

Third Year Surgery Policies

Clerkship / ROME / MILE

2021-2022 Academic Year

Clerkship Orientation

A general orientation to the clerkship will be held by video conference at 4 p.m. Central Time on the first day of each rotation for all students at all three campuses. This orientation will take approximately 30 minutes and will be followed by campus-specific orientation at each campus. Students will meet with administrative staff and/or faculty regarding specific details for their assigned campus.

Clerkship Objectives

Objectives for specific surgical subjects have been prepared by the Curriculum Committee of the Association for Surgical Education (ASE) and are published in the "[Manual of Surgical Objectives: A Symptom and Problem-Based Approach, 4th Edition](#)". These are essentially lists of expected knowledge, skills and accomplishments to be studied for each specific subject. The Department utilizes these objectives for the Phase 2 Surgery Clerkship, and students should review the objectives during the clerkship.

SMHS Objectives

The SMHS objectives of the Phase 2 surgery clerkship are to assist the student in developing the following abilities and skills:

1. The **practice** of applying basic science disciplines to clinical situations.
2. To **recognize diseases** or conditions that are treated surgically. This includes understanding the normal physiology, pathophysiology and changes incurred by surgical treatment. The student will be expected to understand the natural history of surgical diseases and the normal physiology in individuals not affected.
3. To **develop problem-solving skills** based on a complete history, performance of a complete physical examination and collective interpretation of additional data such as laboratory and X-ray results.
4. To **recognize** common surgical **emergencies** and the appropriate responses to these emergencies.
5. To **develop** basic manual skills required in effective patient care.
6. To **develop self-assessment skills** that will provide the student with appropriate input or awareness as to his or her performance on the clerkship objectives.
7. To **develop and maintain personal characteristics**, attitudes and ideals appropriate for the physician and surgeon. This should include an awareness of personal strengths, weaknesses, appearance, reliability, integrity, honesty, and the ability to interrelate with other individuals.
8. To **develop** skills enabling an effective interaction with patients, colleagues, nurses, and other health care professionals. This includes the development of communication skills that are necessary for the exchange of information concerning patients and the ability to cooperate with other disciplines in patient care.
9. **Recognize** that diverse cultural, religious, and socioeconomic factors can affect both the provider's approach and the patient's response to surgical care.
10. Students will **demonstrate** professional behavior in both the inpatient and outpatient settings. This is in line with our medical school's pillars of excellence and with medical licensing standards in the United States and abroad
11. Following **self-directed learning**, the student will be able to:
 - a. Define microsatellite instability and describe its importance in colorectal cancer
 - b. Describe the body's mechanisms of meeting energy needs during prolonged fasting
 - c. Identify the inheritance of the BRCA gene and describe its role in breast cancer

Clinical Role

Surgical clerkship students (clerks) assume a significant role on the surgical team with supervised responsibility in the care of all patients on the service. The student will perform a complete history and physical examination on each patient assigned, unless otherwise indicated by the attending surgeon.

The surgical clerk is responsible for checking with the attending surgeon or resident and operating room for the time of scheduled surgical procedures. All clerks WILL be excused for assigned Seminars and Examinations. Also, all clerks will participate in scheduled teaching ward rounds that do not interfere with other responsibilities. These times will be designated on the weekly schedule. Attendance (in person or by video conference) at Surgery Grand Rounds and M & M conference is mandatory, and students will not be excused except for illness or other special circumstances.

The third-year clerks rotating on Surgery will be evaluated on the basis of multiple experiences. The clerk is expected to work up two or more patients per week as assigned by preceptors. When assigned a patient with a specific surgical disease or condition, the clerk will be expected to be able to relate pertinent surgical information regarding the disease or condition at the end of the clerkship. Evaluation of the student's performance and cognitive skills will be accomplished through the use of objectives seminars, student case conferences, instructor ratings, and by examinations as outlined in the Department of Surgery evaluation policy.

Special Assignments

Both of these assignments must be completed in the **FIRST** 4-weeks of the clerkship. These assignments will not be graded but must be submitted in order to pass the clerkship.

Diversity Objective

- Prior to the end of your first rotation, students will submit a self-reflective journal report about diversity in surgery (1 paragraph minimum). This report should be emailed to marlys.peterson@und.edu.

Basic Science Questions

Be prepared to answer these 3 questions during your Mid-Clerkship Feedback session:

1. What is microsatellite instability (MSI) and why is it important in colon cancer?
2. Surgery patients are frequently NPO for several days. Explain how the body can meet its energy needs without food for several days.
3. Describe the mechanism and inheritance of BRCA in breast cancer.

