



Thomas Eakins - The Agnew Clinic

## **Clinical Clerkship in Surgery 2020 Block 1**

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## **I. WELCOME**

### **Welcome to the Surgery Core Clerkship!**

Hopefully you will find your 12 weeks on the surgical services exciting and rewarding!

Whether you want to be a surgeon or any other type of physician, the weeks spent on the surgical services are fundamental to your growth as a physician. Your attitude will determine your level of satisfaction and fulfillment so please make every effort to get involved and savor the opportunities that you will have over your 12 weeks with us!!

The purpose of this handbook is to provide you with the expectations of the Clerkship and to supply you with references that will help you succeed. Please read the information carefully so that you completely understand the learning objectives, the service structure, your responsibilities and priorities, and the policies for student evaluation.

For students interested in pursuing a surgical career, we suggest that you join the Agnew Society. The Agnew Society is the oldest student-run medical student society in the country, founded in 1888 as a surgical interest group. More information can be found on line at:

[http://www.uphs.upenn.edu/surgery/Education/medical\\_students/Agnew/Agnew\\_home.html](http://www.uphs.upenn.edu/surgery/Education/medical_students/Agnew/Agnew_home.html)

We very much look forward to getting to know you and working with you over the next 12 weeks. We are always available by phone and email if you have questions or problems.

**Most Sincerely,**

**Ari Brooks, MD**

**Amy Cha, MD**

**Sean Harbison, MD**

**Susanna Nazarian, MD, PhD**

**Clerkship Directors, Department of Surgery**

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**\*Suture and Tying Kits**

Are available for you to sign out and must be returned by the end of your General Surgery Block.  
These can be signed out from the Clerkship Coordinator by going to the Surgery Education office on 4 Maloney.

## II. COURSE INTRODUCTION/STRUCTURE

### Introduction

The overarching goal of the Department of Surgery is to provide a motivating learning environment in which the student may obtain the surgical knowledge and skills necessary to function effectively as a physician upon graduation. The appropriate resources and interactions with faculty and housestaff will be provided but it is ultimately you, the student, that is responsible for your own education.

The emphasis of the Surgery Clerkship is on the development of clinical problem-solving skills. As a part of the Perelman School of Medicine, we believe that developing a sound approach to clinical decision-making will give you the foundation upon which to build a great clinical practice and advance scientific knowledge. We understand that your role on the service is to learn, not to function as a junior resident. Historically, unlike students in other professional educational programs such as business and law, medical students have been expected to learn by osmosis through tireless hours on the wards performing perfunctory tasks without spending time reading and learning about the “hows” and “whys” of clinical care. This approach to medical education may have produced efficient interns and many outstanding clinicians but no longer works in today’s medical environment. Therefore, students on the surgical rotations are now encouraged to build a solid knowledge base and critical thinking skills through an appropriate blend of clinical and self-educational activities. Additionally, the technical skills of surgeons are not necessary for your basic education and are therefore, not expected to be a major emphasis of your surgery 200 clerkship. Skills labs will be held during your orientation and are designed to provide formal training in IV placement, phlebotomy, obtaining Arterial Blood Gas samples, and Foley placement. These skills are essential for almost all physicians regardless of specialty.

### Structure

Surgery 200 is a 12-week required clerkship in consisting of **General Surgery and subspecialties (8 weeks), Orthopedics (1 week), Ophthalmology (1 week), Otorhinolaryngology (1 week), and Anesthesiology (1 week)**. The surgery clerkship will introduce you to Surgery and is designed to provide you with a broad overview of the diagnosis and management of surgical diseases as well as provide a global exposure to several surgical specialties. The primary focus of the surgery clerkship is to foster your development as a clinician through direct patient care, problem based learning sessions, didactics and independent study to allow you to develop the skills that are required to diagnose and begin to manage surgical conditions. During this clerkship you will be able to refine your history taking and physical exam skills and learn general principles of Surgery including differential diagnosis and therapeutics.

Every student spends four weeks on either a General Surgery rotation at HUP (Colorectal, Endocrine and Oncology Surgery, Gastro-intestinal Surgery or Trauma Surgery), PPMC (Penn Presbyterian Medical Center), PVAMC (Philadelphia VA Medical Center) or PAH (Pennsylvania Hospital).

You will also spend two weeks on two different subspecialty rotations. The subspecialty month is designed to give you exposure to additional areas of surgery while continuing to aid in your personal development as a clinician. In order to maximize your exposure, the following rotation combinations are prohibited:

- Trauma and SICU
- PVAMC and Vascular
- Cardiac and Thoracic
- Plastics and Hand

During the surgery clerkship you will become an active participant in patient management. You will learn how to assess patients in the outpatient setting and in the context of a hospitalization. By doing independent history and physical exams each week, writing daily progress notes for the patients that are assigned to you, presenting your patients, and reading about your patients’ illnesses, you will begin to learn the core elements of surgery.

Activities will include participation in assigned operating room days, office hours, or participation in other Clerkship learning activities. These assigned learning activities take priority over ward work. Along with your clinical responsibilities, you will have weekly didactic and problem based learning sessions. These sessions provide you with the opportunity to discuss basic and complex surgical issues with surgical housestaff and faculty on a weekly basis.

### **LEARNING ACTIVITIES/DIDACTICS**

There will be six to ten hours of learning activities each week. These sessions will be divided into problem based learning sessions (PBLs), didactics, and independent study time.

- **PROBLEM BASED LEARNING**

Problem based learning sessions (PBLs) will take place on Fridays. The schedule and room assignments will be posted on Canvas. Last minute changes are always possible so it is important to check the schedule Thursday night to get the most up to date information. The objectives for each PBL are available on Canvas as well. It is important that students prepare for class by reviewing the questions ahead of time. Learning sessions are designed to provide an opportunity for active learning with resident/faculty-student exchange. For resident PBLs, each student will be assigned a session to be group “leader.” This will provide your teaching resident with some additional objective information upon which to base your grade.

- **SKILLS LABS**

Skills labs will be held on orientation day to assist students in learning techniques for performing a variety of tasks. A Foley catheter placement competency exam must be passed to complete the clerkship. By the end of the clerkship, skills performed either in the labs or in person must be logged into the requirements checklist.

### **EDUCATIONAL CONFERENCES/WORKSHOPS**

- **SURGICAL GRAND ROUNDS**

Surgical grand rounds occur several times a year. Leaders in surgery are brought in to deliver lectures to our PENN community on topics from fistula management to patient safety. **You are required to attend these conferences.** [http://www.uphs.upenn.edu/surgery/Education/surgery\\_grand\\_rounds.html](http://www.uphs.upenn.edu/surgery/Education/surgery_grand_rounds.html)

- **SURGICAL CASE MANAGEMENT CONFERENCE – THURSDAYS 7-8AM**

Surgical case management conference was historically called Surgical M and M (morbidity and mortality). Please remember the material reviewed is very sensitive and confidential in nature and NOT to be discussed outside of the conference.

- **CHAIRMAN’S CONFERENCE**

This is an opportunity to present a consult and obtain additional feedback during the General Surgery month. Students will meet with Dr. Ronald DeMatteo, Chair of the Department of Surgery, to present and discuss cases. It is an informal presentation that does not require the use of handouts or PowerPoint slides. Two students will either be selected or volunteered to present at the conference held twice during their general surgery month. It can be an acute care surgical patient or an outpatient. The presentation should include the history and physical examination as well as any radiographic and laboratory studies that were part of the diagnostic work-up. Students should be familiar with the disease process, but Dr. DeMatteo will lead the discussion after the presentation. Although all students are welcomed, **it is required for the General Surgery students to attend.**

- **STAR PROGRAM**

The department of surgery is making a commitment to improving our clerkship students' clinical evaluation and presentation skills. To this end, we have introduced a short rotation with a teaching resident who will observe and critique each student's performance in a formative (not summative) fashion. Students will be assigned to our STAR resident on a Tuesday morning in groups of 3 or 4. If you miss your date, we do not have the capacity to reschedule it during the rotation. Attendance is part of your overall course participation grade. Students will meet the teaching resident on Founder's 4 at 8AM promptly and go see patients who have agreed to be evaluated by the students. Your patient may be pre-op, post op, or a consult to the surgical service. Each student will get a short "reason for consult" from the resident and then the student will introduce themselves to the patient and perform a History and Physical exam with the students and resident present. You will have up to 20 minutes to complete the history and exam. The resident may intervene as needed, but mostly will take notes on your performance for feedback. The team will step outside so that you can do a practice presentation to the resident and team. At this point the resident will give you feedback about your history, physical and presentation performance. Once all of the students have had a chance to evaluate and present a different patient, the team will join the faculty facilitator for informal "card" rounds. You will have up to 10 minutes to present the patient and the facilitator will give feedback on your presentation in the group, and may discuss the clinical topic as well. This is not a test of clinical knowledge and the evaluation is only formative. Your performance in this activity is purely for your feedback and improvement. There will be nothing recorded in your course evaluation other than your attendance as part of your participation.

- **WISE MD MODULES**

The WISE-MD program is available online. These modules are designed to supplement your other educational activities. You are **REQUIRED** to complete 8 of the modules: **Appendicitis, Bowel Obstruction, Breast Cancer, Cholecystitis, Colon Cancer, Diverticulitis, Thyroid nodules, and Trauma Resuscitation.** Your participation is logged by the system so that we can be certain that everyone is in compliance with this required activity. To request a log-in, go to this site and follow the instructions: <https://aquifer.org/courses/wise-md> If you are having trouble registering, please contact Anna Delaney at [delaney@mail.med.upenn.edu](mailto:delaney@mail.med.upenn.edu).

- **INDEPENDENT STUDY HOURS**

Independent Study Hours are suggested times after 6 pm (if all significant clinical work/operations are completed) and on weekends (unless you elect to come back to the hospital to assist on rounds and/or emergent cases. \*these are excellent opportunities for independent work and learning) for students to prepare for core curriculum, attending rounds, or surgical cases. Students are encouraged to utilize the independent time, outside the hospital, for studying.

### **CLINICAL ACTIVITIES**

Check CANVAS frequently for your site's latest curriculum, learning objectives, reading material and evaluation rubric.

- **ASSIGNMENTS**

In order to assure a well-rounded experience, students on general surgery within UPHS are assigned specific days in the operating room and the clinics. Each rotation has a back-up schedule as well so that if you are missing one event and have had enough exposure to another, there is some flexibility built into the system. Please make sure that you notify your attending and chief resident if you plan to make any changes to the schedule as you will be held accountable for your participation.

