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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 patients with surgical needs and can learn something from every patient. This may be your only chance to learn about surgical pathology in depth so take full advantage of every opportunity. This may inspire you to become a surgeon 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 surgery can be a challenging rotation, but it is exceedingly rewarding.

The Department of Surgery is dedicated to your success. The Department of Surgery's mission is grounded in a patient-centered approach that prioritizes safety, dignity, and high-quality multidisciplinary care. It embraces a philosophy of discovery, using scientific inquiry and continuous improvement to deepen understanding of disease while upholding the highest standards of integrity, accountability, and transparency. Education is a central component of this mission, with a strong commitment to mentoring medical students and residents through hands-on clinical experience, scientific research, and humanistic training to develop well-rounded surgeon-scientists and future leaders in medicine.

During this clerkship, you will interact with many nationally recognized surgeons 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 no time, you will become a resident with vast responsibilities, therefore this is your time to shape the physician you plan to become.

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 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 clinical medicine. It is our goal that through your clinical experiences and didactic sessions you will become familiar with common surgical diseases and their management.

With any learning experience, you get out what you put in. We will support you in every way possible but ask that you work to maximize your experience. We 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 the teaching scholar with any questions or concerns as they arise. Welcome to Duke Surgery!**

Louise Jackson, MBBS, FACS
Associate Professor of Colorectal Surgery
Surgery Clerkship Director
Education Director of SEAL

Course Contacts

Surgical Clerkship Director

Louise Jackson, MBBS, FACS

Assistant Professor of Colorectal Surgery

Education Director of the Surgical

Education and Activities Lab (SEAL)

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Course Coordinator

Thomas Ben Latta

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Teaching Scholars

To further improve your learning experience and facilitate navigation through the complexities of the clerkship and the clinical experience, a 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 training. They will be involved in your educational endeavors and work with Dr Jackson and Ben Latta to help coordinate your experience. The Teaching Scholar is an invaluable resource for both your learning and practical management of administrative issues that arise.

Term 1	Steven Thornton (757) 375-7102 steven.thornton@duke.edu
Term 2	Ruby Lopez-Flores (702) 415-9773 ruby.lopez-flores@duke.edu
Term 3	Joey Lew (919) 452-1938 joey.lew@duke.edu
Term 4	Neel Prabhu (919) 768-2534 neel.prabhu@duke.edu
Term 5	Isa DeLaura (617) 447 3390 isabel.delaura@duke.edu
Term 6	Elinor Mannon (205) 533-0288 elinor.mannon@duke.edu

MS3 Teaching Assistants

Clerkship rotations will also have MS3 Teaching Scholars to help you navigate your surgery rotation and assist in the skills teaching sessions.

MS3 Teaching Assistants

Term 1	Ashley Lin	Eleanor Goes
Term 2	Ian Halliday	Megan Zhao
Term 3	Helen Liu	Megan Zhao
Term 4	Emmy Duerr	Ian Halliday
Term 5	Belunda Moise	
Term 6	TBD	

Hospital	Site Director
Duke Raleigh Hospital	Louise Jackson Cell: 385-218-1880 louise.jackson@duke.edu
Duke Regional Hospital	Phil Fong Cell: 815-520-0338 philip.fong@duke.edu
VAMC	Brian Gilmore Cell: 626-755-8344 brian.gilmore@duke.edu

Surgery Clerkship Expectations

Each student will be assigned to two surgical services (3.5 weeks each), this provides you with a broader operative and rounding experience.

