THIRD YEAR SURGERY CLERKSHIP MANUAL
KECK SCHOOL OF MEDICINE
2008-2009
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I. INTRODUCTION

Welcome to Surgery! We hope that you find the next 12 weeks an invigorating and positive educational experience. The purpose of this manual is to provide you with the expectations of the Clerkship and to offer you references that will assist you to succeed. Please read the information carefully so that you completely understand the learning objectives, the service structure, your responsibilities and priorities, and the policies for student evaluation.

The overriding goal of the Department of Surgery is to provide a stimulating learning environment in which the student may acquire the attitudes, skills, and knowledge of surgery necessary to function effectively as a physician upon graduation from the Keck School of Medicine at USC. The appropriate resources and interactions with faculty and house staff will be provided but it is ultimately the students that are responsible for their own learning. The Clerkship is structured for students who are self-initiating and highly motivated to seek out opportunities for learning.

A major element of the Surgery Clerkship is an emphasis on the development of clinical problem-solving skills. Our faculty believes that developing a sound approach to clinical decision-making is the most important skill to develop. The philosophy of the Clerkship honors the fact that medical students are learners during their clerkship experience rather than junior interns. Historically, unlike students in other professional educational programs such as business and law, medical students have been expected to learn by the performance of technical procedures with little emphasis placed on the decision-making processes which led to the procedure. This approach to medical education may produce efficient interns but not necessarily good physicians. The student on the Surgical Clerkship is encouraged to develop not just as technicians but more importantly to build a solid cognitive knowledge base and critical thinking skills. This goal will require the student to participate in an appropriate blend of clinical and self-educational activities throughout the Clerkship.

We believe that the interaction between student and faculty is a critical component of the Clerkship experience. Although interaction with surgical house staff is important, this interaction can never replace the active exchange between students and faculty. Faculty provides ongoing feedback to students, and they are role models exemplifying how surgeons approach problems and interact with patients, families and other professionals. The Clerkship encourages all students to actively seek feedback from the physicians with whom they work. This should be done on an ongoing, daily basis. A formal session with supporting documentation is required at the middle of the rotation.
II. EDUCATIONAL PROGRAM OBJECTIVES

Surgery Clerkship Objectives
&
Keck School of Medicine Objectives (bold and in parentheses)

Upon completion of training, the student will be able to:

Describe the natural history of diseases important to surgical disciplines.
Describe when operative versus non-operative therapy is indicated.
Discuss the indications for, limitations, immediate effects, and long-term results of surgery as a means of altering or limiting disease.
Discuss the limitations of various surgical procedures.
(Medical Knowledge)

Discuss the inter-relationships between the various disciplines of medicine.
Demonstrate effective interpersonal relationships with patients, their families, and other medical and paramedical personnel involved in patient care.
(Interpersonal and Communication Skills)

Demonstrate evidence of reading in the basic and behavioral sciences in relation to clinical encounters.
When appropriate, describe the basic and behavioral science material relevant to patient care.
(Using Basic Science in the Practice of Medicine)

Demonstrate the ability to obtain an accurate history.
Demonstrate the ability to perform an appropriate, focused physical examination.
Demonstrate the ability to appropriately interpret laboratory and imaging studies.
Perform accurate and concise oral case presentations.
(Basic Clinical Skills)

Utilize information obtained during the clinical examination and diagnostic studies to arrive at an accurate diagnosis.
Demonstrate effective problem-solving skills.
(Patient Care)

Demonstrate knowledge of the social and community contexts of health care.
Effectively respond to the factors that influence health, disease, and disability including sociocultural, familial, psychological, legal, economical, environmental, political and spiritual aspects of health and health care delivery those seeking health care.
(Social and Community Contexts of Health Care)

Act in an ethical manner and identify any personal ethical challenges or lapses.
Identify ethical issues related to patient care and health policies.
(Ethical Judgment)

Evaluate surgery as a discipline in arriving at a career decision.
Demonstrate positive response to constructive feedback by others.
Delineate how personal behaviors impact student colleagues, faculty, patients, and other
members of the health care team.
Articulate professional goals.
Identify signs of personal stress, develop time management plans, and actively seek help and advice when needed.

