



# Texas College of Osteopathic Medicine

## *Our Mission*

*Create solutions for a healthier community by preparing tomorrow's patient-centered physicians and scientists and advancing the continuum of medical knowledge, discovery, and osteopathic medicine to provide comprehensive health care.*

# CORE SURGERY CLERKSHIP SYLLABUS **MEDE 8611** 2022-2023

## **CLERKSHIP DIRECTOR**

Albert H. Yurvati, D.O., PhD, CPPS, DFACOS, FICS, FAHA

## **Co-Director**

Dale Brancel, D.O., FACOS

## **CLERKSHIP COORDINATOR**

Jay House

## **TABLE OF CONTENTS**

Page 3	Clerkship Purpose
Page 3	Clerkship Description
Page 4	Clerkship Competencies
Page 7	Interprofessional Education (IPE) Competencies
Page 9	Core Entrustable Professional Activities for Residency
Page 11	Clerkship Goals & Learning Objectives
Page 18	Clerkship Required Didactics and Study Assignments
Page 20	Evaluation and Grading
Page 21	General Guidelines
Page 30	Rotation Sites
Page 32	Faculty
Page 33	Disclaimer
Page 35	Appendix

## **PURPOSE OF THE GENERAL CLERKSHIP**

The clinical clerkships affiliated with the Texas College of Osteopathic Medicine serve to provide supervised, high quality opportunities for third- and fourth-year medical students to apply and transform the declarative medical knowledge and basic clinical skills that they have acquired into procedural clinical competence, while also functioning as learning members of health care teams.

The clinical clerkships promote and support TCOM students in developing clinical competence with emphasis on the core competencies beyond medical knowledge alone. Clerkships are encouraged to seek opportunities for students to provide Health and Wellness Counseling, develop improved interpersonal and communication skills, professionalism, as well as practice-based learning and improvement.

## **CLERKSHIP DESCRIPTION**

The core clinical clerkship in surgery is a 6-week course. This course will introduce students to the multifaceted care of patients commonly seen in surgical practice. The course is divided into four weeks of general surgery, and two weeks of one of the following selective:

- General Surgery
- Orthopedic Surgery
- Endovascular and surgical neuro-radiology
- Neurosurgery
- Otorhinolaryngology
- Surgical Oncology
- Bariatrics
- Thoracic/Vascular Surgery
- Urology
- Vascular
- Anesthesiology and Interventional Pain Management
- Other Subspecialty Surgery (Approval Required by Department of Osteopathic Clinical Education)

(This list may vary with availability of faculty and site locations.)

This syllabus shall serve as the instructional guide for student and teaching faculty.

**MEDE 7517 & 7518** Professional Identity and Health Systems Practice Course is a separate course from your Surgery rotation. This 2-week course could precede or follow your surgery rotation with its own syllabus and grade.

## **CLERKSHIP COMPETENCIES**

The objectives of the Clinical Clerkships are to enable TCOM students to achieve competence as graduate osteopathic medical students. As such, the objectives of the clerkship curriculum are represented by the AACOM Osteopathic Core Competencies for Medical Students.

For the purposes of the TCOM Clinical Clerkship Competencies, the AACOM 14 Competencies have been condensed into the following 8:

1. Osteopathic Principles and Practices (OPP)
2. Medical Knowledge (MK)
3. Patient Care (PC)
4. Interpersonal and Communication Skills (ICS)
5. Professionalism (P)
6. Practice-Based Learning and Improvement (PBLI)
7. Systems-Based Practice (SBP)
8. Health Promotion/Disease Prevention (HP/DP)

### GENERAL COMPETENCIES

General Competencies	AOA Comp
<ul style="list-style-type: none"> <li>Communicate effectively and demonstrate caring and respectful behaviors when interacting with surgical patients and their families.</li> </ul>	PC, SBP
<ul style="list-style-type: none"> <li>Gather essential and accurate patient information specific to surgery patients.</li> </ul>	OPP, MK, SBP
<ul style="list-style-type: none"> <li>Make informed decisions about diagnostic and therapeutic interventions based on surgical patient information and preferences, up-to-date scientific evidence, and clinical judgment.</li> </ul>	OPP, P, SBP
<ul style="list-style-type: none"> <li>Develop and carry out surgical patient management plans.</li> </ul>	MK, P, SBP
<ul style="list-style-type: none"> <li>Use information technology specific to surgery to support patient care decisions and patient education.</li> </ul>	BPLI, HP/DP
<ul style="list-style-type: none"> <li>Perform competently basic surgical procedures considered essential for practice.</li> </ul>	OPP, MK, P, SBP
<ul style="list-style-type: none"> <li>Demonstrate an investigatory and analytic thinking approach to surgical situations.</li> </ul>	OPP, MK, SBP
<ul style="list-style-type: none"> <li>Know and apply the appropriate basic and clinically supportive sciences as related to surgery.</li> </ul>	OPP, MK, BPLI, SBP, HP/DP
<ul style="list-style-type: none"> <li>Locate, appraise and assimilate evidence from scientific studies related to the patient's health affected by surgery.</li> </ul>	OPP, MK, P, SBP
<ul style="list-style-type: none"> <li>Use information technology to manage information, access online medical information, and support self-education as related to</li> </ul>	SBP, HP/DP

surgery.	
<ul style="list-style-type: none"> <li>• Create and sustain a therapeutic and ethically sound relationship with patients who have undergone surgery.</li> </ul>	MK, SBP
<ul style="list-style-type: none"> <li>• Use effective listening skills and elicit and provide information, as related to surgical patients, using effective nonverbal, explanatory, questioning, and writing skills.</li> </ul>	OPP, MK, PC, ICS, SBP
<ul style="list-style-type: none"> <li>• Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.</li> </ul>	MK, PC, ICS, SBP
<ul style="list-style-type: none"> <li>• Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.</li> </ul>	MK, PC, SBP, HP/DP
<ul style="list-style-type: none"> <li>• Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.</li> </ul>	MK, PC, SBP
<ul style="list-style-type: none"> <li>• Practice cost-effective health care and resource allocation that does not compromise quality of care.</li> </ul>	MK, P, BPLI, SBP
<ul style="list-style-type: none"> <li>• Apply the osteopathic tenet that the body is a unit: the person is a unit of body, mind, and spirit.</li> </ul>	OPP, MK, PC, ICS, P, BPLI, SBP, HP/DP
<ul style="list-style-type: none"> <li>• Apply the osteopathic tenet that the body is capable of self-regulation, self-healing, and health maintenance.</li> </ul>	OPP, MK, SBP
<ul style="list-style-type: none"> <li>• Know how structure and</li> </ul>	OPP, MK,

function are reciprocally related and affected by surgical procedures.	SBP
<ul style="list-style-type: none"> <li>Apply rational treatment based upon an understanding of the basic principles, relating to surgery patients, of body unity, self-regulation and the interrelationship of structure and function.</li> </ul>	OPP, MK, P, BPLI, SBP, HP/DP

### **INTERPROFESSIONAL EDUCATION COURSE COMPETENCIES**

#### **Competency Domain 1: Values/Ethics for Interprofessional Service Competency**

#### **Domain 2: Roles/Responsibilities**

#### **Competency Domain 3: Interprofessional Communication**

#### **Competency Domain 4: Teams and Teamwork**

Having a clear understanding of the role of your own profession and learning about the other professionals who you are working with are important first steps in collaboration. The attending or resident who will be precepting you can be a valuable role model and it is helpful to discuss with her/him the role of the surgeon on the team. It is normal and appropriate to become socialized into your own profession during your education, but it can result in the development of stereotypical views and naïve perceptions of the roles of other members of the health care team. Many professionals are surprised when they learn about the full scope of practice and competencies of other health professions since they have never had the opportunity to collaborate with other professional groups while being educated. To practice effectively in an inter-professional health care team, each member must have a clear understanding of their own and others unique contributions including educational backgrounds, competencies, and professional boundaries. Teamwork in health care settings can involve considerable overlap in professional roles. It is important for you to become knowledgeable about (and therefore comfortable with) the skills of the other professionals with whom you will be working. Moreover, an oft-overlooked member of the health care team is the patient, as well as the patient's family/caregiver and community. To provide truly inter-professional care, you must incorporate the patient and family into the care plan and consider the impact of the context in which they live.

A key principle underlying collaborative care is the recognition that no one individual professional can be responsible for all aspects of the patient's care, and therefore each member must have confidence

based on trust and respect that other team members are capable of fulfilling their responsibilities. A clear understanding of your own role and related competencies, as well as those of other health professionals will form the basis for developing respect, a necessary foundation for all successful collaborative endeavors.

### **Inter-professional Practice-Based Learning Experience**

The purpose of the Inter-professional Practice-Based Learning (IPPL) experience is to immerse you in a collaborative practice setting (where there is more than one type of professional) with the explicit aim of getting you to think about and reflect on the inter-professional aspects of your experience. The surgery rotation in the third year of clerkship was chosen because of the strong history of poor collaboration in the practice of surgery. This does not mean that teams in surgery always function poorly, but that almost universally there is the opportunity for inter-professional practice in surgery which is not the case in many other settings. Of course, you will still be working on developing the usual surgical competencies expected by your program during this rotation. This experience has an additional focus which will enrich your ability to work collaboratively with other professionals which is an important aspect in the provision of holistic and safe health care for your patients.

