INTRODUCTION

Welcome to the Department of Surgery!

We are sure that the next 8 weeks are highly anticipated by some, and possibly met with feelings of anxiety by others. It is our sincere hope, however, that both during and after your time with us, regardless of your ultimate career path, you will have gained new and useful knowledge in surgical patient care.

During your surgical clerkship, you will have opportunities to participate in patient care in a very in-depth manner. You will develop new skills and be able to apply them, both now and down the road. In short, though there is much work to be done, and much to learn, the experience is guaranteed to be EXCITING.

It is important to emphasize the one overriding goal of this clerkship: LEARNING. Nothing else takes precedence. Though there are many tasks you will perform and many responsibilities that you will be given please do not lose sight of this very worthwhile goal.

This clerkship is like any other human endeavor: what you get out of it depends on what you put into it. While it will be time consuming and demanding, we do not intend to make you trained surgeons in 8 weeks. We do, however, hope to give you an appreciation of surgical disease, some insight into what surgeons do, and an understanding of "when to call the surgeon" (and also what to do before he/she gets there)! All of you, regardless of ultimate clinical discipline, will take care of patients who have surgical disease and thus we feel your time investment will prove to be worthwhile.

We want you to learn, grow, and enjoy this experience with surgery, one of the essential primary care disciplines. Should any problems arise during your surgery clerkship, please speak with Dr. Haney or Angela Cotton.
COURSE OBJECTIVES
The Core Course in Surgery at Duke in your Clinical Second Year provides the 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 management of surgical problems is essential for the practice of surgery as well as for the proper care of your patients.

Pre-Operative Phase
- Natural history of surgical disease
- Diagnosis of surgical problems: emergent and elective
- Resuscitation of the surgical patient
- Indications for surgical intervention: emergent and elective

Operative Phase
- Identification of the appropriate surgical intervention
- Informed consent
- Surgical anatomy and physiology

Post-Operative Phase
- Postoperative check
- Normal physiologic progress after specific operations
- Postoperative complications: diagnosis and management
- Clinical follow-up and outcomes
Basic Surgical Skill Set
Prepping and draping a patient, suturing wounds, tying knots, placement and removal of tubes, lines, and drains.

**COURSE OVERVIEW**
Throughout the course, emphasis is placed on the most meaningful form of clinical instruction: **PERSONAL study of your patient.** You are assigned to surgical teams during the course and, as such, you are encouraged and expected to participate as a member of that team in the care of your patients. You will participate in the outpatient clinic, the inpatient ward, and in the operating room.

Anesthesiology Block - (Coordinator – Dr. Stuart Grant)
Introduction to the operating room and the principles of anesthesia

**SURGICAL SERVICES:**
The Clerkship is divided into two equal blocks. You will rotate through two of the following rotations. All attempts are made to allow for student preferences when feasible. New rotation offerings for 2016-1017 are highlighted in italics:

*Breast and Endocrine Surgery (new)*
Colorectal Surgery
Hepatobiliary and Surgical Oncology
Trauma and Acute Care Surgery
Vascular Surgery
Abdominal Transplant Surgery

*Pediatric Surgery (new)*

General Thoracic Surgery

Cardiac Surgery

Durham VA General and Vascular Surgery

Duke Regional Hospital General Surgery

*Duke Raleigh Hospital General Surgery (new)*

**RESPONSIBILITY AS A STUDENT**

You will be assigned patients during each rotation block. These patients and their surgeries will be the core of study for you. Throughout the course, major emphasis is placed upon your participation in the total care of your patients. Clinical work during the Surgery clerkship involves:

- Assessing in-patients and out-patients with the faculty and resident staff and participating in counseling and obtaining informed consent;
- Participating in clinic and ward care;
- Observing any and all procedures in the Operating Room, Wards, ICU and Clinics;
- Offering presentations of your patients on ward rounds and Attending Rounds.

You will be expected to prepare for, attend and participate in rotation conferences and teaching rounds.
You are expected to observe your patient's operation and participate in their management in the postoperative period. You will be expected to participate in procedures required during the course of your patient's care. Each of your patient's cases will be reviewed by the team to which you are assigned for the duration of your rotation on a service. Your direct participation is critical and encouraged.