**Self-Awareness, Self-Care and Personal Growth**

Demonstrate consideration for patient’s comfort and concern for feelings and privacy during interviews and examinations.
Demonstrate reliability, dependability, integrity, and courtesy in all learning settings.
Demonstrate emotional maturity and appropriately resolve tensions and conflicts.
Model good leadership in interactions with others.
Recognize and describe own role and the roles of other members of the team.
Demonstrate the pursuit of excellence in clerkship activities.

**Professionalism**

Actively seek out feedback regarding own performance from faculty and residents.

**Lifelong Learning**
III. STRUCTURE

During the 12 week Surgery Clerkship you will work in a variety of settings. During Surgery I, the first six weeks, you will be assigned to two three-week blocks of either Trauma, Colorectal Surgery, General Surgery (ESS) or Cardiothoracic Surgery. In Surgery II, the second six-week block, you will be assigned to two sub-specialties for three weeks each.

Each student will function as a member of the house staff team as far as the Clerkship schedule will permit. Students will be responsible for between two to four patients on their assigned service. This responsibility includes the following: performance of admission history and physical examination, scheduling of diagnostic tests, data collection, writing progress notes, and participating in the operative procedure and postoperative care of the patient until discharge from the hospital. Daytime activities will include participation in assigned cases in the operating room or assigned participation in other Clerkship learning activities. These assigned learning activities take priority over ward work.

IV. LEARNING ACTIVITIES

There will be six to ten hours of learning activities each week. These sessions will be divided into case-based core curriculum lectures, workshops, bedside tutorials, labs, as well as independent study time.

A. CORE CURRICULUM/PROBLEM BASED LEARNING

Core Curriculum lectures will be held each afternoon in room 9241 for Surgery I and room 8420 for Surgery II unless otherwise indicated on the Lecture Schedule white boards located outside of the Clerkship office. Objectives for lectures are found in the syllabus and/or attached to the lecture handouts. It is important that students prepare for class by reviewing the objectives ahead of time. Learning sessions are designed to provide an opportunity for active learning with faculty-student exchange.

Please note that attendance for all lectures is mandatory. Absence from a lecture is not an option unless you have obtained prior permission from either of the Medical Student Educators and submitted an Absence Request form. Should you miss a lecture for any reason, excused or unexcused, you will be required to turn in the written answers to the objectives for the lecture that was missed. More than two unexcused lectures may result in failure of the Clerkship. Students need be aware of the fact that it is a violation of the code of Professional Behavior to complete an evaluation for or indicate attendance at lectures, bedside tutorials, outpatient clinics, or any other learning experience during the Clerkship if they were not in attendance.

Students who are post-call are excused from learning activities. All other students are required to attend.
B. BEDSIDE TUTORIALS

Bedside tutorials are designed to promote teaching and interaction with faculty members. A variety of methods for presentation are utilized by varying faculty members. Students will meet a faculty member on a designated ward and/or conference room and will have the opportunity to interact in a small group setting with fellow students and a faculty member.

C. INDEPENDENT STUDY HOURS

Independent Study Hours are protected times for students to prepare for core curriculum, patient rounds, or surgical cases. Every effort is made by the staff to save hours each week for this purpose. Students are encouraged to utilize this time for studying.

D. CLINIC ASSIGNMENTS

Since much of medical practice is conducted in the outpatient environment, the Clerkship will emphasize student participation in the surgical clinics. Students are required to attend the clinics during their focused service.

