Clinical Clerkship in Surgery 2017
Module 4

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I. WELCOME

Welcome to the Surgery Core Clerkship!

Hopefully you will find your 12 weeks on the surgical services exciting and rewarding!

Whether you want to be a surgeon or any other type of physician, the weeks spent on the surgical services are fundamental to your growth as a physician. Your attitude will determine your level of satisfaction and fulfillment so please make every effort to get involved and savor the opportunities that you will have over your 12 weeks with us!!

The purpose of this handbook is to provide you with the expectations of the Clerkship and to supply you with references that will help you succeed. Please read the information carefully so that you completely understand the learning objectives, the service structure, your responsibilities and priorities, and the policies for student evaluation.

For students interested in pursuing a surgical career, we suggest that you join the Agnew Society. The Agnew Society is the oldest student-run medical student society in the country, founded in 1888 as a surgical interest group. More information can be found on line at: http://www.uphs.upenn.edu/surgery/Education/medical_students/Agnew/Agnew_home.html

We very much look forward to getting to know you and working with you over the next 12 weeks. We are always available by phone and email if you have questions or problems.

Most Sincerely,

Cary Aarons, MD
Carla Fisher, MD
Clerkship Directors, Department of Surgery
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Clerkship Website:  http://www.uphs.upenn.edu/surgery/Education/medical_students/medical_students_home.html

*Suture and Tying Kits  
Are available for you to sign out and must be returned by the end of your General Surgery Block.  
These can be signed out from the Clerkship Coordinator by going to the Surgery Education office on 4 Maloney.
II. COURSE INTRODUCTION/STRUCTURE

Introduction
The overriding goal of the Department of Surgery is to provide a motivating learning environment in which the student may obtain the surgical knowledge and skills necessary to function effectively as a physician upon graduation. The appropriate resources and interactions with faculty and housestaff will be provided but it is ultimately you, the student that is responsible for your own education.

The emphasis of the Surgery Clerkship is on the development of clinical problem-solving skills. As a part of the Perelman School of Medicine, we believe that developing a sound approach to clinical decision-making will give you the foundation upon which to build a great clinical practice and advance scientific knowledge. We understand that your role on the service is to learn, not to function as a junior resident. Historically, unlike students in other professional educational programs such as business and law, medical students have been expected to learn by osmosis through tireless hours on the wards performing perfunctory tasks without spending time reading and learning about the “hows” and “whys” of clinical care. This approach to medical education may have produced efficient interns and many outstanding clinicians but no longer works in today’s medical environment. Therefore, students on the surgical rotations are now encouraged to build a solid knowledge base and critical thinking skills through an appropriate blend of clinical and self-educational activities. Additionally, the technical skills of surgeons are not necessary for your basic education and are therefore, not expected to be a major emphasis of your surgery 200 clerkship. Skills labs will be held during your orientation and are designed to provide formal training in IV placement, phlebotomy, obtaining Arterial Blood Gas samples, and Foley placement. These skills are essential for almost all physicians regardless of specialty.

Structure
Surgery 200 is a 12-week required clerkship in consisting of General Surgery and subspecialties (8 weeks), Orthopedics (1 week), Ophthalmology (1 week), Otorhinolaryngology (1 week), and Anesthesiology (1 week). The surgery clerkship will introduce you to Surgery and is designed to provide you with a broad overview of the diagnosis and management of surgical diseases as well as provide a global exposure to several surgical specialties. The primary focus of the surgery clerkship is to foster your development as a clinician through direct patient care, problem based learning sessions, didactics and independent study to allow you to develop the skills that are required to diagnose and begin to manage surgical conditions. During this clerkship you will be able to refine your history taking and physical exam skills and learn general principles of Surgery including differential diagnosis and therapeutics.

We recommend that every student spend four weeks on General Surgery at HUP (Colorectal, Endocrine and Oncology Surgery, Gastro-intestinal Surgery or Trauma Surgery), PPMC (Penn Presbyterian Medical Center), PVAMC (Philadelphia VA Medical Center) or PAH (Pennsylvania Hospital).

You will also spend two weeks on two different subspecialty rotations. The subspeciality month is designed to give you exposure to additional areas of surgery while continuing to aid in your personal development as a clinician. In order to maximize your exposure, the following rotation combinations are prohibited:

- Trauma and SICU
- PVAMC and Vascular
- PAH and PAH Vascular
- Cardiac and Thoracic

During the surgery clerkship you will become an active participant in patient management. You will learn how to assess patients in the outpatient setting and in the context of a hospitalization. By doing independent history and physical exams each week, writing daily progress notes for the patients that are assigned to you, presenting your patients, and reading about your patients’ illnesses, you will begin to learn the core elements of surgery. Activities will include participation in assigned operating room days, office hours, or participation in other Clerkship learning activities. These assigned learning activities take priority over ward work. Along with your clinical responsibilities, you will have weekly didactic and problem based learning sessions. These sessions provide you with the opportunity to discuss basic and complex surgical issues with surgical housestaff and faculty on a weekly basis.
• **LEARNING ACTIVITIES**
There will be six to ten hours of learning activities each week. These sessions will be divided into problem based learning sessions (PBLs), didactics, and independent study time.

• **PROBLEM BASED LEARNING**
Problem based learning sessions (PBLs) will take place on Fridays. The schedule and room assignments will be posted on the website on a weekly basis [http://www.uphs.upenn.edu/surgery/Education/medical_students/current_weeks_schedule.html](http://www.uphs.upenn.edu/surgery/Education/medical_students/current_weeks_schedule.html). Last minute changes are always possible so it is important to check the schedule Thursday night to get the most up to date information. Objectives for PBL’s are available on line: [http://www.uphs.upenn.edu/surgery/Education/medical_students/PBL_home.html](http://www.uphs.upenn.edu/surgery/Education/medical_students/PBL_home.html). It is important that students prepare for class by reviewing the questions ahead of time. Learning sessions are designed to provide an opportunity for active learning with resident/faculty-student exchange. For resident PBLs, each student will be assigned a session to be group “leader.” This will provide your teaching resident with some additional objective information upon which to base your grade.

• **SKILLS LABS**
Skills labs will be held on orientation day to assist students in learning techniques for performing a variety of tasks. A Foley catheter placement competency exam must be passed to complete the clerkship. By the end of the clerkship, skills performed either in the labs or in person must be logged into the requirements checklist.

• **SURGICAL GRAND ROUNDS**
Surgical grand rounds occur several times a year. Leaders in surgery are brought in to deliver lectures to our PENN community on topics from fistula management to patient safety. **You are required to attend these conferences.** [http://www.uphs.upenn.edu/surgery/Education/surgery_grand_rounds.html](http://www.uphs.upenn.edu/surgery/Education/surgery_grand_rounds.html)

• **SURGICAL CASE MANAGEMENT CONFERENCE – THURSDAYS 7:15-8:30AM**
Surgical case management conference was historically called Surgical M and M (morbidity and mortality). Please remember the material reviewed is very sensitive and confidential in nature and NOT to be discussed outside of the conference.

• **WISE MD MODULES**
The WISE-MD program is available online. These modules are designed to supplement your other educational activities. **You are REQUIRED to complete 4 of the modules.** In order to maximize your satisfaction and tailor your experience to your needs, you are allowed to select the modules that you feel work best for you. Your participation is logged by the system so that we can be certain that everyone is in compliance with this required activity. To request a log-in, go to this site and follow the instructions: [http://www.med-u.org/register/](http://www.med-u.org/register/). If you are having trouble registering, please contact Anna Delaney at delaneya@mail.med.upenn.edu.

• **INDEPENDENT STUDY HOURS**
Independent Study Hours are protected times after 6 pm and on weekends for students to prepare for core curriculum, attending rounds, or surgical cases. Every effort is made by the staff to save hours each week for this purpose. Students are encouraged to utilize this time for studying.

**CLINICAL ACTIVITIES**

• **ASSIGNMENTS**
In order to assure a well-rounded experience, students on general surgery within UPHS are assigned specific days in the operating room and the clinics. Each rotation has a back-up schedule as well so that if you are missing one event and have had enough exposure to another, there is some flexibility built into the system. Please make sure that you notify your attending and chief resident if you plan to make any changes to the schedule as you will be held accountable for your participation.

Each subspecialty rotation also has a grid to guide your 2 weeks within the rotation. Please refer to these assignments when planning your reading schedule. [http://www.uphs.upenn.edu/surgery/Education/medical_students/rotation_assignments.html](http://www.uphs.upenn.edu/surgery/Education/medical_students/rotation_assignments.html)
• CLINIC ASSIGNMENTS
Since much of medical practice is conducted in the outpatient environment, the Clerkship will emphasize student participation in the surgical clinics. Students are required to attend the clinics during each rotation (SICU and Trauma are exempt). If you will be absent from a scheduled clinic session, you must obtain permission from the attending physician prior to the session in question.

