Surgery 900
Junior Surgery Clerkship
Primary Course Syllabus

Surgery 900 - is the basic Surgery Clerkship taken by all M3 students at the Kansas City campus.

The faculty and staff of the Surgery Department are dedicated to providing Medical Students with a rewarding educational experience.
University of Kansas School of Medicine
Surgery 900 Junior Surgery Clerkship Primary Course Syllabus

Mission and Vision Statement

Mission
The Mission of the Surgery Clerkship at the University of Kansas Medical Center is to provide an environment in which the medical students may develop the knowledge, skills, attitude and behaviors necessary in the achievement of the goals of the Graduation Competencies of the University of Kansas School of Medicine.

Vision
The Surgery Clerkship will achieve its Mission in an environment in which the student and faculty seek continuous learning, teaching and service. The Surgery Clerkship will use evidence based methods, up-to-date technology and reasonable expectations of faculty and students in its quest to serve the mission.

The Learning Environment
The KU School of Medicine (SOM) is committed to educating students in an environment that fosters optimal learning, a spirit of collegiality, mutual respect, and open communication (i.e. a positive “learning environment”). While the vast majority of KU SOM students experience a positive learning environment, you may either experience or witness events that run counter to this goal. KU takes violations of our learning environment standards (see web links below) seriously. Any faculty member, the KU SOM administration (specifically the OSA), the Vice Chancellor of Students, or the Equal Opportunity Office can be approached with concerns about mistreatment or an adverse learning environment.

http://www.kumc.edu/school-of-medicine/osa/academic-standards/academic-and-professional-behavior.html
University of Kansas School of Medicine
Surgery 900 Junior Surgery Clerkship Primary Course Syllabus

Description of Course and Materials, Objectives and Competencies, and Grading

Description of Course and Materials:
Surgical problems and diseases are studied utilizing didactics, skills laboratory experiences, simulations, assigned readings, clinical rotations and operating room participation. This course prepares the student to meet competencies and objectives of the University of Kansas School of Medicine during the third year of Medical School.

The skills taught in this course are in the hospital setting and through simulation. The student is expected to have successfully completed Phase I of Medical School, which includes the ability to demonstrate competent understanding of normal and abnormal body structure and function, ability to competently perform and document a History and Physical Examination, and the ability to competently record diagnoses and procedures.

Students are assigned two four-week rotations.

Texts distributed/checked out at orientation:
- Lawrence, Peter F., Essentials of General Surgery, Williams and Wilkins, Baltimore, MD
- Lawrence, Peter F., Essentials of Surgical Subspecialties, Williams and Wilkins, Baltimore, MD
- Jarrell, Bruce E. and Carabasi, III, Anthony R., NMS National Medical Series for Independent Study

Other Resources:
- Video Tapes/DVD’s of Skills Demonstrations may be checked out from the Surgery Education Office.
- Surgery Education Website, JayDocs, Didactic Lectures and Labs links to Lecture Podcasts and links to the Association for Surgical Education (ASE) PowerPoint Teaching Modules.

Clerkship Objectives:

Patient Care:
- Students will acquire History and Physical Exam skills, which lead to accurate assessment and planning of Surgical Care (PC1,PC2,PC3,PC4,PC5,PC6).
- Students will demonstrate competent skill in basic surgical techniques and know the proper application of those skills. See the SoM Competencies for Graduation Appendix B and the Surgery 900 Target Procedures Tracking Log and Skills Verification Form (PC6).

Medical Knowledge:
- Students will acquire knowledge of common disease processes in which standard treatment includes surgical considerations. See the SoM Competencies for Graduation Appendix A, Surgery 900 Core Curriculum Learning Objectives and the Surgery 900 Target Diagnosis Tracking Log (MK1,MK2,MK3).

Professionalism:
- Students will demonstrate professional appearance, attendance and behavior consistent with that expected of a physician-in-training (P1,P2,P3,P4).

Interpersonal & Communication Skills:
- Students will communicate and collaborate with peers, mentors and allied health care personnel in an effective and professional manner (ICS1,ICS2,ICS3,ICS4).

Systems-Based Practice:
- Students will understand the roles of medical students on the Surgery Clerkship and the role of Surgeons in health care delivery (SBP1,SBP2,SBP3,SBP4,SBP5).