It is important to recognize that for a variety of reasons, teams will be at different stages of development in terms of inter-professional practice. For example, there may have been a number of team members leaving or changing their level of involvement with the team. The team must reorganize after such an event and it will take time to do so. In addition, depending upon the nature of the illnesses that patients present with and the work that is done, teams will function at different levels of inter-professional collaboration.

**Table 1 Generic Inter-professional Teamwork Competencies**

<b>Knowledge</b>	<b>Skills</b>	<b>Attitudes</b>
Roles of other professions	Teamwork	Mutual respect and trust
Role overlap		Value other professions
Cognitive maps		Value collaboration
Patient-Centered Practice		
Team development		

### **Inter-professional Learning Activities**

Specific inter-professional learning activities will vary depending upon the individual characteristics of the clinical site and factors such as the team composition, resources, student mix, models of supervision, identified site needs. Listed below are some examples of valuable inter-professional learning experiences that you and your attending or resident may choose to engage in.

Examples of interprofessional learning activities:



- ☐ Meet with your attending or resident and the team for a brief discussion of what each profession's role/scope of practice is on the team (make sure that you hear from your attending or resident about your profession as well as the others).
- ☐ Work with students from other professions or with other professionals in teams with the same patient(s) and participate in the development of an inter-professional patient-centered care plan.
- ☐ Attend scheduled clinical team meetings with your attending or resident to discuss assigned patients. The team meeting provides an opportunity for you to observe and participate in patient discussion and contribute to the development of a patient centered plan. You should ask for feedback on your clinical skills and participation as part of the team.
- ☐ Shadow your attending or resident and observe her/him modeling inter-professional team skills (e.g., preparing for team meetings, following team guidelines for discussion, encouraging participation, seeking clarification, contributing to an inter-professional plan of care, modeling respect for team members, and dealing with conflict). Talk about your observations with your attending or resident afterwards.
- ☐ Learn about the roles of other team members by

1. observing them treating their patients or

2. assessing shared patients with other students and discussing the different roles you each have in managing the patient's health care.

If there are other health professional students on the team:

Support the development of an inter-professional student group/team in which there is a weekly discussion of a shared clinical case. For example, each team member presents his/her findings and the team establishes a set of shared patient goals. Members of the team set the agenda, develop team rules, and take on inter-professional team roles including chairperson, timekeeper, and recorder. Students review each other's clinical notes and discuss role overlap, the reality of overlapping scope of practice and different approaches to patient centered care.

Suggest to the team and other students that you meet for a Brown Bag Lunch. The topics for discussion are submitted by students and team members and pulled from a bag. Discussion topics focus on team development. The purpose of the sessions is to enhance the students' knowledge of teamwork and provide an opportunity for you to explore and examine the different kinds of knowledge, skills and values you and other students bring to the team. Suggested topics include the purpose and value of inter-professional teams, group dynamics, team communication, conflict management, and team leadership models.

Suggest that students could work as a team to discuss and write up best practice guidelines for a specified clinical problem that warrants an inter-professional approach to patient care.

### **Core Entrustable Professional Activities (EPAs) for Entering Residency**

These are the skills and behaviors expected of first year residents on day one of their residencies, as described by the ACGME residency directors and described in detail in the AAMC document of the above name. It is hoped that clinical clerkship directors and facilitators will make as much effort as possible to ensure that TCOM students have opportunities to practice these skills and behaviors on all clinical rotations.

1. Gather a history and perform a physical examination.
2. **Prioritize a differential diagnosis following a surgical encounter.**
3. Recommend and interpret common diagnostic and screening tests.
4. Enter and discuss orders and prescriptions.
5. Document a clinical encounter in the patient record.
6. Provide an oral presentation of a clinical encounter.
7. Form clinical questions and retrieve evidence to advance patient care.
8. Give or receive a patient handover to transition care responsibility.
9. Collaborate as a member of an Interprofessional team.
10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management.
11. Obtain informed consent for tests and/or procedures.
12. Perform general procedures of a physician.
13. Identify system failures and contribute to a culture of safety and improvement. EPA

Objectives	EPA
1. Perform and present an surgical history and physical examination. - <i>Surgery Milestone: Patient Care 1 – Patient Evaluation and Decision Making</i>	1
2. Develop a differential diagnosis and outline a basic treatment regimen for some of the more frequently encountered orthopedic problems. - <i>Surgery Milestone: Patient Care 1 – Patient Evaluation and Decision Making</i>	2
3. Diagnose a patient presenting with a surgical fracture and develop a differential diagnosis. Prioritize care for the patient and initiate appropriate and immediate therapeutic interventions. <i>Surgery Milestone: Patient Care 1 – Patient Evaluation and Decision Making</i>	10
4. Demonstrate appropriate professionalism and interpersonal skills with patients, families, and medical team members. - <i>Surgery Milestone: Professionalism 2 – Professional Behavior and Accountability</i>	9
5. Demonstrate and identify knowledge of patient safety evals utilizing skills learned in CPPS course - <i>Surgery Milestone: Systems Based Practice 1 – Patient Safety and Quality Improvement</i>	10

6. Be able to recognize the patient presenting with pneumothorax, prioritize the care for this patient, develop a differential diagnosis, and initiate appropriate and immediate therapeutic interventions. (EPA 10)	10
7. Demonstrate knowledge and understanding of conditions presenting to the vascular surgeon, prioritize patient care, perform a differential diagnosis, and recommend appropriate therapeutic interventions.	2
8. Be able to recognize the patient presenting with an ischemic extremity, prioritize the care for this patient, perform a differential diagnosis, and initiate appropriate therapeutic interventions.	10

## **CLERKSHIP GOALS AND LEARNING OBJECTIVES**

### **Fundamental Skills**

The student on surgical service shall be expected to acquire and demonstrate the following fundamental skills during the course of the rotation:

1. Obtain a complete problem-oriented history from patients presenting to the surgical services.
2. Perform a complete physical examination with attention to those physical findings common to patients presenting to the surgical services.
3. Establish a sterile surgical field including skin preparation and draping.
4. Demonstrate appropriate hand washing technique in preparation for surgery.
5. Perform simple suturing and knot tying.
6. Complete a postoperative assessment and enter a comprehensive note, consult, and postoperative notes in the medical record.
7. Perform a dressing change using appropriate hygienic technique.
8. Insert a male urinary catheter using appropriate technique.
9. Insert a female urinary catheter using appropriate technique.
10. Perform a simple closed-needle thoracostomy in a life-saving setting.
11. Insert a nasogastric tube and IV's.
12. Observe intubations.
13. Perform case presentations in an organized and consistent fashion.
14. Integrate the AOA competencies into surgical care.

### **Specialty Specific Competencies**

#### **General Surgery**

By the end of the general surgery core clerkship, the student should possess a thorough understanding of the following concepts as they relate to the care of the surgical patient:

1. Preoperative medical evaluation
2. Fluids and electrolytes
3. Nutrition
4. Surgical bleeding and blood replacement
5. Shock
6. Wound healing
7. Surgical infections
8. Trauma

Additionally, the student shall be expected to achieve a fundamental understanding and knowledge of the diagnosis and management of surgical disease states involving the following anatomic regions, systems or conditions:

1. Abdominal wall including hernia
2. Esophagus
3. Stomach and duodenum
4. Small intestine and appendix
5. Colon, rectum, and anus
6. Biliary tract
7. Pancreas
8. Liver
9. Breast
10. Surgical endocrinology
11. Spleen
12. Surgical oncology
13. Cardiothoracic
14. Vascular

While the general surgery rotation shall have as its focus surgery as a discipline, the student is expected to acquire an appreciation for surgery as a craft. Patient care opportunities in the ambulatory clinic, hospital wards, and operating room should be used by the student to develop the following skills:

1. Sterile technique to include scrubbing, gowning, gloving, and care of the operative field.
2. Use of surgical instruments.
3. Wound care including simple suture techniques, debridement, and dressings.
4. Application and care of surgical drains and tubes.
5. Use of Osteopathic Philosophy and Manipulative Medicine to facilitate recovery from ileus, dysfunction of abdominal wall, soft tissue changes, lymphatic stasis.

At the completion of the rotation in general surgery, the student should be able to apply his/her knowledge of the foregoing concepts to the management of patients with medical problems frequently encountered by the general surgeon.

Such clinical presentations may include those discussed during the course of the rotation or any of the following:

1. Breast complaints

2. Abdominal pain or mass
3. Jaundice
4. Intestinal obstruction
5. Upper or lower gastrointestinal bleeding
6. Soft tissue infection
7. Ileus

### **Orthopedics**

At the end of the orthopedic experience of the clerkship, the student should be able to:

1. Perform and present an orthopaedic history and physical examination of the upper and lower extremities and spine
2. Interpret and discuss basic x-rays of the musculoskeletal system. Describe when special diagnostic tests are indicated.
3. Develop a differential diagnosis and outline a basic treatment regimen for some of the more frequently encountered orthopaedic problems.
4. Discuss when consultation with an orthopaedic surgeon is indicated or when the orthopaedic conditions can be treated by primary care physicians.
5. List and describe the orthopaedic emergencies that can result in loss of life, limb, and/or cause permanent disability.
6. Diagnose a patient presenting with an extremity fracture and/or dislocation and develop a differential diagnosis. Prioritize care for the patient and initiate appropriate and immediate therapeutic interventions.
7. Apply and remove basic extremity splints appropriately and safely.
8. Evaluate and manage basic postoperative wounds (examples: apply dressings with or without removal of sutures/staples)
9. Perform basic joint injections/aspirations.
10. Provide complete, legible orthopedic record documentation.
11. Function as an assistant in orthopedic surgery cases commensurate with level of education.
12. Demonstrate proper OR scrubbing technique and maintenance of sterility.
13. Describe how aging affects the musculoskeletal system.
14. Demonstrate appropriate professionalism and interpersonal skills with patients, families, and medical team members.
15. When outlining the basic treatment regimen for a patient, describe how Osteopathic Manipulative Treatment can be utilized to facilitate recovery from disuse atrophy, edema, and restrictions of motion.

