GENERAL SURGERY AND SURGICAL SUB-SPECIALTY CLERKSHIP MANUAL
KECK SCHOOL OF MEDICINE
2016-2017
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I. INTRODUCTION

Welcome to Surgery! We hope that you find it an invigorating and positive educational experience. The purpose of this manual is to provide you with the expectations of the clerkships 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 clerkships are structured for students who are self-initiating and highly motivated to seek out opportunities for learning.

A major element of the Surgery Clerkships 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 a technician, 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. LEARNING OBJECTIVES

Keck School of Medicine of USC Medical Student Program Objectives and Learner Outcome Objectives for Surgery Clerkship 2016-2017

*Updated May 25, 2016 by MEC*

The KSOM Physician-Citizen-Scientist curriculum is a competency-based curriculum. It is desired that our physician graduates be inspired and able to make original contributions as skilled clinicians, as scientists advancing the field of medicine, and as compassionate citizens improving health and healthcare delivery locally and globally. Upon completion of the four-year course of medical training, the graduating student will be able to:

<table>
<thead>
<tr>
<th>Keck School of Medicine Educational Objectives</th>
<th>Learner Outcome Objectives</th>
<th>Learning Format</th>
<th>Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Medical Knowledge:</td>
<td>- Describe the natural history of diseases important to surgical disciplines.</td>
<td>- Clerkship Orientation</td>
<td>- OSCE</td>
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<tr>
<td>Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences and apply this knowledge in real and simulated patient care settings.</td>
<td>- Describe when operative versus non-operative therapy is indicated.</td>
<td>- Lecture series</td>
<td>- Subject exam</td>
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<td>- Discuss the risks and benefits of various surgical procedures.</td>
<td>- Textbooks</td>
<td>- Clinical Experience Portfolio (General Surgery only)</td>
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<td>- Demonstrate evidence of reading in the basic and behavioral sciences in relation to clinical encounters.</td>
<td>- Faculty mentor sessions</td>
<td>- ICU note and Patient write-ups</td>
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<td>- When appropriate, describe the basic and behavioral science material relevant to patient care.</td>
<td>- Floor, Unit and Grand rounds</td>
<td>- End of Clerkship evaluation</td>
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<td></td>
<td>- Clerkship Orientation</td>
<td>- Clinical learning workshops</td>
<td>Summative clinical evaluations</td>
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<tr>
<td></td>
<td>- Lecture series</td>
<td>- Feedback from faculty, residents and medical student educators</td>
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<td>2. Patient Care:</td>
<td>- Obtain an accurate history.</td>
<td>- Clerkship Orientation</td>
<td>- OSCE</td>
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<td>Provide patient care that is compassionate, appropriate, and effective for the prevention and treatment of health problems and the promotion of health including demonstrating:</td>
<td>- Perform an accurate physical examination.</td>
<td>- Lecture series</td>
<td>Subject exam</td>
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<tr>
<td>a) Basic clinical skills of history taking and physical examination;</td>
<td>- Appropriately interpret laboratory and imaging studies.</td>
<td>- Textbooks</td>
<td>Clinical Experience Portfolio (General Surgery only)</td>
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<td>b) Clinical reasoning including appropriate selection and interpretation of clinical procedures and diagnostic tests; and</td>
<td>- Perform accurate and concise oral case presentations.</td>
<td>- Faculty mentor sessions</td>
<td>ICU note and Patient write-ups</td>
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<tr>
<td>c) Patient care activities in real and simulated settings, e.g., patient education and performance of designated technical skills.</td>
<td>- Utilize information obtained during the clinical examination and diagnostic studies to arrive at an accurate diagnosis.</td>
<td>- Floor, Unit and Grand rounds</td>
<td>End of Clerkship evaluation</td>
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<td>- Demonstrate effective problem-solving skills.</td>
<td>- Clinical learning workshops</td>
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<td>- Demonstrate the ability to develop and implement a management plan to care for surgical patients with the guidance of faculty and residents.</td>
<td>- Feedback from faculty, residents and medical student educators</td>
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<td>- Demonstrate proficiency in the preoperative preparation of patients for surgery and routine post-operative care with the guidance of faculty and residents.</td>
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<td>a) Listen and communicate clearly with patients, families, and health care team members using effective nonverbal, verbal, and writing skills.</td>
<td>a) Identify ethical principles and apply them to medical practice and research, the business of medicine and health policy.</td>
<td>a) Demonstrate a commitment to excellence in carrying out professional responsibilities.</td>
<td>a) Identify and perform appropriate learning activities.</td>
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<td>b) Collaborate effectively with others in the classroom, clinical setting, and community at large.</td>
<td>b) Demonstrate adherence to ethical principles.</td>
<td>b) Act with altruism, honor and integrity in professional life.</td>
<td>b) Identify strengths,</td>
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<td>c) Identify alternative resolutions of ethical dilemmas.</td>
<td>c) Demonstrate accountability for one’s own actions.</td>
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<td>d) Act in a respectful manner toward patients, faculty, colleagues and staff.</td>
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<td>e) Discuss the activities required for maintenance of emotional, physical and mental health.</td>
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<td>• Demonstrate respect for all members of the health care team.</td>
<td>• Act in an ethical manner and identify any personal challenges in this area.</td>
<td>• When appropriate, delineate how personal behaviors impact student colleagues, faculty, patients, and other members of the health care team.</td>
<td>• Commit to ongoing self-evaluation and life-long learning to improve patient care.</td>
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<td>• Communicate effectively with patients, their families, and other medical and paramedical personnel involved in patient care.</td>
<td>• Identify ethical issues related to patient care and health policies.</td>
<td>• Demonstrate consideration for patient’s comfort and concern for feelings and privacy during interviews and examinations.</td>
<td>• Demonstrate positive response to constructive feedback.</td>
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<td>• Maintain complete and legible patient care related documentation.</td>
<td>• Protect information as determined by HIPAA regulations.</td>
<td>• Demonstrate reliability, dependability, integrity, and courtesy in all learning settings.</td>
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<td>• Act in an ethical manner and identify any personal challenges in this area.</td>
<td>• Identify ethical issues related to patient care and health policies.</td>
<td>• Demonstrate emotional maturity and appropriately resolve tensions and conflicts.</td>
<td>• Commit to ongoing self-evaluation and life-long learning to improve patient care.</td>
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<td>• When appropriate, delineate how personal behaviors impact student colleagues, faculty, patients, and other members of the health care team.</td>
<td>• Recognize and describe own role and the roles of other members of the team.</td>
<td>• Demonstrate positive response to constructive feedback.</td>
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deficiencies, and limits in his/her knowledge and expertise.

