

Surgery Clerkship Description

We hope that your time on the Surgery Clerkship is informative as well as enjoyable. Remember, each core clerkship is designed to train you on the overall principles and practice of the specialty. To be a well-rounded physician, one should immerse themselves in the rotation even if you may not be choosing that field as your area of future practice. The department also wants to help the students perform well on the NBME exam and an experiential learning approach should help to achieve this goal. Be prepared by doing your background reading, know about your patients, and show up with a positive attitude for an optimal learning experience. Work hard and have a great time on the rotation! Please make sure to review the Common Clerkship Policies and the Student Handbook.

Clerkship Objectives

Medical Knowledge

- **Goal:** The student will gain and develop an effective understanding of the assessment and management of patients with common surgical conditions in the inpatient and outpatient (clinic) setting. The learner should demonstrate the ability to acquire, critically interpret, and apply this knowledge.
- **Objectives:** The student will know the following anatomical considerations at the MS 3 level:
 - The basic anatomy of the abdomen including its viscera and anatomic spaces (2.1)
 - The anatomy of the chest, including the heart and lungs (2.1)
 - The student will know, at the MS3 level, the diagnostic criteria for commonly occurring disorders (2.1, 2.2, 2.3, 2.4)

Patient Care

- **Goal:** The students must be able to provide patient-centered care that is age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.
- **Objectives:** The student will perform the history and physical examination pertinent to the patient with surgical illness and will participate when possible in the operative

procedure(s) on patients he/she has personally examined and managed. By the end of the surgery Clerkship, the student will demonstrate the ability to:

- Consistently obtain a reliable history and perform an appropriate physical examination (1.1, 4.1)
- Develop a problem list, differential diagnosis, and plan for treatment (1.2, 1.3, 3.4)
- Actively participate in the pre-operative and post-operative management of patients examined and evaluated (1.1,1.6, 7.2, 7.3)
- Utilize diagnostic testing and imaging resources effectively and efficiently (1.3, 1.6)
- Demonstrate knowledge of surgical scrub, sterile technique, proper attire, and proper conduct in the operating room (2.2, 5.1, 5.7)
- Demonstrate the correct handling of tissues, techniques of wound closure, and the selection of suture materials appropriate to the clinical situation (1.4, 1.6, 2.3)
- Correctly use common surgical instruments (1.6)
- Demonstrate the ability to evaluate and provide appropriate care of trauma patients (1.1, 1.2, 1.3, 1.4) (1.5)

Interpersonal and Communication Skills

- **Goal:** The student will develop knowledge of specific techniques and methods that facilitate effective and empathic communication with patients and their families, faculty, residents, staff, and fellow students.
- **Objectives:** During this Clerkship experience, the student will demonstrate the ability to:
 - Communicate effectively with patients and their families (4.1, 4.3, 5.1)
 - Appropriately utilize interpreters, if necessary to communicate with patients with limited English language proficiency (4.1, 4.3, 5.1)
 - Communicate effectively and respectfully with physicians and other health professionals in order to share knowledge and discuss management of patients (4.2)
 - Record history and physical examination findings in an organized manner and in an accepted format (1.7)

Professionalism & Ethics

- **Goal:** Students must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- **Objectives:** During this Clerkship experience, the student will demonstrate the ability to:
 - Maintain grooming and dress appropriate to setting (5.1, 5.2)
 - Maintain confidentiality and respect patient privacy (5.2, 5.1, 5.3, 5.6)

- Manage personal biases in caring for patients of diverse populations and different backgrounds (5.1, 4.3, 4.1)
- Recognize how biases may affect care and decision-making (5.2, 5.4, 5.5)
- Demonstrate honesty in all professional matters (5.1, 5.2, 5.6)
- Meet professional obligations and the timely completion of assignments and responsibilities (5.7)
- Acknowledge mistakes (5.1, 5.2)

Practice Based Learning & Improvements

- **Goal:** The student will understand the application of scientific evidence and accept feedback for continuous self-assessment in the improvement of patient care practices.
- **Objectives:** During this Clerkship experience, the student will demonstrate the ability to:
 - Demonstrate the use of electronic technology (e.g., PDA, PC, Internet) for accessing and evaluating evidence-based medical information (3.4)
 - Accept feedback from the faculty and incorporate this to improve clinical practice (3.3)
 - Take initiative in increasing clinical knowledge and skills (3.1, 3.4, 8.5)