Each subspecialty rotation also has a grid to guide your 2 weeks within the rotation. Please refer to these assignments when planning your reading schedule.

- **CLINIC ASSIGNMENTS**

Since much of medical practice is conducted in the outpatient environment, the Clerkship will emphasize student participation in the surgical clinics. Students are required to attend the clinics during each rotation (SICU and Trauma are exempt). If you will be absent from a scheduled clinic session, you must obtain permission from the attending physician prior to the session in question.

- **OPERATING ROOM ATMOSPHERE/ASSIGNMENTS**

Surgeons are drawn to their profession in part due to their adoration of the operating room environment and the operations that they perform in the operating room setting. They enjoy the high pressure environment where people work together as a team to fix a surgically treatable disease. That said, the operating room environment is quite stressful and the burden of taking a patient safely through a procedure can often result in a high level of anxiety. Your experience in the operating room will be helpful to you throughout your life even if you do not become a surgeon. Your understanding of the process will help you to counsel patients and family members alike and allow you to make a stressful situation more tolerable for the people you touch. Each student will have assigned days to a variety of operating rooms to ensure a diverse experience. At times, if you find that your exposure is not general enough, please contact me so that I can make sure that you see the required types of encounters. If you have any accidental exposure while during the OR (needle stick or exposure to bodily fluid), please let us and your site coordinator know immediately. You are expected to report to Occupational health or the emergency room (if this happens after Occupational health has closed). Unprofessional behavior in the OR will not be tolerated so please let me know if you encounter any offensive or intolerable behavior.

- **CONSULT DAY / CONSULT WEEK / ON-CALL EXPERIENCE**

The Goal: Each student on the General Surgery SU200 rotation should get the opportunity to see new consultations for at least 1 day with the residents.

GI Blue, EOS, CRS HUP and Trauma : The student will spend one week of the 4 week rotation, a week of days **OR** nights, with the HUP consult resident. These students will be paired with the PGY 2 surgery resident that is on the ESS consult service for the rotation. In general, the residents work a 12-hour shift (6a-6p or 6p-6a) although they sometimes need to stay a little bit after their shifts to get patients tucked away or finish up any consults that may be pending. You will be expected to stay with the consult resident for their shifts.

**Days:** 6 am - 6pm M-Th. Plan to meet up with the consult resident at 6 am.

**Nights:** 6pm -6 am Sun-Wed, with Thursday as post-call day. Plan to meet up with consult resident at 6 pm.

The residents usually meet for sign-out in the Fitts Library but sometimes in other locations for convenience. Please text your consult resident a few minutes before your shift to determine where to meet. If you are having trouble finding your resident, you can also page the consult pager to your cell phone (215-312-8939).

VA: We do not currently have an overnight experience for students who do their General Surgery rotation at the **VA**. If you are interested in a consult/on-call experience, please contact the Clerkship Coordinator to arrange that for you at HUP.

Other rotations: Students on any of the SU 200 rotations may elect to stay for call shifts on a weekend day or night. This experience allows more independence for the students and more opportunities to contribute to the team. Feel free to reach out to the housestaff on your service to discuss the best timing for this experience on your rotation. Please contact Dr. Soriano at PAH and Dr. Korus at PPMC if you have not received a day to see consults with the consult resident while on service there.



### III. COURSE OVERVIEW

#### A. OBJECTIVES

- Perform complete, accurate histories and physical examinations on adult surgical patients and focused histories and exams when appropriate.
- Recognize pertinent positive and negative history and exam findings.
- Interpret laboratory, diagnostic and radiological tests associated with common surgical diseases.
- Formulate from the history, physical exam, and patient studies, a differential diagnosis and develop an initial plan for further patient evaluation and treatment.
- Recognize common surgical diseases and patient presentations through patient interactions, tutorials, and conferences.
- Develop skills in routine technical procedures necessary for taking care of adult surgical patients.
- Develop skills in problem solving through the experience of attending rounds, office hours and time spent in the operating room.
- Demonstrate medical communication skills by performing satisfactory oral presentations and patient case write-ups.
- Demonstrate interpersonal skills necessary to maintain professionalism.
- Actively participate as a member of the health care team.

#### B. EVALUATIONS/ ASSESSMENTS

The assessment requirements in each clerkship are determined by the clerkship director in consultation with other faculty within the department. Most clerkships use multiple assessment methods. A grading rubric for each site is posted on canvas. The requirements for the surgery clerkship are listed below. Specific information on how each component is used in grading is described in the next section.

#### Examination:

On the last day of the block you will take the National Board of Medical Examiners Surgery Subject Examination:

- The Shelf Exam is given on Friday at the Jordan Medical Education Center. An exact time will be given in advance
- The exam is 2 hours 30 minutes and consists of 100 case-based multiple choice questions. Each question is framed as a clinical vignette followed by a multiple choice question.
- Please leave all cell phones at home or be prepared to turn off the phone and hand in to the proctor.
- You can best prepare by reading broadly during the clerkship and doing practice questions.
- There is no longer a minimum score on the exam needed to qualify for a final grade of Honors in the clerkship

If you fail the examination, you will receive an Unsatisfactory (U) grade for the clerkship. Non-MD/PhD students who receive an “Unsatisfactory” in any core clerkship must successfully complete the makeup work in order to progress into Module 5. Makeup exams are scheduled through Helene Weinberg, Registrar.

“High Pass” will be the maximum course grade that can be awarded to students who initially fail a clerkship exam but pass it on the retake or are required to do additional clinical course work in order to pass the course. When a student fails the makeup test, he/she will receive a grade of “Fail” for the clerkship. The clerkship will need to be retaken in its entirety and the student’s academic record will be reviewed by the Student Standards Committee

MD/PhD students who receive an “Unsatisfactory” in any course must complete all required makeup work during the first six months of the clerkships or remediate the clerkship no later than September 1 in order to begin graduate course work in the fall of their third year.

If extenuating circumstances prevent a non MD/PhD student from completing Module 4 in one calendar year, he/she may move into Module 5 as long as the student is in good academic and disciplinary standing and has the approval of the Associate Dean for Student Affairs.

## **Clinical Performance**

The domains on which you are evaluated are listed below:

### **PATIENT CARE**

History-taking  
Physical examination  
Surgical skills

### **MEDICAL KNOWLEDGE**

Actual knowledge  
Problem solving

### **PRACTICE-BASED LEARNING AND IMPROVEMENT**

Integration of instruction  
Efficiency and effectiveness

### **INTERPERSONAL AND COMMUNICATION SKILLS**

Humanism and interpersonal skills  
Oral presentations  
Written work

### **PROFESSIONALISM**

Skills in dealing with diversity and cultural differences  
Feedback/constructive criticism  
Commitment

### **SYSTEMS-BASED PRACTICE**

Collaborative practice skills  
Disease prevention/routine health maintenance  
Cost-consciousness

The information that goes into each evaluation comes from a variety of encounters with housestaff and faculty on your assigned rotations. Each rotation has a site coordinator with whom you should meet throughout the rotation. The following grading rubric has been distributed to evaluators to provide a foundation on which to assess your performance.

## **Other Performance Indicators:**

### ***Topic Presentations***

You may be asked to give a presentation of about 10-20 minutes to your team. Topics are usually assigned by your attending or residents and will focus on a question related to one of your patients or a patient on the team. *Most teams will expect that you distribute copies of an article about your topic, a study that best answers the clinical question asked, or a handout. **These topic presentations can be used as your EBM requirement.***

### ***Patient Write-ups*** (4 total for the block)

Documentation skills are fundamental to the practice of surgery. You will be required to submit a total of 4 write-ups.

Choose from **a)** Clinic New Patient Visits, **b)** consultation with ESS, or **c)** post-op note that should reflect all of the appropriate prophylaxis and link all medications to a part of the plan

- 2 to your PBL instructor (due by week 5 and week 8)
- 2 to your site coordinators (2-page maximum)

Please be sure to note in OASIS the name of the resident/attending that received your write-up, in the “supervisor’s name” field.

### **Oral Case Presentations**

You will be observed on your general surgery month giving oral case presentations on new or follow-up patients. You should receive feedback from your resident or attending.

### **Physical Examination Skills**

You will be observed by your resident or attending in a patient care interaction that covers the required portion of the physical examination skills. At the conclusion of each week, you should receive feedback from your resident or attending. Please present them with a feedback card and ask for specific comments on your physical examination skills. On general surgery please be sure to get feedback from your 3<sup>rd</sup> year resident as they have been assigned to assist you with your physical examination skills. **\*\*Observation of these skills may be direct (resident/attending watching you perform) or indirect (reviewing your findings and confirming with independent exam). Please note that the SOM considers both of these modalities as “observation” skills.**

Supervisors will be assessing your ability to work with patients through patient feedback and personal observations. Please keep in mind that your assessment will also include subtle signs of competency as described below:

**Professionalism:** Shows respect, compassion, empathy, establishes trust; attends to patient’s needs of comfort, modesty, confidentiality, information.

**Physical Examination Skills:** Follows efficient, logical sequence; balances screening/diagnostic steps for problem; informs patients; sensitive to patient’s comfort, modesty.

### **Problem Based Learning Sessions (PBL’S)**

Your ability to lead and participate in the problem based learning sessions will be evaluated by your teaching resident. At the conclusion of the session that you facilitate, you should receive feedback from your resident regarding presentation skills, ability to integrate the material, and your fund of knowledge.

## **C. OBJECTIVE STRUCTURED CLINICAL EXAMINATION (OSCE)**

Your final evaluation will include an observed clinical skills exam that is specific to surgery. This exam is administered on the Friday of week 11 in the SIM center 1800 Lombard Street. You will be assigned to one of 4 time slots during the exam day. Arrive early for your slot to receive specific instructions on exam day.

Your OSCE will consist of 4 clinical scenarios involving standardized patients in the SIM center. These scenarios may be set in the clinic, Emergency Room, Operating Room, or on an inpatient unit in the hospital. You will be given some clinical background information, labs and imaging if appropriate, and then be sent in to the room to obtain a Surgical History and Physical Exam. At the completion of the visit, you will be asked to write a clinical summary including key elements of the directed History and Physical exam, summary of lab and/or imaging data, and then a differential diagnosis and management plan. For one of the 4 scenarios, you will join the team with an attending physician to present your patient on simulated rounds.

Each scenario will be scored using a standardized rubric based on 1) your interaction with the standardized patient (including professionalism, key questions in the History, key elements of the physical done correctly and ability to counsel the patient appropriately) we are looking for pertinent positive and negative findings, 2) your written clinical summary, organization, key elements of differential diagnosis, and key elements of your management plan, and 3) your oral presentation on Attending Rounds including the quality of your summary, differential and management plan.

