Clinical Core in Surgery Clerkship

Medical Student Handbook

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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)!

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 Cheryl Bennett.
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 who present to your office, hospital medical ward, or emergency department.

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:
Gold: Colorectal Surgery (Drs. Mantyh, Thacker, Migaly)
     Minimally Invasive Surgery (Drs. Pappas, Perez and Lagoo)
Silver: Oncologic and Endocrine Surgery (Drs. Sosa, Roman and Scheri)
Blue: Hepatico-Pancreatico-Biliary Surgery (Drs. Pappas, White, Blazer)
Red: Trauma Surgery (Drs. Vaslef, Shapiro, Brooks, Scarborough)
Green: Vascular Surgery (Drs. Shortell, McCann, Lawson, Mureebe, Cox)
Purple: Transplant Surgery (Drs. D. Sudan, Collins, Vikraman, Ravindra, Brennan)
Thoracic Surgery: (Drs. D'Amico, Davis)
Durham VA General and Vascular Surgery: (Drs., Seigl, Shortell)
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, SICU, ACU and Clinics;
- Offering presentations of your patients on ward rounds and Attending Rounds.

You will see your patients preoperatively, either in the clinic, the preoperative waiting area, or as inpatients.

You will be expected to prepare for, attend and participate in all 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.
**Lectures and Grand Rounds**

Lectures and Grand Rounds are mandatory; sign-in sheets will be available at each of these events. These events will be scheduled on Wednesdays between 8:00 am – 3:00 pm, and on Saturday mornings 8:00 am – 11:00 am.

**Setting up access to patient information software**

There are several applications that you will need to access while you are on Surgery to obtain patient information. Most of the applications you have to set yourself up for, directions included below.

To access PACS: Complete the training at the LMS website: https://bcw-lmsa.duhs.duke.edu/Saba/Web/Main. After the training is complete, an account will be created in about 24 hours.

Patient information is entered in Caredoc by Nursing Personnel. Viewing rights only are available at eBrowser.

**Changing Pager Status**

- **Change your pager status and coverage**
- Dial your pager number (970-xxxx)
- At the greeting, press *(star), #(pound).
- Enter your security code (Duke Unique ID), then press #.
- From the menu, press 1 (to change page status or coverage).
- Select one of the following options:
  - 2 - On page
  - 3 - Not on page
  - 5 - Change coverage, then select either: 1 (Enter a covering ID) 2 (Delete coverage exception)
  - 6 - Available emergency only
  - 7 - Referred to another number
  - 8 - In surgery -- call operating room
**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 two (2) clinic days 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 at the morning (6:00 AM) and afternoon ward rounds with the surgical team. New patient histories, daily progress reports, and management plans will be presented to the team. Daily progress notes will be written on the chart and reviewed with 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. All elective cases will be assigned and posted on the afternoon before surgery. 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. If you have a conflict with a conference or clinic, please e-mail the Program Coordinator or the Course Directors to resolve this conflict. It is assumed that you will attend all surgeries and procedures performed on your patients.
CALL

Coverage Assignments - (2222 Pager Resident)

The Emergency/Trauma 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) will guide you and will review practical aspects of Emergency Surgical Care problems with you during your call time. Call will be limited to Friday and Saturday nights commencing at 6:00 p.m. and ending at midnight. Per the call schedule, students will sign out one of the Medical Student Trauma pagers for the evening.

On-Call Duties

You will be "on call" during the course. When taking call you will be assigned to one resident and spend the entire call period with that resident unless you are needed by the Chief Resident. This learning experience is extremely valuable, and will provide you with opportunities to participate in ward care, to learn about the management of critically ill surgical patients and to see a variety of patients in the immediate postoperative setting, and through the course of their recovery from surgery. Occasionally you will be invited to go to the Operating Room when you are on call.