We expect that each student is punctual, prepares for cases, follows 1-3 patients, reads about appropriate topics, works on improving bedside presentations and sign-out 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 **clinical rotation** as part of an assigned surgical team: discuss with chief resident how the team will work and the details of the specific rotation including rounding expectations. You should present to your clinical team during morning rounds. 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 in the morning and throughout the day. Components of clinical care: round on patients in the morning and afternoon, present patients to the team on rounds, attend OR cases, help surgical team with floor work (patient care, consults etc.), see patients in clinic.
- 2) Attend **clinic** once a week. Ensure you know where to go and what time the clinic starts. Review the patients in EPIC prior to the clinic. There are usually notes prepared for the patient that summarize the reason for the

visit and work up to date. Discuss with the attending whether they want you to shadow and discuss cases or see patients and present. ALWAYS have a chaperone with you when examining patients.

- 3) Record OR cases, patient interactions and “core clinical domains” in **MedHub**. The core clinical domains are Vascular Disease, Traumatic Injury, Abdominal Pain, Fluid and Electrolyte Abnormalities, Informed Consent, Handoff of Patient Care, Knot Tying, Skin Suturing, Wound care, dressings and drains. If needed, coordinate with other students on the rotation to switch for a case or for the day.
- 4) **Trauma night**: You will participate in one night shift (6pm-6am) with the trauma/ACS team at DUH. Your allocated shift will be posted in Canvas. This will be either a Friday or Saturday night. On the Friday preceding the night shift you are excused from clinical duties until your shift begins. At the beginning of the shift page the trauma chief (970-9995) and consult resident (970-2222) and login to the trauma pager (970-9352). See Surgery Clerkship Resources document for instructions to log in to the trauma pager. Attend all traumas and any OR cases that are going on. Help the intern and chief residents as you are able. The purpose of the trauma night is to see care of trauma patients in the trauma bay and in the OR and experience the workflow of the hospital at night.
- 5) **Weekends**: Each Saturday morning, the students will attend the Zoom meeting from 9-10am with the Teaching Scholar and Teaching Assistants. Each student will participate in one trauma night call as above. There are no other weekend duties.
- 6) Attend **Chiefs’ Conference** from 4.30-5.30pm on the 7th floor of HAFS every Monday afternoon. The subject of this conference series rotates on a weekly basis and includes “Chairman Rounds”, led by Department Chairman Dr. Allen and other esteemed faculty, as well as resident research presentations.
- 7) Attend **Skills Sessions**: During the first week of your clerkship there will be two half days of skills sessions. The skills sessions will cover: gowning/gloving, knot tying, suturing techniques, ultrasound guided I and D, drain management and removal, basic laparoscopy, foley placement, and stop the bleed. Each Monday afternoon from 3-4.15pm, there will be an in-person skills session in SEAL. This will be led by the teaching scholar and the MS3 TA. This is an opportunity for you to practice technical skills in a safe and controlled environment. Please review Dr. Zenn’s (Duke Professor of Plastic Surgery) YT channel which has excellent videos about knot tying and suturing techniques: rb.gy/c1woux There is also a technical skill repository created by Duke surgical faculty that you can use as supplemental material: <https://sites.duke.edu/seal/sow/>
- 8) Attend **Morbidity and Mortality (M&M) Conference** each Wednesday morning from 6.45am-7.45am. M&M is a confidential, peer review of complications that have happened to patients. The purpose is to reflect on complications and identify areas that we can improve. Everything that is discussed at M&M is confidential and should not be discussed outside of the conference.
- 9) Attend **Surgical Grand Rounds** each Wednesday morning from 8am-9am. 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. Attendance is mandatory for students. If you are off-site, you may use the Zoom link to join this meeting.
- 10) Independently watch 19 **lectures** during the clerkship. We will discuss the content of the lectures during the weekly meetings with Dr Jackson and the teaching scholar. The schedule for the lectures will be posted separately in Canvas. The lectures were created by Dr Sudan (a Duke Professor of Surgery at Duke Regional) for the American College of Surgeons/Association for Surgical Education (ACS/ASE) national curriculum and can be accessed: (<https://www.facs.org/education/program/core-curriculum>). Additional instructions for accessing the curriculum can be found in the Surgery Clerkship Resources document.

