

## **Medical Student Orientation and Clerkship Information**

(Adapted from Brenda Davies, MD – Site Director Aberdeen, WA)

Modified by V. Mendiratta & RaQuel Harwick 5/10/2023

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## **PREPARING FOR THE ACADEMIC YEAR**

*(Do in March of prior academic year)*

1. Review the clerkship website thoroughly for any changes:

[Medical Students | Department of Obstetrics & Gynecology \(uw.edu\)](#)

Read carefully the site description and if you see any changes that need to be made, contact RaQuel Harwick immediately (contact information below)

2. Obtain list of students and email addresses from **RaQuel Harwick**:

Clerkship Administrator, Dept. of OB/GYN  
1959 NE Pacific Street, Box 356460  
Seattle, WA 98195-6460  
Phone: (206)543-3892  
Fax: (206)543-3915  
Email: [obclerk@uw.edu](mailto:obclerk@uw.edu)

3. Housing: To be arranged by SOM and Western WA Dean. Housing costs to be approved as part of the clerkship budget. **Contact Scott Bailey** (206-685-7022)

4. Clinical Faculty: If new physicians are interested in obtaining clinical faculty status, please provide them with a clinical faculty application form. **Contact Dalika Ung** if forms needed. Completed forms to be mailed to Dalika Ung at address above.

There is an associate status for nurse practitioners and nurse midwives.

## **HINTS FOR CREATING A CULTURE PROMOTING A POSITIVE MEDICAL STUDENT EXPERIENCE**

1. The attitude of the staff and nurses can have a big negative or positive impact on the medical student experience. Taking the time to get the staff and nurses on board with importance of their role will pay off in the long run.
2. Consider small gifts of appreciation for those that go out of their way to help the students. Just thanking the nurses for involving the students goes a long way.
3. Tell the students up front that befriending the labor and delivery nurses will improve their experience. The same goes in the OR and any other hospital department.
4. Encourage the students to spend time at the laboring patient's bedside to get to know them and to learn firsthand how different each labor can be. Patients are usually more welcoming of students delivering their baby if they become familiar with the student over the course of their labor.
5. While all patients have the right to refuse to participate with medical students, it usually works best if the office nurse simply announces to the patient "Dr. Smith is working with Jane Doe, a third year medical student from the University of Washington" rather than ask the patient's permission. If the patient says they do not want to see the student or makes a non-verbal gesture that indicates concern the nurse can follow up at that point.
6. Thank the patient at the end of the encounter for participating in medical student orientation.

## **INVOICES**

**Scott Bailey (see contact information below)** will send an email when invoices are due. He is your resource for any information related to invoices. He will email you an email template and you can add your own letterhead to it.

The School of Medicine allows \$3000 in administrative fees per student. The site coordinator is responsible for allocation of these fees.

Scott G. Bailey

Academic Affairs, University of WA School of Medicine

1959 NE Pacific Street, Suite A300

UWBOX 356340, Seattle WA 98195

206-685-7022 (ph)

206-616-3341 (fax)

[sgbailey@uw.edu](mailto:sgbailey@uw.edu)

Any travel during the academic year is invoiced separately using the same invoice form. The UW compensates for travel to the annual Faculty retreat. In the past, there has been no problem with sending two clinical faculty members.

## **MEDICAL STUDENT ORIENTATION**

All students should attend or virtually attend 1st day Orientation given in Seattle by Vicki Mendiratta, MD – Clerkship Director or Sarah Villarreal, MD - Assistant Clerkship Director (8:30 - 10:30 am PST). If you need to do site specific orientation at the same time, students should watch the recorded main orientation.

## **HOSPITAL ORIENTATION**

Contact medical staff services in advance to any hospital related credentialing can be completed in advance of the rotation. Also, contact medical staff services to see if any formal hospital orientation is required.

## **CLINIC ORIENTATION BY SITE COORDINATOR**

1. Review website with student. Emphasize that it is the student's responsibility to be very familiar with the website. All the information needed for a successful rotation is provided at the website.
2. Review student schedule – more details on scheduling to follow in next section
3. Review clinical expectations in detail:
  - A. What time to arrive:  
Arrive at hospital in time to see patients and write progress notes before 8 am
  - B. Which patients to see:  
Plan to make rounds on any patients you were involved in as a surgical assistant or with the delivery
  - C. Which surgeries to attend and how to learn about late additions to the surgery schedule:  
Plan to assist at all surgeries.
  - D. Call responsibilities:
    1. Take call from the hospital. Max of 6 calls (12-24 hour shifts) over a 6 week rotation. 3 week rotations may have 2 call shifts.
    2. See all patients that arrive in Labor and Delivery then call the attending to discuss the patient.
    3. Monitor and be involved in the care of all labor patients.
    4. Assist in any emergency Gyn surgeries.

*\*MUST HAVE A NURSE PRESENT FOR ALL CERVICAL EXAMS*

- E. Clinic hours:  
8:30 am – 5 pm Monday – Friday (variable)
- F. What to do if going to be out ill or arrive late: Notify Dr. **XXX** at pager **XXX** or call L&D at **XXX** and call clinic at **XXX**
- G. Hospital Meetings (tumor board, CME, etc):  
Attend as many as schedule allows – you are always excused from clinic to attend educational meetings
- H. Expected attire:  
Professional clothes with white coat or scrubs with white coat. (No scrubs outside of L&D and OR) Identification visible at all times.

