



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.



Surgery Clerkship Syllabus

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II. ROTATION SITES

University of North Texas Health Science Center

Surgery Clinic, 5th Floor, Patient Care Center
855 Montgomery Street, Fort Worth 76107
817-735-5450

John Peter Smith Hospital

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

Plaza Medical Center of Fort Worth

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

Bone and Joint Institute (Ben Hogan Center)

800 5th Avenue, Suite 400, Fort Worth 76104
817-735-2900

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 All Saints Medical Center Southwest

7100 Oakmont Boulevard, Fort Worth 76132
817-346-5700

Baylor Surgical Hospital at Fort Worth

750 12th Avenue, Fort Worth, TX 76104
817-334-5050

Baylor Surgicare of Fort Worth

975 Haskell Street, Fort Worth 76107
817-570-0200

Baylor Surgicare at Oakmont

7200 Oakmont Boulevard, Fort Worth 76132
817-732-3300

Texas General Hospital

2709 Hospital Boulevard, Grand Prairie 75051
469-999-0000

Cleburne Surgical Center

2010 W. Katherine P. Raines Road, Cleburne 76033
817-645-0471

Texas Health Harris Methodist Hospital Cleburne

201 Walls Drive, Cleburne 76033

817-641-2551

East Texas Medical Center

1100 East Loop 304, Crockett 75835

936-546-3862

Good Shepherd Medical Center

700 East Marshall Avenue, Longview 75601

903-315-2000

Methodist Dallas Medical Center

1441 N. Beckley Avenue, Dallas 75203

Baylor Regional Medical Center at Plano

4700 Alliance Boulevard, Plano 75093

800-422-9567

Conroe Medical Education Foundation

704 Old Montgomery Road, Conroe 77301

936-523-5247

San Jacinto Methodist Hospital

4401 Garth Road, Baytown 77521

281-420-8600

Bay Area Corpus Christi Medical Center

7101 South Padre Island Drive, Corpus Christi 78412

361-761-3280

Christus Spohn Memorial Hospital

2606 Hospital Boulevard, Corpus Christi 78405

361-902-4000

III. CLERKSHIP PURPOSE

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.

The core clinical clerkship in surgery is an eight-week course of study that will introduce students to the multifaceted care of patients commonly seen in surgical practice. The course is divided into four weeks of general surgery, two weeks of orthopedic surgery, and two weeks of one of the following subspecialties:

- Neurosurgery
- Otorhinolaryngology
- Surgical Oncology
- Thoracic/Vascular Surgery
- Urology
- Vascular
- Other Subspecialty Surgery (Approval Required by Department of Surgery and Clinical Education)

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

IV. CLERKSHIP 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.

V. Core Competencies

Clerkship Goals

The goals of the Clinical Clerkships are to enable TCOM students to achieve competence as graduate osteopathic medical students. As such, the **goals** 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
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Practice-Based Learning and Improvement
7. Systems-Based Practice
8. Health Promotion/Disease Prevention

General Competencies

- Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families. (3,7)
- Gather essential and accurate patient information. (1,2,7)
- Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment. (1,5,7)
- Develop and carry out patient management plans. (2,5,7)
- Use information technology to support patient care decisions and patient education. (6,7)
- Perform competently all medical and invasive procedures considered essential for practice. (1,2,5,7)
- Demonstrate an investigatory and analytic thinking approach to clinical situations. (1,2,7)
- Know and apply the appropriate basic and clinically supportive sciences. (1,2,6,7)
- Locate, appraise and assimilate evidence from scientific studies related to the patient's health. (1,2,5,7)
- Use information technology to manage information, access on-line medical information, and support self-education. (6,7)
- Create and sustain a therapeutic and ethically sound relationship with patients. (2,7)
- Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills. (1,2,3,4,7)
- 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. (2,3,4,7)
- Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices. (2,3,6,7)
- Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities. (2,3,7)

- Practice cost-effective health care and resource allocation that does not compromise quality of care. (2,5,6,7)
- Apply the osteopathic tenet that the body is a unit: the person is a unit of body, mind, and spirit. (1,2,3,4,5,6,7)
- Apply the osteopathic tenet that the body is capable of self-regulation, self-healing, and health maintenance. (1,2,7)
- Know how structure and function are reciprocally related and affected by surgical procedures. (1,2,7)
- Apply rational treatment based upon an understanding of the basic principles of body unity, self-regulation and the interrelationship of structure and function. (1,2,5,6,7)

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 (2.1, 2.3, 2.7, 5.1, 5.5)
2. Interpret and discuss basic x-rays of the musculoskeletal system. Describe when special diagnostic tests are indicated. (2.1, 2.4, 3.1, 5.5, 7.3)
3. Develop a differential diagnosis and outline a basic treatment regimen for some of the more frequently encountered orthopaedic problems. (2.2, 2.4, 3.1)
4. Discuss when consultation with an orthopaedic surgeon is indicated or when the orthopaedic conditions can be treated by primary care physicians. (2.4, 3.2, 5.5, 7.2)
5. List and describe the orthopaedic emergencies that can result in loss of life, limb, and/or cause permanent disability. (2.1, 2.2, 2.4, 3.1, 3.2, 7.5)
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. (2.2, 2.4, 7.5)
7. Apply and remove basic extremity splints appropriately and safely. (2.3.11)
8. Evaluate and manage basic postoperative wounds (examples: apply dressings with or without removal of sutures/staples) (2.3.11)
9. Perform basic joint injections/aspirations. (2.3.16)
10. Provide complete, legible orthopaedic record documentation. (5.4, 5.5, 7.2)
11. Function as an assistant in orthopaedic surgery cases commensurate with level of education. (2.3)
12. Demonstrate proper OR scrubbing technique and maintenance of sterility. (2.3)
13. Describe how aging affects the musculoskeletal system. (3.1)
14. Demonstrate appropriate professionalism and interpersonal skills with patients, families, and medical team members. (6.1, 6.2, 6.3, 6.4, 6.6, 6.8)
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. (1.1, 1.2, 1.3)

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.

VI. CLERKSHIP REQUIRED DIDACTICS AND STUDY ASSIGNMENTS:

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 excessive absence are specified in the Uniform Policies and Procedures section of this manual.

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 attend an orientation session on operating room protocol. Please refer to the clerkship schedule for the specific time. 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 10 hours. The average workweek shall be no longer than 72 hours including in-house call. Students may not work more than one weekend per 4-week period or two weekends per 6-week period. Time accrued during weekend work hours will be included in the 72 hour maximum for the week. Students shall be given adequate time to complete assignments during the workweek and ample time for self-study during the workday.

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 12:00 noon 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 begins 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.

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

Canvas

Introduction. This online, interactive part of the syllabus 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.

Log in at http://canvas.unthsc.edu - Use your EUID and Password

Objectives. Upon completion of this module you should be able to:

- Identify the most critical data in the history and physical examination;
- Create a management plan based upon that data;
- Describe a treatment plan based upon your final diagnosis;
- Identify the health care professionals that comprise the management team;
- Evaluate and coordinate the care plans of other providers.

Also posted on the site are the navigation instructions for those of you who are unfamiliar with Canvas or may need a refresher to upload or download documents or post responses to tasks or discussions.

Assignments. There are two important purposes for using Canvas for this course. First, not all of you are near the campus in Fort Worth. Consequently, not all of you are able to get to the lecture program. For those of you in Fort Worth, there are times you will find yourself involved in patient care activities that prevent you from making it to the lectures. This online program doesn't replace the valuable opportunity the lectures and case discussions provide nor does it excuse you from regular attendance when you are in town. However, it will give you an additional opportunity to learn the most important aspects of surgical care that those individual presentations seek to provide. The other purpose of these exercises is to promote reflective thinking, a key element in learning. The asynchronous nature of your participation in online discussions and assignments will give you the time to think about each problem, plan your response, and receive feedback on your ideas.

Each week a problem will be posted based upon the progress you should be making in the course. You will each be assigned to a group of students with whom you will interact (online) to create your response to the problem. A discussion section for each group has been reserved to which only members of that group and faculty will have access. Each student in your group is required to comment or ask questions about your response to your project. You are expected to respond to those comments and questions as you post your comments to other members' work. After the comment period, you will be able to modify your response if you choose and post the final report for grading.

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.

Grading

This part of the course is worth twenty-five (25) points toward your final grade. The breakdown is as follows:

TASK	DESCRIPTION	WEIGHT
Weekly Projects (4) and Online Discussion	Complete your project, respond to comments and questions about your work, and provide feedback to the others in your group on their projects. Responses must be pertinent to the problem. "Good job" and "Nice presentation", while appreciated, do not inform the process or add to the body of knowledge. Completeness of the assignment, the quality of your work, and your engagement in the group dialogue will be considered in your grade for this section.	60%

Case Report	Your case report for this course will be in the form of a medical journal case report. You will be given instructions during Week 3 regarding content and format.	40%
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A total of ten (10) points will be awarded for each element on the grade sheet to allow partial credit for work completed. At the end of the clerkship, the total points earned will be converted to the maximum of twenty-five (25) points to be contributed to your final course grade.

Case Report: One case report will be required for all students during the rotation. The format will be should be that of a medical journal case report as follows:

- Introduction
- Case Presentation
- Literature Review
- References

At least three (3) articles of evidence-based medicine on the management of the case reported will be required. References must be in scientific correct format. Online references are acceptable if properly formatted, e.g.:

Gourlay T, Olivencia-Yurvati AH, Gunaydin S. STS Blood Conservation Guidelines: The Role of Leukocyte Filtration. Retrieved August 8, 2008, from <http://ats.ctsnetjournals.org/cgi/content/extract/85/3/1138?ck=nck>.

Case reports must be written in concise, organized manner, no typos, errors of grammar, etc. The rubric for grading for the papers will be as follows: Content 50%; Writing 35%; and References/Reference Format 15%.

The body of the case report should be 4 to 6 double-spaced pages. This does not include the cover sheet or the reference page. You should begin working on your case reports during the sixth week and post your drafts to the discussion board during the seventh week to receive comments from the faculty. The final case report is to be submitted as a Word document as a Canvas Assignment during the final week of the rotation. Further directions will be made available through Canvas announcements.

VII. EVALUATION AND GRADING

The following components will contribute to the student's final grade for the clerkship:

- Clinical Competence and Professional Conduct 50%
- Canvas Assignment and Case Report 25%
- Subject (Shelf) Exam 25%

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.

VIII. DISCLAIMER

The provisions contained herein do not constitute a contract between the student and the College. These provisions may be changed at any time for any reason at the discretion of the Department of Surgery. When necessary, in the view of the College and the Department, appropriate notice of such change will be given to the student.

This 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.

APPENDIX 1: Learning Resources

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., 11th 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> 17th 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 6th 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:

UNTHSC 3rd-Year Medical Student Orthopedic Surgery Checklist

Instructions: Complete the checklist below during the 2-week orthopedic rotation. Have a resident or faculty member initial next to the checked box. The chief resident or faculty member and student must sign and date at the end.

- Attend lecture on basic operating room sterility and scrubbing prior to reporting to OR
- Perform joint injection/aspiration while demonstrating ability to sterilely draw up injections
- Demonstrate ability to remove postoperative sutures or staples and dress the wound
- Assist with the application of one splint or cast on the upper extremity
- Assist with the application of one splint or cast on the lower extremity
- Read a basic x-ray for a resident/attending
- Observe one total joint procedure
- Observe one fracture surgery
- Individually see and present one trauma patient with hx, PE, x-ray, plan
- Individually see and present one elective upper extremity patient with hx, PE, x-ray, plan
- Individually see and present one elective lower extremity patient with hx, PE, x-ray, plan
- Individually see and present one elective spine patient with hx, PE, x-ray, plan
- Take orthopedic call two times
- Round on in hospital patients and write SOAP note to be co-signed by resident - two patients per day minimum
- Attend all lectures
- Be in orthopedic clinic, OR, ER, or didactic lesson at all times unless excused absence in writing or attending a mandatory UNTHSC lecture or released by resident or attending/resident.

Chief Resident Signature: _____ Date: _____

Student Signature: _____ Date: _____

APPENDIX 3:

JPS Orthopedic Surgery Rotation Syllabus for UNTHSC 3rd-Year Medical Students

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 8th week of the entire surgical rotation will end on Friday at noon. During this rotation, he/she 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 to an orthopaedic service with either a faculty member in the community or a chief and junior resident under the supervision of attendings at JPS for clinical instruction and call.

Contact prior to starting: Students assigned to JPS with questions before the rotation begins can contact Mindy Krulewich in the JPS Department of Orthopaedic Surgery (817-927-1370). Orthopaedic service assignments will be made the first day of the rotation. Students assigned elsewhere should directly contact the faculty member's office or the medical education office of the hospital.

