# SURGERY

## UNIVERSITY MISSION STATEMENT

Rush University provides outstanding health sciences education and conducts impactful research in a culture of inclusion, focused on the promotion and preservation of the health and well-being of our diverse communities.

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### Rush University [college]

**Course Syllabus**

<table>
<thead>
<tr>
<th>Course Number</th>
<th>SUR 701</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Title</td>
<td>Core Clerkship: Surgery</td>
</tr>
<tr>
<td>Course Code</td>
<td>Choose an item.</td>
</tr>
<tr>
<td>Credit Hours</td>
<td>We will fill this in later</td>
</tr>
<tr>
<td>Clinical Practicum/Clerkship Hours</td>
<td></td>
</tr>
<tr>
<td>Term and Year</td>
<td>Summer 2020</td>
</tr>
<tr>
<td>Location (in-class sessions)</td>
<td>Combination of Inpatient Wards and Zoom sessions</td>
</tr>
</tbody>
</table>

#### Course Coordinator/Course Director(s) Name and Contact Information

- **Co-Clerkship Director:** Ami Shah, MD  
  Jelke Building, Suite 793  
  Telephone: 312-942-4664  
  Email: Ami_N_Shah@rush.edu

- **Co-Clerkship Director:** Benjamin Veenstra, MD  
  Jelke Building, Suite 604D  
  Telephone: 312-942-0235  
  Email: Benjamin_Veenstra@rush.edu

- **Course Coordinator:** Ms. Cheri Davis  
  Office: Jelke Building, Suite 788  
  Telephone: 312-942-1627  
  Email: Cheri_Davis@rush.edu

#### Additional Course Faculty Information

- **Assistant Director:** Kristine Makiewicz, MD

Rush Medical College Faculty: Faculty at RMC include both attendings, fellows and housestaff physicians. Housestaff physicians are comprised of interns and senior residents. On this rotation, students will be working with and evaluated by attending and resident faculty. Please see Directory at end for additional faculty contact information.

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### Course Description

During this six-week in person, one week virtual clerkship, the principles of preoperative and postoperative care, diagnosis of surgical disease, indications for surgery, recognition and response to surgical emergencies, and the physiological principles of surgery are stressed through the case study method. Students will be involved directly in the care of approximately three patients per week. Technical experience is provided in...
the operating rooms and simulation lab. Outpatient clinics, lectures and conferences provide additional direct contact with faculty. Required

<table>
<thead>
<tr>
<th>Course Objectives</th>
<th>Objectives 2020-2021 - Based on Role Curriculum</th>
<th>Objectives 2020-2021 - Based on Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>List indications, contraindications and describe procedure techniques in (a) simple wound closure (b) instrument- and hand-tying of knots, (c) Insertion of a nasogastric tube, (d) insertion of a urinary catheter, (e) venipuncture, (f) proper injection of local for bedside cases, and (g) abscess drainage.</td>
<td>PRA-3b</td>
<td></td>
</tr>
<tr>
<td>Perform a relevant physical exam for each of the core topic abnormalities, particularly abdominal, breast and neck examinations.</td>
<td>PRA-1b</td>
<td></td>
</tr>
<tr>
<td>Formulate appropriate treatment plans based on diagnostic data and patients preferences &amp; needs and incorporating screening protocols, risk reduction and health enhancement for breast, colon and skin cancer</td>
<td>PRA-3a</td>
<td></td>
</tr>
<tr>
<td>Work effectively with other healthcare colleagues in all clinical settings</td>
<td>COL-1</td>
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</tr>
<tr>
<td>Document a patient evaluation</td>
<td>PRA-4a</td>
<td></td>
</tr>
<tr>
<td>Present a patient evaluation</td>
<td>PRA-4b</td>
<td></td>
</tr>
<tr>
<td>Gather a focused surgical history, incorporating all components of the history</td>
<td>PRA-1a</td>
<td></td>
</tr>
<tr>
<td>Create a differential diagnosis for common surgical conditions</td>
<td>PRA-2</td>
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<tr>
<td>Identify your patient’s financial, healthcare barriers.</td>
<td>ADV-1</td>
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<tr>
<td>Recognize and then make and execute a plan to address identified areas of deficiency</td>
<td>EDU-1</td>
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<tr>
<td>Use the medical literature to answer clinical questions related patient care</td>
<td>SCH-1</td>
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<tr>
<td>Proactively complete patient care activities and assignments in a timely manner</td>
<td>PRO-1</td>
<td></td>
</tr>
<tr>
<td>Adhere to the RMC professionalism policy regarding ethical conduct, treat patients with respect and confidentiality and demonstrate professionalism in appearance and behavior</td>
<td>PRO-1</td>
<td></td>
</tr>
</tbody>
</table>

| Prerequisites | Successful completion of the M2 year, including the Clerkship Entrance OSCE. Must have passed clinical component of all previous M3 clerkships. |
| Co-requisites | None |
| Required Textbooks | None |
| Recommended Websites | Intranet site: RUMC Library (access to surgical texts, procedure manuals, anatomy text/images) https://rushu.libguides.com/LibraryHomePage BlackBoard |
| EReserves Information |
**Required Equipment/Uniform**

Professional dress is very important and is expected by your patients. Unless on call, attire should be “business casual,” and men should wear ties unless otherwise directed. No denim or sneakers should be worn. Open-toed shoes are prohibited in most clinical areas of the hospital; do not wear these.

When on call, students may be required to wear scrubs or the attire described above. Wearing of scrubs must follow the Rush Scrub Policy.

You are required to wear your ID badges at all times.

<table>
<thead>
<tr>
<th>Required Software/Online Tools</th>
<th>My Apps: <a href="https://myapps.rush.edu/">https://myapps.rush.edu/</a></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Students are recommended to use My Apps, which is a virtual desktop where Office software, Rush Email, and secure storage is provided. Visit <a href="https://rushportal.learning.rush.edu/faq">https://rushportal.learning.rush.edu/faq</a> for more information about the My Apps virtual environment. Students are also able to log into RULearning from MyApps.</td>
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<tr>
<td></td>
<td>Blackboard Login Page: <a href="https://rulearning.rush.edu/">https://rulearning.rush.edu/</a></td>
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<tr>
<td></td>
<td>Students are also able to access Blackboard via the University Portal.</td>
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<td></td>
<td><strong>Microsoft Office Suite: Word, Excel, and PowerPoint</strong></td>
</tr>
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<td></td>
<td>If you do not already have the Microsoft Office software you can access the Suite through My Apps or download a copy of the Microsoft Office suite at a reduced cost for Windows or Mac users: <a href="https://rush.onthehub.com/">https://rush.onthehub.com/</a></td>
</tr>
<tr>
<td></td>
<td><strong>Internet Browsers</strong></td>
</tr>
<tr>
<td></td>
<td>Students should have access to more than one browser, such as Internet Explorer, Chrome, Firefox or Safari. All browsers should be the most up-to-date version available. We recommend Chrome and Firefox for Blackboard.</td>
</tr>
<tr>
<td></td>
<td><strong>Adobe Acrobat Reader</strong></td>
</tr>
<tr>
<td></td>
<td>Students should have access to the most up-to-date Adobe Acrobat Reader.</td>
</tr>
<tr>
<td><strong>Internet Requirements</strong></td>
<td>Students must have access to a high-speed internet connection when working off campus.</td>
</tr>
</tbody>
</table>

**Clinical Responsibilities**

The 7-week clerkship consists of 6 weeks of inpatient surgery experiences, including:

- 3 weeks on a surgical service pre-assigned through the lottery system. This may include one week of night float. The clerkship offers the option to rotate on the Stroger Trauma service to students highly interested in surgery (Must submit interest via email to Cheri Davis for further instructions). Student requests are considered but not guaranteed. *Trauma students are exempt from night float because they will take traditional call with their trauma team.*

- 1 week on Anesthesia at Rush – week assigned by the clerkship.
- 1 week on Urology/Plastics. You will be assigned to either the Plastic Surgery Service or Urology. Requests can be made but are not guaranteed (Cheri Davis).
- 1 week on a subspecialty (assigned by clerkship with requests taken by Cheri Davis).

All services offer an outpatient surgery experience for students to participate in on a weekly basis (except Anesthesia).

Students rotate at three surgical sites:
- Rush University Medical Center
  - Service I – Colorectal Surgery
  - Service II – Surgical Oncology
  - Service III – MIS and Bariatric Surgery
  - Service IV – Acute Care Surgery
  - Urology
  - Plastic Surgery Service
  - Anesthesia
  - Night-float Surgery Service
  - Sub-specialty Services (see list, below)
- John H. Stroger, Jr. Hospital of Cook County
  - General Surgery Service
  - Trauma Surgery Service
- Rush Oak Park Hospital
  - General Surgery Service

The clerkship assigns students to a sub-specialty service for 1 week. Students may contact the course coordinator to request a service, but their requests are not guaranteed. Student assignments are made on a first-come, first-serve basis. Service options include:
- Neurosurgery
- Otolaryngology (ENT), Head & Neck Surgery
- Pediatric Surgery
- Thoracic Surgery
- Cardiac Surgery
- Vascular Surgery
- Orthopedic Surgery
- Transplant Surgery

Here is an example of what the scheduling algorithm looks like. Each student will receive an assignment on the first day of the clerkship and should follow their assignment.
### Clerkship Structure

Each student will participate as a member of the health care team on the clinical services to which s/he is assigned in the inpatient and outpatient setting.

