

Objectives for the Surgery 3rd Year Clerkship (Basic Core I)

The surgery experience is part of the combined rotation with internal medicine and family practice. Within this rotation, students rotate through three separate blocks, one devoted to surgery. This is a five-week block, with one week dedicated to outpatient clinics in the surgical sub-specialties at the beginning of the surgery block. The remaining four-weeks will be on an inpatient surgery team.

1. Clinical Experiences

a. Ward experiences

The students will be assigned to individual surgery teams that consist of several faculty and surgical residents. The students will either be on a team on a general surgery service, colorectal surgery, or pediatric surgery. Students are expected to attend the outpatient clinics as well as surgeries on that service and see inpatient and emergency consultations. The principle goal is to have the students evaluate new patient and undefined patient problems as often as possible being observed by a resident or a faculty. As directed in the next section on outpatient subspecialty clinics, students will place outpatient clinic visits in the progress notes in EpicCare, establish a learning objective(s) for each patient encounter that will be emailed to the faculty as part of their patient encounter form so the students will be assessed on their completion of their learning objective, and follow that patient to their surgical procedure. As much as possible the student should attend all the surgeries that occur within the four weeks on patients they have either seen as a consultation or in the outpatient clinic. **Operative assessment forms should be emailed to the faculty for only those patients the student has pre-operatively evaluated and assessed.** Students can obtain operative experience on other operative procedures as directed by the senior resident of the service or faculty, but a clinical assessment evaluation of that operative experience is not required. The students are expected to send an assessment form to the faculty for patient encounters in the outpatient clinic or in the hospital that should average a minimum of 2, and not exceed 4 per week. A total of 8 operative assessment forms should be completed within the four-week rotation based on patients seen and evaluated in the outpatient clinic or hospital consultations for which the student attended the surgery. The student should be responsible for participating in the care delivered to their patients on whom they have attended operations. Students are strongly encouraged to be active in their ward team to seek out responsibility for direct patient care. This is guided principally by the chief resident on the service.

Students should coordinate with their chief what day of the weekend they will come in to round on their patients.

Students on the surgery service need to round with their team on their patients and write their notes before Morning Report on Fridays.

Students on the surgery service **should plan to go home each day at 6 p.m.** if they are not on call, and are relieved of their clinical duties at 11:30 a.m. on Fridays following the Clinical Didactic Lecture.

b. Outpatient subspecialty clinics

Additional surgical experience will be achieved by a broad exposure to subspecialty surgical disciplines in the block. Students will rotate through a variety of subspecialty clinics that include:

Orthopaedics	Pediatric Surgery
Vascular Surgery	Breast Center
Otolaryngology	Urology

A rotation schedule will be provided to the students where the students will rotate through these subspecialty clinics in the first week of their five-week rotation in surgery. The student is expected to evaluate 1 – 2 new patient consults during each half day clinic, or as directed by the faculty. Students will have access to the clinic schedule to prepare in advance for each clinic encounter. The emphasis of the student–patient encounter is for a complete, focused history and physical for the presenting problem, as well as an assessment and plan for that problem. The principle goal is to evaluate common problems in that subspecialty for patients likely to have an operation within the subsequent 4 weeks of their surgical rotation. The faculty will guide students to the most appropriate patients. This is not expected to be a “shadow experience”, an independent patient evaluation and assessment will be performed by the student. The student will do a history and physical in EpicCare that will be reviewed and critiqued by the faculty. If the patient that the student assessed will not be having surgery within the duration of their surgical experience, at the end of each clinic session the student and faculty should agree on a similar patient whose operation they can attend.

