



CORE SURGERY CLERKSHIP HANDBOOK

Class of 2019



Dear Students,

Congratulations on making it to this point in your medical student career! We are excited to see you come on board as you begin your Core Surgery clerkship. We as members of the teaching faculty realize that only a few of you will eventually choose to go into some branch of surgery. However, we are certain that as members of the military, all of you will find yourself applying surgical principles or needing to be educated consumers of surgical resources. We encourage you to be alert and attentive, and work hard to assimilate as much knowledge as possible during the weeks of your initial surgical experience. For those of you who are considering a career in surgery, obviously this clerkship is a key to your successful future. A few things to keep in mind to help you succeed in surgery:

- **You need to be on time.** You need to be in attendance at rounds, at conferences, at clinics, etc. There is no “you do not have to attend lectures” rule now. You always have to be where you are expected to be. No exceptions.
- **You need to constantly be learning.** You need to do this while on your feet, while moving down the hallway, while in conferences, whatever.
- **You need to jump in and get involved.** Take as much responsibility as your residents and attending surgeons will permit you. Take “ownership” of your patients. Learn from every patient, not just the ones you are personally following. Read about every disease you see, and about every operation. Be prepared to be able to recite the pertinent details of each patient’s case. Avoid the impulse to hang back and just be a student observer.
- **Get to know your On-Site Associate Clerkship Directors.** We have excellent, experienced surgeons who are in charge of the rotations at your hospital. (See list on page 2) If you have any difficulties whatsoever, your first point of contact is your on-site Director.
- **Identify your “rating officials” early in each rotation.** In some cases, this will be a resident on your assigned service. Much of your grade is determined by the assessments of these various leaders. You are advised to find out early in the rotation what is expected of you, and then meticulously meet those expectations. If at any time expectations are unclear, confer with your onsite Associate Clerkship Director for assistance.

Again, we wish you all the very best as you learn of the fine art and science of surgery. We are anxious for you to succeed, and to come away from these rotations with valuable experience and knowledge, which will help you on into the future, wherever you might go, and whatever you might do.

Sincerely,



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INTRODUCTION

The Core Clerkship in the Department of Surgery consists of a ten-week block, which includes five weeks of general surgery, and two two-and-a-half week blocks of selected specialties. The clinical sites for the clerkship are Eisenhower Army Medical Center (EAMC), Madigan Army Medical Center (MAMC), Naval Medical Center Portsmouth (NMCP), Naval Medical Center San Diego (NMCS), San Antonio Military Medical Center (SAMMC), Tripler Army Medical Center (TAMC), and Walter Reed National Military Medical Center (WRNMMC). The surgical specialty rotations will be selected by each student and take place at each of the sites.

The core surgical clerkship exists as a multi-disciplinary clinical experience, which is designed to introduce the medical student to the basic concepts of surgical practice and perioperative patient care. Rotations on general surgery as well as the specialties will provide the student with outpatient clinical experiences as well as in-patient care and operative knowledge and understanding.

Students will be assigned to specific surgical teams under the responsibility and guidance of the on-site Associate Clerkship Director and Clinical Coordinator and will work closely with the resident team and the attending surgeons. Additional educational opportunities will include a series of mandatory daily onsite core lectures designed specifically for you, the medical student. You will also be attending other conferences with your teams, such as Grand Rounds, Morbidity & Mortality Conference, and Visiting Professor Lectures. Details on these sessions will be provided in your site-specific Welcome Packets.

CLERKSHIP STRUCTURE

The Surgery Clerkship will include the following rotations:

1. Five weeks of **GENERAL SURGERY**
2. Two and a half weeks in a **CORE surgical** specialty. These include:
 - Burns (SAMMC only)
 - Cardiothoracic
 - Orthopedics
 - Urology
 - Vascular Surgery
3. Two and a half weeks in an **ELECTIVE** specialty (from any of the following specialties):

Breast Surgery (WRNMMC and NMCS only)	Plastic Surgery
Cardiothoracic	Pediatric Surgery (NMCS, NMCP, Madigan only)
ENT	Transplant surgery (WRNMMC only)
Neurosurgery	Trauma / Critical Care (WRNMMC only)
Orthopedics	Urology
Ophthalmology	Vascular Surgery