Call Schedule

All requests for changes to the schedule must be submitted to the Clerkship Coordinator noting the reason for the request to change.
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 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>
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<tbody>
<tr>
<td>1.</td>
<td>• Suturing &amp; knot tying,</td>
<td>Basic laparoscopy:</td>
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<td></td>
<td>• Suture removal</td>
<td>• Camera targeting,</td>
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<td>• Peg transfer</td>
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<td>• Cholecystectomy</td>
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<td>Basic laparoscopy:</td>
<td>• Suturing &amp; knot tying,</td>
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<tr>
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<td>• Camera targeting,</td>
<td>• Suture removal</td>
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<td>• Peg transfer</td>
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<tr>
<td></td>
<td>• Cholecystectomy</td>
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<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>4.</td>
<td>• Wound care,</td>
<td>• Placement and removal of tubes &amp; lines</td>
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</table>
<pre><code>           | • Surgical prepping &amp; draping,                                          |                                                                         |
           | • Placement and removal of tubes &amp; lines                                |                                                                         |
</code></pre>
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.

Eating during Surgical Grand Rounds is not permitted. Tardiness is not optional.

Additional Conferences within the Division of General Surgery

Transplant:
Liver Transplant Listing Conference Tuesdays at 4:00 p.m., check with fellow or resident regarding location.
Kidney Transplant Listing Conference, Thursdays at 12:00 p.m., in Duke South 2993
Transplant Journal Club, third Tuesday of the month, 12:00 p.m., check with fellow or resident regarding location.

Vascular:
Journal Club second Tuesday of the month at 6:30 p.m., check with fellow or resident regarding location.
D&C, third Wednesday of the month at 8:00 a.m. in Duke South 4275.
Multidisciplinary Vascular Conference, Fridays at 7:00 a.m. in Endosurgery Conference Room

Trauma/Critical Care:
Trauma Management Review, Thursdays at 10:00 a.m. in Radiology Conference Room, DN
Critical Care Grand Rounds, Thursdays at 12:00 p.m. in Duke North 2003

Blue – Gastrointestinal Surgery
GI conference, Tuesdays 7:30 -8:30 am, check with fellow or resident regarding location.

Silver – Oncology Surgery
Melanoma Conference Fridays at 8:00 am

Breast Conference Mondays at 4:00 pm.

Thoracic Surgery
Grand Rounds Wednesday at 7:30 am – 8:30 am, 7683 HAFS

VAMC-Durham
Attending Ward Rounds, Mondays at 7:00 am

Multi-disciplinary Gastrointestinal conference, Tuesdays at 3:00 pm
STUDENT EVALUATIONS, DISCUSSIONS, AND GRADES

Mid-clerkship Discussion
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.

At the clerkship mid-point, patient logs are to be emailed to the coordinator in excel.

Student Evaluations for Surgery Rotations
At the end of each rotation, the Chief Resident or Fellow you have worked with should complete an evaluation on your performance. It is up to each student to obtain the evaluation and turn it into the Clerkship Coordinator.

FINAL GRADE
Final grades are awarded according to the standard Duke University School of Medicine scale: Honors, High Pass, Pass or Fail.

Rotations: 50% of Final Grade
Each of the two (2) rotations will comprise 25% for a total of 50% of your final grade.

Quizzes: 10% of Final Grade
There will be four (4) quizzes per term given on Wednesdays.

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.

Case write-up: 10% of Final Grade
Submit a 2-3 page case presentation, to include disease pathophysiology and the role of surgical intervention.

Written Exam: 20% of Final Grade
At the conclusion of the term, the SHELF Exam in Surgery is given. The written examination is scheduled on the final day of the term at 1:30 p.m.

Failure to comply with expectations, i.e. submitting duty hours, patient logs, etc. is considered unprofessional and may result in a student’s inability to sit for quizzes and potentially the SHELF.

**Oral Exam**

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
Cholelithiasis
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 (below 60) may be eligible to 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.
Dress Code

The Department of Surgery does maintain a Dress Code Policy. The purpose of the policy is to enhance patients confident 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 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. However, scrubs should be covered by a full lab coat or “bunny suite” when outside of the direct patient care area. This includes travel to cafeteria for meals.