c) Set and accomplish learning and improvement goals.

d) Incorporate formative feedback and evaluation into daily practice.

e) Complete ongoing self-evaluation and lifelong learning activities to improve patient care.

feedback by others.

- Actively seek out feedback regarding own performance from faculty and residents.
- Actively participate in all clerkship educational activities and utilize information to support his/her learning.

- Feedback from faculty, residents, and medical student educators

- End of Clerkship evaluation
- Summative clinical evaluations

7. Community and Systems-Based Practice:

a) Demonstrate knowledge of the social and community contexts of health care and respond effectively to the many factors that influence health, disease, and disability.

b) Discuss issues in the health care system including health disparities, population-based care, advocacy, health policy, health care quality, technology, and resource utilization and patient safety.

c) Effectively develop, implement, and present a community-based project.

- Describe how the health care organization affects the care of surgical patients.

- Clerkship Orientation
- Lecture series
- Textbooks
- Faculty mentor sessions
- Floor, Unit, and Grand rounds
- Clinical learning workshops
- Feedback from faculty, residents, and medical student educators

- OSCE
- Subject exam
- Clinical Experience Portfolio (General Surgery only)
- ICU note and Patient write-ups
- End of Clerkship evaluation
- Summative clinical evaluations

8. Scholarship:

a) Conduct a focused literature search, critically appraise the medical literature and apply best evidence to patient health problems.

b) Apply clinical research studies and clinical translational research to patient care.

c) Develop appropriate research questions for a scholarly project.

d) Conduct a research project in a manner that respects the rights of human subjects.

e) Effectively communicate research findings with colleagues.

- Describe how clinical research studies and clinical translational research are applied to patient care.

- Present findings on rounds.

- Submit a patient care write-up per clerkship guidelines, including literature evidence supporting conclusions.

- Clerkship Orientation Seminar
- Lecture series
- Textbooks
- Faculty mentor sessions
- Floor, Unit, and Grand rounds
- Clinical learning workshops
- Feedback from faculty, residents, and medical student educators

- OSCE
- Subject exam
- Clinical Experience Portfolio (General Surgery only)
- ICU note and Patient write-ups
- End of Clerkship evaluation
- Summative clinical evaluations

## III. STRUCTURE

### A. GENERAL SURGERY CLERKSHIP

During the Clerkship, students work in a variety of settings. Students will be assigned to one three-week block of Acute Care Surgery and a second three-week block on one of the following General Surgery Services: Colorectal Surgery, GI/General Surgery, Hepatobiliary Surgery, or Minimally Invasive Surgery.
B. SURGICAL SUB-SPECIALTY, THIRD YEAR
On this clerkship, students will be assigned to two sub-specialties for three weeks each. Possible services include: Breast/Soft Tissue, Breast/Soft Tissue/Endocrine, Burn Surgery, Cardiothoracic Surgery, Hepatobiliary Transplant, Neurosurgery, Orthopedic Trauma Surgery, Orthopedic Hand Surgery, Otolaryngology, Pediatric Surgery, Plastic Surgery, Spine Surgery, Urology, and Vascular Surgery.