Be aware that as not all specialties are offered at all clinical sites, students may only select from those specialties offered at their sites. Also, many specialties offer limited slots, especially in the summer and early fall when MS-4 students are doing audition rotations. While we will do our best to accommodate all subspecialty requests, we cannot guarantee that you will get your first choice. Students may choose to do two CORE specialties instead of one CORE and one elective, but you cannot elect to stay on any one specialty for the entire 5 weeks. Should you desire to change specialties during the clerkship, this must be coordinated with both the Department of Surgery at USU (Ms. McCoy) and the on-site Associate Clerkship Director and may or may not be possible.

ROTATION GOALS

The overarching objective of the surgical clerkship is to familiarize the student with the entire surgical experience. At a minimum, you should come away from the clerkship as an educated consumer of surgical resources. This includes membership on the "surgical team" with full participation in all activities of the team. These activities will include inpatient and outpatient evaluation, treatment planning, discussions concerning decision-making, preoperative evaluation, operative experience, post-operative care, surgical rounds and surgical conferences. Students will take overnight call responsibilities on a schedule determined by the onsite Associate Clerkship Director.

While you will have a plethora of diverse surgical experiences while on the clerkship, it is impossible to cover the entire discipline of surgery in a ten week period. Thus, it is critically important that you read the issued textbooks to ensure you are exposed to the full breadth of surgery. It is easy to focus only on those surgical problems that you are seeing in the clinical environment, but students who fail to read typically struggle with the NBME Surgery subject examination at the end of the clerkship.

CLERKSHIP OBJECTIVES

Knowledge

Specific written learning objectives are available for your review at the USU Department of Surgery website <https://www.usuhs.edu/sur/core-clerkship>, click on "MSIII Clerkship Objectives". These published objectives pertain primarily to the daily lecture series you will have at each clinical site, and a perusal of them will give you an idea of the breadth of information you will be responsible for on the NBME shelf exam.

Communication

One of the key elements of becoming a successful physician (in any specialty) is communication, both with patients and their families as well as with other health care professionals. As a student you are expected to demonstrate empathy, compassion, sensitivity, and respect for patients at all times. Additionally, you are expected to function as an integral and cooperative member of the health care team, working collaboratively and contributing to the team effort.

Professionalism

In addition to interpersonal skills, professionalism is a core competency to being a qualified military medical officer. Specifically, as a student you are expected to demonstrate reliability, commitment, and integrity; to seek, receive and apply feedback in a constructive manner; and to take ownership of your own education.

FIELD JOURNAL

On the premise that a clinical clerkship is akin to a giant structured field observation exercise in a natural science, every student will be issued a Field Journal from the Clerkship Coordinator upon arrival on site. The Journal will serve as a workbook and log to guide and record your clinical interactions over the 10 weeks of the Surgery rotations (General Surgery and the subspecialty rotations). The Field Journal is designed to fit into a pocket of your white coat. Nearly everything you do in the clerkship should be documented in the Field Journal: every lecture you attend, every operation you are involved in, every patient that you are responsible for, should be recorded here. Additionally, you are to record dates of overnight call, oral case presentations, duty hours, and inpatient and outpatient progress notes. Some entries require a co-signature (and an opportunity for feedback) by an attending or senior resident that

supervised or participated in the activity with you. Moreover, the Journal includes a list of critical topics which we the faculty feel represent the absolute minimum that a graduate of USUHS should be familiar with at the end of the Surgery clerkship; if your rotation does not provide an opportunity to see a patient with these problems, you are expected to cover the material by self-directed reading, attendance at lectures, and/or simulation experiences, and duly record in the Journal. There is also an entry (“Red/Yellow/Green” evaluation) designed to facilitate your receiving unvarnished feedback on your performance on General Surgery; the intent is that you will complete this part of the document with your Chief Resident approximately halfway through the General Surgery rotation, but before you meet with your Associate Clerkship Director for your Mid-Rotation Counseling. The Journal will be reviewed by your on-site Associate Clerkship Director at the midway point of your General Surgery rotation (Mid-Rotation Counseling). Near the end of the rotation you will be required to upload the information in **BOLD RED** in the Field Journal to an online database. Additionally, the Field Journal must be turned in at the end of your rotation (it will be collected before the Shelf Exam). Without this Field Journal, no grade can be submitted and you will receive an “Incomplete” for the rotation.

