University of Kansas School of Medicine
Surgery 900, Junior Surgery Clerkship

Guidelines to Success on the Trauma, Critical Care and Acute Care Surgery

Trauma, Critical Care and Acute Care Surgery Faculty
Ashley Bennett, MD
Stepheny Berry, MD
Justin Green, MD PhD MBA
James Howard, MD
Michael Moncure, MD
Kahdi Udobi, MD
Rob Winfield, MD PhD

I. Introduction
Welcome to the General Surgery Clinical Clerkship and the Division of Trauma, Critical Care and Acute Care Surgery. You are about to embark on one of the most challenging and most rewarding experiences of your medical education. You will work harder and learn more during this rotation than you might think possible. Hopefully, you will also gain an appreciation for surgery as an art and a discipline, and learn to enjoy it as much as your surgical mentors do.

The purpose of this outline is to provide some practical guidance regarding the operational functions of the services, as well as your role and responsibilities as a surgical student. It will also try to give a very clear delineation of what objective and subjective criteria will be used in evaluating your performance during this clerkship. Finally, included are some miscellaneous points that you may find helpful during the rotation.

II. Learning Objectives
At the conclusion of the Clerkship, the student will have mastered the following areas of competence:

KNOWLEDGE
1. Recognize the following common Acute Care Surgery problems and understand the appropriate diagnostic and management algorithms for each condition:
   a. Acute Surgical Abdomen
   b. Benign Biliary Disease
   c. Small Bowel Obstruction
   d. Acute Appendicitis
   e. Soft Tissue Infection
2. Recognize the following common Trauma Surgery problems and understand the appropriate diagnostic and management algorithms for each condition:

   a. Traumatic Brain Injury
   b. Blunt Thoracic/Abdominal Trauma
   c. Penetrating Thoracic/Abdominal Trauma
   d. Complex Orthopedic Trauma

**SKILLS**
1. Perform a FAST exam
2. Perform a History & Physical Exam

**ATTITUDE**
1. Demonstrate professional attitudes and values towards, colleagues, and patients.
2. Approach patients in non-judgmental and patient-centered manner with empathy and professionalism.
3. Model professionalism, respect, and enthusiasm for learning during clinical encounters.
4. Reveal self-awareness through reflection of successful and unsuccessful patient encounters.

### III. Responsibilities

First and foremost, you will all soon be physicians and thus ultimately responsible for the care and well-being of your patients. Like many professions, medicine is learned, in large part, by on the job training and by role-playing. There is no time like the present to begin acting like real physicians and taking responsibility for the patients assigned to you. You will treated like a physician and, in turn, you will be expected to act and perform like a physician. These folks are not projects or assignments, they are your patients. Treat them the way you would want your own family treated.

You will be responsible, each and every day, for knowing the status of your patients, to include subjective evaluation, vital signs, lab/diagnostic data, medication profiles and important events in their hospital course. In general, you will round with your team once each day and will be expected to provide a clear and concise presentation of this data. Rounds will also be that opportunity to discuss the pathology, surgical interventions and other teaching points associated with the patients. Be prepared for rounds! It is your best opportunity to demonstrate your mastery of patient care and medical knowledge. You will also be responsible for actively participating in the O.R. with your patients. Be prepared to discuss the anatomy, pathophysiology and operative procedure on each case that you scrub. Do not come unprepared! If you know nothing about the patient or the case, you will miss out on a priceless opportunity to learn in the ultimate classroom—the OR. There will also weekly teaching conferences mediated by the staff surgeons. You should spend a good amount of time in preparation for these presentations, so that the faculty will also be able to see you perform at your best. Above everything, we want you to come away from this clerkship feeling that you learned something valuable to your career and that you got “your tuition dollars-worth” of teaching from us.

### IV. Performance Criteria

Your grade for the rotation will be determined from input provided by the faculty surgeons. The following criteria are those that will be used in forming your evaluation. There is no reason to assume you are all not “Superior” students, and there is no set quota of superior marks that will be given. The faculty genuinely want each of you to excel in your training. Note that there is a lot of flexibility in the criteria.
We cannot all have the technical ability of Denton Cooley, but you can make up for relative deficiencies in one area of performance with excellence in another area, i.e. enthusiasm and dedication.

**Unsatisfactory:** Students are routinely late for rounds, O.R. or conferences. Students are unwilling to share the workload of patient care, and show no interest in the O.R

**Satisfactory:** Students are infrequently late for required events. They are often unprepared for rounds or the O.R. Students are hard to find when needed. Students do not read on their patients and come to the O.R. only when absolutely necessary.