**Professionalism**

Appropriate professionalism is required at all times. Unprofessional behavior may result in a failing grade, regardless of performance in other course requirements. Unprofessional behavior will not only affect your grade but also your standing as a medical student in the University subject to review by not just the Department of Surgery but the School of Medicine as a whole.

**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 24hr period off per week. The Surgery clerkship has been constructed in a fashion to provide learning opportunities consistent with these duty hours goals. Students are also required to keep an accurate log of their hours. Any concerns regarding hours should be voiced to the service residents and to the Clerkship Director. Concerns or potential violations are more easily fixed prospectively, so timely record keeping and anticipation is optimal. As a result of these restrictions, no students are allowed in the hospital for clinical duties on Sunday. For more information: https://medschool.duke.edu/files/field/.../duty_hours_policy.docx.

**Case Logs (Bluedocs)**

Medical students are required to log cases representing the breadth of their clinical exposure on the medical school’s BlueDocs system. A report is generated by the medical school and audited by the medical school accreditation body (liaison committee on medical education, LCME) to help ensure that the medical school is providing adequate clinical exposures. Case logs will be reviewed at the mid-clerkship review to ensure that you are up to date.
**Lectures and Didactic Activities**

In order to maximize the educational opportunities on both the clinical services and in the classroom, we have chosen to conduct our classroom activities on Wednesdays and Saturday mornings. This schedule allows for uninterrupted time with your clinical teams the rest of the week. Wednesday mornings start with Grand Rounds at 7:00 am. Lectures, quizzes and SEAL activities are scheduled until the start of Practice Course at 3:00 pm. On Saturday mornings, sessions are scheduled between 8:00 am and 12:00 pm. Wednesday and Saturday are **NOT** expected to be clinical days, meaning that the residents and attendings are not expecting students to participate in any 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 encouraged or required. Due to duty hour restrictions, students are **NOT** allowed to be in the hospital for any clinical duties on Sunday.

**Clinic**

To gain experience with your surgical patients in the outpatient setting, you will assist in the Surgical Clinic with your surgical team. The surgical teams have several distinct clinic schedules. You shall participate in the clinic designated for your service. Each student should ask their chief surgical resident on their service about attending at least one clinic session per week. New patients with diseases requiring surgical treatment are evaluated and their post-operative follow-up is done with your participation. You will see your patients in all settings with your service attending physician and accompanied by the resident staff.

**Wards**

Surgical patients are admitted to Duke Hospital as part of a surgical team. You, as a member of this team, will participate in all aspects of the clinical care of your patients. This will include: introducing yourself and performing a history and physical examination, collecting the laboratory data, attending diagnostic tests and therapeutic interventions, and participating in your
patient’s primary surgical procedure. ‘Hands-on’ experience is critically important: you will perform necessary and appropriate procedures on your patients under supervision.

You will attend your patient’s primary operation and participate in his or her postoperative management. Read about the natural history of untreated surgical disease, the indications for surgical intervention, the planned procedure, relevant surgical anatomy, postoperative care, potential complications and outpatient follow-up **BEFORE THE CASE.**

It is imperative that you examine your patients daily and follow them closely. You will attend and present your patients on morning ward rounds as determined by your surgical team. New patient histories, daily progress reports, and management plans will be presented to the team. You are encouraged to ask questions and to participate in discussions about diagnosis and therapy.

**Operating room**

Care of your patient requires that you attend in the operating room as an observer and potential participant. This is a privilege that is offered with the understanding that you will have seen and evaluated your patients preoperatively, have a familiarity with the appropriate surgical anatomy, and have acquired an understanding of the basic principles involved in the anticipated surgical procedure. You may also be posted on 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.

**Emergency/Trauma call assignment - (2222 Pager Resident)**
The Emergency/Trauma Call Assignment provides an opportunity for you to become familiar with the evaluation and treatment of acute surgical problems. These experiences allow you to participate in the assessment, diagnosis, resuscitation, and definitive surgical treatment of patients with acute surgical problems. Opportunities for supervised debridement and suturing of wounds and supervised ‘hands-on’ participation in other surgical procedures is an important part of this experience, and your participation is expected. The Consult Senior Surgical Resident (970-2222) and the In-House Chief will guide you and will review practical aspects of Emergency Surgical Care problems with you during your call time. In order to optimize the experience, call has been limited to Friday and Saturday nights commencing at 6:00 p.m. and ending at midnight. Every student will be assigned one call night on the rotation, with two students on call per shift. In the event that there are Fridays and Saturdays in the rotation without assigned students, students may volunteer for additional call shifts based on interest and availability. Per the call schedule, students will sign out one of the Medical Student Trauma pagers for the evening.

