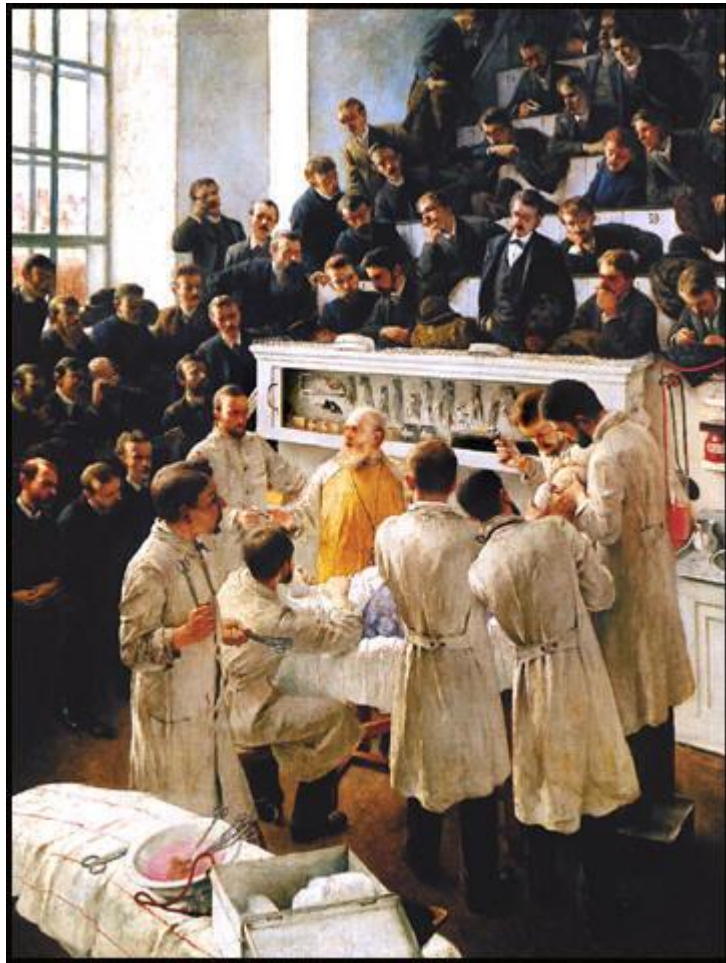


# *Surgery Clerkship*

UNIVERSITY OF SOUTHERN CALIFORNIA DEPARTMENT OF SURGERY



**THIRD YEAR SURGERY CLERKSHIP MANUAL  
KECK SCHOOL OF MEDICINE  
2011-2012**

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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 clerkship/s 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. EDUCATIONAL PROGRAM OBJECTIVES**

### **Keck School of Medicine Objectives and Surgery Clerkship Objectives**

Upon completion of the four-year curriculum (bold) and the Surgical Clerkship (italics), the student will be able to:

#### **Medical Knowledge:**

- **Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, and apply this knowledge to patient care.**
- *Describe the natural history of diseases important to surgical disciplines.*
- *Describe when operative versus non-operative therapy is indicated.*
- *Discuss the risks and benefits of various surgical procedures.*
- *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.*

#### **Patient Care:**

- **Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health including demonstrating: basic clinical skills of history taking and physical examination; appropriate usage and interpretation of clinical procedures and diagnostic tests; and clinical problem solving, patient care activities, patient education, and the ability to respond to dynamic clinical situations.**
- *Obtain an accurate history.*
- *Perform an accurate physical examination.*
- *Appropriately interpret laboratory and imaging studies.*
- *Perform accurate and concise oral case presentations.*
- *Utilize information obtained during the clinical examination and diagnostic studies to arrive at an accurate diagnosis.*
- *Demonstrate effective problem-solving skills.*
- *Demonstrate the ability to develop and implement a management plan to care for surgical patients with the guidance of faculty and residents.*
- *Demonstrate proficiency in the preoperative preparation of patients for surgery and routine post-operative care with the guidance of faculty and residents.*

#### **Interpersonal and Communication Skills:**

- **Listen and communicate clearly with patients, families, and health care team members using effective nonverbal, verbal, and writing skills.**

- **Collaborate effectively with others in the classroom, clinical setting, and community at large**
- *Demonstrate respect for all members of the health care team.*
- *Communicate effectively with patients, their families, and other medical and paramedical personnel involved in patient care.*
- *Maintain complete and legible patient care related documentation.*
  - *Act in an ethical manner and identify any personal challenges in this area.*
  - *Protect information as determined by HIPPA regulations.*

