



**University of Central Florida**

**College *of* Medicine**

**Surgical Clerkship  
&  
Selectives  
Manual**

**2012-2013**

# Orientation Manual for Students

Welcome to the University of Central Florida - College of Medicine, Third-Year Clerkship Module for Surgery. This clinical clerkship experience will help you develop essential skills needed for assessment, interaction, and treatment of surgical patients.

The purpose of this manual is to provide you with an overview and orientation to the common policies, procedures, and course objectives for the third and fourth year medical student curriculum. Many of the documents in this manual can be found online with links to the COM website:

<http://www.med.ucf.edu>

The following pages will provide you with some basic information for the clerkship, including location of campuses, clerkship and selective descriptions, contact information for each segment of the clerkship and Selectives, and other information that you might need to make your clerkship experience rewarding and productive. If you have any questions or feedback on this handbook or any other aspects of the curriculum, please do not hesitate to contact us.

This manual will be updated periodically and is subject to change as the program progresses.



**University of Central Florida**

**College of Medicine**



## ***University of Central Florida's College of Medicine Mission***

*The University of Central Florida College of Medicine educates and inspires individuals to be exemplary physicians and scientists, leaders in medicine, scholars in discovery, and adopters of innovative technology to improve the health and well-being of all. Our patient-centered mission is achieved by outstanding medical care and services, groundbreaking research, and leading edge medical and biomedical education in an environment enriched by diversity.*



Revised: April, 2012

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## **Contact Information**

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**Mobile:** 407-590-6932

**Contact:** **Katherine Newsum, 407-303-3662**

### **Orlando Health Site Director:**

**Rodrigo Alban, MD**

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**Contact:** **Robin Roberts, 321-841-8550**

### **Florida Hospital Site Director:**

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### **Clerkship Coordinator:**

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### **M3-M4 Clerkship Coordinator:**

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## **Course Description**

The University Of Central Florida College Of Medicine M3 Surgical Clerkship will introduce the student to the workup, diagnosis, treatment as well as the follow up of a wide variety of surgical diseases. Evidence based practices will be emphasized. The 12 week rotation will consist of two mandatory 4-week general surgical experiences (general / oncologic surgery, acute care surgery, colon and rectal surgery, pediatric surgery) and 2, 2-week surgical selective rotations where the student will be able to choose between various surgical sub-specialty areas (orthopedic surgery, vascular surgery, thoracic oncology, head and neck oncology, plastic and reconstructive surgery, anesthesia and transplant surgery). Students will be responsible for the evaluation and workup of patients in the emergency room and wards as well as in the outpatient setting. Participation in daily inpatient multidisciplinary ward rounds will be emphasized as well as active participation in a wide array of bedside surgical procedures and major operative interventions under general anesthesia. In hospital call will be a requirement while on the general surgical service and the student will also be responsible for regular attendance at weekly didactic conferences, grand rounds, journal club conferences and morbidity and mortality conferences and will have the opportunity to participate in a variety of simulator and animal lab experiences when offered.

# Clerkship Goals & Objectives

The clerkship Goals and Objectives are designed around the six Core Competencies set up by the ACGME but structured to the level of learning of the medical student. By the end of the clerkship, the student will become knowledgeable in the principles of pre-operative assessment, operative intervention, and post-operative care and follow-up in patients presenting with a wide variety of surgical diseases.

## **Medical Knowledge- While on this rotation the student will:**

1. Be able to discuss the basic evaluation and treatment of benign and malignant breast disease, cutaneous malignancies, abdominal wall hernias, gallbladder disease and other acute inflammatory intra-abdominal conditions.
2. Understand the principles and rationale for management of surgical patients to include the preoperative assessment and management as well as postoperative care. Examples include assessment of patient risk, appropriate selection of patients for surgery, knowledge of anesthetic options, and principles of postoperative pain management and wound care.
3. Understand the general principles of laparoscopy. Examples include the physiologic consequences of pneumoperitoneum.
4. Understand the pathology as it relates to surgery.
5. Be knowledgeable of the anatomy of the abdomen, chest, neck and vascular tree.
6. Be knowledgeable with regard to the physiological basis of the disease process, fluid and electrolytes, nutrition, wound healing and organ function.

## **Patient Care- While on this rotation the student will:**

1. Accurately perform a complete history and physical examination in patients with common surgical problems and present patients to the attending and/or senior resident.
2. Participate in daily rounds and management of inpatients.
3. Begin to demonstrate an understanding of the principles of surgical decision-making.
4. Efficiently utilize and interpret diagnostic laboratory testing. Examples of appropriate tests include serum chemistries, hematological profiles, and coagulation tests.
5. Efficiently utilize and interpret diagnostic radiological tests. Examples of the types of studies include mammography, gallbladder ultrasonography (US), plain film radiology tests and computed tomography (CT).
6. Under appropriate supervision, assist in basic surgical procedures such as: open lymph node biopsy (cervical, axillary, groin), hernia repair (inguinal, femoral, umbilical) excision of small subcutaneous masses, and laparoscopic cholecystectomy and appendectomy.
7. Under appropriate supervision, perform basic surgical procedures such as: placement of venous access devices, removal of cutaneous lesions, and routine wound closure.
8. Assist the resident physicians in the discharging of patients, including writing prescriptions, and ensuring appropriate follow-up.
9. Attend and participate in weekly outpatient clinics. Activities will include examination and evaluation of new patients and postoperative care of established patients.

## **Interpersonal and Communication Skills- While on this rotation the student will:**

1. Develop skill and sensitivity for appropriate counseling and educating patients and their families in a variety of clinical situations.
2. Work effectively with the health care team and/or other professional groups.
3. Effectively and promptly document practice activities.
4. Present all patients in a concise, organized, logical and knowledgeable manner.
5. Exhibit the ability to interact as part of the surgical team.
6. Exhibit honesty, reliability, good communication skills, and appropriate judgment.

**Practice-Based Learning and Improvement- While on this rotation the student will:**

1. Use books, journal articles, internet access, and other tools available to learn about diseases and treatments.
2. Recognize the importance of lifelong learning in surgical practice by analyzing personal practice outcomes to improve patient care.

**Systems-Based Practice- While on this rotation the student will:**

1. Observe and learn the process of working with nursing, social work, home health, pharmacy, radiology, acquisition of test results, operating room (OR) scheduling, recovery room staff, and discharge planning.
2. Demonstrate an understanding and commitment to continuity of care by development of a patient care plan including timing of return to work and appropriate follow-up.
3. Begin to understand the appropriate utilization of consultations from other surgical and medical specialties in a timely and cost efficient manner to facilitate and enhance patient care.

**Professionalism- While on this rotation the student should:**

1. Demonstrate a high level of initiative and self-motivation and be well-read and prepared prior to any surgical procedure (including clinical knowledge of the patient).
2. Be dependable in completing assigned tasks.
3. Demonstrate professional interpersonal skills when dealing with patients, staff, other residents, and attending physicians.

By the end of the rotation, the student will:

1. Begin to understand the ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, and informed consent.
2. Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.
3. Demonstrate accountability for actions and decisions.

# Teaching & Learning Methods

An emphasis will be placed on *bedside* teaching in the emergency room, inpatient wards, and operating room as well as in the outpatient clinics. The majority of teaching will occur on daily multidisciplinary teaching ward rounds and being present and participating in bedside procedures and major operative procedures. Other teaching methods will include scheduled weekly didactic conferences covering a broad spectrum of surgical topics, monthly journal club conferences, weekly morbidity and mortality conferences and surgical grand rounds as well as monthly core competency conferences. Students will also have the opportunity to participate in simulation and animal laboratory exercises when these opportunities are offered. A dedicated 2 hour Medical Student conference will be held on Monday afternoons for all students regardless of rotation or location. These lectures will be given by the attending staff and will parallel the required textbook, *Essentials of General Surgery* by Peter F. Lawrence (4<sup>th</sup> Edition). In addition, a bi-monthly Clerkship Directors conference will be offered on Friday afternoons. This conference will be mandatory for those students on the Orlando Health campus and optional for those students working on other campuses. This will be an informal conference covering such topics such as documentation and note writing, interpretation of radiographs, etc. The dates, times and locations of these conferences will be announced monthly.

Students will meet regularly with the site specific clerkship director who will oversee log entries to assure that the student is being exposed to a broad experience in general surgery with respect to patients seen as well as operative and bedside procedure involvement. Students will be expected to complete WISE-MD modules for those encounters not fulfilled and provide documentation of completion prior to being assigned a grade for the rotation. In house call is an important aspect of surgical education and will be a mandatory requirement. Students will be expected to take call no more than eleven times during the 2, 8-week general surgical core rotations and will be expected to work three weekends during that 8 week period. In house call may or may not be required depending on what Selective the student chooses to participate in. Students will be expected to **be familiar with and follow** the current duty hour guidelines set forth by the Accreditation Council for Graduate Medical Education (ACGME). Students will be given a card weekly to document times when they arrived and left the hospital on a daily basis. This will need to be turned in to the Clerkship Coordinator weekly at Monday conference. Failure to do so will result in points being lost on the final grade. The students individual call schedule will be set up with the site director at the beginning of the student's rotation.

## **Reading**

*Required: Essentials of General Surgery* by Peter F. Lawrence (4<sup>th</sup> Edition).

## *Suggested Texts*

As graduate students, you are responsible for choosing how, and from where, you will acquire your surgical basic science knowledge base. Dr. Lube will be handing out a list of topics during orientation. Below is a list of several texts that offer a broad overview of core general surgical information.

Schwartz's Principles of Surgery; 9<sup>th</sup> edition.

Greenfield's Surgery, Scientific Principles and Practice; 4<sup>th</sup> edition.

Sabiston Textbook of Surgery, 18<sup>th</sup> edition.

O'Leary's The Physiologic Basis of Surgery; 4<sup>th</sup> edition.

Fiser's The ABSITE Review; 2<sup>nd</sup> edition.



There are a wide variety of other core surgical textbooks, review texts as well as online resources that are available to the student. The Clerkship Director and Site Specific Director can assist the student with these resources.

### **End-Of-Service National Board of Medical Examiners (NBME) Examination**

At the end of the rotation the student will participate in the NBME written shelf exam for surgery. It will be required that the student score in at least the 5<sup>th</sup> percentile to pass the examination. In order to be eligible for an A on the rotation, it will be necessary to score at or above the 70<sup>th</sup> percentile on the examination, no exceptions. Failing to do so will result in the student not being able to earn a grade higher than a B for the rotation, regardless of performance in the other areas that are used to calculate the grade (see below). Also note that obtaining a grade at or above the 70<sup>th</sup> percentile does not guarantee an A for the Clerkship. The results of the NBME will count towards 20% of the student's grade for the clerkship.