C. SURGICAL SUB-SPECIALTY, FOURTH YEAR
On this clerkship, students will be assigned to one of the above sub-specialties for four weeks.

For all of the Surgical Clerkships, students will function as members of the house staff team as far as the clerkship schedule will permit. Students will be responsible for 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, clinic or assigned participation in other clerkship learning activities. These assigned learning activities take priority over ward work.

IV. CLINICAL LEARNING ACTIVITIES

A. NIGHT CALL ACTIVITY FOR GENERAL SURGERY
Each student will be assigned four call nights while on Acute Care Services (ACS). During these call nights the student is expected to remain with their team and participate in all team activities. Acute Care Services call begins with morning pass on rounds. Students are expected to work with their team until the team leaves the following 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 the Trauma Observation Unit
- 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 Clerkship office at the end of the sixth week.

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. 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 clinics on their focused services.

D. SKILLS LABS
Skills labs will be held throughout the clerkships to assist the student in learning techniques for performing a variety of skills. After attending the mandatory sessions, students will be expected to perform some of the skills under supervision in the clinic setting and are encouraged to actively seek out opportunities for practice. In addition, there is an OSATs (Objective Structured Assessment of Technical Skills) component to the OSCEs (Objective Structured Clinical Examination).

E. GENERAL SURGERY - ICU PATIENT NOTE
Students are required to submit one ICU patient note that will be graded. Requirements for the note, as well as sample documents, will be distributed at orientation. The final note is due at the end of the ACS block. Due dates are not negotiable.

F. SURGICAL SUB-SPECIALTY - PATIENT WRITE-UP
Both third and fourth year students are required to submit a Patient Write-Up. Requirements, as well as sample documents, will be distributed at orientation. The Patient Write-Up is due by the fifth week 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 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.
V. CURRICULUM

A. LECTURES/LABS

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.

Core Curriculum lectures will be held each afternoon in room 4841 for the General Surgery Clerkship and room 4840 for the Sub-Specialty Clerkships, unless otherwise indicated on the lecture schedule bulletin boards located outside of the clerkship office. A sign in sheet for all activities will be collected. Punctuality is expected. Learning objectives for lectures are found on the clerkship website and are available in the office. 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. 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 to be aware of the fact that it is an honor code violation 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.

B. INDEPENDENT READING

The suggested texts for the Surgical Clerkships are Current Surgical Diagnosis and Treatment, 12th edition, edited by Gerard M. Doherty and Lawrence W. Way and Essentials of General Surgery, by Peter Lawrence. It is strongly recommended that students extensively read texts versus relying solely on review books in preparation for exams. Additional references that students find useful are Websurg.org, Souba et al. ACS Surgery – Principles and Practice, 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.

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 clerkship staff to save hours each week for this purpose. Students are encouraged to utilize this time for studying.

D. MORBIDITY & MORTALITY CONFERENCE

General Surgery students are required to attend the weekly Morbidity and Mortality Conferences held each Friday morning from 7:30 a.m. to 8:15 a.m., in the Doheny Vision and Research
Center (DVRC Building -1355 San Pablo Street, 1st floor). Sub-specialty students are required to attend the conference if their subspecialty attends or attend specialty specific conferences.

E. SURGICAL GRAND ROUNDS
Students are required to attend Surgical Grand Rounds which are held on Fridays from 8:30 a.m. to 9:30 a.m., also in the DVRC. A sign in sheet will be collected. If a student’s assigned subspecialty holds department weekly Grand Rounds, attendance with their team is expected and they are 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.