**Surgical skills**

You will participate in an active fashion in the performance of procedures and in and out of the Operating Room. This hands-on experience is of critical importance. You shall perform necessary and appropriate procedures on your assigned patients under direct supervision. While on-call, you shall perform appropriate procedures as required during the course of night call. All procedures will be performed under the direct supervision of your resident and/or attending. There will be structured learning opportunities to practice these skills in the SEAL (Surgical Education and Activities Laboratory) during your clerkship.

**STUDENT RESOURCES**
Pagers
It is your responsibility to provide your Chief Resident with the correct page identification number or phone number at your discretion in order that you may be called for emergencies, rounds, etc.

The Surgical Education and Activities Lab (SEAL Lab)

Learning
Our Surgical Education and Activities Laboratory (SEAL) is designed to provide a comprehensive learning environment that can meet the needs of learners who are at different levels and represent various disciplines. We have already successfully trained attending physicians, surgical residents, fellows, medical students and physician assistants. This year we continue to make advances and have increased our learner pool by adding undergraduate physician assistants, nurses and industry staff to our roster of learners.

Teaching
The curriculum of the SEAL is integrated with the overall resident curriculum. The SEAL supplements the didactic curriculum content and prepares the residents for clinical skills required on the ward and in the operating room or emergency department. A web-based version of the didactic content complements lectures and incorporates objectives and a post-test. Topics for minimally invasive surgery didactics are included in the lecture series and online curriculum in addition to the skills addressed in the lab. This assures a fundamental knowledge base for all learners.

Competencies
Rotations in the SEAL address some of the core competency areas essential for a surgical resident curriculum. Some of these key components include:
• Patient Care: We supplement standard rotation content with skills curricula, both rotation specific and core. Testing for the skills is SEAL based, and can be assessed with a case-based operative skills evaluation tool. Remediation is based on both clinical skills assessment as well as skills lab standardized testing.

• Practice Based Learning and Improvement: The SEAL provides access to an extensive web-based library of tools with links to outside resources: video libraries, mdconsult, etc. Some didactic training on basic skills for the web-based tools is part of the curriculum.

• Systems Based Practice: ICD-9 coding and CPT codes are covered in the available on-line resources. Discussion of billing levels is part of the didactic curriculum.

• Interpersonal and Communication Skills: The SEAL coordinates a team-training and interaction retreat for the junior residents and a leadership retreat for the seniors and chiefs.
Simulation curriculum for the medical student clerkship (M2) rotation

Welcome to Duke Surgery, Surgical Education & Activities Laboratory (SEAL).

Simulation provides safe and realistic learning environment for skill development in surgery. As medical students, you are expected to know various basic procedures by the end of your rotation. At SEAL, you shall be provided with structured learning program along with self-directed practice to develop these skills.

Curriculum:
The Students shall be divided in two groups of 10-12 students each so as to facilitate maximum hands-on training for all participants.

<table>
<thead>
<tr>
<th>Class (45 min)</th>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>• Suturing &amp; knot tying,</td>
<td>Basic laparoscopy:</td>
</tr>
<tr>
<td></td>
<td>• Suture removal</td>
<td>• Camera targeting,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Peg transfer</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Cholecystectomy</td>
</tr>
<tr>
<td>2.</td>
<td>Basic laparoscopy:</td>
<td>• Suturing &amp; knot tying,</td>
</tr>
<tr>
<td></td>
<td>• Camera targeting,</td>
<td>• Suture removal</td>
</tr>
<tr>
<td></td>
<td>• Peg transfer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Cholecystectomy</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>• Post-operative complications (iStan),</td>
<td>• Wound care,</td>
</tr>
<tr>
<td></td>
<td>• Basic ultrasonography</td>
<td>• Surgical prepping &amp; draping,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Placement and removal of tubes &amp; lines</td>
</tr>
<tr>
<td>4.</td>
<td>• Wound care,</td>
<td>• Post-operative complications</td>
</tr>
</tbody>
</table>
**CONFERENCES**