Call Schedule Policy

Students are expected to take call during the rotation. Call will not exceed every fourth night or fourth weekend, on average. Call may be either in-house or from home, depending on the location. Each student should discuss facility-specific call policies upon arrival at each facility. On non-call nights, students may leave at 6:00 p.m. (but may stay later if the student desires to do so).

The Department abides by the UND SMHS Student Duty Hour Policy (*see Appendix A*).

Patient Encounter Logs

Smart phones or PCs will be used to record patients' diseases; operations witnessed and assisted; procedures, skills observed, assisted and performed. *These should be entered weekly.* These patient encounters will not be part of the grade; they will, however, be used as a critique of the individual's rotation. *Failure to complete the patient encounters or to submit them as requested will result in an incomplete mark in surgery.* Detailed instructions on the use of case log process will be given during orientation.

Surgery Requirements					
Patient type/clinical condition	#	Student Roles	Clinical setting	Diagnosis, Procedure or Management	Make-up opportunities for missed experiences
Abdominal/Gastrointestinal Surgery	15	Student observes or participates in clinical evaluation and management including peri-operative, intra-operative and post-operative care with faculty supervision.	Either	D, P, M	When inadequate experience is identified at the time of midclerkship feedback, students are either encouraged to seek out certain conditions or student will be assigned one day in a clinical setting in which that patient requirement can be met.
Breast, skin and soft tissue Surgery	5		Either	D, P, M	
Endoscopy/Gastrointestinal blood loss	5		Either	D, P, M	
Orthopedics	0		Either	D, P, M	
Other Surgery	0		Either	D, P, M	
Trauma and Critical Care	2		Either	D, M	
Vascular/Cardiovascular/Thoracic Surgery	5	Either	D, P, M		
Surgery	3	Suturing	Either	Participation	
Surgery	3	Knot tying	Either	Participation	

Observation vs. Participation: Observation is defined as, “the action or process of observing something or someone carefully or in order to gain information”. Participation is defined as, “the action of taking part in something”. For the purpose of the General Surgery Clerkship, please consider standing at the table with your hands in the surgical field as participation in the case/procedure. Participation should not be defined as performing the case, or similar definitions, to the standard of a Surgery Residents.

Alternate Activities: If a student is unable to achieve the required number of encounters, this concern should be addressed during mid-clerkship feedback. If the minimum number of encounters are not achievable, alternative activities include time with a different attending, time at a different (presumably urban) campus, and/or, as a last-resort, the use of online educational content (videos/modules) as determined by the Clerkship Director. The use of online content should be considered a last resort. The student is expected to be pro-active in meeting the minimum encounter requirement.

Evaluation Guidelines and Grading Policy

Guidelines for evaluation of third-year clerks are based upon the following principles:

- Workup and care of assigned patients is a major responsibility of the third-year student.
- Clinical performance reflects attitudes, appearance, knowledge, application of information, problem solving skills, psychomotor skills, interrelationships with peers, paramedical personnel and faculty.
- Performance evaluations are achieved by using multiple evaluators who have sufficient exposure with the third-year student.
- Written objective tests measure only a sampling of knowledge or recall at a given time, but provide useful information regarding performance on assigned study materials.
- A 10 point grading system will be used for oral exams.
- Seminars and conferences are mandatory and will take priority over all other activities. Attendance at seminars will be taken and absenteeism may be grounds for failure of the clerkship.

Student Seminars

Each student will deliver one 30-minute patient-focused student seminar (20-minute case presentation with 10-minute discussion). These will be scheduled beginning the second week of the rotation and will be held via video conference on Tuesdays at 4:00 p.m. Each student will select a surgical disease or procedure from a list of Core Categories (*see appendix B*). The student will review the current surgical literature regarding the clinical problem addressed in the case and give a formal case presentation including PowerPoint slides and appropriate imaging studies.

Clinical Evaluations

Surgical faculty will evaluate students in writing at the end of the rotation. A student must achieve an average score of 70% or better to pass the rotation. Faculty will consider all aspects of clinical performance on their written evaluations. Clinical evaluations will account for 50% of final grade.

Only those faculty who have had sufficient exposure to the student to adequately evaluate performance will complete a written evaluation. Students on the Northeast and Southeast campuses will also be evaluated by the Chief Resident from the surgical service to which they were assigned.

Any student who fails their clinical evaluation must repeat the clerkship.

Oral Exam

A 30-minute oral exam will be given the last week of the rotation. The content of the exam may be drawn from your patient encounters. The exam is graded using a 10-point grading system and accounts for 10% of the final grade.