System Based Practice

- **Goal:** Students must demonstrate an awareness of medical systems, responsiveness to the larger context and system of health care, and the ability to effectively utilize system resources to provide optimal care. The student will develop an appreciation of supportive health care resources and understand their utilization as part of patient advocacy.
- **Objectives:** During this Clerkship experience, the student will demonstrate the ability to:
 - Utilize ancillary health services and specialty consultants properly (6.1, 6.2, 7.1, 7.2)
 - Consider risks and benefits of treatment in decision making (6.3)

Personal & Professional Development

- **Goal:** The student should demonstrate an awareness of the principles of altruism, accountability, duty, integrity, respect for others and lifelong learning which are central to medical professionalism. Students should also learn key modalities of self-care, financial management, and leadership.
- **Objectives:** During the Clerkship experience, the student will demonstrate the ability to:
 - Understand when to take responsibility and when to ask for assistance (8.1, 5.3, 5.5, 5.6)
 - Be proactive in self-directed learning and reflection (5.2, 5.4, 5.7, 8.5)
 - Demonstrate flexibility in adjusting to changes and difficult situations (8.3)

Interprofessional Collaboration

- **Goal:** The student should demonstrate an understanding of the multiple members of the patient care team and the importance of working well with other members of the team. The student should be aware of the importance of an integrated and cohesive

approach to patient care with members of team as well as nursing, social work and other medical services.

- **Objectives:** During this clerkship experience the student will demonstrate the ability to:
 - Work with other members of the patient care team and contribute to an assigned team (7.1, 7.2, 7.3, 7.4)

Integrated Threads

Per the clerkship goals and objectives, these integration threads will be encountered throughout the block.

X	Geriatrics	X	Basic Science	X	Ethics
X	Professionalism	X	EBM	X	Patient safety
X	Pain Management	X	Chronic Illness Care	X	Palliative care
X	Quality Improvement	X	Communication Skills	X	Diagnostic Imaging
X	Clinical Pathology,	X	Clinical and/or Translational Research		

An X indicates that the topic is covered during this Clerkship

Clerkship Components

The Surgery Component of the Integrated Block occurs in the following Settings:

- General Surgery and Trauma- 3 weeks
- General Surgery and Sub-Specialty Focused Selective- 2 Weeks
- Ambulatory (8 weeks combined with OB, Peds, EM, FM)
 - All available Surgery clinics

Surgery Selective Rotations

The student will rotate for 3 weeks on the general surgery/trauma service and will choose one 2-week selective rotations which may include general surgery and other surgery subspecialties depending on availability. You will be contacted by the Office of Medical Education (OME) prior

to the block to see which specialty you are interested in. You will select your top choices and a “lottery” system will be used to finalize what selective you will be assigned to. OME will also be in charge of any changes and requests that you have regarding your selective. It is a good idea to communicate with the clerkship director about your interests and exceptions can be made depending on your need and availability.

Description: Rotation in the subspecialties will consist of the student rotating with the specific faculty/residents. The student will be expected to get an overview of the subspecialty. The specific objectives will depend in part on the student’s interest. For example, if a student is rotating on pediatric surgery and is planning on a pediatrics residency, more emphasis will likely be placed on preoperative and postoperative assessment. The students will be expected to attend clinic or office hours with the faculty and attend rounds and OR cases. All faculty make their own schedules.

Sub-Specialty Focused Selectives

Anesthesiology

Anesthesiology:	Dr. Buendia at Transmountain Hospital or Peds Anesthesia with Dr. Marc Orlandi at Children’s EPCH
Objectives:	
At the end of the clerkship, students should be able to:	<ul style="list-style-type: none"> • Objective 1: Understand the principles of pre-operative assessment and successfully preform a minimum of 3 preoperative assessments while observed by faculty anesthesiologist. (1.1, 1.2) • Objective 2: By week 3 of the anesthesiology selective, a verbal anesthetic plan, including premedication selection and dose, induction plan (including appropriate drug dose and selection) will be communicated to an anesthesiology faculty member for a minimum of 2 patients. (1.6) • Objective 3: Upon successful completion of the rotation, medical students will have a basic understanding of airway anatomy and management including mask ventilation, intubation and exposure to advanced airway techniques. Each student will be expected to successfully mask ventilate and intubate at least 2 adult surgical patients while being supervised by a faculty anesthesiologist. (2.1, 1.10) • Objective 4: Demonstrate understanding of preoperative orders for adult surgical patients, including drug selection and dose for analgesia and postoperative nausea and vomiting. (1.2, 1.6)

