## CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Clerkship Director</th>
<th>Clerkship Associate Director</th>
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<tbody>
<tr>
<td>Stephanie Pannell, MD</td>
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<tr>
<td><a href="mailto:Stephanie.Pannell@utoledo.edu">Stephanie.Pannell@utoledo.edu</a></td>
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<td>Jorge Ortiz, MD</td>
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<td><a href="mailto:Jorge.Ortiz@utoledo.edu">Jorge.Ortiz@utoledo.edu</a></td>
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<tr>
<th>Clerkship Coordinator</th>
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<tr>
<td>Claudia Davis, CMA</td>
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<tr>
<td><a href="mailto:Claudia.davis@utoledo.edu">Claudia.davis@utoledo.edu</a></td>
</tr>
<tr>
<td><strong>Clerkship Office:</strong> UTMC, Dowling Hall 2153D <strong>419-383-3580</strong></td>
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**Course Description**

The surgery student’s clerkship consists of a 10 week program with 3 rotations. The first week includes an extensive orientation with core general surgery didactics, operating room scrub sessions, suture lab, and workshops. 6 weeks of the rotation will consist of general surgery at The University of Toledo’s Health Science Campus, The Toledo Hospital, Akron General, Riverside Methodist in Columbus, St. Joseph’s Mercy in Ann Arbor, Michigan, St. Luke’s and various AHEC sites. Three weeks of the rotation may include a surgery subspecialty consisting of Cardiothoracic Surgery, Neurosurgery, Plastic Surgery, Urology, and Orthopedic Surgery. We also include Trauma, Surgical Critical Care, Vascular Surgery, Colorectal Surgery and Pediatric Surgery rotations. The objective of the clinical rotation is to learn surgical concepts and management skills.

On the last week before the final exam is given the students will attend an oral examination session and participate in a surgery OSCE demonstrating their skills they have learned modeled after the Clinical Skills CS.

**Rotation Overview**

Each student is assigned to a surgical service under the direction of attending surgeons and resident staff. It is important that you integrate yourself into the service and make the most of the opportunity to learn clinical surgery. You are expected to acquire practical skills as well as knowledge in basic techniques of pre and postoperative evaluation and management. You will assist in management and treatment procedures performed on your assigned patients. It is important to balance the time spent with management of patients and that devoted to conferences and outside reading. After you have been assigned a new patient, your history and physical examination should be completed as promptly as possible and placed in the chart within a few hours of admission.

While you may be intimately involved with your assigned patients, we urge you to become familiar with as many of the other patients as possible.

Included in this syllabus is a list of technical procedures and clinical experience that you are expected to perform or observe during your rotations.
## Core Course Objectives, Including Core Competencies, Instructional Methods & Outcome Measures

