

ACKNOWLEDGEMENTS

We are indebted to several persons for their contributions to this syllabus. Many of the objectives for the topics in *Learning Objectives* (section III) are derived from *The Manual of Surgical Objectives*, a product of curriculum committee of the Association of Surgical Education, and edited by Kimberly Anderson, Ph.D., and Donald Jacobs, M.D. In addition, we have received invaluable instruction on surgical education from our mentors, especially Virginia A. Eddy, M.D. Associate Professor of Surgery and Director of Surgical Clerkship, Vanderbilt University; and Gary L. Dunnington, M.D., Professor and Chairman, Department of Surgery, Southern Illinois University.

Paul J. Schenarts, M.D.
Steven C. Stain, M.D.
Meharry Medical College
June, 2000

INTRODUCTION

The third year clerkship is not intended to make all students surgeons. Hopefully, some of you may become interested in a surgical field. We believe exposure of students to surgery is equally important to students who may eventually decide upon a career in primary care, radiology or pathology. These students will have to consult and interact with surgeons, and develop an understanding of the approach to surgical diseases and patient care. These are important components of medical education.

This syllabus represents an effort from the Department of Surgery to move toward a more active style of teaching and learning for third-year medical students. This format necessarily puts additional responsibility upon you. These components are linked to provide broad exposure to the discipline of surgery, practical experience in caring for surgical patients, and education in the critical areas of surgical education necessary to prepare students for USMLE examination and subsequent clinical performance.

The three components are:

1. **Lecture.** The lecture format is an important vehicle to transmit substantial information to the student. It is vitally important that you complete the assigned reading prior to conference to get the most out of the lecture. It is impossible to cover all of a topic in an hour. The lecture will highlight the most important issues.
2. **Student - Faculty Interactions.** Case based clinical scenarios are designed to expose students to critical problems and approaches to determining a differential diagnosis, cost effective ordering of testing, and treatment decisions. Daily rounds with faculty provide practical experience how patient care decisions are made.
3. **Testing and Examinations.** Weekly quizzes are designed to give students a yardstick of comprehension of the information from the previous week's lectures. A nominal portion of the grade is assigned to the quizzes to insure participation. The OSCE and oral examination are designed to assess the student's clinical competence. The midterm, final examination and subject board examinations are important measures of student and departmental performance.

CLERKSHIP CALENDAR

All students are required to take quizzes and attend core lectures on Wednesday at Meharry in the Department of Surgery in the 4th floor lecture hall. Monday afternoon lectures will be given from the Computer learning center in the Harold West Basic Science Center. Students at Fort Campbell will receive these lectures by videoconference.

Group 1

Week 1-4

Week 5-7

Week 8

Metropolitan Nashville General Hospital

Fort Campbell BACH or York VA

Examination Week

Group 2

Week 1-4

Week 5-7

Week 8

Fort Campbell BACH or York VA

Metropolitan Nashville General Hospital

Examination Week

ROTATION ASSIGNMENTS

Group 1

Meharry Preceptor Weeks 1-4

Dr. Stain

Dr. Pasi

Group 2

Meharry Preceptor Weeks 5-7

Dr. Coopwood

Dr. Adams

STUDENT PRIORITIES

Although operative treatment of surgical diseases is an essential part of surgery, student education has different priorities. If a schedule conflict arises, the priorities for student education are:

1. Student lectures
2. Preceptor sessions
3. Attending Rounds
4. Operations
5. Clinic
6. Ward Rounds

METROPOLITAN NASHVILLE GENERAL HOSPITAL

The Chief of Surgery is Steven C. Stain, M.D., the Director of the surgical clerkship is Carlton A. Adams, M.D. and Marcia Mitchell R.N. is the clerkship nurse educator. Surgical house staff are an important part of student education, and will participate in the instruction and evaluation of students. Students are also asked to evaluate the house staff. The third year surgical resident from Vanderbilt University is the resident chief of the surgical service. He/she will direct the surgical team of interns, residents from other specialties, and assign patients.

The primary goal of the clerkship is to provide instruction in the principles and practice of "general surgery", although there will be ample opportunity for exposure to other subspecialties (orthopedic, urology, otolaryngology, ophthalmology).

