

Course Name: Junior Clerkship in Surgery 2023-2024

Course Number: SURG 631

Course Director: Dr. Felicitas Koller, Associate Professor of Surgery, Division of Transplant and Hepatobiliary Surgery, Office Location: S362, Office Phone Number (601) 984-4542, fkoller@umc.edu

Assistant Clerkship Director: Dr. Wade Christopher, Assistant Professor of Surgery, Division of Surgical Oncology, wchristopher@umc.edu

Course Coordinator: Jennifer Clardy, Education Administrator, Department of Surgery, 601-984-5114, Office Location: S376, jclardy@umc.edu

Pre-Work to be completed BEFORE the rotation:

Reading: Access Surgery: Introduction to the Operating Room Chapter 2, 4 and 5

<https://accesssurgery.mhmedical.com/book.aspx?bookid=1880#134435544>

Download Microsoft Teams on your Phone and Computer

Get Kaplan Q-Bank Access

Epic Access from Home

Haiku on your Phone

Sign in to Osmosis

Group Me for the course

Review this scrubbing video: <https://www.youtube.com/watch?v=rB4yZkfK5RU>

Review the two-handed square knot shoe guy [Surgical Knot Tying](#)

Description of Clerkship:

Welcome to the MS3 Clerkship in Surgery! We are very focused on learning by DOING and are eager to incorporate you into the service as soon as possible.

During your eight weeks with us in Surgery, you will spend four weeks on a service that has a number of inpatients and where your surgical service serves as the primary team. This is generally referred to as your "General Surgery" month. For the other four weeks you will be on a service where your team primarily does outpatient surgery or serves as a consultant service. You will work with attendings, fellows, residents, advanced practice providers (APPs) and more senior medical students. You will also work closely with surgical technologists and clinic and OR nurses. You will spend at least one day a week (or two half days) in a surgical clinic. In addition to this, you will spend three nights on the Night float service where you will see consults, check on floor patients and participate in trauma evaluation and operation.

Schedule

Each student will have their own unique schedule depending on the work of their clinical service and the student's rotation schedule, but generally here are highlights and when things are due each week. The first few days of a new Clerkship often feel chaotic, but you will soon find a rhythm.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM		Turn in weekly case prep		Quality/M&M 7AM Grand Rounds 7AM			
PM			Clerkship Didactic 4 -6PM		IMP Session on week 4/7	Turn in weekly clinic log	

Night Float (NF)--This starts the second week of the clerkship. You will be assigned to three NF days by the course coordinator. There will be one 24-hour shift as part of your experience. The NF team arrives at 5PM for sign out. As space is available in the resident lounge, the medical students should participate in the hand-off. After a NF shift, the student IS NOT required to round with their usual team and can leave with the NF resident team leaves. There is an evaluation form from NF that will be completed at the end of three shifts. At night, the night float team covers all the surgery patients in the hospital.

- Intern/Chief (covers Trauma, ACS, Surgery A and B)
- 2nd Year (covers Pediatric Surgery and Vascular Surgery)
- 3rd Year (covers Transplant, Surg Onc and CT)

Caveats: Over the weekend the Sunday A NF can round with their usual team in the morning and then when their team is done transition to the NF team. This person can serve as the weekend rounder for their usual team team i.e. Saturday and Sunday if it works well for both students. As another example, a student could attend M&M and GR virtually on Wednesday, then come to campus at 6PM to start their NF time. All of this will be reviewed at orientation as well.

	Sunday (24)	Monday (12)	Tuesday (12)	Wednesday (12)	Thursday (12)	Friday	Saturday (24)
AM	Round with your usual team/Night Float A	OR prep sheet		Surgery Conferences 9am			Night Float B
PM	Night Float A	Night Float A	Didactic 4-6 Night Float A	Night Float B starts 6PM	Night Float B	Turn in clinic log	Night Float B

Weekends--In general, there should be at least one student from each team at rounds for the weekend. This **CAN BE** the same person who is on NF for the weekend. After the work is completed for the weekend, the student should leave when dismissed by the team.