**Wednesday Surgical Grand Rounds**

General Surgery Grand Rounds begins at 7:00 a.m. in Duke North, Room 2002, 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. “Kirk Rounds”, led by Dept Chairman Dr. Kirk, occur at 4.30pm on Thursdays, location varying (service residents will know). General surgery “Chief Conference”, an academic conference with resident presentations, occurs at 4:30pm on Fridays in HAFS conference room 7683A. Students are excused from clinical duties whenever possible to attend these high value activities (at the discretion of the service chief resident). Additional conferences within the department of surgery are to be attended on a rotation-specific basis.

---

**STUDENT EVALUATIONS AND GRADES**

**Mid-clerkship Review**

At the midpoint of the Clerkship you will be scheduled to meet with the Clerkship Director to discuss your progress and areas to focus on for the remainder of the term.

---

**FINAL GRADE**

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 of effort. The grading components are as follows:

Clinical Evaluations (40%)
Quizzes (10%)
Oral Examination (10%)
Written Case Report (10%)
Oral Case Presentation (10%)
Shelf Examination (20%)

Final grades are awarded according to the standard Duke University School of Medicine scale: Honors, High Pass, Pass or Fail. There is no curve for the grades; all students on every rotation are eligible for Honors. The criteria for grades are as follows below:
Honors 92-100
High Pass 80-91
Pass 60-79
Fail <60

Clinical Evaluations: 40% of Final Grade
At the end of each rotation, the Chief Resident or Fellow you have worked with will complete an evaluation on your performance. You will thus have two evaluations, one from each rotation. Students may elect to have a third evaluation filled out by a physician of their choosing and may do so by notifying Angela Cotton. This may be a resident or fellow or attending with whom they have worked with closely (note: the decision to include a third evaluation will occur without knowing the content of that evaluation). In the event of a third evaluation, all three evaluations will be counted equally. This third evaluation is entirely optional.
Each of the two (2) rotations will comprise 20% for a total of 40% of your final grade. If a third evaluation is chosen, each evaluation will count 13.3%. 
**Quizzes: 10% of Final Grade**

There will be four (4) quizzes per term given on Wednesdays. 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. Topics will include:

- Breast Cancer
- Benign biliary
- Endocrine
- Colorectal
- Pancreas
- GI bleeding
- Bowel obstruction
- GERD
- AAA
- Hernia

The quizzes are graded on a curve based on cumulative performance: the top 1/3rd of scores will receive 10 points, the middle 1/3rd will receive 7 points, and the bottom 1/3rd will receive 4 points. The curve is necessary to provide for fairness across the academic year; as the year progresses, the raw score on the quizzes (as with the shelf) improves significantly (last year, the first rotation mean was 55%; final rotation mean was 77%). Assuming a random distribution of students throughout the year, the curve helps allow students to maintain a similar opportunity to achieve honors whether they rotate in the fall or in the spring.

**Oral Exam: 10% of Final Grade**
A Department of Surgery faculty member gives the Oral Examination during the mid-term of the course. The schedule will be emailed to you the week prior to the oral exams. Below are the ten (10) topics for the oral exam. The faculty member you have your orals with will ask you about three (3) of these topics. You will be asked about the preoperative (work up and differential diagnosis), intraoperative (anatomy, basic surgical approach), and postoperative (complications) periods.

Abdominal Aortic Aneurysm
Acute Appendicitis
Bowel Obstruction
Breast Cancer
Cholelithasis
Colorectal Cancer
Gastrointestinal Bleeding
Lung Cancer
Pancreatitis
Peptic Ulcer Disease

Faculty will be grading based on the following criteria:

Obtain suitable history and physical
Develop a working list of differential diagnosis
Obtain suitable laboratory and radiologic investigations
Develop a suitable management/intervention plan
Presentation style (logical, succinct, good understanding of material)

Grading will be Pass/Fail. A passing grade will be equal to 10 points. Students who receive a failing grade (50% or below) must retake the oral exam, and upon passing, will be given 5 points.

The clerkship coordinator will email oral exam assignments (date/time/faculty member/location) the week before the oral exams.

