



Student Handbook Supplement

Introduction

The General Practice Dentistry Certificate Program is a one-year program (with an optional second year), based upon the fiscal year, July 1st through June 30th. Class size is six Residents per year. The Clinic is open nine hours a day (8:00 a.m.– 5 p.m.), five days a week. After hours, dental emergency coverage is performed by all Residents on a weekly, rotating basis. The program provides or facilitates: broad clinical experience and didactic training in all aspects of the practice of modern general dentistry necessary to develop sound diagnostic, treatment planning and patient assessment skills; close interaction with specialty staff to coordinate comprehensive patient care; exposure and experience in patient treatment in a hospital and/or surgical center atmosphere; and insight into the world of dental literature; sets the stage for the development of lifelong learning habits; participation in local, state and/or national Continuing Dental Education to include public speaking and participation in organized dentistry. Rotations in Family Medicine, Anesthesiology, Emergency/Trauma and the Veterans Administration are an essential component of the program. Advanced training in moderate conscious sedation is, also, provided. The resident is expected to successfully complete ACLS and become certified in moderate conscious sedation.

Note: The GPR is considered a post-doctoral residency program; however, the Residents are not enrolled as students during their time. Residents work in the GPR clinic and receive hands-on training in the all areas of General Practice Dentistry. Rotations are listed above. Because these Residents are not classified students, there is no 'plan of study' or curriculum plan.

I. Mission Statement

- A. The UNLV School of Dental Medicine General Practice Residency is dedicated to applying the principles of evidence-based dentistry to attain the highest standards of clinical and academic excellence.
- B. Oral health is indispensable element of overall wellness.
- C. As a hospital affiliated Dental General Practice Residency, the UNLV GPR will maintain a strong, ongoing relationship with the University Medical Center of Southern Nevada to provide quality, integrative healthcare to our community.

III. General Practice Residency Certificate Goals and Objectives: Upon completion of this program, Residents will have a working knowledge of:

- A. hospital dentistry – providing dental care in an operating room setting and functioning in a hospital environment;

- B. treating medically compromised and special needs patients in an inpatient and outpatient setting;
- C. comprehensive treatment planning involving multiple specialty areas;
- D. advanced surgical procedures including incision and drainage, biopsy, pre-prosthetic surgery, complex surgical extractions, implant surgical placement, socket preservation, ridge augmentation, crestal and lateral window sinus augmentation; and use of biologic agents such as PRF and Emdogain;
- E. fabrication and insertion of simple and complex fixed and removable prostheses to include implant supported prostheses;
- F. diagnosis, interpretation of CBCT images, utilization of implant treatment planning software to enhance surgical placement and restoration of dental implants;
- G. emergency dentistry including management of oral trauma;
- H. moderate conscious sedation (oral, inhalation, and IV);
- I. Advanced Cardiac Life Support (ACLS);
- J. endodontic diagnosis and treatment including use of rotary instrumentation and clinical microscopy;
- K. periodontal diagnosis, including both surgical and non-surgical treatment;
- L. esthetic dentistry principles and treatment options (veneers, ceramic onlays, smile analysis, and esthetic gingival procedures)
- M. practice management concepts to facilitate transition into private practice and other dental practice settings.

IV. Chief Resident

- A. Chief Resident participates on GPR/UNLV. UMC committees and working groups as assigned to UMC Resident Forum.
- B. Preapproves leave for Residents to ensure call coverage and continuity of patient care.
- C. Manages call and rotation rosters.
- D. Assigns additional duties to Residents and ensures completion.

V. Leave Policy

- A. 15 days ordinary leave, 15 days sick leave.
- B. Leave should not be requested when guest lectures or seminars are scheduled.
- C. Sick leave over 3 days requires medical evaluation.
- D. Request leave authorization through Workday.
- E. Preapproval from Chief Resident prior to Workday request (check with front desk)
- F. Do not wait until the last minute to request leave.

VI. Controlled Drugs (DEA Number)

- A. Residents should apply for a DEA number.
- B. If you do not have a DEA number, controlled drug prescriptions must be signed by a faculty member.
- C. All prescriptions are electronic, written using *axiUm*.
- D. Controlled drugs stored in drug lock box in supply.
- E. Request drugs from Lead or Assistant Lead D.A.
- F. Fill out the drug log when withdrawing controlled substances.
- G. Initiate re-order when minimum stock level for each drug is reached.
- H. Wasting of unused drugs MUST be witnessed and documented.