COUNSELING AND FEEDBACK

Students are strongly urged to discuss their progress and receive feedback on all aspects of their performance on the rotation with the senior members of their clinical team and the on-site Associate Clerkship Director. At a minimum, mid- rotation feedback at the halfway point of the General Surgery rotation will be accomplished by the on-site Clerkship Director and documented for review by the Department of Surgery Education Committee.

STUDENT WORK HOURS

Students are expected to become part of the clinical team and attend all aspects of the service. Although no national policy exists with respect to regulation of medical student work hours, the USU School of Medicine has issued a policy stating that student work hours should mirror resident work hours. Thus, students are expected to work no more than 80 hours per week averaged over a 4 week period with in-house call responsibilities occurring no more frequently than 1:3. Students should have a period of 24 hours completely free of clinical responsibilities per 7 days, averaged over a two-week period. Students may be released from clinical duties on any given day by their team leader (usually the attending or chief resident) but are still required to attend lectures unless specifically excused by the on-site Clerkship Director. Students are to document their work hours in their Field Journal on a weekly basis. National Capital Area students are expected to attend all Visiting Professor lectures unless excused by the Core Clerkship Director. Students should address any concerns about work hours with the on-site Associate Clerkship Director.

STUDENT MISTREATMENT

The Department expects that all students on clinical rotations will be treated with respect. Mistreatment such as sexual harassment, verbal or physical abuse, and intentional humiliation are completely unacceptable. Students who are subjected to such mistreatment or who perceive for any reason that they are being abused, or who witness another student being mistreated are encouraged to promptly bring this information to the attention of the Associate Clerkship Director on-site. Students are reminded that the Associate Dean for Student Affairs is the designated contact person for student mistreatment at the University level.

DEPARTMENT OF SURGERY GRADING POLICY

Students' grades in the Core Surgery Clerkship will be reported as Honors, Pass, or Fail. A grade of Honors on the Surgery Clerkship represents the highest performance across all clinical rotations and on the Subject examination and OSCE. Honors is typically only awarded to the top 15-20% of the class, although this number varies for each set of students. Students must achieve a grade of "Pass" for ALL elements (clinical performance on all rotations, NBME shelf exam, and OSCE) in order to Pass the rotation overall.

All grading for the Core Clerkship will be based on the following:

General Surgery Clinical Performance Evaluation	35%
Core Subspecialty Clinical Performance Evaluation	10%
Elective Subspecialty Clinical Performance Evaluation	10%
NBME Surgery Subject "Shelf" Exam	30%
OSCE/OSAT	15%
Field Journal	**
	<hr/>
	100%

**must be turned in to receive a grade

OSCE

The OSCE (Objective Structured Clinical Encounter) will be administered during Assessment Week. A final grade of **65%** or better is required to pass, *and* three of the five encounters must be passed with a grade of 65% or better. Students who fail to pass the exam at the end of the surgical clerkship will be assigned a grade of "I" (incomplete) and be required to repeat the exam at a time it is regularly offered arranged through coordination with the USU Department of Surgery.

It is a summative evaluation and will consist of two parts:

1. Four 30-minute OSCE-style encounters on standardized patients with FOUR of the following ten clinical problems:
 - A breast complaint
 - Acute abdomen
 - Anal pain
 - Acute GI bleeding
 - Bowel obstruction
 - Fever in the post-operative patient
 - Intermittent claudication
 - Jaundice
 - Primary survey of a trauma patient
 - Shortness of breath in the post-operative patient
2. One 25-minute OSAT (Objective Structured Assessment of Task): A practical examination demonstration of proper aseptic technique and simple closure of a wound.

NBME Surgery Subject (Shelf) Examination

1. Passing grade on the surgical shelf exam will be a percent correct score of **60** or better which is in line with national percentages for passing. The Department of Surgery has established this as the minimum passing score.
2. Students who fail to pass the exam at the end of the surgical clerkship will be assigned a grade of "I" (incomplete) and be required to repeat the exam at either the next regularly offered exam date

or at a time arranged through coordination with the USU Department of Surgery and the Office of Student Affairs.