#### 4. Review clerkship requirements

- A. 3 write-ups focusing on demonstrating critical thinking. Must be turned in no later than week five. Each site director or preceptor can ask for more but 3 is the course requirement
- B. LCME documentation of types of patients seen – if a student does not see a patient with any of the listed diagnoses, they must go to the APGO site and do the associated quiz to show education in that topic. See “G” below for instructions on accessing the APGO site.
- C. Mid-clerkship review – crucial to give ongoing, ideally daily feedback. Must give meaningful, constructive feedback in formalized way at mid-point of rotation or experience
- D. Completion of Pelvic Examination and Breast Examination Evaluation forms. Found on webpage.
- E. Reading – see clerkship website for details on reading requirements. Provide student with a copy of the Blueprints text as well as the Guide to Managing Contraception Handbook (on line, on student website). The required reading from the handbook is available on the website.
- F. While not required many students find the APGO study guide to be very helpful in preparing for the final exam. There is a link to this from the website (from menu choose “References” then choose “APGO Clerkship Booklet” then choose “UWise now online”. Students will log on after we upload their names at start of rotation. Each student has own personalized log on (instructions on site). Apgo.org.

- G. Student must have at least 3 observed history taking with feedback and preceptor signs History form (in Reference section)
- H. Provide student with pager if they do not have one. Provide pager number to L&D staff and OR as well as clinic staff.
- I. Tour clinic and hospital with student. Introduce the student to key staff (OR supervisor, L&D charge nurse, etc.)
- J. Orient the student to the call room and locker room.
- K. As part of clinic orientation, explain the dictation/documentation process.

**MEDICAL STUDENT SCHEDULE (highly variable based on what docs are doing and what additional resources are available)**

1. Assign the student to **XXX** day clinics per week.
2. Assign the student to OR time. Usually students accompany the physicians to all surgeries.
3. It would be optional to arrange for the student to spend time with other physicians if available at the site: Maternal Fetal Medicine, Genetic counselors, Lactation specialists, GYN Oncology, REI, Complex Family Planning, UroGYN
4. Call is approximately once a week. (max is 6 calls in a traditional 6 week clerkship, Longitudinal and WRITE rotations can space out call as appropriate)
5. Final exam is on-line the final Friday of the rotation. The day prior is a normal work day but site directors have discretion to dismiss student early for study purposes.
6. If possible, put schedule on a calendar and provide to student, office staff, labor and delivery, etc. (students really crave structure and providing a actual schedule for them with names/time/locations is very appreciated)



## **REQUIRED CLERKSHIP PAPERWORK**

1. 2 Full H&P Write ups with faculty review - no form required.
2. 1 Observed History - no form required.
3. 1 Observed Pelvic Examination - form required.
4. Observed Breast Examination - form required.
5. Mid-Clerkship Evaluation - form required.
6. Final clerkship evaluation form (electronic now via e\*value).

## **Mid-clerkship Evaluation**

1. Set up a time at the end of the third week or no later than the beginning of the fourth week of rotation to meet with the student to give feedback. IF students works with several preceptor, it is best practice to solicit feedback from each of them and have 1 person collate/synthesize this information for the student.
2. This meeting usually only takes 15-20 minutes.
3. Focus on strengths as well as areas for improvement, using the Midclerkship Feedback Form: <https://obgyn.uw.edu/sites/default/files/2023-03/23-24%20Mid%20Clerkship%20Evaluation%20of%20Student%20Performance%20in%20Clinical%20Curriculum.pdf>
4. At the conclusion of the meeting have the student sign the form.
5. The form can be given to the student to turn in at their final exam or you can turn it in with their final paperwork. If you give it to the student be sure to keep a copy in case it is misplaced.

## **Course content:**

Based on APGO National Objectives

see exact topics on website:

[Lectures, Labs & Readings | Department of Obstetrics & Gynecology \(uw.edu\)](#)

Supplemental on line videos and cases for preceptors and students to use (can be assigned or done together)

## **WINDING UP THE CLERKSHIP**

1. Provide clerkship evaluation forms to physicians and nurse practitioners who interacted with the student.
2. Collate the feedback and generate a final clerkship evaluation form that summarizes the feedback you receive (to be posted electronically via e\*value).
3. Getting the evaluation forms back in a timely fashion is likely the most challenging part of being the site coordinator. The feedback is most useful if it is current so consider handing the forms out at the beginning of the 6<sup>th</sup> week of rotation and ask for them back at the end of that week. Remind evaluators how important relevant feedback was to them when they were students.
4. The narrative section of the form is very important for future Dean's letters and should be written carefully to best reflect the student.
5. Set up a time to give the student oral feedback and encourage students to be as honest as possible when filling out their clerkship and site evaluation form at the time of their final exam. Reassure them that their clinical grade is determined before the site receives any feedback from the student.
6. Often, students will contact the coordinator for letters of reference and the comments in the final clerkship evaluation form will be valuable in recalling the student.
7. Keep a copy of the final evaluation form for future reference. Keeping a copy of their oral presentation evaluations and outline may also be helpful.
8. All required forms are expected to come from the student as this is their responsibility to submit, not the preceptors

Take a deep breath and get ready for your next students