VII. Off-Duty Employment

- A. Residents wishing to practice dentistry outside of the GPR must have a full and unrestricted Nevada license (unless practicing in a state-run clinic).
- B. All off-duty clinical practice requires approval by the GPR Director.
- C. Approval may be revoked if off-duty activities interfere with residency.

VIII. Portfolio

You are expected to add to your portfolio as you complete certain cases. The ADA credentials this residency every seven years and requires documentation of resident progress. Application for a moderate conscious sedation permit will require documentation of class hours (60) and cases (20) completed. This information will be available in your portfolio and you can duplicate it for your own use. Portfolio Suggested Table of Contents will be provided to the Residents.

IX. Moderate Conscious Sedation

You must complete 20 cases to become certified to perform Moderate Conscious Sedation. Residents are encouraged to suggest to their more apprehensive patients that they have Moderate Sedation as part of their dental care. If you are short of your 20 cases and nearing the end of the residency it is acceptable to perform moderate sedation on your fellow resident's patients while that resident is providing dental care.

X. Dental Resident Orientation Information for Adult Emergency Department - University Medical Center of Southern Nevada

Welcome to the Emergency Department clinical rotation for off-service Residents. Please carefully review the rotation resident responsibilities outlined below. The Goals and Objectives of the Emergency Department rotation, as well as the Policy for Resident Supervision and Clinical Responsibility are, also, attached for your review.

a. Resident Responsibilities

1. Clinical Responsibilities

- a.** Eight (8) shifts in the Adult Emergency Department divided between days, swing shifts, and nights. The 12- hour shifts run from 7am-7pm, 11am-11pm, and 7pm-7am. There are no exceptions to the aforementioned shift times.
- 2.** While on duty, Residents are expected to function as integral team members of the Emergency Department, appropriate to their level of training.
 - a.** Duties include independently evaluating patients as assigned by the attending emergency physician, which includes performing a history and physical examination, and formulating a diagnostic evaluation and management plan. Residents will then present their patient to the attending emergency physician, and discuss their assessment and plan, prior to initiating diagnostic testing or therapy.
 - b.** The Emergency Department functions at a dynamic pace, and efficient patient flow is critical to ensure that patients in the Waiting Room can be evaluated as rapidly as possible. Residents will be expected to manage multiple patients simultaneously, and must be aware of the status of pending diagnostic tests, and patient response to any

medications administered.

- c.** Residents are responsible for the ongoing management of their assigned patients while in the Emergency Department. This includes the performance of serial reassessments of patients, along with timely follow-up of laboratory and radiology results, and consistently updating the attending emergency physician. Any change in patient condition or critical laboratory/radiology result should be immediately communicated to the attending physician.
- d.** Residents are responsible for arranging the patient management and disposition as discussed with the attending emergency physician. This includes contacting on-call consultants, as necessary, or discussing the case with the admitting physician to arrange for hospital admission
- e.** Sign-out rounds take place daily at 7am and 7pm in the Medical Pod nursing station. An overhead announcement will signal the beginning of rounds, and all Residents are required to be present and participate. Residents about to complete their shift are responsible to sign-out to an oncoming resident, to ensure the ongoing management of any patients who have not yet been either admitted or discharged from the Emergency Department.
- f.** Residents are expected to actively participate in patient care throughout their scheduled shift; a 30- minute meal break is allotted during each shift. Leaving the Emergency Department early, before the completion of a 12-hour shift is not permitted.
- g.** Residents are expected to arrive on time to their respective clinical shifts and be prepared for work, which includes having all necessary equipment to perform satisfactorily (e.g. stethoscope).
- h.** Any resident who is ill or unable to make it to an assigned shift must:
 - (1) Immediately contact the Emergency Department at 383-2211, and notify the Charge Physician, as well as
 - (2) E-mail Program Director the SAME DAY.
- i.** In order to pass the rotation, it is the resident's responsibility to subsequently arrange a make-up shift with the EM Residency Program Director.
- j.** A patient encounter log needs to be completed by the resident during each shift; a registration sticker of each patient who you primarily evaluate should be affixed to the log. The log needs to be signed by the attending physician with whom you worked after each Emergency Department shift, and submitted to the office assistant in the Department of Emergency Medicine, at the end of your rotation. The information included in the log will be utilized to verify attendance at each shift, as well evaluation of patient pathology and procedures completed. This information will also be utilized to help monitor the resident experience and improve the rotation. Failure to turn in a signed patient log for any scheduled shift will result in that shift being considered as an absence, and a make-up shift will have to

be performed in order to successfully pass the rotation.