As a discipline, general surgeons believe that continuity of care is essential. Patients assigned to you are yours for the duration of their hospital stay. On weekends, other members of the surgical team will see your patients. Students are assigned to be "on call" Monday through Friday. Surgical call is for a 24-hour period, from 7 a.m. to 7 a.m. During that period, you should be available to work up emergency admissions and participate in emergency operations. It is not necessary for you to remain in the hospital after the completion of the daily work. If emergency operations are to be performed after hours, you are expected to participate.

RESPONSIBILITIES

The students are responsible for following all patients assigned by the resident chief of service. It will enhance your experience if you have intimate knowledge of all patients assigned. This is your chance to be that patient's "doctor". This should include when possible, to review the chart, examine the patient prior to surgery, participate in the operation, and follow the patient postoperatively.

A. Rounds: Morning rounds are work rounds for the surgical team to review vital signs, I's and O's, assess the patient's progress, and to determine the need for diagnostic tests. Pre-rounding by the student is necessary to gather information, and examine the patient prior to the work rounds. Student participation in the rounds includes report to the resident team of the patient's subjective information, vital signs, and output from NG tubes, foley catheter and drains. The student should report the salient parts of the physical examination, and be prepared with a plan of care (diagnostic or therapeutic).

- B. Ward work: During your rotation, you will learn and demonstrate proficiency in operating as a ward officer. This includes care of your patients on the ward to include starting IV's, minor ward procedures such as nasogastric tube and foley catheter insertion, dressing changes, and assisting with placement of chest tubes, central lines thoracentesis, etc. You should take the opportunity to become acquainted with all of the tests your patients have. All x-ray tests should be reviewed, not merely the interpretation of the radiologist from the computer. If your patient is having a diagnostic test, such as bronchoscopy or endoscopy, you should accompany the patient for the test if possible.
- C. Chart work: Physicians are required to document patient progress in the medical record. The medical record is a legal document for use by the caregivers to exchange clinical patient information and to document the patient's progress, and for insurance companies to review utilization and need for continued hospitalization. It is not the place for disparaging comments about consultants, or delays while awaiting tests or treatment. During your rotation, you will be expected to write daily notes, preoperative note, operative and procedure notes. All your notes will be reviewed and countersigned by your resident and attending physicians.
- D. Operating Room Responsibilities: A skilled surgeon is adept at pre and postoperative care. Treating patients in the operating room is unique to the discipline of surgery, and is an important part of your rotation. You will be assigned patients scheduled for operation by the senior surgical resident. Whenever possible, it is important that you review the chart, meet and examine the patient before the patient is taken to the operating room. Prior to the operation, you should prepare by reading about the disease process, indications for the operation, and the basic technical components. Knowledge of the relevant anatomy is important. You should be one of the first persons in the operating room, definitely before the attending surgeon arrives. Perioperative management includes proper positioning the patient, placement of IV's, foley catheters, etc. Being polite and helpful to the circulating nurses will pay big dividends. Introduce yourself, and be available to assist them. During the operation, you will assist the surgeon and the resident, and have the opportunity to demonstrate basic surgical techniques including suturing, knot tying and wound closure.
- E. Clinic Responsibilities: You will be assigned a half day per week in the clinic. In the clinic, you will be expected to demonstrate the basic surgical skills of evaluation of the chief complaint, relevant history and physical examination, and preoperative preparation.

MNGH Weekly Schedule

Monday

06:30	Resident Rounds
07:30	O.R.
2:00 – 4:00	Lecture – Computer Center
4:00	Attending Rounds

Tuesday

06:30	Resident Rounds
07:30	O.R.
1:00	Clinic
5:00	Attending Rounds

Wednesday

06:30	Resident Rounds
07:30	O.R.
1:00	Quiz
1:30-4:30	Lecture – 4 th Floor
5:00	Attending Rounds

Thursday

06:30	Resident Rounds
07:30	O.R.
1:00	Clinic
5:00	Attending Rounds

Friday

06:30	Resident Rounds
07:00	Grand Rounds – Vanderbilt*
09:00	O.R.
4:00	Attending Rounds

Saturday

08:00	Attending Rounds
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Sunday

08:00	Attending Rounds
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Grand Rounds at Vanderbilt – September through June. Transportation provided from Meharry at 06:30.

Alvin C. York V.A. Medical Center
Murfreesboro, Tennessee
Phone: (615) 893-1360, extension 3463

The Chief of Surgical Service is Dr. Rudolph Cumberbatch.

Surgical Service is comprised of general surgery, urology, ophthalmology, optometry, anesthesiology, oral surgery and a comprehensive women's clinic.