VI. STUDENT PRACTICE PROFILE (SPP)/MUST-SEE ENCOUNTERS
During the clerkship, you will be required to enter a patient encounter for each of the Student Practice Profile (SPP) cases. It is preferred that students experience patients with all of the diagnoses. If a student is unable to see one of the cases below that is marked with an asterisk, these cases will be reviewed in depth in lectures or rounds and the student need only indicate this on myMedWeb. The Medical Student Educator will review and evaluate the patient encounters on an ongoing basis during the clerkship. The required cases for the General Surgery Clerkship are:

- Abdominal Pain
- Acute Cholecystitis
- Bowel Obstruction
- Closed Head Injury *
- Diverticulitis
- Hernia
- Hypovolemia *
- Malignancies
- Multi System Organ Failure *
- Peripheral Vascular Disease *
- Postoperative Pain
- Sepsis *
- Shock *
- Surgical Site Infection
- Trauma – Blunt
- Trauma - Penetrating

During the clerkship, students should have the opportunity to care for actual patients that meet the criteria of the cases. However, if an encounter with an actual patient with a particular diagnosis or symptom has not been available, the clerkship MSE will assist the student by identifying a patient or an alternative experience at another site, or the student may be asked to complete a simulated or alternative experience, e.g., a “virtual” (paper or web-based) case, a lecture or case discussion (*), a problem-based learning case, etc. The student will document this alternative encounter according to the instructions given to you by the Clerkship Director or MSE.

Note: In order for clerkship faculty to have adequate time to review encounters, students must have half of their patient encounters completed on “myMedWeb” no later than 5:00 p.m. on the third Friday of the rotation and the remainder of them completed by 5:00 p.m. on the fifth Friday. Points will be deducted from your clerkship grade if this deadline is not met. All clerkship evaluations (Clerkship, Faculty Attending, Resident, Preceptor/Seminar/Lecture) must be entered on “myMedWeb” no later than 5:00 p.m. the final Thursday of the rotation in order to be allowed to take the NBME Subject Exam. Verification of completion must be provided to the Clerkship Administrative Coordinators/Medical Student Educator. To verify completion of your evaluations, print the myMedWeb “Welcome” verifying, “No Uncompleted Evaluations.”

VII. EVALUATION AND GRADING
The final clerkship grade is determined by your composite score and the following grades are possible:

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<thead>
<tr>
<th>Grade</th>
<th>General Surgery</th>
<th>Sub-specialty</th>
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<tbody>
<tr>
<td>Honors</td>
<td>94+</td>
<td>91+</td>
</tr>
<tr>
<td>High Pass</td>
<td>71-93</td>
<td>64-90</td>
</tr>
<tr>
<td>Pass</td>
<td>63-70</td>
<td>53-63</td>
</tr>
<tr>
<td>Fail</td>
<td>62 or below</td>
<td>52 or below</td>
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<td>OSCE cut point</td>
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**Fail:** A grade of fail may also be given in the following situations: 1) failure to demonstrate minimum competence based on overall clerkship performance, 2) any unprofessional behavior as outlined in the student handbook, 3) failure to resolve a grade of incomplete.

**Incomplete:** Not a final grade, but a designation that is used if a student has been excused from meeting a clerkship deadline.

Grades of “Incomplete” will be assigned to any student who does not complete any required component of the clerkship.

**A. GENERAL SURGERY**

The following components contribute to the final grade.

- **WARD EVALUATIONS** - 50% of the grade
  
  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 option is available to the evaluator.

- **OSCE (Objective Structured Clinical Examination)** - 25% of the grade

- **OSATS (Objective Structured Assessment of Technical Skills)** - 15% of the grade

- **CRITICAL CARE NOTE** – 10% of the grade

**SUBMISSION OF REQUIRED SURGICAL SKILLS CHECKLIST - PASS/FAIL**
  (attachment F)

Students are encouraged to practice the listed skills under supervision. Completion of the requirement should be done while on General Surgery. If this is not possible, the assignment may be completed on Surgical Sub-Specialties.

Students are required to meet the following conditions to pass the clerkship:

- Submit Mid Rotation Formative Feedback. The purpose of this exercise is to generate a conversation focused on direct feedback from someone with whom the student has been
working.
• Attend all mandatory student sessions (or have properly documented excused absences).
• Enter the required SPP encounters on myMedWeb.
• Complete all of the clerkship evaluation forms on the myMedWeb system by the posted deadlines.
• Complete all assignments and submit them on the due dates. For every day an assignment/and or item is submitted late, one point will be deducted from the final numeric grade. Examples of late items include but are not limited to:
  o Call room key
  o Evaluations
  o Huntington Memorial Hospital badge
  o Keck parking pass
  o TTA pager or
  o Suturing kit/knot tying board

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 on the narrative portion of the final evaluation.

B. THIRD YEAR SURGICAL SUB-SPECIALTY CLERKSHIP

The following components contribute to the final grade.

• WARD EVALUATIONS - 50% of the grade

  As with General Surgery, 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 option is available to the evaluator.