### **Otorhinolaryngology (ENT)**

At the end of the ENT experience of the clerkship, the student should:

1. Demonstrate skills in history taking and interviewing by working up patients with problems related to the head and neck.
2. Demonstrate knowledge and understanding of conditions presenting to the otorhinolaryngologist, prioritize patient care, develop a differential diagnosis, and recommend appropriate therapeutic interventions.
3. Discuss fundamentals of otoscopy, rhinoscopy, indirect laryngoscopy, and head and neck examination.
4. Demonstrate increased clinical judgment in evaluating surgical problems.

5. Discuss the problems of communicative disorders and hearing loss.
6. Observe and assist in surgical procedures related to facial plastic surgery and otorhinolaryngology.
7. Develop expertise in suturing and management of wounds.
8. Be able to recognize the need for identification of anatomic location of bleeding site in epistaxis, plan appropriate immediate care, and make recommendations for long-term care.
9. Be able to recognize the patient presenting with airway obstruction, prioritize the care for this patient, and initiate appropriate and immediate therapeutic interventions.
10. Use of Osteopathic Philosophy and Manipulative Medicine to augment treatment of otitis, sinus congestion.

### **Surgical Oncology**

At the end of the surgical oncology experience of the clerkship, the student should:

1. Observe and participate in the preoperative evaluation, surgical management, and postoperative care of surgical oncologic patients.
2. Demonstrate knowledge and understanding of conditions presenting to the surgical oncologist, prioritize patient care, develop a differential diagnosis, and recommend appropriate therapeutic interventions.
3. Demonstrate skill in interviewing and examining patients with surgical oncologic disorders.
4. Demonstrate improved acuity of clinical judgment and the ability to select diagnostic tests and common ward procedures as they pertain to surgical oncologic patients.
5. Be able to recognize the patient presenting with surgical malignancies, prioritize the care for this patient, perform a differential diagnosis, and initiate appropriate therapeutic interventions.
6. Use of Osteopathic Philosophy and Manipulative Medicine to treat dysfunction of the patient postoperatively as related to procedures associated with the treatment of surgical interventions.

### **Surgical Breast Oncology**

At the end of the surgical breast oncology experience of the clerkship, the student should:

1. Observe and participate in the preoperative evaluation, surgical management, and postoperative care of surgical breast oncologic patients.
2. Demonstrate knowledge and understanding of conditions presenting to the surgical breast oncologist, prioritize patient care, develop a differential diagnosis, and recommend appropriate therapeutic interventions.
3. Demonstrate skill in interviewing and examining patients with surgical breast oncologic disorders.
4. Demonstrate improved acuity of clinical judgment and the ability to select diagnostic tests and common ward procedures as they pertain to surgical breast oncologic patients.
5. Be able to recognize the patient presenting with surgical malignancies, prioritize the care for this patient, perform a differential diagnosis, and initiate appropriate therapeutic

interventions.

6. Use of Osteopathic Philosophy and Manipulative Medicine to treat dysfunction of the patient postoperatively as related to procedures associated with the treatment of surgical interventions.

### **Thoracic and Vascular Surgery**

At the end of the thoracic/vascular experience of the clerkship, the student should:

1. Demonstrate familiarity with the various diagnostic and physiologic tests used for evaluating patients with vascular diseases.
2. Demonstrate knowledge and understanding of conditions presenting to the thoracic/vascular surgeon, prioritize patient care, perform a differential diagnosis, and recommend appropriate therapeutic interventions.
3. Participate in the management of a variety of patients with arterial and venous diseases.
4. Be able to recognize the patient presenting with an ischemic extremity, prioritize the care for this patient, perform a differential diagnosis, and initiate appropriate therapeutic interventions.
5. Be able to recognize the patient presenting with pneumothorax, prioritize the care for this patient, develop a differential diagnosis, and initiate appropriate and immediate therapeutic interventions.
6. Demonstrate a working knowledge of cardiac and thoracic disease processes and their management.
7. Use of Osteopathic Philosophy and Manipulative Medicine to facilitate treatment of sternal, rib, thoracic lesions, lymphedema, and respiratory dysfunction.

### **Vascular Surgery**

At the end of the vascular experience of the clerkship, the student should:

1. Demonstrate familiarity with the various diagnostic and physiologic tests used for evaluating patients with vascular diseases.
2. Demonstrate knowledge and understanding of conditions presenting to the vascular surgeon, prioritize patient care, perform a differential diagnosis, and recommend appropriate therapeutic interventions.
3. Participate in the management of a variety of patients with arterial and venous diseases.
4. Be able to recognize the patient presenting with an ischemic extremity, prioritize the care for this patient, perform a differential diagnosis, and initiate appropriate therapeutic interventions.
5. Demonstrate a working knowledge of vascular disease processes and their management.
6. Use of Osteopathic Philosophy and Manipulative Medicine to facilitate treatment of post vascular surgery patients.

## Urology

At the end of the urology experience of the clerkship, the student should:

1. Observe and participate in the preoperative evaluation, surgical management, and postoperative care of urologic patients.
2. Demonstrate knowledge and understanding of conditions presenting to the urologist, prioritize patient care, develop a differential diagnosis, and recommend appropriate therapeutic interventions.
3. Demonstrate skill in interviewing and examining patients with urologic disorders.
4. Demonstrate improved acuity of clinical judgment and the ability to select diagnostic tests and common ward procedures as they pertain to urologic patients.
5. Be able to recognize the patient presenting with hematuria, prioritize the care for this patient, perform a differential diagnosis, and initiate appropriate therapeutic interventions.
6. Be able to recognize the patient presenting with a urinary obstruction, prioritize the care for this patient, develop a differential diagnosis, and initiate appropriate therapeutic interventions.
7. Use of Osteopathic Philosophy and Manipulative Medicine to treat dysfunction of the pelvic, lumbar, and sacral regions.

## Neurosurgery

At the end of the neurosurgery experience of the clerkship, the student should:

1. Observe and participate in the preoperative evaluation, surgical management, and postoperative care of neurosurgical patients.
2. Demonstrate knowledge and understanding of conditions presenting to the neurosurgeon, prioritize patient care, develop a differential diagnosis, and recommend appropriate therapeutic interventions.
3. Demonstrate skill in interviewing and examining patients with neurosurgical disorders.
4. Demonstrate improved acuity of clinical judgment and the ability to select diagnostic tests and common ward procedures as they pertain to surgical oncologic patients.
5. Be able to recognize the patient presenting with neurosurgical malignancies, prioritize the care for this patient, perform a differential diagnosis, and initiate appropriate therapeutic interventions.
6. Use of Osteopathic Philosophy and Manipulative Medicine to treat dysfunction of the patient postoperatively as related to procedures associated with the treatment of surgical interventions.



## **Endovascular Surgical Neuroradiology**

At the end of the endovascular surgical neuroradiology experience, the student should:

1. Demonstrate familiarity with the various diagnostic and physiologic tests used for evaluating patients with neurovascular diseases.
2. Demonstrate knowledge and understanding of conditions presenting to the neurosurgeon, prioritize patient care, develop a differential diagnosis, and recommend appropriate therapeutic interventions.
3. Observe and participate in the preoperative evaluation, surgical management, and postoperative care of neurosurgical patients.
4. Participate in the management of a variety of patients with cerebral arterial and venous diseases.
5. Be able to recognize the patient presenting with a vascular neurologic emergency, and initiate appropriate therapeutic interventions.
6. Demonstrate a working knowledge of neurovascular disease processes and their management.

## **Bariatric**

At the end of the bariatrics surgical experience, the student should:

1. Observe and participate in the preoperative evaluation, surgical management, and postoperative care of surgical bariatric patients.
2. Demonstrate knowledge and understanding of conditions presenting to the surgeon, prioritize patient care, develop a differential diagnosis, and recommend appropriate therapeutic interventions.
3. Demonstrate skill in interviewing and examining patients with surgical bariatric disorders.
4. Demonstrate improved acuity of clinical judgment and the ability to select diagnostic tests and common ward procedures as they pertain to surgical bariatric patients.
5. Be able to recognize the patient presenting with surgical weight loss, prioritize the care for this patient, perform a differential diagnosis, and initiate appropriate therapeutic interventions.
6. Use of Osteopathic Philosophy and Manipulative Medicine to treat dysfunction of the patient postoperatively as related to procedures associated with the treatment of surgical interventions.

## Clerkship Required Didactics and Study Assignment

### WISE-MD Modules

WISE-MD is Aquifer's virtual learning program for the surgery clerkship. WISE-MD's 10 interactive virtual patient cases are designed to encompass the clerkship learning objectives, accessible through the following webpage:  
<https://aquifer.org/courses/wise-md/>

Each student is expected to complete all 24 cases and self-assessments with a passing grade of 70 by the due date listed in the academic schedule. You only have to take each assessment once and get a passing grade. If you fail the assessment, you must retake it until a passing grade has been achieved. Please note you can take these assessments multiple times.

The student's level of participation will factor into his/her Clerkship evaluation grade.