ENT

ENT:	Dr. Patrick Gomez- (Private Practice Clinic, Foundations, Paso Del Norte) Dr. Roger Skyles TTUHSC
Objectives:	
At the end of the clerkship, students should be able to:	<ul style="list-style-type: none">• Objective 1: To expose you to the general field of otolaryngology-head and neck surgery (2.1)• Objective 2: To teach you how to evaluate and manage some common otolaryngology problems (1.2, 1.3, 1.6)• Objective 3: To help determine the appropriateness of referral of future patients to an otolaryngologist (7.1, 7.2)

Neurosurgery

Neurosurgery:	Dr. Gupte- UMC
Objectives:	
At the end of the clerkship, students should be able to:	<ul style="list-style-type: none">• Objective 1: The student should be able to identify the presenting problem, generate a differential diagnosis and indicate a plan for treatment when neurosurgery is consulted in a patient (1.1, 1.2, 1.3, 1.6)• Objective 2: Demonstrate the ability to perform preoperative evaluation and risk assessment, obtain informed consent, and perform postoperative management including monitoring of key neurologic parameters. (1.2, 1.6, 1.8, 5.2)• Objective 3: Demonstrate knowledge and ability to adequately scrub in the surgery, maintain a sterile field, and assist the surgeon during a neurosurgical procedure. (1.10)• Objective 4: Demonstrate the ability to select appropriate diagnostic imaging for a given neurosurgical problem. (1.2, 1.6)

Ophthalmology

Ophthalmology:	Dr. Patricia Nelson & Dr. Alvarado-Transmountain Hospital, Dr. Prospero Ponce- UMC or Dr. Javier De La Torre (Private Practice)
Objectives:	
At the end of the clerkship, students should be able to:	<ul style="list-style-type: none">• Objective 1: To help the student develop confidence in specific examination techniques which are commonly used by ophthalmologists to detect abnormalities of the eyes, optic nerve, lids, lacrimal apparatus and visual pathways (1.1)• Objective 2: To assist the student in identifying, recalling and categorizing information about the following clinical problem areas:

	<p>visual acuity, glaucoma, red eye, injuries, amblyopia and strabismus, and neuro-ophthalmology (2.1, 2.2, 2.3)</p> <ul style="list-style-type: none"> • Objective 3: To assist the student in describing and communicating ocular findings with other physicians and to learn when to refer cataract or sight-threatening symptoms (e.g., eye pain, vision loss, flashers and floaters) to an ophthalmologist. (1.7, 4.2) • Objective 3: To provide a first time experience working in an ophthalmology practice setting with adult and pediatric patients, their families and ophthalmic nurses and technicians. The setting provides a balance of outpatient, emergency room, inpatient and operating room experiences. (7.1, 7.2, 4.1, 5.1) • Objective 4: To observe common surgical techniques, such as cataract extraction with intraocular lens implantation. (1.10)
--	---

Orthopedic Surgery

Orthopedic Surgery:	Dr. Rajani- UMC
Objectives:	
At the end of the clerkship, students should be able to	<ul style="list-style-type: none"> • Objective 1: Demonstrate the ability to obtain a basic history and orthopedic specific history. (1.1) • Objective 2: Understand the relevant parts of a musculoskeletal physical examination and specifically knee and shoulder examinations. (1.1) • Objective 3: Understand physical exam findings for common orthopedic diagnoses such as ACL tear, meniscus tear, ankle sprain, rotator cuff tear, and carpal tunnel syndrome. (1.1) • Objective 4: Understand how to interpret and order appropriate radiographic tests for common orthopedic trauma injuries including pilon and tibial plateau fractures (8.1, 8.5)

Urologic Surgery

Urologic Surgery	Dr. Seth Olcese at WBAMC
Objectives:	

<p>At the end of the clerkship, students should be able to:</p>	<ul style="list-style-type: none"> • Objective 1: The student will be exposed to the general field of urology, including inpatient and outpatient procedures. (1.10) • Objective 2: The student should demonstrate knowledge of common urologic conditions, including initial workup and management of benign and malignant conditions. (1.2, 1.6, 2.1) • Objective 3: Upon completion of the selective, the student should demonstrate understanding of indications for referral to a urologist. (7.1, 7.2) • Objective 4: The student should demonstrate ability to perform an appropriate focused history and exam for urologic complaints (1.1)
---	---

General Surgery Goals/ Objectives

Includes Trauma, Critical Care, Surgical Oncology, Bariatric, Vascular, Colorectal, Endocrine, Minimally Invasive Surgery, Pediatric Surgery, and Plastic Surgery.