• SUBJECT EXAMINATION - 20% of the grade

• OSCE (Objective Structured Clinical Examination) - 15% of the grade

• OSATS (Objective Structured Assessment of Technical Skills) - 15% of the grade

• PATIENT WRITE-UP - PASS/FAIL

Students are required to meet the following conditions to pass the clerkship:

• Submit Mid Rotation Formative Feedback. The purpose of this exercise is to generate a conversation focused on direct feedback from someone with whom the student has been working.
• Attend all mandatory student sessions (or have properly documented excused absences).
• Complete all of the clerkship evaluation forms on the myMedWeb system by the posted deadlines.
• Complete all assignments and submit them on the due dates. For every day an assignment is late, one point will be removed from the final numeric grade.

• Complete all assignments and submit them on the due dates. For every day an assignment/and or item is submitted late, one point will be deducted from the final numeric grade. Examples of late items include but are not limited to:
  o Call room key
  o Evaluations
  o Keck parking pass
  o Suturing kit/knot tying board

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 on the narrative portion of the final evaluation.

C. FOURTH YEAR SURGICAL SUB-SPECIALTY CLERKSHIP

The following components contribute to the final grade.

• WARD EVALUATIONS - 50% of the grade

  As with General Surgery, 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 option is available to the evaluator.

• SUBJECT EXAMINATION - 20% of the grade

• OSCE (Objective Structured Clinical Examination) - 15% of the grade

• OSATS (Objective Structured Assessment of Technical Skills) - 15% of the grade

• PATIENT WRITE-UP - PASS/FAIL

Students are required to meet the following conditions to pass the clerkship:

• Submit Mid Rotation Formative Feedback. The purpose of this exercise is to generate a conversation focused on direct feedback from someone with whom the student has been working.

• Attend all mandatory student sessions (or have properly documented excused absences).

• Complete all of the clerkship evaluation forms on the myMedWeb system by the posted deadlines.

• Complete all assignments and submit them on the due dates. For every day an assignment/and or item is submitted late, one point will be deducted from the final numeric grade. Examples of late items include but are not limited to:
  o Call room key
  o Evaluations
  o Keck parking pass
Suturing kit/knot tying board

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 on the narrative portion of the final evaluation.

D. SURGICAL SUB-SPECIALTY – 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 clerkship, they will be required to take the examination at the next administration, six weeks later. Students having to take a late Subject Examination will 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 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.

Students with scores below the tenth percentile will be required to meet with the Associate Dean for Student Affairs to discuss study skills and test-taking strategies. They should also meet with the Clerkship Director and/or Medical Student Educator to discuss any recommended remediation or enhancements.

Final grades and letters to the Dean will be calculated approximately, but no later than, six weeks after completion of the clerkship.

E. 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 scales. 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 immediately void the student of receiving Honors at the discretion of their team, Clerkship Medical Student Educators or the Clerkship Director.

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.
- 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., 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 greater than six months to complete the outstanding work.

The Department of Surgery follows the guidelines for evaluation, due process and enforces the honor code 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.

IX. SURGERY OSCES & OSCE REMEDIATION PROCESS

A. SURGERY - OSCEs

The General Surgery OSCE (Objective Structured Clinical Examination) takes place the sixth week of clerkship. The Third Year Sub-Specialty OSCE takes place the fifth week of the clerkship. The Fourth Year Sub-Specialty OSCE is scheduled in the third week of the clerkship. Please see Attachments C, D and E. Professional attire is required. Needed examination equipment will be provided, with the exception of stethoscopes, which must be brought by the student. Failure to comply with the above may result in failure of the OSCE. The OSCE is not available for make-up dates.

B. OSCE REMEDIATION PROCESS

The Objective Structured Clinical Examination (OSCE) is a way to assess the student’s clinical skills in a standardized and summative fashion in a high-stakes setting. The OSCE score is a composite of some or all of the following performance skills: Data Gathering (History Taking and Physical Examination), Communication (Patient-Physician Interaction), and Post-Encounter Note Documentation during standardized patient encounters. The scores are not a direct translation of the proportion of actions needed to be taken but rather an overall representation of the student’s competency in the management of the patient. Each clerkship has different criteria for identifying students in need of OSCE remediation based on the type of encounter, the difficulty of cases, and the
differential importance given to the skill domains. Once a student is identified as needing remediation, the following steps need to be taken:

- **SELF-REFLECTION EXERCISE**: The student must contact the Clinical Skills Education and Evaluation Center (CSEEC) to schedule an appointment to complete a SELF-REFLECTION EXERCISE based on a video review of the encounters. The CSEEC will retain the completed Self-Reflection Form and forward it to the Clerkship Director (CD) with a copy to the Medical Student Educators (MSEs) in time for the feedback session. Also, the student can check with CSEEC to determine the date and time of the repeat OSCE. (Contact: Joy Cruz at joy.cruz@med.usc.edu or 323-442-3483)

- **RECEIVE FEEDBACK**: The student must notify the relevant CD/MSE of the scheduled “self-reflection exercise” date by email so she/he will know when to expect the completed assignment. The CD/MSE will give feedback based on a review of performance and the self-reflection exercise results. An individualized remediation plan may be developed and a timeline for completion will be determined by the CD/MSE. Note: The OSCE score is only one component of the clerkship grade. OSCE remediation is intended to provide the student with the means to strengthen his/her clinical skills, and to improve performance on subsequent OSCEs, the CPX, and Step 2 CS.