**High Satisfactory:** Students are never late for rounds/O.R. They are in command of all pertinent information regarding their patients. Students actively participate in daily patient care activities (writing daily notes, ambulating patients, assisting with procedures, etc.). Students read about and understand their patient’s disease process and are prepared to discuss their knowledge on rounds.

**Superior:** In addition to the above, students are enthusiastic about surgery and aggressively participate in patient care with the staff. More detailed reading from classic surgical texts (Schwartz, Sabiston, Greenfield, etc.) is pursued. Students are self-starters and take the initiative in the patient’s care. Students spend spare time in the O.R. observing cases.

### IV. Odds and Ends

- On the first day of your rotation, you will be assigned to one of the four primary services of the Division (SICU, Trauma Surgery, Acute Care Surgery or Night Float). Throughout the month, you will rotate for one week on each of those services. During the Night Float week, you will have no required activities during the day to afford adequate rest.

- The student assigned to SICU will integrate into the SICU team, as assigned by the Chief Resident, to include care of critically ill patients within the SICU and Burn Unit.

- The student assigned to the Trauma Surgery service will participate in the care of trauma patients admitted to the floor, respond to trauma activations/consults and participate in operative trauma cases. If there is an opportunity, the student may participate in ongoing Acute Care Surgery service operative cases, as assigned by the ACS Chief Resident. This student will carry a Trauma Pager during the day.

- The student assigned to the Acute Care Surgery service will participate in the care of surgical patients, as assigned by the Chief Resident, admitted to the surgical floor, see inpatient/ER surgical consults and participate in operative surgical cases.

- The student assigned to Night Float will participate in the care of surgical patients, as assigned by the Chief Resident, admitted to the SICU, surgical floor, see night-time inpatient/ER surgical consults, respond to night-time trauma activations/consults and participate in operative trauma and surgical cases. This student will carry a Trauma Pager during the night. A Student Call Room is available for rest during down time. During the Night Float week, you will have no required activities during the day to afford adequate rest.

- You will not be expected to be responsible for all patients. You will be assigned patients who have interesting or significant surgical diseases by the Residents.

- Typically, the Residents will round on patients very early in the morning (0400 – 0600). Service checkout with the Night Float team is at 0630 in the SICU and multi-disciplinary checkout is at 0800 in the SICU. The faculty will round with the team at around 0900 each day, depending upon the needs of the service. You will be expected to have seen all of the patients assigned to you prior to faculty rounds.
- On rounds, have command of the patient’s relevant lab data and any x-ray results that are new that day.

- Rounds presentations should be in a system-based format for SICU patients and in the SOAP format for Trauma and ACS services.

- It goes without saying that falsifying data or otherwise misrepresenting yourself is unacceptable. Integrity and honesty are essential to the physician. If you make a mistake, admit it. If you don’t know the answer, say so, but don’t try to “wing it”.

- You may participate in Trauma and ACS clinic during scheduled clinic times.

- Always introduce yourself to the patients in pre-op holding, the floor, the SICU or the ER.

- If several surgeons are working, pick the case that is most interesting. Don’t watch an endless series of laparoscopic cholecystectomies when there are more interesting things going on.

- Feel free to scrub with any of the surgeons from the Division. Always introduce yourself and ask permission before scrubbing into a case with another surgeon.

- Required student lectures, labs and faculty conferences take precedence over everything else.

- If you need some time off for a good reason, ask your Chief Resident or Resident ASAP.

- If you are having trouble with the material, don’t wait until the end of the rotation to ask for help.
VI. Resources

-The KU Trauma App: This is a mobile app developed by Dr. Winfield which provides our current Practice Management Guidelines as well as helpful links to EAST, AAST, etc.

-www.EAST.org: The website of the Eastern Association for the Surgery of Trauma. It has a wealth of information on nearly all traumatic injuries and provides portals for health professionals.

-www.surgicalcriticalcare.net: a website with free membership that provides a collection of practice management guidelines and articles on many common critical care topics you will see on the rotation.

The ICU Book, Marino, 2014
This is a wonderful reference for the student that wishes to gain a more comprehensive view of critical care.

Current Surgical Therapy, Cameron 2011

Schwartz’s Principles of Surgery, Brunicardi et al 2009

Again, welcome! These criteria may seem like a tall order, but each one of you is up to the task, or you would not be here. In return for your hard work and dedication, the faculty and Residents will strive to make this rotation as meaningful as it can be. We also want you to have fun and enjoy your time here as much as we all did as students. Faculty will always be available to you for questions or information. See you in the O.R.-

Justin L. Green MD PhD MBA, FACS
Associate Professor of Surgery
Chief, Division of Trauma, Critical Care and Acute Care Surgery
Department of Surgery, University of Kansas School of Medicine