



Duke Surgery

Duke University School of Medicine

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Introduction to Clerkship:

Welcome to your Surgery Clerkship! You are embarking on an incredible journey through the awe-inspiring field of surgery. Regardless of your future specialty, all doctors will care for surgical patients. Learn from every patient and bring that knowledge with you wherever you go. This may be your only chance to peer behind the curtain of surgery so take full advantage of every opportunity. This may inspire you to become a future leader in surgery or maybe just give you an appreciation for how surgery will fit in with your future medical practice. Either way, this is a once in a lifetime experience. We understand that this clerkship will be exhilarating for many and anxiety provoking for others. Remember though, our goal is to provide you with an educational and professional environment that will help all students become better doctors.

The Department of Surgery is dedicated to your success. Duke Surgery has been recognized as #2 in U.S. News & World Report's 2020 List of Surgical Programs at Medical Schools. During this clerkship, you will interact with many nationally recognized masters of surgery through lectures, chairman's rounds, and clinical care. This is your time to take what you have learned from the classroom and apply it to real patients. In moments, you will become a resident with vast responsibilities, therefore this is your time to begin acting like a physician.

Remember: *"The needs of the patient come first."*

With any learning experience, you only get out what you put in. We will expect great things from you but your own personal expectations should be even higher. Myself and the Department of Surgery are committed to providing you with a fair, professional, and productive learning environment and hope to make it as enjoyable as possible. Please do not hesitate to contact myself or your teaching scholar with any questions or concerns as they arise. Welcome to Duke Surgery!

Cory J. Vatsaas, MD, FACS
Surgery Clerkship Director

Course Contacts

Course Director

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Teaching Scholars

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|------------------------|---|
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| Duke Regional Hospital | Phil Fong, MD Pager: 0520 philbert02@gmail.com |

Solving problems on the clerkship

If problems with the clerkship arise and you can't solve them, we have multiple people who are here to help.

- Your rotation has a Teaching Scholar who is assigned to be your advisor and first line resource beyond your clinical team.
- Dr. Vatsaas is always available to students for questions and concerns- Email is favored but if there are emergency issues then text messages/phone calls and pages are preferred over email.
- Other resources include the Senior Teaching Scholar, or the site director at our off-site clinical locations, your advisory dean and the Clinical Education and Learning Environment (CeLe office).
- If you do not feel comfortable speaking to any of these people and would like to contact the Ombudsperson for medical students with concerns, you may call Dr. Jean Spaulding's office at 668-3326 or email ombudsman@dm.duke.edu

Course Communication

Email is the official method of communicating with students. Please check your Duke email daily.

To reliably reach Dr Vatsaas, emails are welcome, but you are advised to send him a text message or page alerting him to your email.

Goals & Objectives

SPECIFIC GOALS AND REQUIREMENTS OF THE SURGERY CLERKSHIP

The Surgery Clerkship provides a framework for you to develop an understanding of surgery and develop a basic surgical skill set which every physician must have. Critical surgical thinking is crucial for any and all future medical careers that you might choose. Knowledge of surgical principles and timely diagnosis and management of surgical problems is essential for the practice of surgery as well as for the proper care of patients across all of clinical medicine. **It is our goal that through your clinical experiences and virtual didactic sessions you will become familiar with common surgical diseases and their management.**

Expectations:

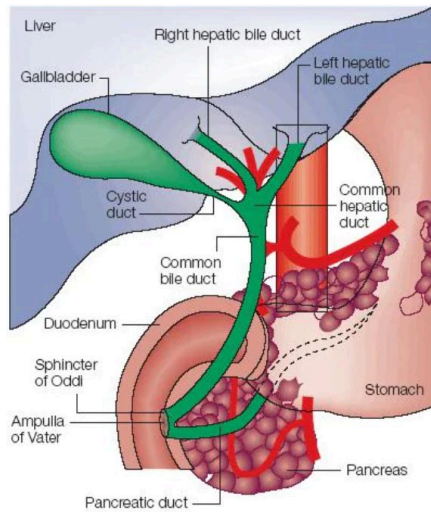
We expect that a student is timely, prepares for cases, follows 1-3 patients, reads about appropriate topics, works on improving bedside presentations and signout tasks, is able to interact professionally and effectively with all members of the multidisciplinary team, seeks and responds to formative feedback and keeps up to date with administrative responsibilities.

We specifically expect that students will:

- 1) Participate in the care of patients as part of an assigned surgical team. This includes observing patients in surgery as well as following them after surgery during their inpatient stay and seeing patients in clinic.
- 2) Prepare for surgery cases prior to the operating room. You should endeavor to understand the patient diagnosis and the goals of any surgical procedure you attend. The more prepared you are, the more you will get out of the case. As a general guideline, preparing for cases involves being able to answer the following questions:
 - a) Why is the patient having surgery? What surgery are they having?
 - b) How did they present, and how were they worked up for their diagnosis?
 - c) What are the other management options for this diagnosis?
 - d) What is the major anatomy/the major landmarks in the case?
 - e) What are the major complications to watch out for (intraop or post op)? How are these prevented or treated?

Example: Acute cholecystitis

- a) Acute cholecystitis. Laparoscopic cholecystectomy.
- b) Presented to the ED with RUQ pain, nausea, and vomiting for 12 hours, got a RUQ US which showed pericholecystic fluid, wall thickening, and stones in the gallbladder. If the US is equivocal, patients sometimes get a HIDA scan, which assesses if the cystic duct is obstructed or not.
- c) Patients who are too sick for general anesthesia can get a percutaneous cholecystostomy tube, which is placed by radiology. Patients can also be managed with antibiotics alone, however this is not recommended as there is a high rate of failure and recurrence.
- d) See below. Clips are placed on the cystic duct and artery. The duodenum is also commonly in view, as is the common bile duct (sometimes). There is a lymph node near which the cystic artery usually runs.



- e) The most feared injury is an accidental clipping of the common bile duct. Other potential complications include accidental clipping of the right hepatic artery (review normal and aberrant anatomy). More common complications include a cystic duct stump leak or an abscess. Cystic duct stump leak is managed with ERCP and stent placement. Abscess is managed with percutaneous drain placement.
- 3) In addition to your clinical service, you will attend at least one case in each of six core domains in order to expand the breadth of your clinical experience. The core clinical cases include: Breast, Bowel resection, Biliary, Vascular, Hernia, and Chest (thoracic or cardiac). Coordinate with other students on the rotation to switch for a case or for the day to accomplish seeing all of these core cases. It is ideal to switch services on days that students are on anesthesia sub-rotations as there will naturally be vacancies in the OR.
 - 4) Take responsibility for the care of your patients, follow them daily, and write progress notes in the EMR, cosigned to the intern on service. Be responsible for knowing what has happened to your patients including the rationale for all diagnostic tests and their outcomes.
 - 5) Participate in surgery as clinically appropriate (retraction, skin closure, etc.) as well as bedside procedures (e.g. phlebotomy, arterial blood gases, placement of IV lines) and, where appropriate, perform these procedures under the supervision of the house staff. The more you practice at home, the more you will be allowed to do.
 - 6) You should ask your senior resident about pre-rounding. At a minimum, you should review the data in the chart. You will then present these formulations to your ward team during morning rounds.
 - 7) Prepare for lectures by reading the appropriate material included in the course curriculum and any supplemental material of your choosing. Use the national curriculum for medical students that is available to you on the American College of Surgeons website <https://www.facs.org/education/program/core-curriculum>
 - 8) Attend Surgical Grand Rounds, Chairman's Rounds (virtually if at Raleigh or Regional), Chief's conference (virtually if at Raleigh or Regional) and didactic or simulation sessions. Further rotation specific expectations should be discussed with your resident/fellow.

Course Overview:

Orientation

The Surgery Clerkship begins with a day of orientation, during which time we will introduce you to the clerkship and you will have a skills labs. Over the clerkship you will have pre-recorded and live zoom sessions for curriculum

material. You will have several lectures from anesthesia to learn about core concepts in the preoperative, intraoperative and postoperative care of patients as well as vital aspects of physiology. You will also have a 2 day sub-rotation on Anesthesia, which will be assigned throughout the clerkship.

Teaching Scholars

To further improve your learning experience and facilitate navigation through the complexities of the rotation and the clinical experience, the clerkship has established a program through which one general surgery research fellow is assigned to be the Teaching Scholar for each rotation. The Teaching Scholars have completed two years of clinical general surgery. They will attend all of your educational endeavors and work intimately with Ben Latta and Dr. Vatsaas to help coordinate your experience. Importantly, the Teaching Scholar does NOT evaluate you; think of him or her as a camp counselor, an invaluable resource for both your learning and practical management of administrative issues that arise.