General Surgery	At UMC or WBAMC
Objectives:	
<p>At the end of the clerkship, students should be able to:</p>	<ul style="list-style-type: none"> • Objective 1: Demonstrate correct handling of tissues, techniques of wound closure and selection and suture materials (1.10) • Objective 2: Demonstrate knowledge of surgical scrub, sterile technique, proper attire, and conduct in operating room (2.2, 5.7, 5.1) • Objective 3: Correctly use common surgical instruments (1.10) • Objective 4: Understand principles of preoperative and postoperative care of surgical patients (2.2, 2.3) • Objective 5: Communicate effectively with patients and families (4.1) • Objective 6: Communicate effectively with physicians and other health professionals during sign out and transitions in care. (1.4, 4.2) • Objective 7: Participate in pre-and postoperative management of surgical patients (1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7) • Objective 8: Participate in pre-and postoperative management of surgical patients (1.1, 1.2, 1.3, 1.4, 1.5, 1.6) • Objective 9: Develop a problem list, differential diagnosis and plan for treatment (1.3, 1.6) • Objective 10: Demonstrate use of electronic technology and hospital based resources (EMR, radiology) for patient care (1.1,1.4) • Objective 11: Accept feedback from faculty/residents to improve clinical practice (3.1)

	<ul style="list-style-type: none"> • Objective 12: Demonstrate ability to obtain a focused history and appropriate physical exam in a patient presenting for pre- and/or postoperative assessment (1.1) • Objective 13: Identify patients needing further preoperative assessment, such as risk stratification, “cardiac clearance,” or smoking cessation prior to surgical intervention (1.2, 1.3, 1.4) • Objective 14: Work with other health professionals in the patient care team (7.3) • Objective 15: Place intravenous line and draw blood sample for labs with appropriate technique (1.10) • Specific to Pediatric Surgery - Objective 16: The student will learn the principles of pre- and post-operative management of children requiring operation. The student needs to understand that children are not just small adults, and therefore the same care of patients learned by the student in treating adults cannot necessarily be transferred in “smaller doses” to the care of children with operative problems. (1.2, 1.6) • Objective 17: The student should have a thorough knowledge of the processes leading to the need for operative intervention in children. This includes knowledge of embryology leading to congenital defects as well as the pathophysiology of disease processes affecting children that lead to the need for operative treatment. (2.1, 2.2, 2.3) • Specific to Plastic Surgery - Objective 18: Understand basic concepts on: Pediatric, Plastic Surgery and Breast cancer reconstruction, wound management/soft tissue coverage, difference flap/graft, and skin malignancies and management. (2.2, 2.3)
--	---

Locations & Instructions for General Surgery Rotation

General Surgery at UMC

During this rotation, students will be rotating at UMC and the TTP El Paso Clinics. Please view the schedule marked “Typical Weekly schedule for Surgery Rotation.” Students are assigned to various services and will work with the other residents on the team. The students will cover in-patients at UMC and outpatients in the TTP El Paso clinics for whichever service they are assigned. Rounds and cases start in the morning. There will be no more than one week of night call assigned while on the General Surgery rotation. Surgery Conference is on Thursday mornings and students must attend. Clerkship didactics are every Friday afternoon and will be included on your schedule. Students are required to assist with weekend (Saturday and/or Sunday) rounds. Duty hours will be

strictly followed and the student should communicate with the chief residents if they are likely to go beyond the allowed hours. . The start time on weekend rounds is flexible and depends on the number of patients the team needs to round on. Please contact the Sr. Resident for start times for Saturday rounds. Students should scrub with attending’s on their service primarily-if all cases are covered, student should scrub on other specialty cases of their choice **if a students is not assigned.**

Scheduling

Typical Weekly Schedule for Teams

*This is a rough approximation of the schedule. Please follow what the resident instructs you to do.