**Written Case report: 10% of Final Grade:**

Students are required to submit a 2-3 page case report submitted before the mid-clerkship review. The case report is intended to describe a patient/case that you have seen. The goal of the report is to provide context for the role surgery plays in treating a disease process. Approximately 25% of the report should include an efficient summary of the patient presentation, the operation performed and the patient outcome. Roughly 75% of the report should be dedicated to discussing the disease and the role surgery plays in its management. The reports will be evaluated based on the logic and efficiency of their case presentation and the quality of their discussion and understanding of the disease and surgical intervention. Note: the patients used for case report and oral case presentation must be different.

**Oral Case presentation: 10% of Final Grade:**

Students will be required to present a case at the end of the rotation. The oral presentation will be limited to 10 minutes and may include limited slides. It will consist of a brief case presentation, discussion of the epidemiology of the disease, the pathophysiology, surgical management of the problem including indications and contraindications and conduct of the operation. The presentation will be graded on logic and efficiency of presentation. Note: the patients used for case report and oral case presentation must be different.

**Shelf examination : 20% of Final Grade:**
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 (an emergency medicine exam, an acute care medicine exam, etc), but it is NOT an intraoperative surgery examination. 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. The Shelf counts for 20% of the final grade, and there is no minimum passing score. As with most things, 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.

**Student Social**

A student social is held at the beginning of each term. This is a casual opportunity for you to meet the Department of Surgery Faculty, Residents and Research Fellows on an informal basis.

**Needle Stick**

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. 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 involves 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, but should also 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. 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.
APPENDIX I: The Academic Dismissal Policy of the Duke University School of Medicine

Any student who fails a for-credit course, whether offered by Duke University School of Medicine or by another school where enrollment in a course is intended for credit toward graduation from Duke University School of Medicine or a joint degree program, in any of the years of the curriculum, shall be deemed to be on “academic warning.” The Vice Dean or his/her designee will notify the student in writing of the status. The student’s transcript will reflect the status. The student shall remain on academic warning until a passing grade is achieved for the course. At such time, the warning will be removed from his/her record.

Any student who fails a for-credit course while on academic warning shall be deemed to be on “academic probation” and will be notified of such in writing. The students’ transcript will reflect the status. The student remains on academic probation until a passing grade is achieved for the course, at which time the probation will be removed from the transcript.

Any student who fails a for-credit course while on academic probation shall be dismissed from medical school on academic grounds and shall not be allowed to remediate the third course. The student will be notified in writing of the dismissal, which will be reflected on the student’s transcript.

A student on academic warning or academic probation may be prohibited from progressing to a subsequent academic year or may be prevented by the Promotions Committee from taking other courses until the student achieves a passing grade for the failed course(s).
The procedure and requirements for achieving a passing grade for a failed course are to be determined by the Course Director or his/her designee and the Promotions Committee.

Consistent with the Duke University School of Medicine Doctor of Medicine Program guidelines, if a student fails a course, the grade of Fail is recorded on the student’s permanent record and cannot be removed, even after successful remediation.

A student on academic warning or probation may withdraw from the School under the Leave of Absence policy in an attempt to remediate the underlying problem(s) producing poor academic performance. He/she may re-enter the School in accordance with the dictates of the Leave of Absence policy.

*Students may appeal their academic warning, academic probation, or notification of dismissal according to the Promotions Committee policies outlined in the Duke University School of Medicine Doctor of Medicine Bulletin.*
Appendix II - Medical School Evaluation

Resident Evaluation of Medical Student - Clinical Skills Assessment Form (Final V3)

I attest that I have not provided direct health care services to this student.*

Please indicate the number of unique patients upon which this assessment is based.*

Please indicate the duration of contact (in number of days) you had with this student.*

Housestaff potential:* 

Grade Scale

Grade Scale - INTERNAL MEDICINE

Grade Scale - FAMILY MEDICINE

Grade Scale - PEDIATRICS

Grade Scale - PSYCHIATRY

Grade Scale - NEUROLOGY

Grade Scale - OB/GYN

Scale Grade - SURGERY

The link to the Duke SOM core expectations/goals for learners in the MD program may be reviewed by clicking on the above attachment.
Grade Scale - RADIOLOGY

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>(60-75)</td>
<td>Fail</td>
</tr>
<tr>
<td>(76-89)</td>
<td>Pass</td>
</tr>
<tr>
<td>(90-100)</td>
<td>Honors</td>
</tr>
</tbody>
</table>

Suggested numerical grade: *

Overall narrative comments: * Please note strengths and weaknesses.