Rotation Structure

The most critical aspect of clinical instruction comes from the personal study of patients. To this end you are assigned to two surgical services (three weeks each). This is a change from prior years where students have been on one service for the entire rotation. This change has been made with significant thought, and our belief is that providing you with balanced and paired services will offer broad operative and rounding experiences. The surgical services are as follows:

Breast and Endocrine Surgery / Acute Care Surgery and Trauma (Red)
Colorectal Surgery (Gold) / Cardiac Surgery
Hepatobiliary and Surgical Oncology (Blue) / General Thoracic Surgery
Vascular Surgery (Green) / Abdominal Transplant Surgery (Purple)
Durham VA General Surgery / Durham VA Vascular Surgery
Duke Regional Hospital General Surgery / DRH Vascular Surgery
Duke Raleigh Hospital Acute Care Surgery / DRaH Surgical Oncology
Pediatric Surgery (**Students assigned will spend full time on this service**)

On your service you will be expected to participate in the clinical care of patients as a member of that team. You will be assigned to cases by the chief resident on the service and will be expected to prepare for those cases. You will follow patients on the wards after surgery and present on morning rounds. **You will be expected to attend a clinic session at least once per week. For example, if you are on the Surgical Oncology Blue 1 service, you should attend Dr. Zani's clinic each week.** Complete the core cases and use any slower operating days to explore other operative or clinic opportunities. Please complete your core cases and be an active member of your team. The precise case assignments and daily schedule are left to the service residents. **It is recommended that you discuss expectations explicitly with your resident at the beginning of your time together on service.** If you have questions or are not sure what you should be doing, please ask a resident on your team or your Teaching Scholar.

Didactic Curriculum

Our didactic curriculum includes the following:

-Pre-recorded lecture series on core general surgery and subspecialty topics, and live zoom lectures and discussions on Saturdays. These lectures are given primarily by faculty but at times will be given by Teaching Scholars in the event of conflicts and in order to preserved consistency of the schedule. You may watch the pre-recorded lectures for

the week at any time but must be viewed by Saturday morning of that week. You must also submit each quiz with the weekly lectures in Sakai before Saturday morning as well.

-Saturday will involve case-based discussions from the lecture content of the week. It is mandatory for all students to attend every Saturday session.

-The lecture series is being integrated into the medical student core curriculum developed by the American College of Surgeons, and as such we endorse and include outlines and modules available on their website (<https://www.facs.org/education/program/core-curriculum>) and made available to you during the course.

-Skill sessions and modules supported by the ACS curriculum including suturing and knot-tying, central line and foley insertion, ultrasound, basic laparoscopy and physical examination skills

- Resident taught sessions on practical aspects of rounding, surgical tubes and drains, and case-based didactic teaching

- Review session for Shelf

- General surgery conferences such as Grand Rounds, Chairman's Rounds and Chief Conference, as well as other rotation-specific conferences

In order to balance the need for classroom-based learning and the value of full immersion into the delivery of clinical care, we have isolated your curriculum to one and a half non-clinical days (Wednesday afternoons and Saturday mornings). This schedule allows for uninterrupted time with your clinical teams the rest of the week. **All students regardless of site are expected to attend all zoom conferences.** Wednesday mornings start with rounds at 6 AM then Grand Rounds at 7:00 am. You will be on the wards until 1PM then will either have in-person/zoom lectures or free time (see schedule for your rotation). On Saturday mornings, in-person sessions are scheduled between 8:00 am and 11:00 am and include lectures and case-based discussions. Following these didactics, we will have skills sessions. **Wednesday afternoons and Saturday are not expected to be clinical days**, meaning that the residents and attendings are not expecting students to participate in clinical duties during that time. If students wish to follow-up on their patients and see them in the hospital on Wednesdays or Saturdays that is certainly allowed but it is not expected nor required.

Students are not allowed in the hospital for clinical duties on Sundays to comply with the 1 in 7 days off policy.

Core Cases

In order to balance the single clinical rotation model and provide more breadth of clinical experience, we are going to have all students attend a minimum of one case in each of five core areas. These areas include:

- Skin and soft tissue (examples: Breast, Endocrine, Melanoma, Nec Fasc debridements, plastics, etc)
- Open abdominal (examples: Whipple, Colectomy, Liver resection, Transplant, etc)
- Laparoscopic (examples: Appendectomy, Cholecystectomy, Inguinal hernia repair, etc)
- Vascular surgery (examples: amputation, AV fistula, bypass, AAA/EVAR, etc)
- Chest (general thoracic or cardiac)

When possible, students should seek to fulfill these case requirements within their clinical service. Case logs and the surgical schedule will be reviewed by the Clerkship Director and the Teaching Scholar and they will assist in assigning off-service cases to achieve this breadth if necessary. These core cases will then take precedence over your clinical service. Often it is useful to work with your fellow students to figure out days where there are extra cases available or potentially trading OR cases between services to fulfill the goal of seeing many different cases. A good

opportunity would be to go to another service on the days that students will be on their 2 days of anesthesia, as there will be a natural gap in medical student case coverage on that service.

Handoffs

Due to changes in duty hours, medicine today more than ever before involves the handover of clinical care responsibilities between providers. At the same time, patient care does not exist in discrete intervals, and the preservation of information and continuity of overall care is essential to preserve outcome. Over half of medical errors occur because of loss of information during handoffs. Further complicating the issue, the busy world of clinical medicine demands that such handovers be done in limited time. The ability to deliver effective but efficient handoffs is thus a critical skill for today's practitioner. To this end, we have added handoff communication as part of your clerkship experience. This is also an EPA that the surgery clerkship will be focusing on.

You will complete a handoff on your patients two times during the rotation. The first will be due at the mid-block switch, sent to the Sabiston Scholar, and be used as a handoff for the oncoming student. The second will be due at the end of the rotation. *This is to be written as if the resident does not know the patient*, thus practicing the skills of efficient handoffs. The student will be provided feedback on their performance and the participation is included as part of their clinical grade (i.e., this is not a separate graded task). It is our hope that students will come to find this invaluable practice at what is an essential skill.

Weekly Feedback

Solicitation of feedback and appropriate, productive response to that feedback is critical for learning. Our expectation is that students solicit feedback from residents and attendings and respond to the resulting feedback in a positive fashion. Furthermore, in order to produce the most appropriate and transparent evaluation.

Today there is significant emphasis on documenting student progress on Entrustable Professional Activities (EPAs) for being a physician, discrete activities such as taking a history, performing a physical, developing a differential diagnosis, performing a handoff, etc. We require students to receive formative (i.e., non-graded) feedback on a discrete **EPA 2-3 times per week during the rotation.**

The feedback will be provided via the online Qualtrics system. You will receive YOUR OWN, unique QR code, which you should put on the back of your badge or on your passport, as well as person specific link. Do not share this link with any other student. Once completed, you will receive a copy of your feedback. At any time, you can also go into Qualtrics to look at your "aggregate" data, over time.

The goal of this program is to provide students with discrete, useful formative feedback in real-time and to separate these EPAs from the overall subjective summative evaluation (see Grading). We will be reviewing completion of the feedback requirement weekly and assisting at the resident level, but student participation and assistance in achieving this goal remains part of the Clerkship requirement.

**Again, formative feedback is intended to be done in real-time and even best performed with the person giving you the feedback in person while completing the Qualtrics evaluation. This is for direct feedback and not used as a component of your grade. Please focus on your plans with your team to get this goal completed every week.*

EPAs we expect you to receive feedback upon, and locations where this may occur:

| EPA | Location where you might be able to receive this feedback. |
|---------------|--|
| History | Clinical service Formative CPX (clinical performance exam)/Standardized Patient |
| Physical Exam | Clinical service |

| | |
|----------------------------------|--|
| | Formative CPX (clinical performance exam)/Standardized Patient |
| Oral Presentation | Clinical Service Formal oral presentation |
| Handoff | Weekly on clinical team or Teaching Scholar |
| Informed Consent | Clinic or with intern |
| Interprofessional Teams/Teamwork | Clinical service Staff in OR for Required surgical cases |
| Oral Presentation | Clinical Service Formal Oral presentation |
| Procedures | Clinical Service |
| Professionalism | Clinical Service Oral presentation |
| Urgent/Emergent | Clinical Service |

Trauma Call

Each student will be required to complete one night of trauma call (6p-12a). Students will be assigned one Friday or Saturday night during their clerkship. On their assigned shift, they will present to Duke North at 6pm. They should introduce themselves to the Night Chief by paging 970-9995 and consult resident at 970-2222. Students should log onto the medical student trauma pager so they can be notified of incoming leveled traumas.

Surgical Conferences

General Surgery Grand Rounds begins at 8:00 a.m. in Duke North, nearly every Wednesday. Surgical Grand Rounds topics are of broad interest to the surgical faculty, residents and students and are usually presented by a recognized authority in the field. Frequently, nationally and internationally recognized authorities will present Surgical Grand Rounds on topics pertaining to their area of expertise. Attendance is mandatory for students. **“Chairman Rounds”**, led by Department Chairman Dr. Kirk and other esteemed faculty, occur at 4:30pm on Thursdays. General surgery **“Chief Conference”**, an academic conference with resident presentations, occurs at 4:30pm on Mondays in the conference room on the 7th floor of HAFS. Students are excused from clinical duties to attend these. Additional conferences within the department of surgery are to be attended on a rotation-specific basis.

Off-site Details for DRH and DRaH

-All students are expected to attend all zoom conferences regardless of site of rotation. Students are not required to attend Chief’s Conference or Chairman’s rounds as they are in person.