**Clinic day will be on your schedule via PLFSOM Schedler15

Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
5-7:30am Work Rounds	5-7:30am Work Rounds	5-7:30am Work Rounds	5-6:30am Work Rounds 7am: Trauma Grand rounds, M&M, MDMM, Periop lecture	5-7:30am Work Rounds	5-7:30am Work Rounds Selected students as assigned
7:30-8am Morning Report	7:30-8am Morning Report	7:30-8am Morning Report	6:30-7am Morning Report	7:30-8am Morning Report	7:30-8am Morning Report
8-4pm OR cases, follow-up on orders, patient care, clinic	8-4pm OR cases, follow-up on orders, patient care, clinic	8-4pm OR cases, follow-up on orders, patient care, clinic	7am-1pm Protected Education Time Didactics	8-12pm OR cases, follow-up on orders, patient care, clinic	
4-5:15pm Checkout Case Assignments	4-5:15pm Checkout Case Assignments	4-5:15pm Checkout Case Assignments	5-5:15pm Checkout Case Assignments	1-5pm Clerkship Didactics	

Daily Duties

When not in the OR

Call/text the intern on the floor to assist with floor work

Pull drains, do tertiaries, check orders, talk with social worker, physical therapist, occupational therapist, speech therapist, consultant notes, new imaging

Check your patients for any changes- (generally 30-45 minutes from patient leaving OR to the new patient entering the OR/being intubated)

Pay attention to TSA's (Time/Space Available cards) which can change throughout the day (do not pay attention to start times). Cases may be added on during the day. Make sure they are covered.

Make sure all cases are covered. For example, if scheduled for 0800 with one attending, do not schedule yourself for a case with a second attending that is "scheduled" to start at 1100 because it may actually start earlier at 1000, and you may not be out of the first surgery. Best is to be guided by senior surgical residents as to assignments.

PM Checkout

At the end of the day: go to PM sign-out at 1700 in the ICU conference room

When going over your patient, be prepared to talk about the details of what happened during the day

Give updates on their status, ask questions, voice concerns

When your team is done checking out, you may leave

However, if OR cases are still going on, students are still expected to cover them.

If cases are starting right before PM sign-out, it is okay to miss sign out to scrub the case; just let another student know so they can inform residents if asked during sign-out

If a case from the day will start at 1800 or later, the night trauma medical student can scrub instead

Ask about the next day's surgeries to prepare. Discuss case assignments with your respective senior to better prepare

If residents are unavailable to give you schedule: look at the OR schedule (behind glass) in the hallway between Ortho Lounge and Main OR's. [Ask the senior residents specifically where this is on the first days of the rotation.]

Always, read about the case prior to surgery so you have an idea of what is going on, relevant anatomy, patient details etc.

Prepare who will scrub which cases with the other students

Ideally, scrub into a case with an attending from your corresponding team so that you can round on your patient the next morning. Understandably, this may not always be possible depending on when cases are scheduled.

Clinic

Clinical Expectations

During this Clerkship, students are expected to participate in the care of patients with some of the conditions in this table. Obviously not all students will be exposed to patients with all of the following conditions; however, every student is expected to be proactive in seeking out opportunities to care for patients with enough of these conditions to complete the Op-Log.

General Surgery at William Beaumont Army Medical Center (WBAMC)

Students may be assigned to WBAMC for a 2 week General Surgery rotation. This experience will be comparable to that of the rotations at UMC or the Private Clinic Selectives.

On behalf of the staff surgeons, welcome to WBAMC for your general surgery rotation! Whether you are here from near or far, civilian or HPSP, MD or DO school, we are glad you are here and hope you have a valuable experience on your rotation. Here are a few guidelines to follow while you're here, but these are by no means all of the details. In many ways, your rotation is what you make of it. If you want to sit back and observe from the rear, then you will have an "observer's" experience. If you are more aggressive and ask to participate, you can have a "hands-on" experience. We know that not everyone wants to become a surgeon (but we hope to inspire some of you to that goal), but we ask that you participate as much as possible to get what may be one of your only exposures to the world of surgery.

Scheduling

Schedule:	You will be assigned to one of two General Surgery teams (East or West). You are limited to an 80-hour work week as per the TTUHSC El Paso Common Clerkship policies and Student Handbook. In general, this will limit you to 12-hour days (approximately 60 hours per week). That leaves you 20 hours of extra time for days that run late due to interesting cases or longer team rounds. Be flexible, but monitor your hours.
Weekend Rounds:	Students are not required to assist with weekend rounds unless otherwise specified by the Sr. Resident on your team.