Blackboard Quizzes

Seven weekly quizzes will be administered through Blackboard based on specific surgical topics (*see Appendix C*). Quizzes are graded and count 10% of the final grade. Quizzes should be used as a formative learning tool to help keep up with reading and it is strongly recommended that one quiz be completed each week (by noon on the following Monday). You can complete these quizzes in whatever order you like, but must complete **before** the end of your Surgery clerkship rotation.

NBME Shelf Exam

This is a commercially produced multiple-choice exam that comprises 30% of the final grade. (See below.) It is given on the last day of the rotation. Results are usually available 3-4 days after the examination is given.

- To ensure fairness in scoring over the course of the third year, scores for the NBME Shelf Exam will be normalized on a quarterly basis. This will offset the rise in scores normally observed in students taking the exam later in the year.
- The NBME adjusts the scores every 3 months, whereas our periods change every 2 months. Therefore, Periods 1 & 2 will be scored based on NBME's Quarter 1; Period 3 will be scored based on NBME's Quarter 2; Periods 4 & 5 will be scored based on NBME's Quarter 3; and Period 6 will be scored based on NBME's Quarter 4.
- A student who has delayed the start of the third year, or taken a leave of absence during the third year, will have their NBME score normalized to the actual number of periods completed at the time of the exam.
- Any student who scores below the passing score of 60 must repeat the NBME shelf exam. If a student fails a second time, they will be required to remediate the clerkship.

Final Grade

To pass the rotation the students must:

- Achieve a total of minimum of 70 points by combining
 - Clinical evaluations by faculty (50%)
 - Oral Examination (10%)
 - Blackboard quizzes (10%)
 - NBME Shelf Exam (30%)
 - Submission of case logs in a timely fashion (mandatory to pass)

Points for each component are assigned as follows:

- Clinical evaluations by faculty (Points = Average Clinical Score x .50)
- Oral Examination (1-10 point grading system)
- Blackboard quizzes (1-10 point grading system – see table)
 - One quiz must be completed each week (due by noon the following Monday)
 - Students will be docked 1 point for each late submission
- NBME Shelf Exam (see table)

Blackboard Score (Total of 7 quizzes)	Points
151 - 174	10
145 - 150	8
135 - 144	6
130 - 134	4
120 - 129	2
119 or less	0

NBME Percentile Score	Points
Above 85%	30
65 – 84%	28
45 – 64%	26
35 – 44%	24
25 – 34%	22
15 – 24%	20
4 – 14%	15
1 – 3%	0
Minimum passing score on NBME shelf exam = 60 points	

Remediation

Students must achieve a total of 70 points to pass the rotation, including a minimum average of 70% on the preceptor evaluations and a minimum of 60 points on the shelf examination. There is no minimum passing score on the oral examination.

Students who fail solely as result of achieving a score of less than 60 points on the shelf exam will be offered one opportunity to retake the exam and achieve a passing score. **The student will meet with the Clerkship Site Director to discuss a study plan and may be required to take a practice exam prior to their official retake exam.** Students who fail to achieve a passing score on the retake will be required to complete part or all of the rotation again.

Students who do not achieve a total of 70 points may be offered remediation as follows:

- If shortage of points is due to Blackboard quizzes, Oral exam, and/or preceptor evaluations, student may be required to remediate 4 weeks, retake the quizzes or oral exam with the goal of achieving the minimum points required.
- Students scoring less than an average of 70% on preceptor evaluations will be required to repeat the entire 8-week rotation and achieve a passing score on that rotation.

Faculty reserve the right to modify remediation offerings based on individual circumstances.

Honors

All evaluations and scores are forwarded to the Department Chair for review. Honors are awarded at the discretion of the Chair. In order for a student to achieve Honors, they must score above the 90th percentile on the NBME shelf exam, score 8 or higher on the oral exam, score an average of 90% or higher on their evaluations and be recommended for Honors by the majority of their preceptors.

Learning Disability

If a student is aware of a disability which may influence his or her learning or clinical performance, it is the student's responsibility to notify the clerkship coordinator of this disability prior to the start of the clerkship. If the student fails to inform the clerkship coordinator of his or her disability, it will be assumed that the student has no disability and the clerkship will proceed as normal. All information will be kept confidential.