• OPERATING ROOM ATMOSPHERE/ASSIGNMENTS
Surgeons are drawn to their profession in part due to their adoration of the operating room environment and the operations that they perform in the operating room setting. They enjoy the high pressure environment where people work together as a team to fix a surgically treatable disease. That said, the operating room environment is quite stressful and the burden of taking a patient safely through a procedure can often result in a high level of anxiety. Your experience in the operating room will be helpful to you throughout your life even if you do not become a surgeon. Your understanding of the process will help you counsel patients and family members alike and allow you to make a stressful situation more tolerable for the people you touch. Each student will have assigned days to a variety of operating rooms to insure a diverse experience. At times, if you find that your exposure is not general enough, please contact me so that I can make sure that you see the required types of encounters. If you will be absent from a scheduled operating room session, you must obtain permission from the attending physician prior to the session in question. If you have any accidental exposure while during the OR (needle stick or exposure to bodily fluid), please let me and your site coordinator know immediately. You are expected to report to Occupational health or the emergency room (if this happens after Occupational health has closed). Unprofessional behavior in the OR will not be tolerated so please let me know if you encounter any offensive or intolerable behavior.

**STUDENT CALL ROOM:** Students have their own touch down space located on Founders 9 – Room 30. The code is: 3215. **You are not to utilize any of the call rooms/space for residents and other staff. Please make sure to keep the room clean and remember its shared space!**

• CONSULT DAY / ON-CALL EXPERIENCE
Each student on General Surgery (with the exclusion of ESS and Trauma) at HUP will spend 1 day with the consult resident. You will receive an email letting you know which date you are assigned. The student should contact the resident. They can work with their primary service and join the consult resident for new consultations or join the emergency surgical service with the consult resident for the clinical day. The student will take call with the night consult resident that same evening. The student will round with their primary service the following morning and then head home. (Unless there are mandatory Friday didactics: You are still required at didactics ALL DAY!)

Students at PPMC and PAH, should see new consultations for 1 day with the residents. They will take 1 night call with the night consult resident and leave after rounds the following day. Call is designed to provide exposure to new acute surgical consultations as well as routine floor management issues. Please contact Dr. Soriano at PAH and Dr. Korus at PPMC if you have not received an overnight calls schedule while on service there.

[http://www.uphs.upenn.edu/surgery/Education/medical_students/Consult_Schedule.pdf](http://www.uphs.upenn.edu/surgery/Education/medical_students/Consult_Schedule.pdf)

We do not currently have an overnight experience for students who do their General Surgery rotation at the VA. If you are interested in a consult/on-call experience, please contact the Clerkship Coordinator to arrange that for you here at HUP.

*From the Director’s Corner:
Just to clarify further regarding consults. When you are assigned to do consults and –*

1) You are at HUP: pre-round/round with your primary team and the touch base with the consult resident on ESS. This is your primary responsibility that day, all day. If there is a lull, check back with your primary team, so your educational time isn’t wasted. The consult resident should contact you when they get a new consult. If you are actively involved in an OR case, it is usually inappropriate to scrub out just for this. After 6, stick with the consult resident. Find out in advance where you can sleep if it is slow at night. In the morning, pre-round/round with your team and then you will be excused. Go home and sleep a bit, then read!

2) You are at PAH or PPMC: stick with your primary team during the day. After 6 contact the consult resident and meet up with them. See above regarding accommodations.
III. COURSE OVERVIEW

A. OBJECTIVES
- Perform complete, accurate histories and physical examinations on adult surgical patients and focused histories and exams when appropriate.
- Recognize pertinent positive and negative history and exam findings.
- Interpret laboratory, diagnostic and radiological tests associated with common surgical diseases.
- Formulate from the history, physical exam, and patient studies, a differential diagnosis and develop an initial plan for further patient evaluation and treatment.
- Recognize common surgical diseases and patient presentations through patient interactions, tutorials, and conferences.
- Develop skills in routine technical procedures necessary for taking care of adult surgical patients.
- Develop skills in problem solving through the experience of attending rounds, office hours and time spent in the operating room.
- Demonstrate medical communication skills by performing satisfactory oral presentations and patient case write-ups.
- Demonstrate interpersonal skills necessary to maintain professionalism.
- Actively participate as a member of the health care team.

B. EVALUATIONS/ASSESSMENTS
The assessment requirements in each clerkship are determined by the clerkship director in consultation with other faculty within the department. Most clerkships use multiple assessment methods. The requirements for the surgery clerkship are listed below. Specific information on how each component is used in grading is described in the next section.

Examination:
On the last day of the block you will take the National Board of Medical Examiners Surgery Subject Examination:
- The Shelf Exam is given on Friday at the Jordan Medical Education Center. An exact time will be given in advance.
- The exam is 2 hours 30 minutes and consists of 100 case-based multiple choice questions. Each question is framed as a clinical vignette followed by a multiple choice question.
- Please leave all cell phones at home or be prepared to turn off the phone and hand in to the proctor.
- You can best prepare by reading broadly during the clerkship and doing practice questions.
- Minimum score of 75 on the exam is needed to qualify for a final grade of Honors in the clerkship.

If you fail the examination you will receive an Unsatisfactory (U) grade for the clerkship. Non-MD/PhD students who receive an “Unsatisfactory” in any core clerkship must successfully complete the makeup work in order to progress into Module 5. Makeup exams are scheduled through Helene Weinberg, Registrar.

“High Pass” will be the maximum grade that can be awarded to students who initially fail a clerkship exam but pass it on the retake or are required to do additional clinical course work in order to pass the course. When a student fails the makeup test, he/she will receive a grade of “Fail” for the clerkship. The clerkship will need to be retaken in its entirety and the student’s academic record will be reviewed by the Student Standards Committee.

MD/PhD students who receive an “Unsatisfactory” in any course must complete all required makeup work during the first six months of the clerkships or remediate the clerkship no later than September 1 in order to begin graduate course work in the fall of their third year.

If extenuating circumstances prevent a non MD/PhD student from completing Module 4 in one calendar year, he/she may move into Module 5 as long as the student is in good academic and disciplinary standing and has the approval of the Associate Dean for Student Affairs.
Clinical Performance

The domains on which you are evaluated are listed below:

**PATIENT CARE**
- History-taking
- Physical examination
- Surgical skills

**MEDICAL KNOWLEDGE**
- Actual knowledge
- Problem solving

**PRACTICE-BASED LEARNING AND IMPROVEMENT**
- Integration of instruction
- Efficiency and effectiveness

**INTERPERSONAL AND COMMUNICATION SKILLS**
- Humanism and interpersonal skills
- Oral presentations
- Written work

**PROFESSIONALISM**
- Skills in dealing with diversity and cultural differences
- Feedback/constructive criticism
- Commitment

**SYSTEMS-BASED PRACTICE**
- Collaborative practice skills
- Disease prevention/routine health maintenance
- Cost-consciousness

The information that goes into each evaluation comes from a variety of encounters with housestaff and faculty on your assigned rotations. Each rotation has a site coordinator with whom you should meet throughout the rotation. The following grading rubric has been distributed to evaluators to provide a foundation on which to assess your performance.
### Grading Benchmarks

| Honors (Above & Beyond) | Achieves the High Pass level criteria **PLUS:**  
|---|---|
|   | The student is developing skills of a **Manager** (able to develop a prioritized problem list, differential diagnosis, and a specific/practical plan independently)  
|   | - Independently look for answers to questions that are unknown  
|   | - Demonstrates evidence of supplemental reading and literature review  
|   | - Functions near the level of a sub-Intern  
|   | - Anticipates when and where assistance is needed  
|   | - Active seeks feedback & incorporates this immediately  

| High Pass (The Solid Performance) | Achieves the Pass level criteria **PLUS:**  
|---|---|
|   | The student is able to **Interpret** information well. Minor assistance is needed in interpreting information and developing a prioritized problem list and differential diagnosis.  
|   | - Student is engaged and eager to learn  
|   | - Asks appropriate questions and answers questions intelligently  
|   | - Shows evidence of supplemental reading  
|   | - Assists with daily tasks independently  
|   | - Integrates into the team very well  
|   | - Writes clear and concise notes that need little revision  

| Pass (The Minimum) | The Student acts as a competent **Reporter** (can gather information but needs direction to interpret what this data means and needs direction to develop a differential, assessment and plan).  
|---|---|
|   | - Student is involved but requires prompting from team members  
|   | - Will answer questions but has no real eagerness to find answers  
|   | - Will assist with tasks if asked directly  
|   | - Good interaction with team members  
|   | - Writes notes that need substantial revision but shows improvement  
|   | - Punctual, professional, and courteous to all  
|   | - Communicates with patients and colleagues in a respectful manner  
|   | - Incorporates feedback and shows some improvement  
|   | - Turns in all assignments on time and attends all didactics |
Other Performance Indicators:

**Topic Presentations**
You may be asked to give a presentation of about 10-20 minutes to your team. Topics are usually assigned by your attending or residents and will focus on a question related to one of your patients or a patient on the team. *Most teams will expect that you distribute copies of an article about your topic, a study that best answers the clinical question asked, or a handout. These topic presentations can be used as your EBM requirement.*

**Patient Write-ups** *(4 total for the block)*
Documentation skills are fundamental to the practice of surgery. You will be required to submit a total of 4 write-ups. Choose from a) Clinic New Patient Visits, or b) consultation with ESS, or c) post-op note that should reflect all of the appropriate prophylaxis and link all medications to a part of the plan
- 2 to your PBL instructor
- 2 to your site coordinators (2 page maximum)
Please be sure to note in OASIS the name of the resident/attending that received your write-up, in the “supervisor’s name” field.