Practice-Based Learning:
- Students will develop knowledge, skills, attitudes and behaviors toward learning, which perpetuate lifelong learning, inquisitiveness and evidenced based practice (PBL1,PBL2,PBL3,PBL4).
Surgery Core Curriculum Learning Objectives:

In accordance with the Association for Surgical Education (ASE) and its Manual of Surgical Objectives, 4th Edition, the following topic areas define the core curriculum of this course.

At completion of the course, the student will be able to **identify, evaluate, assess and manage** patients with:

1. **Abdominal Mass**  
   a) Abdominal Wall Mass  
      • Gastroschisis/Omphalocele  
      • Hernias  
   b) Intra-abdominal Mass Lesions  
      • Colon Cancer  
      • Liver Mass  
   c) Retroperitoneal Masses  
      • Adrenal Mass
2. **Acute Abdominal Pain**  
   a) Diverticulitis  
   b) Acute Cholecystitis/Biliary Colic  
   c) Intussusception  
   d) Mesenteric Ischemia  
   e) Acute Pancreatitis  
   f) Incarcerated Abdominal Wall Hernia  
      • Inguinal  
      • Femoral  
      • Umbilical  
      • Incisional  
   g) Right Lower Quadrant Pain  
      • Crohn’s Disease  
      • Mesenteric Adenitis  
      • Acute Appendicitis  
      • Meckel’s Diverticulum  
   h) Bowel Obstruction  
      • Small Bowel Obstruction  
      • Colonic Volvulus  
   i) Bowel Perforation
3. **Altered GI Function**  
   a) Constipation  
   b) Vomiting in the Newborn  
      • Pyloric Stenosis  
      • Malrotation  
   c) Bowel Obstruction  
   d) Ileus
4. **Altered Neurologic Status**  
   a) Unconscious patient in trauma  
   b) Concussion /Closed Head Injury  
   c) TIA/Stroke
5. **Asymptomatic Patient/Positive Test/Finding**  
   a) Lung Mass (new)  
   b) Mammogram  
   c) Carotid Bruit  
   d) Aortic Aneurysm  
   e) Unequal/Absent Pulses  
   f) Abnormal Pre-op EKG
6. **Abdominal Mass**  
   a) Peri-rectal Abscess  
   b) Thrombosed Hemorrhoid  
   c) Anal Fissure  
   d) Anal Fistula (fistula in ano)
7. **Back Pain**  
   a) Cervical and lumbar disc disease  
   b) Radiculopathy
8. **Breast Conditions**  
   a) Abnormal Mammogram  
   b) Breast Mass  
      • Benign – Fibroadenoma, Fibrocystic Disease  
      • Malignant – Breast cancer  
   c) Mastitis
9. **Chest Pain/Shortness of Air/Cardiac Disease**  
   a) Gastroesophageal Reflux Disorder (GERD)  
   b) Pulmonary Embolus  
   c) Aspiration Pneumonitis  
   d) Cardiac Valvular Disease/Cardiac Valve Replacement  
   e) Coronary Artery Disease/Coronary Artery Bypass Graft (CABG)  
   f) Pneumothorax
10. **ENT Problems**  
    a) Zenker’s Diverticulum  
    b) Oral/Upper Airway/Upper Digestive Cancer  
    c) Indications for Tracheostomy
11. **Fluid/Electrolyte Problems**  
    a) Hypo/Hyperkalemia  
    b) Hypo/Hyponatremia  
    c) Hypo/Hypercalcemia  
    d) Acute Renal Failure/Azotemia  
    e) Hypo/Hyperglycemia
12. **GI Bleeding**  
    a) Upper GI Bleed  
      • Duodenal Ulcer  
      • Gastritis  
      • Mallory Weiss Tear  
    b) Lower GI Bleed  
      • Ulcerative Colitis  
      • Diverticulitis  
      • Colon Cancer
13. **Jaundice**  
    a) Common Bile Duct Obstruction  
    b) Hepatitis  
    c) Cholangitis
14. **Leg Pain**
   a) Claudication
      • Vascular
      • Neurogenic
      • Musculoskeletal
   b) Compartment Syndrome
   c) Deep Vein Thrombosis (DVT)
   d) Acute Arterial Occlusion/Embolus

