

**Texas Tech University Health Sciences Center  
Paul L. Foster School of Medicine  
Surgical Sub-Internship Syllabus**

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**Course Description:**

The surgical sub-internship will provide the student with hands-on experience guiding the transition from student to clinician within the realm of the general surgery specialty. This experience will include but is not limited to; case-based attending rounds, learning procedural skills under appropriate supervision, and a formal case presentation.

Please review the 4<sup>th</sup> year common clerkship requirements prior to starting this rotation - these can be found at the following website:

<http://el Paso.ttuhsc.edu/fostersom/curriculum/documents/Common%20Clerkship%20Policies%20AY%202015-2016%20FINAL.pdf>

### **Academic Success and Accessibility:**

TTUHSC El Paso is committed to providing equal access to learning opportunities to students with documented disabilities. To ensure access to this course, and your program, please contact the Academic Success and Accessibility Office (ASAO), to engage in a confidential conversation about the process for requesting accommodations in the classroom and clinical setting. Accommodations are not provided retroactively, so students are encouraged to register with the ASAO as soon as possible. Please note: faculty are not allowed to provide classroom accommodations to a student until appropriate verification from ASOA has been provided to the school and disseminated to the appropriate faculty member(s). For additional information, please visit the ASAO website: <https://el Paso.ttuhsc.edu/student services/office-of-academic-and-disability-support-services/default.aspx>.

### **Medical Education Program Goals and Objectives:**

The surgery sub-internship emphasizes the clinical application of medical knowledge within the context of actual patient care and prepares students with the cognitive and procedural skills required to make the transition into their roles as future residents capable of providing safe and efficient care on day one of residency. The goal is to be at the level of a functioning intern upon completion of rotation.

### **Course Objectives:**

Knowledge for Practice:

Be able to present patient progress on morning rounds, attending rounds, and evening sign out. (2.1, 2.2, 2.3)

Be able to discuss the basics of the operative interventions that have been participated in:

-Pathology and physiology leading to the operation. (2.1, 2.2, 2.3, 2.4)

-Basic steps involved in the operation. (2.3, 1.8)

-Basics of post-operative care required for that operation. (2.3)

-Develop an understanding of common post-operative conditions and their management. (2.1, 2.2, 2.3, 1.2)

Infection.

Thromboembolic complications.

Electrolyte imbalance/fluid loss and replacement.

## Post-operative anatomical and physiological changes.

Be able to discuss and present in formal didactics (using general knowledge, research of the disease process, and literature review) an interesting case experienced during this sub-internship. This should be a case that the Sub-I student has participated in. (2.2, 2.3, 2.4, 2.6)

### Patient Care :

Demonstrate proficient history taking and physical examination skills. (1.1)

Develop and discuss appropriate patient care plans with attending surgeons on actual and simulated cases. (1.3, 1.2, 1.4, 2.1, 2.2, 2.3, 2.6, 4.2, 4.4)

Work up and manage common postoperative complications (such as postoperative shortness of breath, hypotension, chest pain, fever, wound complications, low urine output and acute mental status changes) during patient care duties. (1.3, 1.2, 1.5, 2.1, 2.3, 2.4)

Develop appropriate management plans for patient complaints and typical clinical challenges faced by first year surgery residents. (1.2, 1.4, 1.5)

Demonstrate ability to properly counsel patients and obtain proper surgical consent under the supervision of a chief resident or attending surgeon. (1.6, 5.2, 2.5)

Perform appropriate wound care for patients as judged by the attending or the senior resident on the service. (1.8)

Demonstrate mastery level performance of the following skills: (PCMC 4) (1.8)

- Knot tying: surgeon's knot, single handed knot and two handed knot.
- Suturing skills for subcuticular and vertical mattress sutures.
- Basic laparoscopic techniques via simulation center.

Observe and gain an understanding of: (1.8)

- Central line placement
- Chest tube placement and management.
- Nasogastric tube placement and management.

### Interpersonal communication skills

Competently present and discuss with the senior surgical staff, and attending involved, a clinical case scenario reflective of adaptive thinking. (4.2)

Demonstrate professional communication skills. (4.1, 4.2, 4.3)

Demonstrate skills in appropriately handing off care of patients during patient care duties. (4.2)

Demonstrate effective case presentation skills in morning report, attending rounds, and a formal case presentation. (4.2, 4.3)

Collaborating in the timely and comprehensive maintenance of medical records in the creation of their student notes and presentation of their patients care plan to the involved residents and attending faculty.