**Oral Case Presentations**
You will be observed on your general surgery month giving oral case presentations on new or follow-up patients. You should receive feedback from your resident or attending.

**Physical Examination Skills**
You will be observed by your resident or attending in a patient care interaction that covers the required portion of the physical examination skills. At the conclusion of each week, you should receive feedback from your resident or attending. Please present them with an electronic feedback card and ask for specific comments on your physical examination skills. On general surgery please be sure to get feedback from your 3rd year resident as they have been assigned to assist you with your physical exam skills. **Observation of these skills may be direct (resident/attending watching you perform) or indirect (reviewing your findings and confirming with independent exam). Please note that the SOM considers both of these modalities as “observation” skills.**

Supervisors will be assessing your ability to work with patients through patient feedback and personal observations. Please keep in mind that your assessment will also include subtle signs of competency as described below:

**Professionalism:** Shows respect, compassion, empathy, establishes trust; attends to patient’s needs of comfort, modesty, confidentiality, information.

**Physical Examination Skills:** Follows efficient, logical sequence; balances screening/diagnostic steps for problem; informs patients; sensitive to patient’s comfort, modesty.

**Problem Based Learning Sessions (PBL’S)**
Your ability to lead and participate in the problem based learning sessions will be evaluated by your teaching resident. At the conclusion of the session that you facilitate, you should receive feedback from your resident regarding presentation skills, ability to integrate the material, and your fund of knowledge.
C. GRADING
The grading procedures in each clerkship are determined by the clerkship director in consultation with other faculty within the department. Final grades are a composite of several components, with cut-off points and weighting determined individually by each department and for each course. All clerkships assign grades consistent with School of Medicine Definition of Grades – see http://www.med.upenn.edu/student/AcademicPerformanceProgression.html - Section III.

The Surgery Clerkship director assigns the final clerkship grades. Your overall grade for the 8-week rotation (general surgery and subspecialties) is calculated as follows:

- 35% of your grade is based on summative evaluations for 4 week general surgery rotation (Honors/High Pass/Pass/Fail)
- 20% of your grade is based on summative evaluations for each of the two week subspecialties rotations (10% each) (Honors/High Pass/Pass/Fail)
- 15% of your grade is based on Problem Based learning sessions grade (Honors/High Pass/Pass/Fail)
- 25% of your grade is based on performance on NBME shelf exam in surgery (Honors/High Pass/Low High Pass/Pass/Low Pass/Fail)
- 5% of your grade is based on Participation and Attendance (including but not limited to UCOP, feedback cards and other administrative assignments, attendance at didactics, EBM assignment, write-ups, etc.) (Compete/Incomplete).

Those students who fail to attend didactics or turn in required clerkship assignments in a timely manner will receive an “Incomplete” and will not qualify for a final grade of Honors. This will be enforced at the discretion of the clerkship directors.

Shelf Exam
The minimum passing score for the NBME subject exam in surgery is a 56. Students with a score <56 will fail the exam and need to re-take the exam. Exam scores are as follows:

- Honors >80
- High Pass 74-79
- Low High Pass 72-73
- Pass 68-71
- Low Pass 56-67
- Fail <56 **<75 on the exam precludes a grade of honors for the clerkship. **

Clinical Grades
The clerkship director receives all of your evaluations in OASIS (from any resident or attending with whom you have worked) and independently assigns a grade for each rotation.

Each attending or housestaff member will have the opportunity to evaluate your performance. When you add someone in OASIS, they will receive an email reminder to evaluate you. Once an adequate number of evaluations are completed for each rotation, the grade will be determined.

In order to assure the timely completion of grades, the system will close within 3 weeks of completion of each rotation. As such you might not receive an evaluation from everyone with whom you worked. (This is similar to the fact that you will most likely chose not to evaluate everyone with whom you work.) In most cases, the grade is consistent across completed evaluations and does not require feedback from each surgeon. In situations of conflict, you are encouraged to meet with the clerkship director.

PBL Grade
The PBL grade is determined by your level of participation in each PBL session, your ability to lead a stimulating PBL session and your overall, fund of knowledge as displayed during your participation in the sessions.

- PBL remediation
If you must be absent from a PBL session you will be responsible for the material that you miss
Overall Grade

The final course grade is determined by adding up the points earned for each component of the grade using the table below:

<table>
<thead>
<tr>
<th>Surgery</th>
<th>Sub-Specialty 1</th>
<th>Sub-Specialty 2</th>
<th>PBL</th>
<th>Participation &amp; Attendance</th>
<th>Shelf Exam*</th>
<th>FINAL GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td>35%</td>
<td>10%</td>
<td>10%</td>
<td>15%</td>
<td>5%</td>
<td>25%</td>
<td></td>
</tr>
<tr>
<td>H = 35</td>
<td>H = 10</td>
<td>H = 10</td>
<td>H = 20</td>
<td>Complete (Y/N)</td>
<td>H = 25 (80+)</td>
<td>Honors = 91+</td>
</tr>
<tr>
<td>HP = 29.75</td>
<td>HP = 7.5</td>
<td>HP = 7.5</td>
<td>HP = 17</td>
<td>Incomplete (Y/N)</td>
<td>HP = 21.25 (79-75)</td>
<td>High Pass = 79-90</td>
</tr>
<tr>
<td>P = 24.5</td>
<td>P = 4.0</td>
<td>P = 4.0</td>
<td>P = 14</td>
<td>Low HP = 20 (74-70)</td>
<td>P = 17.5 (69-62)</td>
<td>Pass = 61-78</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>LP = 16.25 (61-56)</td>
<td></td>
</tr>
</tbody>
</table>

*Shelf Exam scale adjusted by NBME as of August 2015

A grade of FAIL will be given in the following situations:
- If a student falls below the passing score on the cumulative scale, on a second attempt (Subject Examination may be repeated once)
- If a student fails to demonstrate minimal competence (Pass) based on clinical performance as indicated by two house officers and/or one surgical faculty along with the Clerkship director and the Department Chairman
- If a student receives an unexcused absence for a Subject Exam
- If a student fails to resolve an Incomplete
- If a student displays any unprofessional behavior as outlined in the Student Handbook or other published curricular materials, e.g., ICM manual or PPM manual

If a student receives a grade of Fail, the student must repeat the Surgery Clerkship. The student may be required to repeat only the component of the clerkship that he/she failed, at the discretion of the Clerkship Director.

A student may NOT qualify for HONORS under the following circumstances:
- They FAIL the surgery subject exam
- They receive < 75 on the surgery subject exam
- They FAIL a subspecialty rotation
- They fail to turn in the required number of feedback cards
- They fail to fulfill and/or log the minimum number of required patient encounters
- They receive an Incomplete for Participation and Attendance

Final grades and letters to the Dean will be calculated six weeks after completion of the clerkship.

Final Grade Determinations:
Every attempt will be made to ensure that your overall course grade is an accurate and fair representation of the compiled evaluations. Despite our best efforts, however, grade challenges sometimes occur. Although it is rare for a grade to be changed, you have the right to a fair and thorough review of your grade.

Grade Appeal Policy:
A student who wishes to appeal a Course Grade must first meet with the clerkship director for feedback within one month of receiving the grade. If, following this meeting, a student intends to formally appeal the grade, they must meet with the Associate Dean for Student Affairs who will review the appeals protocol with the student and provide guidance during the process. The Associate Dean for Student Affairs will alert the Clerkship Director that the student wishes to pursue a formal appeal and a subsequent meeting between the student and the Clerkship Director will occur. If the student is dissatisfied with the outcome and wishes to pursue the appeal further, a Grade Appeal Committee consisting of the Senior Vice Dean of Education, the Associate Dean for Curriculum, and a Module 4 Clerkship Director external to the department in question will review the matter. The Grade Appeals Committee will independently interview the student and the Clerkship Director. The Grade Appeal Committee’s decision on the matter will be final.