### **Objective Structured Clinical Examination (OSCE)**

There will be no specific OSCE for the Surgical Clerkship.

There will be a combined clinical skills testing during the third year which will consist of two sessions. The first session will be a formative event which will occur during the latter part of the second 12-week block and the second session will be a summative event which will take place during the final 3 weeks of the scholastic year. The students will receive performance feedback, critique and remediation following the first session. The second session requires a "pass" mark in order to progress to the M4 year. Both sessions will present the student with 8-9 clinical scenarios staffed by either standardized patients (SPs) or simulated patients/mannequins. Each scenario will simulate a patient encounter that reflects their clinical goals and experiences. The student will be given preliminary information regarding the patient and must perform a focused interview and examination as appropriate. After the encounter, students will be expected to provide written documentation such as pertinent aspects of history taking, physical examination, differential diagnosis, lab tests to order, etc. or some combination of these items. The student's performance will be judged by the trained SP using automated evaluation software and a checklist that has been developed by the clerkship directors. Communication and medical professionalism skills will be assessed. Aspects of longitudinal curricula (multicultural medicine, medical ethics, nutrition, palliative care and others) will be integrated and assessed in these scenarios wherever possible.

### **Suture and Knot Tying Course**

During the first few weeks of the Surgical Clerkship (typically on the morning of the first day of the rotation), ALL students will get together at Orlando Regional Medical Center's downtown campus for a four hour class that will cover the basic principles of suturing and knot tying. A demonstration will also be given covering various types of staplers, sutures, needles and so forth. There will also be a brief presentation by the operating room staff covering sterile technique, as well as proper techniques for gowning and gloving.

**It is IMPERATIVE that students are comfortable with sterile technique and gowning / gloving techniques prior to entering the operating room and scrubbing on cases (this cannot be over-emphasized)!!**

## **Medical Student Surgery Project (MSSP)**

An important aspect of the Surgical Clerkship is the Medical Student Surgery Project (MSSP). During the 12 week surgical clerkship, the student will be expected to choose between one of the four options listed below. This will count 5% towards the student's final grade for the clerkship.

### **Option A: Evidence Based Review Project**

In order to familiarize the student with evidence based medicine (EBM) practices, each student will be responsible for selecting a general surgical topic and formulating an evidence-based review on that particular topic. Topics should be selected and cleared by the site specific director *during the first four weeks of the surgical clerkship*. It is important to choose a topic that is NARROW, and concentrates on a particular aspect of treatment of a disease process (IE: Administration of Omega Three Fatty Acid Containing Nutritional Supplements to Septic ICU Patients and NOT "Surgical Nutrition."). The EBM review should be written in the following format:

- Summary
- Recommendations
- Introduction
- Literature Review
- References

A wide variety of examples of EBM reviews can be found on <http://www.surgicalcriticalcare.net/guidelines.php>. Reviews should be the student's ORIGINAL work and references should consist solely of original papers, and NOT review articles or previously performed evidence based reviews. Grading the evidence and levels of recommendation should follow the guidelines set forth by the Eastern Association for the Surgery of Trauma as are outlined in *Utilizing Evidence Based Outcome Measures to Develop Practice Management Guidelines: A Primer* (<http://www.east.org/tpg/primer.pdf>). The main body of the work (Introduction, Literature Review) should consist of at least 1500 words and there should be at least 12 references on the subject. The student will be expected to turn in the review during the last week of the rotation, prior to sitting for the NBME examination. The review will be graded by the site specific director and/or the clerkship director, and will count towards 5% of the student's final grade for the clerkship.

### **Option B: Retrospective Research Project**

This option may be particularly useful for the student wishing to pursue a career in surgery. During the month of the rotation, the student, together with his / her Site Director, Clerkship Director or other interested attending of their choosing will identify a hypothesis for a retrospective chart review with the ultimate goal of preparing an abstract for submission to a local / regional or national meeting for either oral or poster presentation. The student will be expected to identify a potential area of research, perform a literature review, and obtain necessary Institutional Review Board approval. The completed abstract is due at the end of the rotation, prior to sitting for the NBME examination. Examples of prior work similarly performed by students and residents can be provided by the Clerkship Director. Although presentation may not necessarily occur during the clerkship, the ultimate goal of this project would be successful submission of the completed abstract to a meeting chosen by the student / research mentor, oral / poster presentation and eventual manuscript preparation / submission to an appropriate peer reviewed journal.

### Option C: Didactic Presentation

This option requires the student to prepare a didactic presentation to be given at the Orlando Health campus during the last month of the Surgical Clerkship. During the first month of the rotation, the student should contact the Clerkship Director and choose a topic that is interesting to the student. The student will be expected to review the topic using current literature, reviews and commonly used surgical textbooks. A power point presentation will be prepared covering the anatomy, physiology, pathophysiology, workup and treatment of the disease process of the students choosing. The last 15 minutes of the presentation should be directed towards review of the most current, up to date literature on the subject. During the third month of the rotation, after completion of the presentation yet before actual presentation, the student is to forward his/her slides to the Clerkship Director for review. A limited number of opportunities are occasionally available for certain presentations to be given at Surgical Grand Rounds.

### Option D: Case Report

The student may also choose to write up a case report on an interesting patient / condition that was encountered during the Surgical Clerkship. The Clerkship Director can provide examples of case reports that have been written up in the past by students and residents. The patient / condition should be unique, with limited examples of similar cases previously published. In addition to the case presentation, the report should contain an *in depth* discussion and review of the literature. The exact organization of the case report should be governed by the particular journal that the work will be submitted to. IRB approval will be required and a completed manuscript ready for submission (IE: ready to be dropped into the mailbox) will be due prior to sitting for the end-rotation NBME shelf examination.

### Extra Credit Option

A student, at his / her choosing, may desire to perform two of the above options on a similar topic. This is NOT required, but extra credit towards the student's final grade will be given for those students wishing to pursue this option. An example would be as follows. A student decides to perform a retrospective chart review on all trauma patients with crush injury and rhabdomyolysis that received bicarbonate and mannitol therapy and compare that group to those patients with crush injury and rhabdomyolysis that did not receive such therapy. Having spent a significant amount of time researching that topic and performing a literature review, the student may wish to ALSO put together an evidence based review using the guidelines as set forth above. Similarly the student may choose to put together a didactic power point presentation for the residents on the Management of Crush Injury and Renal Protection Strategies in such patients. *Please note that extra credit will not be sufficient to convert an B to an A if the student fails to score at or above the 70<sup>th</sup> percentile on the NBME examination.*

### **\*\*\* A note about MSSP Grades**

Please be aware that this portion of your Clerkship counts towards your overall grade (5%). These projects will be graded by the Site and or Clerkship Directors. There is no standard grading rubric for these projects (IE: points awarded based upon the number of slides in a presentation, number of references in a manuscript etc.). The grade awarded will be based upon the topic chosen, the originality of the work and more importantly the quality of the work. Perhaps equally important is the amount of time spent on completing the project.

The MSSP is a project that the student has more than 3 months to put together, and that fact should be obvious in the final work that is turned in for grading. For example: A well-polished, comprehensive, hour long presentation delivered to the Surgical Faculty at Surgical Grand Rounds will obviously grade higher than a 2 page case report, no matter how interesting the subject. Please do not hesitate to contact the Clerkship Director *early on in the rotation* for help in choosing a project that will allow the best chance for you to receive the most favorable grade for this portion of the Clerkship.

### **Attendance**

Students are expected to attend all scheduled activities, and to be on time. If a student has an emergency / illness that will prevent her/him from attending a scheduled activity, it is the student's responsibility to notify the preceptor and/or resident immediately and the clerkship coordinator by the beginning of that business day. The clerkship coordinator will check with the site director and/or the appropriate faculty / resident staff to make sure they have been informed. It is important that students realize that their absence or tardiness negatively impacts a number of other people. Attendance, including tardiness, is part of the student's evaluation for professionalism and negative evaluations in this regard can affect an individual's grade. Additional attendance policy is listed later on in the manual.

# Rotations

## **Core General Surgery:**

Students will spend two, 4-week rotations in the following areas.

Orlando Health

General / Acute Care Surgery RED  
General / Acute Care Surgery BLUE  
General / Surgical Oncology  
Orlando Health Surgical Group  
Colon and Rectal Surgery  
Pediatric Surgery

Florida Hospital

General / Surgical Oncology  
Pediatric Surgery

## **Surgical Sub-Specialty Selectives:**

Students will choose 2 of the following Selectives and spend 2 weeks each on those chosen.

Orlando Health

Head & Neck Oncologic Surgery  
Orthopedic Surgery  
Plastic & Reconstructive Surgery  
Thoracic Oncologic Surgery  
Vascular Surgery  
Anesthesia

Florida Hospital

Transplant Surgery

Other (Veterans Administration Medical Center)

Ophthalmology

## Teaching Faculty

<b>ORLANDO HEALTH</b>	
Matthew W. Lube, MD, Clerkship Director	
Rodrigo Alban, MD, Site Director	
<b>General/Acute Care Surgery</b>	<b>Surgical Oncology</b>
Michael Cheatham, MD	Rajesh Nair, MD
John Promes, MD	Mark Roh, MD
Howard Smith, MD	Debashish Bose, MD
Chadwick Smith, MD	Patricio Quijada, MD
Joseph Ibrahim MD	<b>Pediatric Surgery: Arnold Palmer Hospital</b>
<b>Orlando Health Surgical Group</b>	Donald Plumley, MD
Jeffrey R. Smith MD	Marc Levy, MD
Michael P. Kahky MD	Ross Morgan, MD
Marc L. Demers, MD	David Miller, MD
<b>Colon &amp; Rectal Surgery</b>	<b>Pediatric Surgery: Florida Hospital</b>
Joseph Gallagher, MD	Raleigh Thompson MD
Paul Williamson, MD	Chris Anderson MD
Samuel DeJesus, MD	
Andrea Ferrera, MD	<b>Plastic &amp; Reconstructive Surgery</b>
Renee Mueller, MD	Kenneth Lee, MD
Robert Stevens, MD	Richard Klein, MD
Mark Soliman, MD	
<b>Head &amp; Neck Oncologic Surgery</b>	<b>Thoracic Oncologic Surgery</b>
Zvonimir Milas, MD	Luis Herrera, MD
Kavita Pattani, MD	Alan Johnston, MD
	Theolyn Price, MD
	<b>Vascular Surgery</b>
<b>Orthopedic Surgery</b>	Charles Thompson MD
George Haidukewych, MD	Jon Wesley MD
Stan Kupiszewski, MD	Adam Levitt MD
Joshua Langford, MD	Mike Muehlberger MD
Mark Munro, MD	
<b>FLORIDA HOSPITAL</b>	<b>Anesthesiology</b>
Alric V. Simmonds, Jr., MD, Site Director	Steven M. Harrison, MD
<b>General &amp; Oncologic Surgery</b>	Jeffrey Huang, MD
Jean F. Miner, MD	Charles Chase, DO
Louis H. Barr, MD	Jamal Hakim, MD
Steve Eubanks, MD	Andre Kwa, MD
Rhonda L. Harmon, MD	
Joseph D. Portoghese, MD	
Sebastian De La Fuente, MD	
<b>Transplant Surgery</b>	
Thomas Chin, MD	
Bobby Nibhanupudy, MD	
Michael Angelis, MD	
Giridhar Vedula, MD	
<b>Ophthalmology: Veterans Administration</b>	
Saad Shaikh, MD	
Naazli Shaikh, MD	
Charles Young, MD	