### Professionalism

Demonstrates appropriate attendance.(5.3, 5.7)

Maintains appropriate attire (5.7)

Demonstrates appropriate communication.(5.1,5.6)

### Practice Based learning and improvement

Participate in morbidity and mortality conferences; 1 trauma and 1 general surgery.(3.1, 3.2, 3.3)

Perform one formal case presentation

-With background research, literature review (3.4)

Learn to access surgical morbidity and mortality data. (3.5)

### System Based Practice

Demonstrate EMR proficiency in the ability to access records and review patient information. (6.1, 6.4)

Demonstrate ability to access radiology and be able to review patients' radiological evaluations. (6.4)

Demonstrate ability to review and organize in regards to OR scheduling. (6.3, 6.4)

Participate in multidisciplinary care. (6.2, 6.4, 7.1, 7.2))

### Inter-professional collaboration

Behave with honesty, integrity, respect and compassion towards all patients, families, allied health professionals and colleagues. (5.1, 7.3)

Ask for and give appropriate and timely feedback to team members in a non-confrontational or non-defensive manner. And demonstrate ability to create a well-articulated plan for improvement (7.3, 7.4)

## Personal and Professional Development

Demonstrate appropriate stress management techniques (8.2, 8.3)

Demonstrate appropriate time management.(8.2, 8.3)

Demonstrate appropriate knowledge of ones' own limitations. (8.1)

### **Course Format:**

The rotation block is to be scheduled from Monday of the first day through Friday of the last day and limited to 80 hours per week. Daily schedule to be designed and reviewed by the senior resident on the general surgery service to which you are assigned.

The Sub-I will be expected to follow in-house patients during the course of this rotation and be able to present them at morning report and attending rounds. The Sub-I will choose one interesting case to be presented as a formal case presentation during Thursday didactics. The Sub-I will be expected to complete and turn in at least one history and physical exam with admission orders pertaining to a patient whose care they participated in.

Operative cases will be assigned by residents on service, and the Sub-I will assist in dividing these cases between rotating 3<sup>rd</sup> and 4<sup>th</sup> year students.. The Clerkship Director will assign cases based on needed operative procedures if an agreement cannot be reached in regards to case assignments. Need to review OR cases and the indications for the procedure which you are participating in as well as the basic steps involved prior to entering the OR so that you are prepared. (note: we are on a teletracking system and students do not have access to this board)

The Sub -I will need to be in constant communication with the senior surgical resident on staff to see if other duties can or need to be met. The Sub-I will be required to write one progress note and one post-op note to be copied and signed off on by the Clerkship director. The Sub-I will be responsible for checking in with the senior surgical resident prior to completing the day's work. The Sub-I is expected to participate in sign out and be able to provide sign out information on the patients they operated on. The Sub-I will be assigned 1 weekend day call every other weekend. The Sub-I must complete one tertiary survey during the course of the rotation.

Didactics are scheduled to take place during this rotation on Thursday mornings 7:00 AM -12:00 PM, - Attendance is mandatory for didactic sessions and also for general surgery morbidity and mortality conference and for the trauma service. Exceptions to this policy can be given for circumstances related to clinical duties or work hour restrictions and must be approved by the clerkship director.

Students will be scheduled two Fridays for a 24hour shift. Includes 4 hours for continuity of care.

### **Course Schedule/Calendar:**

To be determined after discussion with the senior general surgery resident of the service to which the student is assigned. OR schedule to be determined as described above.

### **Course Logistics:**

Approved by the CEPC 5/21/2022

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## Op Log Requirements:

Case Logs-Must document all cases that you participated in

Must See Cases- (20 total), including at least one of each of the below at the level of **assist or manage**.