Note: Students are not to contact the faculty and house-staff who supervised their clinical activity during the clerkship for evaluation feedback outside of the standard evaluation and assessment feedback mechanisms already in place. If a student is found to have done so, the appeal process will stop and the initial grade will stand.
IV. OTHER COURSE REQUIREMENTS

A. ATTENDANCE POLICY

The goals of the attendance policy are to ensure that students have the ability to access medical care when needed and to minimize non-urgent absences from clinical educational activities. Clinical teams expect students to make every effort to attend clinical activities even when there are competing interests or pressures such as exam preparation. This is consistent with the expectations of physicians by their patients. On the other hand, the school acknowledges the legitimate need for student access to important family or personal events along with any required medical care; the latter must be available in a private and confidential manner. The following guidelines seek to balance these requirements:

- Attendance during clinical rotations is mandatory.
- Attendance will be tracked by the assigned clinical team.
- Students should seek permission 8 weeks in advance of any planned absences to facilitate arranging schedules of the clerkship.
- Permission for an absence for an acute illness or an acute exacerbation of a chronic illness or other unavoidable events such as an acutely ill family member or a death in the family should be requested from the clerkship directors as soon as possible and will routinely be granted.
- Students who are scheduled for ongoing recurring appointments or who have other ongoing medical issues during a clerkship should inform Barbara Wagner, the Director of Student Affairs, of their schedule. Ms. Wagner will inform the clerkship directors of the student’s schedule and help accommodate the student’s needs while maintaining students’ privacy.
- Students should also inform Ms. Wagner regarding any acute medical condition so that the Office of Student Affairs can help in securing medical care for students and for coordinating any scheduling issues that may arise.
- Other examples of possible acceptable reasons to request excused absences include:
  - presentation of original research at national meetings for the actual presentation (not for the length of the entire meeting)
  - a family wedding or participation in a wedding party
  - ongoing need for medical care that cannot be arranged at more convenient times
- Examples of unexcused absences include traveling to spend time with friends or minimizing travel expenses by traveling during rotation time.
- If travel is appropriate and absence would typically be excused, students still must obtain permission from the appropriate clinical director prior to making travel plans and minimize any absence to as few days as possible.
- The clerkship director may require the student to make up missed time during the rotation.
- Absences during one week clerkships are discouraged. Any absences requested during the one week rotations must be approved in advance and made up by agreement with the course director(s) prior to the start of Module 5.
- Repeated or habitual absences will be brought to the attention of Drs. Goldfarb and Morris, and may result in a meeting before the Student Standards Committee.
- Any questions as to whether an absence is appropriate or excusable should be sent to Anna Delaney or Barbara Wagner for consideration.

Absence Request Form: [http://www.uphs.upenn.edu/surgery/Education/medical_students/request_absence.pdf](http://www.uphs.upenn.edu/surgery/Education/medical_students/request_absence.pdf)

**Please submit this form to Anna Delaney, the course directors, and the clerkship coordinator**

Surgery Didactics: The clerkship lecture/didactic schedule is available on line. Attendance is mandatory for the following –

- HUP Grand Rounds
- ALL Friday didactics/PBLs
- Attending Rounds
- Site Specific Conferences

You must contact the course director or clerkship coordinator if you need to miss a session. If you are absent more than once without prior approval it could impact your overall grade.
**ABSENCES DURING 2-WEEK SUBSPECIALTY ROTATIONS:**
If you miss a day during the 2-week rotation even as an excused absence, you will be required to make up the missed day. Missing more than 1 day may require you to make up the entire 2-week rotation.

**ABSENCES DURING 4-WEEK GENERAL SURGERY ROTATIONS:**
You may miss 1 day of a 4-Week rotation as long as it excused without the need for a make-up at the discretion of your site director. Missing more than 1 day for an excused medical reason will require a note from a physician, AND will require making up for lost time. Missing more than 3 days may require you to make up the rotation at the discretion of the site coordinator and clerkship director.

**Clinical:** Attendance and involvement in assigned clinical duties is required. The Clerkship Coordinator’s office must be notified if you are unable to fulfill your clinical responsibilities or you are requesting time off for personal reasons. Unapproved absences are not acceptable.

**ILLNESSES AND ABSENCES**
Unfortunately, illnesses and personal emergencies do occur. It is, however, the responsibility of the student to contact the clerkship coordinator, as well as, a senior member of the team with whom they are working. In the case of an extended absence (two days or more), a note from a physician who is not a relative is required and the absence will be reported to the Office of Student Affairs. All requests for personal leave of absence must be coordinated thru the office of the Associate Dean of Student Affairs. In addition, it is recognized that the overlapping of surgical cases and learning activities occurs. If on occasion, a student is particularly interested in attending a case which is scheduled during a mandatory session, alerting the Clerkship Coordinator or Course Director before entering the case is expected. Not doing so is considered an unexcused absence. **All absences must be remediated.** This includes submitting written objectives for lectures missed and/or making up the hours missed working on service. The plan for the make-up of time missed will be determined by the Site Coordinator with the approval of the Clerkship Director(s). Unexcused absences are grounds for failing the rotation. Anticipated absences must be approved in advance by the Clerkship Director or designee.

**Holidays:**
Students are off on the following holidays: Memorial Day, July 4th, Labor Day, and Thanksgiving. You can review the Modules 4 and 5 Holiday Policy here: [http://www.med.upenn.edu/student/holidays.html](http://www.med.upenn.edu/student/holidays.html).

Holidays start at midnight and end at 5am the next day. Thanksgiving break starts at 5pm on Wednesday and ends at 5am on Monday.

The School of Medicine recognizes that there are other holidays, both religious and secular, which are of importance to some individuals and groups. Students who wish to observe these holidays must inform the course director prior to the start of the rotation and discuss an alternative arrangement to make-up the time missed. The make-up is at the discretion of the course director and may fall during vacation periods. Missed days which can’t be completed before the course end date will result in a grade of "Incomplete".

**Medical Student Work Hours Policy** (revised – 6/10/2015)
All clinical rotations and elective rotations must adhere to the medical student work hour’s policy as defined below:

1. Each student shall work no more than 80 hours of assigned clinical duties per week, including on-call activities when averaged over the weekly length of any rotation. If a rotation is less than four weeks in duration, averaging must be done over the rotation.
2. Clinical rotations that are scheduled as shift work such as the emergency medicine clerkship and night float will be limited to approximately 12 consecutive hours of patient care. Shifts should be separated by 10 hours between work periods.
3. Students must be provided with one day in seven free from all required clinical and educational responsibilities when averaged over the length of the rotation. One day is equivalent to one continuous 24 hour period free from required educational or clinical activities.
Compliance:
This policy will be monitored for compliance by the clerkship directors, elective course directors, the Senior Vice Dean for Education and the Associate Dean for Curriculum. If it is found that students have worked beyond the allowable time frame as described above during the monitoring process via the course evaluations, the Senior Vice Dean for Education, Associate Dean for Curriculum will meet with the specific clerkship director to assure compliance to the policy.

Non-Retaliation:
Retaliatory action against students who accurately report infractions of this policy is prohibited. Persons, including attending physicians and residents, found responsible for retaliatory actions of any kind will be subject to disciplinary actions including sanctions pursuant to the Handbook for Faculty and Academic Administrators.

Days Off:
You are off on Saturday and Sunday except on Trauma and transplant. *If your overnight consult falls on a Friday, you do not need to round Saturday morning. The trauma and transplant schedules will permit for a weekday off when you work on the weekend. You are expected to work no more than a 12 hour day (excluding pre-rounding.) In general, this means that you will be dismissed each evening at 6pm. There is no overnight call (except for the pre-assigned ESS consult) on rotations at HUP, PVAMC, PMC or PAH. Trauma and away sites may be an exception. You are off as of 5pm on the Thursday before the exam (week 12 of the block).

B. REQUIREMENTS CHECKLIST: Directions for the Surgery Core Clerkship

What is a Patient Encounter and what do I need to know about it?
During this clerkship, you will be required to record all patient encounters in the Requirements Checklist in OASIS

- **A patient encounter** is defined as any patient that you have examined and whose presentation and management have been discussed by your team. The patients you include in OASIS should be those patients you have had some type of meaningful contact.
- **A symptom or diagnosis** can be listed in OASIS if it is a diagnosis or condition that you read about AND observed in a particular patient.
- For the surgery clerkship, the following encounter types and clinical skills are required, along with a specific target number. You will need to determine how each encounter best matches the required categories and what, if any, clinical skills you performed during the encounter.

