

**Clinical Skills & Procedures
Feedback Passport**
For 3rd-Year Medical Students


Medical Student's Name _____
Clerkship Block & Year _____

Heather Reed, MD
Clerkship Director

Amy Mitchell, MD
Assistant Clerkship Director

Sonia de Leon
Clerkship Coordinator

*We make a world
of difference for
people through
women's health*



FEEDBACK PASSPORT

Preceptor Responsibilities

- Student will be in your designated clinic 3-4 times
- Must observe and evaluate:
 - 1 History
 - 1 Physical
- Must evaluate an additional 3 written H&P's and complete Skills Checklist in Feedback Passport
- Must give a preceptor grade based on clinical and written work

Student Responsibilities

- Ask preceptor to observe 1 history and 1 physical and complete appropriate Skills Checklist in Feedback Passport
- Turn in 3 written H&P's to preceptor before end of week 5 and have preceptor complete Skills Checklist in Feedback Passport
- Ask faculty/fellows/residents/RN to evaluate appropriate Skills Checklist in Feedback Passport
- Complete Patient Logs and Duty Hours in ArizonaMed
- Complete an alternative experience if unable to perform/observe procedures or skills in Feedback Passport
- Return completed Feedback Passport to clerkship coordinator by Tuesday morning of week six

Faculty/Fellows/Residents/RN Responsibilities

- Observe and document skills and complete Skills Checklist in Feedback Passport
- Give constructive feedback to students on how to improve upon skills

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	Skills Checklist	Evaluator	Page
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	Fetal Heart Tones	Faculty, Fellow, Resident, RN	6
OBSTETRICS	Pre-Natal Visit	Faculty, Fellow, Resident, RN	7
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Skills Checklist

Evaluator Signature _____ Date _____

Suture/Knots Techniques:	(Initial inside box)		
	Well Done	Needs Improvement	Not Done
Secure square knot with two-handed tie			
Secure square knot one-handed tie			
Correct technique for loading a needle driver			
Correct technique for holding and manipulating a needle driver			
Correct technique for holding and manipulating tissue forceps			
Insert needle at 90-degree angle to the "tissue"			
Correct technique for placing interrupted sutures			
Correct technique for placing continuous sutures			

Suture/Knots Techniques

Student Signature: _____

Skills Checklist

Evaluator Signature _____ Date _____

Scrubbing for Surgery: (Initial inside box)			
	Well Done	Needs Improvement	Not Done
Correctly dons the surgical cap and mask			
Correctly opens the packet of surgical scrub soap			
Turns on the water correctly and adjust the temperature to a comfortable level			
Correctly cleans beneath fingernails			
Scrubs hands and forearms correctly			
Keeps hands and forearms elevated and avoids contaminations while entering door to OR			
Gowning for Surgery:			
Accepts the drying towel properly, without contaminating it against his or her body			
Dries hands properly, using a separate sterile area of the towel for each hand			
Properly disposes of the used towel			
Receives the surgical gown properly			
Dons gloves without contaminating gown or gloves			
Turns properly to close off the back of the gown			

Sterile Techniques

Student Signature: _____

5

Skills Checklist

Evaluator Signature _____ Date _____

Fetal Heart Tones: (Initial inside box)			
	Well Done	Needs Improvement	Not Done
Familiarity with equipment used for Electronic Fetal Monitoring			
Understands the physiologic basis of fetal heart monitoring			
Interpretation of fetal heart rate patterns			
Intrauterine interventions to improve fetal condition			

Fetal Heart Tones

Student Signature: _____

6

Skills Checklist

Evaluator Signature _____ Date _____

Pre-Natal Examination: (Initial inside box)			
	Well Done	Needs Improvement	Not Done
Elicits gestational age appropriate obstetric symptoms			
Correctly assesses fundal height			
Identifies and interprets fetal heart rate			
Answers commonly asked OB questions for specific age			
Counsels for gestational aged appropriate screening tests			
Identifies and interprets vital signs and physical exam			

Pre-Natal Examination

Student Signature: _____

7

Skills Checklist

Evaluator Signature _____ Date _____

Follow Patient through Labor and Delivery: (Initial inside box)			
	Well Done	Needs Improvement	Not Done
Recognizes signs and symptoms of true and false labor			
Performs initial assessment of the laboring patient			
Describes the three stages of labor and recognize common abnormalities			
List pain management approaches during labor			
Describes methods of monitoring the mother and fetus			
Describes the steps of a vaginal delivery			
List indications for operative delivery			

Follow Patient through L&D

Student Signature: _____

8

Skills Checklist

Evaluator Signature _____ Date _____

(Student: Plot Friedman Curve on Page 19)

