

Surgery 701

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Junior Surgery is ten weeks in duration. Six weeks are spent on general surgery ward service rotations at one of the following sites: Kaiser, LLUMC, RCRMC (Riverside County Regional Medical Center), and the VAH (Jerry L. Pettis Veterans Memorial Medical Center); no requests are taken as to hospital site. The remaining time is spent on brief 1-week specialty rotations; Anesthesia is required. Students will then pre-select two “selective” weeks from nine other areas of specialty interest.

A *Skills/Requirement Check Sheet* for each specialty rotation must be completed and signed off by the service chief or representative.

For the General Surgery rotation, each student must complete a *Patient Contact/Skills Log Book* including: various clinical skills as they perform them on wards or in clinic; they must log patients to whom they are assigned, on whom they do pre-op or admission work-ups and for surgeries they scrub in on. The Log Book is a pass/fail requirement.

Students must attend the Surgery Clerkship Orientation, all Friday lectures, and all ten weeks of the rotation. Attendance is taken at all lectures; a lecture quiz is given every Friday. Students are allowed two dropped quizzes. Quizzes cannot be made up. Students are responsible for any material covered or announcements given during this didactic time.

Grading for the Junior Surgery block:

- 30% - NBME Subject Exam (mock board)**
- 30% - Objective Structured Clinical Exam (OSCE)***
- 24% - Preceptor’s Progress Report (PPR) and a required History and Physical signed by an attending faculty member with a related article from the current Surgery literature
- 15% - Friday lecture quizzes
- 1% - Timely completion of exit evaluations (online via Qualtrics / not one45)
- P/F - Complete Patient Logbook and Clinical Skills List
- P/F - Intra-Operative Evaluation of Medical Student (2 at Mid-Rotation and 2 at Final Evaluation)

- * The Integrated Clinical Ethics Course (Religion 714) is scheduled in conjunction with Friday academic surgery lectures.
- ** NBME subject exam is scheduled at the end of the tenth-week; minimum passing score of **58** is required.
- *** The OSCE is a practical test conducted over two days during the 10th week. It involves student interaction with simulated patients. The student will receive scores in history and physical examination skills, and patient-physician interaction/communication skills. Additional stations involve writing an extended progress note and complete pre-op admitting orders.

Rotation information is available at <http://llu.instructure.com> – access to the junior course is granted at the time of your rotation; for additional information, contact Kristian Braun at krbraun@llu.edu.

Director or Designee Mid-Rotation Progress Report

Preceptor Progress Report



Select appropriate box:



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 commiserate with their level of training.
- Outstanding* - Exceptional Performance; Exceeds all expectations.
- UE* - Unable to evaluate; not applicable.

See back of form for descriptions of marginal, appropriate, and outstanding performance.

Using the descriptors above, please evaluate the student in each category below by checking the appropriate box.

Clinical Performance	Marginal*	Appropriate	Outstanding	UE	Professionalism & Lifelong Learning	Marginal*	Appropriate	Outstanding	UE
History/Interview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shows initiative for own learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Examination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Responds appropriately to feedback & authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Documentation	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Oral Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Takes responsibility for share of teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal Skills	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
DDx/Problem Solving	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Evidence-Based Learning & Information Seeking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Treats patients and colleagues with respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whole Person Care	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
					Cares about the feelings and needs of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Demonstrates integrity in interactions.	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>

* Marginal/ Formative Comments:

Summative Comments:

If this student's overall clinical performance is deserving of honors, please provide justification below:

Signatures: Student _____
Clerkship Director or Designee _____

Date _____
Date _____

Please Print Name: _____

Marginal

Appropriate

Outstanding

Medical Knowledge

Marginal understanding of concepts. Inconsistent understanding of patient problems.	Demonstrates understanding of basic pathophysiology. Medical knowledge is appropriate for level.	Broad textbook mastery or directed literature search. Understands therapeutic interventions.
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History / Interview

Data gathering is incomplete or disorganized.	Obtains appropriate and accurate history. Usually logical and organized.	Resourceful, efficient, appreciates subtleties. Incorporates additional sources of information.
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Physical Examination

Disorganized at times. Not thorough. Insensitive to patient comfort.	Competent exam skills. Sensitive to patient's comfort. Practices universal precautions and sterile technique.	Exam is thorough, directed when appropriate. Elicits subtle findings.
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Written History & Physical

Inaccurate data or major omissions. Rarely incorporates databases. Poor chart documentation.	Logical development. Accurate and complete. Generally uses databases.	Always uses databases. Analytical. Thorough understanding of disease process and patient situation.
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Oral Communication

Rambling with poor flow of presentation. Includes irrelevant facts. Does not demonstrate ability to synthesize information.	Includes all basic information. Communicates clearly and to the point. Uses active listening.	Poised and organized with thought processes and rationale clearly demonstrated.
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Interpersonal Skills