\*\*\* Failure to complete the requisite 24 cases by posted due date will result in failure and remediation of the Core Surgery Clerkship. WISE-MD clinical cases are a required component for course completion.

### Canvas

**Introduction.** This online, interactive part of the course is designed to promote higher order thinking and help you develop a rational and evidence-based approach to patient evaluation and management. We will be using a problem-based approach that incorporates some classic precepts in adult education. The goal is to enhance your ability to synthesize solutions to common problems in surgery that are frequently encountered in both primary care and specialty practices. This is not about making you a surgeon, but more about making you comfortable with the scope of surgical diseases that every physician should be able to address.

All documents for the course can also be found in the Canvas Course.

Log in at <a href="http://canvas.unthsc.edu">http://canvas.unthsc.edu</a> - Use your EUID and Password
--

### Reading

Your choice of reading material is up to you, and you should not feel restricted to just the recommended text. You are encouraged to identify additional resources that you may find helpful in fostering a complete understanding of any specific clinical problem and its solution. If you do find something that seems more enlightening than the text, please share this with your classmates so we can all benefit. This may be a website URL or PDF file of a journal article or any other resource you come across. Make sure, however, it is authoritative in its origin.

### Exit Interview

All students will need to complete an exit questionnaire in canvas on the last Friday of the rotation. This will allow for all students to complete an exit interview while remaining confidential.

It is a direct conflict of interest for an evaluator to provide medical care to a student for whom they are responsible for evaluating. The same person should not be privileged to both academic and medical information about a student. No preceptor should fill out an evaluation form for a student that they provide medical care. It is best practice for medical students to seek their care from physicians not related to their medical education. Clerkship directors and preceptors should refer students to their own PCP or student health clinic for care.

### EVALUATION AND GRADING

**To be successful in this course the student must achieve the minimum score required in each component listed below. The final grade of Pass/Fail for the core rotation is derived from the following components:**

<b>Component</b>	<b>Minimum Score Required</b>
Clinical Competence & Professional Conduct	Upon completion of this clerkship students should perform the behaviors outlined within the “expected” level of each competency rated on the clinical clerkship evaluation and the AACOM Osteopathic Core Competencies for Medical Students. Student evaluations with ratings of below expected for any competency may result in failure.
Subject Exam (COMAT)	Scaled Score of 70 or greater
Wise MD Cases (10 Cases)	Minimum score of 70% on each case
Weekly True Learn Quizzes (Week 1-6)	Completion grade on each quiz

**The above items are mandatory for successful course completion. ALL graded components must be passed with the listed minimum grade.**

Honors Students may be eligible for “Honors”, designated by the Clerkship Director, if they meet all expected requirements to pass the clerkship and:

- Score 91 or above on the COMAT exam for that clerkship.
  - The score will be set and approved on an annual basis by the clerkship director, the assistant dean for clinical education, and the senior associate dean for academic affairs.
- Achieve “Beyond Expected” on at least one of their clinical evaluation competency areas.
- Do not have a “Below Expected” on any clinical evaluation competency area.
- Do not violate any Clinical Education policy or procedure while on the rotation, e.g. attendance policy.
- Complete all modules AND upload into Canvas in the correct format by the assigned due date
- Completes all quizzes by the assigned due date
- Have no professionalism issues during the rotation
  - This includes turning in assignments (modules) late. The final designation for Honors is at the discretion of the Clerkship Director for Core clerkships and does not apply to elective rotations.

### **COMAT Exam**

A passing score of at least 70 (scaled) on the Surgery COMAT exam is a required component of this course.

Testing and Evaluation Services will notify students of exam date, location, and start time. Students must be seated in their designated seats prior to the published exam time. Any student arriving late to the COMAT exam will receive no additional time to take the exam. They will be required to stop taking the examination at the published stop time. A student will lose 10 points on the exam for late arrival. If the 10 point reduction results in a score below 70, the student will not be required to remediate the exam. However, the score will be recorded as is. See also section 4.2.1 of Clinical Education Policy and Procedure Manual for COMAT exam and remediation procedures.

### **Failure and Remediation**

The opportunity to remedy academic deficiencies at times other than when the course is regularly scheduled may be extended to medical students. Remediation may occur based upon the recommendations of the Student Performance Committee and the final approval of the dean.

A deficiency in a clinical clerkship must be remediated prior to graduation. Further information is provided in UNTHSC Policy 07.533, TCOM – Remediation.

### **Student Evaluation of Sites/Preceptors**

Each student is responsible for providing constructive evaluation of each course, clinical rotation, and instructor in the curriculum. Evaluations for clinical rotations must be completed within thirty (30) calendar days following the end of the rotation. Further information is provided in UNTHSC Policy 07.120, Student Evaluation of Courses and Instruction Policy.

### **General Guidelines**

At the orientation session on the first day of the rotation, the student will be given a schedule of clerkship activities and a list of preceptor assignments. Students will be primarily responsible to their assigned preceptor, but may also be secondarily responsible to the supervising resident. The surgery clerkship includes both weekday and weekend duty with total work hours not to exceed those guidelines specified in the Uniform Policies and Procedures of this curriculum. On weekdays, students will work either in the hospital or in the preceptor's office. The student is required to wear his/her health science center identification badge at all times on service. Students are expected to display the appearance and behavior appropriate to the health care setting.

Students are expected to be punctual and prepared for scheduled events (surgeries, office hours, autopsies, lectures, rounds, etc.). One hundred percent attendance is expected with absences allowed only at the discretion of the supervising physician, Chairman of the Department of Surgery, and the Clerkship Director. Absence from more than 30% of scheduled activities will result in an automatic failing grade for the clerkship. Policies regarding attendance are specified in the attendance section of this syllabus.

Students must be readily available during those hours that they are on the service and may be called upon to assist in a procedure or to cover another student physician. Students who wish to either observe or assist

surgeries of physicians other than their preceptors should seek permission from their preceptor or the supervising resident. It is absolutely necessary that adequate communication be maintained between the students, physicians, and residents at all times.

The surgery schedule should be checked daily. The student must be well versed in the patient's anatomy and the procedural technique for all cases on which he/she scrubs. Students should familiarize themselves with the hospital routine and schedules to make the best use of time. At times, the surgery schedule may change throughout the day as emergency add-ons and cancellations may be encountered.

Each student is required to refer to your clinical site on operating room protocol.

While in the operating room suite, all students on surgery rotation will wear protective eye covering, which may be requested from the surgical staff, and follow operating room protocol. Neither the University of North Texas Health Science Center nor its affiliate sites will be responsible for any injury incurred by the student should he/she fail to adhere to these policies. Please refer to the Uniform Policies and Procedures for further discussion related to high-risk exposure.

### **Ward Rounds**

Students will be expected to see all in-house patients admitted to their service on a daily basis. At the discretion of your attending and/or house staff, students should complete a daily progress note including a plan of care. These progress notes may be reviewed by your attending and/or house staff and discussed with the student. When no lectures or rounds are scheduled, students are to remain with the attending staff or resident for surgery or clinic.

### **Reading Assignments/Facilitated Learning**

A reading/facilitated learning schedule will be provided to all students on surgery rotation at the beginning of the rotation. Please refer to the schedule for specific assignments, requirements, and topics.

### **Duty Hours**

**TCOM Policy 5.2.4 Work Hours:** The average workday shall be no longer than 14 hours averaged over the work week which is Monday through Sunday. The average workweek shall be no longer than 80 hours including in-house call, all other instructional activities, and study time averaged over 4 weeks. Students should have off at least one full 24 hours period each week. Students may not work more than 2 weekends in a 4-week rotation, 3 weekends in a 6-week rotation or 4 weekends in an 8-week rotation. The students should have off at least 10 hours between shifts, which includes any rotation organized didactics. Students should be given adequate time during their week to study for exams and prepare any other rotation related assignments. Work hour compliance issues for Core Clerkships should be brought to the attention of the Clerkship Director and Coordinator as well as the Office of Clinical Education. Issues arising from elective rotations should be brought to the attention of the Office of Clinical Education.

**TCOM Policy 5.2.3 Work Schedule:** All rotations with scheduled subject (shelf) exams end at 5:00 p.m. on the day prior to the exam. ***NOTE: If the Surgery exam is scheduled for Friday morning, the students will be dismissed at 5:00 pm on Thursday.***

## Call

All students on general surgery rotation shall participate in the call schedule. Call begins with completion of afternoon rounds and ends with rounds the following morning. Weekend and holiday call begin with morning rounds. In order to assure the continuity of care, the student coming off call must provide a complete report to the student coming on. During the week, students are encouraged to meet each other before they begin individual on-service rounds. On weekends or holidays, both students should participate in morning rounds.

The student on call should report to the surgery resident on call as soon as released from rounds or lectures in the afternoon. Call may be taken in-house; therefore, students should be prepared to stay overnight. Call rooms are available to the students. You will be expected to evaluate all admissions occurring during your call period and all patients in the emergency department or hospital for which surgical evaluation has been requested. Students should also be available to assist in any surgery or floor procedures that are performed during your call period. The resident will direct you in this regard. Students should be prepared to present all new patients on service at rounds the following morning including history and physical findings, database, and initial management plan.

### ***Policy from Uniform Policy & Procedure Manual***

#### **5.1 CLINICAL PROCEDURES**

##### **5.1.1 Professional Conduct**

Students must conduct themselves in a professional manner at all times. The College's expectations include, but are not limited to:

- adherence to all policies and procedures, professional behavior, and communication.
- exemplary interpersonal relationships with peers, faculty, staff, and the general public.
- the ability to work effectively as part of the academic community and/or health care team.
- refraining from personal use of legal (alcohol/prescription medications) or illegal substances that can impair judgment or motor skills while on clinical rotation, before or during a shift (breaks included).