15. **Lung Nodule**
   a) Solitary Pulmonary Nodule
   b) Lung Cancer

16. **Neck Mass**
   a) Thyroid Nodule/Goiter/Cancer
   b) Hyperparathyroidism
   c) Thyroglossal Duct Cyst
   d) Lymphadenopathy

17. **Peri-operative Care**
   a) Abnormal Chest X-ray
   b) Abnormal EKG
   c) Abnormal Urinalysis
   d) Abnormal Blood Test

18. **Post-operative Care/Occurrences**
   a) Wound Infection
   b) Wound Drainage
   c) Prosthesis Infection
   d) Wound Bleeding/Wound Hematoma
   e) Peripheral Nerve Dysfunction
   f) Wound Dehiscence/Evisceration
   g) Low Urine Output/Intake-Output Imbalance
   h) Sepsis
   i) DVT/Pulmonary Embolus
   j) Atelectasis/Pneumonitis
   k) Post Operative Pain
   l) Cardiac Arrhythmias

19. **Scrotal Pain/Swelling**
   a) Inguinal Hernia (with scrotal extension)
   b) Hydrocele
   c) Varicocele
   d) Testicular Torsion
   e) Epididymitis

20. **Shock**
   a) Hypovolemic/Hemorrhagic Shock
   b) Cardiogenic
   c) Neurogenic
   d) Septic
   e) Anaphylactic

21. **Skin/Soft Tissue Lesions**
   a) Skin Lesion
      • Melanoma
      • Squamous Cell Carcinoma
      • Basal Cell Carcinoma
   b) Lipoma
   c) Epidermal Inclusion Cyst/Sebaceous Cyst

22. **Swallowing Problems/Dysphagia/Mediastinal Problems**
   a) Esophageal Cancer
   b) Hiatal Hernia
   c) Paraesophageal Hernia
   d) Mediastinal Masses

23. **Transplantation**
   a) Liver transplant
   b) Kidney transplant

24. **Trauma**
   a) Burns
   b) Chest Trauma
      • Cardiac Tamponade
      • Tension Pneumothorax
      • Hemothorax
      • Open Pneumothorax
      • Traumatic Thoracic Aortic Injury
   c) Hemoperitoneum
   d) GI Tract Laceration
   e) Transfusions of Blood Products
   f) Acute Airway Obstruction
   g) Unconscious Patient in Trauma
   h) Spinal Injury/Fracture/Paraplegia
   i) Long Bone Fracture
   j) Closed Head Injury
   k) Crush Injury

25. **Urinary Complaints**
   a) Pain with Urination
   b) Hematuria
   c) Urinary Tract Stones

26. **Various**
   a) Ethical Considerations
      • Situations needing informed consent
      • Patients refusing blood/blood products
   b) Bariatrics
   c) Malnourished Surgical Patients
   d) Conversion of peri-operative oral medications to parenteral form and the reverse
   f) Order Writing
   g) Note Writing
      • Pre-op Note
      • Post-op Note
      • History and Physical
      • SOAP Note
Grading:

Your grade is determined by your performance in the following areas:

Areas Evaluated:                                      Percent of
                                                        Final
                                                        Course Grade

Cognitive Skills                                      35%

Final Exam (NBME “Shelf” Exam)

Oral Case Presentation and Examination (OCP&E)        15%

Oral Case Presentation (OCP) ................................ 5%
Oral Examination .................................................. 10%

Clinical Performance Rating (Competency Evaluation)   50%

Patient Care
Student is learning the skills necessary to provide care that is
compassionate, appropriate and effective.

Medical Knowledge
Student is learning to apply their knowledge to biomedical,
clinical, and social sciences effectively to patient care.

Practice Based Learning and Improvement
Student is learning to use evidence and methods to investigate,
evaluate, and improve patient care.

Interpersonal and Communication Skills
Student is learning to use effective communication skills and maintains
professional and therapeutic relationships.

Systems-Based Practice
Student is learning to understand and demonstrate knowledge of
optimal health care delivery.

Professionalism:
Student demonstrates behaviors that reflect ongoing commitment
to continuous professional development, ethical practice, and
sensitivity to diversity.