In General--

Duty Hours (per the School of Medicine student handbook)

- Students are expected to not work more than 80 hours per week, averaged over a 4-week period. Students will have 1 day off in 7, averaged over a four-week period
- Scheduled days off will be either Saturday or Sunday
- Weekdays off will usually only be granted for attendance at academic meetings or conferences at the Clerkship and Associate Clerkship Directors discretion. These should be requested as early as possible.
- Duty hours are logged in Med Hub. If you feel you are being pressured to stay past your duty hours, please contact the Clerkship Director or Coordinator.
- If you are sick, please email the Clerkship Coordinator, resident, and faculty on your service prior to the day starting as well as completing the Med Hub as required by SOM
- Failure to comply by the absence policy can result in loss of Professionalism Points

Course Objectives:

Upon completing the course, the student will:

1. Gather a focused history and perform a focused physical examination for patients with a variety of surgical conditions both in the elective and emergent setting.
2. Formulate a differential diagnosis for patients presenting with a variety of abdominal symptoms (abdominal pain, nausea/vomiting, change in bowel habits, hematemesis/hematochezia) and other surgically treated conditions.
3. Recommend and interpret diagnostic tests for patients presenting with abdominal symptoms or other surgically treated conditions
4. Begin to discuss orders and prescriptions with residents and faculty
5. Document clinical encounters in the patient record from clinic notes and daily in-patient progress notes.
6. Provide focused oral presentations of patient encounters on wards and in the clinic.
7. Form clinical questions and retrieve evidence to advance patient care, many of these will come from your clinic learning issues.
8. Give or receive a patient handover to transition care responsibly, especially as it relates to NF responsibilities.
9. Ask for and give appropriate and timely feedback to team members in a non-confrontational or non-defensive manner; demonstrate ability to create a well-articulated plan for improvement as a member of an interprofessional team
10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management with supervision, such as in the Trauma Bay or while working on NF
11. Observe the practice of obtaining informed consent for tests/procedures and demonstrate it during the OSCE
12. Perform general procedures expected of physicians, including venipuncture, iv placement, suturing of surgical incisions or lacerations, performing sterile technique, foley catheter placement, basic airway management, arterial blood gas and preoperative preparation and routine postoperative care.

These objectives are taken directly from the EPA (Entrust able Professional Activities) which are developed by the AAMC. These are the standards or “things” that a person entering residency should be able to do. <https://www.aamc.org/about-us/mission-areas/medical-education/cbme/core-epas> these combined with the cognitive component that is assessed through low-stakes and high-stakes quizzes make up the content of clerkship.

Core Competencies

Patient Care

Students must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

Corresponding Course Objectives: 1,10,12

Medical Knowledge

Students must be able to demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

Corresponding Course Objective: 2,3,7

Practice-Based Learning and Improvement

Students must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.

Corresponding Course Objectives: 3,9,7

Interpersonal and Communication Skills

Students must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, patients' families, and professional associates.

Corresponding Course Objective: 4,5,6,8,11

Professionalism

Students must be able to demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

Corresponding Course Objective: 9

Systems-Based Practice

Students must be able to demonstrate an awareness of and responsiveness to the larger context and system of health care as well as the ability to effectively call on system resources to provide care that is of optimal value.

Corresponding Course Objectives: 7,8

Teaching Methods

The surgical curriculum will be taught by a combination of didactic and clinical teaching. We want to emphasize how important it is for you to DO things. Learning how to be a physician is not just about memorizing facts, but rather applying what you know to the care of patients. Preparation is additionally key to learning and we will be asking you to PREPARE ahead of time for many of your activities such as the operating room, clinic and didactics.

The greatest opportunities for learning in surgery will take place in the operating room, the clinic, and at the bedside. We would strongly encourage you to consider these clinical activities a priority.

Understandably, every surgical condition cannot be covered in 8 weeks, so you will also be held

responsible for, and evaluated upon, knowledge acquired on your own through self-study outside the didactics and your personal experience.

On the surgery services your notes count. What this means is that your notes can be used by your attendings as the daily progress note or a clinic note. Writing notes for inclusion in the medical record is how we have chosen to help you learn documentation. We think that learning by “doing” is essential and requires that you write daily progress notes on your patients and work-up to writing clinic notes, consult notes and NF notes.

Important group learning opportunities include morning pre-rounds, Mortality and Morbidity Conference, and Surgery Grand Rounds. There are also many rotation specific conferences and you should obtain a schedule of these from the chief or fellow at the beginning of each rotation for your particular.

At the beginning of the rotation, there is a suturing and knot-tying workshop. Following this, the surgical skills lab will be open to medical students who wish to practice and refine their skills. There will be a second workshop in the clerkship as well for additional practice with the residents.