Please indicate whether this student demonstrated each of the following behaviors. To assist the student, place a check mark(s) next to skills which need improvement.

### 1. History

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>Partially</td>
<td>Yes</td>
<td>Not observed</td>
</tr>
</tbody>
</table>

**Areas for improvement (check all that apply):**
- Patient-centered interview skills
- Clinical reasoning to help focus questions
- Organization and efficiency in obtaining information
- Identifying pertinent history elements
- Demonstrating cultural awareness
- Completeness of history, include more key elements
- Focusing the history
- Including relevant positive and negative elements
- Questioning technique
- Use direct patient data versus medical record

**Additional comments/Other:**

### 2. Physical exam

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>Partially</td>
<td>Yes</td>
<td>Not observed</td>
</tr>
</tbody>
</table>

**Areas for improvement (check all that apply):**
- Efficiency in gathering exam information
- Focus PE exam based on patient's history
- Thoroughness
- Interpretation of findings
- Identify pertinent negative findings
- Basic exam techniques (specify system below)
- Clerkship specific exam techniques
- Observing cultural/gender/race concerns
3. Differential Diagnosis

Develops a focused appropriate differential diagnosis for patient’s problem

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Partially</td>
<td>Yes</td>
<td>Not observed</td>
</tr>
</tbody>
</table>

Areas for improvement (check all that apply):
- Developing a reasonable focused working diagnosis
- Critically evaluating the findings supporting the differential
- Identifying inconsistencies in exam or history with the differential
- Focusing differential on the most likely explanations for the patient’s problem
- Organizing the differential on likelihood
- Documenting the clinical reasoning that supports the differential
- Using information technology to refine differential
- Use new information to update/prioritize differential

Additional comments/Other:

4. Diagnostic studies

Recommends an appropriate diagnostic plan and provides rationale

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Partially</td>
<td>Yes</td>
<td>Not observed</td>
</tr>
</tbody>
</table>

Areas for improvement (check all that apply):*
- Prioritizing diagnostic tests
- Appropriate testing for patient’s condition
- Rationale for ordering tests
- Using EBM/clinical reasoning for testing decisions
- Cost-awareness/risk-benefit analysis in testing
- Interpreting results of basic diagnostic studies
- Recognizing abnormal test results

Additional comments/Other:

5. Assessment

Identifies key clinical questions and retrieves appropriate evidence in care of patients

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Partially</td>
<td>Yes</td>
<td>Not observed</td>
</tr>
</tbody>
</table>

Areas for improvement (check all that apply):
- Focusing pertinent clinical questions
- Evaluating quality of scientific evidence
- Using scientific evidence to assist with patient care
- Communicating findings to the health care team
- Demonstrate more curiosity

Additional comments/Other:
<table>
<thead>
<tr>
<th>6. Documentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides accurate, focused and well organized documentation of clinical encounter.</td>
</tr>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>Areas for improvement (check all that apply):</td>
</tr>
<tr>
<td>☐ Efficiency of documentation</td>
</tr>
<tr>
<td>☐ Accuracy of documentation (specify section below)</td>
</tr>
<tr>
<td>☐ Organizing a problem list</td>
</tr>
<tr>
<td>☐ Rationalizing the differential diagnosis</td>
</tr>
<tr>
<td>☐ Creating a focused differential</td>
</tr>
<tr>
<td>☐ Organizing &amp; prioritizing information</td>
</tr>
<tr>
<td>☐ Formulating a management plan</td>
</tr>
<tr>
<td>☐ Synthesizing information into a cogent narrative</td>
</tr>
<tr>
<td>☐ Include more clinical reasoning in notes</td>
</tr>
<tr>
<td>☐ Timeliness of record documentation</td>
</tr>
</tbody>
</table>

Additional comments/Other:

