



CORE SURGERY CLERKSHIP HANDBOOK

Class of 2016



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 Directors 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 (NMCSA), 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 clerkship director and clinical coordinator and will work closely with the resident team and the attending surgeons. Additional educational opportunities will include an onsite core teaching conference and Departmental Grand Rounds 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
 - Cardiothoracic
 - Orthopedics
 - Urology
 - Vascular Surgery
3. Two and a half weeks in an **ELECTIVE** specialty (from any of the following specialties):

Burns (SAMMC only)	Plastic Surgery
Breast Surgery (WRNMMC only)	Pediatric Surgery (NMCSA, NMCP only)
Cardiothoracic	Transplant surgery (WRNMMC only)
ENT	Trauma / Critical Care (WRNMMC only)
Neurosurgery	Urology
Orthopedics	Vascular Surgery
Ophthalmology	

Be aware that as not all specialties are offered at all sites, students may only select from those specialties offered at their sites. Also, many specialties have limited slots, especially in the summer and early fall. 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 the same 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 clerkship director and may or may not be possible.

ROTATION GOALS

The overarching goal 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 have night call responsibilities on a schedule planned 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 all of the 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.

COUNSELING AND FEEDBACK

Students are strongly urged to discuss their progress and receive feedback on all aspects of the rotation with the senior members of their clinical team and the on-site 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 required to record their duty hours in a log designed specifically for this purpose. Students on general surgery will have this document reviewed by the Associate Clerkship Director at the mid-rotation counseling. *All students must turn in their final duty hour log to the Clerkship Coordinator at their clinical site on the last day of the rotation.* 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.

CLERKSHIP OBJECTIVES

Specific written learning objectives are available for your review at the USU Department of surgery website, <http://www.usuhs.mil/surgery/>. Click on Student Information.

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	15%
Elective Subspecialty Clinical Performance Evaluation	15%
NBME Surgery Subject "Shelf" Exam	30%
OSCE	5%
Field Journal	**
	<u>100%</u>

**must be turned in to receive a grade

OSCE

The OSCE will be administered during Assessment Week. It is a summative evaluation and will consist of two parts:

1. Three 30-minute OSCE-style encounters on standardized patients with THREE of the following ten clinical problems:

- Abnormal mammogram
- Acute abdomen
- Acute 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. A practical examination demonstration of proper aseptic technique and simple closure of a wound.

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 obtain a Field Journal from the Clerkship Coordinator on arrival at 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 must record dates of overnight call, oral case presentations, 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 you 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). 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.

NBME Surgery Subject (Shelf) Examination

1. Passing grade on the surgical shelf exam will be a baseline scaled score of **61** or better which is roughly equivalent to the 10th percentile nationally. 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 require the student to be reviewed by the Student Promotion Committee. In addition, the student will be required to repeat 8 weeks of Surgery to include 4 weeks of General Surgery, and 4 weeks of a core subspecialty or SICU. The student must then 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 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 Surgical 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/her representative. The Surgical Education Committee reserves the right to adjust the above calculated grade based on documented evidence of poor/outstanding professionalism, officership, or integrity. Professionalism is a core competency to being a qualified military medical officer, and according to 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 (email attachment) to each student as soon as possible after completion of the rotation. Our goal is to have all grades 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 Surgical Education Committee.
3. The student will be notified of the decision within 14 days of the review. Since the 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 OSA; 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 discussed 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 needed. Any comments or constructive criticism can be made directly to Dr. Copeland via email @ annesley.copeland@usuhs.edu.

In addition, students are required to complete the Clerkship Evaluation on-line after completion of their clerkship. Grades for the Clerkship will not be issued until the Clerkship Evaluation is complete.

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 suggestion for Exam preparation

See below for a few suggestions from prior students as to how best to prepare for the NBME Shelf exam....

It was a tough test, but I feel like students that have the correct study materials have a much better chance of doing well on the exam. I know that if my colleagues studied some of the books (that I found extremely helpful) that the overall score from USUHS would go up and reflect well on our program.

All in all I learned quite a bit during the 12 weeks at NNMCM, and I think it is even more important to supplement our in-house learning opportunities with readings. The material I used was NMS casebook the night before a specific surgery in order to prep, and then I would use Surgical Recall right before the operation because many of the staff liked to ask questions right out of the book. As for the shelf, I did 10 questions a night out of USMLE step 2 from USMLE world over the entire 12 weeks. This adds up to quite a bit of questions covered, and I truly believe it helped me get a broader understanding of the subjects applicable to the rotation. I also used Kaplan surgery prep, which was about a 200 page booklet available online. This was the key to the shelf. If every student could read this 3 or 4 times until they knew it cold, they could answer questions faster and better, which would leave more time for really difficult questions. I have been telling everyone about this Kaplan surgery because I believe it will boost everyone's score and make our school look great to outsiders.

For the surgery shelf exam I did a lot of reading a lot of questions. I read Lawrence, our issued book. I didn't make it through the specialties book but I made it through all of the general surgery book. That along with NMS Casebook was nice because I got a lot of repeat between the two. I also did the NMS questions from their surgery book, and the questions from PreTest. Again, I saw a lot of repeated information, which is very helpful to me.

I tried to read every day for a little bit, even if I couldn't get a full hour in. I used the issued Lawrence text book to prepare for the WRAMC daily lectures for the first half of the rotation. Then I switched to the NMS Casebook (not the textbook). I also flipped through 1st Aide for surgery, and I did about 450/500 questions from the Pre-test surgery question book. I tried to do a handful of questions every day and read a topic or two out of NMS Casebook each day. Hope this helps.

For the shelf I read all of NMS casebook and memorized Pestana review cold. For practice questions I just used PreTest and did all the sections except anesthesia and fluids/electrolytes. The anesthesia powerpoints were sufficient and the fluids/electrolytes chapter of Surgical Recall was well done. The issued textbook was too dense to read so I supplemented my studying with First Aid for Surgery.

Anyways my study strategy for the exam included reading NMS surgery, instead of Lawrence as it was in outline form and easier for me to process, I also read the NMS casebook, did questions from a question bank and went over the Pestana review.

During my rotation I spent quite a bit of time discussing high yield topics with my residents where we made sure to tease out important testable details and distinctions, I think this helped me the most. It helped me understand the depth of knowledge that I needed for the exam.