E. SURGICAL OSCE

During week six of the Clerkship, students will have the opportunity to perform a history and physical on two standardized patients (SPs). These SP encounters closely represent the OSCE portion of the final examination. Students will receive formative feedback from the Medical Student Educator, as well as an SP, regarding their performance while examining and interacting with the “patient.” Students may later review the taped OSCE as a method of self assessment. This may be arranged within two to three weeks after the OSCE by contacting Denise Souder, MSE Standardized Patient Program (dsouder@usc.edu). Appointments are available Monday through Friday, 9:00 a.m. to 3:30 when the SP Program is not engaged in testing or assessment activities. No appointments will be made in the two weeks prior to the Surgery OSCE.

Students are required to bring stethoscopes to the OSCE. Students must wear a lab coat. Scrubs may be worn. The OSCE is not available for make up dates.

F. SKILLS LABS

Prior to the beginning of the third year, all students attended a day long session entitled “Skills and Thrills” in which they were taught a number of skills at the Surgical Skills Center. Throughout the third year, students are required to perform these skills under supervision in the clinical setting. Documentation in the “Skills and Thrills Procedural Log Book” is required. The log will be turned in at the end of the year. It is expected that students will share this requirement with their teams and seek assistance as needed. Medical Student Educators may also sign off students on skills as needed.
G. MORBIDITY & MORTALITY CONFERENCE

Surgery I students are required to attend the weekly Morbidity and Mortality Conference held each Friday morning from 7:00 to 8:00 a.m., in the Doheny Vision and Research Center (DVRC Building -1355 San Pablo, 1st floor). Surgery II students are required to attend the conference if their subspecialty attends.

H. SURGICAL GRAND ROUNDS

Students are required to attend Surgical Grand Rounds which are held on Fridays from 8:30 -9:30 a.m., also in the DVRC. If, however, a student’s assigned sub-specialty holds department weekly Grand Rounds, attendance with their team is expected and they are therefore excused from attending Surgery Grand Rounds. The exception to this requirement is if a Visiting Professor is scheduled, in which case, attendance for all students is mandatory.

I. ICU PATIENT NOTE AND PATIENT WRITE-UP

Students are required to submit one ICU Patient Note and one Patient Write-Up for the Surgery Clerkship. The ICU patient note will be completed during Surgery I and the patient write-up will be completed during Surgery II. Requirements for each, as well as sample documents, will be distributed at orientation. The ICU Patient Note which will be evaluated by the MSE, is due no later than the last Friday of Surgery I. The Patient Write-Up is due by the 11th Friday of the Clerkship and will be graded by either a faculty or house staff member as designated by the student. Students will receive feedback on their ICU Patient Note and Patient Write-Up, as well as a grade of Pass or Fail. Those given a failing grade must repeat the assignment until a passing grade is obtained. Due dates are not negotiable. If due dates are not met, an additional ICU Patient Note or Patient Write-Up will be required.

J. PATIENT ENCOUNTERS

During the Clerkship, students are required to enter a minimum of eight patient encounters on both Surgery I and Surgery II. The eight encounters for Surgery I are to be chosen from the diagnoses on the Practice Profile list below. Due to the wide variety of diagnoses students may experience in Surgery II, the eight required encounters need not be confined to those on the list but should be of varying diagnoses. A free text box is available for Surgery II students to enter their encounters. Four encounters must be entered on myMedWeb at least every three weeks. They should be comprehensive and include patient information, diagnosis, service/skills and a clinical summary (see Attachment A).

Student Practice Profile/Must See List

Abdominal Pain
Acute Cholecystitis
Arterial Bleeding
Bowel Obstruction
Closed Head Injury
Diverticulitis
Hernia
Hypovolemia
Malignacies
Multi System Organ Failure
Postoperative Pain
Sepsis
Shock
Surgical Site Infection
Trauma - Blunt
Trauma - Penetrating
Other/Free Text Box

To access teaching cases on myMedWeb, click links in the following order:

- Systems Clerkship
- Resources
- Clerkship General Resources
- Surgery
- Patient Encounters
- SPP Cases

