

Appendix C: The Logbook of Manual Skills and Procedures

The Logbook of Manual Skills and Procedures

By the end of their core rotations all students must be able to perform routine and basic medical procedures. The acquisition of these skills must be certified, and their monitored by a physician. The certifying physician must be an attending, consultant or postgraduate trainee. The certifying physician should be a member of the XUSOM faculty.

Within jurisdictional and individual hospital policy, students may perform procedures on patients but always under the supervision of a physician and only after proper training and written certification. In all such patient contacts, students must identify themselves as students to the patient.

Students should print the section below called Required Manual Skills and have the eight required skills certified. This only has to be done once. When complete, students should email a copy to their clinical coordinators in the Office of Clinical Science. They should keep a permanent copy for themselves as long as they are a student. Students cannot enter their senior year until documentation of these eight procedures is received in the Office of Clinical Studies.

In addition to the Required Manual Skills the clinical departments have developed a more extensive list of procedures that students should be familiar with. If students do perform any of them, e.g. arterial blood samples or lumbar puncture, they must be certified as above for regulatory reasons. We do not require students to perform any of these procedures, although students should make every effort to observe as many of these tests and procedures as possible. It is not necessary to send any documentation relevant to these procedures to the Office of Clinical Studies.

The importance of infection control cannot be overstated and hand washing should occur before, after and between all patient contacts.

Detailed protocols about selected manual skills can be found on the Clinical Website.

OPTIONAL MANUAL SKILLS AND OBSERVED PROCEDURES

Student Name _____

Arterial blood sample
Central venous line
Pulmonary wedge catheter
Endotracheal intubation
Lumbar puncture
Thoracentesis
Arthrocentesis
Pneumothorax drainage
Peritoneal dialysis catheter
Bone marrow biopsy and aspirate
CPR, adult
Suprapubic bladder aspiration

Pediatrics

Neonatal resuscitation
Immunizations: intramuscular injection, subcutaneous injection
Mantoux testing: PPD
Vision and hearing screening tests.
Heel stick of neonate
Circumcision of neonate
Throat culture
Nasopharyngeal swab
Pneumatic-otoscopy
Peak Flow measurement
Administration of inhalation therapy: Metered Dose Inhaler (MDI)/Spacer/Nebulizer

Obstetrics and Gynecology

Pap smear
Cesarean section
Vaginal delivery
Episiotomy repair
Manual removal of placenta
Cerclage placement
External cephalic version
Abdominal (open) tubal ligation
Laparoscopic tubal ligation
Hysteroscopic tubal ligation
Hysteroscopy
Dilation and curettage (non obstetric)
Dilation and curettage (obstetric)
Vaginal hysterectomy

Abdominal hysterectomy
Oophorectomy
Salpingectomy/salpingostomy
I and D/marsupialization bartholin cyst
LEEP of cervix
Colposcopy
Vulvectomy
Fistula repair
Vaginal sling procedure
Birch procedure
Appendectomy
Breast cyst aspiration
IUD insertion

Surgery

Spinal/epidural anesthesia
Exploratory laparotomy
Diagnostic laparoscopy
Laparoscopic cholecystectomy
Laparoscopic appendectomy
Colon resection
Breast procedures
Cystoscopy
Joint arthroplasty
Fracture fixation
Endovascular procedure
Strabismus surgery
Cataract surgery

GUIDELINES FOR EVALUATING STUDENTS

Required Narrative Summary: This section enables the faculty to provide evaluative information qualifying the letter grade. The narrative summary will be quoted in the Medical Student Performance Evaluation (MSPE) (formerly known as the Dean's Letter). Comments intended for the student's personal development but are NOT intended for the MSPE can be included in the Constructive Comments section.

GRADES

Policy

The final grade in the clerkship represents a semi-quantitative average of five components. The first four reflect subjective faculty evaluations. Students should be evaluated based on the following:

Medical Knowledge (20%) – knowledge of basic, clinical and social sciences; the pathophysiology of disease; clinical signs, symptoms and abnormal laboratory findings associated with diseases and the mechanism of action of pharmaceuticals.

Clinical Skills (20%) – diagnostic decision making, case presentation, history and physical examination, communication and relationships with patients and colleagues, test interpretation and therapeutic decision making. Students must be observed and evaluated at the bedside.

Professional Behavior (20%) – their interaction with staff and patients, integrity, sensitivity to diversity and attendance.

Communication Skills (10%) – as they relate to physician responsibilities, including communication with patients, families, colleagues, other health professionals and resolution of conflicts.”

The written examination (30%) – students take the NBME Clinical Subject Exam. The school returns the grades to the hospital.

Definitions

(See the Clinical Training Manual)

A+ (honors) requires all A's and an A+ on the NBME exam. A+ (honors) is given to the exceptional student who exceeds our requirements. The number of students who receive an A+ on the NBME cannot exceed 10% for statistical reasons. For this reason the A+ (honors) grade is not subject to grade inflation.

A is given to students who proficiently develop the competencies listed in the Clinical Training Manual and whose overall performance is good.

B is given to those students who adequately develop the required competencies and whose overall performance is acceptable.

C is given to those students who barely meet minimum requirements. This grade is, in fact, a “warning” grade and identifies a student who is struggling in medical school and may need remedial work or counseling.

F is given to those students whose continuation in medical school is problematic. An ‘F’ in any component of the evaluation precludes a student from getting credit for the rotation until remediation is successfully completed.

Evaluators have the option of adding + or – to the above grades based on their opinion. Only A+ requires objective criteria.

In summary, evaluation of student performance should use the following:

A+ = exceptional

C = minimal

A = good

F = failing

B = adequate

We expect that about 60% of our students will get A's, about 30% B's and about 5-10% honors (A+). C's and F's are rare. These percentages characterize the grade distribution for the entire clinical student body and should not be used to determine grades for each group of students on an individual rotation. However, the school is required to monitor the grade distribution for each clerkship at each hospital over the course of a year and expects the grade distribution to reflect the above.