Hernia Repair	Thyroid Surgery
Cholecystectomy	Breast Surgery
Appendectomy	Operative trauma
Colon Resection	Non-operative trauma

Must be written notes-

SOAP Note-

Post-Op Note-

H&P with admission orders-

Tertiary Survey Form-

Case Presentations-

(note: Due to COVID-19 we are limiting in-person attendance at morning report to senior residents and on-call attendings. This opportunity for case presentation no longer exists. Same competencies apply for the week during which the residents rotate with me and have the opportunity to present patients at breast clinic and the general surgery clinic)Clinical Rounds

Daily report of patient progress, recap patient presentation and changes in clinical status. (1-2 minutes)

Goals/Objectives:

Competently present and discuss with the senior surgical staff, and attending involved, a clinical case scenario reflective of adaptive thinking. (1.1-1.8) (2.1-2.6)

Demonstrate professional communication skills. (5.1-5.6)

Demonstrate skills in appropriately handing off care of patients during patient care duties. (4.1-4.4)

Demonstrate EMR proficiency in the ability to access records and review patient information. (3.4,3.5, 6.1,6.2, 6.3)

Demonstrate ability to access radiology and be able to review patients' radiological evaluations. (3.4,3.5, 6.1, 6.2, 6.3)

Demonstrate ability to review and organize in regards to OR scheduling in conjunction with the delegating and taking responsibility for remaining clinical duties. (8.1, 3.1)

Participate in multidisciplinary care. (7.1-7.4)

Attending Rounds

Student will meet with surgery faculty and follow attending schedule, Monday – Friday. This includes one week out of the four week rotation, increase experience of preoperative management.

Be prepared to present a patient whose care you are participating in.

Presentation, disease process, interventions, and clinical progress.

Ask questions that stimulate discussion of differential diagnosis.

Discuss teaching points and latest treatment recommendations. (10-15 mins)

Goals/Objectives:

Competently present and discuss with the senior surgical staff, and attending involved, a clinical case scenario reflective of adaptive thinking. (1.1-1.8) (2.1-2.6)

Demonstrate professional communication skills. (5.1-5.6)

Demonstrate skills in appropriately handing off care of patients during patient care duties. (4.1-4.4)

Demonstrate EMR proficiency in the ability to access records and review patient information. (3.4,3.5, 6.1,6.2, 6.3)

Demonstrate ability to access radiology and be able to review patients' radiological evaluations. (3.4,3.5, 6.1, 6.2, 6.3)

Demonstrate ability to review and organize in regards to OR scheduling in conjunction with the delegating and taking responsibility for remaining clinical duties. (8.18.5)

Participate in multidisciplinary care. (7.1-7.4)

#### Formal Case Presentation

In depth discussion of disease process, clinical presentation, and treatment options.

Case Report format, to be turned in to Clerkship director at end of rotation, along with brief discussion

graded on knowledge, written and oral presentation, and use of electronic resources. (3.1)

Goals/Objectives:

Demonstrate EMR proficiency in the ability to access records and review patient information. (6.1-6.3)

Demonstrate ability to access radiology and be able to review patients' radiological evaluations. (6.1-6.3)

Demonstrate ability to review and organize a formal presentation. (2.1-2.6)

Demonstrate the ability to perform research and synthesize data collected as it pertains to patient care. (3.1-3.5)

## **Course Textbooks and Supplies:**

Access Surgery website via TTUHSC library as a required review and study of the pathology, surgical interventions, and patient care topics relevant to the patients that the Sub-I is following. Each pertinent subject can be searched using this resource.

<http://www.elpaso.ttuhscl.edu/libraries/>

## **Learning Assessments:**

SOAP note (graded HP, P, F).

Post-op note (graded HP, P,F).

Completed case log (graded HP, P, F).

At least one H&P with admission orders (graded HP, P , F)

Tertiary Survey Form (graded HP, P, F).

Evaluation cards- at least 10 with 2 filled out by faculty.

One evaluation pertaining to the skills described above.

2 evaluations pertaining to transition of care.

Case Report (to be graded HP, P, F by the Clerkship Director or other appointed faculty member).

Midterm Evaluation with Clerkship Director during second week of rotation, to be scheduled on first date of rotation.

The Sub-I should provide all evaluations, case log, and notes written to date.

End of Rotation Evaluation with Clerkship Director at completion of rotation, to be scheduled at Midterm Evaluation.

The Sub-I should provide all evaluations, case log, and all required notes.

Any missed assignments should be discussed with the Clerkship Director so that a make-up assignment can be provided prior to End of Rotation Evaluation.

Failure to provide the required learning assessment tools may result in an incomplete in this rotation.

## **Grading Scale:**

Honors

Exceeds expectations in the presentation, understanding, knowledge, and level of thought expressed by the student.