## M3 Clerkship Calendar 2011-2012

University of Central Florida  
College of Medicine

<b>3rd Year Orientation</b>	<b>May 7-11, 2012</b>
<b>Block 1 (First Quarter)</b>	<b>May 14, 2012 – August 8, 2012</b>
Weeks 1 – 4	May 14, 2012 - June 8, 2012
Weeks 5 – 8	June 11, 2012 – July 6, 2012
Weeks 9 – 12	July 9, 2012 – August 3, 2012
	NBME: August 3, 2012
<i>Summer Break</i>	<i>August 6 – 10, 2012</i>
<b>Block 2 (Second Quarter)</b>	<b>August 13, 2012 – November 2, 2012</b>
Weeks 1 – 4	August 13, 2012 – September 7, 2012
Weeks 5 – 8	September 10, 2012 – October 5, 2012
Weeks 9 – 12	October 8, 2012 – November 2, 2012
	NBME: November 2, 2012
<b>Block 3 (Third Quarter)</b>	<b>November 5, 2012 – February 8, 2013</b>
Weeks 1 – 4	November 5, 2012 – November 30, 2012
<i>Thanksgiving Break</i>	<i>November 29, 2012 – December 2, 2012</i>
Weeks 5 – 8	December 2, 2012 – January 11, 2013
<i>Winter Break</i>	<i>December 17, 2012 – January 1, 2013</i>
Weeks 9 – 12	January 14, 2013 – February 8, 2013
	NBME: February 8, 2013
<b>Block 4 (Fourth Quarter)</b>	<b>February 11, 2013 – May 10, 2013</b>
Weeks 1 – 4	February 11, 2013 – March 8, 2013
Weeks 5 – 8	March 11, 2013 – April 12, 2013
<i>Spring Break</i>	<i>March 25 – 29, 2013</i>
Weeks 9 – 12	April 15, 2013 – May 10, 2013
	NBME: May 10, 2013
<b>M3 Capstone</b>	<b>May 13 – 17, 2013</b>
<b>M4 Begins</b>	<b>June 13, 2013</b>

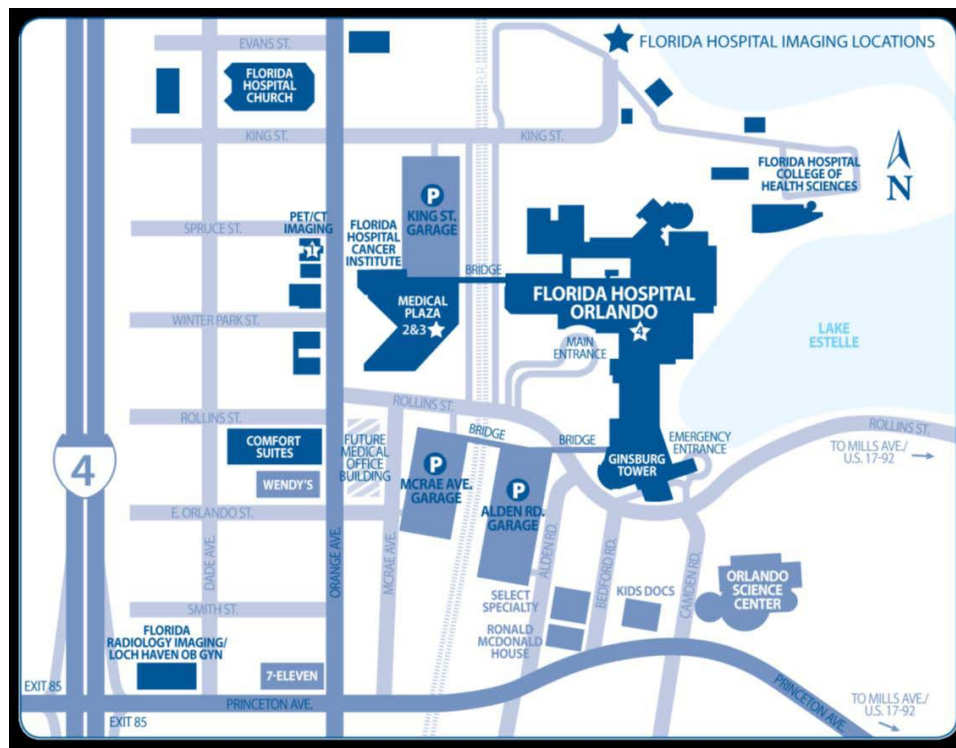
M3 includes 2 required 12 week clerkships (Surgery and Internal/Family Medicine) and 4 required 6 week clerkships (Neurology, Psychiatry, Obstetrics/Gynecology and Pediatrics).  
Dates are subject to change.

# Campus Maps

## Orlando Health Campus

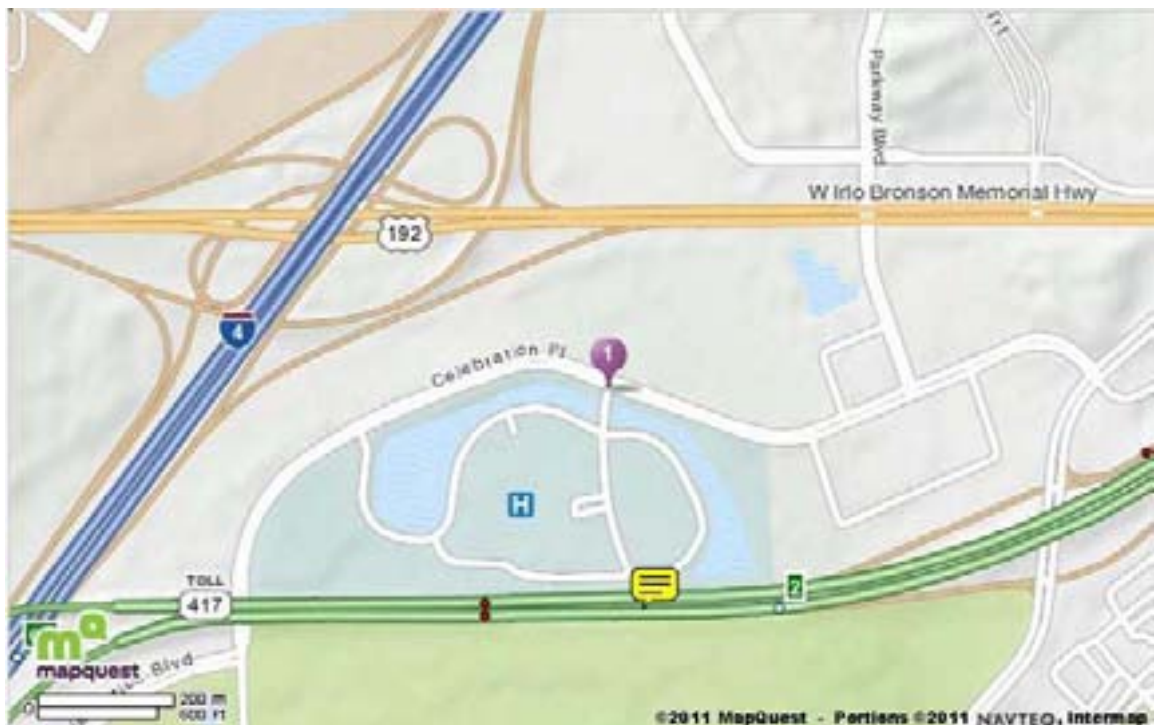
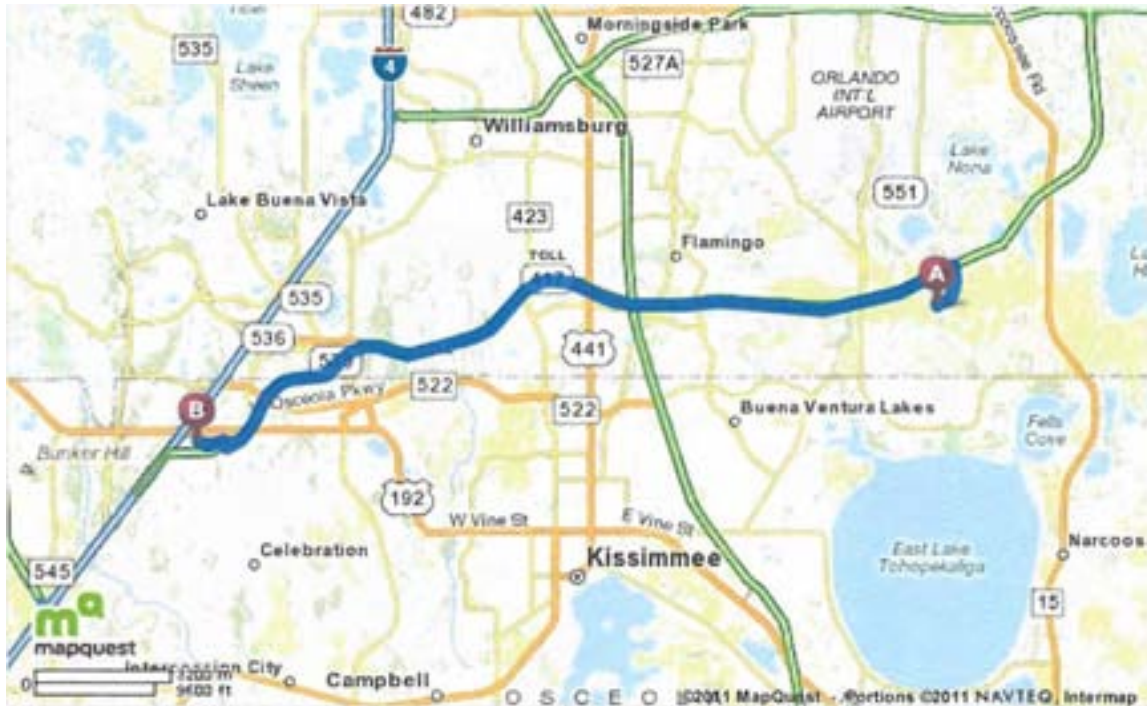