### Joining the Team

At least one or two business days ahead of your rotation, during business hours, contact the resident on call for the service. The on-call schedule is located on the intra-net or can be obtained through the operator by dialing “0” on a hospital telephone. Make a plan to meet the team at a designated location and time. Obtain the service schedule to prepare yourself for the experience.

Here is a current list of pagers. Please report to the coordinator if a pager number changes.

<table>
<thead>
<tr>
<th>Name</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>BREAST EXAM CLINIC WEEK</th>
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<tbody>
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<td>NFs</td>
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</table>
Inpatient Setting

Students are expected to perform the following clinical tasks for all of their patients:

- Perform daily rounds and author progress notes in the electronic medical record
- Initiate orders after they have been approved by the student’s supervising physician
- Perform history and physical examinations
- Author a history and physical examination note in the electronic medical record.
- Discuss the clinical assessment and proposed plan for each patient with your supervising physician
- Participate in procedures and surgeries
- Attend outpatient clinics with your team and perform the above functions

Outpatient Setting

Your outpatient clinic experience is integrated into our team service model. You are to attend outpatient clinics with your team as instructed by your chief resident at least once weekly. The specific locations, dates and times will be determined by your chief resident.

Operating Room

Students will be expected to scrub on each of their patients’ surgeries. Prior to a case, the student is expected to prepare by reviewing:

- Pathophysiology of the disease
- Patient history and presentation, all relevant labs and imaging
- Indication/contraindication for the procedure
- The anatomy of the operation and the resulting post-surgical anatomy
- The steps of the procedure
- Risks of the procedure (i.e. complications).

The student should follow the patients whose surgeries they have observed through the course of their hospital stay. It is not necessary for students to cover every case in the OR. Students are welcome and encouraged to observe any OR
case that other students are scrubbed into in order to increase the breadth of the educational experience.

<table>
<thead>
<tr>
<th>Patient Rounds</th>
</tr>
</thead>
<tbody>
<tr>
<td>The team will make rounds on the patients in the morning and will also discuss patients in the afternoon. Prior to team rounds, each student should see at least one patient and collect vital signs, lab data, and any other history from the chart that is pertinent. Each student should present their patient(s) on resident rounds. During the day, students are expected to make patient rounds, know their own patients in considerable detail, write daily progress notes, and participate in dressing changes, suture removals, and drain manipulations under the supervision of a resident physician.</td>
</tr>
</tbody>
</table>

### Work Hours, Scheduling and Days Off

All students in this clerkship are expected to:
- Work Monday through Friday during regular business hours except for clerkship-approved holidays
- Round with the team on one day per weekend. (In most cases, this will be an abbreviated work day.)
- Attend all student lectures (except for week of Night Float).
- Students are excused from their service at 12 pm on the last Wednesday of the block. Students are off on Thursday to study for the NBME, which is held on Friday. The students are excused after the NBME.
- Observe ACGME duty hour restrictions:
  - One day off per week, averaged over four weeks, to be scheduled at the discretion of the chief resident.
  - 80 hours of work per week maximum. If you are getting close to 80 hours of work for the week, you must notify the clerkship coordinator immediately to avoid going over the hour restriction. **It is the student’s responsibility to notify the service chief resident and clerkship coordinator if he/she has reached their work hour limit. You may not work more than 80 hours/week.**
  - At least 8 hours off between shifts (e.g. if you leave the hospital on Monday at 8:00pm, you may not start working until Tuesday 4:00am)
  - No new patient activities after 24 hours; 4 hours are allowed to complete tasks before departure (e.g. start Monday 6am, stop new activity at Tuesday 6am; leave Tuesday by 10am after sign-out)
  - No “on-call” shifts more frequently than once every three nights (e.g. stay Monday night, go home Tuesday morning, return Wednesday morning; may not stay overnight again until Thursday night)

### Daily Start Time and Stop Time

- Students may not start the day before 4:00am.
- Students are excused from all clinical duties (clinic, ward, operating room, emergency room, trauma bay) at 6:00pm.
- Although students are released from clinical duties at 6:00pm, they are still required to prepare ahead of time for simulation lab or case-based discussions independently.
- **Students are expected to report issues with start time/stop time compliance to the clerkship coordinator in real time.**

### Exceptions to the Start/Stop Time

- Night float students are excused from student lectures.
- **Students may not miss Grand Rounds or M+M conferences for cases.**
- A student may stay after 6pm for an exciting case for any service **twice** during the clerkship.
- Late work extending beyond 8pm is considered an “on-call” shift and the student should follow ACGME duty hour rules.
  - The student must leave no later than 28 hours after the start of their
Night float students arrive at 6pm and work until 6am.  
Night float students attend Grand Rounds and M+M conferences.  
Night float students should work four or five shifts per week as scheduled by the clerkship (see night float schedule).  
Night float students must have one day off per week to comply with ACGME guidelines. For students who night float during week 6, the night float rotation starts on Sunday of the week 5. Be sure to schedule your day off for week 5 in advance with your chief resident.  
The following is the night float algorithm. You will be assigned a week of night float by the clerkship and should follow this algorithm.

<table>
<thead>
<tr>
<th>Week</th>
<th>Sunda</th>
<th>WEE K STARTS</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>WE EK EN D</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>SIM</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>OFF</td>
<td>OFF</td>
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<tr>
<td>2</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>OFF</td>
<td>OFF</td>
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<td>3</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>OFF</td>
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<td>4</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>OFF</td>
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<td>5</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>OFF</td>
<td>OFF</td>
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<tr>
<td>6</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>OFF</td>
<td>NBME OFF</td>
</tr>
</tbody>
</table>

KEY  
X Work day starts at 6pm and ends at 6am the following day  
OFF Day off  
NBME NBME Exam day

Rest Spaces  
Call rooms for students are located at Kellogg 1236 and Kellogg 1237.  
Lounge areas are located in Armour 9th floor and in the main cafeteria.
The **Rush Night Run** departs every half hour from 6:00 p.m. to 12:30 a.m. from Armour Academic Center and will make the following stops:
- The Pink Line CTA stop at Polk St. and Paulina Ave.
- The corner of Taylor and Loomis streets
- Center Court Garden B Lot on Harrison
- The Triangle Office Building
- The Blue Line CTA stop at the Paulina Ave. expressway overpass
- 2150 West Harrison (West Campus) until 10 p.m.
- Stroger Hospital/IMD Guest House (1933 W. Polk Street)
- Returning to Armour Academic Center

The service is free to all personnel who present a Rush identification badge.

**Traditional Call**  
Except for the trauma service students, there is no night or weekend “call”. Even if your service is on call on a weekend day, the student does not take call with them. However, you are expected to round on one of the weekend days each week; the other weekend day is your day off.

For the trauma service students, you will take traditional call with your trauma team. A call room will be identified for you. You will follow ACGME guidelines regarding work-hour restrictions:
- Maximum of 24-hour shift with 4-hour transition of care time
- Call no more frequent than once every three days
- One day off per week.

**Days Off**  
Students are excused from all surgery clerkship duties on the following vacation days approved by Rush Medical College:
- July 4, 2019 through July 7, 2019 (Fourth of July weekend)
- August 31, 2019 through September 2, 2019 (Labor Day weekend)
- November 28, 2019 through December 1, 2019 (Thanksgiving weekend)
- December 16, 2019 to January 3, 2020 (Winter Break)
- March 2, 2020 to March 6, 2020 (Spring Break)

Students on the surgery clerkship are expected to work as follows:
- Every student should anticipate a 6-day work week. The student’s day off is selected by the service chief resident. Students are not guaranteed a particular day off or weekend off ahead of time due to the unpredictable schedule of the surgery services.
- If a student requires a particular day off to attend an event, the student must use the OIME Day Off Request tool to secure that day off.
- Every student is guaranteed to have one day off per week, averaged over four weeks.
- For an unplanned illness, the student must notify the clerkship director and OIME.
- **Absences exceeding one day off per week must be made up.** This results in a student working both days on a weekend before or after the absence, which results in a prolonged stretch of work (ie at least 12 days of work without a day off). This can adversely impact a student’s ability to rest, study, and perform well, which can translate into a lower grade as well as health issues and burnout. For this reason, absences during the surgery clerkship are strongly discouraged.
- Students are not permitted to miss required events, including simulation lab, safety workshop, and the NBME exam.

**Absences, Illness, and Day Off**  
Absences should not be planned during the surgery clerkship unless they are approved by the OIME and the clerkship director. Requests are granted at the
Requests

Discretion of the clerkship director and are not guaranteed. To request a day off, contact the OIME office for instruction on using the Day Off Request tool. A Day Off request must be submitted. The clerkship director will consider the request and respond within one week.

Unanticipated absences (e.g. illness) must also be reported to OIME and the clerkship director. If an unanticipated absence occurs due to illness, the student must report the absence to OIME and the clerkship director. A doctor’s note is required for an absence due to illness, and it can be delivered to the coordinator upon the student’s return. The student must use the illness day as their “day off” for the week, and should anticipate working on Saturday and Sunday of that week because they have used their day off. If days beyond one day per week are missed, those days must be made up using the Make-Up Day Plan.

Make-Up Day Plan

A maximum of three days off is allowed for approved absences or illness during the clerkship. Students are strongly encouraged to travel the night before a missed day, and to return at the end of the missed day. In this way, they can avoid taking time off for travel, and avoid making up time off. Students are excused at 4pm before their approved absence to permit travel.