(Patient Grid on the Next Page)
Students are expected to have the types and numbers of interactions with patients as shown below. For each required encounter, students must enter the date of the interaction and type of interaction into an online log system. All logs must be completed 10 days after the end of the clerkship (shelf exam).

<table>
<thead>
<tr>
<th>Encounter</th>
<th># Required</th>
<th>Inpatient</th>
<th>Outpatient</th>
<th>Standardized Patient</th>
<th>Computer/Paper Case or Simulation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Level of Care*</td>
<td>Level of Care*</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Venue</td>
<td>Venue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute Abdomen</td>
<td>1</td>
<td>x</td>
<td>o</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hernia</td>
<td>1</td>
<td>x</td>
<td>o</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdominal Mass / Abdominal Distention</td>
<td>4</td>
<td>x</td>
<td>o</td>
<td>x</td>
<td>o</td>
</tr>
<tr>
<td>Change in Bowel Habits</td>
<td>2</td>
<td>x</td>
<td>o</td>
<td>x</td>
<td>o</td>
</tr>
<tr>
<td>GI bleeding</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical examination of the abdomen</td>
<td>4</td>
<td>x</td>
<td>ps</td>
<td>x</td>
<td>ps</td>
</tr>
<tr>
<td>Bariatric surgery</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast Problem</td>
<td>1</td>
<td>x</td>
<td>o</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical examination of the breast</td>
<td>1</td>
<td>x</td>
<td>Ps or o</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skin and Soft Tissue Lesions / Non-healing Wounds</td>
<td>3</td>
<td>x</td>
<td>o</td>
<td>x</td>
<td>o</td>
</tr>
<tr>
<td>Trauma</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endocrine Disorder</td>
<td>4</td>
<td>x</td>
<td>o</td>
<td>x</td>
<td>o</td>
</tr>
<tr>
<td>Fluid, Electrolyte, Acid-Base Disorder</td>
<td>1</td>
<td>x</td>
<td>o</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest Pain / Cough / Shortness of Breath</td>
<td>2</td>
<td>x</td>
<td>o</td>
<td>x</td>
<td>o</td>
</tr>
<tr>
<td>Shock</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Postoperative Complication</td>
<td>1</td>
<td>x</td>
<td>o</td>
<td>x</td>
<td>o</td>
</tr>
<tr>
<td>Vascular Disease</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vascular Procedure – open or endoluminal</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical examination of the peripheral vascular system</td>
<td>4</td>
<td>x</td>
<td>ps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thoracotomy / Thoracoscopy / Median Sternotomy</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>Pediatric Surgery</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plastic surgery</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transplant</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urology</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer patient</td>
<td>2</td>
<td>x</td>
<td>o</td>
<td>x</td>
<td>o</td>
</tr>
<tr>
<td>Encounter</td>
<td># Required</td>
<td>Inpatient Venue</td>
<td>Level of Care*</td>
<td>Outpatient Venue</td>
<td>Level of Care*</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>------------</td>
<td>-----------------</td>
<td>----------------</td>
<td>------------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Obtain and document a detailed history and perform a complete physical examination in the inpatient setting</td>
<td>4</td>
<td>x</td>
<td>p</td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>Present (orally) a patient’s clinical history, physical examination, laboratory tests, diagnoses, and plan of treatment</td>
<td>6</td>
<td>x</td>
<td></td>
<td>x</td>
<td>p</td>
</tr>
<tr>
<td>Patient Write-Ups</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical examination of the male inguinal region</td>
<td>1</td>
<td></td>
<td></td>
<td>x</td>
<td>ps</td>
</tr>
<tr>
<td>Witness informed consent being obtained, or initiate discussion with patient / family</td>
<td>2</td>
<td></td>
<td></td>
<td>x</td>
<td>o</td>
</tr>
<tr>
<td>Demonstrate sterile technique</td>
<td>4</td>
<td>x</td>
<td>p</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change simple dressing</td>
<td>2</td>
<td>x</td>
<td>p</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tie surgical knots</td>
<td>1</td>
<td>x</td>
<td>ps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suture and/or glue simple lacerations, remove sutures or staples</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insert Foley catheter</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foley quiz</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insert NG tube</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local anesthesia (administer or observe)</td>
<td>4</td>
<td>x</td>
<td></td>
<td></td>
<td>o</td>
</tr>
<tr>
<td>Insert IV and/or venipuncture</td>
<td>0</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arterial puncture</td>
<td>0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

O = Observed; PS = Performed under supervision; P = Performed without supervision; CBD = Case based discussion

**Entering the Data into the System**

As the Requirements Checklist is web based, it is unlikely you will be able to record an encounter in ‘real time’. Rather, it is much more likely that you will enter the encounters at some point at the end of the day. **You are required to make note of the patient’s medical record number when recording your encounter so we can verify the encounter.** Students at the VA will use the following format “j1234”

Please Note the following additions to the requirements checklist:

- Foley Catheter MUST have “date placed”, “date removed” and “supervisor name” in order to receive credit. NO exceptions this is extremely important because the patients must be followed not only during their stay in the hospital but post-discharge to make sure there have been no UTIs.
- HxP, Oral Presentation and Patient Write-Ups MUST have a “supervisor name” in order to receive credit. For patient write-ups the supervisor name will be either the name of Site Coordinator or PBL instructor that you turned the write-ups in to. For HxP and Oral Presentation it will be the witnessing Attending/Resident.
- Students who fail to enter ALL required and verifiable entries for Foley Catheter, HxP, Oral Presentations and Patient Write-Ups will receive an Unsatisfactory for the clerkship. We will perform verification checks for each student at the end of the clerkship. If it is found that you have entered a patient encounter that is not verifiable, you will be asked to meet with the Associate Dean for Student Affairs.
- If you find that you did not “see” some of the requirements (i.e. Breast Exam) please use the Wise-MD modules to fulfill the requirement. You may also use what you did at Orientation and cases that were discussed at length during either didactics or PBL session. You can also use an online module or video, but you must cite (add the link) in the comments section.
Student Checklist Guide

You do not have to participate in an operation for each encounter. Medical management/diagnosis satisfies encounter requirements for many disease categories. These encounters may be office visits, etc.

- **Acute Abdomen** - examples: appendicitis, cholecystitis, GI obstruction, diverticulitis, perforated ulcer, pancreatitis, mesenteric ischemia
- **Breast Problem** - examples: benign or malignant mass, abnormal mammogram, nipple discharge, abscess, gynecomastia
- **Fluid, Electrolyte, Acid-Base Disorder** - examples: acidosis, alkalosis, hypovolemia, hyper- or hypo-natremia, hypo- or hyper-kalemia, hypo- or hyper-calcemia
- **Hernia** - examples: inguinal, femoral, umbilical, incisional
- **Postoperative Complication** - examples: atelectasis, pneumonia, pulmonary embolus, ARDS, hypoxia, oliguria, wound infection, wound dehiscence, hemorrhage, medication effects
- **Abdominal Mass / Abdominal Distention** - examples: tumor, organomegaly, abdominal aortic aneurysm, ascites
- **Chest Pain / Cough / Shortness of Breath** - examples: tumor, pneumothorax, pulmonary embolus, empyema, GERD, myocardial ischemia, lung cancer, aortic dissection
- **Change in Bowel Habits** - examples: inflammatory bowel disease, GI obstruction, colorectal cancer, diverticular disease, post-op ileus
- **Dysphagia** - examples: esophageal cancer, esophageal stricture, esophageal diverticulum, achalasia, symptomatic goiter
- **Endocrine Disorder** - examples: hyperthyroidism, thyroid nodule, parathyroid tumor, adrenal tumor, islet cell tumor, diabetes
- **Perianal Problems** - examples: hemorrhoids, fissure, fistula, anorectal abscess, cancer
- **Shock** - examples: hypovolemic (hemorrhagic), septic, cardiogenic, neurogenic, anaphylactic
- **Skin and Soft Tissue Lesions / Non-healing Wounds** - examples: melanoma, basal cell cancer, squamous cell cancer, lipoma, sebaceous cyst, soft tissue sarcoma, foreign body, pilonidal sinus
- **Vascular Disease** - examples: acute arterial occlusion, chronic arterial occlusion (claudication, rest pain, tissue loss), carotid occlusion (amaurosis, TIA, stroke), aortic aneurysm, venous disease (DVT, venostasis disease, varicose veins)

**Any Pediatric Surgery Condition** (12 years old or younger)

Please contact Nadir Shah at nad@mail.med.upenn.edu for any technical questions related to the patient encounter system.