## Florida Hospital Rollins Campus



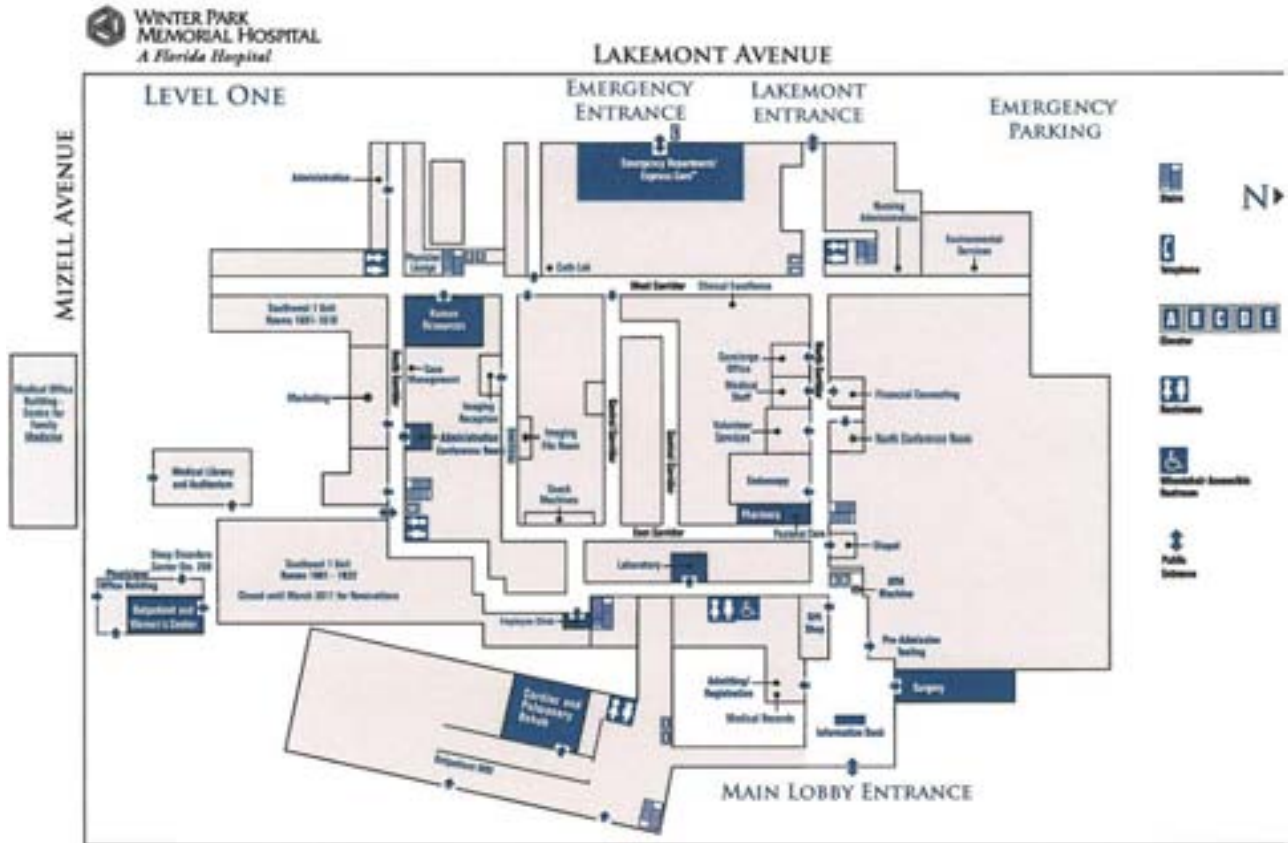


**Florida Hospital - Celebration Health  
400 Celebration Place  
Celebration, FL 34747**



**From the College of Medicine, take 417 South about 17 miles to Exit 2 (toward US-192). Take the ramp toward US-192/I-4 East. Merge onto Celebration Avenue. Turn left onto Celebration Place. Follow signs for Hospital.**

# Winter Park Memorial Hospital



**WINTER PARK MEMORIAL HOSPITAL**  
A Florida Hospital

## LEVEL TWO



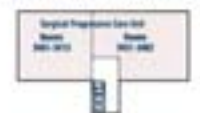
## BASEMENT

ACCESSIBLE BY ELEVATOR A ONLY



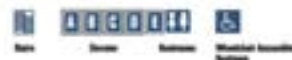
## THIRD FLOOR - WEST

ACCESSIBLE BY ELEVATOR B ONLY



## THIRD FLOOR - EAST

THE DR. P. PHILLIPS BABY PLACE  
ACCESSIBLE BY ELEVATOR A AND E  
MONITORED BY 24 HOUR SURVEILLANCE



**Orlando VA Medical Center  
5201 Raymond St.  
Orlando, FL 32803  
(407) 629-1599**

### **Driving Directions**

#### **From the East at Semoran Blvd (Hwy 436)**

Travel north from Colonial (Hwy 50) to Baldwin Park Street.  
Turn left (West) on Baldwin Park Street and go 1/2 mile to Lake Baldwin Lane and turn right.

Travel to the intersection of Mercy and Lake Baldwin Lane to arrive.

#### **From the South at Colonial (Hwy 50)**

Turn North on Bennet Road and travel to Corrine Drive  
Turn Left on Corrine Drive and travel 1/2 mile to General Reese Avenue  
Turn right on General Reese Avenue and travel approximately 1 mile to Glenridge Way.  
Turn Right onto Glenridge Way; travel to South Lakemont Ave., again approximately 1 mile.  
Turn right and then an immediate left from Lakemont Ave. to Glenridge Way again.  
Travel approximately 2/10 of a mile to the facility.

#### **From the North**

At Aloma Avenue, go south on South Lakemont Ave. approximately 1.5 miles.  
Turn left onto Glenridge Way and travel 0.2 miles to the facility.





(\*Note Eye Clinic highlighted in lime green)



# PATIENT PASSPORT: Surgery Core Clerkship

The purpose of the Patient Passport is to ensure that each student is exposed to the depth and breadth of General Surgery. **After your first CORE rotation**, please check your passport and ask your attendings/residents to assist you in meeting your requirements. The passport will be reviewed at the mid-clerkship feedback session with either Dr. Lube or with the Site Director. For those clinical conditions not met, you will be expected to complete WISE-MD modules on those topics, and provide documentation of completion. This will count towards the final 5% of your grade. This will be a requirement that will be due by the final day of the clerkship. Maintaining the Patient Passport will also be an element in the final 5% of your final grade. We are not interested in numbers per se; we are more interested that you are exposed to as many of the clinical conditions / procedures listed below as possible. You will NOT be graded on the number of conditions exposed to, you simply need to keep track of the patient types / clinical conditions. The table below is an exact replica of the Patient Passport Card that you will carry and use to track your experience in the core clerkship.

Case exposure requirements for each of the Selectives will be given to the student by the Selective preceptor.

**SURGICAL PATIENT PASSPORT:** \_\_\_\_\_ **Rotation Dates:** \_\_\_\_\_

<b>Patient Types or Clinical Conditions</b>	<b>Observe/ Participate</b>	<b>Clinical Setting*</b>
Acute soft tissue infection		
Soft tissue mass		
Breast mass or cancer		
Abdominal wall hernia		
Cholelithiasis/cholecystitis		
Gastrointestinal hemorrhage		
Small bowel obstruction		
Appendicitis		
Diverticular Disease of the colon		
Colorectal cancer		
Hemorrhoids/benign anorectal disease		
Hypovolemia		
Postoperative respiratory distress		
Postoperative fever		
Benign and malignant skin conditions assessment		
Trauma/Critical Care/Burns		
<b>History &amp; Physical Examination/ Communication Skills</b>	<b>Observe/ Participate</b>	<b>Clinical Setting*</b>
Anorectal examination, including digital rectal & prostate evaluation		
Breast examination, including axilla		
Neck examination, including cervical lymph node basins		
Lower extremity vascular exam		
Assess a postoperative wound		
Assess a stable multisystem trauma patient		
Calculate Glasgow Coma Scale Score on injured patient		
Participate in a preoperative informed consent discussion		
Write a Brief Operative Note and Postoperative Orders		



# Didactic Curriculum

During the general surgery core clerkship, students will be expected to attend and participate in all mandatory conferences including resident conferences and those designed specifically as part of the surgical core clerkship. Information on the conference schedule for each institution is given below.

## Medical Student Conferences

Medical student conferences will be held on the Orlando Health campus and are scheduled for every Monday afternoon from 3:00 to 5:00 pm. Attendance is **mandatory** for ALL students: regardless of core clerkship assigned location or selective assignment. ALL students will be expected to attend these conferences. The lectures will parallel the chapters in the required text Essentials of General Surgery, and an example of the current lecture schedule is as outlined below. 2 topics will be covered each Monday afternoon.

Conference Title and Corresponding Chapter in Essentials of General Surgery	Speaker
Peri-operative Management of the Surgical Patient (p 11-42)	Dr. Matt Lube
Fluids, Electrolytes and Acid Base (p 43-66)	Dr. Joseph Ibrahim
Nutrition (p 67-90)	Dr. Matt Lube
Surgical Bleeding and Blood Replacement (p 91-102)	Dr. Chad Smith
Shock (p 103-120)	Dr. Matt Lube
Surgical Critical Care (p 121-146)	Dr. Arturo Maldonado
Wounds and Wound Healing (p 147-162)	Dr. Kenneth Lee
Surgical Infections (p 163-180)	Dsr. Xi Liu, Kara Birrer, or Brandon Hobbs
Trauma (p 181-208)	Dr. Howard Smith
Burns (p 209-224)	Dr. Howard Smith
Abdominal Wall, Including Hernia (p 225-238)	Dr. John Promes
Esophagus (p 239-254)	Dr. Chad Smith
Stomach and Duodenum (p 255-282)	Dr. Alric Simmonds
Small Intestine and Appendix (p 283-304)	Dr. Alric Simmonds
Colon, Rectum and Anus (p 305-334)	Dr. Joseph Gallagher
Biliary Tract (p 335-352)	Dr. Matt Lube
Pancreas (p 353-366)	Dr. Rodrigo Alban
Liver (p 367-384)	Dr. John Promes
Breast (p 385-398)	Dr. Rodrigo Alban
Surgical Endocrinology (p 399-426) (this topic is given in two parts)	Dr. Juan Cendan
Spleen (p 427-440)	Dr. Joseph Ibrahim
Vascular (p 441-471)	Dr. Charles Thompson

### **Monthly Quizzes**

At the end of each month, prior to conference on Monday, the students will be responsible for completing a 20 question quiz covering the reading for the month. There will be three quizzes in total, and this will count towards 20 % of your clerkship grade. The quizzes will be multiple choice, and will be written DIRECTLY from the required text (IE – if you were taking an open book exam, you would have no problem scoring a 100%). It will be your responsibility to be present and on time to take the quiz each month, and failure to do so will result in a score of ZERO for that particular quiz, which can very well affect the final Clerkship Grade. If there are circumstances that will not allow you to be present, you must call the Clerkship Director DIRECTLY well in advance to schedule an alternate time to take the quiz.

