

**Rocky Vista University
Course Syllabus**

Course Name: Surgery Core I & Surgery Core II

Class of/Semester/Year: 2021/ OM V & VI /2019-20

Course Code: SRG 3001 and SRG 3002

Dates: July 15, 2019 –June 19, 2020

Credit Hours: 7

Examination(s): NBME Surgery subject examination
Preceptor Evaluation

Location(s): Surgical Clinical Sites

Course Director: Brigitta Robinson, MD, FACS
Surgery Clerkship Director

Andy Nigh, MD, FACS
Associate Surgery Clerkship Director

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Course Description

The Surgery externship consists of a three-week and a four-week rotations that will provide clinical exposure to various aspects of surgery. Students will gain knowledge and experience in the diagnosis and management of surgical patients in the inpatient and outpatient clinical settings. It is critical to note that the surgical clinical course is not intended to teach the student everything on the subject of surgery or provide the student with clinical experience in every aspect of the discipline. The Clerkship Director and the assigned Preceptor may provide educational guidance, but it is each student's individual responsibility to learn the subject content as outlined in the Course Objectives below. Lifelong self-learning is the ultimate goal and is expected in this core clinical rotation.

Course Faculty

Brigitta Robinson, MD, FACS

Andy Nigh, MD, FACS

Credentialed Adjunct Clinical Faculty (Preceptors)

Course Requirements

All students must attend required didactics sessions.

All students must take the NBME Surgery subject examination.

All students must complete an evaluation of each clinical rotation at the end of each rotation in the New Innovations online platform.

Grading Information

Final course grade is determined from the Faculty Evaluation of Medical Student Performance and the score on the corresponding NBME subject examination. Transcript designations are:

P: Pass H: Honors F: Failure Px: Pass with Remediation

Honors criteria:

- No "Needs improvement" assessments from the Faculty Evaluation
- 75th percentile or greater on the NBME subject examination

The NBME subject examination is a key component of the course grade and is administered toward the end of the externship. Students must score in the 10th percentile or greater to pass the externship course. Students who do not achieve the 10th percentile will be required to remediate the examination. Three failures to achieve the 10th percentile will result in failure of the course and the student must repeat the entire core clinical externship.

Students who receive five or more "Needs Improvement" assessments from the preceptor evaluation will have the opportunity to mitigate prior to a failing grade being issued. Mitigation will be arranged by the Department of Clinical Education and tailored to the identified problems during the rotation. Unsuccessful mitigation will result in failure of the course. The failed externship course will be remediated at a clinical training site assigned by the Department of

Clinical Education. Successful remediation will result in a course grade of Px. Unsuccessful remediation will result in a course failure.

Attendance Policy

Attendance is required for the following:

- Clinical training days at the direction of the Preceptor
- Didactic educational sessions as required
- End of externship subject examination

Excused absences must be obtained in advance, except in the case of an emergency. In case of an emergency, the student must notify the Preceptor and the Clinical Education Department before the start of the work day. Any student who misses a required clinical externship day without approval will be in violation of professional conduct and will face disciplinary measures. Any student who misses a required didactic session without approval or without sending notes after the session will receive a zero for that session with no make-up opportunity. Any student who misses the subject examination will receive a zero but will be allowed to remediate and receive a grade of Px if successful in the examination.

Professional Conduct Policy

Students are expected to adhere to the highest level of professional conduct at all times. Students will always treat *all* employees of Rocky Vista University and those in clinical training sites with respect and courtesy. Students will demonstrate ethically responsible behavior; act honestly and with integrity to patients, their representatives, faculty/preceptors and coworkers. Students will preserve confidentiality and not discuss patients in public places or with unauthorized persons. No documents with patient-identifying information will leave the clinical setting. Compliance with all institutional regulations, state and federal HIPAA laws is expected. Dishonesty, blatant unethical conduct, sexual misconduct, or other unprofessional behavior will result in disciplinary action at the discretion of the Associate Dean of Clinical Education, who may convene a panel for a hearing. Final action may result in dismissal from RVU. The student has the right to appeal the dismissal to the Dean.

Required Learning Resources

1. Doherty, G. M. (2015). [Current diagnosis & treatment: Surgery \(14th ed.\)](#). New York, NY: McGraw-Hill.
2. Course Guide for Surgery (Available in New Innovations.)

Please ask the library staff for assistance if hyperlink is broken.