<table>
<thead>
<tr>
<th>Core Competencies</th>
<th>Clerkship Objective</th>
<th>Instructional method</th>
<th>Outcome measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC1, PC3, PC4, IPC1</td>
<td>1. Interview patients collecting pertinent data concerning the patients’ presenting problems</td>
<td>Patient Care in Outpatient and Inpatient Settings</td>
<td>Clinical Competency Evaluation OSCE</td>
</tr>
<tr>
<td>MK1, MK4, PC2-PC4 PC10, PBL5, PBL 7</td>
<td>2. Perform a complete or focused physical examination as appropriate and distinguish normal from abnormal findings</td>
<td>Patient Care in Outpatient and Inpatient Settings, Abdominal Exam Workshop</td>
<td>Clinical Competency Evaluation OSCE</td>
</tr>
<tr>
<td>MK1-MK8 PC8, PC10</td>
<td>3. Synthesize information to develop a reasonable differential diagnosis and be prepared to present to preceptor</td>
<td>Patient Care in Outpatient and Inpatient Settings Professor Conference Medical Student Conference</td>
<td>Clinical Competency Evaluation NBME Subject Exam OSCE</td>
</tr>
<tr>
<td>MK1-MK8 PC1-PC3 PC8, PC10</td>
<td>4. Following an assessment of all assigned patients, students will describe the chief problems and a plan for treatment.</td>
<td>Patient Care in Outpatient and Inpatient Settings</td>
<td>Clinical Competency Evaluations</td>
</tr>
<tr>
<td>MK1-MK8 PC1-PC4</td>
<td>5. Prepare a complete H &amp; P for a new patient admitted to the service and chart the results.</td>
<td>Patient Care in Outpatient and Inpatient Settings</td>
<td>Clinical Competency Evaluations</td>
</tr>
<tr>
<td>MK1-MK8 PC1-PC3</td>
<td>6. Periodically re-evaluate patients’ status including interpretation of new history and physical exam findings</td>
<td>Patient Care in Outpatient and Inpatient Settings</td>
<td>Clinical Competency Evaluations</td>
</tr>
<tr>
<td>MK1-MK8 PC4 PBL5</td>
<td>7. Accurately prepare case reports based on patient encounters and research into the primary diagnoses</td>
<td>Patient Care in Outpatient Settings and Inpatient Settings Professor Conference</td>
<td>Clinical Competency Evaluations</td>
</tr>
<tr>
<td>MK5, PC7 PC8</td>
<td>8. Use and interpret laboratory and radiographic tests used in diagnosing common disease</td>
<td>Patient Care in Outpatient and Inpatient Settings, Didactics Professor Conf. and Med Stud. Conf.</td>
<td>Clinical Competency Evaluations NBME Subject Exam OSCE</td>
</tr>
<tr>
<td>MK8, PC8, PBL 7</td>
<td>9. Assess appropriate pain management and make recommendations for changes in treatment</td>
<td>Patient Care in Outpatient and Inpatient Settings Didactics</td>
<td>Clinical Competency Evaluations</td>
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<tr>
<td>MK1-MK8 PC9</td>
<td>10. Recognize and manage situations related to common diseases that are potential emergencies</td>
<td>Patient Care in Outpatient and Inpatient Settings, Didactics Medical Student Conference</td>
<td>Clinical Competency Evaluations NBME Subject Exam</td>
</tr>
<tr>
<td>MK9, MK11, MK13, MK16, PB1, PB7</td>
<td>11. Identify ethical problems which arise in patient treatment and care</td>
<td>Didactics, Professor Conf.</td>
<td>Ethics Consultation Note (written assignment)</td>
</tr>
<tr>
<td>MK9, MK16, PB1, PB7, IPC4</td>
<td>12. Use ethical principles to reach a resolution in a presented case</td>
<td>Didactics, Professor Conf.</td>
<td>Ethics Consultation Note (written assignment)</td>
</tr>
<tr>
<td>MK9-MK16 PB7</td>
<td>13. Apply knowledge of ethical principles to prepare a Clinical Ethics Case Consultation.</td>
<td>Didactics, Prof. Conf</td>
<td>Ethics Consultation Note (written assignment)</td>
</tr>
<tr>
<td>MK11-MK16 PB7</td>
<td>14. Recognize how race, culture and/or spirituality may influence choice of treatment and health care decision-making.</td>
<td>Didactics</td>
<td>Ethics Consultation Note (written assignment)</td>
</tr>
<tr>
<td>PB1-PB8</td>
<td>15. All students participating on this clerkship will meet or exceed the institutional standards for professional behaviors.</td>
<td>Patient Care in Outpatient and Inpatient Settings</td>
<td>Clinical Competency Evaluations</td>
</tr>
<tr>
<td>MK 1- MK 7</td>
<td>16. Describe the fundamentals of basic science (eg., anatomy) as applied to clinical surgery</td>
<td>Didactics, Medical Student Conference, Professor Conf.</td>
<td>Clinical Competency Evaluations NBME Subject Exam</td>
</tr>
<tr>
<td>MK 1- MK 7</td>
<td>17. Describe alterations of structures and function for surgical diseases</td>
<td>Didactics, Medical Student Conference, Professor Conf.</td>
<td>Clinical Competency Evaluations NBME Subject Exam</td>
</tr>
<tr>
<td>PC6</td>
<td>18. Perform Procedures using universal precautions. These will include venipuncture, IV line insertion, insertion of NG/OG tube, urinary bladder catheters, and simple suture</td>
<td>Skills labs</td>
<td>Faculty observation at skills labs</td>
</tr>
<tr>
<td>PC6</td>
<td>19. Demonstrate the ability to participate in surgical procedures respecting sterile technique and universal precautions</td>
<td>OR Scrub Session</td>
<td>Clinical Competency Evaluation</td>
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Educational Resources, Textbooks and Other Materials