UND SMHS Student Duty Hours Policy

(Effective Jan 2, 2018)

PRINCIPLES:

- I) Duty hours shall not exceed 80 hours per week (including in house call activities). Students shall be provided with an average of one 24 hour period off each week. Adequate time for rest and recreational activities shall be provided. In-house call shall not average more frequently than every third night, over a rotation. Duty hours in the hospital or clinic setting shall not exceed 24 consecutive hours, including hours spent sleeping while on in-house call if less than four hours.
There are no exceptions.
- II) The participation of medical students in third and fourth year clerkships and courses involves two important responsibilities that at times may make conflicting demands on the students' time. These two responsibilities are:
 - A) The development of the student's clinical skills and professional attributes.
 - B) Student contribution to medical teams and care of patients
- III) In balancing these two potentially competing needs, it is recognized that the third and fourth year courses must also provide students with adequate time for individual study, sleep, and relaxation.

Accordingly, the following policies set forth the maximum acceptable amount of time that clerkships and fourth year courses may require of students.

PROCEDURES:

- I) Duty hours shall not exceed 80 hours per week. These 80 hours including in-house (but not out-of- house) call activities.
- II) Students shall be provided a minimum of one day in seven free of clinical work and required education (when averaged over four weeks). School holidays that occur during a rotation may be included as days off for the time period during which they fall.
- III) Adequate time for rest and recreational activities shall be provided. This will include a minimum 8 hour time period free of student responsibilities between all daily duty periods and a 14 hour time period free of student responsibilities after in-house call.
- IV) In-house call shall not occur more frequently than every third night, averaged over a rotation (four or eight-week period).
- V) Duty hours in the hospital or clinic setting shall not exceed 24 consecutive hours, including hours spent sleeping while on call if less than four hours. **Up to four hours of additional time may be used for activities related to patient safety, such as providing effective transitions of care, and/or resident education**
- VI) Students shall not be expected to use duty hours on tasks that are not directly related to learning activities (e.g., performing personal favors or services for other medical personnel), nor should they be expected to

do tasks unrelated to their learning activities (such as covering for residents who must leave due to work hour restrictions).

- VII) Clerkship directors and elective preceptors may promulgate duty hour restrictions that are more (but not less) stringent than those outlined herein.
- VIII) Duty hour tallies do not include service learning or other UND SMHS sanctioned activities. Voluntary return to the hospital or clinic would be included in the duty hour tally.

RESPONSIBILITIES	
Clerkship Director and Elective Preceptors	The primary responsibility for monitoring and enforcing these duty hour policies rests with the clerkships directors and elective preceptors. The clerkship director and elective preceptor are responsible for forwarding details regarding any perceived or actual problem with the implementation with this policy to the Clinical Sciences Curriculum Subcommittee and the appropriate departmental chair.

Appendix B

CORE CATEGORIES FOR SURGERY CLERKSHIP --- 3RD YEAR STUDENT PRESENTATIONS

Gastrointestinal Disease

Colon cancer

Appendicitis

Gastrointestinal bleeding

Diverticulitis

Chest

Lung nodules / Lung cancer

Trauma

Basic workup / Student ATLS

Endocrine

Thyroid nodules / cancer

Hepatobiliary

Cholecystitis / Choledocholithiasis

Vascular

PVD / Carotid

Breast

Breast masses

ENT

Unilateral neck mass / Cancers / Tumors

Skin

Skin Cancer

Recommended surgical textbooks for the Quizzes and NBME Surgery shelf exam

- *The Manual of Surgical Objectives: A Symptom and Problem-Based Approach* (Association for Surgical Education).
- *TEAM (Trauma Evaluation and Management): Early Care of the Injured Patient*. ACOS. (current edition).
- *Cope's Early Diagnosis of the Acute Abdomen*. William Silen.

And your choice of these primary surgery texts:

- *Essentials of General Surgery*. Peter F. Lawrence. (paragraph format)
- *NMS Surgery*. Bruce E. Jarrell. (bullet point format)

June 2020

2021-22 Academic Year

Appendix C

WEEKLY READING / TOPICS FOR SURGERY QUIZZES

Quiz I

- Covers Cope's textbook...read the book before attempting the exam.

Quiz II & III

- Abdominal masses
- Abdominal pain
- Abdominal wall and groin masses
- GI hemorrhage
- Vomiting, diarrhea, constipation
- Perianal problems
- Post-op complications

Quiz IV

- Chest pain and shortness of breath
- Leg pain
- Lung nodules
- Swallowing problems

Quiz V

- Breast
- Ear and nose
- Neck masses
- Soft tissue lesions
- Burns

Quiz VI

- Fluid and Electrolytes
- Acid-Base
- Post-op complications
- Non-healing wounds
- Shock
- Trauma

Quiz VII

- Altered neurologic status
- Back pain
- Asymptomatic patient with a positive test
- Scrotal pain and swelling
- Urinary complaints
- Transplantation