Students rotating through Surgical Service will be given orientation from the administrative officer Surgical Service.

Students will report to Building 3, 1st floor, Room 142. The tour of duty for students is 7:30 a.m. to 4 p.m. Morning Rounds will start in the ICU, Building 1 and conclude on the Medical/Surgical Ward, 1A. Active participation by students is expected on morning rounds. Students are not assigned to call duty. Students are to sign in daily before 10 a.m. and sign out if leaving early.

A surgical scrub clinic will be provided from an operating room nurse.

Students are given handouts of the general surgical clinics with surgeons assigned to the particular clinics. Students will rotate through the general surgery clinics.

General Surgeons and the Surgical Physician Assistant will assist with patient assignments and record charting.

Student lectures will be given on Tuesday and Thursday afternoons; exceptions made according to the operating room workload.

Meetings that students are to participate in are Morbidity Conferences and Tumor Board. They will be notified of the meeting dates/times.

Student evaluations will be given at end of their rotation.

**Blanchfield Army Community Hospital (BACH)
Ft. Campbell, Kentucky**

The Chief of Perioperative Services at this site is LTC. Thomas Knuth, M.D. Students are chosen randomly to rotate at this facility. Those assigned to this site are required to complete Form 612. The coordinator and contact person at this site is Mrs. Shari Wherry, R.N., FNP. Students will receive information relative to their rotation via U. S. Mail from the officials at this site. Students will report for orientation as indicated in this correspondence. Call at this facility is every third night. The call schedule will be provided by the surgery service at the site. Off campus housing is provided while rotating here. Students need only return to Nashville for Wednesday and Saturday didactic sessions.

RESPONSIBILITIES

1. **Duty hours.** On your first day of your surgery rotation at BACH you will report to the ICU Conference room at 0715 hours and meet with Dr. Thomas Knuth, Chief of Surgery. You will also have an exit meeting with him on the last day of your rotation. You will then meet with Dr. Robert Richard in the General Surgery Clinic for an orientation and preceptor assignment. You will be expected to be present for duty in the ICU Conference Room at 0715 hours daily and in the General Surgery Clinic or in the operating room Monday through Friday at 0730 hours. Please note that you are responsible for ward rounds and patient daily notes prior to this time. You need to plan your day so that your ward work is completed prior to the 0730 start time for the clinics and operating rooms. On days when a general surgeon is in the operating room you are expected to assist with the operation to provide maximal exposure to surgery in the operating room environment. The duty day ends when the daily operations and postoperative work rounds have been completed. On days when no surgeon is in the operating room the end of the duty day will be upon completion of the clinic and evening ward rounds or when you are released by the supervising surgeon. You will be expected to take call at least once per week to assist the on call surgeon. This includes evaluations of patients in the emergency department and surgeries conducted after normal duty hours. This is a 24-hour call and you are expected to take in-house call. Arrangements for a place for you to stay within the hospital overnight will be made available.

2. Ward responsibilities

A. Rounds: The students are responsible for following all patients on the General Surgery service. It enhances the learning experience if you can follow those patients with whom you have been intimately involved, i.e. those patients who you see in the emergency room when on call or those

patients in whose surgery you participate. You are required to see your inpatients on a daily basis. Morning rounds will be conducted prior to the start of the duty day. You should have your daily notes and ward work completed prior to the start of the duty day. You are also required to make evening and postoperative rounds with the attending surgeon to check on patients whom you have assisted in operating on that day. By making round you will maximize your learning experience and will give you the opportunity to discuss patient care.

- B. Ward work:** During your rotation you are expected to learn and demonstrate a proficiency in operating as a ward officer. By the end of the rotation you should be able to function as a sub-intern with some supervision. This is to include the care of your patients on the ward to include starting IV's, minor ward procedures such as nasogastric tube placement, assisting with major ward procedures such as placement of chest tubes, thoracentesis, etc., insuring that your patients obtain their tests in a timely fashion, and other duties that facilities running a ward and caring for inpatients. The inpatient population at Blanchfield can vary widely, because as a community hospital most surgeries are done on an outpatient basis.
- C. Chart work:** Proper documentation is an important skill for the house officer both from a medical and a legal standpoint. During your rotation you will be expected to demonstrate a working knowledge of charting daily notes, surgery notes, post -surgery notes, and procedure notes. All your notes must be reviewed and countersigned by your attending physician. Upon completion of the rotation you should be able to demonstrate a fundamental knowledge of writing clear, concise notes that convey pertinent information in a logical fashion.