**Recommended Text:**

*Essentials of General Surgery*, P.F. Lawrence, Baltimore, Williams & Wilkins

*Essentials of Surgery Subspecialties*, P.F. Lawrence, Baltimore, Williams & Wilkins

**Other Suggested Readings:**

*Current Surgical Diagnosis and Treatment*, Doherty, Norwalk, CT, Appleton & Lange,

*Surgical Recall*, Blackbourne, Lippincott, Williams & Wilkins, Baltimore, MD

*Surgery; A Competency Based Companion*, Mann, Saunders/Elsevier, Philadelphia, PA


**Online Resources**

**Blackboard**

UTMC Distance and E learning website that offers all of The Department of Surgery didactic lecture notes for your review, including subspecialty notes.
**Academic Intranet**

UTMC student website offers instructional videos pertaining to the required procedures for The Department of Surgery. Look under the Curriculum List/College of Medicine, Third and Fourth Year/Clinical Skills.

**American College of Surgeons**

The American College of Surgeons is a scientific and educational association of surgeons that was founded in 1913 to improve the quality of care for the surgical patient by setting high standards for surgical education and practice.

**The Cochrane Database**

The Cochrane Collaboration is an international not-for-profit organization, providing up-to-date information about the effects of healthcare.

**MD Consult**

**MD Consult** brings the leading medical resources together into one integrated online service to help you efficiently find answers to pressing clinical questions.

**Website**

New website devoted to the rich resources which support surgery:

[libguides.utoledo.edu/surgery](http://libguides.utoledo.edu/surgery)


Clerkship Clinical Activities and Content

You are expected to attend rounds each morning at the time designated by your attending or resident physician. Students should be prepared to present their patients on rounds with the attending and should be aware of the result of recent tests, etc.

A professional approach is expected of all members of the surgical team. Your dress and conduct should conform to departmental standards and should lend dignity to the health care process. Your interactions with the nursing and ancillary staff should reflect an attitude of mutual respect and cooperation in the conjoint effort of providing the best possible care for your patients. You will assist in management and treatment procedures performed on your assigned patients. You are expected to acquire practical skills as well as knowledge in basic pre and post-operative evaluation and management. The surgical attending staff and resident staff are committed to the teaching of medical students. However, the initiative of the medical student will be a major determining factor as to how much is ultimately gained from the clerkship.

Progress notes on your patients should be entered dependent upon the service and preceptor. Progress notes should be made whenever anything significant occurs to your patient. Your progress note should be a brief, succinct and meaningful record of your patient’s status. It is important for the student to be closely involved with the patient’s progress throughout the hospital stay. Remember that charts are medico-legal documents.
**Required Clinical Experiences**

To help learners achieve these educational course objectives, requirements for both patient type (diagnostic category) and students’ level of involvement have been established. These clinical experiences will be complimented by assigned readings and didactic sessions related to diagnosis and management of patients in each category.