#### **Ethical Judgment:**

- **Recognize the ethical dimensions of medical practice and health policy.**
- **Demonstrate understanding of ethical principles required for provision of the highest caliber clinical practice as well as those that must accompany research involving human participants.**
- **Demonstrate adherence to ethical principles.**
- **Identify alternatives in difficult ethical choices, analyze conflicting considerations, and execute a course of action that takes into account the ethical complexities.**
- *Act in an ethical manner and identify any personal challenges in this area.*
- *Identify ethical issues related to patient care and health policies.*
- *Protect information as determined by HIPPA regulations.*

#### **Professionalism:**

- **Demonstrate a commitment to excellence in carrying out professional responsibilities.**
- **Act with altruism, honor and integrity in professional and personal life.**
- **Respect patients' rights and wishes.**
- **Act in a respectful manner toward patients, faculty, colleagues and staff.**
- **Model good leadership in interactions with others, and foster the development of others.**
- *When appropriate, delineate how personal behaviors impact student colleagues, faculty, patients, and other members of the health care team.*
- *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.*
- *Recognize and describe own role and the roles of other members of the team.*

#### **Lifelong Learning and Experience-Based Improvement:**

- **Identify and perform appropriate learning activities.**
- **Identify strengths, deficiencies, and limits in his/her knowledge and expertise.**
- **Set learning and improvement goals.**
- **Incorporate formative feedback and evaluation into daily practice.**

- **Continuously improve his/her academic performance and patient care based on constant self-evaluation and life-long learning.**
- *Demonstrate positive response to constructive 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.*

#### **Community and Systems-Based Practice:**

- **Demonstrate knowledge of the social and community contexts of health care and respond effectively to the many factors that influence health, disease, and disability.**
- **Discuss issues in the health care system including health disparities, population-based care, advocacy, health policy, health care quality, and patient safety.**
- **Effectively develop, implement, and present a community-based project.**
- *Describe how the health care organization affects the care of surgical patients.*

#### **Scholarship:**

- **Conduct a focused literature search, critically appraise the medical literature and apply best evidence to patient health problems.**
- **Describe how clinical research studies and clinical translational research are applied to patient care.**
- **Develop appropriate research questions for a scholarly project.**
- **Conduct and present a research project.**
- **Effectively communicate research findings with colleagues, as well as with patients and or their families.**
- *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.*

### **III. STRUCTURE**

#### **A. GENERAL SURGERY CLERKSHIP (formerly Surgery I)**

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, Hepatobiliary, Thoracic/Minimally Invasive, or Breast and Soft Tissue.

## **B. SURGICAL SUBSPECIALTY (formerly Surgery II)**

On this Clerkship, students will be assigned to two sub-specialties for three weeks each.

For both Clerkships students will function as a member 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. CLERKSHIP 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 4841 for the General Surgery Clerkship and room 4840 for the Subspecialty Clerkship, unless otherwise indicated on the lecture schedule white 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. 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 Clerkship 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 clinics on their focused services.

### **E. SKILLS LABS**

Skills labs will be held throughout the Clerkship to assist the student in learning techniques for performing a variety of tasks. 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.

### **F. 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, 1<sup>st</sup> floor). Subspecialty students are required to attend the conference if their subspecialty attends or attend specialty specific conferences.

### **G. 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 sub-specialty 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.

### **H. 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. Students will be given the opportunity to turn in one note for feedback from an MSE. The final note is due the fifth week of the clerkship. Due dates are not negotiable.

### **I. SURGICAL SUBSPECIALTY - PATIENT WRITE-UP**

Students are required to submit one 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.

## **J. GENERAL SURGERY - PATIENT ENCOUNTERS**

### **Medical Student Documentation of Patient Encounters using the Clinical Experience Portfolio on MyMedWeb.usc.edu**

**Medical Student Documentation of Patient Encounters using the Clinical Experience Portfolio on myMedWeb.usc.edu:** "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 a readily accessible patient profile, 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 are collected and aggregated through the **Clinical Experience Portfolio** provide a representation of the patient population and clinical sites which allows the faculty to evaluate and revise the clinical experience as it relates to the core curriculum objectives and competencies. In addition, the Clinical Experience Portfolio allows students and faculty to track learners' experiences with the cases of the Student Practice Profile, and to assure that patient encounters are equivalent across sites.