### **Orlando Health Surgical Clerkship Conferences**

Wednesdays	0630 – 0715	General Surgery Basic Science Curriculum**
3 <sup>rd</sup> Thursdays	0645 – 0730	Surgical Journal Club (JC) *
Fridays	0700 – 0800	General Surgical Grand Rounds
Fridays	0800 – 0900	Mortality and Morbidity Conference

\* Articles to be provided to the student for review the week prior to JC

\*\*The schedule for the residents Basic Science Curriculum for the period of your Clerkship will be given to you during your Clerkship Orientation.

### **Clerkship Directors Conferences**

There will also be an informal, bi-monthly “Clerkship Directors Conference” given by Dr. Lube. The dates/times/locations and topics will be announced monthly. This conference will be required for those on the Orlando Health Campus, and optional for those working at other sites. These conferences will usually be scheduled early Friday afternoon. Topics such as documentation, interpretation of radiographs etc. will be covered, along with any other suggestions from the students.



## **Florida Hospital Surgical Clerkship Conferences**

During the general surgery core clerkship, as well as while on Selectives at Florida Hospital, the M3 student will be expected to attend all mandatory conferences that are held by the Department of Surgical Education. Required readings and conference topics will be given to the student at the beginning of the rotation.

Resident didactics take place on Friday mornings starting at 7:00 am and are held in Suite 235 in the Surgery Conference Room, unless otherwise noted. The Friday didactics break down as follows:

- 7:00 – 8:00: Morbidity & Mortality Conference
- 8:00 – 9:00: Case Presentations
- 9:00 – 10:00: Junior-level Didactics
- 10:00 – 11:00: Senior-level Didactics
- 11:00 – 12:00: Simulations & Skills training (knots, manual dexterity) – (random scheduling).

Quarterly, during the year, Friday morning conference is replaced with a trip to Celebration Health to do simulations and labs at the Nicholson Center.

Other mandatory conferences while on the Florida Hospital Surgical Core Clerkship:

Wednesday (Weekly), 7:00 am: Multidisciplinary Tumor conference (Physician's Lounge, Ground Floor)

Thursday (1<sup>st</sup>, 3<sup>rd</sup>, 5<sup>th</sup>), 12:00 – 1:00: Breast cancer conference (FH Cancer Inst., 7<sup>th</sup> Fl. Conf. room)

Monday (2<sup>nd</sup>), 5:00 – 6:00 pm: General Surgery Journal Club (Suite 231, Medical Plaza North Tower)

## **Selectives Conferences**

In addition to the core conferences, and depending on the student's individual Selectives, he/she will also be expected to attend Selective-specific conferences, as well. Examples could include lectures uploaded to MEDS for the Anesthesia rotation, department-specific conferences and Journal Clubs, surgical oncology tumor boards (multi-disciplinary), etc. A list of the specific conferences will be given to the student at the beginning of the rotation.

# Course Policies for Clerkship

## Absence Policy for Clerkship

Students are expected to attend all scheduled hours of instruction. Mandatory session and participation requirements in modules and clerkships and remediation due to absence are determined by the Module/Clerkship Directors. The student will be held responsible for any material covered during the excused absence, but will be permitted a reasonable amount of time to complete any missed work. Recognizing that situations arise which require students to miss time from their module/clerkship responsibilities, the procedures presented below will be followed when absence is necessary.

### **Emergencies – Personal Illness, Family Illness, etc.**

**Year 3 Clerkships:** The University Of Central Florida College Of Medicine recognizes the primacy of the Core Clerkships as critical components of medical students' education. The following policy is intended to address the amount of time that students can miss from their clerkship for approved circumstances. The goal is to ensure that students obtain sufficient experience to meet the objectives of the curriculum.

- On a six-week clerkship, students will be allowed to miss **three** full days of responsibilities as excused absences for the following:
  - Illness
  - Family emergencies
  - Presentation at professional meetings

Since the Surgical Clerkship is divided into three 4-week segments, the UCF COM policy translates to the following: In a four-week clerkship block, students will be allowed to miss **two (2)** full days of responsibilities as excused absences for the following:

- Illness
- Family emergencies
- Presentations at professional meetings

### **Scheduled Time off (Conflicts, out-of-town meetings, personal requests)**

All clerkships: Students will submit a written request to the Clerkship Director for permission to miss scheduled exams, clerkship projects or mandatory sessions. The request should be submitted well in advance of the scheduled event. The decision to grant or deny the request and determine subsequent action will be at the discretion of the Clerkship Director. Consideration will be given for activities such as elected student representation to various committees, organizations, and personal requests. The Clerkship Director will respond to the student's request in writing with a copy to the Office of Student Affairs.

The student must provide any documentation requested to the Office of Student Affairs addressing absenteeism. Students who miss scheduled hours are expected to acquire the same level of competency as other students involved in the module/clerkship.

## **Religious Observances**

It is the policy of the University of Central Florida to reasonably accommodate the religious observances, practices and beliefs of individuals in regard to admissions, class attendance and the scheduling of examinations and work assignments. A student who desires to observe a religious holy day of his or her religious faith will notify all of his or her instructors and will be excused from classes to observe the religious holy day.

The student will be held responsible for any material covered during the excused absence, but will be permitted a reasonable amount of time to complete any missed work. Where practicable, major examinations, major assignments and university ceremonies will not be scheduled on a major religious holy day.

Students who are absent from academic or social activities because of religious observances will not be penalized. A student who believes that he or she has been unreasonably denied an educational benefit due to his or her religious beliefs or practices may seek redress under the Student Grievance Procedure, located in the [\*Golden Rule\*](#).

## **Holidays**

Unless otherwise directed by the clerkship or site director, all third and fourth year students are expected to be available for clerkship duties on all UCF holidays except for the scheduled breaks listed on the Academic Calendar for their specific year. Students who are on night duty or night float the night before a scheduled holiday or break will be expected to check with their preceptor or team leader prior to the holiday or break to determine what time they will be released from duty.

The student must provide any documentation requested to the Office of Student Affairs addressing absenteeism. Students who miss scheduled hours are expected to acquire the same level of competency as other students involved in the Clerkship.

# Professionalism

What does Professionalism have to do with you as a Medical Student? To date, you have been functioning in a close and protected educational environment. As you begin your M3 training, you will leave that protected environment. This is the prime time to develop and hone your skills in professionalism. This includes treatment of and behavior toward not only your patients, but also toward your faculty, peers, coordinator, and clinic staff; in short, anyone you encounter and work with in the OR, library, lab, at the nursing station, or any other area in which you interact.

As you move into the clinical arena, professional behavior can help assure your success in the clerkship and in securing your residency training and career goals. Your behavior could make (or break) your chances to train in a residency program connected with your clerkship or to obtain reference letters from that faculty and can set the tone for your future career.

Students are expected to demonstrate a high level of initiative and self-motivation, be well-read and prepared prior to any surgical procedure, (including clinical knowledge of the patient), be dependable in completing assigned tasks, and demonstrate professional interpersonal skills when dealing with people throughout the hospital and office setting.

During the clinical rotations, you will begin to understand the ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, and informed consent. You will learn to demonstrate sensitivity and responsiveness to the patient's culture, age, gender, sexual orientation, marital status, and disabilities and demonstrate accountability for actions and decisions. These skills should carry over to your interactions with peers and staff, as well.

Professionalism is a behavior that should be instinctive, but when you are tired, stressed, over-worked, worried about an exam or being up to speed about the case that you will be assisting with, it can be difficult to maintain that professional demeanor. As you move forward with your clinical training, find ways to draw on inner resources and maintain that professional behavior. It will be remembered by all around you.

If you find that you are feeling overwhelmed and this is affecting your ability to act in a professional manner, try to take a deep breath and step back for a moment. Please remember, also, that your Coordinator is there to advocate and encourage.

Your Coordinator's office is located at Florida Hospital in Suite 235 of the Medical Plaza. The phone number is: 407-303-3662. Mobile phone communication is not reliable in the office, but when the coordinator is not reachable at the office number, the mobile contact number is: 407-622-9506. If you are located at a site other than Florida Hospital and need to meet with your coordinator, arrangements can be made to meet on other campuses.

# HIPPA Information for Students

Health Insurance Portability and Accountability Act of 1996 (HIPPA) is an important aspect of your education. Just as students are protected by FERPA for privacy of records, patients are protected for confidentiality of their personal healthcare records. Breaches in the privacy and security of these records can result in far more than financial losses (substantial fines) - they can result in damaged reputations. Compliance with HIPPA is required of all students as much as it is of employees in the hospitals and patient offices where you will train.

## What is HIPPA?

HIPPA is a broad federal law that establishes the basic privacy protections to which all patients are entitled. The original goal was to make it easier for people to move from one health insurance plan to another as they change jobs or become unemployed by requiring that common electronic transactions, such as claims, are kept in a standard format for healthcare organizations and payers.

HIPPA regulations:

1. Establish rules for when and how you may use or release patient's Personal Health Information (PHI),
  - PHI can take many forms: electronic, written, spoken or heard, and it includes anything that can be used to identify a patient as well as their actual health information (i.e., diagnosis codes), insurance, and billing information
2. Provide new rights for individuals with respect to their protected health information,
  - Patients designate in writing whether family members and others may have access to their PHI. This permission should be found in their medical record.
  - When the patient is unable to give permission, the caregiver must use professional judgment when disclosing any information.
  - The patient is allowed to opt out of the facility directory – in this case not even the patient's location or condition may be disclosed.
3. Mandate the obligations of health care providers.

Only those people with an authorized "need to know" to do their jobs are permitted to have access to personal health information. As a medical student, you will need to access labs, x-rays, and other protected information, but you should only access information for the patients assigned to you. You must be careful with this information so that it is not available to anyone (hospital staff, family members, other patients) when in your possession – remember to close out of programs if viewing on the computer or to dispose of properly if information is in paper form (most hospitals and doctor's offices have secure shred bins).

Do not access information that you do not need to see. Computer access of medical records is traceable by the IT Team. Do not discuss with family members or friends, any patient information (even without naming that patient).

Case scenario: You are called to a trauma consult which is a teenager who was badly burned in a car accident. You talk about this with your mother but don't mention the name of the patient. On the news there is a report of an accident in which a teenager is badly burned. Even though you have not mentioned the patient's name, your mother figures out the connection, and now the person's PHI has been compromised. Take this a step further... the person is the daughter of your mother's close friend – now your mother has information that her friend may not even know. This is a violation of HIPPA.