**IX. MEDICAL STUDENT TIME REQUIREMENTS AND DAYS OFF**

Student hours include the following limits: a maximum of twenty eight hours in the hospital over one period and a maximum of 80 hours per week averaged over four weeks. Students receive at least one day off per week. Off days vary and are determined by the senior resident or attending. Holidays off are team dependent. Please see the KSOM Duty Hours Policy which can be found in the Clerkship Learning Resources.

**X. ATTENDANCE POLICY**

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 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. Each unexcused absence will result in the removal of one point from the final grade.

**Clerkship Absence Policy** (please note this policy is available on MedWeb under resources)

**Absence for Reason of Illness**

Absence due to illness must be reported to the Clerkship Director or Medical Student Educator on a required Clerkship. In case of 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. A
physician note may be requested for any absence due to illness at the discretion of the Clerkship Director or designee.

**Absence for Reasons Other Than Illness**

Anticipated absences must be approved in advance by the Clerkship Director or designee. The required Student Absence Request Form must be submitted along with supportive documentation at least six weeks in advance of the start of the clerkship to be considered for approval. Absences where less than six weeks’ notice is provided will be considered at the discretion of the Clerkship Director. Some general guidelines include:

- **IN GENERAL**—absences due to illness, residency interviews, or presentation of student research are examples of appropriate reasons for excused absences.

- **USMLE**—Only Step 2 CS will be considered an excused absence due to limited numbers of testing sites; all other USMLE exams must be taken during vacation time.

- **BLS/ACLS Training**—will not be considered an excused absence; this must be taken during vacation time.

- **Residency Interviews**—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 courses. 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 Committee on Performance, Professionalism, and Promotion 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 three 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.”

**XII. PROFESSIONAL RESPONSIBILITIES AND BEHAVIOR**

This information is available on MedWeb under Clerkship Learning Resources, “KSOM Professional Behavior.”
STUDENT PRACTICE PROFILES/MUST-SEE ENCOUNTERS

Students are responsible for recording their patient encounters. Instructions for doing so are below. A PDF version of the same can be found on myMedWeb under Learning Resources and on the Surgery Clerkship Website.

**Login to OASIS:**

Go to http://mymedweb.usc.edu/

Login to myMedWeb

Username: [Your Username]
Password: [Your Password]

On the top of the menu, click on the button, “Patient Encounter / Evaluations (Year III&IV).”

The OASIS evaluation / requirement checklist application will be opened in a new popup window. Click on, “Enter 2011-2012.”

On the top of the page, the “Announcements” section, shows if there are any new requirement checklist items that you need to complete. The section below it shows the currently existing requirement checklist items, if any.

Under the Announcements section click on the “Requirement Checklist” to retrieve the new item(s).

The “Surgery Must See Diagnoses” will be visible. Click on “Show” on the right side in order to show the list of the Must See Diagnoses.

To submit an entry, click on the “Add Entry” button. The entry form will be shown in a sub-window. If needed, click on the SPP Cases link to view the Must See Case information.

Following are the lists of the fields in the entry form:

- Encounter Date - Required
- Encounter Type - Required
- Attending - Required
- Other Attending - Enter this when the Attending above is other
- Resident - Required
- Other Resident - Enter when Resident above is other
- Diagnosis - Required
- Location - Required
- Other Location - Enter when Location above is other
- Age - Required
Ethnicity - Required
Gender - Required
Procedure Observed - Enter if applicable
Procedure Assisted - Enter if applicable
Procedure Performed - Enter if applicable
Clinical Summary - Required

Once you have completed the form, click on the “SAVE” button.

The minimum number of entries is located below the name of the item. Students must complete the minimum number of entries for each item.

In order to edit the entry, click on the folder icon next to the desired diagnosis. Click on “Edit” to open the entry form. When finished, click on the “SAVE” button.