During this clerkship, students are required to recognize symptoms that may signify disease in the following categories, distinguish normal from abnormal findings on physical exam, formulate a differential diagnosis based on signs and symptoms, use and interpret common tests used in diagnosing disease and develop a systematic approach to management of these common diseases. This provides the core of the surgery experience. All categories are required and considered essential as part of an introduction to surgery. Patients are seen in both inpatient and ambulatory settings. Students must log all patient encounters and logs will be monitored to ensure adequate experience.

<table>
<thead>
<tr>
<th>Diagnostic category</th>
<th>Number of Patients to be seen</th>
<th>Comments/Explanation</th>
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</thead>
<tbody>
<tr>
<td>Abdomen (Biliary, General, Hernia, Liver, pancreas, spleen)</td>
<td>2</td>
<td></td>
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<tr>
<td>Alimentary tract (Rectal, Esophagus, Large Intestine, Small Intestine, Stomach)</td>
<td>3</td>
<td></td>
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<tr>
<td>Acute Surgical Issue</td>
<td>2</td>
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</table>

The following categories will be encountered during the 3-week selective rotation. All are desirable and none required for successful completion of the surgery clerkship.

- Endocrine
- Genito-urinary
- Gynecology
<table>
<thead>
<tr>
<th>Medical Specialty</th>
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<tbody>
<tr>
<td>Head/neck</td>
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<tr>
<td>Neurosurgery</td>
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<tr>
<td>Ophthalmology</td>
<td></td>
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<tr>
<td>Organ transplant</td>
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<tr>
<td>Orthopedics</td>
<td></td>
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<tr>
<td>Otolaryngology</td>
<td></td>
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<tr>
<td>Pediatric</td>
<td></td>
</tr>
<tr>
<td>Plastic</td>
<td></td>
</tr>
<tr>
<td>Skin/soft tissue</td>
<td></td>
</tr>
<tr>
<td>Thoracic</td>
<td></td>
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<tr>
<td>Urology</td>
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<tr>
<td>Vascular</td>
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**Level of involvement:**

In addition to seeing patients in the diagnostic categories listed above, how the students are engaged in the encounter is also an important factor in helping students achieve the objectives for this clerkship. Level of involvement is likely to include various types of interaction with patients and the health care team and should be monitored to ensure a complete experience. Levels of involvement will be indicated for logged patient encounters. The logs will be reviewed mid-block to ensure that students have a range of experiences in both in-patient and/or outpatient settings.

Students will be required to see/log at least 2 New Patients in an inpatient or outpatient setting and follow 1 established patient at least twice for continuity of care. Examples of this include: following the same patient in the hospital on rounds more than once, observing an OR case and being involved in the pre or post op care in the clinic, observing a trauma and then following to the OR, or post trauma care visit.
Level of involvement during patient encounters will be logged using the following categories:

- Independently gathered history information*
- Observed patient interview
- Independently performed physical exam*
- Observed physical exam
- Presented patient case*
- Wrote patient note*
- Opportunity to discuss laboratory or test results*
- Opportunity to offer and discuss differential diagnosis*
- Opportunity to offer and discuss management options*
- Observed procedure
- Performed procedure

The following procedures will be encountered during the clerkship. The numbers reflect the minimum number required for the clerkship:

<table>
<thead>
<tr>
<th>Procedures</th>
<th>Number of patient to be seen</th>
<th>Comments/Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female Foley catheter insertion</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Male Foley catheter insertion</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Peripheral IV</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Focused History</td>
<td>1</td>
<td>Verification signature required by resident or faculty</td>
</tr>
<tr>
<td>Abdominal Exam</td>
<td>1</td>
<td>Verification signature required by faculty</td>
</tr>
</tbody>
</table>