### Some "Dos" and "Don'ts":

<b>Dos</b>	<b>Don'ts</b>
Avoid discussions about and with patients in <b>the elevators, cafeteria, nurses' stations,</b> waiting rooms, and other public places both in and outside of the healthcare facility	<b>Don't discuss patients other than when necessary for work-related purposes; don't share patient information outside of work; don't have discussions with patients in public areas if there is a more private option.</b>
Return patient information to its appropriate location or destroy it properly (use secure shred bins, if available)	<b>Don't leave medical records unattended.</b>
<b>Close doors or curtains to a patient's room</b> when discussing diagnoses, treatments and administering procedures.	<b>Don't call or page patients using information that could reveal health issues or discuss patient PHI in public places</b>
<b>File patients' charts backward if you leave them outside patient rooms</b>	<b>Don't leave charts facing a public space</b>
If faxing patient information, double check that the fax number you are using is correct; if destination is a frequent destination, see if it has been set up as a speed dial to avoid entering number incorrectly. Always use a cover sheet that identifies who to call if the fax is received in error. Fax to dedicated fax machines in secure areas. Remove information from fax tray immediately after faxing. Call recipient to let them know information is being faxed.	<b>Don't leave faxed material on fax machine or in tray.</b>
If accessing lab results, x-ray reports, or other PHI, make sure to log off the computer when finished reviewing record. Turn computer screens away from view of public if at all possible.	Do NOT share your log-in with another student. Protect your password. Do NOT access information using another <b>student's or doctor's log-in</b> and password. IT is able to, <b>and does</b> , track access of PHI.
Access patient information only for those patients under your care.	Do NOT access medical information on patients not under your care, your family members, friends or acquaintances (unless you need to know this information to do your job). Do NOT access your own records.
If you need to email information, do so in secure email format (obtain directions for doing this from office or hospital staff)	Do not email patient information using regular email. Unsecured email causes problems because there is a confidentiality concern as well as record retention/legal discovery issue.

### **HIPPA and Minors:**

State laws define minors and specify when minors must give permission for providers to release PHI to parents and guardians. In some cases, minors must give permission or authorization before any health information is released. **Always check with your Chief resident, resident, attending or nursing staff regarding any issues pertaining to minors.**

HIPPA does not allow disclosure of information to a parent or guardian in the following circumstances. In the following instances, remember that you should always bring these concerns to the attention of your team.

1. If you believe that the minor has been the victim of domestic violence, abuse, or neglect by the parent or guardian, or that disclosure of information could endanger the minor.
2. If you decide that it is not in the minor's best interest to treat the parent or guardian as the minor's personal representative.
3. If the minor is emancipated.
4. If the minor is seeking treatment for family planning, psychiatric counseling, or substance abuse (substance abuse information is specifically protected by another federal law).

### **HIPPA and Domestic Abuse:**

HIPPA deals with abuse differently depending on whether it is of a child or adults, elders, or disabled persons. Generally, HIPPA gives healthcare providers broader authority to disclose PHI in cases of child abuse than it does for abuse of adults. In cases of child abuse, HIPPA does not provide limits on the information that can be disclosed. In cases involving the abuse of adults, it does set strict requirements for PHI disclosures.

Dealing with domestic abuse is complicated, and you need to follow the law that provides the most privacy protection. **If you suspect domestic abuse, please go directly to your team to bring it to their attention.**

# Call and Duty Hours

## In-House Call

In house call is an important aspect of surgical education and will be a mandatory requirement. Students will be expected to take call no more than eleven times during the 8-week general surgical rotation and will be expected to work (and take call) 3 weekends during that time. Weekend call will most likely be on a Friday and Saturday night. On the weekend that the student is on call, they will be expected to make rounds on BOTH days (example: if the student is on call Friday night, they will be expected to make rounds on Saturday morning (following ACGME duty hours guidelines and leaving after 28 total hours), and also come in for rounds on Sunday).

In house call may or may not be required depending on what Selective the student has chosen.

Students will be expected to follow the current duty hour guidelines set forth by the Accreditation Council for Graduate Medical Education (ACGME). **Those guidelines are included in this document and the student is responsible for being familiar with them.** Please remember that your senior residents and attending preceptor may not realize that you are post call, and it is your responsibility to remind them of that fact and your need to leave the hospital in order to comply with the above ACGME guidelines. The students individual call schedule will be set up with the site director at the beginning of the student's rotation.

## Attendance Cards

PLEASE NOTE: You will be given a card WEEKLY where you will document your duty hours. You should keep this on your person at all times. It will be a requirement for you to turn in your completed card weekly. You will receive and turn in your card to The Clerkship Coordinator weekly at student conference (Monday). Failure to do so will result in losing points towards your final grade (see below).

## **SURGICAL CLERKSHIP ATTENDANCE**

Student Name:			
Location/Selective:			
DATES:	Time In	Time Out	Total
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Keep time daily, turn in on Mondays at Conference. Enter hours in Oasis Weekly



## **Policy on Clerkship Duty Hours**

*The University of Central Florida College of Medicine will follow the duty hour guidelines set by the Accreditation Council for Graduate Medical Education (ACGME), ACGME 2011.*

1. *Duty hours are defined as all clinical and academic activities related to the education of the medical student i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as didactic sessions, grand rounds and conferences. Duty hours do not include reading and preparation time spent away from the duty site.*
  - a. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
  - b. Adequate time for rest and personal activities will be provided and will consist of a 10-hour time period between all daily duty periods and after in-house call.
  - c. In-house call must occur no more frequently than every third night.
  - d. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Students may be on site for up to 4 additional hours in order to participate in didactic activities.
  - e. Students must be provided with one day (24 consecutive hours) in seven, free from all educational and clinical responsibilities, averaged over a four-week period.
2. This policy will be published on the College of Medicine website, in the clerkship handbooks, and in the faculty and preceptor handbooks. This information will also be covered in the COM Clerkship Orientation.

**Oversight of this policy will be the responsibility of the Clerkship Director and the relevant Clerkship Site Director/s. Students are responsible for tracking and logging their duty hours in OASIS as well as on the weekly attendance cards.** Faculty and students with concerns regarding possible duty hour violations should report those concerns directly to the Clerkship Director in a timely fashion. Failure to keep duty hour log up to date in Oasis may result in participation point penalization from final grade.

**Students and Clerkship Directors will be given a Clerkship Duty Hours Agreement** to co-sign acknowledging the policy.

# Clerkship Duty Hours Agreement



## University of Central Florida College of Medicine

### Clerkship Duty Hour Agreement

Student: \_\_\_\_\_ Class of: \_\_\_\_\_

I have read and understand the above clerkship duty hour policy and agree to follow this policy and report to the Clerkship Director any concerns I have regarding possible violations of this policy.

- My duty hours will be limited to 80 hours per week, averaged over a four-week period. This includes all in-house call activities.
- Adequate time for rest and personal activities will be provided and will consist of a 10-hour time period between all daily duty periods and after in-house call.
- I will have one full day in seven free of educational and clinical responsibilities, averaged over a four-week period.
- In-house call (this does not include participation in a night float schedule) will occur no more frequently than every third night, averaged over a four-week period.
- **I will track and log my duty hours in OASIS every week.** I will report to the Clerkship Director any excess duty hour circumstances that might occur causing me to be in substantial violation of the ACGME regulations; it will be expected that the Clerkship Director will take the necessary corrective action to prevent such substantial violations from occurring repetitively.

Medical Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clerkship Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **Clerkship Grading & Evaluations**

## **Student Grades & Evaluation**

The Core Clerkship in Surgery & Selectives is a twelve-week rotation which includes eight weeks on General Surgery and two, two-week Selectives in surgical and other specialties. Passage of both Selectives is mandatory for passage of the clerkship. The two Selectives will be graded on a Pass/Fail system.

Students will be provided with direct daily / weekly feedback by attending and resident physicians regarding their medical knowledge, patient care, interpersonal and communication skills, systems based practice/practice based learning activities, and professionalism as well as their technical skills. In addition, at the end of the rotation, preceptors and attending /resident physicians that have had sufficient contact with the student will complete formal written evaluations paralleling the goals and objectives pertaining to the rotation.

Student grades for required clerkships are calculated using information from the following sources:

- NBME subject examination in surgery (20%)
- Required Clerkship Project (MSSP) (5%)
- Monthly Quizzes (20%)
- Formative assessment provided by the residents and faculty (50%)
- Successful completion of patient / procedure logs, duty hours cards, WISE-MD modules (5%)

For information regarding the grading of the MSSP please see above. A majority of the student's grade (50%) will come from the evaluations submitted by the attending preceptors and the senior level residents with whom the student worked. These evaluations are typically given to the resident / attending who spent the most time with the student over the course of the six week rotation / selective. An average of the Likert scale points (dropping the lowest and highest evaluators) as well as a comprehensive review of the comments made by the evaluators will be used to formulate this portion of the student's grade. The Clerkship Director will also be in direct contact with the evaluators during the course of the rotation to further gain insight into the student's clerkship performance.

At the end of the Clerkship after assignment of grades, the Clerkship Director will be available to discuss the student's particular grade. Please contact the Clerkship Coordinator to set up a meeting in this regard.

## **Course Evaluation**

Each student will be given the opportunity to provide constructive feedback regarding the clerkship, faculty, clerkship directors and site directors. These evaluations must be completed prior sitting for the NBME examination at the end of the rotation. All evaluations are anonymous. Thoughtful student feedback is critical for improving the quality of the clerkship learning experience.

### **Commendation Cards & Early Warning Cards**

The College of Medicine has instituted two evaluation cards that faculty can utilize at any time during the core clerkship and/or selective that will alert the Clerkship Director about any concerns in the areas of the six core competencies as well as any commendations for superior performance. Samples of these forms may be found in this handbook.

These forms will be filled out and delivered or mailed to either the Clerkship Coordinator or directly to the Clerkship Director who will review them. Commendations will be reviewed at the time of either the mid-clerkship review or at the end of the clerkship. Depending on the nature of the concerns, the Clerkship Director may also address the concern on an urgent basis with the student.

# **Student Protection from Mistreatment and Abuse**

## **Violations of Mistreatment and Abuse Policy**

M.D. students should report any incidents of mistreatment or abuse to the Associate Dean for Students immediately. It is the policy of the UCF College of Medicine that mistreatment or abuse will not be tolerated.

## **Ombuds Office**

### **University Ombuds Office**

Ombuds Officer – Victoria Brown

Millican Hall, Room 247

(407) 823-6440

*Orlando Campus*

<http://ombuds.ucf.edu/>

The office of the Ombuds Officer provides members of the university community assistance and advice regarding concerns related to the university. These services are available to every member of the university community – students, staff, faculty, and others. Any type of concern may be brought to the attention of this office: academic, financial, housing, consumer, work-related, or personal. The university Ombuds Officer is a neutral facilitator and will listen to your concern, help you explore options, offer suggestions and advice, and assist in the resolution of your concern. Referral and direction to appropriate individuals and offices, and clarification of university policies and procedures are services of the office. All proceedings in individual cases will be held confidential by the Ombuds Officer unless otherwise authorized by the complainant, or otherwise required by applicable law, including without limitation, Chapter 119, Florida Statutes.