3. Upon passing the make-up exam, the student will be assigned a maximum grade of “Pass” regardless of the score on the make-up exam.
4. Failure on the make-up exam will constitute a failure in the Core Surgery Clerkship and the student will be assigned a grade of “Fail”. This will prompt review by the Student Promotion Committee. In addition, the student will be required to complete a remediation program designed by the Department of Surgery Education Committee that will typically include a repeat of 8 weeks of Surgery to include 4 weeks of General Surgery and 4 weeks of a core subspecialty or SICU. The student must subsequently take the next offered Shelf exam and achieve a passing grade. The student’s calculated Surgery Clerkship grade will be a reflection of the remediated rotation. The initial “Fail”, however, will be recorded on the student’s permanent transcript. Failure to successfully pass the remediated rotation will require the student to be re-reviewed by the Student Promotion Committee.

Final Grade Determination

All final grades are vetted through the Department of Surgery Education Committee, which consists of the Vice Chairman for Education, Core Clerkship Director, each of the on-site Associate Clerkship Directors, the Director of Preclinical Education, the Director of Advanced Surgical Clerkships, and the Department Chairman or his representative. The Surgical Education Committee reserves the right to adjust the final calculated grade based on documented evidence of poor/outstanding professionalism, officership, or integrity. Per USU Instruction 1105, “Failure to demonstrate characteristics such as dependability, punctuality, professional and academic integrity, or ability to get along with patients and other members of the health care team, may lead to a grade of F, even with adequate mastery of cognitive factors.”

Final grades are sent by letter (emailed PDF attachment) to each student as soon as possible after completion of the rotation. All grades will be completed and issued within 6 weeks of the completion of the clerkship. Grades are not provided by telephone.

DEPARTMENT OF SURGERY GRADE APPEAL PROCESS

1. All grade appeals requests must be submitted in writing (letter or E-mail) to the Core Clerkship Director within 14 days of the student’s receipt of notification of grade.
2. The appeal will be reviewed by the Core Clerkship Director along with input from members of the Department of Surgery Education Committee at the next scheduled DoSEC meeting.
3. The student will be notified of the decision within 14 days of the review. Since the Department of Surgery Education Committee meets monthly, the review process could take several weeks.
4. All appeals and the results of the appeal review will be placed in the student’s permanent file and be reported to the Assistant Dean for Student Affairs and registrar.

LEAVE

If you wish to take regular, medical, or emergency leave at any time during the course of a clinical rotation, you must obtain permission first through your on-site Associate Clerkship Director, the Core Clerkship Director, then through the Office of Student Affairs; the administrative paperwork is processed through your company commander. Be advised that a student who misses more than three (3) days of a clinical rotation for any reason will automatically be reviewed by the Department of Surgery Education Committee.

ADMINISTRATIVE ISSUES

Students with any administrative problems are encouraged to contact the on-site Associate Clerkship Director at their clinical site. For situations requiring USU Departmental involvement, please contact the USU Department of Surgery Student Coordinator, Ms. Suzanne McCoy 301-295-5866 or suzanne.mccoy@usuhs.edu .

STUDENT EVALUATION OF CLERKSHIPS

Students are encouraged to comprehensively evaluate their experience on the surgical rotation and to discuss their thoughts with any of the surgical faculty. The Department is vitally interested in continual improvement of the curriculum, and student input and suggestions are welcomed. Any comments or constructive criticism can be submitted at any time directly to Dr. Copeland via email @ annesley.copeland@usuhs.edu .

USU-SOM STUDENT PERFORMANCE EVALUATION SURGERY Core Clerkship
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Student Name/Rank: Click here to enter text. _____ **Location:** _____ Choose an item.

Dates: _____ Click here to enter a date. **to** _____ Click here to enter a date. **Round:** _____ Choose an item.

For each area of evaluation, please select the appropriate level of ability. Indicate the level at which the student consistently performs.