Chart Friedman Curve:	(Initial inside box)		
	Well Done	Needs Improvement	Not Done
Correctly plots dilation			
Correctly plots station			

Chart Friedman Curve

Student Signature: _____

Skills Checklist

Evaluator Signature _____ Date _____

Perform Vaginal Delivery:	(Initial inside box)		
	Well Done	Needs Improvement	Not Done
Describe the steps of a normal vaginal delivery			
Deliver the fetal head utilizing appropriate attention to the pelvic curve			
Assess for nuchal cord			
Deliver remainder of the body			
Deliver the placenta			

Perform Vaginal Delivery

Student Signature: _____

Skills Checklist

Evaluator Signature _____ Date _____

APGAR/Infant Evaluation:	(Initial inside box)		
	Well Done	Needs Improvement	Not Done
Discuss techniques for assessing newborn status			
Describe immediate care of the normal newborn			
APGAR at 1 and 5 minutes			
Recognize situations requiring immediate intervention in newborn care			

APGAR/Infant Evaluation

Student Signature: _____

Skills Checklist

Evaluator Signature _____ Date _____

Cervical Exam:	(Initial inside box)		
	Well Done	Needs Improvement	Not Done
Describes pertinent pelvic anatomy			
Describes the technique of properly assessing dilation, effacement, and station			
Describes the benefits, risks, and indications for cervical assessment			
Describes the appropriate steps in a vaginal exam			
Demonstrates appropriate sterile technique			
Accurately assesses cervical dilation			
Accurately assesses cervical effacement			

Cervical Exam

Student Signature: _____

Skills Checklist

Evaluator Signature _____ Date _____

Breast Exam: (Initial inside box)			
	Well Done	Needs Improvement	Not Done
Proper draping technique—breast exam			
Strip method used for breast examination			
Depth of palpation for breast examination was appropriate			

Breast Exam

Student Signature: _____

13

Skills Checklist

Evaluator Signature _____ Date _____

Pap/Pelvic/Speculum Exam: (Initial inside box)			
	Well Done	Needs Improvement	Not Done
Prepared for the session			
Introduction			
Language			
Non-verbal communication and showed respect			
Proper technique (washed hands before exam, wore gloves, avoided touching stirrups, etc, with gloves)			
Proper draping technique—pelvic examination			
Inserted/removed speculum without causing pain; identified the cervix			

Pap/Pelvic/Speculum Exam

Student Signature: _____

14

Skills Checklist

Evaluator Signature _____ Date _____

STI Screening, Vaginitis, Wet Mount: (Initial inside box)			
	Well Done	Needs Improvement	Not Done
Selected appropriate sized speculum and warmed it			
Inserted the speculum correctly and visualized the cervix			
Used the appropriate collection vial for the specimen			
For a cervical culture, placed the swab in the endocervix for 10 seconds			
For a vaginal culture, obtained a specimen from the posterior vaginal fornix			
Capped off and labeled specimen appropriately			
Prepared slide for wet prep correctly			
Correctly identified yeast, clue cells, trichomonas, squamous cells and white blood cells, if present			
Appropriately discussed findings and treatment with supervising clinician			

STI Screening/Vaginitis/Wet Mount

Student Signature: _____

15

Skills Checklist

Evaluator Signature _____ Date _____

Female Urinary Catheterization: (Initial inside box)			
	Well Done	Needs Improvement	Not Done
Maintain sterile technique			
Correctly identify urethra			
Insert catheter to obtain urine			

Female Urinary Catheterization

Student Signature: _____

16

Skills Checklist

Evaluator Signature _____ Date _____

History (Observed by Faculty):	(Initial inside box)		
	Well Done	Needs Improvement	Not Done
Appropriate introduction			
Clarified chief complaint			
Uses questions to obtain accurate/adequate information needed			
Responds appropriately to non-verbal cues			
Organization/efficiency			

History

Student Signature: _____

17

Skills Checklist

Evaluator Signature _____ Date _____

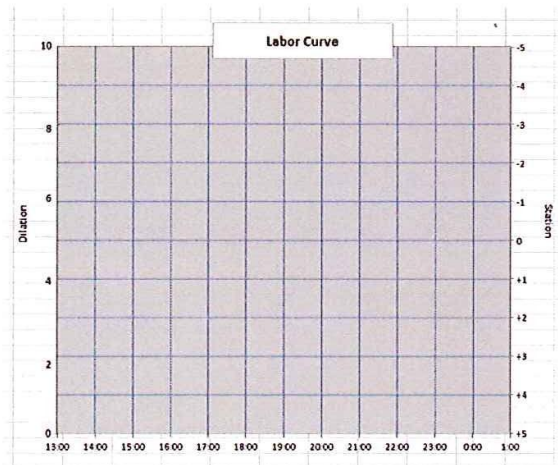
Physical Exam (Observed by Faculty):	(Initial inside box)		
	Well Done	Needs Improvement	Not Done
Orients patient appropriately			
Displays calm, organized, competent demeanor			
Sensitive to patient's comfort/modesty			
Follows a logical sequence			
Performs specific physical exam skill competently			

Physical Exam

Student Signature: _____

18

Plot Friedman Curve



Skills Checklist (page 9) must be completed by faculty, fellow, resident, or RN.