Pass

Meets expectations in the presentation, understanding, knowledge, and level of thought expressed by the student.

Needs Improvement

Fails to meet expectations in the presentation, understanding, knowledge, and/or level of thought expressed by the student.

### **Student Roles and Responsibilities:**

Professionalism

Refer to common clerkship requirements.

<http://el Paso.ttuhsc.edu/fostersom/curriculum/documents/Common%20Clerkship%20Policies%20AY%202015-2016%20FINAL.pdf>

Honor Code

Refer to common clerkship requirements.

<http://el Paso.ttuhsc.edu/fostersom/curriculum/documents/Common%20Clerkship%20Policies%20AY%202015-2016%20FINAL.pdf>

Absence policy

Refer to common clerkship requirements.

<http://el Paso.ttuhsc.edu/fostersom/curriculum/documents/Common%20Clerkship%20Policies%20AY%202015-2016%20FINAL.pdf>

You are expected to notify the senior surgical resident to which team you are assigned as well as the clerkship director as soon as possible in the event of an unplanned absence. Any absences greater than 3 consecutive days, or total absences resulting in less than 21 days on the rotation must be discussed and cleared by the clerkship director.

### **Supplemental Resources:**

Fourth Year Sub-Internship Helpful Daily Guidelines:

At the beginning of rotation:

Give phone numbers to interns, R2s, R3s, and Chief residents.

Notify everyone in advance of: days off, weekends on and off, and continuity clinic.

#### Weekday Daily Schedule:

Prior to beginning of rotation, contact senior resident to see when and where to meet. Senior resident will assign patients for SUB-I to see and follow throughout their course in house (make sure patient is not already being seen by another student).

- For each patient: review vitals, labs, imaging, cultures, in's/out's, medications and active orders for the past 24 hours.

- Review previous progress notes, consultant notes, social workers notes, recent therapy notes, dictated/chart, and written H&P.

- See patient; perform a pertinent physical exam (need a chaperone if breast or rectal exam required), get translator if needed.

- Write a SOAP note in progress note section (time, date, write name, sign name)

- Repeat for each patient.

- Round with the team; ask questions when appropriate.

- Present your patient to the R2 or R3 before the team sees the patient, outside the room.

- Make sure to notify the resident of which patients you have seen prior to starting rounds, so that you do not miss the opportunity to present during fast-paced rounding.

- Be respectful while the resident and patient are talking and do not talk or distract the group.

- You are expected to enter each patient room, even if the patient is on contact precautions. Foam in/out. Wash hands for C. diff., etc.

Note: Unfortunately this no longer applies. Everything is electronic. Also, infection control will not allow students to carry supplies from room to room

Rounds should be complete by 06:15.

- At 0615, meet in ICU conference room (next to ICU bed 30). Sit at the periphery near your respective team (A/B).

- Listen attentively for the plans for each patient as the list is run (write down the plans! -These will be the things you can check on during the day in between surgeries!).

0630

- Go down to the board to check for changes and go see your patient. (Introduce yourself, examine the patient as appropriate (no rectal or breast

exams), read chart, H&P, procedure, consent forms, labs, biopsy/pathology results in CERNER, imaging studies in PACS, etc.).

-Groups of medical students should NOT need to congregate near the board all at once, since the case assignments should have generally been decided beforehand

-Stay with the patient and follow them to the OR and introduce yourself to the circulating nurse and other members of the OR team.

#### PM Check Out:

-At the end of the day: go to PM sign-out at a time to be determined by senior resident on team 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 (A/B), 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 in the teletracking monitor.[Ask the senior residents specifically where this is on the first days of the rotation.]

-Read about the case prior to surgery so you have an idea of what is going on, relevant anatomy, etc.

-Discuss who will scrub which cases with the other students.

#### Operating Room Etiquette:

Introduce yourself to scrub tech. Inform them if you are scrubbing in, and give them your gown/gloves if needed.

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Help circulating nurse move patient.

Ask to place Foley catheter if applicable.

Scrub into the case before the resident/attending.

You cannot scrub into robotic cases except at the very end of the case when the robot is undocked, to help close skin.

Ask where to stand and how best to help during the operative case.

Be prepared to answer any questions relevant to the surgery.

Assist with closure/dressings/moving patient.

As is proper etiquette, wait until patient is extubated and help move the patient to the bed/gurney.

Accompany the patient to the recovery unit or ask to go with the resident to talk with the family.