- 11) Attend weekly **Zoom meeting with Dr Jackson** each Wednesday from noon-1pm. During this meeting one of the lectures of the week will be discussed as a case based discussion. We will also watch and discuss a series of mini-videos about the “Hidden Curriculum” of the surgery clerkship. Please feel free to bring your questions, concerns or comments to these sessions!
- 12) Attend weekly **Zoom meeting with Teaching Scholar** each Saturday from 9-10am. During this meeting the second and third lectures of the week will be summarized, there will be a case presentation as well as an opportunity to discuss any questions or concerns.
- 13) Complete **quizzes**: Each week there will be a 10-question quiz, this will cover the content of the lectures that week and will help you prepare for the shelf examination. Quizzes need to be completed by 11.59pm of each week. Quiz scores are part of your overall grade.
- 14) Attend **mid-term evaluations**: you will meet on Zoom with Dr Jackson for 15 minutes to discuss the rotation so far. Items for review: MedHub case log and duty hour log, EPAs, quiz scores, feedback so far, any issues or questions that need to be addressed.
- 15) Complete **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 during the last 2 weeks of the rotation. You will be given 2-4 case scenarios. See more below.
- 16) **Case presentations**: Students are required to present a case during the rotation to the Teaching Scholar. It will consist of a brief (10 minute) 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.
- 17) **EPAs**: complete EPAs 1a, 1b, 8, 10, 11 and 12. More details below.
- 18) Pass your NBME **Shelf examination**.

Course Overview:

Orientation

On the first morning of the surgery clerkship, you will meet with Dr Jackson for an orientation session. This will be followed by an anatomy review with the MS4 team. There will be two four-hour skills sessions in the first week which will cover basic technical skills. The schedule for orientation will be posted in Canvas.

Weekly Schedule

The schedule will vary weekly depending on the clinical rotation and on the surgery clerkship events. Discuss the clinical schedule with your chief resident or fellow. The surgery clerkship schedule will be posted in Canvas.

	Weekly events
Monday	Clinical duties 3pm Skills Sessions in SEAL 4.30pm Chiefs Conference 7 th floor HAFS
Tuesday	Clinical duties

Wednesday	Clinical duties 6.45am Morbidity and Mortality (M&M) conference N Lecture Hall 2002 (hybrid) 8am Grand Rounds Duke N Lecture Hall 2002 (hybrid) Clinical duties Noon Meeting with Dr Jackson via Zoom 1pm Wellness and SOM didactics
Thursday	Clinical duties
Friday	Clinical duties
Saturday	No clinical duties 9am Meeting with Teaching Scholar via Zoom
Sunday	No clinical duties

Other events:

1st week: Orientation and skills sessions with Dr Jackson, Teaching Scholar and MS3 TA (in person)

4th week: Mid-term evaluation with Dr Jackson (Zoom)

5th/6th week: Oral presentations with Teaching Scholar (In person)

7th week: Oral boards examination with Surgical Faculty (Zoom)

8th week: Monday: Skills Championship with Teaching Scholar (In person), Thursday: no clinical duties for shelf prep, Friday: Shelf exam

MedHub

Each student is required to maintain and electronically submit a log of cases and duty hours using MedHub: duke.medhub.com. This activity will be monitored, and grades will be incomplete if this requirement is not fulfilled. Please log cases and duty hours as you go – not at the end of the rotation. This ensures more accurate recording and helps us identify students that may need help obtaining additional cases.