C. FEEDBACK CARDS

The School of Medicine requires that all students have documented feedback sessions throughout the rotation. The purpose of the cards are to facilitate and formalize feedback given to the student. For the rotation you will need to have four of your cards completed for general feedback – three of them need to be completed by an MD and one needs to be completed by a non-MD. In addition to those cards, you will need to have three mid-rotation cards (one for each of the three services you will be on during the rotation) for a total of seven cards for the block. Fellow students are not permitted to complete any cards for you. The content of the cards will not be factored into your grade. **Students who do not complete the required number of feedback cards will not be eligible for Honors for the surgery clerkship.**

D. EVIDENCE BASED MEDICINE (EBM)

The school of medicine would like to expand the EBM curriculum across the clinical year. To accomplish this on your surgery rotation, we plan to incorporate an EBM exercise using the knowledge that you acquired in your pre-clinical years. We ask that each of you craft a short clinical question and use the literature to identify the answer based on the evidence. For some questions the answer will be that there is insufficient evidence to answer the question. You should complete the exercise in the on-line system by week 6 and make sure to mark the Clerkship Coordinator as your grader. Clerkship Coordinator will distribute them so that you will each evaluate someone else’s critical appraisal. You must return the grade sheet EBM that you graded to Clerkship Coordinator by week 8. You may drop off a hard copy to 4 Maloney or scan and email the document as a pdf attachment. The question should address clinical scenarios that piqued your interest during Month 1. The effort will be graded as completed/not completed. Not completed will result in an incomplete for the course.

http://ebm.wisc.edu/ep/Default.aspx
E. UCOP - Urinary Catheterization Outcomes Project

Catheter-associated urinary tract infections are the most common healthcare acquired infection. You can find the Best Practices Guidelines here. As such, national surveillance programs have been designed to allow comparisons across institutions and they have been identified as one of many markers of healthcare quality. The placement of a urinary catheter is an educational experience and a privilege. Learning how to practice aseptic technique by performing a urinary catheterization will help you establish best practices early in your medical career. However, with privilege comes responsibility. In order to place catheters under the supervision of a licensed practitioner, you must become “Foley Certified” and receive a yellow sticker and you must keep the U-COP log with completed information. The log is available on the surgery student website under education resources:
http://www.uphs.upenn.edu/surgery/Education/medical_students/educational_resources.html.

The log must be turned in no later than 10 days after the completion of your surgery clerkship. If you are found to have an incomplete or falsified log, your behavior will be considered unprofessional and noted in your evaluation. Please also notify the clerkship coordinator and director if your patient develops a urinary tract infection within 48 hours of catheter placement. Please note that you must also log Foley Placements in OASIS.

F. PROFESSIONALISM

Professionalism in a clerkship setting is measured by the following behaviors:

- Altruism
- Commitment to Competence and Excellence
- Dependability/Punctuality
- Empathy
- Honesty/Integrity
- Respect for Others
- Respect for Patients
- Responsibility/Reliability
- Self-Assessment/Self Improvement

In addition to these behaviors there are expectations for attendance, appropriate attire and general professional maturity. You will be observed during the rotation, in the clinical setting, lectures, and small groups, and you will be evaluated. Evaluators will reply to the following question:

Has the student met minimal competency in ALL domains on professionalism?

   No
   Yes but with concerns
   Yes

Answers of ‘No’ or ‘Yes but with concerns’ will be brought to the attention of the Associate Dean of Student Affairs.
G. EVALUATION OF THE COURSE AND FACULTY
At the completion of each educational event (e.g. lecture, small group discussion) and each rotation, you will have the opportunity to evaluate the event and the faculty/residents with whom you worked. This process is taken very seriously. Your evaluations can effect promotions for the people that you evaluate. Please take the opportunity to provide meaningful and accurate information. Use appropriate language and act maturely. The process is anonymous so that you can provide honest feedback. DO NOT evaluate events that you missed or people that you did not meet. Please complete your evaluations within one week of completion of each event so that the experience is fresh in your mind. These evaluations are required prior to the receipt of your grade. The forms are available on-line and are reported in aggregate, without student identifiers. Some faculty members are pre-populated for each of the rotations. You may delete any that you did not interact with and you may add those that you did who may not have pre-populated. This applies to fellows and residents as well. If you need to add an evaluator that does not have an assessment assigned to them, please follow the directions below:

1. Once logged into OASIS, selecting the appropriate year, they’ll be a screen that says “Evaluations to Complete”. View a report of the evaluations you need to complete.
2. Clicking on the hyperlink will bring up all your courses for the year, so go to the correct course you’d like to add an evaluation(s)
3. Click on “Add a person to evaluate,” allowing them to search and add folks they’d like to submit evaluations for.

**If you have already submitted evaluations you may need to go to the link under “Evaluations to Complete” view a report of the evaluations you need to complete and click “Show Submitted and Closed”, going back to Surgery and clicking on “Add a person to evaluate.”

If you cannot find a specific faculty or resident/fellow please contact Charita Brown charita@mail.med.upenn.edu to have them added. Outside rotators cannot be added to OASIS but you may request a paper evaluation from the clerkship coordinator be sent to an outside rotator.

If you have a problem during the rotation please bring it to the immediate attention of the clerkship director, your advisory dean or the Associate Dean of Student Affairs. The clerkship should provide a safe learning environment for all students and we cannot make changes for you if we do not know about the problems.
V. OTHER INFORMATION

A. CLINICAL SITES AND CONTACTS

There are many choices for your general surgery and surgical subspecialty rotations. Each has a schedule designed to help direct your time on each rotation. Available on line at: www.uphs.upenn.edu/surgery/dse/medicalstudents/rotations.html

### GENERAL SURGERY

<table>
<thead>
<tr>
<th>Site</th>
<th>Faculty Coordinator</th>
<th>Email</th>
<th>Office Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorectal</td>
<td>Dr. Aarons</td>
<td><a href="mailto:cary.aarons@uphs.upenn.edu">cary.aarons@uphs.upenn.edu</a></td>
<td>215-554-1310</td>
</tr>
<tr>
<td>EOS</td>
<td>Dr. Karakousis</td>
<td><a href="mailto:giorgos.karakousis@uphs.upenn.edu">giorgos.karakousis@uphs.upenn.edu</a></td>
<td>215-614-0857</td>
</tr>
<tr>
<td>ESS</td>
<td>Dr. Braslow</td>
<td><a href="mailto:benjamin.braslow@uphs.upenn.edu">benjamin.braslow@uphs.upenn.edu</a></td>
<td>215-662-7323</td>
</tr>
<tr>
<td>GI</td>
<td>Dr. Noel Williams</td>
<td><a href="mailto:williamn@uphs.upenn.edu">williamn@uphs.upenn.edu</a></td>
<td>215-615-7500</td>
</tr>
<tr>
<td>Trauma</td>
<td>Dr. Smith</td>
<td><a href="mailto:brian.smith2@uphs.upenn.edu">brian.smith2@uphs.upenn.edu</a></td>
<td>215-662-7320</td>
</tr>
<tr>
<td>Penn Presbyterian</td>
<td>Dr. Korus</td>
<td><a href="mailto:gary.korus@uphs.upenn.edu">gary.korus@uphs.upenn.edu</a></td>
<td>215-662-9711</td>
</tr>
<tr>
<td>Pennsylvania Hosp.</td>
<td>Dr. Soriano</td>
<td><a href="mailto:ian.soriano@uphs.upenn.edu">ian.soriano@uphs.upenn.edu</a></td>
<td>215-829-8455</td>
</tr>
<tr>
<td>Veteran’s Hospital</td>
<td>Dr. Paulson</td>
<td><a href="mailto:emilycarter.paulson@uphs.upenn.edu">emilycarter.paulson@uphs.upenn.edu</a></td>
<td>215-823-5800</td>
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<tbody>
<tr>
<td>Site</td>
<td>Faculty Coordinator</td>
<td>Email</td>
<td>Office Phone #</td>
</tr>
<tr>
<td>Breast</td>
<td>Dr. Fisher</td>
<td><a href="mailto:carla.fisher@uphs.upenn.edu">carla.fisher@uphs.upenn.edu</a></td>
<td>215-615-6833</td>
</tr>
<tr>
<td>Cardiac (HUP)</td>
<td>Dr. Desai</td>
<td><a href="mailto:nimesh.desai@uphs.upenn.edu">nimesh.desai@uphs.upenn.edu</a></td>
<td>215-615-0343</td>
</tr>
<tr>
<td>Cardiac (PPMC)</td>
<td>Dr. Matt Williams</td>
<td><a href="mailto:matthew.williams@uphs.upenn.edu">matthew.williams@uphs.upenn.edu</a></td>
<td>215-662-9595</td>
</tr>
<tr>
<td>Neurosurgery (HUP)</td>
<td>Dr. Brem</td>
<td><a href="mailto:steven.brem@uphs.upenn.edu">steven.brem@uphs.upenn.edu</a></td>
<td>215-662-7854</td>
</tr>
<tr>
<td>Neurosurgery (PAH)</td>
<td>Dr. Welch</td>
<td><a href="mailto:william.welch@uphs.upenn.edu">william.welch@uphs.upenn.edu</a></td>
<td>215-829-6700</td>
</tr>
<tr>
<td>OrthoTrauma</td>
<td>Dr. Mehta</td>
<td><a href="mailto:samir.mehta@uphs.upenn.edu">samir.mehta@uphs.upenn.edu</a></td>
<td>215-349-8875</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Dr. Doolin</td>
<td><a href="mailto:doolin@email.chop.edu">doolin@email.chop.edu</a></td>
<td>215-590-8846</td>
</tr>
<tr>
<td>Plastics</td>
<td>Dr. Butler</td>
<td><a href="mailto:paris.butler@uphs.upenn.edu">paris.butler@uphs.upenn.edu</a></td>
<td>215-662-7300</td>
</tr>
<tr>
<td>Hand Plastics</td>
<td>Dr. Chang</td>
<td><a href="mailto:benjamin.chang@uphs.upenn.edu">benjamin.chang@uphs.upenn.edu</a></td>
<td>215-662-4283</td>
</tr>
<tr>
<td>SICU</td>
<td>Dr. Pascual</td>
<td><a href="mailto:jose.pascual@uphs.upenn.edu">jose.pascual@uphs.upenn.edu</a></td>
<td>215-662-7323</td>
</tr>
<tr>
<td>Thoracic</td>
<td>Dr. Kucharczuk</td>
<td><a href="mailto:john.kucharczuk@uphs.upenn.edu">john.kucharczuk@uphs.upenn.edu</a></td>
<td>215-662-4988</td>
</tr>
<tr>
<td>Transplant</td>
<td>Dr. Porrett</td>
<td><a href="mailto:paige.porrett@uphs.upenn.edu">paige.porrett@uphs.upenn.edu</a></td>
<td>215-400-1822</td>
</tr>
<tr>
<td>Urology</td>
<td>Dr. Kovell</td>
<td><a href="mailto:robert.kovell@uphs.upenn.edu">robert.kovell@uphs.upenn.edu</a></td>
<td>215-662-7018</td>
</tr>
<tr>
<td>Vascular (HUP)</td>
<td>Dr. Foley</td>
<td><a href="mailto:foleyyp@uphs.upenn.edu">foleyyp@uphs.upenn.edu</a></td>
<td>215-615-1698</td>
</tr>
<tr>
<td>Vascular (PAH)</td>
<td>Dr. Calligaro</td>
<td>*please only contact the fellow for rotation information</td>
<td></td>
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</table>