Daily Schedule

Daily Routine on Mon., Tues., & Fri. will be:	06:45 Rounding with your team at a time designated by your chief resident
	07:30 Operating Room two days per week
	08:00 Clinic two days per week
	15:00 Lecture
	Afternoon: PM rounding with your team at a time designated by senior or chief resident
Friday Afternoons: Clerkship Didactics	

Daily Routine on Wdnesdays will be:	Rounds with your team followed by your academic day:
	07:00 Resident Lecture
	08:00 Morbidity and Mortality Conference
	09:00 Pre-op Conference
	10:00 Pre-op Clinic or Vascular Lecture or Round in SICU
	13:00 Tumor Conference
Afternoon: Team Rounds with Staff	

Trauma and Acute Care Surgery (TACS) Week- Days or Nights

The students will be assigned to work with the Surgical Consult and Trauma Service for shifts (day or night) during their General Surgery Rotation or as a selective. They will assist the team with trauma and acute care surgery admissions and OR cases.

Additionally, they will be able to see orthopedic cases with the orthopedic resident on call when there are no general surgery trauma cases needing their assistance. On arrival for their shift, they will notify the Consult resident and the orthopedic resident of their arrival and their availability to participate in patient care. Please refer to the resident call schedule. Students will stay in the hospital actively participating in patient care until the end of their shift at which time they should check out with the general surgery consult resident before departing. On Thursday evening, they are to leave at midnight in order to be rested for didactic sessions on Friday afternoon. Students are expected to see at least 5 Trauma patients and log them into the Op-Log.

Trauma & Critical Care Surgery	Dr. Susan Mclean, Dr. Alan Tyroch, Dr. Alejandro Rios-Tovar, & Dr. Grace Ng- UMC
Objectives:	
At the end of the clerkship, students should be able to:	<ul style="list-style-type: none"> • Objective 1: Perform a trauma history and physical with primary survey and secondary survey (1.1) • Objective 2: List causes of shock after trauma (2.1, 2.2) • Objective 3: Participate in pre-op/post-op/or non-operative management of trauma patient encounters and use appropriate initial diagnostic testing. (1.2, 1.3, 1.4, 1.6)

	<ul style="list-style-type: none"> • Objective 4: Communicate effectively by recording trauma history and physical diagnosis, test results, and also communicating to consultants (1.7, 4.2, 4.4)
--	---

Daily Duties

Daily Routine	Students need to be supervised at all times.
Meeting Location	See chief resident for reporting time and place.
Duties	<p>Assist by seeing consults prior to resident and presenting your findings/plan.</p> <p>Cannot write/document in H&P paperwork, but okay to write vitals and lab values, and medications</p> <p>If you see any loose papers building up for the resident, ask to help</p> <p>Review images with the resident</p> <p>Perform rectal exams and Foley catheters with the residents and nurses supervision</p> <p>Suture lacerations in the ED with supervision</p>
OR	Scrub into any cases that are starting after 6:00pm with the resident, usually just 1 at a time , but maybe more in a big case (okay to scrub with neurosurgeon, OMFS, orthopedics, etc. if ABSOLUTELY NOTHING ELSE is going on, and cleared with resident and with the appropriate attending)
Trauma Bay	<p>Level 1 traumas: stay outside the trauma bay initially, unless told to come into the trauma bay by the resident. Get all your precautions (PPE) on and be ready to walk into the room to assist when you are told to do so.</p> <p>Stay away from the doorway or away from heavily-trafficked areas during the immediate survey</p> <p>After the primary survey is done, ask the senior resident to go into the trauma bay to help with the secondary survey, Foley catheter, rectal exam, OG tube, etc.</p>
No consults	<p>If no consults are going on, stay with the intern on the floor to help check on patients</p> <p>Remind resident of mid-shift break to eat “lunch”</p> <p>If no consults, nothing to help with on the floor, and no OR cases, may study in the basement lounge but periodically check with the intern to help and make sure all is still quiet</p>
CT Scanner	<p>Leave food, backpacks, OUT of the CT scanner</p> <p>Respect the CT techs’ space and chairs, and do not touch their printer, etc.</p> <p>If there is a 0600 OR case, should scrub in to case as long as duty hours permit</p>

Ambulatory Weeks

- Surgery Clinics

- Objective 1: Learn and demonstrate principles of peri-operative care of the surgical patient including pre op work up and post op care.
- Objective 2: Demonstrate understanding of appropriate use of ancillary health services and specialty consultants (7.1, 7.2, 7.3)
- Objective 3: Work with other members of patient care team (7.3)
- Objective 4: Demonstrate understanding of normal wound healing and local wound care (2.2, 2.3)

Clerkship Assignments

- WiseMD Modules
- Procedure Log
- Op-log
- OR Video Assignments

Procedure log Expectations

The procedures listed in Appendix C are required. You may not receive honors if your procedure log is not complete by end of clerkship. If you feel you will not perform the appropriate number of procedures, try hard again to locate an appropriate patient. If you cannot, contact one of the Clerkship Directors. You can do these procedures under the supervision of a nurse, certified registered nurse anesthetist (CRNA), resident or faculty physician. You may do a dressing change under the guidance of a wound care nurse. Procedures may be done in the inpatient or outpatient clinical setting.