Required Clinical Encounters

Patient Type/ Clinical Condition	Procedures/Skills	Clinical Setting(s)	Level of Student Responsibility	Alternative Activity
FLUID AND ELECTROLYTE ABNORMALITIES		INPATIENT	PARTICIPATE	ACS/ACE Core Modules
PAIN - ABDOMINAL		INPATIENT	PARTICIPATE	ACS/ACE Core Modules
TRAUMATIC INJURY (FRACTURE, ETC)		INPATIENT	PARTICIPATE	ACS/ACE Core Modules
VASCULAR DISEASE (VENOUS THROMBOEMBOLISM, PERIPHERAL ARTERIAL/VASCULAR DISEASE, ETC)		INPATIENT	PARTICIPATE	Surgery Clerkship Core Required Cases
	INFORMED CONSENT	INPATIENT	OBSERVE	Simulation Lab
	HANDOFF PATIENT CARE	INPATIENT	PERFORM	Simulation Lab
	KNOT TYING	INPATIENT	PERFORM	Simulation Lab
	SKIN SUTURING	INPATIENT	PERFORM	Simulation Lab
	WOUND CARE/DRESSING/DRAIN CARE, PLACEMENT OR REMOVAL	INPATIENT	PERFORM	Simulation Lab

- Include ALL 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 HIPAA regulations is essential. **Do not include patient-specific identifiers.**

- MedHub 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 also required to maintain duty hour logs in MedHub.
- 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). Case logs are also required for monitoring of student experience overall by the Clerkship Director and Medical School Curriculum Committee.

Logs will be reviewed at mid-clerkship 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.

Each site has secure storage for your belongings:

- DUH HAFS lockers
- DRaH 4700 workroom
- DRH workroom
- VAMC workroom

EPAs

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 are able to respond to the resulting feedback.

Entrustable Professional Activities (EPAs) are units of professional practice that capture essential competencies in which trainees must become proficient. They are mechanisms to track student progress performing activities including taking a history, performing a physical, developing a differential diagnosis, performing a handoff, etc. Students should aim to submit EPAs 2-3 times per week during the rotation. **You are required to submit the 6 EPAs below to complete your surgery clerkship.**

A special note about handoffs and why that is an important EPA category: Due to changes in duty hours, medicine today 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 an EPA category during your surgery clerkship.

Required EPAs for the surgical clerkship:

EPA	Location where you might be able to receive this feedback.
1a History	Clinical service (consult, clinic)

1b Physical Exam	Clinical service (consult, clinic)
8 Handoff	Clinical service (intern handoffs am/pm) or Teaching Scholar
10 Urgent/Emergent	Clinical service (especially on trauma night)
11 Informed Consent	Clinical service or Teaching Scholar
12 Procedures	Clinical service and skills sessions

EPA 1a: Gather a history & 1b: Perform a physical examination

Students should obtain a focused, organized history and perform a thorough physical examination to identify surgical problems, assess disease severity, and evaluate operative risk. The history should include the chief complaint, history of present illness, past medical and surgical history, medications, allergies, family history, social history, and a relevant review of systems. The physical examination should emphasize vital signs, general appearance, cardiopulmonary status, and a focused examination of the affected organ system, while also assessing for signs of acute illness, infection, bleeding, other surgical complications and anesthetic risk. Findings should be accurately documented and used to develop an appropriate differential diagnosis and initial management plan. Learners need to integrate the scientific foundations of medicine with clinical reasoning skills to guide their information gathering.

EPA 8: Give or receive a patient handover to transition care responsibility.

Effective and efficient handover communication is critical for patient care. Handover communication ensures that patients continue to receive high-quality and safe care through transitions of responsibility from one health care team or practitioner to another. Handovers are also foundational to the success of many other types of interprofessional communication, including discharge from one provider to another and from one setting to another. Handovers may occur between settings (e.g., hospitalist to PCP; pediatric to adult caregiver; discharges to lower-acuity settings) or within settings (e.g., shift changes).

EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management.