Overall Clinical Performance Rating _____%
Comments (by rating faculty/resident)

Other evaluations which contribute to the assessment of professionalism in Surgery 900, include items
which are not graded on a percentage scale. These include completion of Surgery 900 Target Diagnosis Tracking
Log, Surgery 900 Target Procedures Tracking Log, Surgery 900 Skills Verification Form, the Mid-Clerkship Feedback
& Progress Report with an attending, and timely recording of patient encounters.

Student Expectations:

Satisfactory Attendance: All absences from the clerkship must be approved by the Dean of
Student Affairs. Approved absence from the following will result in an Incomplete grade until
remediation is completed:

- Orientation
- Skills Labs (8)
- Mid-Clerkship Feedback Session
- Oral Case Presentation & Exam
- Final Exam (Shelf Exam)

Unapproved absence will be addressed on a case-by-case basis.

Professional Attire: Dress in appropriate street clothes each day and remember scrubs are
appropriate attire for the OR and for times spent on-call.

Mid-Clerkship Evaluation: In preparation for the Mid-Clerkship Feedback Session, students must
meet face-to-face with an attending to complete the “Mid-Clerkship Feedback and Progress
Report”. Non-compliance will require remediation.
Maintain a Timely Recording of Patient Encounters

Target Diagnosis Tracking Log: Students are required to meet assigned targets.

Target Procedures Tracking Log: Students are required to meet assigned targets.

Skills Verification Form: It is the student’s responsibility to obtain the confirmatory signatures as they experience the required skills.

Printable Forms are available for download by visiting JayDocs or the Surgery Education Website

- Surg 900-Target Diagnosis Tracking Log
- Surg 900-Target Procedure Tracking Log
- Surg 900-Skills Verification Form
- Surg 900-Mid-Clerkship Feedback and Progress Report
- Surg 900-Mid-Clerkship Feedback Self Reflection
- Surg 900-Clinical Performance Rating
- Surg 900-Failed Shelf Self Assessment and Recommendations
- Surg 900-Faculty Resident Time Tracking Log

**Final Exam:**

The NBME Surgery Subject Exam (“Shelf” Exam) is the final exam for this course and is given on the final Friday of the 8-week course (unless changed by the Office of Medical Education). This scale identifies the key breakpoints in the conversion of “Shelf” grade to the KUMC Scaled Percentage used for final course grade calculation.

<table>
<thead>
<tr>
<th>“Shelf” Grade</th>
<th>KUMC Scaled %</th>
<th>Descriptive Grade</th>
<th>2013 Academic Year Norm</th>
<th>2014 Academic Year Norm</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥ 82</td>
<td>≥ 90.00%</td>
<td>Superior</td>
<td>79%ile – 99%ile</td>
<td></td>
</tr>
<tr>
<td>74 – 81</td>
<td>80.00 – 88.75%</td>
<td>High Satisfactory</td>
<td>46%ile – 75%ile</td>
<td></td>
</tr>
<tr>
<td>62 – 73</td>
<td>65.00 – 78.75%</td>
<td>Satisfactory</td>
<td>6%ile – 41%ile</td>
<td></td>
</tr>
<tr>
<td>≤ 61</td>
<td>≤ 64.99%</td>
<td>Unsatisfactory</td>
<td>5%ile</td>
<td></td>
</tr>
</tbody>
</table>

A minimum score of 62 must be achieved on the NBME Surgery Subject Exam to successfully pass the course. Students who do not score at least 62 on this exam will be graded “Incomplete” until the exam is retaken and a “Shelf” grade of 62 or more is achieved. It is highly recommended that the student who fails the “Shelf” Exam view the Surgery 900 Failed Shelf Self Assessment and Recommendations under Printable Forms in JayDocs or by visiting the Surgery Education Website.

Students who fail the “Shelf” Exam will be required to retake it on the date indicated on the NBME Shelf Exam Schedule (see School of Medicine’s Policies and Procedures “NMBE Shelf Exam Policy”). Students who pass the “Shelf” Exam on the second attempt will be assigned a course grade of Satisfactory.

Students who fail the exam on the second attempt, or who do not take the exam within the required time period, will receive an Unsatisfactory course grade and will be required to repeat the Surgery Clerkship. Grade determination for other reasons leading to repeating the Surgery Clerkship (illness, other hardship) will be considered on a case-by-case basis.