Your final score is based on the total of all 4 scenarios. These scores are grouped into Honors, High Pass, Pass and Fail based on the performance standards set on these cases. There is no forced distribution curve for the OSCE. If you fail the OSCE, you will be given the opportunity to re-take it in a subsequent block. You cannot get a grade of Honors in the course if you fail the OSCE (even if you retake the OSCE and score well). Please see template below of the Post Encounter Patient Note:

Post Encounter Patient Note

HISTORY: Write a focused surgical history for this patient. Make sure to include information (pertinent positives and negatives) relevant to this patient's significant clinical issue(s).

PHYSICAL EXAMINATION: Describe any positive and negative findings relevant to this patient's significant clinical issue(s).

DATA INTERPRETATION: Based on what you have learned from the history and the physical examination, list up to 3 diagnoses that might explain this patient's condition(s). Order your diagnoses from most to least likely. Enter the positive or negative findings from the history and the physical examination (if present) that support each diagnosis.

Diagnosis #1

Supporting History and Physical Exam Findings:

Diagnosis #2

Supporting History and Physical Exam Findings:

Diagnosis #3

Supporting History and Physical Exam Findings:

PLAN - Describe initial diagnostic and therapeutic steps.

## OSCE Prep

The case below covers everything we'd like to see in the History portion of your note. This physical is also very complete (more than you need for a focused surgical exam).

Three differential diagnoses are still needed, along with the diagnostic workup and plan for the most likely diagnosis. If you want a test to rule out one of the other diagnoses, please state why you want it, or you can say, "if this test is negative, I would order \_\_\_ test to see if it is dx #2." Include the simple stuff, like CBC, IV fluid and the specifics for your management of the most likely diagnosis, such as "needs a pet CT scan."

## USMLE STEP 2 CS

## Patient Note

### History

**HPI:** 32 yo M with no PMH presents for a preemployment medical examination. He has no medical complaints or problems. Nevertheless, he mentioned having a chronic cough for many years with no recent change in frequency or severity. The cough is productive of half a teaspoonful of white mucus with no blood. The patient denies any dyspnea, fever or chills, chest pain, or wheezing and has had no appetite or weight changes. The patient is an African immigrant who came to the United States 1 month ago and reports no TB exposure. He has never had a PPD test. However, he states that his immunizations are up to date, and he will be faxing us the report to review.

**ROS:** Negative except as above.

**Allergies:** NKDA.

**Medications:** None.

**PMH:** Per HPI.

**PSH:** None.

**SH:** 1 PPD for 10 years, no EtOH, no illicit drugs. Sexually active with wife only.

**FH:** Noncontributory.

### Physical Examination

**VS:** WNL.

**HEENT:** Mouth and pharynx WNL.

**Neck:** No JVD, no lymphadenopathy.

**Chest:** Clear breath sounds bilaterally; no rhonchi, rales, or wheezing; tactile fremitus normal.

**Heart:** RRR; normal S1/S2; no murmurs, rubs, or gallops.

**Abdomen:** Soft, nontender, nondistended, ⊕ BS, no hepatosplenomegaly.

**Extremities:** No clubbing, cyanosis, or edema.

**Neuro:** Cranial nerves: 2-12 intact. Motor: Strength 5/5 in all muscle groups. DTRs: Symmetric. Gait: Normal.

### Differential Diagnosis

#### Diagnosis #1: COPD/chronic bronchitis

##### History Finding(s):

Chronic cough

Sputum production

History of smoking 1 PPD × 10 years

Worked as coal miner

##### Physical Exam Finding(s):

## D. GRADING

The grading procedures in each clerkship are determined by the clerkship director in consultation with other faculty within the department. Final grades are a composite of several components, each weighted individually. All clerkships assign grades consistent with School of Medicine Definition of Grades – see

<http://www.med.upenn.edu/student/AcademicPerformanceProgression.html> - Section III.

The Surgery Clerkship directors assign the final clerkship grades. Your overall grade for the **8-week rotation** is calculated as follows:

- 30% of your grade is based on summative evaluations for 4-week general surgery rotation (Honors/High Pass/Pass/Fail)
- 20% of your grade is based on summative evaluations for each of the two week subspecialties rotations (10% each) (Honors/High Pass/Pass/Fail)
- 15% of your grade is based on Problem Based learning sessions grade (Honors/High Pass/Pass/Fail)
- 20% of your grade is based on performance on NBME shelf exam in surgery (Honors/High Pass/Pass/Fail)
- 10% of your grade is based on performance in the Objective Structured Clinical Exam (OSCE) (Honors/High Pass/Pass/Fail)
- 5% of your grade is based on Participation and Attendance (including but not limited to UCOP, feedback cards and other administrative assignments, attendance at didactics, EBM assignment, write-ups, etc.) (Compete/Incomplete). **Those students who fail to attend didactics (even once, watch out for random attendance checks) or turn in required clerkship assignments in a timely manner will receive an “Incomplete” and will not qualify for a final grade of Honors. This will be enforced at the discretion of the clerkship directors.**

### Shelf Exam

The **minimum passing score for the NBME subject exam** in surgery is set at the 10% percentile based on 2016-17 national performance. **In Block 1 this will be a 61.** Students with a score < 61 will fail the exam and need to re-take the exam. Exam scores are as follows:

- Honors ≥ 80
- High Pass 70-79
- Pass 60-69
- Fail < 60

### Clinical Grades

The clerkship director receives all of your evaluations in OASIS (from any resident or attending with whom you have worked) and independently assigns a grade for each rotation.

Each attending or housestaff member will have the opportunity to evaluate your performance. When you add someone in OASIS, they will receive an email reminder to evaluate you. Once an adequate number of evaluations are completed for each rotation, the grade will be determined.

In order to assure the timely completion of grades, the system will close within 6 weeks of completion of each rotation. As such you might not receive an evaluation from everyone with whom you worked. In most cases, the grade is consistent across completed evaluations and does not require feedback from each surgeon. In situations of conflict, you are encouraged to meet with the clerkship director.

### PBL Grade

The PBL grade is determined by your level of participation in each PBL session, your ability to lead a stimulating PBL session and your overall, fund of knowledge as displayed during your participation in the sessions.

- **PBL remediation:** If you must be absent from a PBL session (with permission) you will be responsible for the material that you miss

## Overall Grade

The **final course grade** is determined by adding up the points earned for each component of the grade using the table below:

| General Surgery<br>30% | Sub-Specialty 1<br>10% | Sub-Specialty 2<br>10% | PBL<br>15% | Shelf Exam<br>20% | OSCE<br>10% | Participation & Attendance<br>5% | FINAL GRADE       |
|------------------------|------------------------|------------------------|------------|-------------------|-------------|----------------------------------|-------------------|
| H = 30                 | H = 10                 | H = 10                 | H = 15     | H = 20 (≥ 80)     | H = 10      | Complete (Y/N)                   | Honors = ≥ 90     |
| HP = 22.5              | HP = 7.5               | HP = 7.5               | HP = 11    | HP = 15 (70-80)   | HP = 7.5    | Incomplete (Y/N)                 | High Pass = 76-89 |
| P = 18                 | P = 6.0                | P = 6.0                | P = 9      | P = 12 (60-69)    | P = 6       |                                  | Pass = 61-75      |
| F = 0                  | F = 0                  | F = 0                  | F = 0      | F = 0 (< 60)      | F = 0       |                                  |                   |

A grade of FAIL will be given in the following situations:

- If a student falls below the passing score on the second attempt of the shelf exam (The shelf exam may be repeated once)
- If a student fails to demonstrate minimal competence (Pass) in any clinical of the components of the clerkship.
- If a student receives an unexcused absence for a Subject Exam
- If a student fails to resolve an Incomplete
- If a student displays any unprofessional behavior as outlined in the Student Handbook or other published curricular materials, e.g., ICM manual or PPM manual

If a student receives a grade of Fail, the student must repeat the Surgery Clerkship. The student may be required to repeat only the component of the clerkship that he/she failed, at the discretion of the Clerkship Director.

A student may NOT qualify for HONORS under the following circumstances:

- They FAIL the surgery subject exam
- They FAIL any component of the clerkship
- They fail to turn in the required number of feedback cards
- They fail to fulfill and/or log the minimum number of required patient encounters
- They receive an Incomplete for Participation and Attendance

Final grades and letters to the Dean will be calculated six weeks after completion of the clerkship.

### Final Grade Determinations:

Every attempt will be made to ensure that your overall course grade is an accurate and fair representation of the compiled evaluations. Despite our best efforts, however, grade challenges sometimes occur. Although it is rare for a grade to be changed, you have the right to a fair and thorough review of your grade.

### Grade Appeal Policy:

If a student is dissatisfied with a failing grade or narrative assigned by a course/clerkship director, the student may contact the course/clerkship director to discuss the grade within two weeks of the grade posting. The course/clerkship director must review the decision within two weeks of the date of first contact; otherwise, the student may proceed with the next step of appeal. The course/clerkship director will review the student's performance in the course, decide if a grade or narrative revision is warranted, and notify the student of their determination. It should be noted that the narrative will be what is included in the MSPE, and this is the opportunity for narrative changes related to the clinical paragraph. If the grade or narrative is not changed and the student wishes to pursue the issue further, the student may follow the process outlined below. A student may also consult with the Associate Dean for Student Affairs regarding the process.

### Details Related to Proceeding Further with the Grade Appeal Committee

1. Within four weeks of the grade posting, submit a written request to appeal the grade to the Associate Dean for Student Success and Professional Development, with a copy sent to the Associate Dean for Student Affairs and the appropriate Associate Dean for Curriculum. Requests may be sent by email but the substance of the email must be limited to the appeal. A request for appeal must clearly state what the appeal is about and provide relevant supporting information.



2. Meet with the Associate Dean for Student Affairs who will review the appeals protocol with the student and provide guidance during the process. It would be ideal to meet in advance of submitting the appeal, but if timing does not permit, after submission will be acceptable.
3. The Associate Dean for Student Affairs will alert the course/clerkship director that the student wishes to pursue a formal appeal and confirm that due diligence was done to review the situation prior to proceeding with the appeal.
4. A Grade Appeal Committee (GAC) will be convened and will consist of five standing faculty members, with three as a quorum (with no conflicts of interest, i.e. not involved in the course or department). The standing faculty members will be appointed by the Senior Vice Dean for Medical Education. The GAC will independently review information submitted by the student and the course director. IF the GAC so deems appropriate, the student and/or course director may appear before the GAC and the GAC may interview others with relevant information. The GAC's decision on the matter will be final.