V. INDEPENDENT READING

The suggested texts for this Clerkship are Current Surgical Diagnosis and Treatment, 12th edition, edited by Gerard M. Doherty and Lawrence W. Way and Essentials of General Surgery, 4th edition, by Peter Lawrence. It is strongly recommended that students extensively read texts versus relying solely on review books in preparation for learning activities, clinical experiences and examinations. Adjunct references that students find useful are NMS - Surgery Casebook by Bruce E. Jarrell, Pre Test / Surgery by Norman J. Snow and Surgical Recall by Lorne H. Blackbourne. It is expected that the student will spend approximately 8-12 hours per week reading independently. Additionally, all students are excused from clinical activity on either Saturday or Sunday to allow an extra block of time for independent study.

VI. NIGHT CALL ACTIVITY FOR SURGERY I

Each student will be assigned six call nights during Surgery I for an average of one call per week. During these call nights the student is expected to remain with their team and participate in all team activities. Trauma calls begin with morning rounds. Night call with Emergency Surgical Services begins at 5:00 p.m., after lecture. Students are expected to work with their team until the team leaves for the day.

During the call period, the senior resident will encourage the students to spend equal amounts of time involved in the three principle activities of:

- Resuscitation and patient workup in the Emergency Room or 1202
- Participation in operative cases
- Accompanying the resident on ward and ICU consultations

To ensure active participation in all call activities, students are required to have their call night checklist signed at the end of each call night. The document must be submitted to the
office at the end of the sixth week. If this is not done, the student may be required to repeat the Surgical Clerkship.

VII. EVALUATION AND GRADING

As with other Clerkships a compensatory grading system is utilized in the Surgery Clerkship. The grading scale for the Clerkship is as follows:

- Honors 92 or >
- High Pass 78-91
- Pass 69-77
- Fail 69 & <

The following components contribute to the final grade.

- **WARD EVALUATIONS** are 50% of the grade
  - Emergency Surgical Services = 12.5%
  - Trauma Surgery = 12.5%
  - Surgery II Subspecialty Block I = 12.5%
  - Surgery II Subspecialty Block II = 12.5%

  Ward Performance Evaluations are written evaluations completed by faculty members and residents, PGY-II and above. All members of teams will be asked to evaluate the students with whom they work. A limited contact is available to the evaluator.

- **EXAMINATIONS** are 50% of the grade
  - Subject Exam = 25%
  - OSCE = 25%

Students are required to pass all examinations and ward evaluations and meet the following conditions to pass the Clerkship:

- Receive a grade of Pass for both the ICU Note and the Patient Write-Up
- Submit Mid Rotation Feedback forms for Surgery I and Surgery II (the purpose of this form is to generate a conversation focused on direct feedback from an attending or resident with whom the student has been working).
- Attend all mandatory student sessions (or have properly documented excused absences).
- Enter a minimum of eight patient encounters on myMedWeb for both Surgery I and Surgery II
- Complete all of the clerkship evaluation forms on the myMedWeb system by the Surgery Clerkship posted deadlines.

Final evaluations will not be released to the Office of Student Affairs until students have completed the above mentioned requirements. Difficulty in meeting such requirements may be documented in the narrative portion of the final evaluation.
A. THE FOLLOWING GRADES ARE POSSIBLE

A grade of HONORS will be given to those students who have completed all clerkship criteria and whose final composite score is greater than or equal to the designated Surgery Clerkship Honors scale. At the end of the academic year, Surgery grades may be adjusted to ensure that 15-20% of students will Honor the Surgery Clerkship. A student will not be eligible for Honors if they receive an unexcused absence from lecture, if they fail to report an absence to their team and/or if they are late in turning in any component of their Clerkship requirements. Additionally, any unprofessional behavior will prohibit the student from receiving Honors at the discretion of the Clerkship Director and the Medical Student Educators.

A grade of HIGH PASS will be given to those students who have completed all clerkship criteria and whose final composite score is greater than or equal to the designated Surgery Clerkship High Pass scale.