3. Operating Room Responsibilities.

- A. Operations:** You will be expected to participate in preparing patients for surgery in the operating room. This is part of what the operating surgeon does. You will be expected to learn the fundamentals of perioperative preparation to include the placement of lines and drains and their significance, the positioning of patients, and the jobs of the operating team. During the operation you will assist the operating surgeon in the performance of the operation. When possible you will be expected to demonstrate basic surgical techniques to include suturing, suture typing, and wound closure. You will be expected to read about upcoming operations and you can expect to be asked questions about the disease process, management, and surgical interventions of the disease during

the operation. Demonstration of preparation and a desire to learn will reflect on your final grade.

- B. Chart work:** You will be expected to be able to write a postoperative note that conveys basic information about the operation performed and the finding at the time of operation. You also will be expected to write postoperative orders for uncomplicated patients going to the recovery room or same day surgery.

Clinic responsibilities.

- A. Patient Care:** You will be asked to demonstrate the basic surgical skills of surgical evaluation in the clinic to include history taking as is pertinent to the surgical complaint, basic physical exam, documentation in the patients chart, and presentation of the case to the attending physician.
- B. Minor surgery:** When possible you will assist and be supervised in the care of a minor surgical patient. This is an opportunity for you to demonstrate your surgical technical skills in a clinical setting.
- C. Endoscopy:** During your rotation you are expected to assist with endoscopic procedures. You will have the opportunity in preparing the patient for the procedure and will be asked for minor assistance. You will not be asked to perform the procedure.

5. Grades

Your grade for this rotation will be composed of several different areas and not solely on your end of rotation examination. Your performance in each of the areas mentioned above will play a role in determining your grade. Your final grade will be based upon:

Site examination and weekly quizzes
Individual evaluation from preceptors
Technical ability and chart work

Your final grade will be determined by the Medical Student Coordinator for General Surgery, Dr. Richard, and will be approved by Dr. Knuth, Chief of Surgery.

- A. Examination:** The end of rotation site examination will be given in the last week of your rotation. This test will be given on the last duty day of your rotation and will be composed of a 50-question test on basic surgical problems and their management. This will include basic surgical disease and diagnosis. Questions will be drawn from previous lectures given at

your school and material from the assigned readings and from discussions with the surgeons about cases.

- B. Individual evaluations:** You will be evaluated by each of the surgeons you work with during your rotation. This evaluation will be based on the evaluation form that follows this handout and a numerical grade will be given.
- C. Technical ability and chartwork:** Your performance on technical tasks and charting ability will be evaluated daily and will reflect in your final grade.
- D. Feedback:** Your comments and suggestions for continuously improving this rotation are important to us and your fellow students who will rotate in the future. Please provide this feedback on the attached form during the exit interview with Dr. Knuth.

OBJECTIVES AND REQUIREMENTS OF THE JUNIOR CLERKSHIP

OBJECTIVES

1. **Engage in self-study and self-development.** It is impossible to cover the entire field of surgery in the limited time of lecture. Your clinical experiences during the rotation will be only a portion of the field of surgery. Focused reading must augment didactic lecture and patient care. Successful students read, read, read! The habits of being a lifetime student of medicine are essential to remain abreast of new and emerging information and practices.
2. **Use the scientific method of problem solving in clinical situations.** Learn to collect clinical information (history and physical examination) to determine a differential diagnosis. Order cost effective laboratory and radiologic tests to ascertain the most likely diagnosis. Develop a treatment algorithm based on review of the literature.
3. **Gain proficiency in performance of basic surgical skills.** Perform and record a complete history and physical. Concisely present a clinical problem on rounds to a group of physicians. Render preoperative and postoperative care. Assist in the operating room, and learn wound care.
4. **Acquire knowledge of selected surgical conditions.** Frequently students believe surgery is a technical discipline. The technical aspects of surgery are the easiest to master. An accomplished surgeon is an adept diagnostician, skilled in preoperative and postoperative care. What often seems to students to be topics from internal medicine are at the heart of surgery: recognition and treatment of shock, management of electrolyte disorders, interpretation of blood gas results, proper antibiotic use, multidisciplinary cancer treatment.
5. **Develop attitudes of concern and responsibility for persons under your care.** Respect patient's individuality and rights, being empathetic, providing a protective environment, assuring comfort, listening and keeping patients informed.
6. **Recognize and understand the pathologic mechanisms** that result in surgical diseases and their treatment. Examples include: fluid and electrolyte disorders, oxygenation and ventilation defects, infections, cancer, atherosclerosis, bowel obstruction and congenital defects. The student should be able to describe the diagnosis and treatment of:
 - a. closed head trauma