Often poor rapport with patients and colleagues. Disorganized.	Demonstrates rapport with patients and colleagues, respectful. Able to demonstrate empathy. Cooperative member of the team.	Excellent rapport with patients and colleagues. Regularly empathetic. Gains confidence and trust.
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DDX / Problem Solving

Inconsistent prioritization of clinic issues. Poor interpretation of data.	Sound diagnostic decisions. Able to generate a reasonable DDX.	Understands complete issues. Interrelates patient problems.
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Independent Learning

No evidence of outside reading or not able to incorporate knowledge into patient care. Relies on preceptor for learning.	Reads about patient problems and general related topics. Shows initiative for own learning. Solicits and incorporates feedback into practice.	Seeks out current evidence and continually seeks new learning opportunities. Summarizes information to colleagues. Frequently teaches preceptor/patient.
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Whole Person Care

Insensitive to patients' assets in coping with illness. Difficulty in integrating psycho-social and spiritual care with the physical care of patients.	Able to obtain an accurate and comprehensive history, including issues related to age, gender, cultural and social setting, emotional and spiritual.	Facilitates use of patient's assets in coping with illness, including spiritual and religious resources. Applies evidence-based traditional and non-traditional therapies.
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****MAXIMUM of 2 for the FINAL EVALUATION will be accepted!****

(*) denotes required field

SUPPLEMENTAL EVALUATION BY FACULTY ATTENDING

Marginal	Appropriate	Outstanding	Unable to Evaluate
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****For any mark other than "Appropriate" a comment or example must be provided.****

HISTORY/INTERVIEW: I have observed (at least a significant part of) an appropriate and accurate physical examination performed by this student.

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Comments/Example(s):

PHYSICAL EXAM: This student is responsive to my direction in the operating room. He/she has adequate skill in knot tying and manipulation of common surgical instruments to be of assistance to the surgeon.

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WRITTEN DOCUMENTATION: I have reviewed (written or computer-generated) patient notes created by this medical student which can be countersigned and/or placed in the medical record with minimal annotation or modification.

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ORAL COMMUNICATION: This student can present organized and comprehensive patient/case information in rounds or (formal) conference.

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INTERPERSONAL SKILLS: I find this student to be trustworthy and reliable. He/she demonstrates timely preparation for case assignments and actively contributes to team rounds and patient-based discussion.

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DDx/PROBLEM SOLVING: When answering my case-based questions, this student reflects day-to-day awareness of his/her assigned patients. He/she demonstrates the ability to prioritize and interrelate clinical information to generate reasonable diagnoses and suggest treatment options.

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EVIDENCE-BASED LEARNING&INFORMATION: This student responds in a positive manner to formative feedback. He/she follows through when directed to learning opportunities or resources.

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WHOLE PERSON CARE: I have observed this student to communicate respectfully and effectively with patients and/or family. He/she is knowledgeable with regard to ethical concepts such as patient autonomy, informed consent or refusal, advanced directives and patient privacy.

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Student Name: _____

*Service: _____

Rotation Dates: _____

DEADLINE: Submit to Preceptor at Eval

****MAXIMUM of 2 for the FINAL EVALUATION will be accepted!****

*(*) denotes required field*

CLINICAL PERFORMANCE EVALUATION BY RESIDENT

Unable to Evaluate	Improvement Needed	Appropriate (for level of training)	Exceeds Expectations
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****For any mark other than "Appropriate" a comment or example must be provided.****

1. This student can perform an accurate and complete history and physical examination, which supports a reasonable differential diagnosis and proposes an initial treatment plan.

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Comments/Example(s):

2. This student has adequate skill in tying and manipulation of common surgical instruments to assist me in performing a procedure, or in the OR.

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3. This student can write a complete daily patient progress note, suitable for signature and placement in the medical record.

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4. This student can, with appropriate brevity and clarity, present comprehensive patient information on team rounds or in conference.

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5. This student is reliable. He/she arrives on time, completes assigned tasks and equitably shares work with the clinical care team.

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6. This student is always knowledgeable and aware regarding the progress of key problems experienced by our patients, and can answer my individually-directed, case-based questions.

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7. This student is motivated to learn. He/she takes advantage of opportunities to practice clinical skills and asks insightful questions.

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8. This student respects patient differences in age, gender, social status, emotional state and cultural background. He/she willingly communicates with our patients and families, at their level of understanding.