A grade of PASS will be given to those students who have completed all clerkship criteria and whose final composite score is greater than or equal to the designated Surgery Clerkship Pass scale.

A grade of FAIL will be given in the following situations:

- If a student falls below the passing score on the cumulative scale, on a second examination attempt (both the OSCE and the Subject Examination may be repeated once)
- If a student fails to demonstrate minimal competence (Pass) based on overall clerkship performance as indicated by two house officers and/or one surgical faculty along with the Clerkship director and the Department Chairman
- If a student receives an unexcused absence for a Subject Exam
- If a student fails to resolve an Incomplete
- If a student displays any unprofessional behavior as outlined in the Student Handbook or other published curricular materials, e.g., Conduct of Professional Behavior, ICM manual or PPM manual

If a student receives a grade of Fail, the student must repeat the Surgery Clerkship. The student may be required to repeat only the component of the clerkship that he/she failed, at the discretion of the Clerkship Director.

A grade of Incomplete will be given if a student has obtained permission to postpone completion of any required learning activity. The student will be given no longer than six months to complete the outstanding work.

The Department of Surgery follows the guidelines for evaluation, due process and enforces the Code of Professional Behavior as described in the Student Handbook published by the Student Affairs Divisions of the School of Medicine. Please refer to the handbook for further questions on grading policies or visit their website at: www.usc.edu/hsc/medicine/student.
B. SUBJECT EXAM

The National Board of Medical Examiners does not permit the administration of the examination individually, early or late. Subject Exams are administered every six weeks and are returned to the National Board of Medical Examiners within 24 hours of administration. If a student is unable to take the Subject Examination on the final day of the Surgery Clerkship, they will be required to take the examination at the next administration, six weeks later. Students having to take a late Subject Examination may be required to take two examinations on the final day of the following clerkship.

If a student has an emergency and is unable to take the Subject Examination on the designated date, they must contact the Medical Student Educator and/or the Clerkship Director. In addition, the student must contact the Associate Dean for Student Affairs or the Assistant Dean for Curriculum and Student Affairs to be excused from the examination on their assigned day or an unexcused absence will be recorded as a “zero” grade for the Subject Examination and will result in a final grade of “Fail” for the clerkship.

Because the Subject Exam is a National Board examination, students who traditionally receive special accommodations on Keck examinations will not automatically be eligible for accommodations on the Subject Examination. If the students were given accommodations for USMLE Step 1 they must present appropriate documentation to the Curriculum Office to receive the same accommodations on the Subject Examination.

A passing score on the Surgery Subject Examination is required in order to Pass the Clerkship. Students must obtain a score at or above the National third percentile for the quarter in which the examination is taken. Students with scores below the third percentile will be required to repeat the examination and obtain a passing score in order to receive a passing grade for the Clerkship. In this case, the highest grade the student is eligible to receive is a Pass.

Final grades and letters to the Dean will be calculated approximately six weeks after completion of the clerkship.

C. OSCE

The Surgery OSCE will take place the final week of the clerkship. Professional attire is required. Needed examination equipment will be provided, with the exception of stethoscopes, which must be brought by the students. Failure to comply with the above may result in failure of the OSCE. The OSCE is not available for make up dates.

VIII. DUTY HOURS AND DAYS OFF

Duty hours are defined as all clinical and academic activities related to the students, i.e., patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

Duty hours must be limited to 80 hours per week, inclusive of all in-house call activities.
All students will receive one day off per week. One day is defined as one continuous 24-hour period free from all clinical, educational and administrative activities.

**IX. ILLNESSES AND ABSENCES**

Unfortunately, illnesses and personal emergencies do occur. It is, however, the responsibility of the student to contact the Medical Student Educator on the day of the absence, as well as, a senior member of the team with whom they are working to inform them that they will be unable to work that day. In the case of an extended absence (two days or more), a note from a physician who is not a relative is required and the absence will be reported to the Office of Student Affairs. Refer to the Keck School of Medicine Student handbook – clerkship policy on myMedWeb. – http://medweb.usc.edu/site/clerkships/surgery.