Course Objectives

[Based on the NBME Subject Examination Content Outline](#)

By the end of the surgery clerkship, the student is expected to have achieved, at a minimum, knowledge of the following surgical subjects through reading, discussion, and hands-on experience. All subjects listed below are covered in your surgery textbooks and should be supplemented as needed by clinical experiences, academic session, supplemental reading, and journal searches, as well as other avenues as directed by your preceptor. Students will take the

NBME Subject Exam at the end of the rotation. This test will include questions that cover concepts typical of national board exams.

Formal surgical academic sessions will be held weekly to systematically cover these subjects. Students are required to attend these sessions unless specifically excused.

- Approach to the Surgical Patient
 - History taking, utilizing indicative reasoning to establish a diagnosis
 - Complete physical exam incorporating necessary special procedures to establish a diagnosis
 - Laboratory and other examinations in order to screen for asymptomatic disease that may affect or contraindicate surgical intervention, and to evaluate the nature of metabolic or septic complication.
- The Principles of Surgical Physiology
 - Fluid and Electrolytes
 - Acid-Base Disturbances
 - Coagulation
 - Transfusion therapy
 - Wound healing
 - Nutrition and the surgical patient
 - Shock
- Essential topics in General Surgery
 - Wound closure and management
 - Surgical tubes and dressings
 - Postoperative complications
 - Surgical infections
- Preoperative evaluation and management
 - Identifying preexisting conditions and contributing risk factors
 - Medications that may impact surgical decision-making
 - (e.g. Coumadin, Plavix, etc)
 - Routine diagnostic testing
 - Specific Considerations in preoperative management
 - Cerebrovascular disease
 - Cardiovascular disease
 - Pulmonary evaluation and screening
 - Renal
 - Psychological assessment and preparation/counseling of patient and family
Ambulatory setting
- Abdomen
 - Acute Abdomen
- GI disorders
 - Esophagus
 - Stomach and duodenum including upper GI bleeding
 - Small intestine, including intestinal obstruction and fistulae
 - Colon, rectum and anus including lower GI bleeding
 - Liver, including portal hypertension and biliary tract

- Pancreas
- Endocrine disorders
 - Thyroid
 - Parathyroid
 - Thymus
 - Adrenal
 - Multiple endocrine neoplasia and tumors of the endocrine system
 - Pancreas
- Breast
 - Evaluation
 - Benign and malignant lesions and their characteristics
 - Surgical and medical management of benign and malignant breast diseases
- Trauma including chest trauma and ATLS
 - General assessment
 - Prioritizing approach to management
 - Understanding the various mechanisms of injury
 - Physiologic response to injury
- Burn
 - Assessment of depth of burn
 - Management of inhalation injury
 - Fluid management
 - Wound management
- Spleen
 - Pathologic conditions
 - Surgical approach to various conditions of the spleen
 - Complications of a splenectomy
- Peripheral Vascular Surgery
 - Occlusive disease
 - Aneurysm
 - Venous disease
- 3. Thoracic disorders
 - General principles of thoracic surgery
 - Benign and malignant lesions of the chest wall, lungs and mediastinum, and heart
 - Surgical management of Congenital and Acquired Cardiac Disease
- Head and Neck Surgery
 - Benign and malignant lesions of the head and neck, including parotid gland
- Subspecialty surgery-basic knowledge
 - Transplantation surgery
 - Urology
 - Plastic and Reconstructive Surgery, including hand surgery
 - Neurosurgery
 - Orthopedic Surgery
 - Pediatric Surgery
 - Laparoscopic Surgery
 - Ophthalmology

- Gynecology

Competencies Addressed and Assessed

Core Competencies

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. Scientific Method
9. Self-Directed Learning
10. Interprofessional education

Core Entrustable Professional Activities (EPAs)

EPA 1: Gather a history and perform a physical examination

EPA 2: Prioritize a differential diagnosis following a clinical encounter

EPA 3: Recommend and interpret common diagnostic screening tests

EPA 4: Enter and discuss orders and prescriptions

EPA 5: Document a clinical encounter in the patient record

EPA 6: Provide an oral presentation of a clinical encounter

EPA 7: Form clinical questions and retrieve evidence to advance patient care

EPA 8: Give or receive a patient handover to transition care responsibility

EPA 9: Collaborate as a member of an interprofessional team

EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management

EPA 11: Obtain informed consent for tests and/or procedures

EPA 12: Perform general procedures of a physician

EPA 13: Identify system failures and contribute to a culture of safety and improvement