-Students at DRH and DRaH will be expected to achieve all core cases at their hospitals. Dr Fong (DRH) and Dr Shah (DRaH) will assist in assignments if questions arise.

-Students at DRH and DRaH will receive small group feedback sessions from Dr Fong (DRH) and Dr Shah (DRaH). Mid-clerkship feedback will be performed by the Clerkship Director over zoom except for PCLT and LIC students if other arrangements have been made.

Blue Recs

Each student is required to maintain and electronically submit a log of cases and duty hours using BlueRecs. This activity will be monitored and grades will be Incomplete if this requirement is not fulfilled. Please focus on a set time each week, such as Saturdays before or after lectures, to complete this task as a professionalism component of your grade and help us understand your experience for future improvements. If you do not fill these case logs out fairly, future students' rotation assignments and caseloads may be significantly altered.

- Include patients you see in the OR and follow on the ward, as well as patients you may see in clinic or in consultation. One entry per patient is sufficient. Keeping an active record of your patients at all times while respecting HIPPA regulations is essential. **Do not include patient-specific identifiers.**
- BlueRecs cases should be logged with a goal of capturing the breadth of your experience, especially with regard to the course objectives listed above.
- You are required to maintain duty hour logs in BlueRecs as well.
- Log them as you go (at least weekly) – do not wait until the end of the rotation.
- Completing patient, procedure, and duty hour logs in a timely fashion is an expectation of this clerkship, and it will be during your residency as well. Failure to complete them by the specified deadline is considered unprofessional behavior and will result in loss of points (see Grading). Failure to complete these logs by the end of the rotation will result in an automatic grade of **Incomplete** for the clerkship. This grade will later be replaced by your earned grade once you have completed the logs, but the Incomplete will permanently remain on your transcript. Additionally, the statement: "This student failed rotation professionalism expectations by not submitting required patient and/or duty hour logs by the specified deadline," will be included in your clerkship narrative comments used by your Advisory Dean in the MSPE and for the Departmental Letters of Support that are required for residency applications.

These logs serve as tools for students and their supervisors to ensure an appropriate breadth of clinical exposure and are part of the accreditation process by the Liaison Committee on Medical Education (LCME); they are also required for monitoring of student experience overall by the Clerkship Director and Medical School Curriculum Committee.

Logs will be reviewed at midclerkship review and if a student is not seeing or logging enough cases, the clerkship director and student will develop a plan for how to increase exposure to clinical cases.

History & Physical Exam

Students in the SOM are required to be observed performing an appropriate portion of a history and physical examination in every clerkship. **On the surgery clerkship, this can be a complete H&P during consults or clinic visits, but also can occur during daily or nightly work rounds by taking appropriately focused histories and focused surgical exams. Every student will be in clinic once per week, which is an ideal place for your H&P to take place.** Please seek formative feedback for these EPAs using the Qualtrics when you perform a History and Physical Exam. The EPA can be completed by the attending, resident, intern, or PA/NP. **The H&P EPA is a mandatory requirement on this clerkship to obtain a passing grade. If you have not completed this by the mid-clerkship review, you will stay in the evening and complete a general surgery consult with the teaching scholar.** Remember that this requirement is met if any portion of the history and/or any portion of the physical exam has been performed by you or with you. Please discuss with your team and seek out feedback from your resident/fellow/attending/APP. If this is not possible during your consults, clinic, or daily rounds, please let the Teaching Scholar or Clerkship Director know so that alternative mechanisms can be used to meet this expectation.

Mid-Clerkship Review

At the midpoint of the Clerkship you will be scheduled to meet virtually with the Clerkship Director to discuss your progress and areas to focus on for the remainder of the term. You will also fill out a self-evaluation prior to the meeting. Participation is mandatory.

**You will bring your patient log and any feedback you have received for discussion with Dr. Vatsaas and your Teaching Scholar. Failure to bring materials for review over zoom will result in rescheduling your feedback and will influence your professionalism grade.*

Operating Room Environment

Care of your patient requires that you attend in the operating room as an **observer and potential participant**. Assisting with an operation is an enormous privilege that is offered to you with the understanding that certain expectations are met before, during, and after the case. We expect that you will have seen and evaluated your patients preoperatively, noted the pertinent past medical history, have a familiarity with the appropriate surgical anatomy, and have acquired an understanding of the basic principles involved in the disease process and anticipated surgical procedure.

**Failure to be prepared and uphold your professional duty to the patients is not acceptable.*

There may be times when you are assigned a case without adequate time to prepare, and in this rare situation, you should discuss with the resident/fellow before the case begins and also notify your attending. You will only get out what you put into this clerkship. You may also be posted to additional cases in the operating room by the Administrative Chief Resident as a learning opportunity to enhance your exposure to a broad array of surgical cases. Attempts will be made to assign elective cases in the afternoon for the following day's surgeries. Thus, you will have ample time to prepare for your next day's cases the evening before your patient's surgery. Every attempt should be made to ensure you observe all surgical procedures performed on your patients for continuity of care.

The operating room is a relatively unique environment, one in which some of the most dramatic events in medical care occur. It is also a place where things may go wrong most acutely and without warning. There are moments when excellent teaching can occur and other times where attention to the operation must occur for the safety of our patients. As such, it is a highly coordinated environment that requires the entire team to know its roles. The participants in this environment, whether surgeon, anesthesiologist, circulating nurse, or scrub tech are all highly trained and skilled at their jobs. The most effective students recognize that, while you are there to learn, you are also a visitor to this environment, and you can most effectively blend with the team by acknowledging your status as visitor. This means introducing yourself to the OR staff, being respectful and mindful of their expertise regardless of role, and taking advantage of learning opportunities wherever they arise. Often, one can learn as much from the OR nurses and techs as one can from the attendings. Professional and respectful interactions with all members of the multidisciplinary team are expected, both in the way you are treated and the way you treat others.

Professionalism

The practice of medicine is a calling that requires a commitment to putting the well-being of patients above oneself. This is our sacred oath that we all take as doctors and it is our obligation to our patients to uphold these ideals. This degree of professional dedication is a large part of what elevates the physician to the social standing he or she enjoys. As such, we extend this expectation of professionalism to you, the student. There are also many seemingly mundane components of our professional lives that are nonetheless required. These tasks will continue far beyond medical school or residency and will be essential in your everyday attending life. Similar requirements during your rotation will include:

- Showing up late to the wards or to lecture (without appropriate communication, we understand there are extenuating circumstances)
- Not requesting 2 EPAs/week, 2 instances or more
- Not completing assigned lectures/quizzes on time, 2 instances or more
- Not completing required anesthesia skills
- Not completing required surgery skills
- Having camera off during live Zoom sessions > 10minutes/hour (without appropriate communication, we understand there are variable circumstances)

We reserve a portion of your final grade to reflect your performance on both these administrative tasks and as a means of rewarding professional behavior towards colleagues and patients.

Duty Hours

Medical students are subject to the duty hours policy of the School of Medicine. This includes limits of 80 hours of clinical duties per week and one 24 hr period off per week. The Surgery clerkship has been constructed in a fashion to provide learning opportunities consistent with these duty hour goals. Students are also required by the School of Medicine to keep an accurate log of their hours. **Any concerns regarding hours should be voiced to the service residents, the Teaching Scholar and/or to the Clerkship Director.** Concerns or potential violations are more easily fixed prospectively, so timely record keeping and anticipation is necessary. We cannot fix your duty hours if we do not know there is a problem with your duty hours while the clerkship is ongoing. As a result of these restrictions and the schedule, students are not allowed in the hospital for clinical duties on Sunday. For more information: https://medschool.duke.edu/files/field/.../duty_hours_policy.docx.

Dress Code

Professional attire should be worn during the rotation. Scrubs may be worn onto the clinical wards between cases as long as they are covered with your White Coat. Please speak with your chief regarding what attire is appropriate for activities such as rounding and clinic as COVID has changed requirements. **Green OR scrubs are NEVER to be worn outside the hospital**, whether entering in the morning or leaving at night. Any student identified to be wearing OR scrubs outside of the hospital will be docked professionalism points and reported to your advisory dean.

Needle Sticks/Blood and Body Fluid Exposures

The operating room is a busy place with numerous sharps; it is the location of the bulk of blood or body fluid exposures in the Health System. Fortunately, the vast majority of these exposures occur with suture needles and carry low risk. Should you suffer a needle stick or blood exposure while on this, or any other rotation in the entire Duke Health System, you should alert Employee Health. In the operating room this is as simple as notifying the circulating nurse. On the wards, it involves paging 115 (The Duke Emergency Page System) and state that the page is for blood exposure and state whether the exposure is via needle stick or another vector. The pertinent data will be collected and an immediate referral to Employee/Occupational Health prompted. There is no cost to you if this protocol is followed. **Reporting needle sticks is mandatory, and SHOULD NOT be perceived in any way as a reflection on the student, nor is it an imposition on the OR staff.** It is also an important, time-sensitive measure to reduce your health risk from potential exposures and mitigate any future consequences. This information is also located on your passport but any nurse, resident, and attending can assist you. The most effective means of avoiding exposures are to wear two pairs of gloves, appropriate eye wear, and maintain focus on where your hands and body are at all times near the operative field.