In addition, it is recognized that the overlapping of surgical cases and learning activities occurs. If on occasion, a student is particularly interested in attending a case which is scheduled during a mandatory session, alerting the Clerkship Coordinator or MSE before entering the case is expected. Not doing so is considered an unexcused absence.

A physician’s note may be requested for any absence at the discretion of the MSE or the Clerkship Director. All absences must be made up. This includes submitting written objectives for lectures missed and making up the missed work hours. The plan for the make-up of time missed will be determined by the Medical Student Educator and/or the Clerkship Director. Unexcused absences are grounds for failing the rotation.

Anticipated absences must be approved in advance by the Clerkship Director or designee, and the required Student Absence Request Form must be submitted along with supportive documentation. It is recommended that this be done at least six weeks in advance of the start of the clerkship to be considered for approval.

Neither USMLE nor ACLS will be considered an excused absence. Such testing must be taken during vacation time.

Residency interviews scheduled during a clerkship, elective or selective must be approved in advance. Printed email verification of the invitation to interview must be submitted with the request.

While faculty will try to accommodate reasonable requests, students are not guaranteed time away from clerkship activity. No more than three days of excused absences (to include official holidays) can be anticipated during a clerkship. All absences, excused or unexcused, must be made up before a passing grade can be assigned. The specific make-up activities will be determined by the Clerkship Director. Only by successfully petitioning the Clinical Sciences Performance Committee may a student obtain a waiver from having to make up lost time. Students should take vacation time if they anticipate a need for more than 3 absences during a clerkship.

Unexcused absences from a clerkship may be grounds for failing and/or disciplinary action. Any unexcused absence makes the student ineligible to earn a final grade of “Honors,” and may be grounds for failure regardless of final exam or clinical performance evaluations.
Additionally, failing to notify staff or faculty in the clerkship office when a student is unable to attend lecture may preclude them from earning a final grade of “Honors”, at the discretion of the Clerkship Director.
Medical Student Documentation using “MyMedWeb.usc.edu”

**Patient Encounters**

“myMedWeb” is a highly specialized information system used throughout the four year medical school curriculum. In addition to course materials, class schedules, web-based educational programs and interactive links, patient encounters and clerkship evaluations are accessed through the system.

**Patient Encounters** are brief summaries of the student’s interaction with assigned patients. The rationale for the timely completion of patient encounters is twofold. In addition to providing the student with readily accessible patient profiles, it enables the faculty to review the number, complexity and breadth of clinical experiences the student is afforded during the clerkship. The patient encounter format is concise and allows the student to describe relevant patient findings reflected through the history, physical examination, assessment and plan.

The data that is collected and aggregated through the Patient Encounters provides a representation of the patient population and clinical site which allows faculty to evaluate and revise the clinical experience as it relates to the core curriculum objectives and competencies.

**Inpatient Encounters**

During the Clerkship, you will be required to enter 16 patient encounters (eight for Surgery I and eight for Surgery II). The encounters should be comprehensive and include:

**Encounter Information:**

Date, Location, Attending, Resident, Student

**Patient Information:**

Admission date, Alias

- Patient’s last name is Johnson
- Patient’s pf# is 1234567
- Patient’s alias is son567

Age, Ethnicity, Gender

**Diagnosis:** The diagnosis should be selected from the drop down menu. If the diagnosis is not available as a drop down, then the diagnosis can be entered in the free text box located just below the diagnosis drop down menu.

**Service/Skills:** A list of procedures related to the current clerkship will appear. Procedures that the student has been involved in should be selected from the drop down menu. Additionally, the student should select the level of involvement as “observed, assisted, or
performed,” for the particular procedure. In the case of Surgery II, if a student is involved in procedures that are not on the list, the student may enter the procedure in the free text box.