The ability to promptly recognize a patient who requires urgent or emergent care, initiate evaluation and management, and seek help is essential for all physicians. New residents in particular are often among the first responders in an acute care setting, or the first to receive notification of an abnormal lab or deterioration in a patient's status. Early recognition and intervention provides the greatest chance for optimal outcomes in patient care. This EPA often calls for simultaneously recognizing need and initiating a call for assistance. Examples of conditions for which first-day interns might be expected to recognize, initiate evaluation and management, and seek help include the following:

1. chest pain
2. mental status changes
3. shortness of breath and hypoxemia
4. fever
5. hypotension and hypertension
6. tachycardia and arrhythmias (e.g., SVT, Afib, heart block)
7. oliguria, anuria, urinary retention
8. electrolyte abnormalities (e.g., hyponatremia, hyperkalemia)
9. hypoglycemia and hyperglycemia

EPA 11: Obtain informed consent for tests and/or procedures.

All physicians must be able to perform patient care interventions that require informed consent. From day 1, residents may be in a position to obtain informed consent for interventions, tests, or procedures they order or perform (e.g., immunizations, central lines, contrast and radiation exposures, blood transfusions). Of note, residents on day 1 should not be expected to obtain informed consent for procedures or tests for which they do not know the indications, contraindications, alternatives, risks, and benefits.

EPA 12: Perform general procedures of a physician.

All physicians need to demonstrate competency in performing a few core procedures on completion of medical school in order to provide basic patient care.

These procedures include:

suturing, knot tying, making an incision, removing drains, placing or removing Foley catheters and NG tubes, wound and stoma care.

Operating Room Environment

The operating room is a unique environment that some students look forward to and some dread. There are moments when excellent teaching can occur and other times where attention to the operation must occur for the safety of our patients. This section aims to give you some insight into the workings of the OR and how to get the best out of your experience.

Preparing for OR cases:

Review the following questions before each case:

- a) Why is the patient having surgery? What surgery are they having?
- b) How did they present, and what was their work up?
- c) What are the other management options for this diagnosis?
- d) What is the major anatomy in the case?
- e) What are the main steps in the surgical procedure?
- f) What are the major complications that can occur from this surgery? How are these managed?

Introduce yourself to the patient in the pre-operative area prior to the case.

The OR team: surgeon, assistant (may be resident, fellow, advanced practitioner, or you), certified surgical technologist (sets up OR tables, passes instruments/equipment to the surgeon), circulating nurse (looks after the patient when awake, ensures non-sterile equipment is available, documents procedural details in EPIC), anesthesiology team (may include attending, fellow resident, CRNA, CRNA student) + YOU! 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.

In the OR, aim to be in the room before the patient. Introduce yourself to the OR team, write your full name on the whiteboard, ask if you need to get your gown and gloves. When the attending arrives, introduce yourself. Participate in surgery as clinically appropriate (retraction, camera driving, skin closure, etc.) The more you practice and demonstrate competence the more you will be allowed to do. We will practice operative skills with you in SEAL during orientation and at the Monday afternoon skills sessions.

If at any point you feel unwell, please step away from the table and let someone know that you don't feel well. Sitting down for a few minutes or stepping out for a cool drink/snack usually fixes the problem. It is not uncommon for this to happen and does not mean surgery is not for you! Tips to prevent this: eat breakfast, minimize caffeine intake, don't get too hot.

Solving Problems during the Surgical Clerkship

If problems with the clerkship arise, we have multiple people who are here to help.

- Your first line support is your clinical team
- Each clinical rotation has a faculty point of contact who has volunteered to help MS2s on rotation if they have any issues. See list below.
- Each term also has an MS3 Teaching Assistant and a Teaching Scholar who are assigned to support you.
- Dr. Jackson is always available to students for questions and concerns - email is favored (**please CC Ben Latta**) but if there are emergency issues then please feel free to text or call.
- Other resources include 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 the above you can contact the Ombudsperson for medical students, you may call Dr. Jean Spaulding's office at 668-3326 or email ombudsman@dm.duke.edu