Protected Time for Study and Self-Care

In addition to your scheduled days off, the School of Medicine has asked clerkship directors to schedule protected time during the week that students can use for personal appointments, meeting with third year research mentors, self-care, etc.

The Surgery Clerkship will ensure two hours twice a month as “protected time off”. Please note that while there are discrepancies between rotations, these primarily arise from other official breaks granted by the school of medicine (Winter break, Spring break, etc). We also end clinical service and provide students with two days prior to the Shelf for study. Additional time off requests may be considered on an individual basis.

Assessment & Grades:

Grading Breakdown

In the Surgery Clerkship, there are multiple components to the final grade. We have done this in an attempt to capture the breadth of skills and efforts put forth by students rather than focus on one area. You must receive a satisfactory in each category in order to achieve a satisfactory for the entire course. The grading components are as follows:

Final grades are awarded according to the standard Duke University School of Medicine scale: satisfactory or unsatisfactory. **There is no curve for the overall grade;** all students on every rotation are eligible for satisfactory. The criteria for grades are as follows below:

SPE (Subjective Performance Evaluation):

The largest component of your grade will be a subjective determination of your performance. Many rotations call this a “clinical evaluation”. We are attempting to improve transparency by calling the evaluation what it is, a subjective evaluation of performance. At this level of medical education, we are not judging your ability to perform surgery or technical skills, and we have other metrics that measure your objective knowledge base (Shelf, quizzes) or clinical reasoning (oral exam). The SPE then really represents an assessment of your effort and investment in the clinical team, the overall care of your patients, your professionalism, and your ability to work with your team. The SPE will be graded on the Satisfactory/ Unsatisfactory scale based on the following guidelines:

Fail:

Student has difficulty with punctuality, is regularly unprepared for cases and is unresponsive to multiple attempts at formative feedback. The student consistently demonstrates unprofessional behavior.

Satisfactory:

The student is routinely prepared for cases, accepts formative feedback and shows some progress over the rotation. The student is able to participate enthusiastically in the clinical care of his/her patients and keeps up with administrative assignments.

OR (Ideally!)

The student exceeds expectations for case preparation and knowledge base, actively seeks out opportunities to improve the care of his/her patients and takes an active role in improving the clinical workflow of the team. The student seeks out and responds to formative feedback and interactions with team members are consistently done in a mature and professional fashion.

You will receive at least 3-4 different SPEs. Some will be from the chief residents on the service. In the likely event that residents rotate between services while you are on the rotation, it will be submitted by the resident that spent the longest time on the service. (In the event of questions, such as extended resident absences, etc, please discuss with the Clerkship Director and Teaching Scholar). Additional evaluations must be by an attending of your choosing on your service. Recognizing the subjective nature of personal interactions, we allow students to elect to have up to two more evaluators of their choosing and may do so by notifying his/her Teaching Scholar and Ben Latta. This may be a resident or fellow or attending with whom they have worked with closely (note: the decision to include additional evaluations will occur without knowing the content of that evaluation). In the event of additional evaluations, all evaluations will be counted equally. Any evaluations over three is entirely optional.

Final Oral Examination:

The final oral examination is designed to evaluate your clinical reasoning and assess what you have learned on the rotation. The exam will be administered by faculty, chief residents, or research fellows during the last 2 weeks of the rotation. You will be given 2-4 case scenarios. You will be expected to talk through taking an appropriate and focused history, perform a focused physical examination, formulate a differential diagnosis, order additional workup including laboratory tests and imaging studies as appropriate, and formulate a treatment plan. There are no esoteric scenarios or tricks; all scenarios are standard, common surgical problems that you have been well versed in via the didactic curriculum. Grading will be on the Satisfactory/Unsatisfactory scale based on the following guidelines:

Unsatisfactory:

The student is unable to progress through either scenario or makes critical errors in both and shows no reliable clinical thought process.

Satisfactory:

The student is able to move through both scenarios with some mistakes or inefficiencies in differential diagnosis, ordering of ancillary tests, diagnosis or management.

OR (Ideally!)

The student is able to successfully work through both scenarios without significant mistake and with an appropriate demonstration of clinical reasoning including differential diagnosis, appropriate testing and appropriate efficiency.

Skills Assessment:

All students must demonstrate competency in basic surgical skills. At the conclusion of the surgical clerkship, students will be assessed on their ability to complete three skills 1) simple interrupted stitch with instrument tie 2) simple interrupted stitch with one- or two-handed tie (student's choice) 3) running stitch (baseball/whipstitch vs subcuticular). Assessment is pass/fail and will be judged by the teaching scholars.

Shelf examination:

Students end the rotation by taking the NBME surgery Shelf examination. The Shelf exam is difficult and broad-reaching. There are many ways the Surgery Shelf examination can be described (the medical management of patients who happened to have surgery, an emergency medicine exam, an acute care medicine exam, etc), but it is NOT an intraoperative surgery examination. Technical details of operations are rare if at all present. Preparing for this exam is much the same as preparing for other Shelf NBME exams with the majority of content focusing on preoperative evaluation, differential diagnosis, testing, initial treatments, and postoperative care.

Fifty percent of questions focus on establishing diagnosis, 25% on understanding mechanisms of disease and 25% on applying principles of management. Students are encouraged to review the NBME practice tests available on the NBME website to familiarize themselves with the type of clinical questions asked, and the quizzes are modeled after Shelf-type questions.

You must obtain a raw score above 55%, which usually corresponds to about the 2nd percentile. As with many aspects of medicine, the Shelf raw scores improve over the course of the year as students acquire knowledge across disciplines. In order to protect students early in the year and avoid grade inflation over time, we use the national percentile to normalize the scores for time of year. This means that there are some relatively sharp cutoffs where a few questions can produce a more significant change in percentile (and thus grade points), but it provides equal footing and fairness across the academic year.

The NBME describes the following contact on the shelf exam. You can also learn about updates by looking at the following link: https://www.nbme.org/Schools/Subject-Exams/Subjects/clinicalsci_surg.html

| System | |
|--|---------|
| Immune System | 1%–5% |
| Blood & Lymphoreticular System | 5%–10% |
| Nervous System & Special Senses | 5%–10% |
| Skin & Subcutaneous Tissue | 1%–5% |
| Musculoskeletal System | 3%–7% |
| Cardiovascular System | 10%–15% |
| Respiratory System | 8%–12% |
| Gastrointestinal System | 20%–25% |
| Renal & Urinary System | 3%–7% |
| Female Reproductive System & Breast | 3%–7% |
| Male Reproductive System | 1%–5% |
| Endocrine System | 3%–7% |
| Multisystem Processes & Disorders | 5%–10% |
| Social Sciences | 1%–5% |
| Medical ethics and jurisprudence | |
| Issues related to death and dying and palliative care | |
| Physician Task | |
| Applying Foundational Science Concepts | 8%–12% |
| Diagnosis: Knowledge Pertaining to History, Exam, Diagnostic Studies, & Patient Outcomes | 50%–60% |
| Health Maintenance, Pharmacotherapy, Intervention & Management | 30%–35% |
| Site of Care | |
| Ambulatory | 35%–40% |
| Emergency Department | 25%–35% |
| Inpatient | 30%–35% |
| Patient Age | |
| Birth to 17 | 8%–12% |
| 18 to 65 | 60%–70% |
| 66 and older | 20%–25% |

Oral Case presentation/Handoffs:

Students will be required to present a case during the rotation. The oral presentation will be limited to 10 minutes and may include slides (powerpoint is typical). It will consist of a brief case presentation that is used as a lead-in to a discussion of the disease, its pathophysiology and the surgical management of the problem including indications and contraindications and outcomes. The presentation will be graded on logic and efficiency of presentation.

Handoffs are an essential part of your future medical career. You will be evaluated by the Teaching Scholar and your senior resident/fellow on your handoffs (see Handoff section). The handoff portion of your grade will be based on the overall proficiency and improvement in your handoffs during your clerkship. **The goal is to be able to provide an efficient and accurate handoff by the end of this clerkship.**

Quizzes:

There will be a quiz assigned to each lecture. The quizzes are given on topics covered in the lecture series (but the questions are not necessarily verbatim from the lecture material). The questions are modeled on the NBME Shelf and emphasize similar types of clinical reasoning. Each week has assigned pre-recorded lecture and associated quiz to

complete PRIOR TO Saturday morning lectures. Failure to complete all of the quizzes will result in unsatisfactory for this section. You must obtain a 70% or greater for all quizzes in order to achieve a satisfactory in this section.

Professionalism:

The practice of medicine requires a commitment to putting the well-being of patients above oneself. This degree of professional dedication is a large part of what elevates the physician to the social standing he or she enjoys. As such, we extend this expectation of professionalism to you, the student. There are also many seemingly mundane components of our professional lives that are nonetheless required. These will continue through residency and attending life, whether logging duty hours, keeping track of operative cases or filling out insurance paperwork. Similar requirements during your rotation include: timely upkeep of your patient logs, logging duty hours, showing up to call or the OR, professional attire including white coat, and attending lectures and other didactic sessions.

Part of your grade is to reflect your performance on these administrative tasks and as a means of rewarding professional behavior towards colleagues and patients.