19

Skills Checklist

The University of Arizona College of Medicine
Department of Obstetrics and Gynecology
Student History and Physical Evaluation

Student _____ Date _____ Clerkship Site _____

- Chief Complaint**
Is the presenting complaint clearly identified? Y N
Are all important components of the chief complaint present? Y N
- History of Present Illness**
Is the development of the history of the illness adequate? Y N
Are all important pertinent historical positives present? Y N
Are important pertinent historical negatives documented? Y N
- Prenatal Care History (if OB Patient)**
Are relevant prenatal problems identified? Y N
Are important prenatal labs documented? Y N
- Past Medical/Past Surgical Histories**
Are relevant past medical or surgical conditions identified? Y N
Are treatments, where relevant, included? Y N
- Family/Social History**
Are important genetic or family conditions documented? Y N
Are important social conditions such as tobacco/drug use or domestic violence identified? Y N
Are pertinent negatives as well as pertinent positives identified? Y N
- Past OB/GYN History**
Is this section adequately documented? Y N
Are important relevant components identified? Y N
- Physical Examination**
Are relevant vital signs included? Y N
Are all pertinent positives included? Y N
Are pertinent negatives included? Y N
- Assessment**
Is the assessment accurate and carefully considered? Y N
Are alternatives (a differential list) mentioned? Y N
- Plan**
Is the plan reasonable given the clinical presentation and assessment? Y N
Is the plan complete? Y N
- Discussion**
Is the discussion well written? Y N
Is important background information on the illness included? Y N
Is there an attempt to integrate the patient into the discussion? Y N

Please rate the H&P (0-100) for each of the following:

Completeness of Presentation _____ Clarity of Presentation _____ Quality of Deduction _____ Overall Score _____

Subjective Comments

H&P- Preceptor Evaluation

20

Skills Checklist

The University of Arizona College of Medicine
Department of Obstetrics and Gynecology
Student History and Physical Evaluation

Student _____ Date _____ Clerkship Site _____

- 1. Chief Complaint**
Is the presenting complaint clearly identified? Y N
Are all important components of the chief complaint present? Y N
- 2. History of Present Illness**
Is the development of the history of the illness adequate? Y N
Are all important pertinent historical positives present? Y N
Are important pertinent historical negatives documented? Y N
- 3. Prenatal Care History (if OB Patient)**
Are relevant prenatal problems identified? Y N
Are important prenatal labs documented? Y N
- 4. Past Medical/Surgical Histories**
Are relevant past medical or surgical conditions identified? Y N
Are treatments, where relevant, included? Y N
- 5. Family/Social History**
Are important genetic or family conditions documented? Y N
Are important social conditions such as tobacco/drug use or domestic violence identified? Y N
Are pertinent negatives as well as pertinent positives identified? Y N
- 6. Past OB/GYN History**
Is this section adequately documented? Y N
Are important relevant components identified? Y N
- 7. Physical Examination**
Are relevant vital signs included? Y N
Are all pertinent positives included? Y N
Are pertinent negatives included? Y N
- 8. Assessment**
Is the assessment accurate and carefully considered? Y N
Are alternatives (a differential list) mentioned? Y N
- 9. Plan**
Is the plan reasonable given the clinical presentation and assessment? Y N
Is the plan complete? Y N
- 10. Discussion**
Is the discussion well written? Y N
Is important background information on the illness included? Y N
Is there an attempt to integrate the patient into the discussion? Y N

Please rate the H&P (0-100) for each of the following.

