

## **Surgery SUB-I**

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The most basic goal for the sub-internship in Surgery is for the student to perform in the intern's role as part of a team in the clinical care of surgical patients. Sub-interns are expected to be given responsibility for the daily care of individual patients, to practice procedural skills, and to assist and participate in the surgical procedures at a level appropriate for their training. They are to participate in overnight in-house call. They will respond to in-house emergencies and requests for routine consultations and for evaluation of patients in the Emergency Department. Duty hours and hours of responsibility for night call will not exceed work hour restrictions set for the junior house staff or course guidelines of the Department of Surgery and School of Medicine.

Sub-internships are currently available on various services at LLUMC and at several affiliated hospitals including the White Memorial Medical Center in Los Angeles.

For students wishing to meet a sub-internship requirement in Surgery on a rotation outside the Loma Linda University Medical Center and its affiliated hospitals, special criteria are applied. Please contact the Surgery Education Office for further information. The application process for this opportunity must be completed at least 6-weeks in advance of the rotation date.

A sub-internship in Surgery is four weeks in duration. Presently requests for specific rotation sites are honored on a first-come, first-served basis. The White Memorial Medical Center offers housing and food for students who attend a sub-internship there.

### **GRADING SUMMARY:**

Oral Examination by Surgery Faculty Member  
Clinical Performance & Proficiency Evaluations, including complete History & Physical  
Completed Mandated Skills log (Pass/Fail)

Currently the Oral Examination requires a minimum passing score of **60** on a 0-100 scale.



## Director or Designee Mid-Rotation Progress Report

Student \_\_\_\_\_ Clerkship \_\_\_\_\_

Rotation Site \_\_\_\_\_ Dates \_\_\_\_\_

### Student Self Assessment:

What are your strengths?

What areas are you trying to strengthen or improve and what steps will you take to do so?

- Marginal* - At the lower limits of qualification for success in the medical profession.  
*Appropriate* - Manifests the skills commensurate with their level of training.  
 UE - Unable to evaluate; not applicable.

Using the descriptors above, please evaluate the student in each category below by checking the appropriate box. Students should be assessed commensurate with their level of training.

<i>Clinical Performance</i>	Marginal*	Appropriate	UE	<i>Professionalism &amp; Lifelong Learning</i>	Marginal*	Appropriate	UE
History Interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shows initiative for own learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responds appropriately to feedback & authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aware of own limitations and solicits and incorporates feedback to improve performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Takes responsibility for share of teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arrives on time & leaves only when responsibilities are completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DDx/Problem Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Presents self in a professional manner (i.e., demeanor, dress, hygiene)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence-Based Learning & Information Seeking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Treats patients and colleagues with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole Person Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sensitive to people of other racial, religious, and ethnic backgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Cares about the feelings and needs of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Demonstrates integrity in interactions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Demonstrates knowledge of concepts in clinical ethics (i.e., consent, autonomy, surrogacy, advanced care planning, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Comment on Marginal:

Formative Comments

Comment on performance related to required clerkship academic activities (OSCE, quizzes, tests, attendance, etc.)

Signatures: Student \_\_\_\_\_ Date \_\_\_\_\_

Clerkship Director or Designee \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name: \_\_\_\_\_

# SURGERY EDUCATION EVALUATION OF STUDENT CLINICAL PROFICIENCY

## 1. PROFICIENCY IN CLINICAL SKILLS:

• The student can perform a complete history & physical examination including an assessment or working diagnosis, a differential diagnosis, and a treatment plan.	
• The student has adequate skill in knot tying and manual dexterity in manipulation of common surgical instruments to be of assistance to the surgeon during operative procedures.	

## 2. WRITTEN WORK PRODUCT:

• The student can write a progress note of appropriate length and format in the chart of a patient to whom they have been assigned.	
• The student can write orders for patient admission or postoperative care in a safe legible format which can be executed by nursing or ancillary staff.	

## 3. SUMMATIVE ORAL PRESENTATION:

• The student, with appropriate brevity and clarity can formally present patient information to the patient care team on rounds, or at conference.	
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## 4. PRACTICAL KNOWLEDGE BASE:

• The student can answer my individually directed case-based questions.	
• On a day to day basis, the student shows evidence of study, or preparation regarding the active cases on the service and/or the surgeries they are participating in.	

## 5. CLINICAL PROBLEM SOLVING:

• The student is able to integrate medical facts and clinical data as a basis for diagnosis	
• The student remains knowledgeable regarding the key clinical problems experienced by his or her assigned patients and displays the ability to suggest options for management.	

## 6. PROFESSIONAL RESPONSIBILITY:

• The student displays to patients a caring and respectful demeanor and is professional in appearance.	
• The student demonstrates motivation and takes advantage of opportunities to learn and practice clinical skills.	
• The student is responsive to his/her patients and family members and communicates with them effectively.	
• The student demonstrates responsibility to his or her patient care team by being on time and accepting a reasonable share of the clinical work load.	