Completion of the EPAs (at least 2-3 weekly) is considered part of your personal and professional development and will impact your professionalism grade. You are encouraged to try to receive more formative feedback than is required. Attendance and participation in other curricular activities will also be factored into your professionalism evaluation. Everyone starts with this as satisfactory and it is your own job not to lose it.

**You may not retake or remediate any examination in hopes of improving your grade.
No Extra credit is available.**

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| Grade Appeals |
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Students may appeal their grade pursuant to the policies outlined by the School of Medicine. The first step in a grade appeal requires a meeting with the Clerkship Director. In the event of a grade appeal, PLEASE express your desire to meet to discuss your grade to me (Dr. Vatsaas), your Teaching Scholar, and Ben Latta. This ensures that a meeting gets on my schedule in a timely fashion (emails to me alone run the risk of going unnoticed and delay the process). If a mutually agreed upon outcome cannot be achieved, the student may then file an appeal with the Dean's Office and the grade may become the subject of a hearing. If you have concerns about any supervising faculty or residents, you should report these concerns **prior to** receiving your grade.

Clerkship Awards

This year we will be recognizing students who perform highly in various areas of the clerkship with the following awards:

- The **Mary Klingensmith Award for Best Case Presentation** will be awarded to the student with the most educational presentation, as judged by the teaching scholar.
- The **Bradley Collins Award for Surgical Skills Champion** will be given to the highest performing student on the skills championship.
- The **Herb Chen Award for Exceptional Performance on the Surgery Shelf Exam** will be given to students who score in the top 10% by historical norms for Duke School of Medicine.
- The **Thomas Novick Award for Humanism and Patient Advocacy in Surgery** will be awarded to a student who demonstrates humility and empathy in caring for their patients. Nominations will be accepted from residents/attendings and judged by clerkship leadership.
- The **Trey Blazer Award for Best Oral Examination** will be given to highest performance in each group as judged by individual examiner's.

These awards are named for Duke School of Medicine Alumni who have had diverse and successful careers in surgery, both at Duke and other institutions across the country. Students will receive pins that can be worn on their white coats. While we cannot mention these accomplishments in our contribution to the Dean's letter, we encourage students to include these on their CVs.

Miscellaneous:

Evaluations of Residents and Attendings

You will receive a request through MedHub to complete evaluations of faculty and residents with whom you work. We greatly value your feedback and make clinical assignment decisions partly based on the feedback we receive. Please complete these evaluations and help us ensure a positive learning environment on Surgery.

Absences

Any anticipated absence must be requested by submitting the official form on the SOM website and by notifying the Clerkship Director and Teaching Scholar. Missed required work such as quizzes must be made up.

If you have to be absent from scheduled duties for urgent or unanticipated reasons, inform your team (resident/attending) as well as the Clerkship Director and Teaching Scholar. Failure to do so is unprofessional and may result in a failing grade for the course.

If illness causes your absence, in order to protect our patients and colleagues and ensure that you are healthy enough to return to work, you must bring a provider's note to Mr. Latta before you may return to patient care responsibilities. Make up of missed days may be required. Link for Duke Student Health - <https://studentaffairs.duke.edu/studenthealth>

Inclement Weather Policy

When there is inclement weather, you are considered non-essential personnel and should follow the SOM severe weather policy – call 684-INFO or visit www.duke.edu. Students and faculty can also call the Registrar's Office at 684-2304 or the Office of Curricular Affairs at 684-5967 where this decision will be echoed. We do not want you risking life or limb. More details below in the School Policies.

Holidays

When an official holiday occurs during your rotation that is observed by the Medical School, we will comply with the School of Medicine calendar and you will have that day off.

Tips & Tricks:

Strategies for Successful Learning

- Regard each patient as someone who can teach you something important.
- Actively seek feedback on your oral presentations and notes.
- Make a habit of systematic textbook reading about the clinical problems and treatment pertinent to every patient you encounter. We can provide you with The Surgical Review but there are many other readable textbooks DO NOT rely solely on bullet-point review material such as Pestana. Once you have mastered the core knowledge at this level, it is appropriate to pursue additional information at the level of recent review articles and new research.
- Pay some attention to the ways in which clinical medicine is conducted by the intern and residents, specifically the way they keep track of information. You will soon be that intern, so you want to develop your own style of reliability.
- Practice encapsulating patients for presentation or handoff. Practice, practice, practice. Your ability to efficiently communicate about patients will be a major determinant of your future success.

Other tips to shine on the rotation

- Be an active rather than a passive learner. This is YOUR dime and YOUR opportunity to participate in surgery for a limited time. Take advantage. If the residents haven't assigned you cases, find one to go to. Talk to your intern, talk to the teaching scholar. Don't wait for someone to tell you what to do.
- Communicate effectively with your team regarding your whereabouts
- It is your responsibility to know all information and developments related to the patients you are following.
- Always seek out opportunities to improve a patient's experience. Professional care is a job for everyone
- Surgical Rounding:
 - The goal of surgical rounding is primarily to identify when patients have deviated from the normal course, thus it is a focused approach (the real work was already done in the OR)
 - Stick to a framework that you can follow for every patient so that you don't leave anything out, but still keep it concise
 - Each team/resident will have different preferences, so be sure to just ask your resident how they like presentations structured. For most, it will be a one-liner of patient's name, age, relevant PMH, what surgery they had, and what post-op day it currently is. Then a brief subjective of what happened overnight and important history elements from the morning. Then objective data on vitals, brief physical exam, ins and outs, and any relevant labs. Then can usually go right into the plan for the day.
 - Use a focused physical exam, particular when rounding on post-op. Vitals, heart, lungs, abdomen, surgical site, and anything else particular to the surgery performed. LOOK at all wounds. Check outputs on all drains. Keep it relevant. If you forgot to look at it, then just admit that to the team.
 - **Under no circumstances should you make things up or lie to your team. This will result in notification to the Clerkship Director, advisory dean, and be reflected in your professionalism evaluation.**
 - Make an assessment and advise on management decisions, don't just regurgitate information. The way you learn is by first getting it wrong.
- In the OR:
 - Upon entering the OR, introduce yourself to everyone in the room (anesthesia, nurses, resident, attending, etc.) and write your name on the whiteboard
 - Humility and gratitude to every member of the team go far. Introduce yourself to the nursing staff and ask questions. Offer to help set up, take down, and bring in the patient bed. Always help bring the patient to PACU. Usually can just scrub with the resident but can do so on your own.
- In Clinic:
 - Most clinics will have several patients booked at the same time in different rooms. Be proactive and offer to see some patients on your own and then present to your resident or attending. Offer to write notes if it would be helpful
 - NPs and PAs will be your friends!! They are great resources!

Resident Goals and Expectations for Medical Students:

The following guide was prepared by surgery residents as a guide for you to see what we are expecting of you. These points will offer you some insight into ways that you can participate and potentially improve your involvement with our team. Discussing your roles and responsibilities with your team will undoubtedly improve your subjective performance evaluations as well. Your goal is not only to achieve the best grade possible or to see the most operations, but it is to become the best learner you can be during your surgical clerkship.

Respectfully,
Surgery Residents

Medical Student Expectations for Surgery Clerkship

Global: Be present and on time. Do not leave until the team's work is done. You MUST check in with senior resident or the intern prior to leaving for the day. You should be engaged with your patients and the team throughout the day. You may not love surgery – that's ok – but you should care about your education and your patients, and that translates to all specialties. The expectations presented below represent the *minimum* required to pass the rotation; their completion does not grant you honors.

You should prioritize, in this order:

1. Patient care
2. Your education
3. Helping the surgery team

Hours: You are not permitted to work > 80 hrs per week *averaged* over 4 weeks. Please contact us with issues/questions.

Rounding/floor

- You should be dressed professionally in white coat every morning
- You are responsible for the patients in whose operations you participated
 - o The max number of patients you follow depends on your experience/year. Let's talk on the first day.
 - o If you have no patients (all of yours went home, for ex.), that's OK. Ask if you should pick up new pt.
- Pre-round on your patients, including chart review and interviewing/examining your patients
- Present your patients on rounds. It won't be perfect initially but make an effort to improve over this rotation.
- Write notes for your patients *before* your first case starts
- Follow the patients through the day (keep up with labs, imaging, consults etc)

OR Expectations

- Know the patient. Know what operation the patient is getting, why the patient is receiving that operation, and what other options there are for the patient/disease. Know the relevant PMH and PSH of the patient including pertinent labs, pathology, etc.
- Know the operation. You should know relevant anatomy, the basic steps of the operation, and the common post-op complications
- Meet the patient in pre-op whenever able
- Be in the OR when the patient arrives; assist in pre-op tasks (foley, shaving, etc) as able. If resident not in room, text/page resident
- Be engaged during the case
- Help with post-op activities (transferring from OR bed, transfer to PACU; post-op note etc)

Clinic

- You should spend 1 day per week in clinic
- The flow of the clinic will vary, but in general, try to see patients independently, report back to the resident/PA/attending
- Write notes. Often, attendings will have specific templates.