Student appeals for changing the grade (not the narrative) of clinical rotations from Pass to High Pass or High Pass to Honors will be addressed two times per year (after discussion with the course/clerkship directors). The student will be invited to attend a grade appeal meeting or may submit a written statement for the appeal hearing to the Associate Dean for Student Success and Professional Development

- The request for the appeal must be submitted to the Associate Dean for Student Success and Professional Development only after discussion with the clerkship director.
- The discussion must take place within two-weeks' time of the date the grade is officially posted.
- The clerkship director must respond within two weeks of the student's request for discussion.
- If there is no response, the student may proceed with the next step of the appeal.
- If the grade is not changed and the student wished to pursue the issue further, the student must follow the appeal process identified above.
- The Associate Dean for Student Affairs is available for consultation.

*No Grade appeals will be considered outside of the prescribed timeframe.*

**Note:** *Students are not to contact the faculty and house-staff who supervised their clinical activity during the clerkship for evaluation feedback outside of the standard evaluation and assessment feedback mechanisms already in place. If a student is found to have done so, the appeal process will stop and the initial grade will stand.*

## Grading Benchmarks

### Honors (Above & Beyond)

Achieves the High Pass level criteria **PLUS**:

*The student is developing skills of a **Manager** (able to develop a prioritized problem list, differential diagnosis, and a specific/practical plan independently)*

- Independently look for answers to questions that are unknown
- Demonstrates evidence of supplemental reading and literature review
- Anticipates when and where assistance is needed
- Active seeks feedback & incorporates this immediately
- Rises to meet the extra challenges on each rotation

### High Pass (The Solid Performance)

Achieves the Pass level criteria **PLUS**:

*The student is able to **Interpret** information well. Minor assistance is needed in interpreting information and developing a prioritized problem list and differential diagnosis.*

- Student is engaged and eager to learn
- Asks appropriate questions and answers questions intelligently
- Shows evidence of supplemental reading
- Assists with daily tasks independently
- Integrates into the team very well
- Writes clear and concise notes that need little revision

### Pass (The Minimum)

*The Student acts as a competent **Reporter** (can gather information but needs direction to interpret what this data means and needs direction to develop a differential, assessment and plan).*

- Student is involved but requires prompting from team members
- Will answer questions but has no real eagerness to find answers
- Will assist with tasks if asked directly
- Good interaction with team members
- Writes notes that need substantial revision but shows improvement
- Punctual, professional, and courteous to all
- Communicates with patients and colleagues in a respectful manner
- Incorporates feedback and shows some improvement
- Turns in all assignments on time and attends all didactics

## IV. OTHER COURSE REQUIREMENTS

### A. ATTENDANCE POLICY

*The goals of the attendance policy are to ensure that students have the ability to access medical care when needed and to minimize non-urgent absences from clinical educational activities. Clinical teams expect students to make every effort to attend clinical activities even when there are competing interests or pressures such as exam preparation. This is consistent with the expectations of physicians by their patients. On the other hand, the school acknowledges the legitimate need for student access to important family or personal events along with any required medical care; the latter must be available in a private and confidential manner. The following guidelines seek to balance these requirements:*

- Attendance during clinical rotations and surgery lectures/didactics are mandatory. This includes
  - HUP Grand Rounds
  - All Friday Didactics/PBLs
  - Attending Rounds
  - Site-specific conferences
- Attendance will be tracked by the medical school administration, clerkship directors, and clerkship coordinators.
- Students will be granted time off for certain federal holidays.

#### **Personal Day Excused Absences**

- Students are encouraged to take up to 4 personal days per 12-month clerkship block during the course of the MOD 4 clinical year.
- Students can use their personal days for events such as weddings, graduations, religious holidays, tournaments, and conferences (where you are not presenting). Students may also use their personal days for planned wellness days.
- Students can request personal days by submitting the Clerkship Absence Request Form. The form is automatically sent to the Chief Operating Officer (COO) for review. The request will be approved if it meets all of the qualifications listed below. Requests must be submitted at least 4 weeks in advance of the scheduled absence and must meet all personal day qualifications:
  - Students cannot use a personal day on the first day (orientation) of a clerkship.
  - Students cannot use a personal day to extend a school holiday.
  - Students cannot use a personal day on the day of a quiz, test, or other graded assignment where attendance on that day is necessary to receive a grade for that assignment.
  - Students cannot use a personal day during the week of a final clerkship exam.
  - Students cannot use more than 1 personal day during a one or four-week clerkship.
  - Students cannot use more than 2 personal days during a six or eight-week clerkship.
  - Students cannot use 2 or more personal days in a row.
  - Students will be allowed to use 1 of their 4 personal days for a clerkship didactic day, if necessary. However, students must notify their clerkship director in writing, and the student will be responsible for any missed work during the clerkship didactic day.
  - MD/PhD students can take up to 2 personal days during the 6 months prior to entering their MD/PhD degree program and 2 personal days during the 6 months upon returning to the clerkships after their PhD work.
  - Students will be granted the personal days as long as they meet the above criteria.

#### **Non-Personal Day Excused Absences**

- Students may also be granted non-personal day excused absences for the following situations: 1) chronic illnesses/ongoing need for medical or mental health care, 2) presentation of research or other scholarly work at a regional or national meeting, 3) acute illnesses, and 4) family illness/emergency/death.
  - Students who are scheduled for ongoing, recurring appointments, or who have other ongoing medical or mental health appointments during a clerkship must follow the Documentation/Accommodation Process steps outlined on the Student Disabilities Services webpage.
  - Students will be allowed to use up to 2 non-personal days per year to attend a national or regional conference at which they are presenting. The day(s) should be used only for the day of the conference they are presenting (not the entire conference) and travel time.

### **Requesting Excused Absences**

- Students should request an excused absence at least 4 weeks in advance of any personal day, or planned, non-personal day excused absence at <https://www.med.upenn.edu/student/clerkship-absence-attendance.html>
- Occasionally, students may need to request an unanticipated absence. These are absences that occur less than 4 weeks in advance of the requested absence. Any unanticipated absence requests will need to be evaluated by the [COO](#), Anna Delaney, and [Associate Dean for UME Clinical and Health Systems Sciences Curriculum](#), Dr. Nadia Bennett, on a case-by-case basis before being processed by the clerkship coordinator.

### **Unexcused Absences**

- Any student who does not notify the clerkship directors and/or the Office of Student Affairs as described above, and who does not receive formal approval, may be subject to an unexcused absence.
- Any student with an unexcused absence may be subject to the following: 1) additional make-up days, 2) lowering of a clinical grade, and/or 3) referral to the student's Advisory Dean and/or the Associate Dean for Student Affairs. If there have been other professionalism concerns, one unexcused absence could initiate a referral to the Student Standards Committee.
- Repeated or habitual absences will be brought to the attention of the Associate Dean for UME Clinical and Health Systems Sciences Curriculum, the Associate Dean for Student Affairs, and the Senior Vice Dean for Medical Education. It may also result in the student's record being presented to the Student Standards Committee for professionalism.

### **Policy for Missing Partial Clinical Days**

- Students are not permitted to miss rounds or mandatory didactic sessions during the clerkship without approval from their clerkship director.
- Patient care should come before classroom events or extracurricular activities (i.e. non-mandatory student meetings, student interest group meetings, etc.).
- If a student needs to excuse themselves for a non-mandatory and non-personal health activity, they must discuss the possibility with either their team or their clerkship director.
- Any non-mandatory or non-personal health activity that requires a student to miss more than one hour of a clerkship day will need to be approved by the clerkship director.
- Any personal health activity (i.e. doctor's appointment) that requires a student to miss more than one hour of a clerkship day, or that interferes with performing clinical duties, requires approval from the clerkship director (unless the student has received prior approval through the Weingarten Center or Office of Student Affairs).
- Students may need to take an excused absence personal day for any activity that requires them to leave clerkship duty for more than one hour, or that interferes with performing clinical duties in any way.

### **Make-up Days**

- For the surgery clerkship, students are required to make up every additional day beyond 2 days of missed clerkship duty.
- The timing and type of make-up work is at the discretion of the course director and may be scheduled during vacation periods. Make-up days which cannot be completed before the course end date will result in a grade of "Incomplete".
- Students who are absent for a number of days deemed to be disruptive enough to prevent satisfactory completion of the clerkship through make-up days may be required to drop and retake the entire clerkship. This decision will be made in conjunction with the clerkship directors, the Associate Dean for the UME Clinical and Health Systems Sciences Curriculum, and the Office of Student Affairs,

### **Holidays**

- Students are off on the following holidays: Memorial Day, July 4th, Labor Day, and Thanksgiving. You can review the Modules 4 and 5 Holiday Policy here: <http://www.med.upenn.edu/student/holidays.html>. Holidays start at midnight and end at 5am the next day. Thanksgiving break starts at 5pm on Wednesday and ends at 5am on Monday.
- The School of Medicine recognizes that there are other holidays, both religious and secular, which are of importance to some individuals and groups. Clerkship students who wish to observe these holidays may utilize a personal day excused absence to request time off. The student should request the day(s) off in accordance with the guidelines outlined in the School of Medicine's Attendance Policy.

### **Medical Student Work Hours Policy**

All clinical rotations and elective rotations must adhere to the medical student work hour's policy as defined below:

- Each student shall work no more than 80 hours of assigned clinical duties per week, including in-house on-call activities when averaged over the weekly length of any rotation. If a rotation is less than four weeks in duration, averaging must be done over the rotation.
- Clinical rotations that are scheduled as shift work should not exceed the hours allotted by resident work hours policies. Shift should be separated by at least 10 hours between work periods. Students must have a minimum of 10 hours free of duty in between scheduled duty periods.
- Students must be provided with one day in seven free from all required clinical and educational responsibilities when averaged over the length of the rotation. One day is equivalent to one continuous 24-hour period free from required educational or clinical activities.

### **Compliance:**

This policy will be monitored for compliance by the clerkship directors, elective course directors, the Senior Vice Dean for Education and the Associate Dean for Curriculum. Any student who wished to report non-compliance should first direct their concerns to their course directors and, if further issues persist, contact one of the Associate Deans for Curriculum or, if the student prefers, the Associate Dean for Student Affairs. If confirmed that students have worked beyond the allowable time frame during the monitoring process as described above, the Deans will meet with the course director to ensure compliance to the policy, with ongoing close monitoring.