Faculty Leads for each Rotation

Rotation	Faculty
Duke Raleigh - ACS	Sean Montgomery
Duke Raleigh - Surg Onc	Louise Jackson
DRH - Gen Surg	Phil Fong
DRH - Vascular	Sonny Tucker
VAMC - Gen Surg	Ted Pappas
VAMC - Vascular	Brian Gilmore
Trauma/ACS	Madhu Subramanian
Breast	Kendra Parrish
Endocrine	Randall Scheri
CRS	Julie Thacker
Cardiac	Doug Overbey
Surg Onc	Sabino Zani
Thoracic	Jacob Klapper
Vascular	Brian Gilmore
Transplant	Andrew Barbas
Peds Surg	Tamara Fitzgerald

Professionalism

There are also many seemingly mundane components of our professional lives that are nonetheless required and are part of professionalism. These tasks will continue through medical school, residency and attending life but are essential components of patient care. 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.

Professionalism Expectations

Please note that Professionalism is a high priority as medical students and in your career as a physician. Consistently meeting professionalism expectations is required regardless of performance on all other parameters. A student may fail the clerkship based on unprofessional behavior as assessed by the Clerkship Director in direct communication with any or all of the following: supervisors, patients, families, colleagues, and administrative personnel. Unprofessional behavior includes, but is not limited to: dishonesty including acts of omission, falsifying documentation, misrepresenting work as one's own, pattern of tardiness/unexcused absences, disrespectful language, pattern of not meeting team expectations, not completing all assignments, pattern of not meeting clerkship administrative expectations, requiring multiple prompts to complete assignments, not responding to Duke email communication promptly or not checking Duke email about the clerkship at least once a day.

Failure to meet expectations of professionalism will result in completion of a Professionalism Concern Notification form to the student's Advisory Dean. Serious breaches of professionalism as determined by the Clerkship Director may result in failure of the rotation.

Failure to complete patient, procedure, and duty hour logs by the due date of 8 AM the Monday after the rotation ends 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.

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.** Every student will have at least 1 in 7 days off. For more information: https://medschool.duke.edu/files/field/.../duty_hours_policy.docx.

Dress Code

Professional attire with a white coat 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. **Green OR scrubs are NEVER to be worn outside the hospital.** Any student wearing OR scrubs outside of the hospital will be docked professionalism points and reported to your advisory dean.

Needle Stick Injuries/Blood and Body Fluid Exposures

The most effective means of avoiding exposure is to wear two pairs of gloves, appropriate eye wear, and maintain focus on where your hands and body when near the operative field. 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 immediately. In the operating room this means notifying the circulating nurse. On the wards, it involves paging 115 (The Duke Emergency Page System) and indicate 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 for your safety. It is NOT perceived in any way as a negative reflection on the student, nor is it an imposition on the OR staff. It is not an uncommon occurrence. It is also an important, time-sensitive measure to reduce your health risk from potential exposures and mitigate any future consequences.**

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.

During the surgery clerkship Wednesdays from 1-3 pm are “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 one day prior to the shelf exam for study. Additional time off requests may be considered on an individual basis.

Attendance and Absences

- **Medical education is centered on the needs of patients and communities**
- **Attendance expectations are designed to meet curricular and accreditation requirements as defined by our medical education program objectives and LCME accreditation standards.**
- **Learning is through in-person individual and team-based work**
- **Attendance expectations recognize that life events happen**

Students must attend 90% of mandatory clinical sessions and didactics. Students who miss more than 10% of sessions (for the Surgery clerkship that is more than 3.5 days or 7 half-days) will receive an Incomplete grade and must work with the clerkship director to makeup the time before a grade is submitted.

Any anticipated absence must be requested by submitting the official Kual form in the Surgery Clerkship Resource document and on the SOM website and by notifying the Clerkship Director, Teaching Scholar and Ben Latta.

If you are absent from scheduled duties for urgent or unanticipated reasons, inform your clinical team (resident/attending) as well as the Clerkship Director, Teaching Scholar and Ben Latta. 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 email a provider's note to Mr. Latta before you may return to clinical care.

Missed work such as quizzes must be made up. Make up of missed days may be required.