Completeness of Presentation _____ Clarity of Presentation _____ Quality of Deduction _____ Overall Score _____

Subjective Comments _____

H&P: Preceptor Evaluation

Skills Checklist

The University of Arizona College of Medicine
Department of Obstetrics and Gynecology
Student History and Physical Evaluation

Student _____ Date _____ Clerkship Site _____

- 1. Chief Complaint**
Is the presenting complaint clearly identified? Y N
Are all important components of the chief complaint present? Y N
- 2. History of Present Illness**
Is the development of the history of the illness adequate? Y N
Are all important pertinent historical positives present? Y N
Are important pertinent historical negatives documented? Y N
- 3. Prenatal Care History (if OB Patient)**
Are relevant prenatal problems identified? Y N
Are important prenatal labs documented? Y N
- 4. Past Medical/Surgical Histories**
Are relevant past medical or surgical conditions identified? Y N
Are treatments, where relevant, included? Y N
- 5. Family/Social History**
Are important genetic or family conditions documented? Y N
Are important social conditions such as tobacco/drug use or domestic violence identified? Y N
Are pertinent negatives as well as pertinent positives identified? Y N
- 6. Past OB/GYN History**
Is this section adequately documented? Y N
Are important relevant components identified? Y N
- 7. Physical Examination**
Are relevant vital signs included? Y N
Are all pertinent positives included? Y N
Are pertinent negatives included? Y N
- 8. Assessment**
Is the assessment accurate and carefully considered? Y N
Are alternatives (a differential list) mentioned? Y N
- 9. Plan**
Is the plan reasonable given the clinical presentation and assessment? Y N
Is the plan complete? Y N
- 10. Discussion**
Is the discussion well written? Y N
Is important background information on the illness included? Y N
Is there an attempt to integrate the patient into the discussion? Y N

Please rate the H&P (0-100) for each of the following.

Completeness of Presentation _____ Clarity of Presentation _____ Quality of Deduction _____ Overall Score _____

Subjective Comments _____

H&P: Preceptor Evaluation

Skills Checklist

University of Arizona College of Medicine
Department of Obstetrics and Gynecology
Student Presentation Evaluation

EXAMPLE ONLY

Student: **Evaluators will be given sheet at time of presentation** _____

Date: _____ Clerkship Site: _____

Topic: _____

Please rate the following on a scale of 1 to 5 (1=least, 5=most)

1. How relevant/important is this topic to the field of OB/GYN? 1 2 3 4 5
2. How applicable is the knowledge in the presentation? 1 2 3 4 5
3. How informative is the talk? 1 2 3 4 5
4. How well-organized is the talk? 1 2 3 4 5
5. How successful was the speaker in meeting his/her objectives? 1 2 3 4 5
6. If there is a handout, how well-organized and useful is it? 1 2 3 4 5
7. How well-prepared is the speaker? 1 2 3 4 5
8. How would you rate the enthusiasm of the speaker? 1 2 3 4 5
9. How appropriate are the references? 1 2 3 4 5
10. Your overall impression of the quality of the presentation 1 2 3 4 5

Subjective Comments: _____

Student Presentation

Appendix B

Student Presentation Topics

1. Genetic screening options
 - a. What, when, how
 - b. Risks
 - c. Benefits
2. Immunizations, preventative care vaccines
 - a. “Gyn” immunizations
 - b. Vaccines during pregnancy
 - c. Vaccines during pre-conception
3. Lactation
 - a. List the normal physiologic and anatomic changes of the breast during pregnancy and postpartum
 - b. Recognize and know how to treat common postpartum abnormalities of the breast
 - c. List the reasons why breast feeding should be encouraged
 - d. Describe the resources and approach to determining medication safety during breast feeding
 - e. Describe common challenges in the initiation and maintenance of lactation
4. Fetal Death
 - a. Describe the common cause of fetal death in each trimester
 - b. Describe the symptoms, physical findings and diagnostic methods to confirm the diagnosis and etiology of fetal death
 - c. Describe the medical and psychosocial management of a patient diagnosed with a fetal demise
5. Third trimester bleeding
 - a. List the causes of third trimester bleeding
 - b. Describe the initial evaluation of a patient with third trimester bleeding
 - c. Differentiate the signs and symptoms of third trimester bleeding
 - d. Describe the maternal and fetal complications of placenta previa and abruptio placenta
 - e. Describe the initial evaluation and management plan for acute blood loss
 - f. List the indications and potential complications of blood product transfusion
6. Psychological Disturbance during pregnancy and postpartum
 - a. Identify factors for postpartum blues, depression, and psychosis
 - b. Differentiate between postpartum blues, depression, and psychosis
 - c. Describe the treatment options for postpartum blues, depression, and psychosis
 - d. Recognize appropriate treatment options for mood disorders during pregnancy and lactation