- b. thyroid masses
- c. life threatening airway obstruction
- d. shock (hemorrhagic, septic, cardiogenic, neurogenic)
- e. penetrating and blunt trauma
- f. solitary lung nodule
- g. breast cancer
- h. gastroesophageal reflux disease
- i. evaluation of the acute abdomen
- j. gallstone disease
- k. jaundice
- l. acute pancreatitis
- m. small bowel obstruction
- n. upper and lower gastrointestinal hemorrhage
- o. liver tumors (benign and malignant)
- p. colon cancer
- q. inflammatory bowel disease
- r. dysuria and hematuria
- s. aortic aneurysms
- t. peripheral vascular atherosclerosis
- u. deep venous thrombosis and pulmonary embolus
- v. acid base disorders
- w. electrolyte disturbances

7. Student Priorities

Although operative treatment of surgical diseases is an essential part of surgery, student education has different priorities. If a schedule conflict arises, the priorities for student education are:

1. Student lectures
2. Preceptors sessions
3. Attending Rounds
4. Operations
5. Clinic
6. Ward Rounds

FACULTY PRECEPTORS

Students will be assigned a faculty preceptor at each hospital. Assignment of preceptors will be made during orientation to the clerkship on the first day of the rotation. Students will be assigned to rotate on two of the training sites and will rotate at the end of four weeks to the second site. It should be noted that the responsibility of assigning sites is that of the departmental education coordinator and chairman or designee. Each preceptor will meet his/her preceptee at least once weekly to review histories, physicals, treatment plans, discharge summaries and progress notes written by the student. After reviewing the student's work, the preceptor's assessments should help the student improve.

1. The preceptor can give a reading assignment and expect the student to discuss it in detail at their next encounter.
2. When the student is assigned to a site away from the index hospital she/he should meet with the preceptor and make arrangements for the rotation assignments. The assignment should include the stipulation that the student would go to the preceptor's office to participate in the examination of patients there. Each student should provide the preceptor and course coordinator on a weekly basis at least three histories/physical examinations and set of progress notes. All clinical encounter data should be submitted to the preceptor for evaluation on a weekly basis on, for example, Friday afternoons.
3. If the preceptor is detained in meeting the student at the appointed hour it would be appropriate after 15 minutes to call the preceptor's answering service and inquire as to further instructions. If the preceptor doesn't respond in a 30-minute time frame call the surgery department's clerkship administrative assistant at 327-6342 to receive further instructions. After you give your name and location, the date and time of your call will be recorded. If you have not completed your rounds of your patients at that facility, you should do so while waiting. She will then advise that you attend and observe another operative case in progress by a Meharry faculty person or a mentor of Meharry students. If there is none at that hour, she will then advise that you pursue independent reading in preparation for the next set of didactic lectures and that you log this on your student records.

EXPECTATIONS FOR STUDENT DRESS AND BEHAVIOR

During the third year clerkship, the medical students assigned to surgery will be addressed as "Student Doctor" in all clinical situations. Commensurate with this title is the responsibility of each student to dress in neat, clean clothing and clinical jackets at all times when in the outpatient clinics or in hospital patient care areas. It is suggested that male students wear neckties and dress shirts. Blue jeans, sneakers, shorts, T-shirts, short skirts or revealing female dresses are not appropriate in-patient care areas or class.

When in the operating rooms, clean scrub suits provided by the hospital will be worn. If it is necessary to leave the operating room for a brief period, a lab coat or gown approved by the nursing staff must be worn over the scrub suit. Scrub suits are not to be worn as on call uniforms. Students are not to leave the hospital wearing scrub suits provided by the affiliate hospital. Personal scrub suits are commercially available for purchase by students and can be used during call.