Link for Duke Student Health - <https://studentaffairs.duke.edu/studenthealth>

Link for MS2 time away form: <https://duke.is/MS2clerkshiptimeaway>

Holidays

When an official holiday occurs during your rotation that is observed by the Medical School, you will have that day off.

Assessment & Grades:

Grading Breakdown

In the Surgery Clerkship, there are multiple components to the final grade. The aim of this is to capture the breadth of skills and efforts put forth by students rather than focus on one specific area. You must receive "satisfactory" in each category to achieve "satisfactory" for the entire course. Final grades are awarded according to the standard Duke University School of Medicine scale: satisfactory or unsatisfactory.

The criteria for grades are:

SPE (Subjective Performance Evaluation) via MedHub:

The largest component of your grade will be a subjective determination of your performance. The SPE 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:

Satisfactory:

The student is routinely prepared for cases, accepts formative feedback and shows progress over the rotation. The student participates enthusiastically in the clinical care of his/her patients and keeps up with administrative assignments. The student reaches 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 interacts with team members consistently in a mature and professional fashion.

Fail:

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

You will receive at least 3-4 different SPEs, these are requested and submitted through MedHub. Evaluations can be made by an attending, resident, intern or advanced practitioner of your choice who you have worked closely with during the rotation. Recognizing the subjective nature of personal interactions, we allow students to have up to three

evaluators of their choosing by notifying Ben Latta. In the event of additional evaluations, all evaluations will be counted equally.

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 most of the 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 complete UWorld questions, 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 $\geq 55\%$, which usually corresponds to about the 2nd percentile.

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 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 scenarios with some mistakes or inefficiencies in differential diagnosis, ordering of ancillary tests, diagnosis or management OR 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 determined by the teaching scholars.

Oral Case presentation:

Students will be required to present a case during the rotation to the Teaching Scholar. It will consist of a brief (10 minute) 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.

Quizzes:

There will be a quiz assigned to each week that corresponds with the lectures for that week. The quizzes are given on topics covered in the lecture series. The questions are modeled on the NBME Shelf and emphasize similar types of clinical reasoning. The quizzes are to be completed by Sunday evening (11:59 pm) of the assigned week. 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 issue of professionalism was addressed above. Key aspects of professionalism on your surgery clerkship include completing administrative tasks, professional behavior towards patients, residents, faculty, learners, and all hospital staff.

MedHub Case Log: Record the core clinical domains are Vascular Disease, Traumatic Injury, Abdominal Pain, Fluid and Electrolyte Abnormalities, Informed Consent, Handoff of Patient Care, Knot Tying, Skin Suturing, Wound care, dressings and drains.

EPAs:

Complete EPAs: 1a, 1b, 8, 10, 11, 12.

Grade Appeals

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. Jackson), your Teaching Scholar, and Ben Latta. This ensures that a meeting gets on my schedule in a timely fashion. 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.

Clerkship Awards

On each rotation the Surgery Department recognizes 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 **Allan Kirk Award for Exceptional Performance on the Surgery Shelf Exam** will be given to students who score in the 90th percentile.
- 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 the examiners.

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. We encourage students to include these awards on their CVs

Evaluation of Residents and Faculty

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. The feedback will be aggregated over multiple surgery clerkship rotations (a minimum of 6 months) and anonymized.

School of Medicine Policies:

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.

Inclement Weather Policy

All School of Medicine students will follow the provost's decision in regard to cancellation of classes. If classes are cancelled, students should not report for any medical school activities (classes, labs, clerkships, clinical assignments, etc.). 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 (919) 684-INFO or the DukeAlert site, emergency.duke.edu, or today.duke.edu, or by visiting the School of Medicine, Office of the Registrar's website, registrar.mc.duke.edu. Severe weather policy information is automatically added to the top of the SoM and SoM registrar's websites when conditions warrant.

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

The Department of Surgery 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.