### ANESTHESIA, OPTHO, ORTHO, OTO

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<thead>
<tr>
<th>Site</th>
<th>Faculty</th>
<th>Email</th>
<th>Office Phone #</th>
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<tbody>
<tr>
<td>Anesthesia</td>
<td>Dr. Jeremy Kukafka</td>
<td><a href="mailto:kukafkaj@uphs.upenn.edu">kukafkaj@uphs.upenn.edu</a></td>
<td>215-823-5154</td>
</tr>
<tr>
<td>Anesthesia Coordinator</td>
<td>Linda Cardamone</td>
<td><a href="mailto:cardamol@uphs.upenn.edu">cardamol@uphs.upenn.edu</a></td>
<td>215-662-3773</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>Dr. Prithvi Sankar</td>
<td><a href="mailto:sankarp@uphs.upenn.edu">sankarp@uphs.upenn.edu</a></td>
<td>215-662-8037</td>
</tr>
<tr>
<td>Ophtho Coordinator</td>
<td>John Dempsey</td>
<td><a href="mailto:john.dempsey@uphs.upenn.edu">john.dempsey@uphs.upenn.edu</a></td>
<td>215-662-8069</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>Dr. Jaimo Ahn</td>
<td><a href="mailto:jaimo.ahn@uphs.upenn.edu">jaimo.ahn@uphs.upenn.edu</a></td>
<td>215-662-3350</td>
</tr>
<tr>
<td>Ortho Coordinator</td>
<td>Amanda Kucowski</td>
<td><a href="mailto:amanda.kucowski@uphs.upenn.edu">amanda.kucowski@uphs.upenn.edu</a></td>
<td>215-294-9149</td>
</tr>
<tr>
<td>Otorhinolaryngology</td>
<td>Dr. Douglas Bigelow</td>
<td><a href="mailto:douglas.bigelow@uphs.upenn.edu">douglas.bigelow@uphs.upenn.edu</a></td>
<td>215-662-6970</td>
</tr>
<tr>
<td>Oto. Coordinator</td>
<td>Sandra Corkery</td>
<td><a href="mailto:sandra.corkery@uphs.upenn.edu">sandra.corkery@uphs.upenn.edu</a></td>
<td>215-662-6970</td>
</tr>
</tbody>
</table>

*For the first day of ANESTHESIA please meet at 8:00 am in the Dripps Library, 5 Dulles*

Additionally, the housestaff officers play a fundamental role in your experience. The Housestaff Monthly Rotation Schedule (with contact info) is available through the intranet at http://uphamsweb01/Webdirectory/Default.aspx
B. CLINICAL SCHEDULES
Your team assignments are located in the orientation packet along with each services weekly schedule. You can also find them on the rotations page of the website. You should contact the chief resident or fellow to find out where and when to meet your team on the first day of the rotation. Additionally, you should contact the faculty site coordinator on the first day of each rotation to arrange a time to meet.

C. INDEPENDENT READING
The suggested texts for this Clerkship are:
- *Current Surgical Diagnosis and Treatment, 12th Edition*, edited by Gerard M. Doherty and Lawrence W. Way
- *Essentials of General Surgery*, by Peter Lawrence
- *Surgery A Competency-Based Companion*, by Barry D. Mann

Additional references that students find useful are *NMS - Surgery Casebook* by Bruce E. Jarrell, *Pre Test / Surgery* by Norman J. Snow and *Surgical Recall* by Lorne H. Blackbourne. It is expected that the student will spend approximately 8-12 hours per week reading independently. Additionally, all students are excused from clinical activity on either Saturday or Sunday to allow an extra block of time for independent study.

D. PROCEDURAL SKILLS
- You will be able to complete some procedures in the simulation center during the surgery clerkship including: venipuncture for routine bloods; arterial puncture for arterial blood gas (ABG) determination from radial artery; insertion of angiocatheters for peripheral IV; placement of a nasogastric tube (NG) and Foley catheter.
- Procedures observed or performed on patients or in the simulation lab should be documented in OASIS.
- You are NOT PERMITTED to insert central venous catheters under any circumstances, to draw blood off central lines, change central lines over a wire or remove central lines. You are NOT PERMITTED to draw blood off PICC lines or remove PICC lines.

E. FEEDBACK DURING THE SURGERY CLERKSHIP
1. It is very important that you obtain timely, specific feedback about how you are doing. This is essential so that you have an opportunity to improve your skills. Although I hope that your residents and Attendings will spontaneously give you feedback, often you need to ask for it! Feedback will be more useful if you:
   - Ask specifically “what do I need to work on?” or “what should I do differently the next time?”
   - Ask for help for developing a plan for improvement - “what suggestions do you have for how I can get better at this?”

2. Feedback with Course Directors: The goal for this session is to provide meaningful feedback for the student and to maximize the student’s learning environment. The meetings will not include discussion about grading for the clerkship. Students should anticipate a 10 minute meeting which will focus on both student’s strengths and areas for improvement. You will be required to complete a self-assessment form and have at least one MD (Attending, Resident or Fellow) feedback card from a surgical service to review.

F. ATTIRE
It is expected that you look professional at all times. Men should wear a shirt and tie on clinic days. No jeans are permitted. Women should be dressed professionally. Scrubs are acceptable on operative days. Tee-shirts and sweatshirts cannot have logos on them. Your nametag should be worn at all times.
G. CHECKLIST OF WHAT YOU NEED TO DO TO SATISFACTORILY COMPLETE THE SURGERY CLERKSHIP

- Attend all required conferences
- Complete Requirements Checklist in OASIS
- Complete and receive feedback on 4 write-ups over 8 weeks.
- Turn in School of Medicine Feedback Cards (total of 8 for clerkship – 6 MD cards and 2 non-MD cards)
- Complete 4 WISE-MD modules
- Receive written comments from your inpatient residents and Attendings that are compatible with a grade of Pass or higher.
- Pass the end of clerkship Surgery Exam.
- Complete and submit prior to the end of the 8-week course an evaluation of the course, the attending physician(s) and the supervising resident(s).