7. Post term Pregnancy
 - a. Identify the normal duration of gestation
 - b. Identify the complications of prolonged gestation
 - c. Describe the evaluation and management options for prolonged gestation
8. Fetal growth abnormalities
 - a. Define macrosomia and fetal growth restriction
 - b. Discuss etiologies of abnormal growth
 - c. Cite methods of detection for fetal growth abnormalities
 - d. Describe the management of fetal growth and abnormalities
 - e. State the associated morbidity and mortality of fetal growth abnormalities
9. Endometriosis
 - a. Describe theories of pathogenesis of endometriosis
 - b. List the most common sites of endometriosis
 - c. Describe the symptoms and physical exam findings in a patient with endometriosis
 - d. Describe the diagnosis and management of endometriosis
10. Amenorrhea
 - a. Define amenorrhea and oligomenorrhea
 - b. Explain the pathophysiology and identify the etiologies of amenorrhea and oligomenorrhea
 - c. Describe the associated symptoms and physical examination findings of amenorrhea and oligomenorrhea
 - d. Discuss the steps in the evaluation and management of amenorrhea and oligomenorrhea
 - e. Describe the consequences of untreated amenorrhea and oligomenorrhea
11. Puberty
 - a. Describe the changes in the hypothalamic-pituitary-ovarian axis and target organs during normal puberty
 - b. Explain the normal sequence of pubertal events and ages at which these changes occur
 - c. Discuss the psychological issues associated with puberty
 - d. Define the precocious and delayed puberty and describe the steps in the evaluation of these conditions
12. Dysmenorrhea and PMS/PMDD
 - a. Define Dysmenorrhea and distinguish primary and secondary dysmenorrhea.
 - b. Describe the pathophysiology and identify the etiologies of dysmenorrhea.
 - c. Discuss the steps in the evaluation and management options for dysmenorrhea.
 - d. Identify the criteria for making the diagnosis of PMS and PMDD.
 - e. List treatment options for PMS and PMDD.
13. Sexual functions and dysfunctions
 - a. Demonstrate the ability to obtain a sexual history, including sexual function and sexual orientation
 - b. Explain the physiology of the female sexual response

- c. Classify the common patterns of female sexual dysfunction
 - d. Identify the physical and psychological and societal impact on female sexual function
14. Fibroids
- a. Discuss the prevalence of uterine leiomyomas
 - b. Describe the symptoms and physical findings in patients with uterine leiomyomas
 - c. Describe the diagnostic methods to confirm uterine leiomyomas
 - d. List the management options for the treatment of uterine leiomyomas
15. GTN
- a. List the symptoms and physical examination findings of a patient with GTN
 - b. Describe the diagnostic methods, treatment options and follow-up for GTN
 - c. Recognize difference between molar pregnancy and malignant GTN
16. Induced AB
- a. Provide non-directive counseling to patients surrounding pregnancy options
 - b. Explain surgical and non-surgical methods of pregnancy termination
 - c. Identify potential complications of induced abortion
 - d. Understand the public health impact of the legal status of abortion
17. Spontaneous AB
- a. Develop a differential diagnosis for first trimester vaginal bleeding
 - b. Differentiate the types of spontaneous abortion (missed, complete, incomplete, threatened, septic)
 - c. Describe the causes of spontaneous abortion
 - d. List the complications of spontaneous abortion

Educational Program Objectives

Educational Program Objectives and Competencies EDUCATIONAL PROGRAM OBJECTIVES

for the Program Leading to the MD Degree

As approved by the General Faculty, the Educational Policy Committee has established the following educational program objectives for the program leading to the MD degree. The Educational Program Objectives are comprised of six competencies and the measurable objectives by which attainment of each competency can be assessed.

By the time of graduation, students will demonstrate the following:

COMPETENCY: PATIENT CARE

Graduates obtain appropriate histories and perform skillful, comprehensive and accurate patient examinations. They develop appropriate differential diagnoses and patient care management plans. They recognize and understand the principles for managing life-threatening situations. They select, perform and accurately interpret the results of laboratory tests and clinical procedures in making patient care decisions, and use appropriate diagnostic and treatment technologies in providing patient care.

Measurable Objectives for the Patient Care competency

Graduates will be able to:

- Obtain an accurate medical history that covers all essential aspects of the history
- Perform both a complete and an organ system specific examination
- Interpret the results and perform commonly used diagnostic procedures
- Reason deductively in solving clinical problems
- Construct appropriate management strategies (both diagnostic and therapeutic) for patients with common conditions, both acute and chronic, and those requiring short- and long-term rehabilitation
- Provide appropriate care to diverse* patients
- Recognize patients with immediate life threatening conditions regardless of etiology, and institute appropriate initial therapy
- Outline an initial course of management for patients with serious conditions requiring critical care
- Effectively work with health care professionals, including those from other disciplines, to provide patient-focused care

COMPETENCY: MEDICAL KNOWLEDGE

Graduates apply problem solving and critical thinking skills to problems in basic science and clinical medicine. They demonstrate knowledge about (1) established and evolving core of basic sciences, (2) application of sciences to patient care, and (3) investigatory and analytical thinking approaches.