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
**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**

Should you suffer a needle stick or blood exposure while on this, or any other rotation in the entire Duke Health System, as a Duke Medical Student, page 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**.
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 I

Quiz topics, dates TBA

Benign Disease of the Biliary Tract and Pancreas
PUD
Gerd
Achalsia

IBD
Diverticulitis
Colorectal Cancer
Bowel Obstruction

GI Bleed
Pancreatic Cancer
AAA
Hernia

Breast Cancer
Thyroid Mass,
Hyperparathyroidism,
Adrenal Mass
APPENDIX II

Suggested templates for you to use in the medical record

Admission/Post-Operative Orders:

Admit: Floor/Service/Attending M.D.; e.g. 2100/General Surgery/Dr. Pappas
Diagnosis: Disease and s/p procedure (if appropriate)
Condition: Good, fair, critical
Vitals: Per routine (q8hrs on regular floor), more frequently depending on patient status
Activity: e.g. Bed rest, elevate HOB 30°, ad lib, out of bed to chair, ambulate tid
Allergy: List drugs and reactions
Nursing: For most post-op patients: strict I/O, tubes and drains care and output (Foley, NGT, drains), SCDs, dressing changes, wound care, accuchecks in diabetic patients (apply appropriately for each specific patient)
Diet: e.g. NPO, sips, clears, fulls, regular, ADA 2200 kcal
IVF: Normal post-op fluids are isotonic solutions with glucose (D5LR, D5NS) with potassium administered according to patient’s weight and renal function
Medications: Review H&P for patient’s medications; also consider pain meds, perioperative antibiotics, ulcer prophylaxis, anti-emetics
Labs: Does patient need labs in PACU? Patients who are NPO usually get a minimum of a Chem 7/electrolytes, and CBC in the morning after surgery
Call H.O. for: Arrival to floor (give intern name if known); temperature ≥ 38.5, SBP and DBP, pulse, and RR parameters (patient specific)

Pre-Op Note:

A brief history of the patient includes the planned procedure, indication for the procedure (their particular disease or injury), and pertinent past medical/surgical history: especially cardiac and pulmonary history. You will also want to note if the patient regularly takes steroids, as they will need stress dose steroids perioperatively.
The following information should follow. Check off each one in the chart as it is done and report results of tests:

- Informed Consent
- Preoperative Orders (NPO, perioperative antibiotics, Hibiclens shower, IV Fluids, and TEDs/SCDs if indicated)
- UA
- T&S (crossmatch units if indicated)
- CXR
- EKG
- Labs (CBC, Chem CS, PT/PTT, and other labs as indicated)

**Brief Op Note:**

**Pre-Op Diagnosis:**

**Post-Op Diagnosis:**

(The pre-op diagnosis, and post-op diagnosis will often be the same in elective cases. They may differ in emergency cases where there is a general pre-op diagnosis, such as ‘Intra-abdominal hemorrhage from blunt trauma,’ or ‘Acute abdomen.’ In these emergencies, the general pre-op diagnosis is clarified in the post-op diagnosis, e.g. ‘Acute abdomen’ as a pre-op diagnosis becomes ‘Perforated duodenal ulcer’ as the post-op diagnosis.)

**Procedure:** Fully describe all parts of the procedure, e.g. “Exploratory laparotomy for GSW to abdomen, liver packing, resection of jejunum with primary anastomosis, repair of IVC injury, placement of feeding jejunostomy”

**Surgeons:** List in order: Attending Surgeon, then housestaff, then medical students

**Anesthesia:** General endotracheal, spinal, local, MAC

**EBL:** Derived from anesthesia record

**I/Os:** Derived from Anesthesia record: include a breakdown of crystalloid, colloid, and blood products (ask anesthesia, they expect this question)

**Complications:** ask Resident

**Findings:** Description of intraoperative findings that influenced the choice of surgical procedure

**Specimen:** Microbiology and Surgical Pathology. List what was sent to the lab. If you sent a frozen section or a Gram’s Stain, record the intraoperative results.
**Closure/Drains:** Location and how drains are labeled. This is **Extremely Important**. Be sure to verify with your team before you leave the OR.