- k. At the conclusion of each Emergency Department shift, you need to hand a resident evaluation card to your assigned attending emergency physician. Your final evaluation for this rotation is based upon these daily evaluation cards. Completion of at least 75% of the attending daily evaluations is required to pass the rotation.

1. Academic Responsibilities

- a. Completion of a case review of one patient you managed during the Emergency Department rotation. This should be a typed 2-4 page discussion of an interesting or unusual case in which you actively participated during your rotation. This is a required component of the rotation and must be submitted prior to the completion of the rotation. Please refer to the case review instruction sheet and sample in the orientation folder for further information.
 - b. Attendance at the weekly Emergency Medicine Academic Grand Rounds is strongly encouraged, but not required of those on a 2-week rotation in the Emergency Department. The conference topics are listed on the EM Academic Schedule. The schedule also lists the EM resident weekly reading assignments, which are chapters from Rosen's Emergency Medicine: Concepts and Clinical Practice, available online at MDconsult.com; although not required reading for off-service rotators, these are pertinent to the weekly discussions. This educational conference takes place every Wednesday from 8am- 1pm (unless otherwise noted on the EM Academic Schedule) across the street from UMC (across Tonopah) at the Department of Emergency Medicine conference room at Delta Point, 901 Rancho Lane, Suite 135.
- B. Scheduling Policy.** In compliance with ACGME requirements, Residents will never be required to work more than 60 clinical hours in the Emergency Department during any given week. Any special scheduling requests need to be submitted to Alisha Ortiz, the office assistant in the Department of Emergency Medicine, no later than 60 days prior to the beginning of the rotation. Efforts will be made to accommodate schedule requests but, due to the complicated nature of the Emergency Department schedule and the large number of rotating students and Residents, requests will only be granted if the schedule permits, and no guarantees can be offered. Trading of assigned shifts between Residents is not permitted, and any shift changes must be approved by the EM residency Program Director.
- C. Evaluations.** During clinical shifts, Residents will work with several different attending emergency physicians who will then complete an evaluation after every shift, based on the ACGME core competencies. This includes a numerical assessment of resident competency of 1) Patient Care; 2) Medical Knowledge; 3) Practice-Based Learning; 4) Interpersonal & Communication Skills; 5) Professionalism; and 6) System-Based Practice. A sample of the daily off-service resident evaluation card is included in the orientation folder. As described above, at least 75% of these daily evaluation cards must be completed in order to pass the rotation. It is each resident's responsibility to submit a daily evaluation card to their assigned attending at the end of their shift; the attending

physicians will then complete the evaluation card. The final grade for the rotation is based on the daily clinical evaluations and an overall assessment of your level of participation and clinical performance

D. Policy on Passing the Rotation. A passing grade on a rotation in the Adult Emergency Department is dependent upon successful completion of all components of the rotation, which include:

1. Active participation during all 8 assigned clinical shifts in the Emergency Department.
2. Satisfactory completion of an emergency medicine case review submitted no later than the last day of the rotation.
3. Submission of all 8 daily patient encounter logs, signed by an attending physician.
4. Satisfactory clinical evaluations by attending emergency physicians, demonstrating fulfillment of the minimum requirements for competency in all areas of evaluation (≥ 2.5 grade-point average), as well as a satisfactory overall assessment.
5. Completion of the Evaluation of Emergency Medicine Rotation form, to be turned in at the end of the rotation.

The EM residency Program Director/Associate Program Director will oversee the global evaluation of each resident's performance in the core competencies, as well as overall performance on the rotation; a resident rotation evaluation form will then be submitted to their residency program.

Failure of satisfactory completion of any of the above requirements will result in either probation and/or failure of the Emergency Department rotation.