Personal character traits such as honesty and integrity are facets of professional behavior which will be evaluated by preceptors and the college administration. Professional standards required of a member of the osteopathic profession are a requirement for passing all courses in Year 3 and 4.

In addition to the procedures outlined by the Office of Student Affairs, violation of the UNTHSC Code of Student Conduct may result in:

1. Review by the Student Performance Committee and /or
2. Receipt of a failing grade regardless of other academic performance.

You may access/ obtain a copy of the most recent guidelines in the Student Handbook via the University website.

##### **5.1.2 Dress**

You will maintain critical awareness of personal hygiene at all times. You are expected to dress in a neat, clean, and professional manner. Unless specifically required by the hospital or service, you must wear clean white clinical jackets.

Because you are representing UNTHSC, TCOM, the hospital, the preceptor, and the osteopathic profession, **you are required to dress appropriately for all clinical experiences and didactic activities** in Year 3 and 4. Inappropriate dress includes, but is not limited to:

- unclean or un-pressed clothing
- blue jeans
- sweats
- shorts
- tee shirts
- open-toe shoes
- other casual attire

Individual preceptors may impose additional dress requirements.

### **5.1.3 I.D. Badges and College Patches**

You must wear the UNTHSC-TCOM student identification badge when in any clinical setting and during all patient contacts so as not to misrepresent yourself as an intern, resident, or licensed physician. Students are responsible for complying with badging protocols at each clinical site.

### **5.1.4 Titles & Students as Scribes**

It is expected that you will be treated as a professional by hospital and office personnel at all times. In the clinical setting, when being paged or introduced to patients and their family members, you should be referred to as "Student Doctor" followed by your last name so you are not misrepresented as a licensed physician. You are to be courteous to hospital and office personnel at all times and address them by their appropriate names and titles.

TCOM recognizes that there may be occasions when students act as a scribe during a clinical encounter. TCOM considers a scribe to be an individual authorized by a licensed practitioner to transcribe his/her spoken word during a clinical encounter performed by the licensed practitioner. Scribes do not interact directly with patients; they document the activities of the provider. Use of TCOM students as scribes should be limited in occasion and have an educational purpose. For example, there may be complex clinical encounters where using a student as a scribe may be in the best interest of the patient, requiring the student to observe and document the clinical encounter or as initial assessment of a student to demonstrate documentation skills at the start of a training period. Students should not exclusively function in the role of a scribe during their clinical training and are expected to interact directly with patients and document such interaction under the supervision of the teaching practitioner.

### **5.1.5 Student/Preceptor Conflicts**

If, at any time during a clinical rotation you feel you have a personality or other conflict with a preceptor, report it immediately to the Clerkship Coordinator or the Office of Osteopathic Clinical Education.

### **5.1.6 Exposure to Bloodborne Pathogens**

Universal Precautions: The term "universal precautions" refers to infection control which presumes that every direct contact with body fluids is potentially infectious. The Occupational Safety and Health Administration (OSHA) regulations for health care professionals who are considered at risk of occupational exposure to bloodborne diseases can be found at <https://www.osha.gov/SLTC/bloodbornepathogens/index.html>

Bloodborne pathogens refer to pathogenic microorganisms that are present in human blood and can cause disease in humans (e.g. HBV, HIV, etc.). "Exposure Incident" means "a specific eye, mouth, other mucous membranes, non-intact skin, or parenteral contact with blood or potentially infectious materials." Contact can occur via a splash, needle stick, puncture/cut wound from a sharp instrument, or human bite. Other potentially infectious body fluids other than blood include semen; vaginal secretions; pleural, pericardial, synovial, peritoneal, cerebral spinal, or amniotic fluids; saliva during dental procedures; and any other body fluid visibly contaminated with blood.

Policy/Procedure: If a TCOM medical student is exposed to bloodborne pathogens either by direct contact with blood or other body fluids via the eyes, mucous membranes, human bite, or sharps (e.g., needle stick, lancet stick, scalpel cut, etc.) while on rotation, it is to be handled as an EMERGENCY SITUATION.

#### Post Exposure Protocol

- Immediately wash exposed areas with soap and water.
- If splashed in eyes or mouth, flush with large amounts of water.
- Treatment is critical within first 2 hours.
- Notify supervisor and follow rotation site exposure protocols (see below for addresses).
- If facility is not equipped to handle exposure, contact HSC Health Student Health Clinic or appropriate remote site location listed below.
- If SHC or remote site listed is not available, or you are not in the DFW area, go to the nearest ER and use your student health insurance.
- You must notify Student Health and the Osteopathic Clinical Education Office of any care received at another facility.

**Dallas/Fort Worth & Weatherford Area** students with exposures to bloodborne pathogens which occur M-F, 8-5 should report to:

HSC Health Student Health  
855 Montgomery St., 3<sup>rd</sup> Floor  
Fort Worth, TX 76107  
T: 817-735-2273 F: 817-735-0651

For exposures occurring afterhours, students should report to the nearest emergency room and use their student health insurance.

**Longview** remote site students with exposures to bloodborne pathogens which occur M-F, 8-5, should report to:

CHRISTUS Good Shepherd Medical Center Employee Health  
1621 N 4<sup>th</sup> St, Suite 1  
Longview, TX 75601  
903-315-5154

For exposures occurring afterhours, students should report to:

Emergency Department  
CHRISTUS Good Shepherd Medical Center  
700 E Marshall Ave.  
Longview, TX 75601  
903-315-2000

**Corpus** remote site students with exposures to bloodborne pathogens should report to:

Christus Spohn  
OCC Health Nurse at Christus Spohn  
also immediately report to your attending and Dr Hinojosa  
Bay Area  
report to charge nurse and medical education office  
proceed directly to emergency room for treatment

**Methodist San Antonio** remote site students with exposures to bloodborne pathogens should report to:

Employee Health  
Methodist Hospital  
7700 Floyd Curl Dr



San Antonio, TX 78229  
210-575-0404

**Texoma Medical Center** remote site students with exposures to bloodborne pathogens should report to:  
Employee Health  
Texoma Medical Center  
5016 South US Hwy 75  
Denison, TX 75020  
903-416-4088

**Midland** remote site students with exposures to bloodborne pathogens should report to:  
Vital Care Urgent Care  
Midland and Odessa, TX407 N. Kent Street  
Midland, TX 79701  
432-687-2273

### **5.1.7 Medical Insurance, Immunizations, Screening for Tuberculosis (TB), & Physical Health Services**

The Health Science Center requires all students to comply with immunization and health screening requirements. It is the student's responsibility to meet all necessary immunization and health screening requirements of the University and all clinical training sites. All students must obtain and maintain health and hospitalization insurance, and be able to show proof of coverage upon request.

The Texas Department of Health requires all students enrolled at institutions of higher education to show proof of all required immunizations prior to matriculation. Proof of immunizations required by the student's academic program must be submitted to Student Health Services prior to enrollment. Any uncompleted series of immunizations can be completed by Student Health Services at the student's expense. Non-compliance with this policy will result in an academic hold being placed on the student's account (i.e. Official Transcript Hold, Registration Hold) and/or removal from clinical training.

Medical students are considered health care workers and, as such, are at risk for exposure to certain diseases. Because of this, TCOM adheres to the guidelines published by the Centers for Disease Control and Prevention relative to immunizations and tuberculosis (TB) skin testing. Students must be screened annually for TB. The Health Science Center will track student compliance with the immunizations and health screenings policy. Students are responsible for demonstrating compliance with UNTHSC and Clinical Training site immunization requirements.

Students may access physical health services at the sites listed below. All students are responsible for carrying health insurance and should check with their insurance company before accessing services.

Students in the **Dallas/Fort Worth and Weatherford Area** may access health services at the UNTHSC Student Health Clinic.

UNTHSC Student Health Clinic  
855 Montgomery St 3<sup>rd</sup> Floor North  
Fort Worth, TX 76107  
817-735-5051  
[studenthealth@unthsc.edu](mailto:studenthealth@unthsc.edu)

Students in the **Longview area** may access health services at CHRISTUS Trinity Clinical Internal Medicine.

CHRISTUS Trinity Clinical Internal Medicine  
703 E. Marshall Ave Suite 1001  
Medical Plaza II  
Longview, TX 75601  
903-753-7291

Students in the **Corpus Christi area** may access health services at Promptu Immediate Care.

Promptu Immediate Care  
5638 Saratoga Blvd  
Corpus Christi, TX 78414  
361-444-5280

Promptu Immediate Care  
4938 S Staples Ste E-8  
Corpus Christi, TX 78411  
361-452-9620

Students in the **San Antonio area** may access health services at Care Now Urgent Care Clinics.

Care Now Urgent Care Clinic @ De Zavala  
12840 W I-10, Ste 101  
San Antonio, TX 78249

Care Now Urgent Care Clinic @ Leon Valley  
5755 NW Loop 410, Ste 102  
San Antonio, TX 78238

Students in the **Sherman/Dennison area** may access health services at Texoma Care Family Medicine.

TexomaCare Family Medicine  
5012 South US HWY 75  
Denison, TX 75020  
903-416-6025

Students in the **Midland area** may access health services at Vital Care Urgent Care.