- Most patients receiving general anesthesia in the operating room will have an orogastric tube (OG tube) placed.
- Foley catheters are placed on many patients getting hernia repairs, laparoscopic surgery in the lower abdomen (to decompress the bladder) or for cases such as neck dissections, bilateral mastectomies (cases that are long). This can help guide you as to which cases may be more likely to get foley catheters.
- Rectal exams can be found on cases posted as exam under anesthesia (EUA), fistulotomy, hemorrhoidectomy, abdominoperineal resection (APR), low anterior resection (LAR), and any colonoscopies done by Dr. Davis, , or Olivas.
- You need to be in the OR early in order to do these procedures – if you show up when the attending or resident are scrubbing, then you have missed your opportunity. You should enter the OR when the patient does and be ready to assist. Be proactive, ask to do these procedures, gather your supplies in advance.
- These are minimum requirements-you should be proactive in doing as many of these procedures as possible.

In the very rare instance a student is unable to complete their OpLog requirements, he/she should contact the clerkship director as early as possible to facilitate a clinical experience for that clinical diagnostic category. If a clinical experience cannot be found to fulfill that diagnostic category, a simulation (procedure log) or written assignment will be arranged by the clerkship director. If a substitute simulation and/or assignment is needed, the student may not be eligible to receive honors.

Procedures Students are expected to do with Indirect Supervision once competency is demonstrated:

- H&P (excluding Pelvic, breast and other sensitive examinations)
- Daily physical exams to monitor progress of the patient
- Scrubbing at operations (refers to sterile precautions and assisting, NOT performing the procedure)
- Withdraw blood for lab determinations (exclusive of jugular and femoral withdrawal)
- Begin peripheral intravenous infusion (excluding transfusions and only in adults)
- Removal of sutures
- Wound dressing changes

Procedures done only with help & hands-on direct supervision of a Physician. Female chaperone should be present for all female patients.

- Closure of skin incisions or lacerations, excluding facial laceration
- Administration of anesthetic agents
- Inserting central venous pressure lines
- Arterial puncture
- Writing of order to nurses
- Small feeding tube
- Placement of chest tubes

Op-Log Expectations

Op-Log

Please document all significant patient encounters (not necessarily scrubbed for that operation) in the Op-Log. Expectations are that you will have at least 30 Surgery specific encounters during the Clerkship. You may not receive honors if your Op-Log is not complete by end of clerkship. A clinically significant encounter is any encounter in which you participate enough to document a note or help significantly. Examples are: history and physical exam, daily progress note, Surgery clinic focused history and physical and note, attendance at an OR case, attendance at trauma activation, attendance at a surgery consult at night, suturing a laceration. Encounters in which you are not really involved should not be listed. For example, if you are following a resident and that resident goes to the floor to follow-up on an admission, you should not record that even if you watch the resident. However, you can document a new admission in which you participate in the history and physical.

In the very rare instance a student is unable to complete their OpLog requirements, he/she should contact the clerkship director as early as possible to facilitate a clinical experience for that clinical diagnostic category. If a clinical experience cannot be found to fulfill that diagnostic category, a simulation (procedure log) or written assignment will be arranged by the clerkship director.

Required entries are listed in detail in Appendix C.

Assessments:

Mid-Clerkship Feedback

- Evaluations will occur on an ongoing basis. You will meet with assigned faculty and/or the Surgery Clerkship Director, or Dr. Hetz if at WBAMC, for Mid-Clerkship feedback. This will be a formative assessment which will enable you to improve for your final summative assessment at the end of the clerkship. During this meeting, you will receive feedback regarding your performance and will have the opportunity to provide feedback regarding your experience in the clerkship up to that point. Your evaluations, Op-Log and Procedure Log will be reviewed, so please have them up to date and have your procedure log with you. Surgery Clerkship Program Coordinator will provide a copy of your Op-Log. Other topics to be reviewed will include your study strategy for the NBME, absence requests, make up time (if needed) and any other issues that may be pertinent. Surgery Clerkship Program Coordinator will contact you to schedule your meeting. If you are rotating at WBAMC, you will receive your mid-clerkship feedback from the faculty there.