The student and faculty will agree on specific learning objectives based on the patient encounter. The goal is for the student to go and search out the literature for an evidence-based approach to the understanding of the disease process as well as prepare for the

planned surgical procedure. These specific learning objectives are included in the "comment" section of the patient log and are therefore emailed to the faculty as part of their assessment form. The student will email the faculty when this learning objective has been completed to obtain a satisfactory assessment of the patient.

c. Operative experience

As previously described, students will attend surgeries that occur on their primary inpatient team as well as the surgical procedures of patients seen in the outpatient clinics that occur within the four weeks of their inpatient service. The student will be excused from their team to attend the subspecialty clinic surgeries. It is expected that the students will attend 1 – 2 surgeries for each subspecialty clinic. The students will attend the surgery on patients directly seen in the clinic, or as directed by the faculty at the time of their clinic. A learning objective for the operating room should be agreed upon with the faculty for each patient encounter and completed prior to the operating room. It is the students' responsibility to know the time of the scheduled procedure as well as be in attendance for the operative procedure. This can be determined by accessing the ORIS system which is the web-based surgical schedule (see addendum). The day of the procedure is noted in EpicCare as a hospital admission, and further clarification can be achieved by contacting the department's scheduling office (see addendum), as well as calling directly into the operating room the day of the surgery if the scheduled patient is not a first case.

d. Postoperative inpatient care

Students will follow all surgical patients operated during their surgery block. This includes patients hospitalized following their surgery if performed by a subspecialty surgeon, as well as patients on their ward team. A final patient log assessment based on their cumulative postoperative care management should be emailed to the faculty or resident involved.

e. On-call responsibilities

Students will take in-house call during the week and on weekends. A rotation schedule of approximately every 4th night call to 11 pm will be arranged.

Twelve hour shifts will be part of the schedule on weekends. Students are expected to contact the resident team on call, which is a night float team during the week. The goal is to assess new patients for emergency consultations and assist the residents in evaluating ward patients. The students are expected to be physically close at hand with the surgical residents on call to get the most experience. Patient encounters should be assessed by **email to the resident involved**.

During the week, call starts at 6pm ***with the exception of Wednesday night when the start of call is delayed until 7pm*** because of the Wednesday early morning conferences. On weekends, students will take call either Friday or Saturday evenings from 6pm-6am, or Saturday or Sunday during the day from 6am-6pm.

Students on the surgery service should go home each day at 6pm if they are not on call.

2. Friday clinical conference

A combined surgical-medical faculty team will lead a clinical conference each week throughout the block. Students will be responsible to present their clinical encounters on a rotational basis. This process will emphasize oral presentation, history taking, assessment of clinical presentations, disease processes, ethical issues, post-operative management and outcomes. Learning objectives may be agreed upon on a weekly basis.

Students on the surgery service need to round with their team on hospital patients and write their notes before Morning Report on Fridays.

A didactic conference (Clinical Rounds Didactic Lecture) is also held weekly that is topic-based and guided by written cases with literature references provided.

Students on the surgery service are relieved of clinical duties following the Clinical Rounds Didactic Lecture on Friday at 11:30 am.

3. Assessment of performance

- Patient log

Patients evaluated in the outpatient surgery clinic will have an assessment of the H & P as well as postop course.

- Procedure log
Students will maintain a log of procedures performed as specified by the procedure list.
- Faculty assessment forms
Outpatient clinic
Operative performance
Emphasis on fulfilling learning objectives
- Longitudinal performance in Friday clinical conference
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- Oral exam
Structured exam based on 20 common clinical scenarios available to students.
- Written exam
Based on best performance on progressive board exam

Required Reading

- Evidence-based inquiry of determined learning objectives
- **Cope's Early Diagnosis of the Acute Abdomen**
Authors: Zachary Cope and William Silen, Oxford University Press
(Available in the library)
- Lawrence textbook of General Surgery

Recommended Reading

- **Choosing Civility: The 25 Rules of Considerate Conduct**
Author: P. M. Forni, St. Martin's Press, New York
- Selected readings as indicated in the written case studies

Surgery Core Diagnoses

Abdominal Pain
Breast Pain/Mass/Nipple Discharge
Cancer
Claudication/PVD

Dysphagia, Hematemesis, Nausea,
Vomiting, GERD, Gastroenteritis
Dysuria/Hematuria/Stones/UTI
Fluids, Electrolytes, and Acid-Base
Disorders

Jaundice
Rectal Bleeding/Pain

Thyroid/Parathyroid

Surgery Core Procedures

Abdominal Wall Hernia
Acute/Emergent Abdominal
Procedure
Anorectal Procedures
Bowel/Gastrointestinal Procedures
Breast Exam

Breast Procedure
Cholecystectomy
Endoscopy (Upper/Lower)
Foley (male)
Foley (female)
Neck Procedure

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