Vital Care Urgent Care  
Midland and Odessa, TX  
407 N. Kent Street  
Midland, TX 79701  
432-687-2273

### **5.1.8 Patient Care Supervision**

Cross-listed as [TCOM Procedure 5.4 Patient Care Supervision](#)

TCOM students and residents engaged in patient care at UNTHSC-operated facilities or as participants in UNTHSC-affiliated training programs shall do so under the supervision of a licensed health care provider who has been credentialed to provide that scope of care. Visiting students and residents working in UNTHSC facilities or with UNTHSC employed faculty shall be similarly supervised.

- TCOM students and residents engaged in patient care activities shall at all times be supervised by a duly licensed member of the clinical faculty who retains privileges for the scope of care being provided. Faculty or a similarly credentialed designee (resident or fellow with approved privileges) must be immediately available in the facility where the activity is taking place. Students who have demonstrated competence to faculty may perform patient histories and physical examinations without immediate supervision if directed to do so by the faculty.

- TCOM students and residents may perform additional tasks as directed by supervising faculty upon demonstrating competence to perform those tasks. In most instances, the provision of patient care shall require the immediate presence of a duly credentialed supervising provider who has ascertained the trainees level of proficiency.
- TCOM shall assure distribution of this procedure to students, residents, and faculty as part of the orientation plan for clinical training.
- Students or residents who fail to follow procedures for clinical supervision may be removed from patient care activities at the discretion of the Dean or their designee, pending a disciplinary review.
- Faculty who fail to observe supervision procedures may be removed from participation in TCOM training programs and may be further subject to disciplinary action.

### 5.1.9 Emergency Preparedness

In the event of hazardous weather or an emergency situation, students should follow protocols and procedures of their specific clinical site. Hazardous weather advisories/directions from local and county services and the National Weather Service should be followed.

In the event that your rotation schedule is interrupted due to hazardous weather conditions or another emergency situation, please notify the Office of Osteopathic Clinical Education as soon as possible via email. In the case of an emergent situation outside normal business hours that requires you to evacuate or relocate, please call the Office of Osteopathic Clinical Education emergency number 817-735-0431. See also 5.2.6 Inclement Weather.

## 5.2 ATTENDANCE

### 5.2.1 Absences

The focus of the clinical experience in years 3 and 4 is patient care. 100% attendance is, therefore, required to be certain that continuity of care is maintained.

#### Absences in 3<sup>rd</sup> Year

Students may not miss the first day or the COMAT exam of any clinical rotation. It is understood, however, that certain situations may arise that result in absence from required daily participation.

In such instances the following procedures will be observed:

- Students are provided with 5 academic absences to use during third year to attend conferences, RAD, workshops, etc. In the event a student requires more than 5 academic absences, a student may submit request for an extension by contacting the Office of Osteopathic Clinical Education.
- Students are allowed up to 8 total absences in each of the fall and spring semesters (inclusive of all absences: personal, emergent, and academic). Any absences beyond that must be made up in period 13 to complete the third year and before progressing to fourth year.
- **Any combination of time out (including academic) that results in a student missing more than 2 days of a 2-week block, 4 days of a 4-week block, or 6 days of a 6-week block will result in failure of the clerkship.** Eight-week rotations are considered two separate 4-week blocks.
- All absences require submission of the electronic 3rd Year Request for Absence via eMedley by the posted deadline (45 days) before the start of the rotation to allow time for schedule adjustments.
- Absence requests entered in eMedley after the posted deadline are considered emergent and require documentation.
- Emergent absence requests are due immediately with supporting documentation. Students are required to notify their site/preceptor and clerkship coordinator of all emergent leave. Absences without supporting documentation will be considered neglect of duty.
- Absence due to illness is only for use only in the event of personal illness/health-related condition or to assist a family member who has a verifiable illness/health condition and needs medical care. Absence due to illness for more than one (1) day during clerkship duties requires documentation from a licensed health care provider to support an excused absence due to illness/health condition.
- All absences are subject to approval by the Office of Osteopathic Clinical Education. Even if the absence is approved, the Office of Osteopathic Clinical Education/preceptor/site may require the student to complete an

additional assignment or to make up time. Make up days should be completed within the regularly scheduled rotation.

- Students are required to notify their site, preceptor, Clerkship Coordinator, and Clerkship Director of any absences (including pre-approved and emergent).
- Attendance on the first day of the rotation and on COMAT exam dates are required on all rotations.
- Students are allowed one day for the COMLEX CE. Requests beyond this allowance may be denied by the Executive Director of Clinical Education. You may not schedule your COMLEX CE exam on a date which causes you to miss orientation or COMAT exam for a rotation. COMLEX CE is not considered part of your absences. The request must be entered within 48 hours of scheduling the exam date. Requests entered more than 48 hours after scheduling the exam will be counted as an academic absence.
- Students may be granted approval for absence by the Assistant Dean for Osteopathic Clinical Education for participation in select Health Science Center activities. Such approval must be obtained in advance with written notification to the Office of Osteopathic Clinical Education and the site/preceptor.

Unapproved absences or absences in excess of the above policy will require remediation or result in a failing grade at the discretion of the Office of Osteopathic Clinical Education.

**Failure to notify the Clerkship Director, rotation supervisor, and Office of Osteopathic Clinical Education of any absence will be considered neglect of duty and may result in a failing grade for the clerkship.**

#### **Absences in 4<sup>th</sup> Year**

The focus of the clinical experience in year 4 is patient care. 100% attendance is, therefore, required to be certain that continuity of care is maintained. It is understood, however, that certain situations may arise that will result in absence from required daily participation.

In such instances, the following apply:

- **Students may not miss the first day or COMAT exam of any clinical rotation.**
- All absences require submission of the electronic absences request form via eMedley a minimum of 10 business days before the start of the rotation for planned absences, and within three days of a student's return from absence in the case of an individual or family emergency.
- If absence is due to illness: documentation is required, and dates requested must match those missed. They may not be signed by a member of the student's family.
- All absences are subject to approval by the Office of Osteopathic Clinical Education. Even if the absence is approved, the Office of Osteopathic Clinical Education/preceptor/site may require an additional assignment or for time to be made up from any student who misses time during their service. Make up days should be completed within the regularly scheduled rotation.
- Absence of more than 2 days of a 2-week block or 4 days of a 4-week block, will result in a grade of INCOMPLETE and repeat of the entire rotation will be required.
- Unapproved absences or absences in excess of the above policy may require remediation or result in a failing grade at the discretion of the Office of Osteopathic Clinical Education.
- Students are required to notify their site, preceptor, and the Office of Osteopathic Clinical Education of any absences (including pre-approved and emergent).
- **Failure to notify the Office of Clinical Education & rotation supervisor/preceptor of any absence will be considered neglect of duty and may result in a failing grade for the rotation.**
- Students may be granted approval for absence by the Assistant Dean for Osteopathic Clinical Education for participation in select Health Science Center activities. Such approval must be obtained in advance with written notification to the Office of Osteopathic Clinical Education and the site/preceptor.

#### **Absences due to Residency Interviews**

Residency interviews are a necessary step in the residency process. Students are advised to avoid rotations in which multiple absences would adversely affect the functions of the clinical team, particularly in-patient care and curriculum delivery settings. If a student will miss clinic/rotation days for a residency interview, the following applies:

- Students are required to notify the Office of Osteopathic Clinical Education within 24 hours of accepting a residency interview.

- **Students may not miss the first day or COMAT exam of any clinical rotation**
- Students should submit an absence request via eMedley to the office of Clinical Education with evidence of interview invitation, agenda for interview, and dates required to be out of clinic.
- Students will be excused for the day of the interview and for travel time if the interview requires an overnight stay away from home.
- Students may be excused a maximum of 6 days from a rotation for interviews.
- Absences of more than 6 days during any 4-week rotation due to residency interviews will result in a grade of INCOMPLETE and repeat of the entire rotation may be required.
- **Failure to notify the Office of Clinical Education and rotation supervisor/preceptor of any absence due to residency interviews will be considered neglect of duty and may result in a failing grade for the rotation.**

### 5.2.2 Leave of Absence

A leave of absence (LOA) is defined as an extended period away from clinical course activities that may become necessary due to:

1. prolonged illness,
2. pregnancy, or
3. personal matters.

Requests of this nature are to be made in writing and submitted to the Office of Osteopathic Clinical Education. Leaves of Absence are granted by the Dean and processed through the Registrar.

### 5.2.3 Work Schedule

All rotations begin on the first Monday of the 4-week, 6-week, and 12-week periods unless it is a designated holiday (see below), in which instance the rotation begins on the first business day following, or as designated by the Clerkship Director. Rotations with scheduled COMAT exams end at 5:00pm on the day prior to the exam. Students taking the COMAT exam are required to turn in pagers and all borrowed materials at that time. Students will be off duty following the COMAT exam to prepare for their next rotation, with the exception of exams which are scheduled prior to the end of rotations (i.e. Exams scheduled Thursday and rotation ends on Friday). Deficiencies and absences may be remediated during this period at the discretion of the Clerkship Director. Students completing rotations without subject exams shall remain on-service until the end of the workday as determined by the preceptor.

Some rotations are scheduled with 12-hour shifts (i.e. Emergency Medicine) rather than traditional 8-hour shifts. In that case, a minimum of 14 shifts must be completed to receive credit for the rotation.