This NBME Surgery Subject Exam conversion scale was determined by consensus of the Kansas City, Wichita, and Salina Clerkship Directors in April 2015.
Final Course Grade:

The Final Course Grade is determined by adding the component scores from the 3 main areas: Cognitive Skills, Oral Case Presentation & Examination (OCP&E), and Clinical Performance Rating (Competency Evaluation).

Final Course Grade for Surgery 900 is determined by the following scale:

- Superior: 90.00 - 100%
- High Satisfactory: 80.00 - 89.99%
- Satisfactory: 65.00 - 79.99%
- Unsatisfactory: 64.99% and below

Policy for Challenging Borderline Grades:

If the student’s Final Course Grade is one that is borderline (i.e. slightly below the threshold for the next higher grade) and the student seeks consideration for the next higher grade, the following policy applies:

1. To be considered a borderline grade, the student’s calculated Final Course Grade at the time grades must be submitted to the Registrar’s Office must be within 2.00 percentage points of the next higher grade threshold. KU SoM policy requires that grades be finalized and submitted from Clerkships within 4 weeks of the end of the block.

2. To be eligible for consideration of the next higher grade, the student must have achieved, on first attempt, an NBME Shelf Exam score which is in the range to which the student wishes to have his/her final grade elevated. (i.e. if the student’s grade is borderline to superior and the student wishes his/her grade to be elevated to superior, the student must have achieved a “Shelf” score in the superior range using the KU % conversion scale).

3. If conditions 1 and 2 are met, the student may request a grade elevation. The student’s performance on the Oral Examination will be used to determine whether the grade is moved up to the desired level. If a grade change occurs, the Surgery Education office will notify the Registrar’s Office.

DISCLAIMER: All course material will be covered as time and circumstance permit.

Learning assistance, academic performance enhancement, and psychological services at KUMC are free, confidential, and available at Student Counseling & Educational Support Services by calling 913-588-6580 or visiting G116 Student Center.

Any student in this course who needs an accommodation because of a disability in order to complete the course requirements should contact the instructor or the Equal Opportunity/Disability Specialist (913-588-7813, TDD 913-588-7963) as soon as possible.
### University of Kansas School of Medicine
### Surgery 900 Target Diagnosis Tracking Log

Present this form at Mid-Clerkship Feedback Session and End of Clerkship

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>Date of Rotation:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Target Diagnosis</th>
<th># of Target Encounters Required at Minimum</th>
<th># of Actual Encounters At Feedback Session</th>
<th># of Actual Encounters At Clerkship Completion</th>
<th>Alternative Activities Which Count</th>
<th>Target Met? (this column for clerical use only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin/Subcutaneous</td>
<td>2</td>
<td></td>
<td></td>
<td>Didactic/Lab</td>
<td></td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>2</td>
<td></td>
<td></td>
<td>Didactic/Lab</td>
<td></td>
</tr>
<tr>
<td>Breast</td>
<td>1</td>
<td></td>
<td></td>
<td>Didactic/Lab</td>
<td></td>
</tr>
<tr>
<td>Esophagus/Stomach/Duodenum</td>
<td>2</td>
<td></td>
<td></td>
<td>Didactic/Lab</td>
<td></td>
</tr>
<tr>
<td>Small/Intestine/Colon/Anorectal</td>
<td>3</td>
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<td></td>
<td>Didactic/Lab</td>
<td></td>
</tr>
<tr>
<td>Liver/Biliary/Pancreas/Spleen</td>
<td>4</td>
<td></td>
<td></td>
<td>Didactic/Lab</td>
<td></td>
</tr>
<tr>
<td>Abdominal Pain/Acute Abdomen</td>
<td>1</td>
<td></td>
<td></td>
<td>Didactic/Lab</td>
<td></td>
</tr>
<tr>
<td>Nutrition Problems</td>
<td>1</td>
<td></td>
<td></td>
<td>Didactic/Lab</td>
<td></td>
</tr>
<tr>
<td>Hernia</td>
<td>2</td>
<td></td>
<td></td>
<td>Didactic/Lab</td>
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</tr>
<tr>
<td>Renal/Urologic Male Reproductive</td>
<td>1</td>
<td></td>
<td></td>
<td>Didactic/Lab</td>
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<tr>
<td>Endocrine/Metabolic</td>
<td>1</td>
<td></td>
<td></td>
<td>Didactic/Lab</td>
<td></td>
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<tr>
<td>Wound Infection</td>
<td>1</td>
<td></td>
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<td>Didactic/Lab</td>
<td></td>
</tr>
<tr>
<td>Cancer</td>
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<td>Didactic/Lab</td>
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<tr>
<td>Injury/Trauma</td>
<td>5</td>
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<td></td>
<td>Didactic/Lab</td>
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<tr>
<td>Wound healing post-operatively</td>
<td>1</td>
<td></td>
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<td>Didactic/Lab</td>
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</tr>
</tbody>
</table>

