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Table of Contents

Contact Information: ............................................................................................................................... 1
Location: ................................................................................................................................................. 1
Course Description: ................................................................................................................................ 2
Medical Education Program Goals and Objectives: ............................................................................... 2
Course Format: ........................................................................................................................................ 5
Course Schedule/Calendar: ..................................................................................................................... 6
Op Log Requirements: ............................................................................................................................ 6
Course Textbooks and Supplies: ............................................................................................................. 8
Learning Assessments: ............................................................................................................................ 8
Grading: .................................................................................................................................................. 9
Student Roles and Responsibilities: ...................................................................................................... 10
Supplemental Resources: ....................................................................................................................... 10
Example Rotation Calendar: ................................................................................................................. 15
Evaluation Cards used during the course of this rotation: .................................................................... 16
Mid-Clerkship Evaluation Form: .......................................................................................................... 17
Example of Final Clerkship Evaluation: ............................................................................................... 18

Course Description:
The surgical sub-internship will provide the student with hands-on experience guiding the transition from student to clinician within the realm of the general surgery specialty. This experience will include but is not limited to; case-based attending rounds, learning procedural skills under appropriate supervision, and a formal case presentation.

Please review the 4th year common clerkship requirements prior to starting this rotation - these can be found at the following website:


Medical Education Program Goals and Objectives:
The surgery sub-internship emphasizes the clinical application of medical knowledge within the context of actual patient care and prepares students with the cognitive and procedural skills required to make the transition into their roles as future residents capable of providing safe and efficient care on day one of residency. The goal is to be at the level of a functioning intern upon completion of rotation.

Course Objectives:

Knowledge for Practice:

   Be able to present patient progress on morning rounds, attending rounds, and evening sign out. (2.1, 2.2, 2.3)
Be able to discuss the basics of the operative interventions that have been participated in:

- Pathology and physiology leading to the operation. (2.1, 2.2, 2.3, 2.4)
- Basic steps involved in the operation. (2.3, 1.10)
- Basics of post-operative care required for that operation. (2.3)
- Develop an understanding of common post-operative conditions and their management. (2.1, 2.2, 2.3, 1.2, 1.6)

  Infection.
  Thromboembolic complications.
  Electrolyte imbalance/fluid loss and replacement.
  Post-operative anatomical and physiological changes.

Be able to discuss and present in formal didactics (using general knowledge, research of the disease process, and literature review) an interesting case experienced during this sub-internship. This should be a case that the Sub-I student has participated in. (2.2, 2.3, 2.4, 2.6)

Patient Care:

Demonstrate proficient history taking and physical examination skills. (1.1)

Develop and discuss appropriate patient care plans with attending surgeons on actual and simulated cases. (1.3, 1.2, 1.6, 1.4, 1.7, 2.1, 2.2, 2.3, 2.6, 4.2)

Work up and manage common postoperative complications (such as postoperative shortness of breath, hypotension, chest pain, fever, wound complications, low urine output and acute mental status changes) during patient care duties. (1.3, 1.2, 1.6, 1.5, 2.1, 2.3, 2.4)

Develop appropriate management plans for patient complaints and typical clinical challenges faced by first year surgery residents. (1.2, 1.6, 1.4, 1.5)

Demonstrate ability to properly counsel patients and obtain proper surgical consent under the supervision of a chief resident or attending surgeon. (1.8, 5.2, 2.5)

Perform appropriate wound care for patients as judged by the attending or the senior resident on the service. (1.10)

Demonstrate mastery level performance of the following skills: (PCMC 4) (1.10)

- Knot tying: surgeon’s knot, single handed knot and two handed knot.
- Suturing skills for subcuticular and vertical mattress sutures.
- Basic laparoscopic techniques via simulation center.

Observe and gain an understanding of: (1.10)

- Central line placement
- Chest tube placement and management.
- Nasogastric tube placement and management.

Interpersonal Communication Skills

- Competently present and discuss with the senior surgical staff, and attending involved, a clinical case scenario reflective of adaptive thinking. (4.2)

- Demonstrate professional communication skills. (4.1, 4.2, 4.3)

- Demonstrate skills in appropriately handing off care of patients during patient care duties. (4.2)

- Demonstrate effective case presentation skills in morning report, attending rounds, and a formal case presentation. (4.2, 4.3)

- Collaborating in the timely and comprehensive maintenance of medical records in the creation of their student notes and presentation of their patients care plan to the involved residents and attending faculty. (4.4, 1.7)

Professionalism

- Demonstrates appropriate attendance. (5.3, 5.7)

- Maintains appropriate attire. (5.7)

- Demonstrates appropriate communication. (5.1, 5.6)

Practice Based Learning and Improvement

- Participate in morbidity and mortality conferences; one trauma and one general surgery. (3.1, 3.2, 3.3)

- Perform one formal case presentation.
  - With background research, literature review. (3.4)

- Learn to access surgical morbidity and mortality data. (3.5)

System-Based Practice

- Demonstrate EMR proficiency in the ability to access records and review patient information. (6.1, 6.4)
Demonstrate ability to access radiology and be able to review patients’ radiological evaluations. (6.4)

Demonstrate ability to review and organize in regards to OR scheduling. (6.3, 6.4)

Participate in multidisciplinary care. (6.2, 6.4, 7.1, 7.2)

Inter-Professional Collaboration

Behave with honesty, integrity, respect and compassion towards all patients, families, allied health professionals and colleagues. (5.1, 7.3)

Ask for and give appropriate and timely feedback to team members in a non-confrontational or non-defensive manner. And demonstrate ability to create a well-articulated plan for improvement. (7.3, 7.4)

Personal and Professional Development

Demonstrate appropriate stress management techniques. (8.2, 8.3)

Demonstrate appropriate time management.(8.2, 8.3)

Demonstrate appropriate knowledge of ones’ own limitations. (8.1)

Course Format:
The rotation block is to be scheduled from Monday of the first day through Friday of the last day and limited to 80 hours per week. Daily schedule to be designed and reviewed by the senior resident on the general surgery service to which you are assigned.

The Sub-I will be expected to follow 2-3 in-house patients during the course of this rotation and be able to present them at morning report and attending rounds. The Sub-I will choose one interesting case to be presented as a formal case presentation during Thursday didactics. The Sub-I will be expected to complete and turn in at least one history and physical exam with admission orders pertaining to a patient whose care they participated in.

Operative cases will be assigned the day prior to scheduled surgical intervention and the Sub-I will be responsible for dividing these cases between rotating third- and fourth-year students. The clerkship director will assign cases based on needed operative procedures if an agreement cannot be reached in regards to case assignments. Need to review OR cases and the indications for the procedure which you are participating in as well as the basic steps involved prior to entering the OR so that you are prepared. Please write your name on the OR board so that staff is aware of participating medical students.

The Sub-I will need to be in constant communication with the senior surgical resident on staff to see if other duties can or need to be met. The Sub-I will be required to write one progress note and one post-op note to be copied and signed off on by the clerkship director. The Sub-I will be responsible for checking in with the senior surgical resident prior to completing the day’s work. The Sub-I is expected to participate in sign out and be able to provide sign out information on the patients they operated on. The Sub-I will be assigned one weekend day call every other weekend. The Sub-I must complete one tertiary survey during the course of the rotation.
Didactics are scheduled to take place during this rotation on Thursday mornings 7:00 AM-12:00 PM. Attendance is mandatory for didactic sessions and also for general surgery morbidity and mortality conference and for the trauma service. Exceptions to this policy can be given for circumstances related to clinical duties or work hour restrictions and must be approved by the clerkship director.

**Course Schedule/Calendar:**
To be determined after discussion with the senior general surgery resident of the service to which the student is assigned, including 2 weekend day time calls. OR schedule to be determined as described above.

**Course Logistics:**

**Op Log Requirements:**
Case Logs-Must document all cases that you participated in

- Must See Cases- (20 total), including at least one of each of the below at the level of assist or manage.
  - Hernia Repair
  - Cholecystectomy
  - Appendectomy
  - Colon Resection
  - Thyroid Surgery
  - Breast Surgery
  - Operative trauma
  - Non-operative trauma

Must be written notes-
- SOAP Note-
- Post-Op Note-
- H&P with admission orders-

Tertiary Survey Form-

Case Presentations-

Morning Report
Review of patient presentation to house staff and medical learners. (1-2 minutes)

**Goals/Objectives:**
Competently present and discuss with the senior surgical staff, and attending involved, a clinical case scenario reflective of adaptive thinking. (1.1-1.10) (2.1-2.6)

Demonstrate professional communication skills. (5.1-5.6)

Demonstrate skills in appropriately handing off care of patients during patient care duties. (4.1-4.4)
Demonstrate EMR proficiency in the ability to access records and review patient information. (3.4,3.5, 6.1, 6.2, 6.3)

Demonstrate ability to access radiology and be able to review patients’ radiological evaluations. (3.4, 3.5, 6.1, 6.2, 6.3)

Demonstrate ability to review and organize in regards to OR scheduling in conjunction with the delegating and taking responsibility for remaining clinical duties. (8.18.5)

Participate in multidisciplinary care. (7.1-7.4)

Clinical Rounds

Daily report of patient progress, recap patient presentation and changes in clinical status. (1-2 minutes)

Goals/Objectives:

Competently present and discuss with the senior surgical staff, and attending involved, a clinical case scenario reflective of adaptive thinking. (1.1-1.10) (2.1-2.6)

Demonstrate professional communication skills. (5.1-5.6)

Demonstrate skills in appropriately handing off care of patients during patient care duties. (4.1-4.4)

Demonstrate EMR proficiency in the ability to access records and review patient information. (3.4, 3.5, 6.1, 6.2, 6.3)

Demonstrate ability to access radiology and be able to review patients’ radiological evaluations. (3.4, 3.5, 6.1, 6.2, 6.3)

Demonstrate ability to review and organize in regards to OR scheduling in conjunction with the delegating and taking responsibility for remaining clinical duties. (8.18.5)

Participate in multidisciplinary care. (7.1-7.4)

Attending Rounds

Be prepared to present a patient whose care you are participating in.

Presentation, disease process, interventions, and clinical progress.

Ask questions that stimulate discussion of differential diagnosis.

Discuss teaching points and latest treatment recommendations. (10-15 mins)

Goals/Objectives:

Competently present and discuss with the senior surgical staff, and attending involved, a clinical case scenario reflective of adaptive thinking. (1.1-1.10) (2.1-2.6)
Demonstrate professional communication skills. (5.1-5.6)

Demonstrate skills in appropriately handing off care of patients during patient care duties. (4.1-4.4)

Demonstrate EMR proficiency in the ability to access records and review patient information. (3.4,3.5, 6.1, 6.3)

Demonstrate ability to access radiology and be able to review patients’ radiological evaluations. (3.4,3.5, 6.1, 6.2, 6.3)

Demonstrate ability to review and organize in regards to OR scheduling in conjunction with the delegating and taking responsibility for remaining clinical duties. (8.18.5)

Participate in multidisciplinary care. (7.1-7.4)

**Formal Case Presentation**

In depth discussion of disease process, clinical presentation, and treatment options.

PowerPoint format, to be presented during Thursday’s didactics.

30 mins duration, graded on knowledge, written and oral presentation, and use of electronic resources. (3.1)

Goals/Objectives:

Demonstrate EMR proficiency in the ability to access records and review patient information. (6.1-6.3)

Demonstrate ability to access radiology and be able to review patients’ radiological evaluations. (6.1-6.3)

Demonstrate ability to review and organize a formal presentation. (2.1-2.6)

Demonstrate the ability to perform research and synthesize data collected as it pertains to patient care. (3.1-3.5)

**Course Textbooks and Supplies:**
Access Surgery website via TTUHSC library as a required review and study of the pathology, surgical interventions, and patient care topics relevant to the patients that the Sub-I is following. Each pertinent subject can be searched using this resource.

http://www.elpaso.ttuhsc.edu/libraries/

**Learning Assessments:**

SOAP note (graded HP, P, F).

Post-op note (graded HP, P,F).

Completed case log (graded HP, P, F).
At least one H&P with admission orders (graded HP, P, F).

Tertiary Survey Form (graded HP, P, F).

Evaluation cards - at least 10 with 2 filled out by faculty.

One evaluation pertaining to the skills described above.

2 evaluations pertaining to transition of care.

Formal presentation during didactics using PP (to be graded HP, P, F by the Clerkship Director or other appointed faculty member).

Midterm Evaluation with clerkship director during second week of rotation, to be scheduled on first date of rotation.

The Sub-I should provide all evaluations, case log, and notes written to date.

End of Rotation Evaluation with clerkship director at completion of rotation, to be scheduled at Midterm Evaluation.

The Sub-I should provide all evaluations, case log, and all required notes.

Any missed assignments should be discussed with the clerkship director so that a make-up assignment can be provided prior to End of Rotation Evaluation.

Failure to provide the required learning assessment tools may result in an incomplete in this rotation.

Grading:

Student clinical performance is based on the sub-internship director’s judgment as to whether the student honors, passes, or fails to meet expectations on each of 8 competencies described above, as stated by the PLFSOM discipline performance rubric. The final clinical performance assessment is conducted at the end of the rotation based on the student’s level of performance at that point in time.

Possible final grades are Honors, Pass, Fails, and Incomplete. A student who fails Professionalism may be receive a Pass or a Fail overall at the discretion of the course director, regardless of the scores on all other items. Overall grade is based on the assessment in each of the 8 competencies:

- **Honors**, if all of the following are true:
  - Minimum of 4 of the 8 individual competencies rated as “Honors” on the final clerkship evaluation
  - No individual competency rated as “needs improvement” on the final assessment.

- **Pass** if all of the following are true:
  - Minimum of 6 of the 8 individual competencies rated as “Honors” or “Pass” on the final clerkship evaluation
- No more than 2 individual competencies rated as “needs improvement” on the final clerkship assessment
- Professionalism concerns are, in the judgment of the course director, not significant enough to warrant a Fail on the final clerkship evaluation.

- **A failing** clinical assessment is assigned if **any** of the following are true.
  - Three or more individual competencies rated as “needs improvement” on the final clerkship assessment
  - Professionalism concern deemed by the course director significant enough to warrant a Fail on the final evaluation.

- **An incomplete** grade will be assigned any student who has not completed required assignments, or who has not fulfilled all clinical experience obligations, pending completion of the required work.

**Student Roles and Responsibilities:**

**Professionalism**

Refer to common clerkship requirements.


**Honor Code**

Refer to common clerkship requirements.


**Absence policy**

Refer to common clerkship requirements.


You are expected to notify the senior surgical resident to which team you are assigned as well as the clerkship director as soon as possible in the event of an unplanned absence. Any absences greater than 3 consecutive days, or total absences resulting in less than 21 days on the rotation must be discussed and cleared by the clerkship director.

**Supplemental Resources:**

Fourth Year Sub-Internship Helpful Daily Guidelines:

At the beginning of rotation:

Give phone numbers to interns, R2s, R3s, and Chief residents.

Notify everyone in advance of: days off, weekends on and off, and continuity clinic.
Weekday Daily Schedule:

Before going to the floor to pre-round, sign up for OR cases on the board, it’s okay to put: First name and “MS4” on card (ex: John, MS4).

At 0500, arrive at the hospital and obtain a list of patients on the team from the intern on the third floor west tower.

Select 2-3 patients to see and follow throughout their course in house (make sure patient is not already being seen by another student.

- For each patient: review vitals, labs, imaging, cultures, in’s/out’s, medications and active orders for the past 24 hours.

- Review previous progress notes, consultant notes, social workers notes, recent therapy notes, dictated/chart, and written H&P.

- See patient; perform a pertinent physical exam (need a chaperone if breast or rectal exam required), get translator if needed.

- Write a SOAP note in progress note section (time, date, write name, sign name)

- Repeat for each patient.

- Keep blue note in the chart for the resident to review.

Rounds start at 0600 on the 6th floor. They may start earlier depending on the senior resident and patient volume.

- Round with the team; ask questions when appropriate.

- Present your patient to the R2 or R3 before the team sees the patient, outside the room.

- Make sure to notify the resident of which patients you have seen prior to starting rounds, so that you do not miss the opportunity to present during fast-paced rounding.

- Be respectful while the resident and patient are talking and do not talk or distract the group.

- You are expected to enter each patient room, even if the patient is on contact precautions. Foam in/out. Wash hands for C. diff., etc.

* Rounding hint: it would be helpful to have a stack of outpatient PT, imaging forms, consult sheets, blank trauma tertiary forms on hand, as well as lube, red guaiac cards, scissors, alcohol wipes, a stethoscope, and dressing supplies.*

Rounds should be complete by 0715.
- At 0715, meet in ICU conference room (next to ICU bed 30). Sit at the
periphery near your respective team (A/B).

- Listen attentively for the plans for each patient as the list is run (write
down the plans! - These will be the things you can check on during the day
in between surgeries!).

0730

- Morning report begins to discuss new admissions.

- Listen to presentations. View images. Ask questions as appropriate.

0800

- Go down to the board to check for changes and go see your patient.
(Introduce yourself, examine the patient as appropriate (no rectal or breast
exams), read chart, H&P, procedure, consent forms, labs, biopsy/pathology
results in CERNER, imaging studies in PACS, etc.).

- Groups of medical students should NOT need to congregate near the board
all at once, since the case assignments should have generally been decided
beforehand, and names should have been written on the respective cards
upon arrival to the hospital.

- Stay with the patient and follow them to the OR and introduce yourself to
the circulating nurse and other members of the OR team.

PM Check Out:

- At the end of the day: go to PM sign-out at 1700 in the ICU conference
room.

- When going over your patient, be prepared to talk about the details of
what happened during the day.

- Give updates on their status.

- Ask questions, voice concerns.

- When your team is done checking out (A/B), you may leave.

However, if OR cases are still going on, students are still expected
to cover them.

- If cases are starting right before PM sign-out, it is okay to miss sign out to
scrub the case; just let another student know so they can inform residents
if asked during sign-out.

- If a case from the day will start at 1800 or later, the night trauma medical
student can scrub instead.
- Ask about the next day’s surgeries to prepare. Discuss case assignments with your respective senior to better prepare.

- If residents are unavailable to give you schedule: look at the OR schedule (behind glass) in the hallway between Ortho Lounge and Main OR’s. [Ask the senior residents specifically where this is on the first days of the rotation.]

- Read about the case prior to surgery so you have an idea of what is going on, relevant anatomy, etc.

- Discuss who will scrub which cases with the other students.

Weekends:

- Same as weekdays.

- Scrub into OR cases

Operating Room Etiquette:

Introduce yourself to scrub tech. Inform them if you are scrubbing in, and give them your gown/gloves if needed.

Help circulating nurse move patient.

Ask to place Foley catheter if applicable.

Scrub into the case before the resident/attending.

You cannot scrub into robotic cases except at the very end of the case when the robot is undocked, to help close skin.

Ask where to stand and how best to help during the operative case.

Be prepared to answer any questions relevant to the surgery.

Assist with closure/dressings/moving patient.

As is proper etiquette, wait until patient is extubated and help move the patient to the bed/gurney.

Accompany the patient to the recovery unit or ask to go with the resident to talk with the family.

Check the OR board for next case.

Notify the next student that you are done, or meet the next patient in holding (repeat above).

Go eat if it is lunch time or go call/text the intern on the floor to assist with floor work.

Pull drains, do tertiaries, check orders, talk with social worker, physical therapist, occupational therapist, speech therapist, consultant notes, new imaging.
Check your patients for any changes.

Generally there is 30-45 minutes from patient leaving OR to the new patient entering the OR/being intubated.

Pay attention to TSAs (Time/Space Available cards), which can change throughout the day (do not pay attention to start times). Cases may be added on during the day. Make sure they are covered.

Make sure all cases are covered. For example, if scheduled for 0800 with one attending, do not schedule yourself for a case with a second attending that is “scheduled” to start at 1100 because it may actually start earlier at 1000, and you may not be out of the first surgery.

-General Surgery A:

- Gen Surg: Andrade, Olivas, Davis (must always have a student scrubbed).
- OMFS: Filler, Malave, Marcantoni (only scrub if there are absolutely no other Gen Surg cases which need coverage by a med student).
- Pediatric Surgery: Spurbeck, Howe (only scrub if there is no dedicated Pedi Surg medical student).
- Cardiothoracic Surgery: Eisenberg, Santoscoy, Lyn, Flores (only scrub if resident is scrubbed; ask to scrub first).

-General Surgery B:

- Gen Surg: Kronfol, Chambers (must always have a student scrubbed).
- Trauma: Tyroch, McLean (must always have a student scrubbed).

-Locums A/B: Freemyer.

*Ideally, scrub into a case with an attending from your corresponding team so that you can round on your patient the next morning. Understandably, this may not always be possible depending on when cases are scheduled.*
**Example Rotation Calendar:**

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<thead>
<tr>
<th>St</th>
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<th>Tr</th>
<th>F</th>
<th>Sn</th>
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<tbody>
<tr>
<td>4</td>
<td>5</td>
<td>Day 1 of Rotation</td>
<td>6</td>
<td>Begin following 2-3 in-house patients</td>
<td>7</td>
<td>8</td>
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<tr>
<td></td>
<td></td>
<td>Rounds@0600 S/O 1700</td>
<td></td>
<td>Rounds@0600 S/O 1700</td>
<td></td>
<td>0700 Trauma M&amp;M S/O 1700</td>
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<td></td>
<td>1200 Didactics Complete Rounds@0600 S/O 1700</td>
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<td>Completed SOAP note by this Date</td>
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<td>11</td>
<td>12</td>
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<td>13</td>
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<td></td>
<td>0700 General M&amp;M Mid Clerkship Eval Rounds@0600 S/O 1700</td>
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<td>Completed Post-Op note by this date</td>
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<td></td>
<td>On Call 1 (0600-1700)</td>
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<td>18</td>
<td>19</td>
<td>Choose patient for case presentation by this date</td>
<td>20</td>
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<td>21</td>
<td>22</td>
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<td></td>
<td>Rounds@0600 S/O 1700</td>
<td></td>
<td>Rounds@0600 S/O 1700</td>
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<td>0700-1200 Didactics My Case presentation @0800</td>
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<td></td>
<td>Must have skills eval and eval from Attending Rounds by this date</td>
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<td>Rounds@0600 S/O 1700</td>
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<td>25</td>
<td>26</td>
<td>On Call 2 (0600-1700)</td>
<td>27</td>
<td></td>
<td>28</td>
<td>29</td>
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<tr>
<td></td>
<td></td>
<td>Complete Tertiary Survey form by this date</td>
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<td></td>
<td></td>
<td>0700-1200 Didactics Finalize Case Log</td>
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<td>Rounds@0600 S/O 1700</td>
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<td>Rounds@0600 S/O 1700</td>
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<td></td>
<td>Final Day of Rotation Director</td>
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<td>Rounds@0600 S/O 1700</td>
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Evaluation Cards used during the course of this rotation:

<table>
<thead>
<tr>
<th>Clinical Encounter Document</th>
<th>Student: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>_______________________________</td>
</tr>
<tr>
<td>Location:</td>
<td>ICU Ward OR ED Clinic Other</td>
</tr>
<tr>
<td>Observed:</td>
<td>Procedure H/P Daily Rounds Consult Clinic Visit Other</td>
</tr>
<tr>
<td>Evaluation Scale Rating:</td>
<td>1 – Below M4 2 – Average M4 3 – Above M4</td>
</tr>
<tr>
<td>1. Knowledge:</td>
<td>1 2 3</td>
</tr>
<tr>
<td>2. Technical Skills:</td>
<td>1 2 3</td>
</tr>
<tr>
<td>3. Written communication:</td>
<td>1 2 3</td>
</tr>
<tr>
<td>4. Verbal Communication:</td>
<td>1 2 3</td>
</tr>
<tr>
<td>5. Team Work:</td>
<td>1 2 3</td>
</tr>
<tr>
<td>6. Other:</td>
<td>1 2 3</td>
</tr>
<tr>
<td>7. Professionalism:</td>
<td>Serious Concern Slight Concern No Concern</td>
</tr>
</tbody>
</table>

Comments (Mandatory):

Was verbal feedback given to student? □ Yes □ No

Evaluator Name

Print: __________________________ Sign: __________________________
**Mid-Clerkship Evaluation Form:**

<table>
<thead>
<tr>
<th>Knowledge for Practice</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Can independently apply knowledge to identify problems</td>
<td>N/A</td>
<td>Needs Improvement</td>
<td>Pass</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Care and Procedural Skills</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Addresses patient's agenda</td>
<td>N/A</td>
<td>Needs Improvement</td>
<td>Pass</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completes an appropriate history</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Needs Improvement</td>
<td>Pass</td>
<td>Honors</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exam is appropriate in scope</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Needs Improvement</td>
<td>Pass</td>
<td>Honors</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Identifies pertinent clinical findings</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Needs Improvement</td>
<td>Pass</td>
<td>Honors</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Develops a treatment plan appropriate to the patient and based on up-to-date scientific evidence</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Needs Improvement</td>
<td>Pass</td>
<td>Honors</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Appropriately documents findings</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Needs Improvement</td>
<td>Pass</td>
<td>Honors</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Independently performs exam with proper technique</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Needs Improvement</td>
<td>Pass</td>
<td>Honors</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interpersonal and Communication Skills</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Communicates effectively with patients and families across a broad range of socio-economic and cultural backgrounds</td>
<td>N/A</td>
<td>Needs Improvement</td>
<td>Pass</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Presentations to faculty or patients are organized</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Needs Improvement</td>
<td>Pass</td>
<td>Honors</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice-Based Learning and Improvement</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates knowledge of current peer-reviewed literature in relation to patient management</td>
<td>N/A</td>
<td>Needs Improvement</td>
<td>Pass</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Seeks the initiative to increasing clinical knowledge and skills, for example, identifies a learning issue on rounds or in the OR and presents back to the team</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>Needs Improvement</td>
<td>Pass</td>
<td>Honors</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Systems-Based Practice</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Effectively utilizes medical care systems and resources to benefit patient health</td>
<td>N/A</td>
<td>Needs Improvement</td>
<td>Pass</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professionalism</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Displays appropriate level of professionalism</td>
<td>N/A</td>
<td>Needs Improvement</td>
<td>Pass</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Planned date of discussion</th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Actual date of discussion</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Areas that would benefit greatest improvement in the student's skills</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Commentary: Discuss student's ongoing documentation and any areas where the student does not appear on track. Identify date when student should come back to see you if he/she has not yet met the requirements</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Please discuss the student's 3-5 strongest performance areas</th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>
Example of Final Clerkship Evaluation:

**Student:** Student Name  
**Assessment:** Final Clerkship Assessment  
**Rotation:** Scheduler 15 Rotation Name  
**Event:** Scheduler 15 Event Name

### Knowledge for Practice

<table>
<thead>
<tr>
<th>Grade</th>
<th>Needs Improvement</th>
<th>Pass</th>
<th>Honors</th>
</tr>
</thead>
</table>

Please Justify the grade in this competency

### Patient Care and Procedural Skills

<table>
<thead>
<tr>
<th>Grade</th>
<th>Needs Improvement</th>
<th>Pass</th>
<th>Honors</th>
</tr>
</thead>
</table>

Please Justify the grade in this competency

### Interpersonal and Communication Skills

<table>
<thead>
<tr>
<th>Grade</th>
<th>Needs Improvement</th>
<th>Pass</th>
<th>Honors</th>
</tr>
</thead>
</table>
Please Justify the grade in this competency

<table>
<thead>
<tr>
<th>Practice-Based Learning and Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade</td>
</tr>
<tr>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Please Justify the grade in this competency</td>
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</tbody>
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<table>
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<tr>
<th>Systems-Based Practice</th>
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</thead>
<tbody>
<tr>
<td>Grade</td>
</tr>
<tr>
<td>Needs Improvement</td>
</tr>
<tr>
<td>Please Justify the grade in this competency</td>
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<table>
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<tr>
<th>Professionalism</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade</td>
</tr>
<tr>
<td>Needs Improvement</td>
</tr>
</tbody>
</table>
### Interprofessional Collaboration

<table>
<thead>
<tr>
<th>Grade</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs improvement</td>
<td>Pass</td>
<td>Honors</td>
</tr>
</tbody>
</table>

Please Justify the grade in this competency

### Personal and Professional Development

<table>
<thead>
<tr>
<th>Grade</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs improvement</td>
<td>Pass</td>
<td>Honors</td>
</tr>
</tbody>
</table>

Please Justify the grade in this competency

### OSCE

<table>
<thead>
<tr>
<th></th>
<th>Fail</th>
<th>Pass on First Attempt</th>
<th>Pass on Second Attempt</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Approved by CEPC 6/5/2017
NBME Score

<table>
<thead>
<tr>
<th>NBME Equated Percent Correct</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>NBME Percentile</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Statement for MSPE

This is a narrative that describes the student's strengths during rotation and any persistent weaknesses that the student did not improve after feedback. You must include a narrative on the student's professionalism. Any feedback that you do not want to include in the MSPE should be included below in the "Comments" field. As a reminder, please use complete sentences and check your grammar, etc. as these comments go out to residency directors across the country.

<table>
<thead>
<tr>
<th>Comments (Please write about strengths, weaknesses and areas for improvement)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Please select a provisional Overall Grade

| Fail | Pass | Honors | Incomplete |
|------|------|--------|------------|------------|