## **Sexual Harassment Policy**

The University of Central Florida and the College of Medicine value diversity in the campus community. Accordingly, discrimination on the basis of race, sex, sexual orientation, national origin, religion, age, disability, marital status, parental status, or veteran status is prohibited. Sexual harassment, a form of sex discrimination, is defined as unwelcome sexual advances, requests for sexual favors or verbal or physical conduct of a sexual nature when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or enrollment;
- Submission to or rejection of such conduct by an individual is used as the basis for employment or enrollment decisions affecting such individual; or
- Such conduct has the purpose or effect of substantially interfering with an individual's work performance or enrollment, or creating an intimidating, hostile, or offensive working or academic environment.

Sexual harassment is strictly prohibited. Occurrences will be dealt with in accordance with university rules. Employees, students, or applicants for employment or admission may obtain further information on this policy, including grievance procedures, from the Equity Coordinator. The director of the Office of Equal Opportunity and Affirmative Action Programs is the campus Equity Coordinator responsible for concerns in all areas of discrimination. The office is located on the main campus, in Millican Hall 330, Orlando, FL 32816-0030. The phone number is 407-UCF-1EEO. Policies and guidelines are available online at <http://pegasus.cc.ucf.edu/~eeo/>

## **Victims Services**

### **University Victim Services**

12201 Research Parkway, Suite 450

(407) 823-2425

Orlando Campus

<http://victimservices.ucf.edu/>

Florida Statute 960 provides protection for victims of crime. Under this statute you have the right to be treated with dignity and respect, to be informed about available services, victims compensation, and your role in the criminal justice system, should you choose to file a police report.

The UCF victim advocate unit can assist you by informing you of your options, advocating on your behalf through the UCF academic and Student Conduct process, the criminal justice system, and support you in your efforts to regain control of your life. All services are confidential and free to students, faculty and staff of the University of Central Florida.

- a. Crisis Intervention
- b. Information and Referral
- c. Practical Assistance and Advocacy
- d. Services available on-call 24 hours a day, seven days a week

### *Important Numbers:*

Police Emergency: 911

UCF Police – (407) 823-5555

UCF Victim Services On-Call Advocate – (407) 823-5555 (police dispatch)

# Needle-Stick Policy

## Exposure and Post-Exposure Prophylaxis

Through a waiver of the in-network requirements specified in the Aetna Student Health Services contract with UCF Health Services, blood-borne pathogen (BBP) exposures and post-exposure prophylaxis can be obtained from immediately accessible medical facilities (both in-network and out-of-network) by medical students who are undergoing training in the clinical education environment in modules, clerkships, electives and selectives. Follow-up care for exposure must be obtained through arrangements with UCF Health Services and their arrangement with in-network providers. **Note: Students will be responsible for deductibles specified in the Aetna Student Health policy.**

### **Immediate Procedure:**

- Remove blood-borne pathogen.
  - Sharps exposure: wash with soap and water. Students **SHOULD NOT** squeeze the affected area.
  - Mucous membrane exposure: flush with copious amounts of water.
- Report exposure to immediate supervisor.
- Report within 1-2 hours of exposure to the appropriate individual or office, based on clinical setting below:

### **Hospital setting during regular business hours:**

- Contact Clerkship, Module, Elective, or Selective Director.
- Inform resident or attending physician.
- Report to Occupational Health in the hospital. Designations and follow-up of exposures may be handled by different departments in affiliated facilities. In some cases, emergency room physicians may handle exposures. The director of nursing services or nursing supervisor on duty may be the first line of contact.

### **Hospital setting during non-regular hours and holidays:**

- Report exposure to resident and attending physician; follow their advice on obtaining treatment.
- Seek assistance from clinic or facility emergency room physicians if resident and attending physician are not immediately available.
- The director of nursing services on duty may be the first line of contact during non-regular hours.

### **Other setting during regular and non-regular business hours and holidays:**

- If HIV status of source is unknown, whenever possible rapid HIV testing will be performed on source.
- If exposure occurs during Health Services hours of operation and source HIV status is unknown, student will call Health Services at (407) 823-2701 to speak with the Medical Director or his or her designee.
- If exposure occurs after Health Service hours of operation, or source is known HIV-positive, student will proceed to nearest hospital emergency department for evaluation and treatment as deemed necessary.
- The student's clinical instructor and the student will report the exposure to the College of Medicine
- The incident, including the names of all contact points, will be documented by the Office of Student Affairs.

### **College of Medicine and UCF Health Services**

All exposures will be reported to the Office of Student Affairs of the College of Medicine and to UCF Health Services. The Associate Dean for Students will provide assistance should you encounter difficulties and in informing and coordinating follow-up care with UCF Health Services.

Contact:

Dr. Marcy Verduin, Associate Dean for Students  
(407) 266-1353, [marcy.verduin@ucf.edu](mailto:marcy.verduin@ucf.edu)

UCF Student Health Services  
(407) 823-2701

Assistance in obtaining evaluation, prophylaxis, and follow-up care can be obtained through the Office of Student Affairs for the College of Medicine and UCF Health Services.

Code names are used for all laboratory testing performed through UCF Health Services to assure confidentiality.



# **Insurance Coverage**

## **Malpractice Liability Insurance**

All students in officially sponsored UCF COM teaching activities are provided student professional liability protection by the University of Central Florida College of Medicine Self-Insurance Program. Since this is an approved module, the protection afforded students as described in the student handbook is in effect.

## **Insurance Coverage for Official School Business**

As a part of your Surgical Core Clerkship, you may have signed up for Selectives which include travel – Transplant Surgery is one example. A part of that selective may include travel to organ procurements. The cachement area for these procurements generally is within driving distance but occasionally will include a helicopter or plane ride. In these cases, the student is covered, regardless of mode of transportation, since this is a part of the Selective Goals and Objectives. Students are required to carry personal policies for disability and health insurance, and these will cover you for any personal injury claims, should there be an unforeseen circumstance.

# Evaluations



## University of Central Florida College of Medicine

### Student Self-Assessment Clerkship Mid-Evaluation

Complete Student Self-assessment rating, then review with Clerkship or Site Director

This self evaluation is based on the work you have currently completed in your clinical clerkship. Based on your current experiences rank each of the core competencies using the evaluation criteria below.

- **Reporter**—Accurately gather information and clearly communicate clinical facts to patients. Mastery in this step requires the basic skill to do a history and physical exam and the basic knowledge to know what to look for.
- **Interpreter**—Understand the clinical significance of the information obtained, and can generate a short differential diagnosis and prioritize problems.
- **Manager**—Generate a reasonable diagnostic plan to deal with outstanding questions, and a therapeutic plan to solve problems.
- **Educator**—Able to identify knowledge gaps in others and effectively fill those gaps.

Core Competency	Reporter	Interpreter	Manager	Educator
Identification Skills				
Reasoning Skills				
Communication Skills				
Physical Examination Skills				
Written Documentation				
Professional Attributes				

Based on your current skill level for each core competency identify areas of improvement that can help you improve and advance your performance

Core Competency	Areas For Improvement
Identification Skills	
Reasoning Skills	
Communication Skills	
Physical Examination Skills	
Written Documentation	
Professional Attributes	

Patient Logs	Yes	No	Skills Needed for Completion
I am on a successful track to complete all patient types or clinical conditions by the end of the clerkship rotation			

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**University of Central Florida**  
**College of Medicine**  
**Clerkship Mid-Evaluation**

*Complete assessment rating, then review with student*

This evaluation is based on the observations of students in your clinical clerkship. Based on your current observations rank each of the core competencies using the evaluation criteria below.

- **Reporter**—Accurately gather information and clearly communicate clinical facts to patients. Mastery in this step requires the basic skill to do a history and physical exam and the basic knowledge to know what to look for.
- **Interpreter**—Understand the clinical significance of the information obtained, and can generate a short differential diagnosis and prioritize problems.
- **Manager**—Generate a reasonable diagnostic plan to deal with outstanding questions, and a therapeutic plan to solve problems.
- **Educator**—Able to identify knowledge gaps in others and effectively fill those gaps.

Core Competency	Reporter	Interpreter	Manager	Educator
Identification Skills				
Reasoning Skills				
Communication Skills				
Physical Examination Skills				
Written Documentation				
Professional Attributes				

Based on your observations for each core competency identify areas of improvement that can help your student improve and advance their performance

Core Competency	Areas For Improvement
Identification Skills	
Reasoning Skills	
Communication Skills	
Physical Examination Skills	
Written Documentation	
Professional Attributes	

Patient Logs	Yes	No	Skills Needed for Completion
The student is on a successful track to complete all patient types or clinical conditions by the end of the clerkship rotation			

Summative/Formative Comments (including descriptive comments)

Evaluator's Signature: \_\_\_\_\_ Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**University of Central Florida**  
**College of Medicine**  
**Clerkship Student Performance Evaluation**

UNIVERSITY OF CENTRAL FLORIDA  
**College of Medicine**

Student Name: \_\_\_\_\_  
 Clerkship Name: \_\_\_\_\_  
 Evaluator: \_\_\_\_\_

Student Number: \_\_\_\_\_  
 Clerkship Date: \_\_\_\_\_  
 Site: \_\_\_\_\_

☐ I have reviewed and provided feedback on \_\_\_\_\_ (number) history and physical documents provided by the student

1. Evaluator:

- ☐ Intern                      ☐ Inpatient Faculty  
☐ Resident                  ☐ Outpatient Faculty  
☐ Fellow                    ☐ Other \_\_\_\_\_

2. Please choose the item that best characterizes your knowledge of the student's demonstrated competence:

- ☐ Not intense/superficial  
☐ Solid but not in-depth  
☐ Very good/in-depth

3. This evaluation is based primarily upon (check as many as apply):

- ☐ Review of student's medical documentation      ☐ Observation of student presentations  
☐ Observation of student with patient and/or family      ☐ Observation during attending rounds  
☐ Direct discussion of patient assessment and/or planning      ☐ Input gained from others about student performance  
☐ Other \_\_\_\_\_

Patient Care					
Physical Examination	Not Observed	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Perform a comprehensive physical examination		Often disorganized, misses key findings, incomplete. Fails to respect patient comfort.	Usually thorough and organized; detects most findings. Sensitive to patient comfort.	Consistently thorough, well-organized. Always sensitive to patient comfort.	Exceptionally organized and thorough, elicits subtle findings. Makes patient comfort a clear priority.
Medical Interviewing	Not Observed	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Elicit a comprehensive medical history		Often disorganized, misses key information, not well focused. Problems not well characterized.	Usually thorough, reasonably organized. Addresses pertinent positives, negatives and psychosocial issues in a logical manner.	Consistently thorough and well-organized. Addresses pertinent positives, negatives and psychosocial issues in a sensitive manner.	Exceptionally thorough, precise and well-organized. Addresses pertinent positives, negatives and psychosocial issues in a highly effective manner.
Procedural Skills	Not Observed	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Perform techniques to diagnose, treat or operate		Not well prepared. Poor organization and execution. Not sensitive to patient risk and comfort.	Usually proficient and careful. Good preparation, organization and execution. Explains procedure to patient and addresses concerns.	Consistently proficient and careful. Well prepared and knowledgeable. Carefully explains and executes procedure with attention to risk. Maximizes patient comfort.	High level proficiency and knowledge. Advanced level of preparedness. Carefully explains and executes procedure with attention to risk. Maximizes patient comfort always.