History/Interviewing Skills					
0	4	3	2	1	<i>critical deficiency</i>
Not observed	Resourceful, efficient, appreciates subtleties, prepares for management	Precise, detailed, appropriate to setting (ward or clinic), focused/selective	Obtains basic history, identifies new problems, accurate data gathering	Inconsistent reporter: incomplete or unfocused, inconsistent elicitation of basic information	Unreliable reporter: inaccurate, major omissions, inappropriate

Physical Examinations Skills					
0	4	3	2	1	<i>critical deficiency</i>
Not observed	Elicits subtle findings	Organized, focused, relevant	Appropriate exam technique; major findings identified	Incomplete, or insensitive to patient comfort and modesty	Unreliable exam; misses major findings

Written Histories and Progress Notes					
0	4	3	2	1	<i>critical deficiency</i>
Not observed	Concise, reflects thorough understanding of disease process and patient situation; analytical in assessment; formulates initial management plan	Precise, organized, focused yet comprehensive, reporting implies interpretation	Accurate, complete, timely; maintains format, records all relevant information accurately	Needs organization, omits relevant data; poor flow, lacks supporting detail and/or incomplete information; gaps in reporting	Inaccurate or incorrect data about patient or disease; major omissions; unreliable recording and reporting

Oral Presentations					
0	4	3	2	1	<i>critical deficiency</i>
Not observed	Tailored to situation (type of rounds), emphasis and selection of facts	Fluent orderly reporting, focused; selection of facts implies	Maintains standard format; includes accurate and relevant	Major omissions; often includes irrelevant facts, poorly organized	Consistently ill-prepared, does not know facts about patient; reports

	shows comprehensive understanding of key points	interpretation	information		inaccurate information
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General Knowledge					
0	4	3	2	1	<i>critical deficiency</i>
Not observed	Understands therapeutic interventions; fund of knowledge sufficient to suggest initial management plan	Demonstrates thorough understanding of diagnostic approach; consistently able to interpret data; provides expanded differential diagnoses	Demonstrates understanding of basic anatomy and pathophysiology; knows basic differential diagnoses	Deficient understanding of basics; marginal knowledge relative to disease process in own patients	Major deficiencies in knowledge base; lacks knowledge to understand own patients' problems

Surgical Preparation and Knowledge					
0	4	3	2	1	<i>critical deficiency</i>
Not observed	Can discuss controversies surrounding points of operative technique or operative indications, with clear knowledge of current literature	Demonstrates thorough understanding of disease process, operative indications, and anatomy; aware of key details of planned procedure	Demonstrates basic understanding of and indications for surgical procedures; familiar with pertinent anatomy	Significant gaps in knowledge of basic patient history, indications for procedure, or relevant anatomy	Lack of knowledge about patient or operative plan

Procedures/Skills					
0	4	3	2	1	<i>critical deficiency</i>
Not observed	Proficient and skillful; consistently demonstrates efforts to improve technical skills	Careful; attentive to detail; recognizes limitations	Reasonable skill in preparing for, and performing, procedures	Awkward with skills, lacks coordination of movement, minimal response to coaching or teaching	Lacks basic procedural skills; no sign of interest in improvement even with coaching

Areas of Performance: Please rate the student according to his/her demonstrated level of *overall* clinical ability.

NOTE: Most students will be at the level of adequate reporter and possibly early interpreter by completion of clerkships.

Overall CLINICAL SKILLS Performance				
Choose an item.	Choose an item.	Choose an item.	Choose an item.	Choose an item.

Full Interpreter, Early Manager	Advanced Reporter, Early Interpreter	Adequate Reporter	Incomplete Reporter	Unreliable Reporter
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Reliability and Commitment					
0	4	3	2	1	<i>critical deficiency</i>
Not observed	Seeks responsibilities as a manager; demonstrates initiative to assume ownership of patient care	Demonstrates initiative and reliability in planning and carrying out patient care tasks. Views self as active participant in patient care.	Reliably completes assigned patient care tasks with few prompts; accepts ownership of essential roles in care	Often unprepared, not consistently present; careless	Unexplained absences or tardiness; unreliable; makes no promise of duty

Response to Instruction/Feedback					
0	4	3	2	1	<i>critical deficiency</i>
Not observed	Continued self-assessment leads to sustained improvement; insightful self-reflection	Actively seeks and consistently improves with feedback received from patients and members of the healthcare team	Demonstrates self-reflection in response to feedback from patient and members of the interprofessional team. Receives constructive feedback in a professional manner.	Inconsistently seeks feedback; does not improve or does not sustain improvement in response; little insight into own strengths and weaknesses	Lack of improvement; defensive or argumentative in response to criticism; avoids responsibility