### 5.2.4 Work Hours

The average workday shall be no longer than 14 hours averaged over the work week, which is Monday through Sunday. The average workweek shall be no longer than 80 hours including in-house call, all other instructional activities, and study time averaged over 4 weeks. Students should have off at least one full 24 hours period each week. Students may not work more than 2 weekends in a 4-week rotation, 3 weekends in a 6-week rotation, or 4 weekends in an 8-week rotation. The students should have off at least 10 hours between shifts, which includes any rotation-organized didactics. Students should be given adequate time during their week to study for exams and prepare any other rotation-related assignments. Work hour compliance issues for Core Clerkships should be brought to the attention of the Clerkship Director and Coordinator, as well as the Office of Osteopathic Clinical Education. Issues arising from elective rotations should be brought to the attention of the Office of Osteopathic Clinical Education.

### 5.2.5 Holidays

Students on clinical rotations in Years 3 and 4 will be granted exemption from clinical duties and call on the holidays recognized by the hospitals and clinics in which they are rotating. It is the students' responsibility to be aware of the holiday schedule for their rotation sites. Students shall not be required to attend clinical activities during the following holidays: Thanksgiving Day and the day following\*, Winter Break, and 3<sup>rd</sup> to 4<sup>th</sup> Year Break.

\*If you are on a service with weekend duty and are scheduled, you must report for those scheduled shifts. Do not make 4-day travel plans until you have confirmed that you are not expected to report any time during the weekend.

### **5.2.6 Inclement Weather**

In the case of inclement weather, students on clerkships do not follow the same attendance requirement as year 1 and 2 medical students. Students on clinical rotations are to follow the schedule of the site where they are rotating. Students should use caution and allow themselves plenty of time to get to their destinations.

## **Rotation Sites**

This list may vary from Faculty and Site location.

### **University of North Texas Health Science Center**

855 Montgomery Street Surgery Clinic, 3rd Floor, Health Pavilion  
Fort Worth 76107  
817-735-5450

### **John Peter Smith Hospital**

1500 South Main Street,  
Fort Worth 76104  
817-921-3431

### **Medical City Fort Worth**

900 Eighth Avenue,  
Fort Worth 76104  
817-336-2100

### **Medical City Weatherford**

713 E Anderson St.  
Weatherford, Tx 76086  
682-582-1100

### **Harris Methodist Hospital Fort Worth**

1301 Pennsylvania Avenue,  
Fort Worth 76104  
817-882-2000

### **Baylor All Saints Medical Center**

1400 8th Avenue,  
Fort Worth 76104  
817-926-2544

### **Baylor Surgical Hospital at Fort Worth**

1800 Park Place Avenue,  
Fort Worth, TX 76110  
682-703-5600

### **Baylor Scott and White Surgicare of Fort Worth**

750 12<sup>th</sup> Ave  
Fort Worth 76104  
817-570-0200

### **Baylor Scott and White Medical Center Trophy Club**

2850 TX-114  
Trophy Club, Tx 76262  
817-837-4600

### **Medical City Arlington**

3301 Matlock Rd.  
Arlington, Tx 76015  
682-509-6200

### **Christus Good Shepherd Medical Center**

700 East Marshall Avenue,  
Longview 75601  
903-315-2000

### **Methodist Dallas Medical Center**

1441 N. Beckley Avenue,  
Dallas 75203  
214-947-8181

### **Conroe Medical Education Foundation**

704 Old Montgomery Road,  
Conroe 77301  
936-523-5242

### **Bay Area Corpus Christi Medical Center**

7101 South Padre Island Drive,  
Corpus Christi 78412  
361-761-1000

### **Christus Spohn Hospital Corpus Christi**

2606 Hospital Boulevard, Corpus Christi 78405  
361-902-4000

## **FACULTY & STAFF**

**Albert H. Yurvati, D.O., PhD, FACOS, FICS, FAHA**

**Chairman, Clerkship Director, Professor Surgery**

**Jay House**

**Clerkship Coordinator**

**Dale Brancel, DO, FACOS**

**Assistant Professor, Medical Education**

**Russell Wagner, M.D.**

**Associate Professor, Surgery Clerkship – Ortho**

## **DISCLAIMER**

The clinical clerkship is operated in accordance with the policies and procedures of the academic programs of the Texas College of Osteopathic Medicine as presented in your class' Clerkship Manual, Student Handbook and College Catalog.

The Texas College of Osteopathic Medicine shall not discriminate on the basis of race, ethnicity, color, sex, sexual orientation, gender, gender identity, religion, national origin, age or disabilities.

### **Academic Integrity/Honor Code**

Enrollment is considered implicit acceptance of the rules, regulations, and guidelines governing student behavior at UNT Health Science Center. It is the responsibility of the student to be familiar with all policies governing academic conduct which can be found in the UNTHSC Student Catalog, Student Policy Handbook and the Student Code of Conduct and Discipline which are located on the UNTHSC Internet at <http://www.hsc.unt.edu/Sites/DivisionofStudentAffairs/>

### **Academic Assistance**

Students may schedule one-on-one academic assistance with faculty through in-person appointments, telephone calls or e-mail communication. Academic assistance is also available through the UNTHSC Center for Academic Performance (CAP). <http://www.hsc.unt.edu/CAP>

### **Attendance and Drop Procedure**

Course instructors and the School's administration expect students to attend class. It is the responsibility of the student to consult with the instructor *prior* to an absence, if possible. Withdrawal from a course is a formal procedure that must be initiated by the student. Students who stop attending class and do not withdraw will receive a failing grade. Students should consult with the instructors prior to withdrawing. In some cases a perceived problem may be resolved, allowing the student to continue in the course. It is the student's responsibility to be familiar with the policies and procedures as stated in the Student Handbook and the UNTHSC Catalog located on the UNTHSC Internet at <http://www.hsc.unt.edu/departments/studentaffairs/>.

### **Americans with Disabilities Act**

The University of North Texas Health Science Center does not discriminate on the basis of an individual's disability and complies with Section 504 and Public Law 101-336 (American with Disabilities Act) in its admissions, accessibility, treatment and employment of individuals in its programs and activities. UNTHSC provides academic adjustments and auxiliary aids to individuals with



disabilities, as defined under the law, who are otherwise qualified to meet the institution's academic and employment requirements. For assistance contact the Assistant Director, Disability Accommodations within the Center for Academic Performance at the Health Science Center. Reference Policy 7.105 Americans with Disabilities Act Protocol in the Student Policies.

### **Course and Instructor Evaluation**

It is a requirement of all students that they are responsible for evaluating each of their courses and instructors as defined in UNTHSC Policy 7.120 Student Evaluation of Courses and Instruction. Please adhere to all guidelines established in the policy.

**Course Assessment** In some instances, courses will have a course assessment that will provide immediate feedback to the course director regarding progress of the course identifying potential problems and determining if student learning objectives are being achieved. (Provide all pertinent information regarding the specifics of the groups in the syllabus as defined in UNTHSC Policy 7.120 Student Evaluation of Courses and Instruction.)

### **Syllabus Revision**

The syllabus is a guide for this class but is subject to change. Students will be informed of any change content or exam/assignment dates.

### **Turnitin and the Family Education Rights and Privacy Act (FERPA) – If applicable**

**NOTE:** UNTHSC has contracted with Turnitin.com for plagiarism detection services. Use of Turnitin.com is entirely in the discretion of the instructor, but use of such a service requires that you provide notice (via syllabus) to your students that you are using such services. In addition, instructors who use Turnitin should be sure to remove student identifiable information from the work before sending to Turnitin or receive written permission from the student. There are two methods for using Turnitin for written assignments. Please refer to the wording guidelines and consent form located on the Faculty Affairs website at <http://www.hsc.unt.edu/Sites/OfficeofFacultyAffairs/index.cfm?pageName=Turnitin>.

### **Zero Tolerance for Sexual Violence and Harassment**

All students should be able to study in an atmosphere free of harassment, sexual violence and gender discrimination. Title IX makes it clear that violence and harassment based on sex and gender is a Civil Rights offense subject to the same kinds of accountability and the same kinds of support applied to offenses against other protected categories such as race, national origin, etc. If you or someone you know has been harassed or assaulted, you can find the appropriate resources on the UNT Health Science Center's website: [http://web.unthsc.edu/info/200304/student\\_affairs/355/title\\_ix\\_reporting](http://web.unthsc.edu/info/200304/student_affairs/355/title_ix_reporting)

**We reserve the right to make clinical assignments based on needs and availability.**

## APPENDIX 1 Required Reading/Reference Textbook

Surgery Basic Science and Clinical Evidence, Edited by Jeffrey A. Norton et al. Springer, Second Edition.

### Optional Reading/References

Essentials of General Surgery, Lawrence PF, Lippincott Williams and Wilkins, 4th Edition.

<http://hsclibrary.hsc.unt.edu/record=b1077311>

Essentials of Surgical Subspecialties, Lawrence PF, Lippincott Williams and Wilkins, 3rd Edition.

<http://hsclibrary.hsc.unt.edu/record=b1080505> NMS Surgery,

Jarrell BE, Carabasi RA, 5th Edition.

<http://hsclibrary.hsc.unt.edu/record=b1081917>

Surgery Pretest Self-Assessment & Review, Kao, LS, McGraw-Hill Publishing Co., 11<sup>th</sup> Edition.

<http://hsclibrary.hsc.unt.edu/record=b1079424>

### Suggested Reading/References

Current Surgical Diagnosis and Treatment, Way LW, Appleton-Lange.

<http://hsclibrary.hsc.unt.edu/record=b1028837>

ACS Surgery Principles & Practice, Souba WW, Fink M, 2006.