Didactics

Didactics in the rotation typically happen on Tuesdays. These are typically in-person, but may be virtual to accommodate schedules or pandemic related issues. There is a weekly theme to the didactics and the quizzes which take place inside of the didactics. Please see the link below for a description of your weekly didactics. We work to make the didactics as interactive as possible and ask that you read/watch the Osmosis videos and reading BEFORE so you are better prepared to participate. Please use the link below to view the didactic schedule.

Assignments

Examples of these assignments will be given in orientation. There are examples/links attached at the end as well. The purpose of these assignments is to help us develop a portfolio of the “work” you did on your surgery rotation and to be able to demonstrate developing competency in Pre-op/Post-op care, clinical documentation and practice-based learning.

1. Pre-op Sheets Due Monday of weeks 2-7: Each student will be expected to prepare for cases in the OR and submit a sheet for their upcoming cases on Sunday before the clinical week begins. These will be submitted to Canvas. You may also hand-write if you prefer and send a picture of your preparation. You can scrub more cases than one and will certainly need to prepare for them, but this is a demonstration of your “best” level of preparation for a planned case. For students on services where there are not elective cases, you will retroactively complete the write-ups for cases you saw in the previous week. The focus should be for you to understand why YOUR patient is in the OR, what risk factors they have, anatomy and the expected post-op course. You will turn these in during weeks 2-7. Dr Koller will try and give you feedback as she is able on these sheets. These are a part of your grade and are graded as “Re-Do/Pass/Honors.”
2. Clinic Notes: Each student will also submit a list of the patients that they saw in the clinic that week, their diagnoses and what portion of the care they provided. In addition to this, you will send a few learning issues from the clinic. You will do better in the clinic if you read and prepare ahead of time. Dr Koller will try and give you feedback as she is able on these sheets. These are a part of your

grade and are graded as “Re-Do/Pass/Honors” They are due in weeks 2-7 and are turned in on Mondays.

3. Night Float Evaluation: Each student will submit a case log to their NF chief at the end of their three days, this should have a list of your patient contacts as well as “what” you did. The resident will then grade you as Pass/Fail/Honors this is included in the Evaluations portion of your grade. You should photograph it and submit this to Jennifer at the end of your night float rotation.
4. Progress Notes: Twice in the block you will be asked to submit one of the daily progress notes you have been writing on the patients you follow. This is submitted for feedback and given a grade of P/F.
5. Observed H&P: In the seventh or eighth week of the rotation you will complete an observed H&P in clinic or with a new patient that you see on NF or as a consultant. This is turned in for a grade
6. Skills Check Off: In the seventh week of the rotation, your suturing, knot tying and ability to make a sterile field will be assessed. The evaluation form is attached. NBME Practice Exam: Over the weekend of the sixth week of the rotation you are assigned an NBME Surgery practice exam. This is an open book exam that will help you gauge your knowledge of surgery and identify gaps and give you an accurate sense of the level of NBME questions.
7. Formative Evaluation. We are changing “how” we do formative or midpoint evaluations in the clerkship. As we see it, you will request formative feedback through Med Hub from different people you have worked with up to week 4 in the clerkship. In week 4, you will meet with the course directors and review your evaluations, prep sheets, clinic lists, and Med Hub progress for overall mid-point progress.
8. Med Hub Logging: we will expect you to start developing the good habits of recording your work n Med Hub. In addition to this you must log your procedures and diagnoses in Med hub. In the seventh week these will be reviewed and deficiencies MUST be addressed before you can complete the course. If they are not completed with a patient experience a make-up exercise will be given. Your grade will remain incomplete until this is finished.

Assessment Methods

The attending physician and chief resident/fellow/NP will perform evaluations of each student’s clinical skills and overall performance in the core elements at the end of the month using the Med Hub system. The student will also receive regular feedback from residents and attend throughout the month, specifically formative feedback after the first two weeks.

The student’s developing clinical skills will also be evaluated in the CSA. Finally, there will be quizzes, an open book NBME practice exam, and an NBME final exam.

Grade Calculation

Evaluations: 35% (35 Points)	Clinical Work Products 30% (30 Points)	Cognitive 30% (30 Points)	Professionalism: 5% (5 Points)
Faculty 17.5 points (2)	CSA 10 points	NBME 20 points	Requesting Formative Feedback 2 points
Resident 14 points (2)	Observed H&P 5 points	Practice NBME 5 points	Timely Completion of Course Requirements 3 points
Nightfloat 3.5 points (1)	Weekly OR Prep 5 points	Quizzes 5 points	
	Clinic Notes/Learning Issues 5 points		
	Progress Notes 2.5 points		
	Skills Check Off 2.5 points (Suturing, Knot Tying, Sterile Field)		

Appendices:

Clinical Skills Assessment (CSA)

- Assessment of your clinical skills via simulated patient scenarios
- Two scenarios
 - Consent
 - Abdominal pain
- Standardized grading scale
 - 65% = Standardized Patient Score (Interpersonal Skills, H&P)
 - 35% = Note Score (documented H&P, DDx, and W/U)

Professionalism is 5% of your clinical performance grade, points can be deducted for failure to complete assignments in a timely manner. Or to not ask for formative feedback.