In order to count as an encounter, participation in the role of an observer, active participant, under supervision or via an alternative activity is acceptable. Students should strive for as much active participation with live patients as possible.

### Setting

<table>
<thead>
<tr>
<th>Setting</th>
<th># of Actual Encounters At Feedback Session</th>
<th># of Actual Encounters At Clerkship Completion</th>
<th>Target Met?</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>Inpatient admission</td>
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<tr>
<td>Inpatient initial follow-up</td>
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<tr>
<td>Inpatient subsequent follow-up</td>
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<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Outpatient initial encounter</td>
<td>20</td>
<td></td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Outpatient subsequent encounter</td>
<td>10</td>
<td></td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Other encounter</td>
<td>5</td>
<td></td>
<td>N/A</td>
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### Role

<table>
<thead>
<tr>
<th>Role</th>
<th># of Actual Encounters At Feedback Session</th>
<th># of Actual Encounters At Clerkship Completion</th>
<th>Target Met?</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Observed</td>
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<td></td>
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</tr>
<tr>
<td>Active</td>
<td>20</td>
<td></td>
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</tr>
<tr>
<td>Completed under supervision</td>
<td>40</td>
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<td>N/A</td>
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<tr>
<td>Target Procedures</td>
<td># of Target Encounters Required at Minimum</td>
<td># of Actual Encounters At Feedback Session</td>
<td># of Actual Encounters At Clerkship Completion</td>
<td>Alternative Activities Which Count</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
<td>-------------------------------------------</td>
<td>-------------------------------------------</td>
<td>------------------------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>ABG Analysis</td>
<td>1</td>
<td></td>
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<td>Case File #23 See Coordinator</td>
</tr>
<tr>
<td>Apply Wound Dressing</td>
<td>5</td>
<td></td>
<td></td>
<td>Video</td>
</tr>
<tr>
<td>Digital Rectal Exam/Test Stool for Blood</td>
<td>1●</td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Draw Arterial Blood</td>
<td>1</td>
<td></td>
<td></td>
<td>Video</td>
</tr>
<tr>
<td>Draw Venous Blood</td>
<td>1</td>
<td></td>
<td></td>
<td>Didactic/Lab</td>
</tr>
<tr>
<td>Endoscopy</td>
<td>2</td>
<td></td>
<td></td>
<td>Didactic/Lab</td>
</tr>
<tr>
<td>Immobilize Neck/Extremity</td>
<td>1</td>
<td></td>
<td></td>
<td>Didactic/Lab</td>
</tr>
<tr>
<td>Insert Endotracheal Tube</td>
<td>1</td>
<td></td>
<td></td>
<td>Video</td>
</tr>
<tr>
<td>Insert Foley Catheter</td>
<td>1</td>
<td></td>
<td></td>
<td>Video</td>
</tr>
<tr>
<td>Insert Nasogastric Tube</td>
<td>1</td>
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<td>Video</td>
</tr>
<tr>
<td>Intravenous Line Insertion</td>
<td>1</td>
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<td>Didactic/Lab</td>
</tr>
<tr>
<td>Nutritional Support</td>
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<td>Didactic/Lab</td>
</tr>
<tr>
<td>Ostomy Care</td>
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<td></td>
<td></td>
<td>Video</td>
</tr>
<tr>
<td>Perform Focused H &amp; P observed by an attending</td>
<td>1●</td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Present/Diagram Surgical Anatomy in OCP&amp;E</td>
<td>1●</td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Record SOAP Note</td>
<td>10●</td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Remove Wound Closure</td>
<td>5</td>
<td></td>
<td></td>
<td>Video</td>
</tr>
<tr>
<td>Sterile Technique</td>
<td>5</td>
<td></td>
<td></td>
<td>OR Orientation</td>
</tr>
<tr>
<td>Suture Repair Wound/Laceration</td>
<td>5</td>
<td></td>
<td></td>
<td>Didactic/Lab</td>
</tr>
<tr>
<td>Abdominal Exam</td>
<td>1●</td>
<td></td>
<td></td>
<td>Simulation In Neis Skills Lab</td>
</tr>
<tr>
<td>Incision and Drainage</td>
<td>1●</td>
<td></td>
<td></td>
<td>Simulation In Neis Skills Lab</td>
</tr>
<tr>
<td>Record Focused H &amp; P, Procedure Note</td>
<td>1●</td>
<td></td>
<td></td>
<td>Simulation In Neis Skills Lab</td>
</tr>
<tr>
<td>Obtain Informed Consent</td>
<td>1●</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record Pre-op and Post-op Diagnosis</td>
<td>1●</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In order to count as an encounter, participation in the role of an observer, active participant, under supervision or via an alternative activity is acceptable in all cases except where noted with ●. In those cases denoted with ●, the student must do/perform the skill.
## Surgery 900 Skills Verification Form