For any questions regarding the Requirement Checklist, please contact:

Raymond Lam
chiyuila@med.usc.edu
323-442-2190
Bishop Building BMT 206

Vicki Young
vyoung@med.usc.edu
323-442-2156
Bishop Building BMT 206
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, 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 for Student Affairs or the Assistant Dean for Student Affairs. 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. Failure to demonstrate minimal competence based on overall clerkship performance.
2. Any unprofessional behavior as outlined in the Student Handbook or other published curricular materials, e.g., KSOM Code of Professional Behavior.
3. Failure to resolve a grade of Incomplete will result in a grade of 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
General Surgery/Sub-Specialty Surgery 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. Percuss 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 index finger.
7. Examine left external ring with left index 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. Auscultate the heart in all four valve areas for S1, S2, S3, S4, murmurs, clicks and rubs with the diaphragm and bell of stethoscope.
4. Palpate brachial arteries simultaneously for rhythm, grade and amplitude 0-4.
5. Palpate radial arteries simultaneously.
6. Palpate femoral arteries simultaneously and listen to both with bell of stethoscope.
7. Palpate popliteal arteries with thumbs anterior, fingers in fossa and with knee flexion.
8. Palpate posterior tibialis arteries simultaneously.
11. Auscultate aorta for bruits.

**Rectal Exam**

1. Inspect perianal area.
2. Perform digital examination.
3. Inspect stool, checks for occult blood.
4. Palpate prostate.
General Surgery OSCE Surgical Case Studies – Objectives

Acute Cholecystitis

1. Discuss the diagnosis, management and treatment plan for a patient with acute cholecystitis.
   Include the following:
   a. Common presenting signs and symptoms
   b. Differential diagnosis
   c. Diagnostic work up
   d. Medical and surgical treatment options

Choledocholithiasis

1. Discuss the differential diagnosis for a patient with right upper quadrant pain.
2. Discuss the diagnosis, management and treatment of a patient with choledocholithiasis.
   Include the following:
   a. Common presenting signs and symptoms
   b. Differential diagnosis
   c. Diagnostic work up
   d. Medical and surgical treatment options
   e. Common complications

Gastroesophageal Reflux Disease (GERD)

1. Describe diagnosis, management and treatment of a patient with GERD. Include the following:
   a. Common presenting signs and symptoms
   b. Differential diagnoses
   c. Diagnostic work-up
   d. Medical and surgical treatment options
   e. Potential complications

Inguinal Hernia

1. Discuss diagnosis, management and treatment of a patient with an inguinal hernia. Include the following:
   a. Etiology (ies)
   b. Common presenting signs and symptoms
   c. Risk factors
   d. Diagnostic evaluation and physical examination
   e. Medical and surgical treatment options
   f. Potential complications and their treatment(s)
Necrotizing Soft Tissue Infections

1. Discuss diagnosis and management of a patient with necrotizing fasciitis.
2. Include the following: risk factors, signs and symptoms, physical examination and laboratory data.
3. Prioritize a management plan including medical and surgical treatment.

Penetrating Trauma to the Abdomen – Gunshot Wound to the Right Upper Quadrant

1. Describe how to perform a primary and secondary survey of a trauma patient.
2. Discuss major complications associated with damage control.
3. Discuss compartment syndrome.
4. Include the following: common causes, signs and symptoms, diagnosis, treatment and associated complications.

Penetrating Trauma to the Chest

1. Outline the initial trauma survey and resuscitation of a patient who sustains a penetrating injury to the chest.
2. Describe and prioritize the diagnostic workup for a patient following a gunshot wound to the chest.
3. Discuss the treatment of penetrating injuries to the subclavian artery.
4. Discuss the diagnosis, treatment and complications of brachial plexus injuries.
OSCE Surgical Skills and Objectives

Please refer to the *Skills and Thrills Manual* for indications, contraindications, equipment and procedural steps.

**Arterial Puncture for Blood Gas Analysis (ABG)**

1. Describe the indications and contraindications for obtaining an ABG.
2. Describe and demonstrate an Allen’s Test.
3. Demonstrate the appropriate technique for obtaining an ABG.
4. Describe the complications associated with ABGs.
5. Describe problems with the integrity of the ABG and possible erroneous results.
6. Given a case study, analyze the ABG values and identify appropriate treatment.

**Incision and Drainage (I&D)**

1. Recognize clinical features of abscesses.
2. Describe the indications and contraindications for I&D.
3. Describe the principles of management of various types of abscesses.
4. Demonstrate the technique of local anesthesia.
5. Demonstrate the general technique of I&D outside of the operating room.

**Intravenous Catheter Insertion and Removal**

1. Describe the indication and contraindications for IV insertion.
2. Describe common sites for IV insertion.
3. Describe the different sizes and indications for IV cannulas/catheters.
4. Demonstrate the proper technique of IV insertion.
5. Demonstrate the proper technique for IV removal.