Education Expectations

- Clerkships are an introduction to “adult learning.” Much of your learning will be experience based (patients, residents, faculty, books, study guides) and contingent on your readiness and motivation. You should read every day and study your patients’ diseases.
- You should expect professional, non-judgmental, ongoing feedback during your rotation. We expect you to receive feedback professionally.
- We are far from perfect. If you have feedback about how we can improve as educators, we hope you feel comfortable relaying it to us.

Typical Daily Schedule (OR day)

5:30 AM – Arrive at hospital

- All residents arrive to get sign out, review patients
- Students may observe intern sign out but should not interrupt or delay any aspect of sign out. Students should pre-round on patients, discuss issues/events with overnight nurse, complete pertinent exam and review labs/imaging/consults

6:00 AM – Residents to attend morning report. Start AM rounds with intern, students, APPs, and service chief resident (typically 20-30 patients on list)

7:00 AM – Conclude rounds

- Senior residents will update attendings with plan. OR PREP - Meet patients in PACU, change into scrubs, check in with OR regarding special considerations, attending preferences, retrieve gowns/gloves, pull up patient chart and imaging on OR computer
- Interns will begin placing urgent orders, completing discharges, floor procedures/tasks, completing progress notes. May need to go to OR for start case (see senior resident OR PREP)
- Students should go meet patient in PACU, check in with OR to introduce yourself, grab gown/gloves, offer to help with any set-up. Write daily progress note for your patients. Help intern with any floor tasks.

7:30– First start OR TIME

- Students should refer to OR expectations to review expected conduct and preparation for cases

10:00 AM – End of first case

- After closing and the patient wakes from anesthesia, students and residents are expected to help transport the patient off of the OR bed onto stretcher and help with transport to PACU for sign out with PACU staff
- Between cases student should complete OR PREP steps again, meet patient, introduce yourself if new to OR staff, gather gown/gloves, offer to help with set-up/takedown, etc. You can eat/drink/use restroom. You should check on your OR patients from earlier in the day and text updates to team. Particular items of interest include HD stability, oxygen status, speech clarity, confusion, pain control, and drain output/incisions (DO NOT REMOVE ANY OPERATIVE DRESSINGS). Check in with intern to see if there are any floor duties that can be done by student. Should also check on your individual floor patients, follow-up on labs/imaging/consults and text team with updates. May study between cases if there are long breaks/delays and all other tasks are completed.

3:00 PM – End of operative cases for the day

- Senior residents will check in with interns regarding floor issues, check on operative patients, finish operative notes. Contact attending about afternoon rounding time/place.
- Intern should have completed floor work, met with social work, completed discharge planning meetings, completed post-op checks on patients 2-4 hr after conclusion of case. Should keep senior residents aware of all issues as they arrive during the day (via text, call and/or page as appropriate).
- Student should contact intern and offer assistance with any remaining floor duties. Should offer to write post-op notes on their patients and communicate sign-out with team (senior resident and intern). Should also check on your individual floor patients, follow-up on labs/imaging/consults and text team with updates.

~ 4:30 PM – Afternoon rounds, all team members should be present with attending to finalize 24-48 hr plans and discuss discharge planning. Depending on timing, students may present their patients to attending.

5:30PM –Complete any orders and/or assignments and prepare for evening sign-out with night team.

- Intern will complete orders, paperwork, and assignments (remove drains, etc.) and update handoff in preparation for evening sign out
- Student should offer to help intern with to-do list and update handoff for all patients

6:00PM – Evening sign-out to night team, day team goes home!

Example Presentation

Rounds are fast-paced – we sometimes have to see 20-30 patients in an hour. Your presentation should be efficient and brief. Our goal for your presentation should be about one minute; length will vary with complexity of the patient. Practice your presentation - you can ask your intern, an MS4, or just practice with each other. A good rounds presentation is a skill to be developed, not something that comes automatically.

Mr/Ms. _____ is a XX year old male/female who is post-op day Y from a ___[name of operation]_____for ___[reason they got the operation]_____.

Overnight, there were no acute events. (or if there were acute events, launch into them. Acute events are fevers, hypotension, afib, transfusions, CT scans, NV, etc.)

In the last 24 hours....

This is like the “subjective” part of a SOAP note; say major events that happened in the last 24 hours. E.g. pt got a swallow study, or got a CT-guided drain, etc. Also, this is the place to report if pt passed gas or had a BM, pain, nausea/vomiting, tolerating food, etc.

Vital signs

- 1) Pt was afebrile (or not, in which case present Temp max and Temp current, in C)
- 2) HR/BP/sats (give 24 hr range (e.g. “heart rate ranged from 74 to 86”) and O2 requirement)

On physical exam this morning: Usually just present pertinent exam findings (e.g., if they had a carotid surgery, you need to evaluate incision and cranial nerves, etc).

Ins and Outs: “Patient was net positive/negative XX mL over last 24hr. Urine output recorded as XX mL. There was XX ml of serosanguineous/sanguineous/serous/purulent drain output.” You should present pertinent I/O but know the breakdown in case asked. Drains/tubes/urine are always significant. If patient has poor PO intake, you may need to report his/her total PO intake. If patient is very volume positive, consider reviewing what are the contributors to the fluid balance (IVF, meds, transfusions, PO intake, etc).

Labs/Objective data: Just give the significant ones; also give culture results, and any imaging studies that you did not report in the 24 hours sections

Assessment: This is you being a doctor. “Mr./Mrs. XYZ is XX days postop from YY procedure for ZZ indication. He/she is doing well / doing poorly, etc. His/her course has been complicated by PE requiring admission to the SICU.” Don’t restate the first line of your presentation. It has only been 60 seconds (in theory), so no one has forgotten it.

Plan: Give plan for the day. It’s ok to be wrong – we are wrong all the time and the attending will change our plans, but it’s important to think through the next steps. It is better to have an incorrect plan than no plan at all, but you can check with intern prior to your presentation if there is time.

Sample:

Mr. Jones is a 45 YO M who is POD1 from lap appendectomy for perforated appendicitis. He was febrile to 38.5 overnight, fever responded to Tylenol. Denies NV, tolerating PSB diet, no flatus or BM since operation. Pain is controlled with Tylenol and dilaudid PCA. He is ambulating in the halls. His vital signs are the following: febrile overnight, most recently 37.5. HR ranged from 60-80. sBP ranged from 100-130, dBP 70s-80s. On physical exam, he is appropriately tender, abd is mildly distended, incisions are clean, dry, and intact, without evidence of infection. JP drain with purulent output in RLQ. Patient was net positive 1L since OR yesterday. 1200 ml UOP is recorded. 45ml of purulent output recorded from JP drain. WBC is 13.5 this AM down from 18 yesterday. H&H are stable since pre-op.

Mr Jones is POD 1 from appendectomy for perforated appendicitis and recovering without complication. Today we will oralize his pain regimen from PCA to oxycodone. DC his IVF. Follow-up OR cultures with plan to tailor his IV abx to appropriate oral coverage this afternoon. I will call today to make post-op visit with Dr. Montgomery. We will plan for discharge to home tomorrow with JP drain.

School of Medicine Policies:

Below are School of Medicine Policies. In most cases, these are abbreviated versions. For a more comprehensive description of each policy, please refer to <https://medschool.duke.edu/education/student-services/office-registrar/student-services-and-resources>, see **Bulletin of Duke University School of Medicine 2018-2019**. All students are expected to abide by the Duke SOM policies as available in the [SOM Bulletin](#). Any updated policies since the Bulletin was published are linked through the [Duke SOM Registrar](#). These include policies related to clerkships including clinical supervision, duty hours, assessment, grade appeals, and mistreatment policies.

Mistreatment:

Policy on Appropriate Treatment of Learners at Duke University School of Medicine Statement

Duke is committed to creating and maintaining a positive learning environment for learners that is respectful and appropriately attentive to their learning needs and free from conduct by teachers that could be interpreted by learners as mistreatment. Students are encouraged to report mistreatment that occurs in their courses and in their clinical education. Concerns for mistreatment can be reported anonymously through the AERS-[Adverse Events Reporting System](#), or through discussion with the Clerkship Director, Advisory Deans, and/or Associate Dean for Learning Environment and Well-Being. Concerns for mistreatment can also be reported in the End of Course evaluation. Please see webpage [Reporting Mistreatment and Misconduct](#) for additional ways to report, resources, and details about the reporting process.

Policy Rationale

The SOM adopted in 2002 the “Compact Between Teachers and Learners of Medicine” as articulated by the AAMC and this additional policy is designed to clarify and expand on the goals articulated there. Both documents are based on the premise that students learn how to be professionals by observing and imitating their role models, and that therefore the teachers of a medical school have an obligation to convey professional values by demonstrating appropriate standards of behavior.

This policy is not intended to abridge the academic freedom of teachers, and will be applied in a manner that protects those freedoms. It is consistent with the “Statement on Faculty Professionalism” of the School of Medicine, the “Duke Medicine Code of Conduct: Integrity in Action,” and the “Harassment and Discrimination Policy” of Duke University. Under the “Policy on Appropriate Treatment of Learners at Duke University School of Medicine,” students could be considered teachers or learners, depending on the role they play in any specific situation.