Please use the following algorithm when planning time off, or if an unplanned illness results in time missed:

<table>
<thead>
<tr>
<th>Number of Days Off</th>
<th>Make-Up Day Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>• No Make-Up Day is needed.</td>
</tr>
<tr>
<td></td>
<td>• File a Day-Off request to secure the particular day off.</td>
</tr>
<tr>
<td></td>
<td>• The missed day will be considered the day off for the week.</td>
</tr>
<tr>
<td></td>
<td>• For students leaving the area (e.g. conference, wedding) who require time to travel, the student is excused at 4pm the day prior to the missed day and should plan to travel back the night of the missed day. The student is expected on rounds the following morning as usual.</td>
</tr>
</tbody>
</table>
2

- One of the two missed days will count as the day off for the week. The student should plan to make up the other missed day.
- The student should plan to round on Saturday and Sunday with their assigned team. After rounds, the student will join the On-Call team to complete a full work day ending at 6:00pm, at which time they are excused.
- The student should plan to stay until 6:00pm with the On-Call team on either Saturday or Sunday to make up the time missed. To avoid crowding, a day will be assigned to the student.
- The student must obtain a make-up day assignment from the clerkship coordinator in advance. Students should not “show up” without advanced planning.
- **Students are discouraged from taking two days off.** Completing a Make-Up Day will result in a prolonged stretch of work (ie at least 12 days straight without a day off), which can adversely impact performance, health, and grade.

3

- One of the three missed days will count as the day off for the week. The student should plan to make up the other two missed days of work.
- The student should plan to round on Saturday and Sunday with their assigned team. After rounds, the student will join the On-Call team to complete a full work day ending at 6:00pm, at which time they are excused.
- The student should plan to stay until 6:00pm with the On-Call team on both Saturday and Sunday to make up the time missed.
- The student must obtain a make-up day assignment from the clerkship coordinator in advance. Students should not “show up” without advanced planning.
- **Students are strongly discouraged from taking three days off.** Completing a Make-Up Day will result in a prolonged stretch of work (ie at least 19 days straight without a day off), which can adversely impact performance, health, and grade. Only in unusual situations will this request be approved.

Absences in excess of three days are not allowed on the clerkship.

Example 1 (MISS ONE DAY): A student is febrile and has symptoms of an upper respiratory infection. She does not feel she may attend clerkship duties on Tuesday. She must notify OIME and the clerkship director. She will be required to turn in a doctor’s note to the coordinator upon her return. She may use this sick day as her day off, and she should plan to work Saturday and Sunday of that week. She does not need to make up a day. She will be expected to round with
her usual team on Saturday and Sunday, and is excused after team rounds and
tasks are completed. The sick day will count as her day off for the week.

Example 2 (MISS TWO DAYS): A student requests two days off to present at a
conference in New York. The student will file a Day Off Request through OIME. It is
approved by the OIME and the clerkship director. The student may use one of the
two days missed as the day off for the week. The second day must be made up. The
student should plan to make up one day and will be assigned a make-up day. The
student must round both Saturday and Sunday of that week with their usual team.
After rounds, on the makeup day, the student must join the on-call team to make-up
their missed day. The student is excused at 6:00pm of that day. **This will result in
the student working for 12 days straight without a day off, which is challenging
and may negatively affect the student’s health and grade by impacting study
time and performance.**

Example 3 (THREE MISSED DAYS): A student is planning to be married on a
Saturday. He requests Friday, Saturday, and Sunday off for his wedding (3 days
total for the week). He must request the time off using the Day Off Request tool
through OIME. The time is approved by the OIME and the clerkship director. The
student will have to make up two of the three missed days, because he is allowed
one day off per week and he will miss two additional days. To make up two missed
days, he will need to schedule two make-up days with the coordinator using the
Make-Up Day Plan. Since he only has one day off per week to use for this purpose,
he must make up these two missed days over two weeks (one day per week). He
will schedule these with the clerkship coordinator in advance. **This will result in the
student working for three weeks straight without a day off, which is grueling
and may negatively affect the student’s grade by impacting study time and
performance. This student will receive a warning indicating that this schedule
is not advised, and that an alternate date should be considered for the
wedding.**

**Meeting Policy**

If a student has a presentation to give at a meeting, the student may be excused
from the clerkship at the discretion of the clerkship director. The time must be made
up on the weekend if more than one day is missed. A student may miss a maximum
of 3 days of clerkship; these days are counted as days off. For example, if a student
has a presentation on a Wednesday morning, they can leave for the meeting late
Tuesday afternoon, attend the meeting Wednesday, and return Wednesday night in
order to start as usual on Thursday morning in the clerkship. If they miss
Wednesday, they may use that as their day off, and work Saturday and Sunday that
week. If they take time off to travel (e.g. Tuesday or Thursday), must make up that
time on the weekend. Absences are not permitted during required clerkship events,
such as simulation lab, orientation, safety seminar, or the NBME exam. Remember:
days off to attend a meeting are treated as days off for the student. **This will result
in the student working for weeks straight without a day off, which is grueling
and may negatively affect the student’s grade by impacting study time and
performance.**

**FIRST DAY**

Orientation will be held in the Simulation Lab. Students will meet the Clerkship Directors
and Coordinator. Packets, schedules, locker codes, scrub access will be handed out.
This is followed by scheduled Simulation time for the day (details provided in subsequent
area). At the completion, students have time to page their residents to coordinate
meeting for the following day. A social activity with the Clerkship Directors happens at
Park Tavern in the afternoon/evening for an informal Q and A session on the Clerkship.
# Required Didactic Sessions

<table>
<thead>
<tr>
<th>Academic Activity</th>
<th>Students at all institutions are expected to come to RUMC for all required lecture and laboratory academic activities. The clerkship coordinator provides students with the required materials and updates by e-mail throughout the experience.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>These activities include:</strong></td>
<td></td>
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<tr>
<td>• Department of Surgery Weekly Conferences</td>
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<tr>
<td>• Lecture Series and Safety Seminar</td>
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<tr>
<td>• Simulation Lab</td>
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<tr>
<td><strong>Department of Surgery Weekly Conferences</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Grand Rounds Conference</strong></td>
<td>• Armour Academic Facility Room 539</td>
</tr>
<tr>
<td></td>
<td>• Wednesdays at 6:45am</td>
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<tr>
<td></td>
<td>• Students at all sites are expected to attend Grand Rounds on Wednesday morning. All students should round with their team prior to Grand Rounds except Rush Oak Park students. Rush Oak Park students do not have to round with their team on Wednesdays prior to conference.</td>
</tr>
<tr>
<td></td>
<td>• Alternates between Core Lectures, Case Management Conference, and Visiting Professor Lectures. The schedule is emailed weekly.</td>
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<tr>
<td></td>
<td>• Students may attend their sub-specialty rotation Grand Rounds for the time that they are rotating on the sub-specialty service.</td>
</tr>
<tr>
<td><strong>Morbidity and Mortality Conference</strong></td>
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</tr>
<tr>
<td></td>
<td>• Armour Academic Facility Room 539</td>
</tr>
<tr>
<td></td>
<td>• Thursdays at 6:30am</td>
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<tr>
<td></td>
<td>• Students are required to attend this conference, regardless of which service they are on.</td>
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<tr>
<td></td>
<td>• Students at all sites are expected to attend Morbidity and Mortality on Thursday morning.</td>
</tr>
<tr>
<td></td>
<td>• All students should round with their team prior to conference except Rush Oak Park students. Rush Oak Park students do not have to round with their team on Thursdays prior to conference.</td>
</tr>
<tr>
<td></td>
<td>• A review the previous week’s morbidity and mortality cases. All cases will be presented by the senior residents and discussed by the entire departmental staff. The objective of the conference is to study complications and unexpected events and the means by which to prevent them.</td>
</tr>
</tbody>
</table>

**COVID***: Please note that this year we will be dealing with the COVID pandemic in varying degrees. Currently, no large groups are allowed and as such, Conferences and Grand Rounds will be held Virtually via ZOOM. The coordinator will send links/invites for these weekly. Your preferred area to watch this is the Academic Hub on the 5th floor of ACFAC. Please **DO NOT** follow residents to their designated spaces as this does not allow for social distancing.

<table>
<thead>
<tr>
<th>Lecture Series and Safety Seminar</th>
<th>A series of lectures are delivered by attending and resident physicians on core lecture topics detailed here (and subject to change; updated schedule will be issued during clerkship):</th>
</tr>
</thead>
</table>
|                                   | • Lectures are held every Wednesday for the first 7 weeks of the block (no
lectures the week of the shelf. You are required to sign in. The location will always be BENT Conference Room. Times in general are from 3-6pm with some weeks housing only two sessions instead of three.

- A schedule of the Block Lecture series will be sent out the first week of the clerkship by Cheri Davis.
- Night-flat students are excused from the weekly surgery lectures.
- Safety Seminar is a required conference and you are required to sign in. Night Float Students must attend and are not excused. You should plan to leave your night float assignment 9 hours before the scheduled mandatory safety lecture. After the lecture you may return home but must report for work at the scheduled time that evening.

**Electrolytes/Fluids/Acid Base**
Dr. Thea Price
1. Describe the fluid compartments of the body.
2. List normal bodily fluid and electrolyte components.
3. Detail options for fluid and electrolyte therapy.
4. Review electrolyte and acid-base disturbances seen in surgery patients.