**Disposition:** RR/SICU, intubated/extubated, stable/critical, etc.

**Post Op Check and Note:**

**S/P procedure done:**

**Subjective:** State level of patient comfort; any complaints

**Objective:** Vitals; UOP; drain output

  Physical exam: focus on heart, lungs, abdomen, incision/dressings, and anything else pertinent to the patient’s operation (e.g. document vascular exam s/p fem-pop artery bypass)

  Any post-op labs

**Assessment:** How is the patient doing?

**Plan:** What is to be done tonight or in the AM?

---

**Daily Notes**

**POD** number from procedure

**Subjective:** What does patient say? *e.g.* comfortable, in pain, hungry, nauseated, flatus or BM?

**Objective:** Vital Signs, T max and Current Temperature, Total intake and output: specifically list PO (oral) intake, output from each drain, each tube, total urine output, and how it was measured (Foley, void).

**Laboratory Studies:** Include blood test results as well as X-rays and other studies

**Assessment:** Very brief summary of how the patient is doing

**Plan:** What are you going to do for the patient today and what is the overall plan?

**Other Helpful Hints**

*Always* be prompt to the operating room. We recommend you arrive early to familiarize yourself with the OR milieu, introduce yourself to the scrub nurse and circulating nurses, sign your beeper out, and get or request your gloves. If a Foley catheter needs to be placed, offer to do it when the resident arrives. If you do not know how, ask to assist.
# MEDICAL STUDENT CLINICAL EVALUATION FORM

**DUKE UNIVERSITY SCHOOL OF MEDICINE**  
**COURSE NAME & NUMBER:** SURGERY 205C

### APPENDIX III

#### STUDENTS NAME: ____________________________________________________________

**COURSE WEIGHT:** 08.0  
**DATES of rotation:** ___________________________  
**Name of Evaluator:** ___________________________

**Rotation:** Surgery  

<table>
<thead>
<tr>
<th>Scoring (1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
<th>Improvement during period of observation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application of Basic Science Fund of Knowledge to Clinical Setting</td>
<td>___ Poor fund of knowledge; limited ability to apply clinically.</td>
<td>___ Limited fund of knowledge; can apply clinically: has potential for improvement.</td>
<td>___ Solid fund of knowledge; applies readily to clinical problems.</td>
<td>___ Outstanding fund of knowledge, superior, advanced skills applying to complex problems.</td>
</tr>
</tbody>
</table>

**Interviewing Skills (check if evaluation is from ___ direct observation and presentations or presentations alone)**

| ___ Disorganized, incomplete, lacks focus. | ___ Organized, obtains basic history but points often missed including pertinent (+) & (-) ROS. | ___ Organized, usually complete including pertinent (+) & (-) ROS; but often with extraneous information. | ___ Excellent skills; thorough yet succinct and focused history. |

**Physical Examination Skills (check if evaluation is from ___ direct observation and presentations or presentations alone)**

| ___ Omits critical parts of the exam and/or deficient exam skills. | ___ Generally complete but often misses significant abnormal findings. | ___ Complete; usually recognizes abnormal findings. | ___ Thorough and accurate; focused relative to the history |

**Presentation Skills (Formal presentations and during rounds/clinic)**

| ___ Disorganized/incomplete; by end, listeners uncertain of primary clinical problem/recent events. | ___ Generally complete; may lack organization/fail to highlight abnormal findings; needs much assistance. | ___ Presentations organized, logical; highlights abnormal findings; preparation requires some assistance. | ___ Consistently organized, logical, complete; preparation does not require assistance. |

**Assessment, Formulation and Clinical Application Skills**

| ___ Usually unable to formulate an assessment of basic medical problems. | ___ Usually handles major problem; may not integrate all aspects (H&P, labs, rx); suggests elemental understanding. | ___ Formulates assessment of major problem; may have trouble identifying/prioritizing multiple problems. | ___ Consistently able to formulate assessment of basic problems; also can prioritize multiple problems. |

**Ward/Clinic/Other Assigned Duties (orders, follow-up of tests)**

| ___ Not regularly involved in ward/clinic management. | ___ Involved in ward/clinic duties but usually passive; follows direction of others. | ___ Active team member; takes significant responsibility for patient management. | ___ Takes patient responsibility; comfortably evaluates/manages multiple patients. |