Policy Standards

Conduct that is expected of those in a teaching role includes:

- Taking responsibility for learners assigned to one’s course or service, and ensuring a safe, fair, supportive, unbiased learning environment that respects learners’ physical and social boundaries and encourages their development as medical professionals
- Declining to evaluate the performance or vote on the promotion of any student for whom one has provided clinical care, including psychiatric care or psychological counseling.
- Clearly communicating expectations, and applying consistent evaluation and grading methods which are communicated in advance of learner performance
- Assigning tasks to learners based on their knowledge, skills and experience
- Providing supervision and appropriate remediation when learners are not adequately prepared
- Providing feedback to learners in a timely, constructive, personalized and explicit manner
- Abiding by the Duty Hours Policy and other policies of the SOM
- Adhering to Duke University’s policies on Harassment and Consensual Relationships

Examples of conduct that is considered inappropriate in a teaching role include, but are not limited to:

1. Threatening or intimidating behavior or words (e.g. verbal threat of intent to harm, making a gesture as if to strike, screaming or yelling at a learner, standing over a learner or getting “in your face”)

2. Using obscenities, profanity, or racially/culturally-derived/gender-based terms or names directed at a learner, OR using such verbal expressions so as to create a negative environment even if not directed at the learner. (e.g. cursing at a learner or other members of the team, using a gender- or racially-charged epithet to refer to a learner)
3. Using threatening or obscene gestures, cartoons, or jokes in the presence of a learner
4. Degrading a person or group on the basis of a personal or cultural characteristic (e.g. “people like you are all stupid,” “your people all expect me to read your minds,” “I can’t believe you want to go into specialty X and become a drone”)
5. Ignoring learners assigned to you or failing to complete assigned learner evaluations
6. Requiring learners to perform personal services at any time (e.g. get me coffee, pick up my laundry, pet-sit this weekend, pick up something I forgot in my office, listen to my personal problems)
7. Inviting learners who are being currently supervised, evaluated, or graded to romantic or sexual relationships; sexual assault, or sexual or gender-based discrimination or harassment through words, gestures, and behaviors (e.g. inviting on a date, commenting repeatedly on attractiveness or clothing, making sexually suggestive comments or gestures)
8. Taunting, mocking, or humiliating a learner through acts and words (e.g. mimicking something the student got wrong, giving highly pejorative feedback in the presence of others)
9. Using aggressive questioning to the point of badgering or humiliation in the guise of the “Socratic method” (e.g. after questioning the student to the limits of his/her knowledge, persisting in asking the same question the student can’t answer or more difficult questions for the purpose of humiliation)
10. Endangering the safety of a learner (e.g. inflicting physical harm, requiring the learner to go somewhere unsafe or to be exposed to dangerous objects or substances without education and proper protection, asking learners to perform tasks they are not trained to do, telling a learner not to report an occupational exposure)
11. Endangering the learner’s professional development (e.g. telling learners to ignore institutional or school policy, inviting learners to do something unethical or illegal)
12. Grading based on factors other than performance on previously announced grading criteria; creating disadvantage in learning opportunities, teaching, feedback or grading based on personal characteristics of the learner (e.g. giving a better grade because someone is going into your field or you like him/her best)
13. Acting in retribution against any learner who reports perceived inappropriate treatment (e.g. telling others that a learner is a “snitch” or to “watch out for that one,” giving the learner a grade less than s/he deserves, calling a residency program to “warn” them about a learner.

How to report mistreatment:

Students are encouraged to report mistreatment that occurs in their courses and in their clinical education.

There are multiple ways to report mistreatment, including:

- AERS-Adverse Events Reporting System (anonymous)
- End of course/End of clerkship evaluation (anonymous)
- Sharing a concern, on the CeLe website (add link for our Share a concern)
 - Office of Clinical Education and Learning Environment (CeLe)
- Course Director/Clerkship Director
- Advisory Dean via email Dr. Caroline Haynes
- Ombudsman via email Dr. Jean Spaulding
- Assistant Dean for Learning Environment via email Dr. Nancy Knudsen

Student Ombudsperson:

Students who are not comfortable approaching existing resources (course directors, advisory deans, practice faculty, and the Office of Institutional Equity) when they feel mistreated or have a conflict with another member of the School of Medicine community, may contact the Student Ombudsmen. The Student Ombudsmen provides a confidential and anonymous resource to help students decide how they want to handle such circumstances and what their options are, and to provide mediation if desired.

The other resources remain available should students wish to use them or wish to report their concern to the administration or have them documented. To contact the Ombudsperson for medical students with a concern you would like to discuss, simply email ombuds@mc.duke.edu or call Dr. Spaulding's office at (919) 668-3326.

Time Away Request for Second-Year Courses Policy:

Medical students should consider their clinical year with an approach that reflects professional behavior and acknowledgement of the accountability and dedication required by physicians and patient care teams.

Balancing the necessary dedication to professional responsibilities as a member of a health care team with the need for self-care and planning for personal and professional obligations is a critical component of the learning process during the clerkship year. This behavior applies to patient care and academic activities.

Illness

- Notification of illness: If the student is not able to attend to their duties due to illness it is the student's responsibility to notify the appropriate course personnel as soon as possible.
- Notification must be provided in a timely fashion to allow the clinical team to adjust to the absence of a team member.
- Recurring appointments: Students with recurring appointments should use the request for time away protocol. It is not necessary to reveal the specific medical reason for the request.

Tardiness

- Arrive on time for all clinical and academic sessions
- Notify the appropriate course personnel if there is a problem that will result in tardy arrival.

Requests for Time Away

We recognize that professional and personal obligations may arise for which students would appreciate time away from the service. Any absence must be approved by the course director. The policies and consequences of missed time vary from course to course. There may be minimum attendance requirements to successfully complete the course as determined by individual course policy.

It is the student's responsibility to request time away well in advance of the clerkship to allow for optimal scheduling. The course director will be responsible for all decisions regarding approval or denial of the time away request. The course director will determine the necessity of make-up work for any requested absence.

Protocol for time away requests:

- Requests for proposed time away must be submitted to the course director at least eight weeks, if possible, prior to the scheduled clinical or academic event.
- Last-minute requests will not be granted in nonemergent situations.
- Absence from required orientation activities cannot be "made-up," therefore, check your calendar well in advance and avoid scheduling activities during the orientation and pre-clerkship activities.
- Request forms are available at The School of Medicine registrar's website, registrar.mc.duke.edu and BlueDocs
- If time away is required that exceeds minimal attendance guidelines for the course, the student must discuss with the course director and their advisory dean options for making up missed time, dropping the course or taking a leave of absence.

Code of Professional Conduct of the SOM:

Preamble

The Duke University School of Medicine strives to educate health professional students who have a high capacity for ethical professional behavior. Since training in professional behavior is a part of training in the health professions enrolled students commit themselves to comply with all regulations regarding conduct established by Duke University (the Community Standard and the Bulletin of Information and Regulations of Duke University), the School of Medicine and the individual's own academic program, as well as the Social Media Policy of the Duke University Health System ([link](#)). Professionalism is an academic issue and failure to demonstrate prescribed professional standards may jeopardize advancement and graduation in the same way as other academic matters.

These standards closely follow those established and expected for the medical profession for which the student is training and are intended to serve as a precursor to future professional expectations.

Statement of the Code of Professional Conduct

- The Code of Professional Conduct is intended to promote:
- Intellectual integrity and honesty in all endeavors
- Concern for the welfare of others and respect for the rights of others
- Professional demeanor and behavior

Students will be expected to hold themselves to these standards:

The student will not:

- Cheat
- Lie
- Alter or falsify academic, research or patient documents (both paper and electronic)
- Commit plagiarism or submit for course work that of another individual, unless it is expressly as part of an accepted group learning exercise as defined by the Instructor
- Participate in academic activities, including patient care, having used non-prescribed psychotropic substances (including alcohol) or having inappropriately used prescribed substances.
- Engage in romantic, sexual, or other nonprofessional relationships with a patient or a patient's family member, even upon the apparent request of a patient or patient's family member
- Engage in disruptive behavior in the classroom, clinic, hospital, or laboratory that might interfere with the learning, work or clinical care of others.
- Gain or provide unauthorized access to academic or administrative files, patient medical records, or research documents, via computer or any other means or method
- Misrepresent him or herself as a licensed or certified health care provider

The student will:

- Offer original work for each assignment or learning task
- Admit errors to his/her supervisor and not knowingly mislead others in the classroom, clinical setting or laboratory
- Respond promptly to official communications from the school, comply with attendance standards for learning activities (including assigned call duties), and meet all School of Medicine mandatory deadlines
- Engage in the responsible and ethical conduct of research
- Treat patients or research subjects, their family members, and his/her colleagues with respect and dignity both in their presence and in discussions with others, and maintain appropriate privacy and confidentiality of patient communications and records.
- Recognize the limitations of his/her knowledge, skills, or physical or emotional state, and seek supervision, advice, or appropriate help before acting.
- Learn to recognize when his/her ability to function effectively is compromised, ask for relief or help, and notify the responsible person if something interferes with the ability to perform clinical or research tasks safely and effectively.
- Deal with colleagues in a considerate manner and with a spirit of cooperation, and avoid offensive language, gestures, or remarks while interacting with all persons encountered in a professional capacity regardless of race, color, ethnicity, religion, national origin, age, sex, gender identity, sexual orientation, disability or socioeconomic status
- Take personal action to support equity and inclusivity in the learning environment

- Maintain a neat and clean appearance, and dress in attire that is appropriately professional and safe for the patient population served or the learning activity (and when in doubt, ask his/her instructor for guidance).
- Report promptly any witnessed violations of the Code of Professional conduct to a school official or via the website: https://duke.qualtrics.com/SE/?SID=SV_0xINCG6gxBow5Rr

Safety/Compliance Training

All students enrolled in Duke University School of Medicine are required to complete annual online compliance and safety training modules. These modules are found on the occupational and environmental safety office website at <http://www.safety.duke.edu/OnlineTraining/>. The required modules are listed on the OESO website, <http://www.safety.duke.edu>. Students will be required to complete some modules through the Learning Management System (LMS). There are some required modules that are required once every two or three years, but that is indicated online. Compliance with these modules is a graduation requirement. Failure to complete the modules by the set due date may result in the placement of a transcript hold and/or a registration block on the student's account. Students who fail to comply during their final year of the Doctor of Medicine program will be presented to their promotions board as failure to meet graduation requirements. Requirements are subject to change based on OESO compliance requirements.