**Post-Operative Complications/ Shock/Respiratory**
Dr. Nicole Siparsky
1. Identify the most common surgical complications.
2. Discuss the incidence of the most common complications and provide examples specifically for basic general surgical procedures.
3. Discuss embolic complications and their prevention in-depth.
4. Review relevant shelf-related questions for post-surgical complications and their management.
5. Demonstrate the systematic approach to assessing a patient in respiratory distress.
7. Interpret an arterial blood gas.
8. Describe the differences between ventilator settings and how to adjust the ventilator.

**Gastrointestinal Bleed**
Dr. Jonathan Myers
1. Discuss differential diagnosis of upper and lower gastrointestinal bleeding.
2. Determine appropriate workup for upper and lower gastrointestinal bleeding.
3. Describe appropriate treatment plan for upper and lower gastrointestinal bleeding.

**Hernia/UGI**
Dr. Benjamin Veenstra
1. Describe the anatomy of the abdominal wall.
2. In your own words, define a hernia and diastasis recti.
3. Describe three ways one could repair an incisional/ventral hernia.
4. List the three modifiable risk factors one should assess prior to hernia repair.
5. Define Hiatal Hernias and list the four types.
6. Detail the treatment options for GERD.

**Hepatobiliary/Gallbladder**
Dr. Daniel Deziel
1. Explain to patients the indications for cholecystectomy in gallstone disease and the expected outcomes.
2. Differentiate the role and limitations of diagnostic studies (US, CT, HIDA scan).
3. Diagnose acute cholecystitis and stratify disease severity based on the
<table>
<thead>
<tr>
<th>Topic</th>
<th>Dr.</th>
<th>Presentation</th>
</tr>
</thead>
</table>
| Breast Cancer/Breast Exam | Dr. Claudia Perez | 1. Review the breast and axillary anatomy and exam.  
2. Describe risk factors for breast cancer.  
4. Define the diagnostic workup of breast cancer.  
5. Describe the recommended guidelines for treatment to include surgery and/or chemotherapy and/or radiation therapy and/or endocrine therapy.  
6. Discuss prevention and risk reduction of breast cancer.  
7. Clinical Breast Exam - Technique |
| Pre-operative Care | Dr. Thea Price | 1. Establish the American Heart Association perioperative guidelines for cardiac workup prior to operation.  
2. Describe the perioperative approach to optimize nutrition and hyperglycemia.  
3. Describe multimodal pain control with an emphasis on avoiding opioids and sedating medications.  
4. Establish the management of medications like steroids, anti-hypertensives, and anti-glycemics in the perioperative period. |
| Melanoma and Sarcoma | Dr. Cristina O'Donoghue | 1. Review the characteristics and diagnosis of melanoma, basal cell carcinoma (BCC), squamous cell carcinoma (SCC), and sarcoma.  
2. Describe the staging process for melanoma, BCC, SCC, and sarcoma.  
3. Detail the treatments available for patients with melanoma, BCC, SCC, and sarcoma.  
4. Describe the classification of neuroendocrine tumors (NETs).  
5. Be familiar with the various function NETs and the syndromes associated with them.  
6. Describe the work-up of NETs prior to surgery. |
| Thyroid/Parathyroid/NET | Dr. Sam Pappas/Dr. Sean Wrenn | 1. Discuss the work-up of a thyroid nodule.  
2. Correlate thyroid cytology and malignancy risk.  
3. Understand the surgical management of thyroid nodules and thyroid cancer.  
4. Understand the relationship between calcium and PTH  
5. Establish the diagnosis of hyperparathyroidism and differentiate it from other causes of hypercalcemia.  
6. Describe the different surgical approaches to primary, secondary and tertiary hyperparathyroidism. |
| Pediatric Surgery | Dr. Ami Shah | 1. Discuss the diagnosis of a bowel obstruction.  
2. Review congenital/pediatric bowel obstructions.  
3. Detail the fluid management of neonates and children.  
4. Discuss resuscitation of neonates and children. |
<table>
<thead>
<tr>
<th>Colon Cancer</th>
<th>Dr. Anuradha Bhama/Dr. Dana Hayden/Dr. Henry Govekar</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Review the natural history of colon polyps.</td>
<td></td>
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<tr>
<td>2. Describe the standard of care recommendations for colon cancer screening.</td>
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<tr>
<td>3. Discuss genetic syndromes and other risk factors that predispose patients to colon cancer.</td>
<td></td>
</tr>
<tr>
<td>4. Detail the staging and treatment guidelines for colon cancer.</td>
<td></td>
</tr>
<tr>
<td>Trauma Surgery</td>
<td>Dr. Scott Schimpke</td>
</tr>
<tr>
<td>1. Describe the basics of a trauma system and how it works.</td>
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<tr>
<td>2. Understand the kinematics of injury.</td>
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<tr>
<td>3. Detail the fundamentals of trauma resuscitation physiology and how it impacts survival.</td>
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</tr>
<tr>
<td>4. Establish the importance of ABCDE in trauma care and understand the how and why behind each step.</td>
<td></td>
</tr>
<tr>
<td>NBME Review</td>
<td>Dr. Deno Saclarides</td>
</tr>
<tr>
<td>1. Discuss common critical care topics tested on the shelf exam.</td>
<td></td>
</tr>
<tr>
<td>2. Address any topics which are identified as problem areas by the students.</td>
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</tr>
<tr>
<td>3. Review practice questions which have been difficult for the students.</td>
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</tr>
</tbody>
</table>

Simulation lab

Simulation lab is scheduled for the first day of the clerkship, immediately following Orientation.

- Faculty and resident physicians will lead the session.
- **For Blocks 1, 3, and 5: the student should prepare for Lab 1 (superblock content) and Lab 2.**
- **For Blocks 2, 4, and 6: the student should prepare for only Lab 2** and may disregard Lab 1 (which contains superblock content covered in the OBGYN clerkship).

To prepare for the simulation lab, the student should:

- Watch the pre-lab video modules.
- Print and complete the pre-lab assignment.

The following topics are covered in Simulation Lab 1:

- **Orientation to the OR**
  This session will introduce the student to how the operating room works. The student will learn what the medical student’s role is during the pre-operative, intra-operative, and post-operative phases of care.
- **Universal Precautions**
  The student will learn how to handle bodily fluids and conduct yourself to prevent the transmission of infection.
- **Handwashing**
  Review the techniques for hand hygiene available in the hospital.
- **Knot Tying and Suturing**
  The student will practice surgical knot-tying and suture techniques, including the simple suture, running suture, mattress suture, and subcuticular suture. You will be introduced to different suture materials and instruments employed in wound closure.
- **Urinary Catheter Insertion**
  Using sterile technique, the student will practice urinary catheter insertion in the male and female models. The student will also discuss the risks of the procedure.
The following topics are covered in Simulation Lab 2:
- **Drain Management and Removal**
  The student will be introduced to different types of drains, how they are managed, and how they are removed. The student will discuss the risks of nasogastric tube insertion and practice the procedure on the mannequin. The student will practice drain removal in the Ostomy Man model.
- **Venipuncture**
  The student will describe the risks of venipuncture, as well as the placement of an intravenous catheter. The student will practice drawing blood and inserting an intravenous catheter.
- **Incision and Drainage**
  The student will inject local anesthetic into the roof of an abscess and will perform incision and drainage of the abscess, irrigation of wound, and packing for hemostasis. The student should detail the risks of the procedure.
- **Introduction to Laparoscopy**
  This is a brief overview on the dos and don’ts of driving the laparoscopic camera during surgery,
  - including an introduction to the equipment, common pitfalls. The student will practice with laparoscopic instrumentation and camera driving.
- **Airway**
  The student will describe an unsafe airway and detail the options available to ensure the patient’s safety. The student will practice endotracheal intubation.

<table>
<thead>
<tr>
<th>Clerkship Specific Documentation Expectations</th>
<th>Patient Contact and Procedure Logs (OASIS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All REQUIRED patient contacts and procedures must be recorded in OASIS (as described in detail above). One way is to keep your written log book with you at all times and be sure to transfer records in that book into OASIS at least weekly.</td>
<td>Duty hours must also be logged for every day of the clerkship where you are required to be at clinic activities. If you are not assigned or have a day UNASSIGNED, the hours must be recorded as 0.</td>
</tr>
</tbody>
</table>
# Required Clinical Experiences

Each student is required to evaluate, work up and follow a **minimum of 25 patients** during their 7-week rotation.

For example, a patient is admitted with acute appendicitis complicated by cellulitis at the incision. The categories of problems are abdominal pain and post-operative complication.

Each encounter should be logged in the patient log.

The following is the list of encounter categories that you are required to see with Full or Partial participation. (Must have at least one encounter in each category).

- Abdominal Wall
- Abdominal Pain
- Acid-base imbalance
- Fluids and electrolytes
- Hemorrhage
- Wound healing
- Shock
- Skin and Soft tissue evaluation
- Post-operative complication (e.g., fever, infection, leak, pulmonary embolism, pneumonia, urinary infection, deep vein thrombosis, drug reaction, pain)
- Nutrition
- Trauma
- Cancer

## Required Procedures

Each student is required to perform each skill 2 times (total of 10 procedures) during the course of the rotation. Procedures performed in the skills lab will be designated as simulated. One of each type of procedure may be performed in the lab. Each procedure should be logged.

The procedures (Full participation required) are:

- Urinary catheter insertion
- Wound care/Drain care
- Suture Placement
- Abdominal Exam
- Breast Exam

## Levels of Responsibility:

**Full Participation:** Student independently takes history, performs the physical examination, and/or performs the procedure with direct or indirect preceptor supervision (see supervision policy for reference). The student participates in the clinical reasoning process leading to a management plan.