<table>
<thead>
<tr>
<th>7. Oral Presentation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral presentation is accurate, organized and concise.</td>
</tr>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>Areas for improvement (check all that apply):</td>
</tr>
<tr>
<td>☐ Organization of presentations</td>
</tr>
<tr>
<td>☐ Being more concise in presentations</td>
</tr>
<tr>
<td>☐ Focusing on the key patient specific elements of a presentation</td>
</tr>
<tr>
<td>☐ Including more pertinent positives and negatives</td>
</tr>
<tr>
<td>☐ Better highlighting the key active issues</td>
</tr>
<tr>
<td>☐ Communicating areas of uncertainty</td>
</tr>
<tr>
<td>☐ Modifying presentation based on audience, amount of time, purpose, and specialty</td>
</tr>
<tr>
<td>☐ Preserving patient confidentiality and privacy</td>
</tr>
</tbody>
</table>

Additional comments/Other:

<table>
<thead>
<tr>
<th>8. Interprofessional Interactions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interacts appropriately with different health professionals based on their role in the care of an individual patient</td>
</tr>
<tr>
<td>☐ No</td>
</tr>
<tr>
<td>Areas for improvement (check all that apply):</td>
</tr>
<tr>
<td>☐ Contributing within one's role to optimize care and team functioning</td>
</tr>
<tr>
<td>☐ Understanding of the roles of health professionals</td>
</tr>
<tr>
<td>☐ Respecting and appreciating team members</td>
</tr>
<tr>
<td>☐ Ask more clarifying questions when uncertain</td>
</tr>
<tr>
<td>☐ Listen more carefully</td>
</tr>
</tbody>
</table>
9. Professionalism

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td>Partially</td>
<td>Yes</td>
<td>Not observed</td>
</tr>
</tbody>
</table>

Student demonstrates all aspects of professionalism in interactions with others

Areas for Improvement (check all that apply):

- Compassion and respect for patients/families
- Balancing personal and patient care needs
- Interactions with other members of the health care team
- Dependability in fulfilling responsibilities
- Timeliness
- Utilizing feedback to improve performance
- Recognizing one’s own personal limits and when to seek assistance

Additional comments/Other:
## Oral Examination Evaluation Form

### Core Course in Surgery

<table>
<thead>
<tr>
<th>Topic 1:</th>
<th>Points (0-2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtain suitable history and physical</td>
<td></td>
</tr>
<tr>
<td>Develop a working list of differential diagnosis</td>
<td></td>
</tr>
<tr>
<td>Obtain suitable laboratory and radiologic investigations</td>
<td></td>
</tr>
<tr>
<td>Develop a suitable management/intervention plan</td>
<td></td>
</tr>
<tr>
<td>Presentation style (logical, succinct, good understanding of material)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Topic 2:</th>
<th>Points (0-2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtain suitable history and physical</td>
<td></td>
</tr>
<tr>
<td>Develop a working list of differential diagnosis</td>
<td></td>
</tr>
<tr>
<td>Obtain suitable laboratory and radiologic investigations</td>
<td></td>
</tr>
<tr>
<td>Develop a suitable management/intervention plan</td>
<td></td>
</tr>
<tr>
<td>Presentation style (logical, succinct, good understanding of material)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Topic 3:</th>
<th>Points (0-2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtain suitable history and physical</td>
<td></td>
</tr>
<tr>
<td>Develop a working list of differential diagnosis</td>
<td></td>
</tr>
<tr>
<td>Obtain suitable laboratory and radiologic investigations</td>
<td></td>
</tr>
<tr>
<td>Develop a suitable management/intervention plan</td>
<td></td>
</tr>
<tr>
<td>Presentation style (logical, succinct, good understanding of material)</td>
<td></td>
</tr>
</tbody>
</table>

### Overall Grade (1-5):

<table>
<thead>
<tr>
<th>Comments:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examiner:</td>
</tr>
</tbody>
</table>

---
Appendix IV: Dress Code

The Department of Surgery does maintain a Dress Code Policy. The purpose of the policy is to enhance patients' confidence in the members of the Department as highly competent members of a healthcare team who are strongly committed to quality service. The intention of this policy is to be respectful and adaptive to these considerations providing clarification as to what is expected regarding dress and attire for employees, faculty, residents, and students of the Department.