SOM Severe Weather Attendance Policy

2nd Year – Given the students responsibilities with clinical rotations, off site clinical rotations and night shifts, clerkship directors in concert with Assistant Dean of Clinical Education may choose to independently cancel class. The decision will be made by 4pm and will apply to all clerkships. Students will be notified via email and should not attend clerkship activities if class is cancelled. If a student feels it is too dangerous to travel, student should feel empowered to contact the clerkship director and/or immediate supervisor.

In addition the SOM will handle the cancellation of classes in the following manner:

- All School of Medicine students will follow the provost's decision in regards to cancellation of classes. If classes are cancelled, students should not report for any medical school activities (classes, labs, clinical assignments, etc.) If students are in classes/rotations when the severe weather policy is implemented, they should leave when classes are cancelled. Course directors, mentors, and faculty are aware of this policy so that individual decisions should not be made.
- These decisions can be determined by calling 684-INFO or by visiting the School of Medicine Office of the Registrar's website at <https://medschool.duke.edu/education/student-services/office-registrar>, <http://emergency.duke.edu>, or <http://today.duke.edu/>. Class cancellations are announced on the SOM registrar's office will make every attempt to announce any cancellations on the announcements section of their website, <https://medschool.duke.edu/education/student-services/office-registrar>.
- Please note that 684-INFO and <http://emergency.duke.edu> are considered the official communication for inclement weather announcements.

Duty Hours Policy

The Duke University School of Medicine has adopted a duty hours policy for medical students to provide guidance and protection for students, especially on the clinical services in the second and fourth years of the curriculum. It is recognized by faculty and students that the goals of educating students in the clinical setting are both the development of their clinical skills and professional attributes and the provision of student contributions to medical teams and the care of patients. It is the intent of this policy to support the achievement of these goals while allowing students adequate time to rest, attend to extracurricular obligations, and recreate in order for them to be maximally effective as learners.

Students will be expected to be on-site on any clinical service no more than eighty hours per week, averaged over a two-week period during second year clerkships and a four-week period during fourth-year courses. This maximum should include actual time spent on service in the hospital or clinic on "on-call" nights, but should not include time a student may spend at home reading or studying, or sleeping in the hospital while on call. Exceptions to the eighty-hour limit can be made for unique learning opportunities that may arise (e.g. an unexpectedly long surgical case, an unanticipated transplant surgery, awaiting an obstetric delivery, etc.), but should not become routine.

Students will have one full day completely free of curricular or patient-care responsibilities in the hospital or clinic per week, averaged over a two-week period during second-year clerkships and over a four-week period during fourth-year courses. Weekends off after a course ends may be included as days off for the preceding two-week period only. School holidays that occur during a course may be included as days off for the two-week period in which they fall.

Students will not be expected to be in the hospital or clinic setting for more than 24 consecutive hours in the second year, and 24 plus up to four hours when required for transition of care in the fourth year, including hours spent sleeping while on call if less than four hours.

In conjunction with the restrictions on total time spent in the hospital or clinic, course directors should design learning activities to make the most efficient use of time from the standpoint of learning. Learning activities appropriately include the care of patients assigned to the student, the student's team, or services being cross-covered, and other activities that are the work of the student's team, and classes, conferences, rounds, projects and individual learning assignments that are part of a course.

Students should not be expected to use the hours allocated 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 (see 4a) solely because residents must leave due to work hours restrictions. Students will be expected to keep an accurate log of time spent in the hospital/clinic and provide the log to an office designated by the Office of Curricular Affairs. Intentional falsification of logs will be treated as an Honor Code violation. Course directors review cumulative, nonstudent-identifiable duty hours data twice a year and correct any systemic problems that are contributing to students regularly working excess hours on their rotations. Students will not be penalized for accurate reporting, nor will information from student logs be used in any way in determining grades or evaluations.

The Office of Curricular Affairs will compile a bi-annual for the Clinical Course Directors including the average duty hours per week on individual rotations and, the number of reports of excess duty hours data and correct any systemic problems that are contributing to students regularly working less hours on their rotations. Students will not be penalized for accurate reporting, nor will information from student logs be used in any way in determining grades or evaluations.

Policy on Medical Student Exposure to Infectious and Environmental Hazards

All students at the Duke University School of Medicine must complete online and classroom training activities regarding personal safety and environmental exposures. Students must complete the following safety modules yearly:

- Fire/Life Safety
- OSHA Blood Borne Pathogens (BBP)
- Tuberculosis (TB) Safety Training
- Environment of Care (EOC)
- Hospital Incident Command System (HICS)
- Infection Control
- Radiation Safety for Ancillary Staff
- iMRI Safety for Perioperative Staff
- Specimen Collection – Beaker Rollout
- Chemical Safety for Clinicians (once every 5 years)

In addition, students must attend a mandatory safety training session on preventing needle stick injuries and handling sharps in the Introduction to Clinical Skills Course prior to beginning clinical clerkships, and mandatory scrub training prior to going to the OR. Compliance with these requirements is tracked throughout medical school.

If a student experiences a biological or chemical occupational exposure at Duke or while studying away, s/he must call the Duke Employee Occupational Health and Wellness (EOHW) safety hotline (available 24 hours a day) to report the incident and follow the directions given by the EOHW staff member. All initial costs of laboratory tests for properly reported occupational exposures or injuries are covered by the Student Health Center, and any treatment

needed post-exposure or for a clinical condition that develops as a result of the exposure or injury, by the student's health insurance policy. Students who are potentially exposed to a patient with a communicable illness (e.g. meningitis, hepatitis A) are identified by the Infection Prevention Team, offered preventive medication if indicated, and monitored for the development of illness by Student Health. If a student becomes disabled as the result of an occupational exposure or injury, the Duke Medical Student Disability Policy provides coverage. If the student were allowed to be in the clinical setting after the review panel made its decision based on the safety of all involved, but had a disability (e.g. loss of the use of a limb) that could be accommodated, they would apply through the Student Disability Access Office to request appropriate accommodations, and if approved, those would be implemented. If a student has an infectious disease or is exposed to an infectious disease and must be monitored for a period of time, a review panel is convened that includes an advisory dean, the director or a designee from the SHC, the director of employee/occupational health, an infectious disease expert on the relevant pathogen, and a course director for whose course the student may have restricted activities. If the student has a clinician providing his/her medical care that the student would like to be involved, that person is also included at the student's request. The panel may decide that the student should not be in the clinical setting due to risk to self/patients/coworkers, can be in the clinical setting with limited activities (e.g. can only observe in the OR, cannot work with pregnant women, etc.), or can be in the clinical setting without restrictions.

Visiting medical students are subject to the same training requirements and have the same support services available in case of an exposure/injury as any enrolled student, and are required to verify that they have medical insurance while studying at Duke.

2. Policies related to the implications of infectious and/or environmental disease or disability on medical student educational activities.

Included in the policy above.

Policy Regarding Students Providing Medical Care for other Students

Medical students are not allowed to participate in the care of other medical students (or, could be broader, other learners in the School of Medicine). It is the responsibility of the attending physician assigned to provide or oversee a medical student's care in any healthcare setting (inpatient, outpatient, acute care of ED) to ensure that another medical student is not assigned to be involved in that student's care nor permitted to have access to that student's medical record.

Clinical Activities by and Supervision of Medical Students

All patient care provided by medical students is provided under the supervision of a licensed health care provider performing activities within the scope of the health care provider's practice. An on-site licensed health care provider must always be immediately available.

Prohibiting the Involvement of Providers of Student Health Services in Student Assessment & Promotion

Providers of health and psychiatric/psychological services to a medical student will have no involvement in the academic assessment of or in decisions about the promotion of that student.

Teaching Preparation

The School of Medicine Curriculum Committee requires residents and others (e.g., graduate students, postdoctoral associates, etc.) who teach medical students to be oriented to and prepared for their role in teaching and assessing medical students.