**Partial Participation:** Student takes part of the history, performs part of the physical exam, and/or assists during a procedure. The student participates in the clinical reasoning process leading to a management plan.

**Observed:** Student is present when the preceptor interacts with a patient. The student does not obtain the history, perform the physical examination, or participate in the procedure. The student participates in the clinical reasoning process leading to a management plan.
## Summary of Evaluation Methods of Student Performance

### Clerkship Requirements

Each student is required to complete the following requirements in order to pass the course:

- Daily attendance, punctuality, performance, and professionalism
- 1 Written History and Physical (graded 10%)
- 1 Surgical Case Report (graded 10%)
- 2 Surgery Guides (completion grade – during Virtual Mentorship Week 5%)
- 1 Oral Case Presentation (graded – during Virtual Mentorship Week 7.5%)
- Electronic patient log listing minimum of 25 patient encounters
- Electronic patient log listing minimum of 10 procedures
- 3 CEX forms – Observed physical exam, history, procedure and presentation (at least 1 should be completed by an attending physician)
- 3 Feedback Cards (at least 1 should be completed by an attending physician)
- Between CEX and Feedback (6 due in total), three overall must be from an attending
- 1 Mid-Rotation Feedback Meeting
- The practice NBME exam
- The NBME exam (25%)
- OSCE (graded 2.5%)

### History and Physical Examination Report (10% of grade)

Each student is required to author a history and physical examination report. The report is worth 10% of the final grade. Each assignment is scored out of 45 points total. Examples of excellent history and physical examination reports are available on the Surgical Simulation intranet site. Ensure your report is in 11pt Times New Roman font, and include your name. Visit the Late Submission Policy section for details on late submission.

*Do not submit a print-out of an electronic medical record note that you previously authored. No formatted text will be accepted (e.g. pre-entered history list, medications, allergies, or vitals). A score below 60% is considered a failing grade. If this occurs, the student will be required to revise the history and physical for a maximum score of 60%.*

The grading rubric employed for this assignment is as follows (total 45 points):

- Detailed history of presenting illness (3 points)- Defined as including a complete description of the complaint(s) such as location, quality, severity, duration, timing, radiation, factors that aggravate or alleviate symptoms
- Descriptive history of presenting illness (3 points)- Defined by use of semantic and descriptive vocabulary such as acute or chronic, sharp or dull, continuous or intermittent
- Chronologic history of presenting illness (3 points)- Defined as telling a clear story that flows logically
- Contextualized history of presenting illness (3 points)- Defined by identification and inclusion of key findings from past, family and social history and relevant other symptoms that might otherwise belong in later portions of the comprehensive history
- Complete comprehensive history (3 points)- Defined as a complete past, family, and social histories and complete review of systems.
- Complete physical examination (3 points)- Defined as documenting a comprehensive examination
- Key physical examination findings (3 points)- Defined as including an exam that highlights the absence and presence of key exam findings, as suggested by the diagnostic possibilities
- Interpretive summary (3 points)- Defined as providing a concise summary statement that uses semantic vocabulary to highlight the most important elements from the history, exam, and testing and to interpret and represent the patient’s main problem(s).
- Differential diagnosis (3 points)- Defined as offering more than one relevant diagnostic possibility, committing to what is most likely and considering what is less likely or unlikely yet important to consider.
- Explained well (3 points)- Defined as explaining the reasoning behind the lead diagnosis, including the epidemiology and key features and how these compare/contrast with the patient’s presentation.
- Alternatives well considered (3 points)- Defined as explaining the reasoning behind alternative diagnoses, including the epidemiology and key features and how these compare/contrast with the patient’s presentation and the lead diagnosis.
- Well-reasoned plan (3 points)- Defined as including reasons for diagnostic testing and treatments and summarizing the evidence used to support decisions
- Reporting skills (3 points)- regarding history, exam, and test findings- early (some elements), good (many elements), or excellent (nearly all elements)
- Diagnostic reasoning skills (3 points)- regarding written assessment- early (errors in diagnostic accuracy, limited explanation of reasoning, errors in reasoning), good ( commits to at least one diagnosis, accurately defines features), or excellent (complete and pertinent differential diagnosis, commits to most likely diagnosis, accurately defines key features)
- Decision-making skills (3 points)- regarding written plan- early (lists testing and treatment plan), good (uses sound reasoning to support some testing and treatment plans), or excellent (uses evidence with references to support most diagnostic and treatment plans, considers patient preferences)

Examples of outstanding caliber H and P’s can be found on blackboard.

**Surgical Case Report (10% of grade)**

A 2-page case report is required and will be worth 5% of the final grade. Ensure your report is in 11pt Times New Roman font and includes your name. Visit the Surgical Simulation web site to view examples of excellent case reports. Visit the Late Submission Policy for details regarding a report that is submitted after the deadline.

Cases that lend themselves well to this assignment offer the reader:
- The unexpected, including a new association between a disease and symptoms, between previously unrelated symptoms or findings, or involving a new disease or syndrome.
- A surprising event in the course of diagnosing or treating a patient that may have wider implications.
- Events that raise questions about the possible causes, or of the typical course of treatment, of a disease or condition, particularly if there is an
increase or decrease in the occurrence of an adverse effect resulting from a surgical procedure.

- Unique or rare features of a disease which impacted on the surgical diagnosis or treatment.
- Exceptional or creative extensions or approaches to surgical treatment.

With case studies there is often a direct trade-off between graphics and text. Some journals even go so far as to indicate how many words must be cut if you wish to include a graphic. Therefore, it is important to be sure that your figures, graphs, or tables contribute materially to your argument and are a superior way of making a specific point.

Most journals the same basic format as a research publication. Be sure to include the following sections in your report:

- **Title-** Every word should count. Phrases such as “A case of...” or “Report of a case of...” adds nothing and should be avoided. If a title is too long, unduly broad, or unfocused, it is unlikely to catch the attention of the reader. Typically, titles are 10-12 words long and begin with some “key word” related to the condition or the treatment.

- **Abstract-** Limit to 100 words. A concise abstract is key to the acceptance of your submission. Reviewers prefer abstracts that immediately attract the reader’s attention and move on to effectively summarize the case. A short abstract with no wasted words works better than the reverse. Abstracts typically begin with a sentence describing the clinical (or other) importance of the case. Next, they summarize the patient’s condition, treatment and treatment outcomes. Finally, the clinical and research implications are briefly indicated.

- **Key words list-** include a few key words that reflect the topic

- **Introduction-** The introduction provides the reader with a broader context for understanding the case. This section should focus on the relevance of the case and why it is being reported.

- **Case description-** The case description goes on to succinctly cover the most important information on the:
  - Patient’s surgical history including any relevant family information.
  - Basic demographic data (age, gender, ethnicity, etc.).
  - Relevant social history information focusing on the use of tobacco, alcohol and illegal substances or other social factors related to the condition.
  - Medication being used
  - Notable results of the physical examination.
  - Relevant laboratory test results unless the journal requires fuller information. The laboratory’s ranges of normal values should be listed for any unusual tests performed.
  - Differential diagnosis or diagnoses that were considered
  - Final diagnosis
  - Relevant details of surgical treatment and its outcome

- **Discussion (or comments)-** The purpose of the discussion is to clarify details that may not be clear in the case description, to speculate on causal mechanisms, interpret the findings, and suggest any broader clinical and research implications. In particular it is important to:
  - Remind the reader of the general importance of the case.
  - Link the case to information in the literature that directly bears on the interpretations.
  - Discuss and refute possible alternative explanations for your findings.
  - Define some questions that deserve further study or research
• Conclusions
• References- The author should site references with a minimum of 3, maximum of 6.

The following is the grading rubric for the case report (total 50 points). The report is divided into the following elements for grading:
• Written convention
• Format/content
• Title and abstract
• Discussion/learning points
• References

For each element, the report is graded on a scale in the following way:
• Reject (6 points)
• Accept- publish with major revisions (7 points)
• Accept- publish with moderate revisions (8 points)
• Accept- publish with minimal revisions (9 points)
• Accept- publish without revision (10 points)

### Oral Case Presentation (7.5% of grade)

You will give an oral case presentation to an attending physician during the virtual curriculum (VC) week of the clerkship. You will be expected to present the patient to your peers and an evaluating attending in a conference environment via ZOOM. Schedules will be assigned closer to your VC week.

In general, you will prepare a 5 minute presentation. This means that you should budget your time to leave 60 seconds at the end for a question. Be organized and practice; you cannot run over time! Most students need to practice 3-5 times before they are ready to give their presentation. No slides or visual aids are allowed. Present a brief and focused History and Physical, describing the patient’s presentation and hospital course. It should not be a reading of the entire H&P, but rather a summary of pertinent positives and negatives. Discuss the work up performed. Interpret critical results (e.g. labs, imaging, pathology results). Describe your evidence-based treatment plan, along with any interesting information you learned in researching the topic.

A grading rubric for the oral presentation will be used by the attending and a grade will be assigned (7.5% total) for this presentation.