Present this form at Mid-Clerkship Feedback Session and End of Clerkship

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th>Date of Rotation:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Activity for Completing Skill</th>
<th>Signature of verifying official attesting to student’s participation or performance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Skills Demonstrated in the presence of an attending

- Perform a focused H&P observed by an attending.

### Skills Demonstrated at Didactic/Lab or in a Clinical Setting

<table>
<thead>
<tr>
<th>Skill Description</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insert Endotracheal Tube</td>
<td>Airway Lab</td>
</tr>
<tr>
<td>Immobilize Neck/Extremity</td>
<td>Urgent Thoracic Didactic</td>
</tr>
<tr>
<td>Cricothyroidotomy</td>
<td>Urgent Thoracic Didactic</td>
</tr>
<tr>
<td>Suture Repair Wound/Laceration</td>
<td>Suture Lab</td>
</tr>
<tr>
<td>Endoscopy</td>
<td>Laryngoscopy Lab</td>
</tr>
<tr>
<td>Head &amp; Neck Exam</td>
<td>Head &amp; Neck Exam Lab</td>
</tr>
</tbody>
</table>

### Skills Demonstrated via video or during Orientation

<table>
<thead>
<tr>
<th>Skill Description</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insert Nasogastric Tube</td>
<td>Video</td>
</tr>
<tr>
<td>Insert Foley Catheter</td>
<td>Video</td>
</tr>
<tr>
<td>Sterile (aseptic) Technique</td>
<td>OR Orientation</td>
</tr>
<tr>
<td>Draw Arterial Blood</td>
<td>Video</td>
</tr>
<tr>
<td>Ostomy Care</td>
<td>Video</td>
</tr>
<tr>
<td>Apply/Change Wound Dressing</td>
<td>Video</td>
</tr>
<tr>
<td>Remove Wound Closure</td>
<td>Video</td>
</tr>
<tr>
<td>Intravenous Line Insertion</td>
<td>Video</td>
</tr>
<tr>
<td>Draw Venous Blood</td>
<td>Video</td>
</tr>
</tbody>
</table>

### Skills Performed at Neis Skills Lab Simulation

<table>
<thead>
<tr>
<th>Skill Description</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal Examination</td>
<td>Abdominal Exam Practicum</td>
</tr>
<tr>
<td>Perform H &amp; P (focused or complete) observed by Skills Lab Faculty (recorded)</td>
<td>SP Session</td>
</tr>
<tr>
<td>Incision and Drainage</td>
<td>SP Session</td>
</tr>
<tr>
<td>Record H &amp; P findings and procedure note including pre and post-op diagnosis</td>
<td>SP Session</td>
</tr>
<tr>
<td>Obtain informed consent</td>
<td>SP Session</td>
</tr>
<tr>
<td>Place dressing</td>
<td>SP Session</td>
</tr>
<tr>
<td>Use sterile technique</td>
<td>SP Session</td>
</tr>
</tbody>
</table>

One signature verifies participation in the skills of Standardized Patient (SP) Session