**Knot Tying**

1. Understand the basic principles of knot tying.
2. Appropriately perform a two-handed square knot.
3. Appropriately perform an instrument tie.

**Naso/Orogastric Tube Placement and Removal**

1. Describe the indications and contraindications for naso/orogastric tube placement.
2. Describe the process of selecting the appropriate size tube.
3. Describe the process for verification of placement of a naso/orogastric tube.
4. Demonstrate the appropriate technique for naso/orogastric tube placement.
5. Demonstrate the appropriate technique for naso/orogastric tube removal.
6. Describe post-insertion care.
Urinary Catheter Placement and Removal

1. Describe the indications and contraindications for urinary catheter placement.
2. Describe the process of selecting the appropriate size catheter.
3. Demonstrate the appropriate technique for urinary catheter placement.
4. Demonstrate the appropriate technique for urinary catheter removal.
5. Describe post-insertion care.

Suture Insertion and Removal

1. Understand the difference between a simple interrupted, simple continuous and a subcuticular suture.
2. Demonstrate the appropriate use of suture instruments (needle holder, scissors, forceps).
3. Describe the different types of suture needles.
4. Describe the indications for local anesthetics.
5. Demonstrate the proper technique for a simple interrupted, simple continuous and a subcuticular suture.
6. Demonstrate the proper technique for suture removal.

Venipuncture - Blood Withdrawal/Blood Culture Withdrawal

1. Understand the appropriate order of tube collection.
2. Understand universal precautions while collecting blood specimens.
3. Demonstrate the ability to appropriately draw blood.
4. Demonstrate the ability to appropriately draw blood cultures.

OSATS: Students may be requested to perform any of the above skills. In addition, students are responsible for demonstrating knowledge of indications, contraindications and the objectives of all skills found in the manual with the exception of EKG, pap smear and vaginal wet mount).
SURGICAL SKILLS CHECKLIST

All MSIII Surgery Students are required to be supervised performing the following skills at least three times by an attending, resident, mid-level provider or nurse specialist. Skills that are not required but are recommended were added to this list because residents from varied disciplines were surveyed and felt that practicing these skills as a third year student, regardless of chosen specialty would be helpful for future competency.

Signatures of supervisors are required. This form must be submitted to the clerkship office at the end of the clerkship.

Student Name: ____________________________________________

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<th>ABDOMINAL EXAM (especially peritonitis) *must be observed by a faculty member, i.e. attending, fellow or MSE</th>
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### NG TUBE MANAGEMENT

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2. Signature  
3. Signature

### NG TUBE REMOVAL

1. Signature  
2. Signature  
3. Signature

The following are not required but recommended

#### DIAGNOSIS OF CELLULITIS vs. NECROTIZING FASCIITIS
(not required but recommended)

1. Signature  
2. Signature  
3. Signature

#### DIAGNOSIS OF INFECTED WOUND/INCISION
(not required but recommended)

1. Signature  
2. Signature  
3. Signature

#### I & D
(not required but recommended)

1. Signature  
2. Signature  
3. Signature

#### STERILE TECHNIQUE
(not required but recommended)

1. Signature  
2. Signature  
3. Signature

#### WHEN TO CALL A SURGERY CONSULT
(not required but recommended)

1. Signature  
2. Signature  
3. Signature

#### WOUND CARE, DRSGS, PACKING, WOUND VAC
(not required but recommended)

1. Signature  
2. Signature  
3. Signature

As a part of the OSCE, there is an OSATS component. Students will be required to perform two of the skills found in the Skills and Thrills Manual, some of which are listed above. In addition, students will be required to answer questions on paper related to a number of the skills in the manual, including procedural steps, indications, contraindications and needed equipment.

AY2016-17
STUDENT AGREEMENT

As a student at the Keck School of Medicine you are held to all policies and procedures outlined in the Student Handbook. These policies and procedures may be revised from time-to-time and as a condition of being admitted as a student, you agree to be bound by the policies and procedures that may be revised during your tenure as a student. The same tenants apply to the Surgery Clerkship. While on the Surgery Clerkship you are held to all policies, procedures and assignments outlined in the Surgery Clerkship Manual.

The manual will be reviewed in orientation. For your reference the manual can be accessed on the Clerkship site (www.surgery.usc.edu/clerkship) and on Med Web. A paper copy is available for all students upon request.

Please sign and submit the following during week one of the Surgery Clerkship.

I ______________________________, have reviewed the Surgery Clerkship Manual presented on the first day of the surgical rotation and understand the rules and regulations listed. I am aware of what is expected of me.

Student Signature: ______________________________ Date: