**Clerkship Contact Information**

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**Surgery website:** [https://med.ucf.edu/academics/md-program/program-modules/m3-third-year-clerkships/surgery/](https://med.ucf.edu/academics/md-program/program-modules/m3-third-year-clerkships/surgery/)

**Medical Knowledge**

- 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.**
- 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.
- Understand the general principles of **laparoscopy.** Examples include the physiologic consequences of pneumoperitoneum.
- Understand the **pathology** as it relates to surgery.
- Be knowledgeable of the **anatomy of the abdomen, chest, neck and vascular tree.**
- Be knowledgeable with regard to the **physiological basis of the disease process, fluid and electrolytes, nutrition, wound healing and organ function.**

**Patient Care**

- Accurately perform a **complete history and physical examination** in patients with common surgical problems and present patients to the attending and/or senior resident.
- Participate in **daily rounds** and management of inpatients.
- Begin to demonstrate an understanding of the principles of **surgical decision-making.**
• Efficiently utilize and interpret diagnostic laboratory testing. Examples of appropriate tests include serum chemistries, hematological profiles, and coagulation tests.
• 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).
• 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.
• Under appropriate supervision, perform basic surgical procedures such as: tracheal intubation, placement of venous access devices, removal of cutaneous lesions, routine wound closure.
• Assist the resident physicians in the discharging of patients, including writing prescriptions, and ensuring appropriate follow-up.
• Attend and participate in weekly outpatient clinics. Activities will include examination and evaluation of new patients and postoperative care of established patients.

Systems-Based Practice

• 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.
• 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.
• 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.

Practice-Based Learning and Improvement

• Use books, journal articles, internet access, and other tools available to learn about diseases and treatments.
• Recognize the importance of lifelong learning in surgical practice by analyzing personal practice outcomes to improve patient care.
• Be responsible for authoring an EBM review on a topic of the students choosing (Florida Hospital).

Ethics and Professionalism

1. The student will demonstrate a high level of initiative and self-motivation during this rotation.
2. The student will be well read and prepared prior to any surgical procedure to include clinical knowledge of the patient.
3. The student will be dependable in completing assigned tasks.
4. The student will demonstrate professional behaviors toward peers, faculty, staff, health care team members, and patients, in all learning and clinical encounters with regard to reliability and
5. While on this rotation the student will:
   - Begin to understand the ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, and informed consent.
   - Demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities.
   - Demonstrate accountability for actions and decisions.

**Interpersonal and Communication Skills**

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

**Longitudinal Clerkship Curriculum**

Interdisciplinary conference, every six weeks

**Topics include:**

- Ethics & Humanities
- Gender-Based Medicine
- Medical Informatics
- Medical Nutrition
- Geriatrics and Principles of Palliative Care
- Culture, Health and Society
- Patient Safety
- Healthcare Policy

**Didactics**

Students are required to attend all site conference and education activities, including resident conferences.

Every student participates in core didactic sessions on **Monday afternoons** from 3 -5 and are excused from clinical activities. The lectures will parallel the chapters in the required text: **Essentials of General Surgery, 5th Edition**, by Peter Lawrence
**Clinical Supervision of Medical Students Policy**
Levels of supervision—adapted from the ACGME classification—are defined as follows:

- **Direct Supervision:** The supervising health care professional is physically present with the student and patient.

- **Indirect Supervision with direct supervision immediately available:** The supervising health care professional is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision.

Medical students cannot do any medical or surgical procedure without the direct supervision of the attending or supervising resident physician.

**COM Student Mistreatment Definition**
UCF College of Medicine has defined mistreatment as any behavior that is harmful or offensive and unreasonably interferes with a student’s learning. Such behavior may be verbal (swearing, humiliation, insults), emotional (neglect, a hostile environment), and physical (threats, physical harm). Students should be aware that medical student training is a rigorous process and feedback may occasionally be uncomfortable. For example, the Socratic method is frequently utilized in medical education, to not only assess knowledge, but also to promote synthesis and application of that knowledge. In and of itself, the Socratic method does not constitute mistreatment. (However, once it is clear that a student has reached the limit of his/her knowledge, it is not appropriate to continue berating students with questions or with denigrating comments about his/her knowledge base.) Students should take this into account when assessing potential cases of mistreatment.

**Report mistreatment to the Clerkship Director, Dr. Lube.**

**Attendance Policy**
Clerkship students cannot be excused from clinical activities by their preceptors, all absences need to be approved by the Clerkship Director through the Clerkship Coordinator’s office.

**Medical Care Policy**
Residents cannot provide medical care to students they evaluate.

**Positive Learning Environment Definition**
Having a respectful, inclusive, and robust learning environment plays a critical role in developing and sustaining a professional, capable, compassionate, and diverse healthcare workforce that will meet the healthcare needs of all. -AAMC Statement on the Learning Environment
Grading Rubric

Formative Assessment (Student Performance Evaluations): 50%

NBME Shelf Exam 20%

Monthly Quizzes 25%

Professionalism 5%

**The final 5% of the grade is for Professionalism. The student shall demonstrate professional behaviors toward peers, faculty, staff, health care team members, and patients in all learning and clinical encounters with regard to reliability, responsibility, self-improvement, adaptability, upholding ethical principles and commitment to scholarship. Professionalism also includes prompt response to all communications, notification of absences through the chain of command, and completion of all requirements, including return of all books and equipment distributed to the student, logging of duty hours and the Patient Passport in Oasis, turning in the Direct Observation Cards, as well as completion of all Faculty, Site, and Course Evaluations. Failure to fulfill any of these requirements may result in points being deducted, affecting your overall clerkship grade.

Expectations for Preceptors

- Direct observation of basic skills
- Advise learners on complex patient care scenarios
- Teaching and guidance
- Constructive feedback
- If requested, written assessment of student performance following the completion of the rotation. If you did not receive an evaluation form for a student that you would like to evaluate, please contact the Clerkship Coordinator for one. These evaluations make up 50% of the student’s final grade for the Clerkship.

Motivational Strategies for Learners

Motivation determines the direction, intensity and persistence of effort.

Extrinsic vs. Intrinsic motivation

Intrinsic motivation strategies in the clinical setting

- Facilitate experiences that are relevant to their future career goals or personal learning objectives
- Provide experiences that challenge the learner
- Identify opportunities for learners to work autonomously
- Communicate to the learner their role on the healthcare team