Personal behavior should be appropriate to the title of Doctor at all times. In the patient care setting the student is essentially a guest of the patient. Cultivation of an acceptable and effective bedside manner is a major goal. Patients shall be addressed by the appropriate title (Mr., Mrs., etc.) and by their last name. Respect for the personal feelings of patients and demonstration of sensitivity to possible emotional vulnerabilities of patients during illness is very important. The need to maintain general confidentiality of the patient's medical record information should be uppermost in the mind of the student. Please remember that patients are not cases or diseases but are people who happen to be sick or injured. Experience has shown that appropriate treatment of an illness with surgical techniques may not be sufficient to return the patient to good health in the absence of caring emotional support by the surgeon or surgical team, including students.

In the classrooms, only drinks such as coffee, tea, soft drinks and the like are routinely permitted. Empty containers must be disposed of in appropriate waste management bins. The department will, on occasion, provide food in the department offices for students and guests. The department along with students will be responsible for clean up of the meeting rooms on those occasions. Students are prohibited from consuming routine meals in the classrooms or patient care areas. However, specifically designated eating areas in the department or hospitals may be used for this purpose, but not when class is in session.

STUDENT GRADING POLICIES

Objective evaluation of student knowledge by mid term examination and subject boards comprises a majority of the final grade. Clinical performance, as measured by ward performance, objective structured clinical examination (OSCE), and oral examination are also an important part of the student final grade.

WRITTEN EXAMINATIONS

Written examinations are the primary objective measurements of the student performance in the clerkship. These examinations are largely based on the didactic material presented in lecture, and reading assignments in the designated textbook. The scope of the material tested is indicated in the lecture schedule.

Quizzes will focus on the previous week's lecture. The weekly quizzes are intended as a self -measurement tool for the students to determine their acquisition of the previous week's lecture material. Students who complete all of the quizzes will receive a score of at least 80%.

The midterm examination will be based on subjects covered to that point in the clerkship. The final examination is a comprehensive test of all of the information third year students should acquire from lecture and reading. The subject board is given on the last day of the course by the office of Student and Academic Affairs. This examination permits the department to compare Meharry student and Department of Surgery performance with a national standard.

THE OSCE EXAMINATION

The OSCE is an objective structured clinical examination that has been used by medical students and residency programs since 1975 to assess clinical skills of students and residents. The American Association of Medical Colleges (AAMC) and the Liaison Committee on Medical Education have directed U.S. and Canadian medical schools to incorporate the OSCE into their curricula. It is used to teach patient centered skills and to measure student performance. Students perform clinical tasks in a series of test situations while interacting with faculty and standardized patients. It includes everything from physical examinations, hands on history taking and interpretation of data (lab results, x-rays, etc). Communication skills are also important and comprise an important part of the checklist. This is a test not only of what you know and do, but also of how you do it. The use of this examination has gained acceptance as a requirement for licensure and medical school graduation in an effort to evaluate clinical competence of undergraduate medical students during clerkships.

ORAL EXAMINATION

A faculty member administers the 10-minute oral examination to the student during the last week of the clerkship. The single clinical scenario will be chosen from the topics listed in objectives and requirements of junior clerkship:

- a. closed head trauma
- b. thyroid masses
- c. life threatening airway obstruction
- d. shock (hemorrhagic, septic, cardiogenic, neurogenic)
- e. penetrating and blunt trauma
- f. solitary lung nodule
- g. breast cancer
- h. gastroesophageal reflux disease
- i. evaluation of the acute abdomen
- j. gallstone disease
- k. jaundice
- l. acute pancreatitis
- m. small bowel obstruction
- n. upper and lower gastrointestinal hemorrhage
- o. liver tumors (benign and malignant)
- p. colon cancer
- q. inflammatory bowel disease
- r. dysuria and hematuria
- s. aortic aneurysms
- t. peripheral vascular atherosclerosis
- u. deep venous thrombosis and pulmonary embolus
- v. acid base disorders
- w. electrolyte disturbances

FINAL GRADING POLICIES

The components of the final grade are:

Mid term examination	15%
Final Examination	20%
Subject board	25%
Preceptor and Resident Evaluations	25%
OSCE	5%
Quizzes	5%
Oral examination	5%

A permanent student folder of course work has been established. The student will have the right to inspect the folder at anytime prior to completing the course. The student may study the final grading form that is completed on each student within 10 days of completion of the rotation. Independent reevaluation of the student's work will utilize this folder should the need arise for possible appeals, etc.

FINAL GRADES

In accordance with the Meharry Catalog and Student Academic Policies and Procedures Manual, the letter grades A, B, C, F, or I will express definitive evaluation of the student's work.