### **Non-Retaliation:**

Retaliatory action against students who accurately report infractions of this policy is prohibited. Persons, including attending physicians and residents, found responsible for retaliatory actions of any kind will be subject to disciplinary actions including sanctions pursuant to the Handbook for Faculty and Academic Administrators.

### **Days Off:**

You are off on Saturday and Sunday except on call for rotations like Consults, Trauma and transplant. The trauma and transplant schedules will permit for a weekday off when you work on the weekend. You may stay late and come in weekends to get more clinical exposure or help the team if you wish. You are off as of 5pm on the Thursday before the exam (week 12 of the block).

### **School Closing Policy:**

Modules 1, 2, 3, 6 and Frontiers: In the event the University suspends service for weather or other city-wide events, in class activities for all students in Modules 1, 2, 3, 6 and in Frontiers courses will be suspended.

Module 4, 5 students: all students will be expected to report to their clinical services or for scheduled didactics. In the event that their site is closed or that didactics are cancelled, they will be notified by their clerkship director, course director or site director. Should driving conditions prove too hazardous to get to work safely, students are asked to contact their clerkship or course director to request an excused absence.

## B. REQUIREMENTS CHECKLIST (OASIS)

### What is a Patient Encounter and what do I need to know about it?

During this clerkship, you will be required to record all patient encounters in the Requirements Checklist in OASIS

- A patient encounter is defined as any patient that you have examined and whose presentation and management have been discussed by your team. The patients you include in OASIS should be those patients you have had some type of meaningful contact. ONLY patients seen during your time on the surgery portion of the clerkship should be used for the list.
- A symptom or diagnosis can be listed in OASIS if it is a diagnosis or condition that you read about AND observed in a particular patient.
- For the surgery clerkship, the following encounter types and clinical skills are required, along with a specific target number. You will need to determine how each encounter best matches the required categories and what, if any, clinical skills you performed during the encounter.
- For each required encounter, students are required to enter the following information for **every encounter**:
  - Date Observed
  - Medical Record Number
  - Setting
  - Location
  - Level of Participation

For The Following encounters, additional information is required:

- **H&Ps, Patient Write Ups, & Oral Presentations** must include a supervisor's name
- **Foley placement** must include date placed, date removed, and a supervisor's name

Failure to complete the log accurately and with the required information for each encounter could result in an incomplete for this task.

### Missing Items for the Checklist: *(FULL CHECKLIST ON THE FOLLOWING PAGE)*

- Though we expect students to make an effort to see and/or perform all of the required tasks, it is understood that not all students will have the ability to do so. If a student is unable to fulfill the requirement with a patient for a task, he or she may do one of the following as a substitute:
  - Log one of the skills sessions from Orientation
  - Use a Wise-MD module
  - Find a related article/video online (students MUST cite the source in the notes section in OASIS)

Please also note that you can only use one item for each task (i.e. if you must log three encounters for a task, you cannot use the same Wise-MD module and/or video for each encounter).

### OASIS REQUIREMENTS ITEMS LIST

| Checklist Item  | # of Cases Required to Log |
|---|----------------------------|
| Abdominal physical exam                                       | 4                          |
| Arterial puncture   | 1                          |
| Breast Exam   | 1                          |
| Breast Problem  | 1                          |
| Change Simple Dressing  | 2                          |
| Demonstrate sterile technique                                 | 4                          |
| Dermatologic-Skin and soft tissue lesions; non healing wounds | 3                          |
| Endocrine-DM or Thyroid                                       | 4                          |
| Gastro-Intestinal-Acute Abdominal Pain/ mass/ distension      | 5                          |
| Gastro-Intestinal-Change in bowel habits                      | 2                          |
| Gastro-Intestinal-GI Bleeding                                 | 1                          |
| Gastro-Intestinal-Hernia                                      | 1                          |
| Hematology-Cancer   | 2                          |
| Hx/ PE  | 4                          |
| Insert Foley Catheter   | 2                          |
| Insert IV and/ or Venipuncture                                | 1                          |
| Insert NG tube  | 1                          |
| Local Anesthesia (administer or observe)                      | 4                          |
| Oral Presentation   | 6                          |

| Checklist Item  | # of Cases Required to Log |
|---|----------------------------|
| Patient Write-ups   | 4                          |
| Insert NG tube  | 1                          |
| Local Anesthesia (administer or observe)  | 4                          |
| Oral Presentation   | 6                          |
| Patient Write-ups   | 4                          |
| PE of the male inguinal region  | 1                          |
| PE of the peripheral vascular system  | 4                          |
| Post-operative complication   | 1                          |
| Pulmonary-Acute Cough/ Shortness of breath                                      | 2                          |
| Renal/ Electrolyte-Fluid/ Electrolyte Abnormality                               | 1                          |
| Shock   | 1                          |
| Suture and/ or glue simple lacerations, remove sutures or staples               | 4                          |
| Thoracotomy/ Thoracoscopy/ Median Sternotomy                                    | 1                          |
| Tie Surgical Knots  | 1                          |
| Trauma  | 1                          |
| Vascular Disease  | 1                          |
| Vascular procedure, open or endoluminal   | 1                          |
| Witness informed consent being obtained or initiate discussion w/ pt. or family | 2                          |

## Student Checklist Guide

**You do not have to participate in an operation for each encounter. Medical management/diagnosis satisfies encounter requirements for many disease categories. These encounters may be office visits, etc.**

- **Acute Abdomen** - examples: appendicitis, cholecystitis, GI obstruction, diverticulitis, perforated ulcer, pancreatitis, mesenteric ischemia
- **Breast Problem** - examples: benign or malignant mass, abnormal mammogram, nipple discharge, abscess, gynecomastia
- **Fluid, Electrolyte, Acid-Base Disorder** - examples: acidosis, alkalosis, hypovolemia, hyper- or hypo-natremia, hypo- or hyper-kalemia, hypo- or hyper-calcemia
- **Hernia** - examples: inguinal, femoral, umbilical, incisional
- **Postoperative Complication** - examples: atelectasis, pneumonia, pulmonary embolus, ARDS, hypoxia, oliguria, wound infection, wound dehiscence, hemorrhage, medication effects
- **Abdominal Mass / Abdominal Distention** - examples: tumor, organomegaly, abdominal aortic aneurysm, ascites
- **Chest Pain / Cough / Shortness of Breath** - examples: tumor, pneumothorax, pulmonary embolus, empyema, GERD, myocardial ischemia, lung cancer, aortic dissection
- **Change in Bowel Habits** - examples: inflammatory bowel disease, GI obstruction, colorectal cancer, diverticular disease, post-op ileus
- **Dysphagia** - examples: esophageal cancer, esophageal stricture, esophageal diverticulum, achalasia, symptomatic goiter
- **Endocrine Disorder** - examples: hyperthyroidism, thyroid nodule, parathyroid tumor, adrenal tumor, islet cell tumor, diabetes
- **Perianal Problems** - examples: hemorrhoids, fissure, fistula, anorectal abscess, cancer
- **Shock** - examples: hypovolemic (hemorrhagic), septic, cardiogenic, neurogenic, anaphylactic
- **Skin and Soft Tissue Lesions / Non-healing Wounds** - examples: melanoma, basal cell cancer, squamous cell cancer, lipoma, sebaceous cyst, soft tissue sarcoma, foreign body, pilonidal sinus
- **Vascular Disease** - examples: acute arterial occlusion, chronic arterial occlusion (claudication, rest pain, tissue loss), carotid occlusion (amaurosis, TIA, stroke), aortic aneurysm, venous disease (DVT, venostasis disease, varicose veins)
- **Any Pediatric Surgery Condition** (12 years old or younger)

### C. FEEDBACK CARDS

The School of Medicine requires that all students have documented feedback sessions throughout the rotation. The purpose is to facilitate and formalize feedback given to the student. **There are 5 feedback cards that are required for the clerkship (3 Mid-rotations, 1 General Surgery Introductory Card and 1 Direct Observation).** They must be completed by a physician (an MD or DO Attending, Resident, or Fellow). The content of the cards will not be factored into your grade.

The blue Introductory feedback card must be filed out and signed in the first 3 days of your general surgery rotation and dropped off with Clerkship Coordinator Liz Gallagher in the Surgery Offices, 4 Maloney. This card must be signed by both the intern/APP and chief resident. Before signing the card, the intern/APP should review a postoperative check with you, the day-to-day schedule, and how to access the daily cases on Navicare. The chief resident should discuss the expectations for the rotation plus your goals.

**Students who do not complete the required number of feedback cards will not be eligible for Honors for the surgery clerkship.**

### D. EVIDENCE BASED MEDICINE (EBM)

The school of medicine would like to expand the EBM curriculum across the clinical year. To accomplish this on your surgery rotation, we plan to incorporate an EBM exercise using the knowledge that you acquired in your pre-clinical years. In their PBL groups, students will be expected to pair up and choose a medical/clinical topic or question related to surgical pathology and management. They should be able to discuss this topic and include a summarized review of current/relevant literature with the group. These presentations should take about 10-15 minutes each, including time for discussion. Resident moderators are expected to guide the discussion, ask pertinent questions, provide insight, and give constructive feedback on the students' presentation.

A couple of additional points:

1. Supplemental material can be used: powerpoint, handouts, etc at the discretion of the resident leader or student presenters.
2. Students should ideally work in pairs or alone (if group is odd-numbered).



3. Resident leaders should give individualized feedback to each student during the session or afterwards, as well as complete the associated questions in the student evaluations at the end of the block.

### **E. URINARY CATHETERIZATION OUTCOMES PROJECT (UCOP)**

Catheter-associated urinary tract infections are the most common healthcare acquired infection. As such, national surveillance programs have been designed to allow comparisons across institutions and they have been identified as one of many markers of healthcare quality. The placement of a urinary catheter is an educational experience and a privilege. Learning how to practice aseptic technique by performing a urinary catheterization will help you establish best practices early in your medical career. However, with privilege comes responsibility. In order to place catheters under the supervision of a licensed practitioner, you must become "Foley Certified" and receive a yellow sticker and you must keep the U-COP log with completed information. The log is available on the surgery student website on CANVAS. The log must be turned in no later than 10 days after the completion of your surgery clerkship. If you are found to have an incomplete or falsified log, your behavior will be considered unprofessional and noted in your evaluation. Please also notify the clerkship coordinator and director if your patient develops a urinary tract infection within 48 hours of catheter placement. Please note that you must also log Foley Placements in OASIS.