Check the OR board for next case.

Notify the next student that you are done, or meet the next patient in holding (repeat above).

Go eat if it is lunch time or go 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 there is 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.

#### -General Surgery A:

- Gen Surg: Andrade, Davis (must always have a student scrubbed).
- OMFS: Fallah (only scrub if there are absolutely no other Gen Surg cases which need coverage by a med student).
- Pediatric Surgery:, Howe, Walker (only scrub if there is no dedicated Pedi Surg medical student).

- Cardiothoracic Surgery: Eisenberg, Santoscoy, Lyn, Flores (only scrub if resident is scrubbed; ask to scrub first).

-General Surgery B:

- Gen Surg: Chambers, Fikfak (must always have a student scrubbed).
- Trauma: Tyroch, McLean, Rios-Tovar, Ng (must always have a student scrubbed).
- Plastic Surgery: Castro.

-Locums A/B: Shay, Kantor.

\*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.\*

**Example Rotation Calendar:**

St	M	T	W	Tr	F	Sn
				1	2	3
4	5 Day 1 of Rotation  Rounds@0600 S/O 1700	6 Begin following 2-3 in-house patients  Rounds@0600 S/O 1700	7  Rounds@0600 S/O 1700	8 0700 Trauma M&M  1200 Didactics Complete  Rounds@0600 S/O 1700	9 Completed SOAP note by this Date  Rounds@0600 S/O 1700 24hour duty	10
11	12	13	14	15	16	17

	Rounds@0600 S/O 1700	Rounds@0600 S/O 1700	Rounds@0600 S/O 1700	0700 General M&M  Mid Clerkship EvalRounds@0 600  S/O 1700	Completed Post-Op note by this date  Rounds@0600 S/O 1700	
18	19  Choose patient for case presentation by this date  Rounds@0600 S/O 1700	20  Rounds@0600 S/O 1700	21  Rounds@0600 S/O 1700	22  0700-1200 Didactics  My Case presentation @0800  Rounds@0600 S/O 1700	23  Must have skills eval and eval from Attending Rounds by this date.  Rounds@0600 S/O 1700  24hour duty	24
25	26  Complete Tertiary Survey form by this date  Rounds@0600 S/O 1700	27  Rounds@0600 S/O 1700	28  Rounds@0600 S/O 1700	29  0700-1200 Didactics  Finalize Case Log  Rounds@0600 S/O 1700	30  Final Day of Rotation  Director  Rounds@0600 S/O 1700	31

Evaluation Cards used during the course of this rotation:

Clinical Encounter Document Student: \_\_\_\_\_

Date: \_\_\_\_\_

Location:      ICU      Ward      OR      ED      Clinic      Other

Observed:      Procedure      H/P      Daily Rounds      Consult Clinic Visit      Other

Evaluation Scale Rating:      1 – Below M4      2 – Average M4      3 – Above M4

- |                           |                 |   |                                |
|---------------------------|-----------------|---|--------------------------------|
| 1. Knowledge:             | 1               | 2 | 3                              |
| 2. Technical Skills:      | 1               | 2 | 3                              |
| 3. Written communication: | 1               | 2 | 3                              |
| 4. Verbal Communication:  | 1               | 2 | 3                              |
| 5. Team Work:             | 1               | 2 | 3                              |
| 6. Other: _____           | 1               | 2 | 3                              |
| 7. Professionalism:       | Serious Concern |   | Slight Concern      No Concern |

Comments (Mandatory):

Was verbal feedback given to student?  Yes     No

**Evaluator Name**

Print: \_\_\_\_\_

Sign: \_\_\_\_\_

Mid-Clerkship Evaluation Form:

Approved by the CEPC 5/21/2022

**Template Linkage**

Template

- Family Med Clinical Assessment - v1
- Surgery Clinical Assessment - v1
- Internal Medicine Clinical Assessment - v1
- Psych Inpt. Clinical Assessment - v1
- Psych Outpt. Clinical Assessment - v1
- Pediatrics Clinical Assessment - v1
- Ob/Gyn Clinical Assessment - v1
- BC1 - v1
- EM Shift Assessment - v1
- MS3 Mid-Clerkship Assessment - v1
- MS4 Mid-Clerkship Assessment - v1
- Final Clerkship Assessment - v1
- MS4 Emergency Assessment - v1

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**Template**

MS4 Mid-Clerkship Assessment

**Knowledge for Practice**

Can independently apply knowledge to identify problems

N/A     Needs Improvement     Pass     Honors

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**Patient Care and Procedural Skills**

Addresses patient's agenda

N/A     Needs Improvement     Pass     Honors

Completes an appropriate history

N/A     Needs Improvement     Pass     Honors

Exam is appropriate in scope

N/A     Needs Improvement     Pass     Honors

Identifies pertinent physical findings

N/A     Needs Improvement     Pass     Honors

Develops a treatment plan appropriate to the patient and based on up-to-date scientific evidence.