E. Policy on Probation or Failure. All Residents are expected to arrive on time for their shifts, behave in a professional manner, and treat their patients and co-workers with respect. If a resident persistently receives unsatisfactory daily performance evaluations during the rotation, fails to comply with the above-listed components of the rotation, or demonstrates any unsatisfactory behavior that could potentially jeopardize passage of the rotation, a letter of warning will be issued to the resident and sent to their residency director, and the resident will be placed on probation. The resident will be given this letter in a timely fashion, in order to allow an opportunity for satisfactory completion of the rotation via appropriate improvements in performance.

During the probationary period, the resident will be allowed to continue the clinical shifts to allow time to correct the aforementioned areas of unacceptable performance. If these deficiencies are not corrected in a timely fashion, the resident will not be permitted to continue the clinical shifts, and will fail the rotation. A subsequent meeting will be arranged between the leadership of the Department of Emergency Medicine and the residency Program Director of the off-service resident.

Contact Information: Alisha Ortiz, office assistant, Department of Emergency Medicine
Telephone: 702-383-7885 / Fax: 702-383-8235, alisha.ortiz@gmail.com

F. Policy for Resident Supervision and Clinical Responsibility

1. Supervision shall be provided for all Residents in a manner that is consistent with proper patient care, the educational needs of Residents, and the applicable residency program requirements.
2. Program-specific policies are in compliance with UMC institutional policy, as well as standards outlined by the Emergency Medicine Residency Review Committee (RRC).
3. Residents will be appropriately supervised by teaching staff according to their level of education, ability, and experience. The level of responsibility shall be determined by the Program Director and teaching staff.
4. All Residents must function under the direction of an attending physician. The attending is to direct patient care and provide the appropriate level of supervision based upon the patient's condition, the likelihood of major changes in the management plan, the complexity of the care, and the experience and judgment of the resident being supervised.
5. Resident responsibility is graduated. Residents are given progressive responsibilities, in both the clinical as well as the didactic curriculum, based on level of training.

G. Off-Service Residents in the Adult Emergency Department

1. The off-service resident will care for patients with a variety of illness and injuries under close supervision of the EM attending to whom the resident has been assigned.
2. The off-service resident is expected to prioritize care based on the patient's level of acuity and/or time within the Department.
3. The off-service resident must present all patients to the assigned attending prior to initiating diagnostic testing or therapy.
4. The EM attending assumes full responsibility for the care of all patients presented to them by the off-service resident.
5. The off-service resident is required to demonstrate adequate skill in the following procedures (including, but not limited to, the list below) in order to perform them independently and without supervision, with the exception of the female GU exam (pelvic exam) which must be supervised during the PGY-1 year:
 - a. ABG
 - b. Bladder catheterization, male

- c. Bladder catheterization, female
 - d. Digital rectal exam, male
 - e. GU exam, male
 - f. **GU/Pelvic exam, female (must be supervised during the PGY-1 year)**
 - g. Peripheral IV insertion
 - h. Correct use of slit lamp and Tono-pen for ocular examination
 - i. Anterior and posterior nasal packing
 - j. Nasogastric tube insertion
 - k. Reduction of large and small joint dislocations, including fracture/dislocations
 - l. Application of splints for extremity immobilization
 - m. Laceration repairs, including use of skin staples and Dermabond
 - n. Incision and drainage, simple abscess
 - o. Central venous access
 - p. Lumbar Puncture
 - q. Bedside ultrasound
 - r. Endotracheal intubation
6. The EM attending will directly supervise all critical interventions.
 7. The EM attending must approve and consider supervision of all invasive procedures.
 8. In resuscitations, the primary role of the off-service rotator is vascular access and defibrillation/cardioversion.
 9. The off-service resident is expected to manage 0.8 patients per hour, on average.
 10. Any off-service resident who is ill and unable to make it to their assigned shift must immediately contact the Emergency Department Charge Physician (as noted above), as well as notify the Program Director/Associate Program Director as soon as possible, to allow adequate time to arrange shift coverage.

H. Off-Service Resident Rotations University Medical Center Adult Emergency Department

1. Goals and Objectives Patient Care

- a. Demonstrate competence in performing a focused history and physical examination including: identifying pertinent risk factors in the patient's history, providing a focused evaluation, interpreting the patient's vital signs and condition, recognizing pertinent physical findings, and performing techniques required for conducting the exam.
- b. Demonstrate competence in performing an adequate and appropriate neurologic exam on trauma and medical patients with various levels of consciousness.

