

Medical Student Requirements and Responsibilities

SURGERY

Third year medical students are expected to be Accountable and Active in their learning and in the care of their patients.

Work Hours: Medical students must be presented with a clinical working environment that supports their learning and safeguards personal health. The emphasis should be on opportunities to learn within a reasonable framework of clinical activities. Specific considerations

- Student participation in clinical settings should not exceed resident work hour policies (80 hours/week averaged over 4 weeks, at most 30 hours continuously in the hospital followed by at least 10 hours out of hospital, average 1 day off/week).
- Students must be excused from clinical rotations by 9 PM on Thursday nights to assure meaningful participation in the Friday learning activities.

Work Load: Students must be presented with clinical workload expectations that support their learning while maintaining an appropriate level of engagement with the clinical environment.

- Inpatient rotations: work up at least 1 patient on call days, carry in the range of 2-3 patients
- Outpatient settings: see at least 2-4 patients per half-day of clinic - do oral and written presentations, develop differential diagnoses + learning agendas, engage in case-based reading

CAS: Students are expected to log all patients and learning experiences in which they have engaged in clinical care and/or interactive discussion that involves participation in **history/physical, diagnosis, or treatment**. Assessment request requirements should be discussed with the faculty and Discipline leader with the following minimums:

- Inpatient: At least one log or bundled log per week – with at least 2 requests to each faculty member or resident with significant clinical/teaching exposure.
- Outpatient: One assessment request (single or bundled logs) to the preceptor per half-day of clinic. For continuity faculty (> 2 sessions): At least one bundled request to preceptor/week with a minimum of two requests to each preceptor.

Safe contact for student concerns (work hours, treatment):

Carol Chalkley (216-368-3783, cab26@case.edu)

Objectives for the Surgery Core Rotation

By the end of this rotation, students will:

- Demonstrate effective skills in gathering and presenting patient data and thinking through the differential diagnosis and treatment plan.
- Demonstrate effective communication skills with team members, patients, and families.
- Demonstrate the ability to effectively perform knot-tying, suturing, and wound management.
- Discuss the critical elements of postoperative care, including fluid management, physiologic response to surgical stress and trauma, and common postoperative complications.
- Demonstrate the ability to perform focused, self-directed reading in appropriate Surgical literature and share this with the team.
- Demonstrate openness to feedback and the ability to make adjustments as needed.
- Demonstrate the ability to function effectively in the health care team.

Students must log a patient or interactive learning exercise that demonstrates participation in **history/physical exam, differential diagnosis/diagnostic plan, or treatment plan** for each of the core clinical conditions listed:

Abdominal Pain	Claudication/PVD/CVA	Cancer
Acute Pain	Dysuria/Hematuria/Stones/UTI	Venous Thromboembolism
Airway Management	Fluids, Electrolytes, Acid-Base	Nausea/Vomiting
Jaundice	Rectal Pain/Bleeding	Peri-operative Care
Breast Pain/Mass/Nipple Discharge		

Students are expected to successfully complete the following **procedures**(as available): venipuncture, rectal exam, peripheral IV placement, breast exam, NG/feeding tube, foley, suturing, ABG

Students should observe or participate in and understand the indications for the following core surgical procedures: Abdominal hernia repair, Anorectal procedures, Laparoscopic procedures, Laparotomy, I+D, Wound care

Key Contacts:

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