### **F. PROFESSIONALISM**

Professionalism in a clerkship setting is measured by the following behaviors:

- Altruism
- Commitment to Competence and Excellence
- Dependability/Punctuality
- Empathy
- Honesty/Integrity
- Respect for Others
- Respect for Patients
- Responsibility/Reliability
- Self-Assessment/Self Improvement

In addition to these behaviors there are expectations for attendance, appropriate attire and general professional maturity. You will be observed during the rotation, in the clinical setting, lectures, and small groups, and you will be evaluated.

### **G. EVALUATION OF THE COURSE AND FACULTY**

At the completion of each educational event (e.g. lecture, small group discussion) and each rotation, you will have the opportunity to evaluate the event and the faculty/residents with whom you worked. This process is taken very seriously. Please take the opportunity to provide meaningful and accurate information. Use appropriate language and act maturely. The process is anonymous so that you can provide honest feedback. DO NOT evaluate events that you missed or people that you did not meet. Please complete your evaluations within one week of completion of each event so that the experience is fresh in your mind. These evaluations are required prior to the receipt of your grade. The forms are available on-line and are reported in aggregate, without student identifiers. Some faculty members are pre-populated for each of the rotations. You may delete any that you did not interact with and you may add those that you did not have pre-populated. This applies to fellows and residents as well. If you need to add an evaluator that does not have an assessment assigned to them, please follow the directions below:

1. Once logged into OASIS, selecting the appropriate year, they'll be a screen that says "Evaluations to Complete". View a report of the evaluations you need to complete.
2. Clicking on the hyperlink will bring up all your courses for the year, so go to the correct course you'd like to add an evaluation(s)
3. Click on "Add a person to evaluate," allowing them to search and add folks they'd like to submit evaluations for.

If you have already submitted evaluations, you may need to go to the link under "Evaluations to Complete" view a report of the evaluations you need to complete and click "Show Submitted and Closed", going back to Surgery and clicking on "Add a person to evaluate." If you cannot find a specific faculty or resident/fellow please contact Charita Brown [charita@mail.med.upenn.edu](mailto:charita@mail.med.upenn.edu) to have them added. Outside rotators cannot be added to OASIS but you may request a paper evaluation from the clerkship coordinator be sent to an outside rotator.

If you have a problem during the rotation please bring it to the immediate attention of the Clerkship Director, your Advisory Dean or the Associate Dean of Student Affairs. The clerkship should provide a safe learning environment for all students.

## V. OTHER INFORMATION

### A. Medical Student Responsibilities

**Technical Floor** (all with guided intern assistance/demonstration initially):

- Pull/strip JPs
- Check/Flush NGT on patients during day (as often become clogged, indicate to team that you are aware of importance of keeping working, not just having it placed)
- Place NGT
- Take off POD2 dressings on rounds
- Pack wounds after initial packing
- Vac changes (pending complexity)
- All IV sticks (can ask nurses for additional opportunities)

**Floor Responsibilities:**

- Pre-round on 1-2 patients (see patient, talk to nurse/moonlighter/intern from overnight, meds given, review labs, I/O's, imaging): Just behave as you are this patient's doctor even if not explicitly asked
- Write notes before going to OR
- Present your patients in the am including your own plan
  - Practice ahead of time and write-out until you get more comfortable
  - Ask for feedback from a team-member if not provided immediately after presentation
- Post-op Checks
- Check on your patients in the afternoon before going home (patients will feel very engaged and as if you are their doctor if you do this)
- Update patients for the intern
- Help resident transport patients
- During OR breaks, touch base with floor team to see what you can help with
- If in clinic, see patients independently and try to formulate your own plan when waiting for attending; if seeing patients with resident/attending, always proactively consider what you would do, what further information that you need, etc.
- On trauma, primary/secondary assessment and FAST

**OR tasks:**

- Introduce yourself to the team
- Pull own gloves and get a step stool if needed
- Scrub when the resident does
- Help clip hair, clean out umbilicus, and with patient positioning
- Help resident prep the patient
- Place the Foley with resident or circulator helping
- Closing port-sites (need to work on knot tying outside of the operating room)
- Subcuticular sutures on non-cosmetic areas
- Skin stapler
- Remove staples
- Cut sutures
- Retract, focusing on keeping the exposure in the field as it changes and following along with the case
- Laparoscopic camera driving (keep the field in the middle of the screen)
- Help with brief op note and orders (discuss with resident while resident putting in orders)

**Consults** (graded responsibility throughout the week, all with consult resident permission or supervision):

- Call back consulting provider for information about consults including basic patient information, location, reason for consult
- Obtain H+P on new consults
- Oral presentation of new consult to resident or attending
- Forming a differential diagnosis and plan independently
- Identifying the urgency of the consult and if a patient is "sick" vs "not-sick"
- Writing an initial H&P
- Help prepare urgent consults for the OR
- Update the patient and primary team on the plan
- Go to OR with your patients if on nights

**Outside of work:**

- Practice one and two handed knots
- Review for cases ahead of time:
  - Know the patients H+P
  - Why we are doing this operation and disease basics:
  - Update for pathophysiology and background, Surgical recall
  - Basic anatomy (use an atlas): Zollinger, Grey's, Netters
  - Basic steps of the case: Videos may help, lots on Youtube
  - If attending regularly does this case, review an old op report
  - If know enough in advance, totally acceptable to speak to resident(s) about with specific questions you may have

## B. CLINICAL SITES AND CONTACTS

There are many choices for your general surgery and surgical subspecialty rotations. Each has a schedule designed to help direct your time on each rotation.

### GENERAL SURGERY

| Site                      | Faculty Coordinator    | Email  | Office Phone |
|---------------------------|------------------------|--|--------------|
| EOS                       | Dr. Giorgos Karakousis | <a href="mailto:giorgos.karakousis@pennteam.upenn.edu">giorgos.karakousis@pennteam.upenn.edu</a> | 215-614-0857 |
| ESS                       | Dr. Ben Braslow        | <a href="mailto:benjamin.braslow@pennteam.upenn.edu">benjamin.braslow@pennteam.upenn.edu</a>     | 215-662-7323 |
| GI                        | Dr. Noel Williams      | <a href="mailto:Noel.williams@pennteam.upenn.edu">Noel.williams@pennteam.upenn.edu</a>           | 215-615-7500 |
| Pennsylvania Hosp         | Dr. Ian Soriano        | <a href="mailto:ian.soriano@pennteam.upenn.edu">ian.soriano@pennteam.upenn.edu</a>               | 215-829-8455 |
| Pennsylvania Hosp CRS/EOS | Dr. Nicole Saur        | <a href="mailto:nicole.saur@pennteam.upenn.edu">nicole.saur@pennteam.upenn.edu</a>               | 215-829-5333 |
| Penn Presbyterian         | Dr. Gary Korus         | <a href="mailto:gary.korus@pennteam.upenn.edu">gary.korus@pennteam.upenn.edu</a>                 | 215-662-9711 |
| Trauma (PPMC)             | Dr. Brian Smith        | <a href="mailto:brian.smith2@pennteam.upenn.edu">brian.smith2@pennteam.upenn.edu</a>             | 215-662-7320 |
| Veterans' Hospital        | Dr. E. Carter Paulson  | <a href="mailto:emily.paulson@va.gov">emily.paulson@va.gov</a>                                   | 215-823-5800 |

### SUB-SPECIALTIES

| Site               | Faculty Coordinator | Email  | Office Phone |
|--------------------|---------------------|--|--------------|
| Breast             | Dr. David Anderson  | <a href="mailto:david.anderson2@pennteam.upenn.edu">david.anderson2@pennteam.upenn.edu</a> | 215-615-1696 |
| Cardiac            | Dr. Marisa Cevasco  | <a href="mailto:Marisa.Cevasco@Pennteam.upenn.edu">Marisa.Cevasco@Pennteam.upenn.edu</a>   | 215-662-3517 |
| GI Red             | Dr. M. Ken Lee      | <a href="mailto:major.lee@pennteam.upenn.edu">major.lee@pennteam.upenn.edu</a>             | 215-662-2626 |
| Hand Surg          | Dr. Ben Chang       | <a href="mailto:benjamin.chang@pennteam.upenn.edu">benjamin.chang@pennteam.upenn.edu</a>   | 215-662-4283 |
|                    | Dr. Ines Lin        | <a href="mailto:ines.lin@pennteam.upenn.edu">ines.lin@pennteam.upenn.edu</a>               | 215-662-7300 |
| Neurosurgery (HUP) | Dr. Steven Brem     | <a href="mailto:steven.brem@pennteam.upenn.edu">steven.brem@pennteam.upenn.edu</a>         | 215-662-7854 |
| Neurosurgery (PAH) | Dr. William Welch   | <a href="mailto:william.welch@pennteam.upenn.edu">william.welch@pennteam.upenn.edu</a>     | 215-829-6700 |
| Pediatrics         | Dr. Gary Nace       | <a href="mailto:naceg@email.chop.edu">naceg@email.chop.edu</a>                             | 215-590-8846 |
| Plastics           | Dr. Paris Butler    | <a href="mailto:paris.butler@pennteam.upenn.edu">paris.butler@pennteam.upenn.edu</a>       | 215-662-7300 |
| SICU               | Dr. Jose Pascual    | <a href="mailto:jose.pascual@pennteam.upenn.edu">jose.pascual@pennteam.upenn.edu</a>       | 215-662-7323 |
| Thoracic           | Dr. Colleen Gaughan | <a href="mailto:colleen.gaughan@pennteam.upenn.edu">colleen.gaughan@pennteam.upenn.edu</a> | 215-662-4988 |
| Transplant         | Dr. Paige Porrett   | <a href="mailto:porrettp@pennteam.upenn.edu">porrettp@pennteam.upenn.edu</a>               | 215-662-7543 |
| Urology            | Dr. R. Caleb Kovell | <a href="mailto:robert.kovell@pennteam.upenn.edu">robert.kovell@pennteam.upenn.edu</a>     | 215-662-7018 |
| Vascular (HUP)     | Dr. Paul Foley      | <a href="mailto:paul.foley@pennteam.upenn.edu">paul.foley@pennteam.upenn.edu</a>           | 215-615-1698 |
| Vascular (PPMC)    | Dr. Julia Glaser    | <a href="mailto:julia.glaser@pennteam.upenn.edu">julia.glaser@pennteam.upenn.edu</a>       | 267-455-3326 |