It is vital that employees, faculty, residents, and students dress/appearance support the safety, sanitation, environmental, legal and customarily acceptable requirements of their position in the Department’s healthcare team.

1.) The following list includes appropriate dress/appearance for the workplace during normal working hours.

Everyone:

i. Photo ID badges should be worn and visible at all times (including the OR).
ii. Aftershave, cologne and perfume should be applied sparingly.
iii. Jewelry should be appropriate and not excessive. No foot or toe jewelry should be worn at work. No visible studded body piercings (except ears) are recommended. However, if piercing jewelry (including ears) is worn it should be conservative and minimize attention.
iv. Appropriate undergarments should be worn.
v. No exposed midriff, belly button, or cleavage.
vi. Shoes should be neat, clean and in good repair.
vii. All clothing should be clean, pressed and in good repair.

Women:

i. Dress slacks, khakis, professionally tailored loose-fitting capris pants or skirt with dress shirt, blouse or sweater (jacket optional).
ii. One or two piece dress.
iii. Business suit.
Men:

i. Dress slacks or khakis, collared dress shirt, or turtle neck (tie and jacket optional but preferred).

ii. Business suit.

Clinical staff:

i. Coordinated, hospital-specific scrubs or clinical uniform and lab coats for appropriate clinical personnel should be worn.

ii. Lab coats over office attire when interacting with patients.

iii. Scrubs may be worn by appropriate clinical personnel in the OR, ED, ICU and other approved clinical settings. On extreme occasions, when consecutive and/or multiple OR cases are scheduled, scrubs maybe worn in urgent/ emergent/ non-routine ambulatory settings.

iv. Scrubs that violate the sterile barrier should be changed prior to re-entering the OR and/or clinical area.

v. Shoe covers and OR hats should never be worn outside of the operating room.

vi. As specified by OSHA, personnel in direct care areas must wear socks or stockings accompanied by shoes with enclosed toes. Shoes should be clean and in good repair.

vii. Hair shall be short enough or contained in such a manner that it does not come in contact with the patient.

viii. Fingernails should be clean, neat, moderate length and well maintained. Artificial fingernails will not be worn by employees providing direct patient care.

2.) The following list of clothing will not be allowed in the Department of Surgery during normal working hours:

- Denim jeans of any color
- Tight pants
- Leggings or stirrups
- Clam digger length Capris, cargo style Capris, and/or draw string bottoms
- Bib overalls
Spaghetti straps or low cut or cropped blouses, shirts or dresses
Short skirts (less than 2 inches above the knee) or skorts
Shorts
Halter or tank tops
Sweatshirts or sweatpants
T-shirts
Low cut or “V” collar shirts
Headgear of any kind (exceptions made for religious and cultural expression)
Beach sandals or flip flop
Appendix V

Directions To Surgical Education And Activities Lab (SEAL)

Take the Blue elevator to the third floor. Turn left off the elevator and go almost to the end of the building into the “White Zone”. The SEAL Simulation Lab will be on your left – Room 3570, the conference room is 3573.

Directions to Dr. Kirk’s office, 7690 HAFS Building

When you enter the double doors, turn left. Go to the end of the hall entering the Chair’s Suite.

Directions to Faculty Center

From the Hospital, take the walkway on the first floor to the Medical Center Library.

At the end of the breezeway the Medical Center Library will be in front of you, instead of going to the left to head to the library entrance turn right.

The Faculty Center is immediately on the left.
Appendix VI

Time-Away Requests

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 you are not able to attend to your duties due to illness it is your 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.
- Make appointment with Student Health and provide release to return to clinical duties to Dr. Haney and Cheryl Bennett.
- 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 you 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. It is your 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 8 weeks prior to the scheduled clinical or academic event.
- Last minute requests will not be granted in non-emergent 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 BlueDocs under course materials.
- If time away is required that exceeds minimal attendance guidelines for the course, discuss with your Advisory Dean options for dropping the course or taking a leave of absence.
APPENDIX VII

Helpful web links

DUMC Library: http://www.mclibrary.duke.edu/find/ebooks/alphabetical


Websurg: http://websurg.com/

Duke Surgery Website for Medical Students: http://surgery.duke.edu/education-and-training/doctor-medicine

MedU: http://clipp.instruct.de/player/app/homepage.html