**Clinical Summary:** A concise summary of the patient’s inpatient clinical course should be entered in the text box. This is a required field and the encounter cannot be submitted if this field is left blank.

The student can add additional information to the encounter at any time using the web site to access the encounter. If the hand held device is used then the student must sync their device before they can add additional information.

**Inpatient Encounter Sample:**

**Review Encounters > Encounter Detail**

**Encounter Information**

System/ Clerkship: Surgery  

Encounter Date: 06/13/2008  

Location: Keck School of Medicine/USC  

Attending: Helen Sun  

Resident: Allyson Moon  

Student: Amy Star

**Patient Information**

Admitted Date: 06/12/2008  

Alias: NAS214  

Age: 54 years  

Inpatient/Outpatient: Inpatient  

Ethnicity: Hispanic  

Gender: Female

**Diagnoses**

Hernia
**Service/Skills**

**Level of Involvement**

Follow-up evaluation  
Performed

**Clinical Summary**

User Comments:

54 year old Hispanic female with history of incisional hernia x 3 years presented to LAC-USC for scheduled repair. She underwent an open ventral hernia repair with mesh. The hernia was approximately 13 x 25 cm in size in the mid-abdominal region. Due to a number of previous surgeries (two cesarean sections, appendectomy, and 2 previous hernia repairs), the patient had a number of intra-abdominal adhesions, making open repair a better choice than laproscopic. The surgery was completed without complication and the patient is currently on the floor. Once her pain has been managed, she is able to ambulate, and tolerating an oral diet, she will be sent home and scheduled for a follow up appointment.
Keck School of Medicine
Grading policy for Required Clerkships

Clinical
The clinical performance component of the clerkship will represent at least 50% of the student’s grade.

Grading System
The designations for final clerkship grades are Honors, High Pass, Pass and Fail. In general, individual faculty or residents will not assign any of the above grades; only the clerkship directors will assign one of the designations listed above. Therefore, internal clerkship evaluation forms will not have these designations.

The grading policy for each clerkship must be clearly described and distributed to the students at the orientation to the clerkship. The grading policy should place accurate, appropriate significance on the clinical performance of students and enable students to demonstrate acquisition of required knowledge, skills and professional behavior and attitudes. Ideally, the criteria will be described with sufficient clarity and detail that students will readily understand the behavioral basis for each of the possible final clerkship grades.

Honors, High Pass and Pass criteria will be delineated by each clerkship. If a student fails an examination on the first attempt and then successfully passes the retake of the examination the highest grade the student can earn for that clerkship is a Pass. Additionally, the highest grade a student can earn is Pass if a student fails to complete any required assignment that is due prior to the final day of the clerkship and the student has not been previously excused by the clerkship director or medical student educator. If the uncompleted work represents a significant portion of the clerkship requirements the student may receive a grade of Fail. This policy reflects the high priority that we place on professionalism; failure to complete assignments in a timely manner clearly demonstrates a lack of professionalism.

Incomplete is not a final grade but rather a designation that can be used if a student has been excused for an absence, if the student has to repeat an examination or if a student has been excused from completing a required component of the clerkship. Any missing work or clinical assignments must be completed at the earliest possible date as determined by the clerkship director with an attempt not to exceed six weeks after the end of the clerkship. The student should not be given longer than six months to complete any outstanding work. This deadline can only be extended by the Associate Dean of Student Affairs or the Assistant Dean of Curriculum and Student Affairs, Clinical Sciences. The deadline and requirements to be completed to advance the grade of Incomplete to a passing grade must be clearly defined and listed on the clerkship evaluation form that is submitted to the Office of Student Affairs. If the outstanding work is not completed by the deadline the Incomplete will become a Fail and appear as part of the permanent transcript.
A grade of Fail will be given in the following situations:

1. If a student fails an examination on a second attempt a grade of Fail will be given for that clerkship and the student will be required to repeat the clerkship.
2. Failure to demonstrate minimal competence based on overall clerkship performance.
3. Any unprofessional behavior as outlined in the Student Handbook or other published curricular materials, e.g., ICM manual, PPM manual.
4. Failure to resolve the Incomplete will result in a mark of expired Incomplete which will be recorded as a Fail on the student’s transcript.