The report is divided into the following elements for grading:
• Delivery- holds attention, direct eye contact, seldom checks notes, speaks with fluctuation in volume and inflection to emphasize key points
• Content- full knowledge, answers questions with explanations and elaboration, clear purpose, clear subject, pertinent facts, supports statements with evidence
• Style- Enthusiasm about topic for during presentation, increases audience understanding of topic, convinces audience to recognize importance of the subject

For each element, the presentation is scored in the following way:
• Excellent
• Good
• Fair
• Needs improvement
**Surgery Guides (5% of grade)**

You are responsible for two surgical videos/procedures to watch and research. Please watch the videos and use outside sources to respond to the questions below using the “Surgery Guide Submission Template” document. Turn your completed assignments in by uploading them to the “Surgery Guide (Virtual OR) - Submission” folder on blackboard or email to Cheri.Davis@Rush.edu. The videos range from 5 minutes to 20 minutes. Some of these videos include a clinical presentation. For those videos, the pre-operative diagnosis is listed. Some do not include a pre-operative diagnosis. In that case, list indications for the procedure and pick one indication to complete the rest of the questions. You will turn in a total of two cases. Both will be due by 5pm the Sunday of your Virtual Curriculum Week. These are a completion grade and worth 5% of your overall grade.

**TEMPLATE**

Name:  
Date:  

Procedure:
1. What are the operative indications for this surgery? If applicable, what is the pre-operative diagnosis (from the video)?
2. Does every patient with this same diagnosis require surgery? What are the other possible interventions?
3. What work-up (imaging, labs, etc) is important to perform prior to the procedure?
4. What risks should be discussed with the patient?
5. What anatomical landmarks are important during this procedure? What nerves and blood vessels are at risk of being injured?
6. List the key steps to the procedure.
7. What postoperative complications could arise from this surgery?

Surgery Cases with their accompanying Video links can be found on Blackboard under the “Links to Surgical Videos” folder.

Please pick two cases to watch, review and create a surgery guide for. One video should be of a General surgery procedure and should be from one of the following categories listed: ACS, Colorectal, Surgical Oncology, MIS/Bariatrics, Endocrine, Pediatrics, or Transplant.

The second should be from a subspecialty and should be from one of the following categories listed: Neurosurgery, ENT, Plastics, Urology, Vascular, Trauma, Ortho, or Cardiothoracic categories).

**Feedback Cards (3 cards; at least one must be completed by an attending physician) – Completion Required**

You should hand your feedback cards out to attendings and residents throughout your clerkship (Approximately one every other week). The purpose of this process is to give you feedback on your clinical performance in real time, from a variety of supervisors, so that you can improve. They will address your strengths including what you are doing well, and areas for improvement and hand it right back to you.

You are required to obtain a minimum of 3 feedback cards for the entire rotation. Three different providers should complete your feedback cards. No more than one card per week will be accepted. All cards should be given to the Clerkship Coordinator to be placed in your file. By the mid-rotation feedback meeting, each student is expected to have collected one card from an attending and one card from a resident. No credit will be given for feedback cards received after the last Friday of the clerkship.

**CEX forms (3 forms; at least one**

You are required to document three different types of observations by a resident or an attending surgeon. You are to be observed (1) taking a patient history, (2)
| must be completed by an attending physician | performing a focused physical exam (neck, lungs, cardiac, breast, abdomen, etc), (3) performing a procedure (NGT, Foley, IV, blood draw, suturing, etc), and (4) presenting a patient or a surgical topic. You are required to obtain a minimum of 3 CEX forms for the entire rotation. Three different providers should complete your CEX forms. No more than one CEX per week will be accepted. All forms should be given to the Clerkship Coordinator to be placed in your file. By the mid-rotation feedback meeting, each student is expected to have collected one CEX form from a resident and one form from an attending. No credit will be given for forms received after the last Friday of the clerkship.  

*Between the total CEX and Feedback Cards due (6 in total), half (or three) must be completed by an attending physician.* |
| Midterm Feedback Meeting – Completion Required | This is a face-to-face meeting with the one of the clerkship directors or the assistant director to review midterm performance appraisals as well as tracking of encounters, procedures, and duty hours. Feedback provided on feedback cards and CEX forms will be reviewed. Students may ask questions (regarding case report or H and P), obtain advice regarding career planning, or voice concerns. This meeting typically lasts 15 to 30 minutes. For Superblock 1, this will occur between the 3-4th weeks of clinical activity. For Superblocks 2 and 3, this will occur during the Virtual Curriculum Week.  

*Please find the Mid-Rotation Feedback Meeting Form at the end of the handbook.* |
| Attending and Resident Student Performance Evaluations (SPEs) (40% of grade) | At the completion of each rotation, you will be evaluated by the attendings and residents with whom you have had contact on that rotation. Each evaluation is assigned a numeric value. Even if your contact is limited to a brief time (e.g., one case, one hour, one clinic), completion of the evaluation is at the discretion of the attending or resident physician. If they do not feel they can adequately evaluate you, they can indicate that on your evaluation and it will not adversely impact you.  

Evaluations are assigned by service. In many cases, a student will not work with every attending or resident assigned to a service. It is the responsibility of the student to notify the coordinator of an erroneous assignment by 5pm on the last business day of the rotation on that service. For example, if a student is assigned to an attending but does not work with that attending, the student must notify the coordinator by 5pm on the last business day of that service rotation. If the student fails to report an erroneous assignment before 5pm on the last business day of a service rotation, and an evaluation is completed, the evaluation will stand. |
| NBME Exam (25% of grade) | All students must pass the National Board of Medical Examiners (NBME) Surgery Examination with a minimum score set by OIME to receive a passing grade in surgery. In the event of failure, remediation will be determined by OIME, following the formal clerkship grading policy. For the purposes of grading, raw scores are adjusted to quarterly variations of the academic quarter in which the test is taken. |
| OSCE (2.5%) | The medical school has arranged a STEP II CS equivalent that will test your communication, physicianship, and technical skills. This OSCE will be focused on surgical issues. Dates for this year’s OSCE are being finalized. Cheri will email the schedule at the beginning of the clerkship and a reminder 3 weeks prior to the scheduled date. A grade is formulated by the OSCE staff and will account for 2.5% of the final grade. |
# Grading Policies

<table>
<thead>
<tr>
<th>Course Grading Scale</th>
<th>Final course grades are determined using the allocation of credit for each assignment and exam listed within Course Content. The grading scale for the course will not be available until September 2020.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timeframe for Reporting Grades</td>
<td>4 weeks from the last day of the clerkship experience, 2-week extension may be granted by OIME</td>
</tr>
<tr>
<td>Assignment Submission</td>
<td>All clerkship materials must be submitted by the last day of the clerkship (day of the NBME examination by 5pm) unless exception granted by clerkship leadership</td>
</tr>
<tr>
<td>Late Assignments</td>
<td>Any materials submitted after the deadline above will potentially affect professionalism and thus the final grade on the clerkship.</td>
</tr>
</tbody>
</table>
  * History and Physical |
  * Case Report |
  * Submitting assignments late is considered a professionalism issue and will be reported in your final grade report for the clerkship. This applies to all assignments, including feedback cards, CEX forms, NBME practice exam report, patient diagnosis log, duty hour log, H+P, and Case Report. |
| Late Exams | NBME shelf examination must be taken at the time scheduled by OIME unless otherwise approved – [Link to NBME absence policy](#) |
| Attendance Expectations | Link to [Formal Attendance Policy](#) |
| Participation Expectations | See Above |

**Course Communication**

<table>
<thead>
<tr>
<th>Course Communication</th>
<th>All correspondence regarding the course should be sent to both the Clerkship Director (or designee) and the Clerkship Coordinator listed above.</th>
</tr>
</thead>
</table>
| Timeframe for faculty response to students | • Current clerkship Issues: 48 hours  
  • Time off requests: 2 weeks  
  • Grade reconsideration requests: 4 weeks |
| Expectations for professional behavior/ Netiquette | All students are expected to:  
  21. Show respect for other students and the instructors in the class.  
  22. Be sensitive to the fact that there will be cultural and linguistic backgrounds, as well as different political and religious beliefs. [See RMC Professionalism policy in Common Core Syllabus](#) |
23. Express differences of opinion in a polite and rational way.
24. Maintain an environment of constructive criticism when commenting on the work of other students or the course.
25. Respect the privacy of other students.
26. Use good grammar and spelling.
27. Use salutations and titles in your messages. Formal titles (Dear Dr. Smith, Dear Professor, Dear Classmates) are always acceptable. It is also appropriate to end your note with a closing, (Thank you, Sincerely, Respectfully) when emailing students or faculty.
28. Be sure to say please and thank you.
29. Send only one message about a topic and wait for an answer.
30. Write your messages in formal language using sentences, capitalization, punctuation, and appropriate grammar.

**Strategies for Success**

**How to Excel in Clinical Clerkships**

- **Practitioner**
  - Take ownership of your patients. Know their pertinent data and lab and test results. Try to formulate a plan for their care.
  - Become an active member of your team.
  - Read specifically about your cases on a daily basis and ask informed questions about your patients during rounds.
  - Be available and enthusiastic when on call.
  - Practice your presentations so they are fluent, concise, complete, and dynamic.
- **Medical Knowledge**
  - Carry some reading material with you for “down time.”
- **Professional**
  - Manage stress by eating sensibly, exercising, getting sleep in your off hours, and confiding in family and friends.
  - Know your responsibilities, regardless of the setting.
  - Keep track of all of your patients, your course requirements
  - Turn things in on time!
- **Scholar**
  - Seek learning opportunities from every patient encounter.
  - Recognize that you are responsible for your own learning: the more you put into the experience, the more you will get out of it.
  - Display intellectual curiosity.
  - Use information-seeking skills to address any knowledge deficiencies.
  - Develop a reading plan (e.g., if a text has 24 chapters, try to read three chapters a week)
- **Advocate**
  - Identify opportunities to identify patient healthcare barriers and pursue options to help them overcome.
  - Evaluate the health care system and pay attention to societal factors that play a role in patient health
- **Leader**
- **Collaborator**
  - Take the time to learn from EVERYONE on the health care team: nurses, physical therapists, patient techs – they often have the most relevant and up to date patient information.
Surgery Specific
- Surgery is a team sport. Get ready to roll up your sleeves and have some fun.
- Hours on the clerkship are long. During your third year you will realize that there is little if any dedicated/protected study time. You MUST develop a reading/study plan and initiate this at the beginning of the clerkship.
- Read every day.
- Prepare for all cases, never come into the OR without knowing the patient being operated on (history, presentation, indications, etc).
- Ask questions, we love to teach.
- Be honest and never lie – If you don’t know, you will learn. If you forgot to do something, it happens and can be rectified – ALL of us make mistakes. Lying will only get you in a deeper hole.