Final Grading

Honors-level work includes: engaged participation, evidence of reading, and active learning. Students should also take the initiative to see patients (if applicable), and improve their clinical skills by consistently applying new knowledge in the clinical arena

Receiving Your Grade

Grades for Surgery should be available approximately three to four weeks after the conclusion of the rotation.

Below are brief summaries on how you will be evaluated weekly and on your final grade:

General Surgery Ongoing Clinical Evaluation Form
Medical Knowledge <ul style="list-style-type: none">• Demonstrates knowledge of normal anatomy in surgical context.• Recognizes surgical pathology• Can discuss evidence-based principles in surgical care, including pre-op testing and care, choice of surgical intervention, and post-op care
Patient Care <ul style="list-style-type: none">• Completes an appropriate history• Exam is appropriate in scope• Generates a comprehensive list of diagnostic considerations based on the integration of historical, physical, and laboratory findings• Identifies serious conditions that require timely and specific interventions• Develops a treatment plan appropriate to the patient• Organize and prioritize responsibilities in order to provide care that is safe, effective, and efficient
Interpersonal and Communication Skills <ul style="list-style-type: none">• Communicates clearly with patients, families, etc.• Presentations to faculty or resident are organized
Practiced-Based Learning and Improvement <ul style="list-style-type: none">• Takes the initiative in increasing clinical knowledge and skills, for example, identifies a learning issue on rounds or in the OR and reports back to the team/resident• Receptive to constructive criticism
System-Based Practice <ul style="list-style-type: none">• Incorporate consideration of benefits, risks, and costs in patient care

<ul style="list-style-type: none"> • Demonstrate the ability to work with social worker or case manager to identify community based resources for their patients.
Professionalism/Ethics <ul style="list-style-type: none"> • Is reliable and dependable (reports for duty on time and stays on duty until expiration of duty hours or until dismissed) • Acknowledges mistakes • Displays compassion and respect for all others regardless of age, race, ethnicity, gender, sexual orientation, etc. • Demonstrates honesty in all professional matters • Protects patient confidentiality • Dress and grooming appropriate for the setting
Personal and Professional Development <ul style="list-style-type: none"> • Recognizes when to take responsibility and when to seek assistance
Comment on opportunities for improvement
Overall comments on strengths/weaknesses

Final Grade Evaluation Form
Knowledge for Practice <ul style="list-style-type: none"> • Grade -“Needs improvement, pass, honors” • Source <ul style="list-style-type: none"> ○ Ongoing Evaluations ○ Evaluation Cards
Patient Care and Procedural Skills <ul style="list-style-type: none"> • Grade -“Needs improvement, pass, honors” • Source <ul style="list-style-type: none"> ○ Ongoing Evaluations ○ Evaluation Cards
Interpersonal and Communication Skills <ul style="list-style-type: none"> • Grade -“Needs improvement, pass, honors” • Source <ul style="list-style-type: none"> ○ Ongoing Evaluations ○ Combined/Integrated Case Presentations
Practiced-Based Learning and Improvement <ul style="list-style-type: none"> • Grade -“Needs improvement, pass, honors”

<ul style="list-style-type: none"> • Source <ul style="list-style-type: none"> ○ Ongoing Evaluations ○ Integrated Case Presentations
<p>System-Based Practice</p> <ul style="list-style-type: none"> • Grade -“Needs improvement, pass, honors” • Source <ul style="list-style-type: none"> ○ Ongoing Evaluations
<p>Professionalism</p> <ul style="list-style-type: none"> • Grade -“Needs improvement, pass, honors” • Source <ul style="list-style-type: none"> ○ Ongoing Evaluations ○ Clerkship Unit Coordinator Evaluation ○ Op-Log/Procedure Log completion on time
<p>Interprofessional Collaboration</p> <ul style="list-style-type: none"> • Grade -“Needs improvement, pass, honors” • Source <ul style="list-style-type: none"> ○ Ongoing Evaluations ○ Integrated Case Presentations
<p>Personal and Professional Development</p> <ul style="list-style-type: none"> • Grade -“Needs improvement, pass, honors” • Source <ul style="list-style-type: none"> ○ Ongoing Evaluations ○ Integrated Case Presentations
<p>NBME Score</p>
<p>OSCE Score</p>