If a student receives a grade of Fail, the student must repeat the clerkship. The student may be required to repeat only the component of the clerkship that he/she failed, at the discretion of the clerkship director.

As of June 7, 2004 a grade of Fail will remain on the student’s transcript along with the subsequent passing grade and become a part of the student’s permanent record.
Checklist for Physical Examination Skills

**Breast Exam**

1. Inspect breasts with patient in sitting position.
2. Ask patient to perform maneuver to accentuate skin dimpling (must do 2 of 3 maneuvers: lean forward, pectoralis contraction, raise arms above head).
3. Perform axillary exam with patient in the sitting position (holds elbow and encourages arm relaxation).
4. Examine for supraclavicular nodes.
5. Perform quadrant sweep maneuver to localize and elicit discharge only if spontaneous nipple discharge is present.
6. Palpate breasts in a systemic fashion using the strip or circle method. Must be done with patient in supine position with arm raised over head. Must cover all breast tissue including tail.
7. Cover breast not being examined.
8. Male breast should be examined and palpated as well.

**Chest Exam**

1. Ask patient to sit up for exam (or roll on side if seriously ill).
2. Ask patient to breathe with mouth open.
3. Inspection performed (respiratory pattern, increased AP diameter, barrel chest, asymmetry, masses, lips and nails).
4. Palpate chest wall for tenderness, crepitus, respiratory excursion.
5. Percusse anterior and posterior chest wall.
6. Rotate back and forth from right to left chest for comparison in percussion.
7. Check bilaterally for diaphragm excursion.
8. Auscultate anterior and posterior chest wall.
9. Rotate back and forth from right to left chest for comparison on auscultation.
10. Auscultate apices in supraclavicular areas.

**Abdomen Exam**

1. Place patient supine with head on pillow.
2. Remove all clothing from abdomen.
3. Inspect abdomen before auscultation or percussion.
4. Auscultate in at least two quadrants.
5. Auscultate before percussion or palpation.
6. Percuss abdomen.
7. Assess for peritoneal signs before palpation.
8. Palpate all four quadrants (painful quadrant last).
9. Watch face during palpation.
10. Palpate superficially first, then more deeply.
11. Attempt to define liver edge beginning inferiorly and progressing superiorly on the right side.
12. Palpate liver edge during inspiration.
14. Palpate for spleen tip.
15. If indicated test for ascites, abdominal wall defect, costovertebral angle tenderness, and palpate suprapubic area.

GU/Hernia Exam

1. Perform exam seated in front of patient with patient standing.
2. Ask patient to strain (cough, Valsalva, etc.) for exam of inguinal floor.
3. Place fingers over inguinal floor during straining maneuver.
4. Palpate inguinal floor without having patient strain.
5. Place finger at external ring.
6. Examine right external ring with right fifth finger.
7. Examine left external ring with left fifth finger.
8. Inspect penis.
9. Inspect both testes.
10. Inspect cord bilaterally.
11. Examine medial thigh below inguinal ligament for femoral hernia with straining maneuvers.

Vascular Exam

1. Palpate carotids superficially and separately.
2. Auscultate both carotids with bell of stethoscope.
3. Palpate brachial arteries simultaneously.
4. Palpate radial arteries simultaneously.
5. Palpate femoral arteries simultaneously and listen to both with bell of stethoscope.
7. Palpate posterior tibialis arteries simultaneously.
8. Palpate dorsalis pedis arteries simultaneously.
10. Auscultate aorta for bruits.
11. Auscultate renal arteries with bell of stethoscope.

Rectal Exam

1. Inspect perianal area.
2. Perform digital examination.
3. Inspect stool, checks for occult blood.
4. Palpate prostate.