Students are given a card for tracking required procedures and H&P. Upon completion of the clerkship students must present signed documentation that he or she has completed one intravenous catheter insertion, one Foley catheter on a male patient, and one Foley catheter on a female patient, obtain a focused history on a patient and present it to a resident or an attending (faculty member) and obtain one abdominal exam **witnessed by an attending**. The IV or Foleys may be
verified/witnessed by a nurse or resident excluding the abdominal examinations, which must be observed by an attending physician (faculty member) and the history must be witnessed by a resident or attending (faculty member). **You are also required to log these procedures into the logging system.** Students are also asked to track other procedures they may observe or perform. Failure to complete the required number of procedures will result in a grade of Incomplete until documentation of procedures is completed. (Refer to Surgery Clerkship Objectives). A Nasogastric Tube insertion will be required as a simulation during the skills lab portion of orientation. This will be proctored by faculty and/or a resident.

Students will have several opportunities to obtain these procedures while on their clerkship. Some suggested sites are as follows; reporting to the Emergency Department, Operating Room, Pre-Operative Department and Endoscopy suite. You will have practice time in the Simulation Center.

2 departmental points are given for successful completion of procedure requirement by the end of the clerkship.

**Required Ethics Consultation Note**

During the clerkship students will be required to write a brief summary outlining a clinical scenario that you have encountered on the service with an ethical consideration, which identifies the ethical aspect to be considered in patient management. This report will be reviewed and critiqued by an attending physician and may require further study and revisions. 2 departmental points are given for the required ethics paper. Failure to complete by the deadline may result in a deduction of points. The requirements for this paper are displayed below:

*Paper should be 1-2 pages in length, typed, and double spaced
*Describe the clinical scenario
*Describe the ethical consideration in this case
*Identify the ethical issues involved using appropriate terminology

*Identify the primary decision maker

*Briefly discuss your thinking regarding the values in conflict based on the information you have about the case

*Describe additional information relevant to the case that you would ideally want to have to help you make your decision.

*Describe the options for resolving the problem

*Which option do you recommend, i.e., which would be the best/worst option and your reasons for making this recommendation

*Which option was chosen and the outcome if possible.

*Make sure your name is on the actual paper not just in the email

Examples would include informed consent issues (risks of surgery vs medical management), patient compliance issues (taking medications, follow up visits, postoperative instruction on diet and smoking), religious beliefs and surgery, refusal of treatment, disagreements among family members or with the physician. Please do not include the patient’s name or physician’s name.

Printed or electronic copies will be accepted. Reports should be submitted to Claudia Davis, Dowling Hall, 2153D no later than 2 weeks prior to the end of your rotation with the Department of Surgery. This is a required report and failure to complete the report will result in an Incomplete until the report is submitted, reviewed, and corrected (if necessary).
Mid-Clerkship Feedback

All students are entitled to formative feedback regarding their performance and knowledge base on each rotation. To help assist in the process we have developed a tool to aid in obtaining consistent feedback. On Blackboard there is a Mid-Rotation Formative Feedback Form that you will need to have completed after the first week of each rotation by an attending or resident. There is a self-assessment for you to complete and an assessment for an evaluator to complete. You will need to turn one in before the end of each 3 week block. You can email it, fax it, or drop it off to Claudia. This is mandatory and will account for 1 point of your departmental score. All 3 forms must be completed and turned in before the end of each 3 week block.

Failure to do so will result in an Incomplete for the rotation and loss of the departmental point. This will help you gain the feedback necessary to improve during the clerkship and help provide the director with some insight on your progress for your overall midterm review.

In addition to this we do conduct a midterm review half way through the clerkship. Dr. Pannell will go through midterm forms, evaluations, and your logs. She will hold a meeting if you are falling behind. She generally likes you to have 3/6 procedures completed along with some required diagnostic categories met (depending on your rotations) and will check your educational assigned hours logs. You will be notified if a meeting is required. Failure to meet on assigned date will result in a Professional Behavior Report.