Measurable Objectives for the Medical Knowledge competency

Graduates will demonstrate their knowledge in these specific domains:

Core of Basic Sciences

- The normal structure and function of the body as a whole and of each of the major organ systems
- The molecular, cellular and biochemical mechanisms in understanding homeostasis
- Cognitive, affective and social growth and development

Application to Patient Care

- The altered structure and function (pathology & pathophysiology) of the body/organs in disease
- The foundations of therapeutic intervention, including concepts of outcomes, treatments, and prevention, and their relationships to specific disease processes
- Information on the organization, financing and distribution of health care

- The influence of human diversity* on clinical care
- The legal, ethical issues and controversies associated with medical practice

Critical Thinking

- The scientific method in establishing the cause of disease and efficacy of treatment, including principles of epidemiology and statistics
- The use of computer-based techniques to acquire new information and resources for learning

COMPETENCY: PRACTICE-BASED LEARNING AND IMPROVEMENT

Graduates are prepared to practice medicine within the context of society and its expectations. They use evidence-based approaches, demonstrating proficiency with information retrieval and critical appraisal of the medical literature to interpret and evaluate experimental and patient care information. They understand the limits of their own personal knowledge, remediate inadequacies to remain current, and integrate increased self-knowledge into their daily activities.

Measurable objectives for the Practice-Based Learning and Improvement competency:

At the time of graduation, students have not yet established a practice but nonetheless will demonstrate an awareness of and an understanding of general principles for:

Evaluating his/her own patient care practices, using systematic methodology

Comparing own patient outcomes to larger studies of similar patient populations

- Using information technology to learn of new, most current practices on national and international levels
- Using quality assurance practices
- Pursuing continuing education to remediate or improve practice
- Attending (and presenting at) conferences relevant to his/her patient care
- Using on-line resources for most current information and education
- Using an evidence-based approach to decide or reject new experimental findings and approaches.
- Understanding and critically assessing articles in professional journals
- Understanding the requirements and steps for approval of new medicines and techniques

COMPETENCY: INTERPERSONAL AND COMMUNICATION SKILLS

Graduates must demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, patients' families, and professional associates. They promote health behaviors through counseling of individual patients and their families, and through public education and action.

Measurable Objectives for the Interpersonal and Communication Skills competency:

Graduates will demonstrate:

- The ability to create and sustain a therapeutic and ethically sound relationship with patients and their families
- Effective listening skills and the ability to elicit and provide information using effective nonverbal, explanatory, questioning and writing skills
- Ability to document and present patient data and clinical information in an organized, accurate, legible and/or verbally clear manner
- The ability to encourage patients' health and wellness through appropriate patient education

COMPETENCY: PROFESSIONALISM

Graduates are committed to carrying out professional responsibilities, adhering to ethical principles, and demonstrating sensitivity to diverse patient populations. They are altruistic and compassionate in caring for patients and at all times act with integrity, honesty, and respect for

patients' privacy and for the dignity of patients as persons. Graduates are advocates for improving access to care for everyone. They are committed to working collaboratively with the health care team, and acknowledge and respect the roles of other health professionals. Graduates recognize their limitations and seek improvements in their knowledge and skills.

Measurable objectives for the Professionalism competency: Graduates will exemplify a professional character that exhibits:

- Compassionate treatment of patients
- Respect for patients' privacy, dignity and diversity*
- Integrity, reliability, dependability, truthfulness in all interactions with patients, their families and professional colleagues
- A responsiveness to the needs of patients and society that supersedes self-interest.
- The skills to advocate for improvements in the access of care for everyone, especially those traditionally underserved
- A commitment to excellence and on-going learning, recognizing their limitations of knowledge, and the skills to effectively address their learning needs
- Knowledge of and a commitment to uphold ethical principles in such areas as the provision of care, maintaining confidentiality, and gaining informed consent
- An understanding of and respect for the contributions of other health care disciplines and professionals, and appropriate participation, initiative and cooperation as a member of the health care team

COMPETENCY: SYSTEMS-BASED PRACTICE AND POPULATION HEALTH

Graduates demonstrate awareness of and responsiveness to the large context and system of health care. They are able to effectively call on system resources to provide optimal care. Graduates are able to work with patients both as individuals and as members of communities and take this into account when performing risk assessments, diagnosing illnesses, making treatment plans and considering the public health implications of their work.