Self-Directed Learning (Knowledge and Skills)					
0	4	3	2	1	<i>critical deficiency</i>
Not observed	Independently seeks additional information to apply to patient management issues and to share with clinical practice teams	Sets own goals; reads, prepares in advance when possible; pursues additional self-directed education to address knowledge gaps	Reads appropriately; accepts ownership for self-education	Needs prompting to address gaps in fund of knowledge; not consistently improving	Unwilling; lack of introspection; makes no effort to improve

Patient Interactions/Interpersonal Skills					
0	4	3	2	1	<i>critical deficiency</i>
Not observed	Preferred provider; seen as advocate by patients and peers	Easily gains patients' confidence and trust; duty is evident to patient/healthcare team	Demonstrates empathy, compassion, and respect for patients; develops rapport	Occasionally insensitive, inattentive; not trusted as advocate or reporter	Avoids personal contact; tactless, rude, disrespectful

			with patients		
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Working Relationships/Teamwork					
0	4	3	2	1	<i>critical deficiency</i>
Not observed	Viewed as a paragon of mutual respect and dignity	Excellent rapport with members of the expanded healthcare team including support personnel	Cooperative; works collaboratively as a productive member of the healthcare team	Unhelpful or disobliging; not consistently contributing to the team effort of patient care	Antagonistic or disruptive interactions with the team or other medical personnel

Overall PROFESSIONALISM Assessment			
Choose an item.	Choose an item.	Choose an item.	Choose an item.
Exemplary professional behavior demonstrated	No professionalism issues identified	Needs improvement in some areas of professional behavior	Unacceptable professional behavior

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DESCRIPTIVE COMMENTS: (Please add a few sentences to summarize your evaluation of this student. An assessment of the student’s strengths and weakness, and examples of observed behaviors/performance are the most helpful.)

Recommended Grade:				
Honors	High Pass	Pass	Low Pass	Fail
4	3	2	1	critical deficiency

Name of evaluator (you) completing this form

Evaluator level of training

Selection	Option
<input type="checkbox"/>	PGY 1
<input type="checkbox"/>	PGY 2
<input type="checkbox"/>	PGY 3
<input type="checkbox"/>	PGY 4

	PGY 5
	PGY 6
	PGY 7
	Attending Physician

OUR GRADING SYSTEM IS BASED ON PERFORMANCE CRITERIA. PLEASE USE THESE GUIDELINES TO BEST ASSESS THE CURRENT LEVEL OF STUDENT PERFORMANCE:

HONORS:	Highest ratings in most major areas of evaluation. Above-year-level of patient care, actively suggests reasonable management options; excellent general fund of knowledge, outstanding (broad/deep) knowledge on own patients. Strong qualities of leadership and excellence in interpersonal relationships. Able to take the lead with patients/families/professionals on solutions. Promises of duty and growing expertise clearly evident and exceptional.
HIGH PASS:	Clearly more than typical work in most areas of evaluation. Consistently offers reasonable interpretations without prompting; good working fund of knowledge; an active participant in care. Consistent preparation for clinics, OR, and conferences. Promises of duty/expertise evident.
PASS:	Satisfactory performance. Obtains and reports basic information completely, accurately, reliably; is beginning to interpret; Works professionally with patients, staff, colleagues. Distinctive personal qualities should be recognized in descriptive comments.
LOW PASS:	Overall Marginal performance - performs acceptably in some areas but clearly needs improvement in others.
FAIL:	Overall inadequate performance or critical deficiency in any major area of evaluation. Little or no improvement with counseling. A recommendation of Fail means additional Surgery rotation(s) is/are needed to address deficiencies.