- c. Demonstrate competence in performing an adequate and appropriate trauma exam.
- d. Demonstrate competence in performing an adequate airway assessment.
- e. Demonstrate competence in performing an adequate and appropriate gynecologic exam.
- f. Demonstrate competence in performing and appropriate evaluation on pediatric patients.
- g. Demonstrate the ability to recognize and evaluate cardiac emergencies.
- h. Demonstrate the ability to recognize and evaluate respiratory and airway emergencies.
- i. Demonstrate the ability to recognize, evaluate, and manage GI emergencies.
- j. Demonstrate the ability to recognize, evaluate, and manage gynecologic emergencies.
- k. Demonstrate the ability to recognize, evaluate, and assess surgical emergencies.
- l. Identify and manage non-emergent abdominal, infectious, pulmonary, and cardiac complaints.
- m. Demonstrate appropriate treatment priorities, identifying patients by acuity.
- n. Demonstrate familiarity in performing procedures including, but not limited to:
 - 1) Correct use of slit lamp and Tono-pen for ocular examination.
 - 2) Anterior and posterior nasal packing.
 - 3) Nasogastric tube placement.
 - 4) Reduction of large and small joint dislocations, including fracture dislocations.
 - 5) Application of splints for extremity immobilization.
 - 6) Laceration repairs, simple and complex, including use of skin staples and Dermabond.
 - 7) Incision and drainage, simple abscess.
 - 8) Peripheral and central venous access.
 - 9) Lumbar puncture.
 - 10) Bedside ultrasound.
 - 11) Endotracheal intubation.

- o. Demonstrate timely and appropriate patient dispositions.
- p. Demonstrate ability to evaluate an average of 0.8 patients per hour.

2. Medical Knowledge

- a. Formulate a differential diagnosis based on clinical findings for altered mental status, including chemical, psychological, and organic causes.
- b. Discuss the indications and techniques for control of hypertension in emergent and urgent conditions.
- c. Demonstrate an understanding of the evaluation and management of vaginal bleeding in the pregnant and non-pregnant female patient.
- d. Describe the indications and utility of various modalities to evaluate complaints of shortness of breath including the diagnoses of asthma, bronchitis, pneumonia and pneumonitis, emphysema, COPD, and pulmonary embolism.
- e. Correctly request and interpret radiographic studies for complaints of extremity pain and trauma.
- f. Understand the pathophysiology and principles of acute coronary syndrome, including pharmacologic and procedural interventions and their indications.
- g. List the risk factors and management for gastrointestinal bleeding including both upper and lower sources.
- h. Outline the differential diagnoses for a complaint of colicky abdominal pain including, but not limited to, cholecystitis, biliary colic, renal colic, ureteral or renal calculi, and abdominal aortic aneurysm.

3. Practice-Based Learning and Improvement

- a. Maintain a patient log for self-assessment regarding patient care issues and expansion of medical knowledge.
- b. Maintenance of a procedure log to document competence of procedures and skills.

4. Interpersonal Skills and Communication

- a. Succinctly and efficiently request consultation for patients requiring specialty management.

- b. Demonstrate appropriate and complete documentation of patients' encounters.
- c. Discuss with appropriate language and terminology significant risk factors and patient modifiable behaviors that increase the patient's risk for developing cardiovascular disease.
- d. Demonstrate the appropriate use of and communications with consultants.

XI. Dental Resident Orientation Information for UNLV Family Medicine Las Vegas Rotation

A. Family Medicine Rotation General Goals and Objectives

1. Gain an appreciation for the importance of oral health as an overall component of systemic health by working closely with physician colleagues in the clinical setting.
2. Understand the basic principles of physical diagnosis including performance of history, review of systems and physical examination.
3. Gain experience in hospital protocols including in-patient records, orders, and admission and discharge procedures.

B. Specific Goals and Objectives

1. Patient Care

- a. Assumes inpatient care of all patients on the service, and develop the skill to manage inpatients of various ages and sexes with various problems on several different wards throughout the hospital.
- b. Understand the role of the home visit in patient care.
- c. Provide continuity of care for patients in the outpatient and inpatient settings.
- d. Develop an understanding of who needs to be admitted and who can be treated on an outpatient basis, and understand the proper timing of hospitalization in the management of problems.
- e. Manage the rehabilitation from acute illness or injury.