GRADING

According to UT COM&LS policy, calculation of clerkship grades is as follows:

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Clinical Evaluations</td>
<td>50%</td>
</tr>
<tr>
<td>Subject Exam</td>
<td>30%</td>
</tr>
<tr>
<td>Departmental Grade</td>
<td>20%</td>
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1. Clinical Competency Score-50%

The Clinical Competency portion of the grade is a composite of evaluations received from attending physicians, residents, and fellows whom the student had
worked with at the various clinical sites. The weight of each evaluation is determined by the number of evaluators per rotation and the “time spent” teaching that each evaluator marks on their evaluation. The student’s final evaluation for clinical competence will be determined from the assessments received by the attending and resident faculty. The faculty will complete the Clerkship Clinical Competency Evaluation Form, which will require evaluation in several criteria. You will be evaluated on history taking skills, physical examination skills, oral case presentation, written data recording skills, clinical judgment and diagnostic skills, self-education skills, and professional behaviors. The evaluations are time weighted and use a 1-5 scale:

5  Significantly above expected competency
4  Above expected competency
3  At expected competency
2  Below expected competency
1  Significantly below expected competency

Students are not to discuss their evaluations with the preceptors. Students should direct all comments and questions to the Clerkship Director.

A score of 25 is needed to pass.

2. National Board of medical Examiners (NBME) Subject Examination-30%
The NBME exam is created and administered electronically by the National Board of Medical Examiners (NBME). According to institutional protocol, all students must start the exam at the same time; therefore, if any student is late and the exam has started, they will be unable to sit for the exam at that time students will need to reschedule the exam through the Office of Student Affairs.

Students take the Subject Exam on the last day of the clerkship; for date, time and location of the Surgery Subject Exam; please refer to the Clerkship Power point/Important Dates. You will also receive a confirmation email from the testing center and a reminder email from the Clerkship Coordinator.
Students must earn a minimum passing score of the 5th percentile based on the prior’s year national performance date (<5th percentile is a failing score.)

- That percentile will be set based on the NBME entire academic year data.
- A score of less that the 5th percentile on the NBME Subject Exam will require remediation of the examination and the final grade will be a “DF” until it is completed.

3. Departmental Grade

OSCE=6 points

The Department of Surgery will administer an Objective Structured Clinical Examination. This offers the opportunity to demonstrate some of the skills and abilities learned during the clerkship. It is modeled comparatively to the clinical skills assessment required after your third year. The examination will consist of two 25 minute H&P sessions with write up.

Oral Examinations=6 points

Standard format. Consists of one 20 minute oral examination given by an attending surgeon. Students are tested on any of the following topics: Wound Healing, Cholecystitis, Nutrition, Appendicitis, Diverticulitis, Peripheral Vascular Disease, Inguinal Hernia, Upper Gastrointestinal Bleeding, Reflux Esophagitis, Trauma/Shock, Breast Cancer, Thyroid Disease, Colon Cancer, Lung Cancer and Melanoma. Students will be tested according to their basic knowledge, principles of surgery (pathophysiology), basic clinical judgment, and ability to analyze clinical problems and communicate them effectively in an organized and intelligible manner.

Case Logs=1 point

Case logs, including educational assigned hours, procedures, and diagnostic category requirements need to be logged on a regular basis and in a timely fashion. Logs need to be complete and consistently updated to receive full credit for case logs. If logs are incomplete by the end of the clerkship or if notices are
received of inconsistent updates points will be deducted and an Incomplete grade assigned until logs are completed.

**Ethics Paper=2 points**

All students are required to write an Ethics Paper. If the ethics paper is submitted on time and is considered acceptable by the evaluator you will receive the full point value. If the Ethics Paper is turned in late or not at all points will be deducted and an Incomplete will be assigned. If the paper is written extremely poorly points may be deducted.

**Diagnostic Category Requirements=2 points**

Diagnostic category requirements must be met (and logged) by the end of the clerkship to receive full credit. Points may be deducted for late submission of logs/requirements or failure to obtain the required categories. In addition a grade of incomplete may be assigned. Should you find that you are lacking in cases it is your responsibility to bring it to the coordinator’s attention in a timely fashion for advice.