**Record Keeping (Initial Work Up, Interval/Progress Notes)**

| ___ Incomplete or erroneous. | ___ Includes basic information; rarely analyzes new data/impact on patient management. | ___ Accurate data included with ongoing assessments of basic problems. | ___ Accurate, thorough, and succinct (intern level) |

---

30
<table>
<thead>
<tr>
<th>Scoring (1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
<th>Improvement during period of observation.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Dependability</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>___ Unreliable, often absent or late; commitment uncertain</td>
<td>___ Fulfills basic responsibilities; little dedication or commitment to patient care.</td>
<td>___ Dependable team player and deliverer of patient care.</td>
<td>___ Dependable; highly committed to and enjoys clinical care.</td>
<td>___ Y ___ N ___ N/A</td>
</tr>
<tr>
<td><strong>Response to feedback</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>___ No insight to weaknesses; rejects feedback, no behavior changes.</td>
<td>___ Defensive response but does lead to change.</td>
<td>___ Mature response to feedback; strives for improvement</td>
<td>___ Mature response; regularly seeks feedback and ways to improve.</td>
<td>___ Y ___ N ___ N/A</td>
</tr>
<tr>
<td><strong>Interaction with patients</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>___ Insensitive to needs, feelings, values of patients.</td>
<td>___ Often uncomfortable in patient interactions.</td>
<td>___ Interacts well with patients and families.</td>
<td>___ Extremely compassionate and respectful with patients/families.</td>
<td>___ Y ___ N ___ N/A</td>
</tr>
<tr>
<td><strong>Interactions with other members of health care team</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>___ Avoids interactions; little respect for contributions of others.</td>
<td>___ Occasional difficulty interacting with others.</td>
<td>___ Interacts well with other health care team members.</td>
<td>___ Interacts well; seeks contributions of others on the health care team.</td>
<td>___ Y ___ N ___ N/A</td>
</tr>
<tr>
<td><strong>Other (Course instructors' criteria)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>___ Occasional difficulty interacting with others.</td>
<td>___ Interacts well with other health care team members.</td>
<td>___ Interacts well; seeks contributions of others on the health care team.</td>
<td>___ Y ___ N ___ N/A</td>
<td></td>
</tr>
<tr>
<td><strong>House Staff Potential</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>___ Excellent</td>
<td>___ Good</td>
<td>___ Satisfactory</td>
<td>___ Unsatisfactory</td>
<td>___ Y ___ N ___ N/A</td>
</tr>
</tbody>
</table>

Comments:

Suggestions for improvement:

SIGNATURE:__________________________________________________ DATE:_____________

This document contains confidential peer review information to be used in the assessment of the quality of the delivery of healthcare. This document and the information in it are CONFIDENTIAL and should not be distributed outside the relevant review committees.

Please return to Cheryl Bennett (cheryl.bennett@duke.edu) to 919-668-4815. Thank you!
# CORE COURSE IN SURGERY
## Oral Examination

<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>
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<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>
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</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): | |
|----------------------| |

Comments: __________________________________________

Examiner: __________________________________________

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APPENDIX V

Grade form Clerkship Coordinator uses to track individuals’ grades:

<table>
<thead>
<tr>
<th>Student Name</th>
<th>1st Rotation</th>
<th>2nd Rotation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application of Basic Science Fund of Knowledge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviewing Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Examination Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presentation Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment, Formulation and Clinical Application Skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ward/Clinic/Other Assigned Duties</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record Keeping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Response to feedback</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interaction with patients</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interactions with other members of health care team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Each eval worth 25pts.</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>House Staff Potential</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedural Skills</td>
<td>y/n</td>
<td></td>
</tr>
<tr>
<td>Quiz 1 (worth 5 pts.)</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Quiz 2 (worth 5 pts.)</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Quiz 3 (worth 5 pts.)</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Quiz 4 (worth 5 pts.)</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Case write-up (worth 10 pts.)</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Oral Exam (worth 5 pts)</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>SHELF Exam (percentile)</td>
<td>0.00</td>
<td></td>
</tr>
<tr>
<td>Overall Points</td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

**Final Grade**

90-100 = Honors  
76-89 = High Pass  
60-75 = Pass
Appendix VI

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 VII

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.
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