There will also be 5 short 5 question quizzes given during didactic sessions.

Educational Resources

Recommended--

1. Essentials of General Surgery 6th edition (2019) – Peter F. Lawrence
2. <https://accesssurgery.mhmedical.com/clerkship.aspx> This is a series of books FREE at Rowland Medical Library from McGraw-Hill, some case books, questions books and textbooks are included.
3. A core curriculum of General Surgery topics available from the American College of Surgeons.
4. Osmosis

Course Policies

The Surgical Clerkship follows the code of Honorable and Professional Conduct as set forth in the School of Medicine's current Student Handbook.

Guidelines for professional conduct include, but are not limited to:

- Professional Attire
 - Dress in a professional manner (M&M, Grand Rounds and clinic are professional dress with a white coat)
 - Clean, white coat at conferences, clinics, and on the wards
 - Scrubs are to be changed into at the hospital for operative days and on-call
 - Scrubs should not be worn to M&M conference or Grand rounds
- Punctuality
 - Students are expected to be on time for all aspects of the Clerkship
 - Chronic tardiness will not be tolerated and will result in unfavorable evaluations
- Responsibility
 - Students are not expected to make independent decisions regarding patient care.
 - Students are expected to come up with treatment plans and discuss with the team.
 - Routine clinical responsibilities include (but are not limited to):
 - Individual work rounds on all patients followed by the student
 - Changing of dressings and other patient care tasks, as assigned by the residents
 - Collecting of all pertinent laboratory and radiologic data
 - Presentation of patients on staff rounds as well as resident work rounds
 - Writing appropriate progress notes in the electronic medical record daily
 - Following your patients in the SICU
- Politeness and Respect
 - Be respectful and polite to patients, physicians, nurses and other ancillary health care staff
 - No "private" conversations during rounds or in-patient rooms
 - No use of electronic devices during rounds or in-patient rooms unless looking up specific medical information requested
 - If you feel that a patient or any health care staff has been disrespectful to you, please leave the situation immediately and contact the Clerkship or Associate Clerkship Director
- Patient Confidentiality
 - Medical records contain protected health information.
 - This information cannot be circulated outside the institution.
 - The information is on a need to know basis only – if you are not directly involved in the patient's care, please do not access the medical record.
 - Any patient information that is on a printed sheet should be disposed of in a secure manner such as a shredder. Do not throw it away in a trash can.
 - HIPAA violations can be subject to disciplinary action.

Absences

- If you are sick, please email the Clerkship Coordinator, resident, and faculty on your service prior to the day starting.
- Absences must be reported to the Clerkship Director, **Clerkship** Coordinator and Dean's Office. There is also a SEATS that is filled out.

Weekend Responsibilities

Students will be expected to round with their teams on the weekends. If there are multiple students on a service, the Saturday and Sunday rounds can be equally distributed in an equitable fashion (i.e. one student rounds the entire weekend because they are on in-house call Saturday or divided i.e. one student rounds Saturday and one rounds Sunday). Students are dismissed for the day at the discretion of the chief or fellow on the service.

Call Policies

Responsibilities while on-call include, but not limited to:

- Contacting the on-call resident and letting them know you are the student on call
- Every student attends every trauma call.
- Evaluating and working-up all consults in the emergency room and on the floor
- Scrubbing and assisting in the operating room for ALL cases going to the operating room

To start call:

- Find the student on trauma or coming off call and obtain a trauma pager. (don't lose it)
- Receive any to do lists from the student coming off call/trauma.
- Notify the on-call resident. (one student will work with Intern/Chief, one with the second year and one with the third year) that you are the student on call
- Ask what needs to be done and how you can help.

To end call:

- Find the student starting call or on the day time trauma service and hand off the trauma pager.
- Sign out any to do lists for the patients to their respective students.
- Do not leave a pager in either the Student Lounge or the Residents Lounge.
- If you lose a pager, you will be required to purchase a new one for \$50.