Measurable objectives for the Systems-Based Practice and Population Health competency:

Graduates will evince:

- An understanding of how patient care and professional practices affect health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
- Knowledge about how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
- The ability to practice cost-effective health care and resource allocation that does not compromise quality of care
- An advocacy for quality patient care and access for all people, including the underserved, and assist patients in dealing with system complexities
- The capacity to partner with health care managers and health care providers to assess, coordinate and improve health care and know how these activities can affect system performance
- An understanding of the physician's role and responsibilities to promote the health of the community and the underlying principles of preventive medicine and population-based health care delivery
- The ability to acquire relevant information about the health of populations or communities and use this information to provide appropriate services
- How to appropriately mobilize community-based resources and services while planning and providing patient care

* “Diversity” is understood to include race, sex, ethnicity, culture, ability, disability, socioeconomic status, talents, language, religion, spiritual practices, sexual orientation, gender identity, geographic region, age, country of origin and life experiences.

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THE ENVIRONMENT OF CARE SECURITY MANAGEMENT PLAN

SCOPE

The Security Management Plan describes the methods of providing security for people, equipment and other material through risk assessment and management for The University of Arizona Medical Center - South Campus, as well as associated off site locations. Security protects individuals and property against harm or loss, including workplace violence, theft, infant abduction, and unrestricted access to medications.

The program is applied to the South Campus and all other associated clinics and off-site areas of The University of Arizona Medical Center - South Campus.

FUNDAMENTALS

- A. A visible security presence in the hospital helps reduce crime and increases feelings of security by patients, visitors, and staff.
- B. The assessment of risks to identify potential problems is central to reducing crime, injury, and other incidents.
- C. Analysis of security incidents provides information to assist with predicting and preventing crime, injury, and other incidents.
- D. Training hospital staff is critical to ensuring their appropriate performance. Staff is trained to recognize and report either potential or actual incidents to ensure a timely response.
- E. Staff in sensitive areas receive training about the protective measures designed for those areas and their responsibilities to assist in protection of patients, visitors, staff and property.
- F. Violence in the workplace awareness; please see UAHN Policy HR-102 Standards of Conduct and Corrective Action.

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OBJECTIVES

The Objectives for the Security Management Plan are developed from information gathered during routine and special risk assessment activities, annual evaluation of the previous year's plan activities, performance measures, Security Department Reports and environmental tours. The Objectives for Security to fulfill this Plan are:

- *Conduct and document adequate security rounds on all shifts.*
- *Respond to emergencies and requests for assistance in a timely fashion*
- *Maintain and expand current electronic security protection devices, including card access systems, surveillance cameras, and alarm systems.*

ORGANIZATION & RESPONSIBILITY

The Board of Directors receives regular reports of the activities of the Security Management Plan from the Environment of Care Committee, which is responsible for the Physical Environment issues. They review reports and, as appropriate, communicate concerns about identified issues and regulatory compliance. They also provide financial and administrative support to facilitate the ongoing activities of the Security Management Plan.

The Administrator or other designated leader collaborates with the Director of Security to establish operating and capital budgets for the Security Management Plan.

The Director of Security, in collaboration with the committee, is responsible for monitoring all aspects of the Security Management Plan. The Director of Security advises the Committee regarding security issues which may necessitate changes to policies and procedures, orientation or education, or expenditure of funds.

Department leaders are responsible for orienting new staff members to the department and, as appropriate, to job and task specific to security procedures. They are also responsible for the investigation of incidents occurring in their departments. When necessary, the Director of Security provides department heads with assistance in developing department security plans or policies and assists in investigations as necessary.

Individual staff members are responsible for learning and following job and task-specific procedures for secure operations.

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PERFORMANCE ACTIVITIES

The performance measurement process is one part of the evaluation of the effectiveness of the Security Management Plan. Performance measures have been established to measure at least one important aspect of the plan.

The performance measures for the plan are:

Security Management Plan Performance Measures			
Performance Standard	Performance Indicator	Justification for the Selection of the measure	Source of Data
Security will conduct monthly panic alarm testing for all devices monitored by AMAG or SIS. An alarm should sound and register on appropriate monitoring device.	Percentage of properly working panic alarms. (Needs Improvement: 0-95%, Threshold 96-97%, Target 98-100%)	Staff Safety and Timely Response	Panic Alarm Binder
Security will enforce smoking policy and track number of contacts for non-compliance.	Informational	UAHN Tobacco-Free Environment Policy	Dispatch Log
100% of reported security restraint incidents are evaluated for compliance with established security procedures	% of reports evaluated (0-60% needs improvement, threshold 71-90%, Target 100%)	Assessment incident reporting systems	Security Department Reports
Security arrives within two minutes for emergent patient care and staff requests	% <2 minutes (Needs Improvement: 0-95%, Threshold 96-97%, Target 98-100%)	Assessment of response times	Security Daily Statistics
Security responds to non-emergency Security Presence requests within 15 minutes	% <15 minutes (Needs improvement: 0-79%, Threshold: 89-89%, Target: 90-100%)	Assessment of response times	Security Daily Statistics

PROCESSES FOR MANAGING SECURITY RISKS

Management Plan

The Director of Security develops and maintains the Security Management Plan. The scope, objectives, performance, and effectiveness of the plan are evaluated on an annual basis.