Resources and Support

| Resources for Technology | If you need help with Blackboard, call the Help line at (312) 563-CLAS, option 2. The Blackboard help line is available 24/7/365. If you need help with access to your Rush computer account or software, call the Rush University Help desk at (312) 563-CLAS, option 4. |
|-----------------------------------------------|
| Counseling Center | The Rush University Counseling Center offers free, confidential services to all currently enrolled Rush University students. The Center is staffed by clinical psychologists who can help you address a wide range of issues. For more information regarding the Center and its services call (312) 942-3687. All students, including distance learners, have access to the Student Assistance Program at 1-800-292-2780. |
| Center for Academic Excellence | The CAE provides holistic, targeted learning support for Rush University students. The services provided range from support in science, statistics, and writing to academic coaching. All students, including distance learners, have access to the CAE Monday thru Thursday 9 a.m. to 4:00 p.m. Additional hours by appointment only. The CAE is located in the Armour Academic Center, Room 588, Rush Library. Phone: (312) 563-1800. General inquiries: CAE@rush.edu |

University Policies

| Academic Policies | Students are responsible for following all Rush University policies and the policies that are specific to their college of admittance. Please refer to the Rush University Student Handbook and the relevant College Student Handbooks for more information. Selected policies are described below. |
| Disabillity Accommodation | Rush University is committed to attracting and educating students who will help to make the health care profession representative of the national population, including individuals with disabilities. Part of Rush University’s mission is to promote diversity among its student population and to provide equal access to its facilities, programs, services and learning opportunities. In keeping with this mission, the University encourages students with disabilities to engage the Office of Student Accessibility Services as soon as they begin their program. Students should contact Marie Ferro-Lusk, Manager, Office of Student Accessibility Services at Rush University, to engage in a confidential conversation about the process for requesting reasonable accommodations in the classroom and clinical |
settings. Accommodations are not provided retroactively at the University. Additional information can be found online at the Office of Student Accessibility website or by contacting the Office of Student Accessibility Services. In order to respect students’ privacy and ensure a thoughtful interactive discussion, students should not make accommodation requests to individual faculty members, lecturers, or course directors; instead, please contact:
Marie Ferro-Lusk, MBA, MSW, LSW
Director, Office of Student Accessibility Services Armour Academic Center Suite 901
Phone: (312) 942-5237
Fax: (312) 942-2778
Email: marie_lusk@rush.edu

| Honor Code and Academic Honesty | Students are expected to abide by the Rush Honor Code relating to academic integrity throughout all aspects of this course, including all assignments and exams. As trusted health care professionals, we take the issue of academic integrity very seriously and expect that you will adhere to the highest standards of integrity at all times.

Rush University students and faculty belong to an academic community with high scholarly standards. As essential as academic honesty is to the relationship of trust fundamental to the educational process, academic dishonesty violates one of the most basic ethical principles of an academic community, and will result in sanctions imposed under the University’s disciplinary system. A partial list of academically dishonest behaviors that would subject a student to disciplinary action includes:

- **Cheating**: Using unauthorized material or unauthorized help from another person in any work submitted for academic credit.
- **Fabrication**: Inventing information or citations in an academic or clinical exercise.
- **Facilitating Academic Dishonesty**: Providing unauthorized material or information to another person.
- **Plagiarism**: Submitting the work of another person or persons, as one’s own without acknowledging the correct source.

*Unauthorized Examination Behavior*: Conversing with another person, passing or receiving material to/from another person or temporarily leaving an examination site to visit an unauthorized site.

| Intellectual Properties Protection | All materials contained within this syllabus, course and course materials, whether in written form or presented through video or audio transmission, represent the intellectual property of faculty or Rush University Medical Center. Students are prohibited from sharing or transmitting content or materials through any media without express consent or permission of the copyright holder.

| Prohibition against Harassment, Discrimination, and Sexual Misconduct Policy | Click on link below to access the RUMC policy “Prohibition against Harassment, Discrimination, and Sexual Misconduct.” The procedure for reporting harassment, discrimination, and/or sexual misconduct is found on p. 3. [https://www.rushu.rush.edu/sites/default/files/Rush%20PDFs%20and%20Files/sexual-harassment-policy-2014.pdf](https://www.rushu.rush.edu/sites/default/files/Rush%20PDFs%20and%20Files/sexual-harassment-policy-2014.pdf) |
### Directory

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Benjamin Veenstra</td>
<td>Clerkship Co-Director</td>
<td>Rush University Medical Center</td>
</tr>
<tr>
<td>Office: Jelke Building Suite 604D</td>
<td></td>
<td></td>
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<tr>
<td>Telephone: 312-942-0235</td>
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<td></td>
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<tr>
<td>Email: <a href="mailto:Benjamin_Veenstra@rush.edu">Benjamin_Veenstra@rush.edu</a></td>
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<td>Dr. Ami Shah</td>
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<td>Office: Jelke Building Suite 793</td>
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<tr>
<td>Telephone: 312-942-4664</td>
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<tr>
<td>Email: <a href="mailto:Ami_N_Shah@rush.edu">Ami_N_Shah@rush.edu</a></td>
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</tr>
<tr>
<td>Dr. Kristine Makiewicz</td>
<td>Assistant Clerkship Director</td>
<td>Stroger Hospital</td>
</tr>
<tr>
<td>Office: Professional Building. Floor 8, Cubicle 91</td>
<td></td>
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<tr>
<td>Telephone: 312-400-7558</td>
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<td>Email: <a href="mailto:Kristine.Makiewicz@cookcountyhhs.org">Kristine.Makiewicz@cookcountyhhs.org</a></td>
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</tr>
<tr>
<td>Ms. Cheri Davis</td>
<td>Clerkship Coordinator</td>
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<tr>
<td>Office: Kellogg Building Suite 775</td>
<td></td>
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<td>Telephone: 312-942-1627</td>
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<tr>
<td>Email: <a href="mailto:Cheri_Davis@rush.edu">Cheri_Davis@rush.edu</a></td>
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<tr>
<td>Dr. Claudia Perez</td>
<td>OSCE Director</td>
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<tr>
<td>Office: Professional Office Building Suite 810</td>
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<td>Telephone: 312-942-5500</td>
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<td>Email: <a href="mailto:Claudia_B_Perez@rush.edu">Claudia_B_Perez@rush.edu</a></td>
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<tr>
<td>Dr. Don Nash</td>
<td>Site Director</td>
<td>Rush Oak Park Hospital</td>
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<td>Telephone: 708-660-2970</td>
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<tr>
<td>Pager: 708-962-9131</td>
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<tr>
<td>Email: <a href="mailto:Donald_Nash@rush.edu">Donald_Nash@rush.edu</a></td>
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<tr>
<td>Dr. Sara Adelstein</td>
<td>Urology Subspeciality Director</td>
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<td>Telephone: 312-864-3202</td>
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<td>Email: <a href="mailto:Sarah_Adelstein@rush.edu">Sarah_Adelstein@rush.edu</a></td>
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<tr>
<td>Dr. Christina Tragos</td>
<td>Plastic Surgery Subspeciality Director</td>
<td></td>
</tr>
<tr>
<td>Office: 312-563-3000</td>
<td></td>
<td></td>
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<tr>
<td>Cell: 630-533-0641</td>
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<tr>
<td>Email: <a href="mailto:Christina_Tragos@rush.edu">Christina_Tragos@rush.edu</a></td>
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</tr>
<tr>
<td>Ms. Maria Rodriguez</td>
<td>Site Coordinator for General Surgery</td>
<td>Stroger Hospital</td>
</tr>
<tr>
<td>Office: 1901 W. Harrison St. Suite 3350</td>
<td></td>
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</tr>
<tr>
<td>Telephone: 312-864-3202</td>
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<tr>
<td>Email: <a href="mailto:mrodriguez3@cookcountyhhs.org">mrodriguez3@cookcountyhhs.org</a></td>
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<tr>
<td>Dr. Andrew Dennis</td>
<td>Trauma Surgery Site Director</td>
<td>Stroger Hospital</td>
</tr>
<tr>
<td>Telephone: 312-864-0408</td>
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<tr>
<td><a href="mailto:adennis@cookcountytrauma.org">adennis@cookcountytrauma.org</a></td>
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<tr>
<td>Ms. Pat Powers</td>
<td>Site Coordinator for Trauma Surgery</td>
<td>Stroger Hospital</td>
</tr>
<tr>
<td>Telephone: 312-864-2984</td>
<td></td>
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<tr>
<td><a href="mailto:patpowers@cookcountytrauma.org">patpowers@cookcountytrauma.org</a></td>
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</tbody>
</table>

### Forms

- Pre-Lab Forms
- Mid-Rotation Meeting Form
- Block Calendar - Individualized
- Reading schedule
Welcome to the Simulation Lab!