N/A     Needs Improvement     Pass     Honors

Appropriately documents findings.

N/A     Needs Improvement     Pass     Honors

Independently performs exam with proper technique.

N/A     Needs Improvement     Pass     Honors

**Interpersonal and Communication Skills**

Communicates effectively with patients and families across a broad range of socio-economic and cultural backgrounds.

N/A     Needs Improvement     Pass     Honors

Presentations to faculty or resident are organized.

N/A     Needs Improvement     Pass     Honors

**Practice-Based Learning and Improvement**

Demonstrates knowledge of current peer-reviewed literature in relation to patient management.

N/A     Needs Improvement     Pass     Honors

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.

N/A     Needs Improvement     Pass     Honors

**Systems-Based Practice**

Effectively utilizes medical care systems and resources to benefit patient health.

N/A     Needs Improvement     Pass     Honors

**Professionalism**

Displays appropriate level of professionalism.

N/A     Needs Improvement     Pass     Honors

Planned date of discussion

Actual date of discussion

Areas that would yield the greatest improvement in the student's skills

OpLog - Discuss student's oplog documentation and any areas where the students does not appear on track. Identify date when student should come back to see you if he/she has not yet met the requirements

Please discuss the student's 2-3 strongest performance areas

Example of Final Clerkship Evaluation:

Approved by the CEPC 5/21/2022



**Student:** Student Name

**Assessment:** Final Clerkship Assessment

**Rotation:** Scheduler 15 Rotation Name

**Event:** Scheduler 15 Event Name

### Knowledge for Practice

Grade		
Needs Improvement	Pass	Honors
Please Justify the grade in this competency		

### Patient Care and Procedural Skills

Grade		
Needs Improvement	Pass	Honors
Please Justify the grade in this competency		

### Interpersonal and Communication Skills

Grade		
Needs Improvement	Pass	Honors

Please Justify the grade in this competency

## Practice-Based Learning and Improvement

Grade

Needs Improvement

Pass

Honors

Please Justify the grade in this competency

## Systems-Based Practice

Grade

Needs Improvement

Pass

Honors

Please Justify the grade in this competency

## Professionalism

Grade

Needs Improvement

Pass

Honors

Please Justify the grade in this competency

## Interprofessional Collaboration

Grade

Needs Improvement

Pass

Honors

Please Justify the grade in this competency

## Personal and Professional Development

Grade

Needs Improvement

Pass

Honors

Please Justify the grade in this competency

OSCE

N/A

Fail

Pass on First Attempt

Pass on Second Attempt

## NBME Score

NBME Equated Percent Correct
NBME Percentile

## Statement for MSPE

<p>This is a narrative that describes the student's strengths during rotation and any persistent weaknesses that the student did not improve after feedback. You must include a narrative on the student's professionalism. Any feedback that you do not want to include in the MSPE should be included below in the "Comments" field. As a reminder, please use complete sentences and check your grammar, etc. as these comments go out to residency directors across the country.</p>
Comments (Please write about strengths, weaknesses and areas for improvement)
Please select a provisional Overall Grade
<input type="checkbox"/> Fail <input type="checkbox"/> Pass <input type="checkbox"/> Honors <input type="checkbox"/> Incomplete

## **Preparation for Teaching**

Attending faculty and residents will be oriented to the experience by the Surgery Sub-Internship Clerkship Director or their designee, and provided copies of the syllabus and forms that they will use to assess student performance.

Residents will be required, as part of their training and orientation, to function as teachers. All residents are required to participate in a “Residents as Teachers” program that is administered by the Office of Graduate Medical Education. In addition, each resident will be provided copies of the Medical Student syllabus with particular emphasis on goals, objectives, and assessment methods and criteria.