**Procedure and H&P Requirements=2 points**

Procedure and H&P requirements must be met (and logged) by the end of the clerkship to receive full credit. This includes submission of your green procedure card with verification signature and case log completion. Failure to submit your procedure card, or complete logs, or meet procedure requirements by the end of the clerkship will result in point deduction and possible grade of Incomplete.

**Mid-Rotation Formative Feedback Forms=1 point**

All students must turn in a Mid-Rotation Formative Feedback Form signed by an attending or resident they worked with before the end of each 3 week rotation. Failure to do so will result in an Incomplete for the course and loss of the departmental point.

A grade of **INCOMPLETE** will be assigned in the event that the student has not completed all components of the educational program.
A grade of **DEFER** will be assigned for failure of the written examination.

Any student who fails the written examination will receive a grade of Defer for the clerkship and receive **one** opportunity to repeat the examination. Please consult your student handbook regarding the official policy on the requirements for the resolution of Defer grades. All students must meet with the clerkship director for guidance and plan and preparation prior to the retake.

A grade of **FAIL** will be assigned for any of the following:

- Failure on two Surgery NBME subject examinations.
- Failure of clinical competency less than 25 points
- Failure to attend scheduled educational activities or unexcused absences

Failure to achieve 10 points or more on the departmental portion of the grade will result in a grade of Defer. Remediation will be required. Upon successful remediation a grade of Pass will be assigned. If unsuccessful remediation a grade of Fail will be assigned.

A grade of Fail will require that the student participate in a remedial clerkship experience. Depending on the basis of the failing grade, the length of the remedial clerkship and the criteria for passing the remedial experience will vary accordingly. The clerkship director has the ability to override a determined grade based on performance and professionalism.

The Surgery Clerkship final grade scale is as follows:

<table>
<thead>
<tr>
<th>Honors</th>
<th>High Pass</th>
<th>Academic Year</th>
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<tbody>
<tr>
<td>&gt;89</td>
<td>&gt;83</td>
<td>2019 - 2020</td>
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</tbody>
</table>
Clerkship Schedule, Conference Schedule

The first week of orientation is devoted to lectures, workshops, and skills labs. The lecture schedule encompasses basic science and general surgery topics. There are additional resources, such as subspecialty topic lectures located on Blackboard for your personal review. You will not have clinical duties during orientation week. Attendance at every lecture and educational activity is mandatory.

Several teaching conferences are held each week at all hospitals. These include Morbidity/Mortality Conference (Quality Improvement), Grand Rounds, and Medical Student Conference.

**Quality Improvement/M&M Conference and Grand Rounds**

Held on Wednesdays at 7am at UTMC and Toledo Hospital. Professional attire is expected at this conference. Professional attire (shirt and tie for males) along with your student white coats are mandated *(scrubs are not permitted)*. These are highly encouraged conferences. The topic and location will be sent in your weekly reminders.

**Medical Student Conference**

Certain Wednesdays (schedule in orientation power point) from 9:00-10:00 a.m. we offer Medical Student Conference following M&M and Grand Rounds. This is an optional conference and is generally held in the Surgery Conference Room, Dowling Hall 2107. This conference is a case based discussion on topics relevant to the oral examinations and is given by a faculty member. A schedule is on Claudia’s door and in your Power Point presentation that was emailed and sent in your weekly reminders.