Printed Name of Student	Signature	Date
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Printed Name of Faculty Member	Signature	Date
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## SURGERY EDUCATION

### EVALUATION OF STUDENT CLINICAL PROFICIENCY

On the reverse are criteria for your use in the evaluation of clinical performance of medical students under your supervision. The individual criteria each describe an observable behavior or clinical skill. It may be useful to briefly recall student performance on a regular basis and jot down notes which can be used for interim review with the students. These will also simplify the completion of the evaluation at the rotation's end. The rating scale described below is intended to compare and rank student performance in each area. If you feel you have not had sufficient opportunity to observe any individual student behavior or skill, you may write "unable to evaluate" in the response box. We can accept a maximum of two "unable to evaluate" marks on this evaluation form.

- 1 = The student fails to display this characteristic or to demonstrate this skill.
- 2 = The student displays this characteristic or skill inconsistently or in an incomplete manner.
- 3 = The student displays this characteristic or performs this skill in a generally acceptable or satisfactory manner. His/her performance is consistent with the majority of medical students at this level of training.
- 4 = The student often displays this characteristic or performs the described clinical skill in a manner exceeding expectations for a trainee at this level.
- 5 = The student always displays this characteristic and/or performs the relevant skill in a consistently excellent manner, exceeding expectations and/or at the level of a graduate physician.

The medical student must return a completed signed and dated form to the Medical Education in Surgery Office before the final weekday of the rotation in order to receive credit. Your responses will be totaled and weighted to produce an overall grade for clinical performance. These grades will be scaled by clinical site at year's end to reduce bias due to differences in grading practices between each institution in our program. Please note that the responses do not represent a percentile grade and do not total to 100. Please remember that this evaluation form does not replace the two-part "Faculty Evaluation of Student Clinical Performance" required by the School of Medicine Office of the Dean. You must also complete that form for each medical student, writing sufficient formative and summative comments describing your medical student's effort.



ORAL EXAMINATION

SURGERY EDUCATION

FINAL NUMBER GRADE: \_\_\_\_\_  
(Average of scores below)

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Examiners: \_\_\_\_\_ and: \_\_\_\_\_

Topics Discussed (minimum of 3 patient problems )	< 60	60	65	70	75	80	85	90	95	100
	⇐ Fail	Improvement Indicated	Acceptable	Good	Outstanding					
Fund of Knowledge										
Ability to Establish Priorities; Analytical Differential Diagnosis										
Problem Solving										
Data Interpretation										

Comments: \_\_\_\_\_

Examiner's signature: \_\_\_\_\_ and: \_\_\_\_\_

## SENIOR HISTORY & PHYSICAL GRADING SHEET

Grading Criteria	Possible Points	Student Points	Comments
<b>Legibility &amp; format</b>	10		
<b>History –</b> HPI for each complaint ROS with pertinent negatives PMHx and FHx appropriate for situation	20		
<b>Physical Exam –</b> Adequate description of findings relevant to each complaint – pertinent negatives specifically listed Other positive findings or abnormalities listed Meets guidelines listed on following pages Any special lab or workup can be added	25		
<b>Assessment –</b> Reasonable working diagnosis described/supported Differential diagnosis and/or further description Other active or/ongoing medical problems or co-morbidities adequately described	25		
<b>Plan –</b> Specific diagnostic maneuvers and/or management steps or preparation for surgical treatment *	20		
<b>Total Maximum Student H&amp;P Points</b>	<b>100</b>		

\* **Note:** For the purpose of this exercise a notation that a “consult” will be obtained is not sufficient as a treatment plan.

Date \_\_\_\_\_

Date \_\_\_\_\_

**YOU WILL NOT RECEIVE CREDIT UNLESS THIS SHEET IS TURNED INTO THE SURGERY EDUCATION OFFICE (CP21122) WITH A GRADE AND APPROPRIATE SIGNATURES**

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# MANDATORY SKILLS LIST - M.D. SIGNATURES REQUIRED

SKILLS -	Faculty / Resident Signature	Date	Rotation	Location
Daily inpatient progress notes				
Operative procedure note				
Full admitting orders or complete (inpatient) postoperative orders (must include orders for IV fluids and orders for pain management)				
Ability to give adequate summative oral presentation of patient(s) in conference				
Surgical Assist				
<u>Complete History &amp; Physical Exam</u> (see separate grading sheet)				
Discharge summary (for inpatient stay of 2 days +)				
Inpatient consultation for surgical problem requested by another physician				
Orders : <u>Pain Management</u>				

Name \_\_\_\_\_

Service \_\_\_\_\_

Rotation Dates \_\_\_\_\_