In the simulation environment, you will be trained in the skills listed below. To prepare for this training and experience, please:

1. Review the brief tutorials for each topic listed below. The duration of each video tutorial is indicated in parentheses. The total viewing time is about an hour.
2. Complete the pre-lab; print it and turn it in when you attend lab.
3. Attend your scheduled simulation lab.

Simulation Objectives

<table>
<thead>
<tr>
<th>Simulation Station</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal Precautions Hand Hygiene</td>
<td>1. Review options for performing hand hygiene (alcohol based preparation, handwashing)</td>
</tr>
<tr>
<td></td>
<td>2. List the universal precautions required in the management of bodily fluids in the care of surgical patients</td>
</tr>
<tr>
<td></td>
<td>3. Detail the indications for goggles, gloves, and gowns in</td>
</tr>
<tr>
<td>Operating Room Orientation</td>
<td>1. Describe sterile technique</td>
</tr>
<tr>
<td></td>
<td>2. Demonstrate OR introductions</td>
</tr>
<tr>
<td></td>
<td>3. Review sterile field traffic patterns in the operating room</td>
</tr>
<tr>
<td></td>
<td>4. Complete a surgical scrub, gown and glove</td>
</tr>
<tr>
<td>Knot Tying and Suturing</td>
<td>Become familiar with the instruments and learn how to hold them properly (driver, forceps, scissor)</td>
</tr>
<tr>
<td></td>
<td>Perform suture techniques (simple, running, mattress, subcuticular)</td>
</tr>
<tr>
<td></td>
<td>Perform knot tying with instrument and two hands</td>
</tr>
<tr>
<td></td>
<td>Learn how to cut sutures with the scissor</td>
</tr>
<tr>
<td>Urinary Catheterization</td>
<td>1. Set up the sterile field for catheterization and self-glove</td>
</tr>
<tr>
<td></td>
<td>2. Demonstrate the steps of catheter insertion in the male and female</td>
</tr>
<tr>
<td></td>
<td>3. Describe how to avoid catheter placement-associated injury</td>
</tr>
</tbody>
</table>

Tutorials for Simulation Lab

Hand hygiene
Hand-washing (3:00) [https://www.cdc.gov/cdctv/healthyliving/hygiene/fight-germs-wash-hands.html](https://www.cdc.gov/cdctv/healthyliving/hygiene/fight-germs-wash-hands.html)

Hand sanitizer use
[https://www.cdc.gov/handwashing/show-me-the-science-hand-sanitizer.html](https://www.cdc.gov/handwashing/show-me-the-science-hand-sanitizer.html)

OR Orientation
Universal precautions (03:21)  
https://youtu.be/zlY7zS9Plng  
Sterile technique: scrubbing, gowning, and gloving  
Scrubbing (09:00) https://youtu.be/RN8zWOTACjM

Gowning and gloving (12:19)  
https://youtu.be/7KgbxBa2rh8

Suturing and Knot Tying  
Simple interrupted suture (0:28)  
https://youtu.be/ZJhL8xauoe8  
Subcuticular (1:32)  
https://youtu.be/n7BaFRvkk9k
Horizontal mattress (0:53)  
https://youtu.be/NAZudp-Gcng  
Vertical mattress (0:54)  
https://youtu.be/vzYpfrj-p-g
Knot-tying for right-handed surgeon (01:34) --or-- Knot-tying for left-handed surgeon (01:29)  
https://youtu.be/kgnhtworYrg  
https://youtu.be/O9T6aTsXaXQ
Instrument tie (2:30)  
https://youtu.be/XFqx1sJVI54

Urinary catheter insertion  
Female mannequin (07:32)  
https://youtu.be/w303Mk4adUc  
Male mannequin (15:04)  
https://youtu.be/wGoHiesVm5o
Simulation Lab 1 Pre-Lab

Name of student: ________________________________________________

Lab date: ______________________________________________________

1. How long do you scrub your hands if there is no clock visible to time yourself?

2. When scrubbing your fingers in a surgical scrub, how many sides does each finger have?

3. How far from the skin edge should an interrupted suture be placed?

4. Draw a horizontal mattress suture.

5. How far should you insert a urinary catheter in a male?
Welcome to the Simulation Lab!

In the simulation environment, you will be trained in the skills listed below. To prepare for this training experience, please:

4. Review the brief tutorials for each topic listed below. The duration of each video tutorial is indicated in parentheses.
5. Print and complete the Pre-Lab questions. Bring your completed Pre-Lab to your training session.
6. Attend your scheduled simulation lab.

Simulation Objectives

<table>
<thead>
<tr>
<th>Simulation Station</th>
<th>Objectives</th>
</tr>
</thead>
</table>
| Introduction to Laparoscopy  | Practice driving the laparoscope with the 0-degree and 30-degree lenses  
Maintain the horizon, widen the screen, focus the camera  
Follow instruments in and out of the field, follow instruments while working in the field  
Use laparoscopic grasper to move pegs |
| Drains                      | Size and insert a nasogastric tube  
Discuss how tubes (nasogastric tube, abdominal drains, chest tube) are maintained  
Demonstrate removal of various tubes (chest tube, abdominal drain, nasogastric tube) |
| Venipuncture                | Demonstrate the steps required to prepare for venipuncture (hand hygiene, gloves, apply tourniquet, disinfect, perform procedure, remove tourniquet, apply pressure to site)  
Perform venipuncture and/or intravenous catheter placement |
| Incision and Drainage       | Aspirate and inject local anesthetic at the site chose for procedure  
Incise and drain abscess  
Pack abscess and describe dressing plan |
| Airway                      | Describe the equipment needed to obtain a secure airway  
Support the patient with bag mask ventilation  
Perform endotracheal intubation  
Insert an oral airway |

Tutorials

Venipuncture and peripheral IV insertion

Venipuncture (2:21)


IV insertion (7:42)

Skin preparation and injection of local anesthetic (2:45)

https://youtu.be/ssLuaoe1VTk

Incision and drainage of abscess (10:30)

https://youtu.be/LTuFz1RkS9s

Introduction to Laparoscopy

Laparoscopic camera driving (4:17)

https://www.youtube.com/watch?v=2I-LiS01_M

Laparoscopic anatomy (4:44)

https://youtu.be/h3mUMhtlZ_A

Basic airway management

Part 1 (09:52)

https://youtu.be/etPa9oxVWyU

Part 2 (09:32)

https://youtu.be/pgw_7K3Mz8M

Drains

Introduction to JP drain (3:14)

https://youtu.be/hgl3yxH7FNk

Drain removal (0:57)

https://www.youtube.com/watch?v=gr2TYExtOnA

Drain stripping (0:35)

https://youtu.be/7-ABNBXztgc

Needle thoracostomy (1:51)

https://youtu.be/zoL_nPer4WM

Tube thoracostomy (3:16)

https://youtu.be/qR3VcueqBgc

Nasogastric tube insertion (watch the first 08:27 of video; disregard the remainder of video)

https://youtu.be/dj45W_LZbyE
Sim Lab 2: Pre-Lab

Name:__________________________________________

Date of Lab:____________________________________

1. What should you do before starting any procedure?

2. How do you determine how far to insert the nasogastric tube?

3. What is the appropriate angle of insertion of a peripheral intravenous catheter (a.k.a. peripheral IV)?

4. When driving the laparoscopic camera, how can you prevent the horizon from rotating?

5. Your patient with a known peanut allergy appears to be having an allergic reaction after consuming peanuts. The patient’s voice is becoming progressively hoarse and the patient appears to be in respiratory distress. What is the appropriate airway device that should be used to secure this patient’s airway? Why?

6. Why is it important to strip a Jackson-Pratt surgical drain regularly?

7. If a chest tube is not adequately fixed to the skin, what can occur?
Surgery Clerkship Mid-Rotation Feedback Meeting Report
2019-2020

Student:__________________________ Date:______________________

Requirements to complete the clerkship are listed in italics. By the end of the fourth week of the clerkship, a student should be approximately halfway to reaching their requirement.

Oasis Log
- Procedure log reviewed
  requirement: 10 procedures for clerkship; urinary catheter, wound care, suturing, abdomen exam, and breast exam
- Diagnoses log reviewed
  requirement: 25 patients for clerkship
- Duty hours log reviewed
  requirement: <80 hours per week
Comments:

Feedback
- Feedback cards reviewed
  requirement: 2 attendings and 2 residents per clerkship (2 cards by mid-rotation)
- CEX forms reviewed
  requirement: 2 attendings and 2 residents per clerkship (2 forms by mid-rotation)
Comments:

Scores
- NBME practice exam
  requirement: 57% to pass the NBME exam
- History and Physical assignment
  requirement: 60% is required to pass

Any professionalism issue?
- No
- Yes; comment:

- Identified areas of strength

- Identified areas of weakness

- Identified specific goals for remainder of the clerkship

Student signature:__________________ CD/AD Signature:__________________
### Reading Schedule for Essentials of Surgery (Ed. Lawrence)

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8 weeks (56 days) in the clerkship; you lose 2d at the end (weekend). Your NBME is in 54 days.

Finish reading at least 3 days before the test to leave time to review notes and do lots of practice questions. Finish in 51 days.

Lawrence has 533 pages + 3 page intro = 536 pages.

If you read at a rate of
- 13 pages/day you will finish in 41 days
- 12 pages/day you will finish in 45 days
- 11 pages/day you will finish in 49 days
- 10 pages/day you will finish in 54 days