**ACLS**

The purpose of having surgery students attend ACLS is for exposure and familiarity of ACLS while on the surgery rotation. Each student will receive a textbook at the ACLS lecture to be returned. Please review on Blackboard the Basic EKG and AV block materials, which will be reviewed during the lecture.
**Overnight Call**

In-house call is optional, but highly encouraged. Overnight call is from 6pm-6am. **You must stay on campus during the entirety of your call night.** If you would like to participate in overnight call please sign up by emailing Claudia and she will keep an updated calendar on Blackboard and her office door. We can allow for two students on call per night. No more than 2 calls per each 3 week block. In addition, please do not sign up for call on days before important exams/functions and/or the day before a new rotation. We cannot allow two students on the same service on call the same day. You are obligated to your service (including conferences) until noon post call day unless your service excuses you early, however you are expected to leave by noon and are excused from all activities post call after noon. Our call is general surgery call regardless the rotation you are on. You may sign up for service call with your specialty rotation instead if you prefer. When reporting for general surgery call you must report to the general surgery resident on call and the senior night float. All call will be verified and reported to the residents, therefore if you sign up for call and do not take it there will be penalty, but you may cancel with sufficient notice or “swap.” We need to accurately represent you if you are considered post call. A professional behavior report will be filed for “post call” students that did not take their call. Toledo Hospital students talk to their team if they are interested in overnight call. AHEC, Riverside, Akron, and St. Joes call follow our general guidelines. Overnight call is a good experience and can be a prime educational benefactor. In addition, a lot of very interesting things happen at that time.

**UTMC COM POLICIES**

Students are responsible for following the UT policies, which can be located here: [http://www.utoledo.edu/policies/academic/college_of_medicine/](http://www.utoledo.edu/policies/academic/college_of_medicine/) this link includes, but is not limited to:

**Clerkship Excused Absences**

Students must submit an absence request form to the Clerkship Coordinator for all absences. Unexcused absences may result in a Professional Behavior Report.
Learning Environment & Faculty Development
If there is a faculty or staff member who has demonstrated outstanding professionalism and contributed to your learning environment or has detracted from your experience, complete the Learning Environment Assessment and Event Report. This report is accessible from an icon in this course Black Board home page or you can go directly to the site at http://utmc.utoledo.edu/learningenvironment All responses are anonymous. If you indicate that the event is of a serious nature and warrants immediate follow up, you will receive a prompt to enter a contact name and phone number.

Student Professionalism:
Students and physicians should maintain the highest standards of professional and have a number of professional responsibilities that they are obligated to uphold. Breach of a professionalism standard will result in a professionalism behavior report based on the institutional policy.

Conflict of Interest-Separation of Roles
The health professionals who provide sensitive medical and healthcare services to medical students will have no involvement in the academic, professionalism, or disciplinary evaluation, promotion, or dismissal of students receiving those services. If you are comfortable you may work with the provider, however they may not evaluate you. Inform the Coordinator of any such relationships with the department prior the start of the clerkship. http://www.utoledo.edu/policies/academic/college_of_medicine/pdfs/3364_81_04_016_05.pdf

Assigned Educational Hours
To ensure that there is an appropriate balance of assigned educational activities and self-directed learning, students’ scheduled activities should:
  o Not exceed 80 hours per week, with no more than 30 consecutive hours,
  o Have at least 24 consecutive hours (1 day) of non-scheduled time per week.
**Blood Borne Pathogen Exposure Protocols**

**In the event of blood or body fluid exposure:**

When at The University Of Toledo Health Science Campus:

1. Flush area thoroughly for 15 minutes; wash with soap if applicable.
2. Notify supervising faculty member or preceptor.
3. Always report to UTMC Emergency Department for initial assessment of injury and exposure.
4. Immediately obtain and submit all lab results from both you and the primary source of contact to Student Wellness Center (419-383-5598) and schedule a follow up visit.
5. Notify office of student affairs and fill out the Student Accident and Injury Report.

Whenever exposure occurs at a non-UTMC site:

Contact the supervisor or preceptor at site to find out individual protocol. Follow up treatment after initial treatment may be obtained at Student Wellness Center (419-383-5598). Exposed medical student needs to bring appropriate records from outside facility to avoid delays in treatment. Notify office of student affairs and fill out the Student Accident and Injury Report. Also inform the clerkship office.

Detailed Policy: