



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 8811  
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## **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 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
- Surgical Breast 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.

## **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
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)

# **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>
<input type="checkbox"/> Roles of other professions <input type="checkbox"/> Role overlap <input type="checkbox"/> Cognitive maps <input type="checkbox"/> Patient-Centered Practice <input type="checkbox"/> Team development	<input type="checkbox"/> Teamwork	<input type="checkbox"/> Mutual respect and trust <input type="checkbox"/> Value other professions <input type="checkbox"/> Value collaboration

**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:

Spearhead 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, time keeper, 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.

## **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.

## **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.

## **Clerkship Required Didactics and Study Assignment**

### **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.

### **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 <a href="http://canvas.unthsc.edu">http://canvas.unthsc.edu</a> - Use your EUID and Password
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**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
<b>Weekly Projects (4) and Online Discussion</b>	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.	<b>60%</b>
<b>Case Report</b>	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.	<b>40%</b>

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.

### **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 clinical 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:

1. Perform and present an orthopaedic history and physical examination of the upper and lower extremities and spine (EPA 1)
2. Develop a differential diagnosis and outline a basic treatment regimen for some of the more frequently encountered orthopaedic problems. (EPA 2)
3. 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. (EPA 10)
4. Provide complete, legible orthopaedic record documentation. (EPA 5)
5. Demonstrate appropriate professionalism and interpersonal skills with patients, families, and medical team members. (EPA 9)
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)
7. Demonstrate knowledge and understanding of conditions presenting to the vascular surgeon, prioritize patient care, perform a differential diagnosis, and recommend appropriate therapeutic interventions. (EPA 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. (EPA 10)

## **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.

### **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

**Medical Center Alliance**

3025 North Tarrant Parkway, Fort Worth 76177  
817-639-1000

**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

**FACULTY & STAFF**

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

**DeeAnn McKinney**

**Brian Webb, M.D.**

**Chairman and Professor,  
Course Director  
Assistant to the Chair  
Clerkship Coordinator  
Assistant Professor,  
Orthopedic Surgery  
Clerkship Director**

**University Faculty**

Surgery:

John L. Crawford, M.D.  
Arnold Fikkert, D.O.  
Michael D. Korenman, M.D.  
Don N. Peska, D.O.  
David R. Rittenhouse, D.O.  
Joseph Ronaghan, M.D.  
Suhail Sharif, M.D.  
David A. Stone, D.O.  
Amelia B. Tower, D.O.

Assistant Professor  
Assistant Professor  
Assistant Professor  
Professor and TCOM Dean  
Associate Professor  
Associate Professor  
Assistant Professor  
Assistant Professor  
Assistant Professor

Orthopedic Surgery:

David Lichtman, M.D.  
Daniel Clearfield, D.O.  
Dean, Thad, D.O.  
Doug Dickson, M.D.  
Michael Elliott, D.O.  
Kurt Icenogle, M.D.  
Kevin Luttrell, M.D.  
Bryan Ming, M.D.  
Arvind Nana, M.D.  
Tim Niacaris, M.D.  
Robert Reddix, M.D.  
Hugo Sanchez, M.D.  
Russell Wagner, M.D.  
Michael Wimmer, M.D.

Chairman and Professor  
Assistant Professor  
Assistant Professor  
Assistant Professor  
Clinical Instructor  
Clinical Instructor  
Clinical Instructor  
Clinical Instructor  
Associate Professor  
Assistant Professor  
Associate Professor  
Assistant Professor  
Assistant Professor  
Assistant Professor

**Adjunct Faculty**

Therese M. Duane, MD  
Osbert Blow, M.D., Ph.D.  
Ashley M. Classen, D.O.  
Rohan Jeyarajah, M.D.  
Rajesh Gandhi, M.D., Ph.D.

Adjunct Clinical Professor  
Adjunct Clinical Associate Professor  
Adjunct Clinical Associate Professor  
Adjunct Clinical Associate Professor  
Adjunct Clinical Associate Professor

Brent T. Alford, M.D.  
John L. Birbari, Jr., M.D.  
Michael E. Brooks, M.D.  
Alok M. Chaudhari, M.D.  
Rob D. Dickerman, M.D., Ph.D.  
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Bufford D. Moore, M.D.

Adjunct Clinical Assistant Professor  
Adjunct Clinical Assistant Professor

Henry H. Nance, Jr., D.O.  
Ramesh Paladugu, M.D.  
Abdolreza Siadati, M.D.  
Gregory H. Smith, D.O.  
Todd E. Young, D.O.

Adjunct Clinical Assistant Professor  
Adjunct Clinical Assistant Professor  
Adjunct Clinical Assistant Professor  
Adjunct Clinical Assistant Professor  
Adjunct Clinical Assistant Professor

## **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.

### **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:

### 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>