### ANESTHESIA, OPHTHO, ORTHO, OTO

| Site                   | Faculty             | Email  | Office Phone |
|------------------------|---------------------|--|--------------|
| Anesthesia             | Dr. Jeremy Kukafka  | <a href="mailto:Jeremy.kukafka@pennteam.upenn.edu">Jeremy.kukafka@pennteam.upenn.edu</a>     | 215-823-5154 |
| Anesthesia Coordinator | Linda Cardamone     | <a href="mailto:cardamon@pennteam.upenn.edu">cardamon@pennteam.upenn.edu</a>                 | 215-662-3773 |
| Ophthalmology          | Dr. Prithvi Sankar  | <a href="mailto:Prithvi.Sankar@pennteam.upenn.edu">Prithvi.Sankar@pennteam.upenn.edu</a>     | 215-662-8037 |
| Ophtho Coordinator     | John Dempsey        | <a href="mailto:john.dempsey@pennteam.upenn.edu">john.dempsey@pennteam.upenn.edu</a>         | 215-662-8069 |
| Orthopaedics           | Dr. Jaimo Ahn       | <a href="mailto:jaimo.ahn@pennteam.upenn.edu">jaimo.ahn@pennteam.upenn.edu</a>               | 215-662-3350 |
| Ortho Coordinator      | Amanda Kucowski     | <a href="mailto:amanda.kucowski2@pennteam.upenn.edu">amanda.kucowski2@pennteam.upenn.edu</a> | 215-294-9149 |
| Otorhinolaryngology    | Dr. Douglas Bigelow | <a href="mailto:bigd@pennteam.upenn.edu">bigd@pennteam.upenn.edu</a>                         | 215-662-6970 |
| Oto. Coordinator       | Sandra Corkery      | <a href="mailto:sandra.corkery@pennteam.upenn.edu">sandra.corkery@pennteam.upenn.edu</a>     | 215-662-6970 |

***For the first day of ANESTHESIA please meet at 8:00 am in the Dripps Library, 5 Dulles***

Additionally, the housestaff officers play a fundamental role in your experience. The Housestaff Rotation Schedule is available through the intranet at <http://uphsxnet.uphs.upenn.edu/surgery/> on Qgenda.

### C. CLINICAL SCHEDULES

You can find your clinical assignments on Canvas by clicking on **Student Rotation Assignment and Site Documents**. You should contact the chief resident or fellow to find out where and when to meet your team on the first day of the rotation. Additionally, you should contact the faculty site coordinator on the first day of each rotation to arrange a time to meet.

### D. INDEPENDENT READING

#### Sources Students Have Found Helpful:

- Anatomy: Netter's, Zollinger
- Pathophysiology: Uptodate
- Preparing for the OR/Rounds:
  1. Patient H&P, previous op notes if available,
  2. Anatomy text of choice + Pathophys from uptodate or textbook +/- video of case
- Shelf: DeVirglio, Pestana, Qbank (UWorld)--do surgery, gyn, and medicine questions
- Other favorite sources: Surgical Recall, NMS Surgery Casebook, PreTest

#### Other Suggested Texts:

- *Gowned and Gloved Surgery: Introduction to Common Procedures*, by Robert E. Roses, Emily Carter Paulson, Suhail Kanchwala, Jon B. Morris
- *Current Surgical Diagnosis and Treatment*, 12<sup>th</sup> Edition, edited by Gerard M. Doherty and Lawrence W. Way
- *Essentials of General Surgery*, by Peter Lawrence
- *Surgery A Competency-Based Companion*, by Barry D. Mann

Additional references that students find useful are *NMS -Surgery Casebook* by Bruce E. Jarrell, *Pre Test / Surgery* by Norman J. Snow and *Surgical Recall* by Lorne H. Blackbourne. It is expected that the student will spend approximately 8-12 hours per week reading independently. Additionally, all students are excused from clinical activity on either Saturday or Sunday to allow an extra block of time for independent study.

### E. PROCEDURAL SKILLS

- You will be able to complete some procedures in the simulation center during the surgery clerkship including: venipuncture for routine bloods; arterial puncture for arterial blood gas (ABG) determination from radial artery; insertion of angiocatheters for peripheral IV; placement of a nasogastric tube (NG) and Foley catheter.
- Procedures observed or performed on patients or in the simulation lab should be documented in OASIS.
- You are **NOT PERMITTED** to insert central venous catheters under any circumstances, to draw blood off central lines, change central lines over a wire or remove central lines. You are **NOT PERMITTED** to draw blood off PICC lines or remove PICC lines.

### F. FEEDBACK DURING THE SURGERY CLERKSHIP

1. It is very important that you obtain **timely, specific feedback** about how you are doing. This is essential so that you have an opportunity to improve your skills. Although I hope that your residents and attendings will spontaneously give you feedback, **often you need to ask for it!** Feedback will be more useful if you:
  - Ask specifically "what do I need to work on?" or "what should I do differently the next time?"
  - Ask for help for developing a plan for improvement - "what suggestions do you have for how I can get better at this?"
2. **Feedback with Course Directors:** The goal for this session is to provide meaningful feedback for the student and to maximize the student's learning environment. The meetings will not include discussion about grading for the clerkship. Students should anticipate a 10-minute meeting which will focus on both student's strengths and areas for improvement. You will be required to complete a self-assessment form and have at least one MD (Attending, Resident or Fellow) feedback card from a surgical service to review. **These meetings are mandatory for each student.** Failure to turn in all items for the meeting or missing the meeting (without making prior arrangements) will impact the Attendance/Participation portion of the student's grade.

## G. STUDENT CALL ROOMS

**Please make sure to keep the rooms clean and remember its shared space!**

**HUP:** Students have their own touch down space located on Founders 9 – Room 30. The code is: **3215#** You are not to utilize any of the call rooms/spaces for residents and other staff.

**PAH:** The students can utilize the junior resident call room, please follow up with your chief resident for any issues

**PPMC:** The students can utilize the Trauma SICU (there is a closet and space for bags). You may also utilize the junior call room behind the MICU (code 166)

**VA:** The students can utilize the junior resident call room, please follow up with your chief resident for any issues

## H. ATTIRE

It is expected that you look professional at all times. Men should wear a shirt and tie on clinic days. No jeans are permitted. Women should be dressed professionally. Scrubs are acceptable on operative days. Tee-shirts and sweatshirts cannot have logos on them. Your nametag should be worn at all times.

## I. CHECKLIST OF WHAT YOU NEED TO DO TO SATISFACTORILY COMPLETE THE SURGERY CLERKSHIP

- Attend all required conferences
- Complete Requirements Checklist in OASIS
- Complete and receive feedback on 4 write-ups over 8 weeks.
- Turn in School of Medicine Feedback Cards (total of 5 for clerkship – 1 Introductory card, 3 mid-rotation cards and 1 H&P card)
- Complete 8 WISE-MD modules
- Receive written comments from your inpatient residents and Attendings that are compatible with a grade of Pass or higher.
- Complete the UCOP (if a foley was placed during the clerkship)
- Complete the EBM assignment in your PBL group
- Pass the end of clerkship Surgery Exam

## J. IMPORTANT DUE DATES

| <u>Assignment</u>  | <u>Due Date</u>                 |
|--|---------------------------------|
| Signed SU200 introduction cards – <i>turn in to clerkship coordinator</i>      | Within 3 days of starting SU200 |
| Signed Syllabus* – <i>Turn in to Clerkship Coordinator</i>                     | Week 1 (Friday)                 |
| EBM Presentations – presented during PBL sessions                              | Week 11                         |
| Feedback Cards – <i>to Turn in to Clerkship Coordinator (day of the shelf)</i> | Week 12 (Friday)                |
| Suture Kits – <i>Turn in to Clerkship Coordinator (day of the shelf)</i>       | Week 12 (Friday)                |
| OASIS Requirements – <i>Submitted electronically</i>                           | Week 12 (Sunday)                |
| Wise-MD Modules – <i>Submitted electronically</i>                              | 1 week after the shelf          |
| UCOP forms* – <i>Submitted to the clerkship coordinator</i>                    | 1 week after the shelf          |

\*You may physically turn in the assignments or email them to [Elizabeth.gallagher3@penmedicine.upenn.edu](mailto:Elizabeth.gallagher3@penmedicine.upenn.edu)

## VI. OTHER POLICIES

### A. SAFE AND HEALTHY LEARNING ENVIRONMENT- MISTREATMENT POLICY

#### I. Standard of Conduct

The University of Pennsylvania's Perelman School of Medicine is committed to the principle that the educational relationship should be one of mutual respect between teacher and learner. Because the school trains individuals who are entrusted with the lives and well-being of others, we have a unique responsibility to assure that students learn as members of a community of scholars in an environment that is conducive to learning. Maintaining such an environment requires that the faculty, administration, residents, fellows, nursing staff, and students treat each other with the respect due colleagues.

The teacher-learner relationship confers rights and responsibilities on both parties. Behaving in a way that embodies the ideal teacher-learner relationship fosters mutual respect, minimizes the likelihood of learner mistreatment, and optimizes the educational experience. The Perelman School of Medicine does not tolerate mistreatment of students.

#### II. Purpose of Policy

The purpose of this policy is to promote a positive learning environment for medical students and to outline the procedures for reporting and addressing alleged incidents of student mistreatment.

#### III. Definition/Examples of Student Mistreatment

As described by the Association of American Medical Colleges, mistreatment occurs when "behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. It can take the form of physical punishment, sexual harassment, psychological cruelty, and discrimination based on race, religion, ethnicity, sex, age or sexual orientation."

Examples of student mistreatment include, but are not limited to:

- Unwanted physical contact (such as touching, hitting, slapping, kicking, pushing) or the threat of the same;
- Sexual harassment (see the University of Pennsylvania Sexual Harassment Policy, <http://www.upenn.edu/almanac/between/2016/070116-of-record.html#harassment>, and Sexual Violence, Relationship Violence and Stalking Policy, <http://www.upenn.edu/almanac/between/2016/070116-of-record.html#violence>);
- Discrimination<sup>1</sup> based on age, race, gender, sexual orientation, disability, religion, or national origin (see the University's nondiscrimination policy, <http://www.upenn.edu/affirm-action/eoaa.html>);
- Requiring learners to perform personal chores (e.g., running errands or babysitting);
- Verbal harassment, including humiliation or belittlement in public or privately;
- Use of grading and other forms of assessment in a punitive or self-serving manner;
- Romantic or sexual relationships between a teacher and student (see the University's Policy on Consensual Sexual Relations between Faculty and Students, [http://www.upenn.edu/assoc-provost/handbook/vi\\_e.html](http://www.upenn.edu/assoc-provost/handbook/vi_e.html) )

#### IV. Procedures for Reporting Possible Mistreatment

While we believe that professional behavior is generally practiced and respected by the members of our diverse community of scholars throughout the Perelman School of Medicine, we recognize that there may be occasions when real or perceived incidents of unprofessional behavior directed toward learners occur. In addition, students may observe unprofessional behaviors directed towards other students, staff members, faculty or towards patients in a manner that impairs the learning environment. Any incidents or concerns should be reported as soon as possible after the alleged incident.