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Security Risk Assessment

The Director of Security manages the security risk assessment process for the organization and offsite facilities. The Director of Security is designated to manage risk, coordinate risk reduction activities in the physical environment, collect deficiency information, and disseminate summaries of actions and results. The Director of Security ensures compliance with applicable codes and regulations.

The assessment of the hospital identifies security risks associated with the environment of care. Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of annual proactive risk assessment, and from credible external sources such as Sentinel Event Alerts.

The risk assessment is used to evaluate the impact of the environment of care on the ability of the hospital to perform clinical and business activities. The impact may include disruption of normal functions or injury to individuals. The assessment evaluates the risk from a variety of functions, including structure of the environment, the performance of everyday tasks, workplace violence, theft, infant abduction, and unrestricted access to medications.

Use of Risk Assessment Results

Where the identified risks are not appropriately handled, action is taken to eliminate or minimize the risk. The actions may include creating new programs, processes, procedures, or training programs. Monitoring programs may be developed to ensure the risks have been controlled to achieve the lowest potential for adverse impact on the security of patients, staff, and visitors.

Identification Program

The Director of Security coordinates the identification program. All supervisory personnel manage enforcement of the identification program.

Hospital administration maintains policies for identification of patients, staff, visitors, and vendors. All employees are required to display an identification badge on their upper body while on duty. Identification badges are displayed on the individual with the picture showing. Personnel who fail to properly display their identification badge are counseled individually by their department head.

Visitors to patients are not normally expected to have identification. Visitors to some specific units, such as Behavioral Health, are requested to have identification. The Security Officers assist in enforcement of visitor identification policies.

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The Purchasing Department provides vendor identification. Contractor identification is provided by Security.

Sensitive Areas

The Director of Security works with leadership to identify security sensitive areas by utilizing risk assessments and analysis of incident reports.

The following areas are currently designated as security sensitive areas:

- ***Cashier's office***
- ***Emergency Services***
- ***Human Resources***
- ***Pediatric Clinic***
- ***Pharmacy***
- ***Behavioral Health Areas***
- ***Other off-site or remote locations***

Personnel are reminded during their annual in-service about those areas of the facility that have been designated as sensitive. Personnel assigned to work in sensitive areas receive department level continuing education on an annual basis that focuses on special precautions or responses that pertain to their area.

Security Incident Procedures

The Director of Security coordinates the development of organization-wide written security policies and procedures, and provides assistance to department heads in development of departmental security procedures, as requested. These policies and procedures include infant and pediatric abduction, workplace violence, and other events that are caused by individuals from either inside or outside the organization. Organization-wide security policies and procedures are distributed to all departments. Department heads are responsible for distribution of department level policies and procedures to their staff and for ensuring enforcement of security policies and procedures. Each staff member is responsible for following security policies and procedures.

Organization-wide and departmental security policies and procedures are reviewed at least every three years. Additional interim reviews may be performed on an as needed basis. The Director of Security coordinates the triennial and interim reviews of organization-wide procedures with department heads and other appropriate staff.

ADM-295 Identification/Access Badges
ADM-280 Searches and Inspections

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SAF-700 Safety Program

Security Department Response

Upon notification of a security incident, the Director of Security or designee assesses the situation and implements the appropriate response procedures. The Security Director notifies Administration, if necessary, to obtain additional support. Security incidents that occur in the Emergency Department are managed initially by the Intake Officer in accordance with policies and procedures for that area. The Director of Security is notified about the incident as soon as possible.

Security incidents that occur in the departments are managed according to departmental or facility-wide policy. The Director of Security or designee is notified about any significant incident that occurs in a department as soon as possible. Additional support is provided by the Security Department, as well as public law enforcement if necessary.

Following any security incident, a written "Security Department Report" is completed by the Security Officer responding to the incident. The Report is reviewed by the appropriate Security Supervisor and Director of Security. Any deficiencies identified in the report are corrected.

Evaluating the Management Plan

On an annual basis Director of Security evaluates the scope, objectives, performance, and effectiveness of the Plan to manage the utility system risks to the staff, visitors, and patients.

Ron Coles, Director of Security

Date

Sarah Frost, Hospital Administrator

Date

Student Affairs Phone Tree

Clinical Affiliate Phone Tree

Clinical Affiliate can reach any of the individuals in the red boxes. This will initiate the Student Affairs Phone Tree.



Student Affairs Phone Tree