An "I" grade is given to those students who have completed the assigned course work at a passing level but who lack completion of only a small or single requisite such as a final exam grade, completed log, etc. The student to avoid a grading penalty must present a valid reason for the deficiency. On successful correction of the deficiency, the final grade can become a B or C.

The department or surgery does not use an "E" grade. Students not successfully completing course work during the rotation will receive a grade of "F".

The clerkship coordinator or designee will hold a timely conference with students receiving an "I" grade, in order to devise a plan of action that can permit conversion to a passing grade within the time frame specified by the student Academic Policies and Procedures Manual. Issues which the clerkship coordinator or designee cannot resolve will be referred to the department chairman.

THE DEPARTMENTAL OSCE FOR JUNIOR CLERKS

DEFINITION

OSCE is an **Objective Structured Clinical Examination** performed to test minimal competence in performing certain tasks and cognitive functions deemed to be important by the department of surgery faculty.

OSCE GOALS

1. To measure basic student competence in performing a set of fundamental surgical clinical skills
2. To teach patient-centered skills
3. To develop confidence within the student of his/her ability to perform listed skills at a national level of performance

POSSIBLE SURGERY OSCE CONTENT

1. Write a brief discharge plan
2. Assess major trauma victims and compute severity of illness score
3. Evaluate head and neck masses
4. Make radiological and/or non-radiological diagnosis of bone fractures
5. Evaluate the acute abdomen
6. Localize site of massive gastrointestinal hemorrhage
7. Localize site of obstructive jaundice
8. Localize site of intestinal obstruction
9. Explain initial management of open wounds
10. Perform suture closure of superficial wounds
11. Perform proper examination of:
 - a. breast
 - b. inguinal rings
 - c. male genitalia
 - d. rectum
12. Perform and verbally explain procedures
 - a. urinary catheterization of male and female
 - b. establish open airway
 - c. orotracheal intubation
 - d. cannulate arteries and veins
 - e. thoracentesis
 - f. paracentesis
 - g. place chest tubes

13. Interpret tests
 - a. cardiac function
 - b. gastrointestinal function
 - c. hepatic function
 - d. pulmonary function
 - e. renal function
 - f. non-invasive vascular tests
14. Patient preparation
 - a. explain procedures
 - b. obtain informed consent
15. Obtain surgical consultation
16. Tie surgical knots

STANDARD

Each junior clerk must demonstrate competence in performing the listed clinical tasks to the satisfaction of the surgical faculty during the rotation.

GENERAL TEST PROCEDURE

For the test, several stations will be set up and attended by surgical faculty. At each station, one competency or a series of related competencies will be tested. Test materials will consist of simulated professional patients, manikins, written reports, medical images or a combination of the above. All needed instrumentation (scopes, needle holders, scissors, sutures, gloves etc.) will be provided by the department. All students will be sequestered at the beginning of the test and permitted to leave the premises after rotation through all test stations in an orderly, randomly predetermined order.

OSCE SCORES AND THE FINAL GRADE

The OSCE score results will form 5% of the final grade. A failing score earned during the OSCE may result in a final grade of less than "C".

IMPORTANT TELEPHONE NUMBERS:

Meharry Medical College

Department of Surgery Office	615/327-6342
Dr. Steven C. Stain, Chairman	327-6555
Ms. Marcia Mitchell, R.N., Nurse Educator	327-6549
Ms. Abonda Smith, Administrative Assistant	327-6342
Meharry Surgery Clinic	327-6863
Meharry Orthopedic Clinic	327-6443

Metropolitan Nashville General Hospital

Hospital Operator	615/341-4100
Anesthesia	341-4345
Emergency Room	341-4357
Laboratory	341-4331
Operating Room	341-4345
Same Day Surgery	341-4301
Security	341-4105
Hospital Library	341-4416

Blanchfield Army Community Hospital – Fort Campbell Kentucky

Hospital Operator	270/798-8400
Department of Surgery	798-8415
ENT	798-8131
Operating Room	798-8203
Surgery Clinic	798-8407
Dr. Collins, Asst. Dean	798-8050
Ms. Shepherd, Secretary	798-8050
Ms. Shari Wherry, F.N.P.	798-8785

Alvin C. York VA Medical Center

Hospital Operator	615/893-1360
Dr. Cumberbatch	893-3463
Surgery Office	893-3463
Ms. Ruth Viggins	893-3463