Attendance: Attendance is mandatory unless excused in writing. If a student is assigned in Fort Worth, attendance is required at all UNT student surgical lectures as well as JPS resident lectures.

Call: Call will be taken with the assigned junior resident or faculty member on two weeknights until 11:00 pm during the two week period. During the call, emergent and urgent orthopaedic care will be addressed in both formal and hands-on formats. The student will be responsible for coming to work prepared for call and reading about orthopaedic management in his/her spare time.

Required Text:

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

Other Recommended Texts:

Essentials in Musculoskeletal Care 4th Edition by John Sarwark

Physical Examination of the Extremities and Spine by Stanley Hoppenfeld

Manual of Orthopaedics 6th Ed by Marc Swiontkowski

The Osteopathic Clinical Joint Exam by Alan Stockard, 2010

Lectures: Students will receive these core lectures by a chief resident or faculty member.

Basic OR sterility and scrubbing

Upper extremity introductions (Shoulder, Elbow, Wrist/Hand)

Lower extremity introductions (Hip, Knee, Foot/Ankle)

Spine introduction (Cervical and Lumbar)

Splinting

Orthopaedic emergencies

Open fractures, compartment syndrome, dislocations

Aging in Orthopaedics

APPENDIX 4:

IPS Orthopedic Daily Student Schedule & Code of Conduct

Students will be expected to look up cases prior to day of surgeries and know pertinent, basic anatomy

Trauma Week

Report to Ortho Residents' Office at 0530 daily to round

- Monday:** Trauma OR: 0715-1800, 2nd Floor Patient Pavilion
- Tuesday:** Hand Clinic: 0800-1200, 2nd Floor Outpatient Building
Trauma Clinic: 1230-1800, 2nd Floor Ortho Clinic Outpatient Building
- Wednesday:** Ortho Department Didactics: 0700-1200, Skills Lab 3rd Floor Outpatient Building
Lectures with Chief Resident: 1200-1300, Ortho Residents' Office
Trauma Clinic: 1300-1800, 2nd Floor Ortho Clinic Outpatient Building
- Thursday:** Trauma OR: 0715-1800, 2nd Floor Patient Pavilion
- Friday:** Trauma OR: 0715-1800, 2nd Floor Patient Pavilion

Total Joint/Elective Week

Report to Ortho Residents' Office at 0600 daily to round

- Monday:** Total Joints OR/ EMG Clinic with Dr. Wimmer: 0715-1800, 2nd Floor Patient Pavilion, EMG clinic 1400 South Main Street, JPS Professional Building Suite 304
- Tuesday:** Total Joints OR: 0715-1800, 2nd Floor Patient Pavilion
- Wednesday:** Ortho Department Didactics: 0700-1200, Skills Lab 3rd Floor Outpatient Building
Lectures with Chief Resident: 1200-1300, Ortho Residents' Office
Total Joints OR: 1300-1800, 2nd Floor Patient Pavilion
- Thursday:** Dr. Stockard Clinic: 0700-1700, 1st Floor Urgent Care Outpatient Building
(meet Dr. Stockard in ortho office)
Ortho Elective Clinic (2nd Floor Outpatient Building) if Stockard Clinic ends before 1700
- Friday:** Dr. Stockard Clinic: 0745-1700, 2nd Floor Ortho Clinic Outpatient Building

Student Operating Room Code of Conduct for students at JPS

1. *Students are responsible for being present in the OR during daily rotation times when they are not in the orthopedic clinic.*
2. *At least one student should scrub into each case, unless directed otherwise from the resident or attending surgeon.*
3. *It is mandatory for students to attend the OR scrubbing and sterility course at JPS, regardless if they have attended elsewhere. A student will not pass this rotation if this class is not attended.*
4. *Proper scrubbing techniques should be followed and sterility maintained at all times.*
5. *No cell phone or texting should occur in the OR at any time.*
6. *If a student is not scrubbed in, he/she should be attentive to the case and be ready to answer questions from the residents or attendings.*

Failure to comply with this code of conduct will result in failing the rotation.

In order to meet the orthopedic course objectives, all students will complete a checklist of tasks. The student should have a resident or attending initial next to the box after completion. In order to pass the rotation, this checklist must be completed and signed by the chief resident. It must be turned into the supervising resident or attending before completing the rotation or a passing grade will not be issued.

APPENDIX 5:

IPS 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