During the clerkship, you will be required to enter an encounter for each of the Student Practice Profile (SPP) cases, also known as "MUST SEE" cases, with the exception of those noted 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 "MUST SEE" (SPP) 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

**The Clinical Experience Portfolio:** During the Clerkship, students should have the opportunity to care for actual patients that meet the criteria of the “MUST SEE” 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 in the Clinical Experience Portfolio according to the instructions given to you by the Clerkship Director or MSE.

For complete instructions on entering patient encounters in the Clinical Experience Portfolio (CEP), please refer to the document entitled “OASIS Requirement Checklist (CEP)” on myMedWeb, listed under Clerkship Learning Resources or on the Surgery Clerkship website. Please contact Vicki Young at (323) 442-2156 or e-mail her at vyoung@usc.edu with any technical questions.

**Note: In order for clerkship faculty to have adequate time to review CEP encounters, students must have all of their patient encounters completed on “myMedWeb” no later than 5:00pm on Friday of week 5 of the rotation. 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 5:00pm 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.”**

## **V. INDEPENDENT READING**

The suggested texts for the Surgical Clerkships are Current Surgical Diagnosis and Treatment, 12<sup>th</sup> 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 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 GENERAL SURGERY**

Each student will be assigned four call nights while on Acute Care Services. 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.

## **VII. EVALUATION AND GRADING**

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

Honors	95 -100
High Pass	84-94
Pass	74-83
Fail	below 74

### **A. GENERAL SURGERY**

The following components contribute to the final grade.

- WARD EVALUATIONS - 50% of the grade  
Each three week block equals 25 %

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.

- THE OSCE EXAMINATION - 40% of the grade
- THE ICU PATIENT NOTE - 10% of the grade

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

- Submit a Mid Rotation Evaluation. The purpose of this evaluation form 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.

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. SURGICAL SUBSPECIALTY CLERKSHIP**

The following components contribute to the final grade.

- WARD EVALUATIONS - 50% of the grade  
Each three week block equals 25 %

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.

- THE SUBJECT EXAMINATION is 50% of the grade
- THE PATIENT WRITE-UP is PASS/FAIL

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

- Submit a Mid Rotation Evaluation. The purpose of this evaluation form 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.

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. 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. At the end of the academic year, Surgery grades may be adjusted to ensure that

15-20% of students will Honor the Surgery Clerkship/s. 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](http://www.usc.edu/hsc/medicine/student).*

#### **D. GENERAL SURGERY - OSCE**

The Surgery OSCE takes place the sixth week of Clerkship. 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.

## **E. SURGICAL SUBSPECIALTY - 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.

## **VIII. DUTY HOURS/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.

## **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 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.

## **Clerkship Absence Policy**

### 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.”

## ATTACHMENT A

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 3 & 4).”**

The OASIS evaluation / requirement checklist application will be opened in a new pop up 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:

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**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

**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.
13. Measure liver span.
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.
9. Palpate dorsalis pedis arteries simultaneously.  
Palpate aorta.
11. Auscultate aorta for bruits.
12. 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.

**OSCE Surgical Case Studies – Objectives**

**Acute Cholecystitis**

1. Discuss the diagnosis for acute cholecystitis.
2. Include presenting signs and symptoms and differential diagnoses.
3. Develop a diagnostic work-up plan.
4. Discuss treatment including medical and surgical options.

**Anterior Mediastinal Mass**

1. Describe diagnosis, management and treatment of a patient with a mediastinal mass.
2. Include the following: common presenting signs and symptoms, differential diagnoses, diagnostic work-up, medical and surgical treatment options

**Choledocholithiasis**

1. Discuss diagnosis, management and treatment of a patient with choledocholithiasis.
2. Include the following: common presenting signs and symptoms, risk factors, etiology, diagnostic evaluation, medical and surgical treatment options, potential complications.

**Hernia**

1. Discuss diagnosis, management and treatment of a patient with an inguinal hernia.
2. Include the following: common presenting signs and symptoms, risk factors, etiology, diagnostic evaluation, medical and surgical treatment options, and potential complications.

**Laparoscopic Adrenalectomy**

1. Describe diagnosis, management and treatment of a patient with an adrenal mass.
2. Include the following: common presenting signs and symptoms, differential diagnoses, diagnostic work-up, medical and surgical options.

**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 multiple gunshot wounds to the chest.
3. Discuss the treatment for penetrating injuries to the subclavian artery/vein.
4. Discuss the diagnosis, treatment, and complications of brachial plexus injuries.

**KECK SCHOOL OF MEDICINE  
UNIVERSITY OF SOUTHERN CALIFORNIA DEPARTMENT OF SURGERY  
SURGERY CLERKSHIP**

**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](http://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 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: \_\_\_\_\_