##### a. Informal Pathways

If the student feels comfortable doing so, the student may speak directly with the individual involved in the incident. If the behavior stems from a misunderstanding or a need for increased sensitivity, the individual involved in the incident will often respond positively and stop the offending behavior. Open communication may clarify any misunderstanding or issue(s) and lead to a successful informal resolution.

A student may discuss an incident or concern with a school representative, including one of the ombudsmen, a doctoring preceptor, or course/clerkship director, who may be able to help the student achieve an informal resolution. In addition, these individuals may be able to provide assistance in the form of counseling, coaching or directing the student to appropriate school and University resources.

It is recommended that the student contact the Associate Dean for Student Affairs to discuss the available options for addressing a concern about mistreatment. The Associate Dean will handle each matter discretely and make every effort to

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<sup>1</sup> From [Dictionary.com](http://www.dictionary.com): Discrimination: *treatment or consideration of, or making a distinction in favor of or against, a person or thing based on the group, class, or category to which that person or thing belongs rather than on individual merit*

do so in a manner consistent with the student's wishes but, depending on the nature and severity of an incident, may not be able to guarantee that a student's desire for confidentiality can be honored.

**b. Formal Pathways**

Students who chose to make a formal report or complaint of an incident of possible mistreatment may do so via the online Penn system, Safety Net, or may submit a written complaint to the Associate Dean for Student Affairs.

Students who opt to use Safety Net have the option of choosing to report anonymously and/or confidentially. Students requesting anonymity or confidentiality should be aware that this may limit the school's ability to investigate an incident.

If a student chooses to pursue a formal complaint, s/he must be willing to be identified to the person against whom the complaint is directed.

**V. Process for Resolution of Formal Complaints**

When the Associate Dean receives a formal complaint of mistreatment, s/he will bring it to the attention of the Senior Vice Dean for Education and the Senior Vice Dean will take appropriate action to determine the facts and the appropriate avenue for resolution of the complaint.

At his/her sole discretion, the Senior Vice Dean may appoint an ad hoc committee, consisting of 3 faculty members, to conduct an inquiry into the allegations and make a recommendation regarding further action. The ad hoc committee will evaluate available materials and may interview appropriate persons, including the complainant and the respondent. The ad hoc committee will prepare a written report summarizing its findings and recommendations and the Senior Vice Dean will rely on the committee's recommendations regarding whether corrective action is warranted. The Senior Vice Dean will inform the parties of the determination regarding further action within 10 days of receipt of the ad hoc committee's report. If the ad hoc committee recommends corrective action, the Senior Vice Dean and may attempt to resolve the complaint informally, with mutual agreement of the parties involved, or may refer the matter to an appropriate grievance procedure within the University.

The appropriate channel for formal investigation and resolution of a complaint will depend on the nature of the offending behavior. If there is an existing University policy that addresses the behavior of concern, the procedures dictated by that policy will be employed. For example, alleged behaviors that violate the University's Sexual Harassment Policy will be handled in accordance with the procedures described in that policy and alleged behaviors that violate the University's Sexual Violence Policy will be handled according to the procedures outlined in the University's procedures for resolving complaints of sexual assault, sexual violence, relationship violence and stalking.

The status of the offending party will also inform the process for further action. For example, if the offending party is a faculty member, further action will be pursued through an appropriate mechanism for addressing faculty behavior. In the case of a University staff, the Senior Vice Dean will consult with the Human Resources Department regarding the appropriate steps for further action.

For incidents of mistreatment that occur in locations beyond the parameters of the University, the Senior Vice Dean will pursue appropriate steps at the institution where the alleged mistreatment occurred.

**VI. Interim Action**

The Senior Vice Dean is authorized to take any actions on behalf of the Perelman School of Medicine that he or she deems necessary to protect the complainant and/or the respondent pending the investigation and resolution of a complaint. The Senior Vice Dean may also take immediate action necessary for reasons of safety.

**VII. Protection from Retaliation**

Retaliation against any member of the school community who comes forward with a complaint or concern is prohibited. If an individual believes that he or she is being subjected to retaliation as a result of coming forward with a concern or a complaint, he or she should refer the matter to the Senior Vice Dean.

**VIII. Course and Clerkship Evaluations**

Students are encouraged to report any mistreatment that occurs during a course or clerkship by use of the official evaluation tool for the course or clerkship. While these reports do not necessarily result in an investigation, the data are helpful in identifying and documenting systemic problems that may interfere with the safe learning environment.



## B. NEEDLESTICK POLICY

### Exposure to Blood or Body Fluids

#### **Penn Med policy regarding potential exposures is as follows:**

Any medical student who sustains a needlestick or other wound resulting in exposure to blood or body fluids should follow the following protocol. Please keep in mind, that drug prophylaxis following a high-risk exposure is time sensitive, therefore you must immediately seek help from the appropriate hospital department.

Immediately wash the affected area with soap and water and cover the area with a dressing if possible. For an ocular exposure, flush thoroughly with water. Inform the supervising resident and immediately report to the areas listed below. Please bring the source patient information with you.

#### At HUP or the VA

- Go directly to the Occupational Health Department.
- If they are closed, report to the Emergency Department.
- Identify yourself as a medical student who has just sustained an exposure.
- You will see health care provider who is trained in assessing the risk of the exposure. If you are seen in the Emergency Room, an occupational surgery doctor is on-call 24 hours a day to provide immediate consultation on post-exposure drug treatment and counseling. Do not hesitate to ask the physician treating you to page the Occupational Surgery doctor carrying the needlestick pager.
- You will be counseled and advised about post-exposure prophylaxis, if necessary.
- If indicated, you will be given a starter pack of the prophylactic drugs which are recommended in accordance with the current guidelines of the Center for Disease Control.
- Base-line blood tests will be done on you.
- The physician at Occupational Health will contact the attending physician of the source patient to expedite the process of getting consent to test the source patient.
- You will be given a schedule as to when to return to Occupational Surgery for follow-up testing.

If you are at the following hospitals, please go to the place listed. You will be treated in accordance with the hospital's needlestick policy for healthcare workers. All affiliated hospitals' needlestick policies have been reviewed by the Director of Infection Control for HUP and meet established standards. All follow-up testing for the students is done at HUP Occupational Health. Students should bring their records to HUP Occupational Health so that appropriate follow-up testing can be scheduled.

**Children's Hospital of Philadelphia** – Report to Occupational Health Service during weekdays or to the Nursing Supervisor on weekends and evenings.

**Pennsylvania Hospital** - Report to Employee Health or to the Emergency Room if they are closed.

**Presbyterian Hospital** – Report to Occupational Surgery or to the Emergency Room if they are closed.

**Outpatient Ambulatory Sites** - Report to HUP Occupational Surgery or to its satellite at Radnor, whichever is a closer distance to your site.

#### **Billing Procedures**

All expenses that a student incurs, associated with needlesticks, will be paid for by the School of Medicine. At HUP or Presbyterian, these charges should automatically be billed to the School. However, if you do receive a bill for any of these services, please bring it to Nancy Murphy in the Office of Student Affairs immediately, so that the charges can be transferred to the school account. At affiliated hospitals, typically the bill will be sent to your home address. Please bring it to Nancy Murphy immediately so that the School of Medicine can pay the bill.

## **C. PENN SAFETY NET**

### PENN SAFETY NET Overview for Clerkship Students

PENN SAFETY NET was developed in 2001 by the Department of Clinical Effectiveness and Quality Improvement at the University of Pennsylvania. It is a web-based incident reporting system. This system is available to all clinical and non-clinical staff at each of the 3 Penn hospitals as well as all of the Penn outpatient clinics.

The purpose of any incident reporting system, including PENN SAFETY NET is to provide an easy way for staff to identify events in which an error occurred or events in which the quality or safety of care was threatened in any way, even when no patient harm occurred (these types of scenarios are described in patient safety as “near misses”). PENN Safety Net provides the opportunity for Penn to learn more about the at-risk areas and imperfect systems that exist within our hospitals and implement improvement projects to prevent future patient harm.

Medical students can enter PENN SAFETY NET incidents. They can enter a report in one of 3 ways: using their Penn key, using their first and last name, or reporting anonymously. All information entered into PENN SAFETY NET is confidential. If students or any reporters do identify themselves with their PennKey or name, their name will never be disclosed (shared) with anyone else. On occasion, reporters will get called by a member of Risk Management or Patient Safety after their report is entered in order to ask additional questions more about the incident or to provide follow-up and feedback. If a medical student witnesses or is involved in an event and is unsure about whether it should be reported, they should ask their attending and/or clerkship director for direction. In addition, if a medical student is anxious or nervous about any part of the incident reporting process or if they are told specifically not to enter a PENN Safety Net report by their clinical supervisors and they are uncomfortable with this conversation or direction, they should consult with the Clerkship Director.

Medical students will also be able to use Safety Net to report occurrences of mistreatment you either have experienced yourselves or have observed in interactions with others. You will be able to use Safety Net for this purpose regardless of your standing in the curriculum or your physical location, i.e., JMEC, HUP, CHOP, etc. Medical students who choose to identify themselves when reporting an incident will be contacted within 48 hours by a member of the Student Affairs Office so an investigation can be initiated. This is in keeping with the Safe and Healthy Learning Environment policy.

Medical students who choose to remain anonymous will not receive any follow up feedback on the incident. Rather, anonymous reports will be compiled by the Academic Programs Office for trend analysis. A bi-annual report will be provided to students and all appropriate members of Penn Medicine regarding these trends.

Safety Net can be found via the UPHS intranet, <http://uphsnet.uphs.upenn.edu/home>. Please bookmark the link so you will have easy access.

## **D. Personal Property**

It is OR policy that bags and purses, etc. are not come into the OR proper. Please make sure to secure any valuables in your med school locker and/or touchdown space. Travel only with necessities that can be kept in a pocket on your person.

## **E. Shelter in Place Policy**

In the event that you received a “Shelter in Place” alert email: Identify shelter area in the building you are currently located. Do not reply, see [www.publicsafety.upenn.edu](http://www.publicsafety.upenn.edu) for details. When the **UPennAlert** is announced for Shelter in place, for us here at HUP we just need to stay within the buildings and wait for additional information.