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*Evaluator: _____ PGY: _____

*Signature: _____

*Student Contact Time: _____

Student Selected Eval? Y / N

JUNIOR HISTORY & PHYSICAL GRADING SHEET

Grading Criteria	Possible Points	Student Points	Comments
Format	5		
History – HPI for each complaint ROS with pertinent negatives PMHx and FHx appropriate for situation	20		
Physical Exam – 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	20		
Assessment – Reasonable working diagnosis described/supported Differential diagnosis and/or further description Other active or/ongoing medical problems or co-morbidities adequately described	20		
Plan – Specific diagnostic maneuvers and/or management steps or preparation for surgical treatment *	20		
Pertinent article Students must submit one article from the current surgical literature relating to this patient. Please review it with the student and attach it to the grading sheet.	15		
Total Maximum Student H&P Points	100		

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

Printed Student Name _____ Signature _____ Date _____

Printed Name of **Attending Faculty Member** _____ Signature _____ Date _____

YOU WILL NOT RECEIVE CREDIT UNLESS THIS SHEET IS TURNED INTO THE SURGERY EDUCATION OFFICE (CP 21122) WITH A GRADE AND APPROPRIATE SIGNATURES

Surgery - Simplified Call & "Duty" Hour Guidelines for Students

- 1. Students should not routinely start workday activities before Junior House Staff (PGY -1)**
- 2. Effort must be made to end the student workday by 6:00 p.m. on non-call days.**
- 3. Students who are immediately post overnight call, should end their workday and leave the hospital before 10 A.M.**
- 4. Students who have engaged in 28 consecutive hours of patient care/clinical work (e.g. a 24 hour call period + 4 hours transition time) may (choose to) leave work, for a minimum rest period of 12 hours.**
- 5. Student work hours (including call periods) will not exceed 80 hours per (7 day) week, averaged over a six week period.**
- 6. Students may attend church on Saturday or Sunday if requested.**
- 7. In planning a student call schedule - please note:**
 - One day in seven (or two days together in fourteen) must be completely free of work**
 - Students will not take call the night before major exams (OSCE/NBME)**
 - Regarding overnight (in-house) call for General Surgery: -**
 - A TOTAL of 5 call periods for students in the Junior Surgery Clerkship (Surgery 701) is required; (for students rotating at LLUMC, a minimum of one week of night shift duty on the Acute Care Service will be considered sufficient to meet the call requirement)**
 - A maximum of 5 call periods will be served**
 - Classroom time, study time, lab opportunities, review sessions and exams generally will not be counted as work hours. Patient care related conferences/rounds are considered part of the workday.**
 - Attendance at scheduled class time, lab opportunities, certain educational conferences , and exams may be required; however students are excused from clinical duties to attend**

Surgery Log
Classification of Patient Encounters
by Surgical Procedure and Student Role

ABDOMEN				
Classification of Surgical Procedure	Surgical Scrub	New Patient Evaluations Pre-op, H&P, Workup or Full Consult	Individual Responsibility for Daily Inpatient Care (2 days +)	Totals
Liver				
Biliary Tract				
Pancreas				
Spleen				
Hernia				
Other Abdomen (non-trauma)				
Totals				*Total Abdomen

**Minimum 3 encounters in Abdominal Surgery Required*

Surgery Log
Classification of Patient Encounters
by Surgical Procedure and Student Role

ALIMENTARY TRACT (G.I.)				
Classification of Surgical Procedure	Surgical Scrub	New Patient Evaluations Pre-op, H&P, Workup or Full Consult	Individual Responsibility for Daily Inpatient Care (2 days +)	Totals
Esophagus				
Stomach/ Duodenum				
Small Bowel				
Large Bowel				
Appendix				
Anorectal				
Totals				*Total GI Tract

**Minimum 3 encounters in Alimentary Tract Surgery Required*

Surgery Log
Classification of Patient Encounters
by Surgical Procedure and Student Role

SPECIALTY "A"					
Classification of Surgical Procedure	Surgical Scrub	New Patient Evaluations Pre-op, H&P, Workup or Full Consult	Individual Responsibility for Daily Inpatient Care (2 days +)	Totals	
Cardiac					
Non-cardiac Thoracic					
Transplant					
Vascular					
Endovascular					
Amputation (any indication; excludes hand/digits)					
Totals				Total Specialty "A"	

Surgery Log
Classification of Patient Encounters
by Surgical Procedure and Student Role

SPECIALTY "B"					
Classification of Surgical Procedure	Surgical Scrub	New Patient Evaluations Pre-op, H&P, Workup or Full Consult	Individual Responsibility for Daily Inpatient Care (2 days +)	Totals	
Endocrine <i>(includes Thyroid/Parathyroid)</i>					
Head & Neck <i>(Major)</i>					
Skin/Soft Tissue <i>(Major)</i>					
Minor Surgery					
Endoscopy <i>(includes diagnostic procedures)</i>					
Totals				Total Specialty "B"	

Surgery Log
Classification of Patient Encounters
by Surgical Procedure and Student Role

SPECIALTY "C"							
Classification of Surgical Procedure	Surgical Scrub	New Patient Evaluations Pre-op, H&P, Workup or Full Consult	Individual Responsibility for Daily Inpatient Care (2 days +)	Totals			
Orthopedic							
Hand							
Urology							
Ophthalmology							
Transplant							
Neurosurgery							
Totals					Total Specialty "C"	*Total ALL Specialty A+B+C	

**Minimum 4 encounters in all Specialty Areas (A+B+C)*