Medical Knowledge					
Fund of Knowledge	Not Observed	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Demonstrate knowledge of core topics and various medical resources		Limited and fragmented understanding of pathophysiology, diagnosis, and management.	Usually demonstrates general understanding of pathophysiology, diagnosis, and management. Integrates knowledge from a variety of resources.	Consistently demonstrates wide-ranging understanding of pathophysiology, diagnosis, and management and integrates knowledge from a variety of resources.	Advanced demonstration of medical pathophysiology, diagnosis, and management. Easily and consistently integrates knowledge from a variety of resources.
Application of Knowledge	Not Observed	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Apply clinical information to patient care		"Reporter" - reports data but makes no attempt to interpret or apply information.	"Interpreter" - attempts to interpret or apply information appropriate to level of training.	"Manager" - uses information to develop insightful plans for patient management.	"Educator" - understands and uses knowledge to educate patients and colleagues regarding disease processes.

Professionalism					
Team Relationships	Not Observed	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Work effectively with healthcare team		Does not assume expected level of responsibility. Little regard for opinions and skills of others	Usually responsible. Shows regard for opinions and skills of others. Helpful.	Consistently responsible and helpful. Sincere regard for others. Facilitates collegial interaction and learning.	Extreme level of responsibility and helpfulness. Exemplary regard for others. Facilitates collegial interaction and learning.
Attitude and Professionalism	Not Observed	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Display personal qualities and self motivation		Consistently unreliable or tardy. Appears to lack motivation for learning. Shows little evidence for independent work.	Usually reliable and on-time. Shows initiative to learn and evidence of independent work. Receptive to feedback.	Consistently reliable, enthusiastic and on time. Shows initiative and maximizes learning opportunities. Consistently learns from feedback or	Extremely engaged and enthusiastic learner. Strong initiative in all realms of learning. Always learns from feedback or experience.
Humanism and Ethics	Not Observed	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Interaction with patients and families		Lack of respect, compassion, integrity, or honesty.	Demonstrates respect, compassion, integrity, and honesty.	Genuine display of empathetic and humanistic care; clear respect, integrity, compassion, and honesty.	Superior or remarkable empathetic and humanistic care. Utmost respect, integrity, compassion, and honesty.
Interpersonal and Communication Skills					
Oral Case Presentations	Not Observed	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Verbally report information to colleagues/team		Often unclear, incomplete, disorganized, or inaccurate. Lacks syntheses and rationales. Consistent inattention to details. Unable to express thoughts clearly.	Presentations mostly clear, complete, organized with adequate syntheses and rationale. Usually able to present pertinent details.	Usually clear, accurate, well organized and concise with thoughtful problem synthesis. Consistent ability to express pertinent details.	Clear, accurate, well organized and concise with thoughtful rationale and pertinent synthesis. Clear articulation of patient's presentation and details.
Medical Documentation	Not Observed	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Completion of patient documents		Often disorganized, incomplete, superficial, tangential or erroneous. Limited formulations. Write ups and notes late or with major omissions.	Mostly clear, concise, organized, timely with rationale. Adequate case formulations and discussions.	Usually clear, complete, well-organized with concise formulations. Some research of topic using additional resources.	Consistently clear, complete, well-organized with concise formulations. Well-researched discussions using additional resources.
Relationship with Patients	Not Observed	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Development of therapeutic relationships		Minimally reassuring, caring, supportive or respectful. Inept when communicating with patients and families. Insensitive to patients' literacy, beliefs, culture.	Usually caring, supportive and respectful. Often establishes rapport and trust. Generally sensitive to patients' literacy, beliefs, culture as well as emotional and cognitive state.	Consistently caring, supportive, respectful. Consistently establishes rapport and trust. Demonstrates empathy, altruism, and sensitivity to patients' literacy, beliefs, culture.	Superior demonstration of caring, supportive, respectful. Easily establishes rapport and trust. Strongly expresses empathy, altruism, and sensitivity to patients' literacy, beliefs, culture.
Systems-Based Learning					
Utilize Resources	Not Observed	Below Expectations	Meets Expectations	Exceeds Expectations	Outstanding
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
Access and utilization of outside resources		Unable to access and utilize outside resources needed for effective and efficient patient care.	Attempts to access and utilize outside resources needed for effective and efficient patient care.	Successfully accesses and utilizes outside resources needed for effective and efficient patient care.	Effectively accesses and utilizes outside resources needed for effective and efficient patient care.





**University of Central Florida**  
**College of Medicine**  
**Student Evaluation of Clerkship**

	Clerkship: _____ Rotation/ Dates: _____	Location(s): _____ _____
		<div style="display: flex; justify-content: space-around; font-size: small;"> <span>Strongly Agree</span> <span>Agree</span> <span>Neither Agree nor Disagree</span> <span>Disagree</span> <span>Strongly Disagree</span> <span>N/A</span> </div>
1	The clerkship objectives were clearly stated at the outset.	
2	The evaluation criteria were clearly stated at the beginning of the clerkship.	
3	I was given an adequate orientation at the clerkship site.	
4	My performance was fairly assessed against the learning objectives.	
5	The clerkship was well organized.	
6	I was given an adequate amount of direct patient care responsibility-Inpatient.	
7	I was given an adequate amount of direct patient care responsibility-Ambulatory.	
8	My time spent in student focused conferences and seminars was valuable to my learning experience.	
9	My time spent on rounds was productive.	
10	I was directly observed by faculty during patient encounters.	
11	I was directly observed by residents during patient encounters.	
12	I had sufficient contact with faculty to enable them to make a fair assessment of my knowledge and skills.	
13	I had sufficient contact with residents to enable them to make a fair assessment of my knowledge and skills.	
14	My assigned workload during this clerkship was appropriate.	
15	The Clerkship Director was committed to this clerkship and responsive to student concerns.	
16	The Site Director was committed to this clerkship and responsive to student concerns.	
17	The OSCE for this clerkship (if applicable) was a fair assessment of my clinical skills.	
18	Overall, I am satisfied with this clerkship as a learning experience.	

The experiences which most enhanced my learning during this clerkship were:

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The experiences which least enhanced my learning during this clerkship were:

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This clerkship could be improved by:

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### Clerkship Faculty/Preceptor Evaluation

Clerkship _____	Rotation/Dates: _____					
Site: _____						
Faculty /Preceptor Name: Choose One: Faculty, Resident, Other	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	N/A
Was organized and prepared.						
Clearly communicated roles and expectations.						
Encouraged student involvement and self direction in clinical activities.						
Was easily accessible and allocated sufficient time for explanation and consultation.						
Provided prompt constructive feedback.						
Was an effective teacher who helped me develop my clinical skills.						
Provided sufficient number of learning experiences .						
Conveyed an understanding of total patient care (e.g. provided guidance in appreciating social, environmental and ethical issues; showed sensitivity to all the needs of patients).						
Was a positive role-model for professional practice and behaviors.						
Treated me with fairness and respect.						
Overall the time I spent with this preceptor was productive.						

How many patient contact hours did you have under the supervision of this preceptor? \_\_\_\_\_

How many contact hours did you have with this preceptor? \_\_\_\_\_

What is (auto-populate) \_\_\_\_\_ greatest teaching strength?

\_\_\_\_\_

Please provide constructive suggestions that could be used by (auto-populate) \_\_\_\_\_ to improve future clerkships.

\_\_\_\_\_

**University of Central Florida  
College of Medicine**

**CLERKSHIP COMMENDATION CARD**

Please complete and submit this card to the clerkship director when you wish to compliment a student for her/his performance. This information will be conveyed to the student and noted in the student's file.

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Clerkship:

<input type="checkbox"/>	Internal Medicine/Family Medicine	<input type="checkbox"/>	Psychiatry
<input type="checkbox"/>	Neurology	<input type="checkbox"/>	Surgery
<input type="checkbox"/>	Obstetrics & Gynecology	<input type="checkbox"/>	Selective : _____
<input type="checkbox"/>	Pediatrics	<input type="checkbox"/>	Elective: _____

My praise about the performance of this student is based upon her/his demonstration of exceptional ability in the following (please check all that apply):

<input type="checkbox"/>	clinical skills	<input type="checkbox"/>	teaching
<input type="checkbox"/>	communication skills	<input type="checkbox"/>	professional attitude and behavior
<input type="checkbox"/>	medical knowledge	<input type="checkbox"/>	humanistic qualities
<input type="checkbox"/>	clinical judgment	<input type="checkbox"/>	the management & leadership of the team

Please include any additional comments:

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Faculty Name: \_\_\_\_\_ Faculty Signature: \_\_\_\_\_  
Title: \_\_\_\_\_ Location: \_\_\_\_\_

**University of Central Florida  
College of Medicine**

**CLERKSHIP EARLY WARNING CARD**

Please complete and submit this card to the clerkship director or coordinator when you have any concerns about a student's performance. This information will be used constructively to help the student.

Name of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Clerkship:

<input type="checkbox"/>	Internal Medicine/Family Medicine	<input type="checkbox"/>	Psychiatry
<input type="checkbox"/>	Neurology	<input type="checkbox"/>	Surgery
<input type="checkbox"/>	Obstetrics & Gynecology	<input type="checkbox"/>	Selective : _____
<input type="checkbox"/>	Pediatrics	<input type="checkbox"/>	Elective: _____

My concerns about the performance of this student are (please check all that apply):

<input type="checkbox"/>	professionalism
<input type="checkbox"/>	clinical practice
<input type="checkbox"/>	medical knowledge
<input type="checkbox"/>	medical knowledge
<input type="checkbox"/>	interpersonal relations and/or communication skills
<input type="checkbox"/>	other: _____

Please include any additional comments:

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Faculty Name: \_\_\_\_\_ Faculty Signature: \_\_\_\_\_  
Title: \_\_\_\_\_ Location: \_\_\_\_\_