2. Medical Knowledge

- a. Learn the integration of the biopsychosocial model into the management of common ambulatory and inpatient problems.
- b. Demonstrate an investigatory and analytic thinking process for each patient.

- c. Understand the importance of comprehensive patient and family medical care and incorporate the knowledge into patient care treatment plans.
4. **Practice Based Learning.** (This competency is addressed longitudinally throughout the rotation)
- a. Scientific evidence will be reviewed by the resident and attending physician in the context of their patients.
 - b. The practical implementation of evidence-based medicine will be discussed as the medical decision-making is reviewed.
 - c. Information technology will be utilized by the resident, as he or she is required to research topics as directed by the attending physician.
 - d. Information technology will be utilized with the hospitals' implementation of their electronic health record
 - e. The resident will also be evaluated on the steps they took during the rotation to improve their shortcomings.
 - f. Reinforce the identity and commitment to the principles and philosophical attitudes of Family Medicine.
 - g. Understand the application of preventive medicine as it applies to the hospitalized patient.
 - h. Analyze practice experience and perform practice-based improvement activities.
 - i. Obtain and use information about our patient population.
 - j. Develop skills for proper presentation of patients to colleagues in morning report.
5. **Interpersonal and Communication Skills.** (This competency is addressed longitudinally throughout the rotation)
- a. Create and sustain a therapeutic and ethically sound relationship with patients.
 - b. Interact with staff family physicians that will serve as advisors and role models.
 - c. Interact with fellow Residents as a team of care providers.
 - d. Develop, use and enhance communication skills (nonverbal, explanatory, questioning, and writing).
 - e. Appreciate the importance of patient health education.

6. **Professionalism.** (This competency is addressed longitudinally throughout the rotation)

- a. The attending physician will observe and assess the resident's sense of personal responsibility including attendance, promptness, motivation, completion of duties, and appropriate dress.
- b. Ethical and legal practice skills will be taught, modeled, and observed
- c. Respect for cultural, age, and gender differences will be taught, observed and evaluated.
- d. The resident is expected to treat patients, families and colleagues with respect, understanding, sympathy and honesty
- e. Demonstrate a commitment to carrying out professional responsibilities (accountability to patients, society and profession and ongoing professional development).
- f. Demonstrate an adherence to ethical principles (withholding clinical care, confidentiality, informed consent, and business medicines).
- g. Demonstrate sensitivity to a diverse patient population (gender, culture, age).
- h. Develop increasing responsibility in the education and supervision of the younger house staff and medical students.

7. **Systems Based Practice.** (This competency is addressed longitudinally throughout the rotation)

- a. The resident will learn to become aware of available resources and the cost effectiveness of testing and therapeutic options.
- b. The resident will gain a better understanding of the multidisciplinary approach to the care of patients in Family Medicine.
- c. The resident will gain an increasing understanding of the role of the patient, physician, support staff, insurer, and clinic in the health care environment.
- d. Understand individual as well as family health assessment and maintenance.
- e. Understand the proper use of referral and consultation.
- f. Understand the roles of the community, and the resources available to assist in the patient's care.

- g. Understand the value of Discharge Planning.
- h. Understand the use of domiciliary care.

XII. Dental Resident Orientation Information for Mike O'Callaghan Federal Hospital Anesthesia Rotation

A. Goals and Objectives:

1. Understand and follow proper operating room protocol and procedures to maintain a sterile surgical field.
2. Understand and appropriately utilize patient assessment tools such as the pre-anesthetic evaluation, H&P procedures and documentation, and the ASA classification system to evaluate relative procedural risk.
3. Gain proficiency in intravenous catheterization/venipuncture and learn the basics of fluid and electrolyte management.
4. Perform multiple endotracheal intubations and gain experience maintaining a patent airway on anesthetized patients.
5. Familiarization with basic airway management techniques.
6. Monitor patient vital signs during the anesthesia and recovery phases of treatment and accurately complete the anesthesia record. Familiarization with prevention and treatment of anesthetic emergencies.
7. Gain a basic knowledge regarding the behavioral and pharmacologic techniques and mechanism of action of commonly used general anesthetic agents and adjunctive drugs used in anesthesiology.
8. Learn the basic principles of patient safety including marking of operative sites and use of "time out" procedures to prevent wrong site surgery or other adverse outcomes.