Appendix 2: Student suggestions for NBME Exam preparation

From the NBME website, the Clinical Surgery exam content outline:

<i>General Principles</i>	1%–5%
<i>Organ Systems</i>	
Immunologic Disorders	1%–5%
Diseases of the Blood and Blood-forming Organs	5%–10%
Diseases of the Nervous System and Special Senses	5%–10%
Cardiovascular Disorders	10%–15%
Diseases of the Respiratory System	10%–15%
Nutritional and Digestive Disorders	25%–30%
Gynecologic Disorders	5%–10%
Renal, Urinary, and Male Reproductive System	5%–10%
Disorders of Pregnancy, Childbirth, and the Puerperium	1%–5%
Disorders of the Skin and Subcutaneous Tissues	1%–5%
Diseases of the Musculoskeletal System and Connective Tissue	5%–10%
Endocrine and Metabolic Disorders	5%–10%
<i>Physician Tasks</i>	
•Promoting Health and Health Maintenance	1%–5%
•Understanding Mechanisms of Disease	20%–25%
•Establishing a Diagnosis	45%–50%
•Applying Principles of Management	25%–30%

See below for a few suggestions from prior students who performed well on it as to how best to prepare for the NBME Shelf exam:

The way I approached the exam was multifactorial. I read the chapters that you assigned in the book, which I thought was really good. In comparison to the book used for subspecialty, which is not very good and not worth a student's time to read. Additional resources that I used were NMS Surgery (which I believe is releasing a new edition soon), Pestana notes, Case Files surgery, and the U-World question bank. This was a lot and most students probably will not utilize this many resources. If I were to get rid of one of the books it would be Case Files, which was broad and covered many topics, but not detailed enough for the test. The other advice I would give is to approach all questions first as a trauma scenario and do the ABC's.

I focused on Pestana (read through 2 -3 times). I also did the 350 U-world questions. Lastly focused on NMS. Otherwise through the rotation read the assignments (essentials of gen surg and sub spec) and Sabiston, however these weren't as helpful for the test, maybe 5 questions.

I read through Case Files early in the clerkship, read Pestana's notes once early and once the week before the exam. Completed all the UWorld questions and started on them a second time. Did most of the USMLEasy questions, but found many of them far too technical to be useful. I went through the Mont Reid Handbook for several of the bread and butter Gen Surg topics and also used it to prepare for the daily lectures. I didn't touch either Essentials book, but after reading most of the OB/GYN Essentials text (because we were required to discuss it for 2+ hours/week), I almost wish I had.

My main tool to prepare for the shelf exam was the Kaplan and USMLE World Qbanks. I completed all of the surgery questions in both Qbanks, and took notes when reviewing my answers. Besides that, I read

Dr. Pestana surgery notes and portions of NMS. I think that the lectures were great. I used the Mont Reid handbook for reading up before lectures, which I think made them more worthwhile. I did not read very much of the Essentials for General Surgery textbook.

I used the USMLE world question bank to study for the shelf. I did all the surgery questions about 3-4 times (only around 150 total) and also did the internal medicine questions (specifically the CV, GI, fluids and electrolytes, and pulmonary questions). I supplemented my studying with Step Up to Medicine, focusing on the sections just listed. I used the issued textbooks and Surgical Recall for the rotation and lectures. These books were great for rounding and lectures, but I did not find them to be high yield for the shelf exam. I found the lectures to be good overall and contribute greatly to my knowledge for the rotation, but not offer a significant contribution to my exam preparation.

I think the daily lecture series was a good idea and I used it as a rough outline as a study guideline. Not all of the topics were covered at the surgery sites (San Antonio and Portsmouth). The attendings and residents did a good job I felt at trying to hammer home the major points. I would do some USMLE World questions, but not as much as I did when I was on my Medicine rotations. I felt that the biggest help that I had was having a good foundation from my prior medicine rotations. I read from the Mont Reid book as well as Sabiston's Textbook of Surgery, Current Surgical Therapy, and Goldman's Cecil Medicine. Those textbooks were really good. The Lawrence books were nice, but lacked some of the extra detail that I wanted that I found in the other textbooks and just started using them. It would have been nice if the rotation sites had a dedicated lecture series that covered all the areas, but my advice would be to take what is listed in the handbook as a guide and model an individual plan to ensure that you thoroughly go through each topic until you feel you have a good understanding. Also work questions from books like Rush University Medical Center Review of Surgery and mix USMLE questions that are both from medicine, surgery, and relevant pediatric topics.