<http://hsclibrary.hsc.unt.edu/record=b1077393>

Principles of Surgery, Schwartz SI, McGraw-Hill Co. <http://hsclibrary.hsc.unt.edu/record=b1075991>

Textbook of Surgery, Sabiston DC, W.B. Saunders Company.

<http://hsclibrary.hsc.unt.edu/record=b1075090> 17<sup>th</sup> edition

Cope's Early Diagnosis of the Acute Abdomen, Silen W, Oxford University Press.

<http://hsclibrary.hsc.unt.edu/record=b1076858>

Orthopaedic Neurology: A Diagnostic Guide to Neurologic Levels, Hoppenfeld S, Lippincott, 1977.

<http://hsclibrary.hsc.unt.edu/record=b1000033>

Physical Examination of the Spine and Extremities, Hoppenfeld S, Published by Appleton & Lange, 1976.

<http://hsclibrary.hsc.unt.edu/record=b1034122> Manual of

Orthopaedics 6<sup>th</sup> Ed. By Swiontkowski Vascular Surgery, Rutherford

R, W.B. Saunders Company.

<http://hsclibrary.hsc.unt.edu/record=b1077309>

Gibbon's Surgery of the Chest, Sabiston DC, Spencer FC, W.B. Saunders Company.

<http://hsclibrary.hsc.unt.edu/record=b1019947>

Cancer: Principles and Practice of Oncology, DeVita VT, Lippincott Williams and Wilkins.

<http://hsclibrary.hsc.unt.edu/record=b1076226>

Smith's General Urology, Tanagho E, McAninch J, Lange. <http://hsclibrary.hsc.unt.edu/record=b1073738>

Ear, Nose and Throat Disorders in Primary Care, Woodson GE, W.B. Saunders Company.

<http://hsclibrary.hsc.unt.edu/record=b1067284>

## APPENDIX 2

### Orthopaedic Rotation Guidelines/Information

Welcome to the UNTHSC Department of Orthopaedic Surgery Rotation. Thank you for your service, we look forward to working with you.

#### **Overview:**

Each medical student will be on the orthopaedic rotation for a 2 week interval. Students will begin the rotation on a Monday and end on a Sunday, except the 8<sup>th</sup> week of the entire surgical rotation will end on Thursday at noon. During this rotation, you will receive instruction in the basics of non-operative and operative clinical orthopaedics, as well as the basic science and anatomy behind the specialty.

#### **Rotation Assignments:**

The student will be assigned prior to the beginning of the rotation. This email will be sent to you by Karen Melton. Please arrive each Monday at 6:30AM to begin your weekly assignments.

#### **How we can help answer your questions:**

Students assigned to JPS with questions before the rotation begins can contact Mindy Krulewich in the JPS Department of Orthopaedic Surgery (817-702-1370) or Karen Melton at [karen.melton@unthsc.edu](mailto:karen.melton@unthsc.edu) or (817-735-0265). Students assigned to hospitals other than JPS should directly contact the faculty member's office or the medical education office of the hospital.

#### **Absences:**

If a student is assigned in Fort Worth, attendance is required at all UNT student surgical lectures as well as JPS Resident lectures. If you will be absent, inform your Resident prior to the absence if possible. The absence policy is outlined on pages 23-25 of this syllabus.

#### **Required Text:**

*Current Diagnosis and Treatment in Orthopedics 5<sup>th</sup> Edition* by Harry B. Skinner (same book used in 2<sup>nd</sup> Year Systems Course)

#### **Other Recommended Texts:**

*Essentials in Musculoskeletal Care 4<sup>th</sup> Edition* by John Sarwark  
*Physical Examination of the Extremities and Spine* by Stanley Hoppenfeld  
*Manual of Orthopaedics 6<sup>th</sup> Ed* by Marc Swiontkowski  
*The Osteopathic Clinical Joint Exam* by Alan Stockard, 2010

**Lectures:** Please review the following PowerPoint lectures on-line. There is also a sample quiz included which should be answered at the beginning, and prior to the rotation end. This test may help you with future standardized testing for Medical School. The quiz will be used as anonymous data for research.

- Splinting and Fracture Reduction
- Orthopaedic Emergencies
- Aging in Orthopaedics
- Musculoskeletal Injections
- X-ray Cases
- Carpal Tunnel Syndrome
- Quiz Questions

## JPS Orthopedic Daily Student Schedule

### Daily Schedule

On the first day of the rotation, all students assigned to JPS rotations will report to the JPS Residents' office on the 3<sup>rd</sup> floor at 6:30am. The entry is in the hall on the left side of the Department leading to the skills lab. The code to enter the door is 6171. You will meet your Resident on that day, and your schedule will then mirror his or her schedule for that week. You will work with a different Resident in week 2. You will take call with your assigned Resident when they are on call. Before leaving each day, ask the Resident you will be assisting what time and where you should meet the next day. Try to determine what operative cases will occur so you can "read up" on the relevant anatomy prior to the case. This may ensure a better learning experience for you. However, cases are subject to change and we understand there is no way to prepare for those cases. You will not work on the weekend unless assigned to take ER call on Friday night.

The weekly assignment of medical students to Residents/Attendings will be posted in the Residents' office. Feel free to trade your weekly assignment; however, try to keep your rotation scheduled with two different Residents/Attendings. Each of you will be assigned to assist the PGY2 or PGY3 Resident who is covering the emergency room during one day each week. A call schedule is posted in the Residents' office to determine what day you will be on call, and the assigned Resident. The Resident on call may be contacted using the call pager at (817)407-7183.

### Call

Call lasts from 5PM – 5AM. You will take call one day per week, two calls per rotation. In general, students will take call with the Resident they are working with if they are on call. Two students may take call on the same night. If your assigned Resident is on call after the completion of your rotation, you will be assigned to another Resident earlier during the week. You will be off the day after call once your call time has ended, duties are complete, and the Resident leaves. This is usually no later than 10AM.

At the end of the orthopedic core rotation the student should be able to:

1. Perform and present an orthopedic history and physical examination of the upper and lower extremities and spine
2. Interpret and discuss basic x-rays of the musculoskeletal system. Describe when special diagnostic tests are indicated.
3. Develop a differential diagnosis and outline a basic treatment regimen for some of the more frequently encountered orthopedic problems.
4. Discuss when consultation with an orthopedic surgeon is indicated or when the orthopedic conditions can be treated by primary care physicians.
5. List and describe the orthopedic emergencies that can result in loss of life, limb, and/or cause permanent disability.
6. Diagnose a patient presenting with an extremity fracture and/or dislocation and develop a differential diagnosis. Prioritize care for the patient and initiate appropriate and immediate therapeutic interventions.
7. Evaluate and manage basic postoperative wounds (examples: apply dressings with or without removal of sutures/staples)
8. Perform basic joint injections/aspirations.
9. Provide complete orthopedic record documentation.
10. Function as an assistant in orthopedic surgery cases commensurate with level of education.

11. Demonstrate proper OR scrubbing technique and maintenance of sterility.
12. Describe how aging affects the musculoskeletal system.
13. Demonstrate appropriate professionalism and interpersonal skills with patients, families, and medical team members.
14. When outlining the basic treatment regimen for a patient, describe how Osteopathic Manipulative Treatment can be utilized to facilitate recovery from disuse atrophy, edema, and restrictions of motion.

### Basic Orthopedic SOAP Note

S: Subjective Evaluation of the Patient

O: Objective Evaluation of the Patient

A: Assessment

P: Plan

#### EXAMPLE #1

S: Patient Resting Comfortably

(Complaining of pain, endorses improved sensation etc.)

O:

Vitals: (Include Pulse, O2 sat, BP, Temp)

CV: Regular, Rate and Rhythm

Pulmonary:

- non-labored
- Clear to auscultation
  - o (Only if you check With Stethoscope!)

Vascular:

- DP/PT pulse in lower extremity
- Radial/Ulnar pulses in upper extremity
- Capillary Refill
- Venous Congestion

Skin

- Comment on wounds
- Is Ecchymosis present?
- If intact a comment that skin is intact will suffice

Neurologic

- Sensation Intact to Light Touch
  - o Describe the peripheral nerve distributions tested....
    - DP/SP/T/S/S in lower extremity
    - M/R/U in the upper extremity
- Motor Strength
  - o For floor Notes simply state if muscle activity present or absent (I.E. + or -)
  - o FPL/FDS/FDP/EDC/EPL in upper extremity
  - o EHL/FHL/GS/TA in the lower extremity

Musculoskeletal

- Comment on

Labs:

CBC, CRP, ESR, BMP etc

Assessment: (Age) y/o (Man/Woman) with h/o (fx, soft tissue injury, osteoarthritis etc) s/p (surgery, casting etc) Hospital Day (enter hospital day)

Plan:

- Include Current Pain Medication and Eval Control of Pain.
  - o Ex. Pain controlled on po Norco
  - o Ex. Pain controlled on PCA
- State the patient's weight bearing status.
  - o Ex. Non weight-bearing at Right Leg
  - o Ex. Weight-bearing as tolerated Bilaterally
- What is the patient's Dispo planning?
  - o Ex. Plan for discharge to skilled rehab vs. home vs. jail
- If infected what antibiotic is the patient on?
  - o Ex. The patient is on day 7 of i.v. Vancomycin
- Comment on trends in Lab results or vitals
  - o Ex. CRP continues to trend down, Leukocytosis resolved
- Comment on DVT Prophylaxis
  - o Ex. Patient receiving Low Molecular Weight Heparin
  - o Ex. SCDs in place