H. IMPORTANT DUE DATES

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Due Date</th>
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<tbody>
<tr>
<td>Signed Syllabus* – Turn in to Clerkship Coordinator</td>
<td>Week 1 (Friday)</td>
</tr>
<tr>
<td>Self-Assessment – Turn in to Clerkship Coordinator</td>
<td>Weeks 6&amp;7</td>
</tr>
<tr>
<td>EBM Assignment*– Turn in to Clerkship Coordinator</td>
<td>Week 6</td>
</tr>
<tr>
<td>EBM Assignment pt. 2* – Turn in to Clerkship Coordinator</td>
<td>Week 8</td>
</tr>
<tr>
<td>Feedback Cards – to Turn in to Clerkship Coordinator (day of the shelf)</td>
<td>Week 12 (Friday)</td>
</tr>
<tr>
<td>Suture Kits – Turn in to Clerkship Coordinator (day of the shelf)</td>
<td>Week 12 (Friday)</td>
</tr>
<tr>
<td>OASIS Requirements – Submitted electronically</td>
<td>10 days after the shelf</td>
</tr>
<tr>
<td>Wise-MD Modules – Submitted electronically</td>
<td>10 days after the shelf</td>
</tr>
<tr>
<td>UCOP forms – Submitted electronically</td>
<td>10 days after the shelf</td>
</tr>
</tbody>
</table>

*You may physically turn in the assignments or email them to patricia.prattterry@uphs.upenn.edu
VI. OTHER POLICIES

A. SAFE AND HEALTHY LEARNING ENVIRONMENT - MISTREATMENT POLICY

http://www.med.upenn.edu/student/safe_environ.html

i. INTRODUCTION

The Perelman School of Medicine at the University of Pennsylvania is committed to the principle that the educational relationship should be one of mutual respect between teacher and learner. Because the school trains individuals who are entrusted with the lives and well-being of others, we have a unique responsibility to assure that students learn as members of a community of scholars in an environment that is conducive to learning.

Maintaining such an environment requires that the faculty, administration, residents, fellows, nursing staff, and students treat each other with the respect due colleagues. All teachers should realize that students depend on them for evaluations and references, which can advance or impede their career development. They must take care to judiciously exercise this power and to maintain fairness of treatment avoiding exploitation or the perception of mistreatment and exploitation. The quality and worth of a University of Pennsylvania School of Medicine education rest not only in the excellence of the content and the skills that are taught, but also in the example provided to students of humane physicians and scientists who respect their professional colleagues at all career levels, their patients, and one another.

http://www.med.upenn.edu/student/safe_environ.html
ii. RESPONSIBILITIES OF TEACHERS AND LEARNERS

The teacher-learner relationship confers rights and responsibilities on both parties. Behaving in a way that embodies the ideal teacher-learner relationship fosters mutual respect, minimizes the likelihood of learner mistreatment, and optimizes the educational experience.

1. Responsibilities of Teachers

- Treat learners fairly, respectfully, and without bias related to their age, race, gender, sexual orientation, disability, religion, or national origin.
- Distinguish between the Socratic Method, where insightful questions are a stimulus to learning and discovery, and overly aggressive questioning, where detailed questions are repeatedly presented with the end point of belittlement or humiliation of the learner.
- Give learners timely, constructive, and accurate feedback and opportunities for remediation.
- Be prepared and on time for all activities.
- Provide learners with current material and information and appropriate educational activities.

2. Responsibilities of Learners

- Be courteous and respectful of others regardless of their age, race, gender, sexual orientation, disability, religion, national origin, or role in your education.
- A medical student should act in accordance with the University of Pennsylvania School of Medicine Code of Conduct, [http://www.med.upenn.edu/student/standards/part3.html](http://www.med.upenn.edu/student/standards/part3.html)
- Be aware of the medical condition and current therapy of patients.
- Put patients' welfare ahead of educational needs.
- Know limitations and ask for help when needed.
- Maintain patient confidentiality.
- View feedback as an opportunity to improve knowledge and performance skills.

iii. DESCRIPTION OF INAPPROPRIATE BEHAVIOR

Inappropriate behaviors are those that are not respectful or professional in a teacher-learner relationship. Determining whether a given behavior is inappropriate involves a subjective assessment of the intentions of the performer and the perception of the recipient. Clearly inappropriate behaviors, which compromise the integrity of the educational process, include, but are not limited to:

- Unwanted physical contact (such as touching, hitting, slapping, kicking, pushing) or the threat of the same;
- Sexual harassment (see the University of Pennsylvania Policy Sexual Harassment Policy, [http://www.upenn.edu/almanac/v50/n20/OR-harassment.html](http://www.upenn.edu/almanac/v50/n20/OR-harassment.html));
- Discrimination based on age, race, gender, sexual orientation, disability, religion, or national origin;
- Requiring learners to perform personal chores (e.g., running errands or babysitting);
- Verbal harassment, including humiliation or belittlement in public or privately;
- Use of grading and other forms of assessment in a punitive or self-serving manner;
- Romantic or sexual relationships between a teacher and student (see the University of Pennsylvania Policy on Consensual Sexual Relations Between Faculty and Students, [http://www.upenn.edu/assoc-provost/handbook/vi_e.html](http://www.upenn.edu/assoc-provost/handbook/vi_e.html))

iv. WHAT TO DO IF YOU BELIEVE INAPPROPRIATE BEHAVIOR OR MISTREATMENT HAS OCCURRED

While we believe that the professional behavior is generally practiced and respected by the members of our diverse community of scholars throughout the School of Medicine, we recognize that there may be occasions when real or perceived incidents of unprofessional behavior directed toward learners occur.
The School of Medicine is committed to establishing the facts through a fair process, which respects the rights and confidentiality, to the extent possible, of the involved parties. Exchanges of information, whether verbal or written, will be handled in a confidential manner. However, at any level, there may be situations that limit the ability for confidentiality, such as those involving potential harm to a student or others, including sexual assault.

A complaint should be reported as soon as possible but not more than 90 days after the alleged incident. Several avenues are open to the student who experiences an incident of inappropriate behavior and mistreatment.

A. Surgical Trainee Event Monitoring or STEMS is an anonymous (you have the option of submitting your name and email but you DO NOT have to) online event monitoring system where you may report system, professionalism, communication, personnel or physical plant issues in real time that will be reported to the clerkship director and co-director. For more information or to access the system visit http://www.uphs.upenn.edu/surgery/Education/medical_students/STEMS.html

B. Informal Pathway: The student may consider speaking directly with the person. If the behavior stems from a misunderstanding or a need for increased sensitivity, the person will often respond positively and stop. Open communication may clarify any misunderstanding or issue(s) and lead to a successful, informal resolution.

C. Counseling and Guidance: A student, who has concerns about the learning environment, may speak with the Course Director, the Office of Student Affairs, an Advisory Dean, a School of Medicine Ombudsperson, or a peer advisor.

All involved parties must agree upon all informal resolutions. For tracking purposes, a written record of the resolution must be filed with the Associate Dean for Student Affairs; however, this can be done without reference to specific names.

D. Consultation with the Associate Dean for Student Affairs

If Steps A or B are not successful or appropriate, a student must refer the complaint to the Associate Dean for Student Affairs, who will make one last attempt at informal resolution.

E. Formal Pathway – Preliminary Inquiry

1. Inquiry into a violation of these standards of conduct committed by any individual, whether or not affiliated with the University, should be initiated by written complaint and filed with the Vice Dean for Education within 90 (ninety) days of the violation.
2. The complaint must be detailed and specific, and accompanied by appropriate documentation. The Vice Dean has the responsibility to protect the position and reputation of the complainant.
3. Upon receipt of a properly documented complaint, which has been made in good faith, the Vice Dean shall inform the respondent of the nature of the charges and identify the complainant. The Vice Dean shall also appoint an inquiry officer, who may not be a member of the same department as, or collaborator with, the complainant or respondent. The inquiry officer shall be unbiased and have appropriate background to judge the issues being raised. He/she must be a faculty member of the School of Medicine. An inquiry officer will be appointed within two weeks of the receipt of a properly documented complaint and the complainant and respondent will be notified. The Vice Dean shall also make every effort to protect the identities of both complainant and respondent with respect to the larger community.
4. The inquiry officer shall gather information and determine whether the allegation warrants a formal investigation. He/she shall then submit a written report to the Vice Dean, the complainant, and the respondent. The report shall state what evidence was reviewed, summarize relevant interviews, and include conclusions. This report shall ordinarily be submitted within 30 calendar days of receipt of the written complaint by the Vice Dean. If the inquiry officer finds that a formal investigation is not warranted, the complainant shall be given the opportunity to make a written reply to the officer within 15 calendar days following receipt of the report to the Vice Dean. However, if the inquiry officer finds that a formal investigation is warranted, the respondent shall be given the opportunity to make a written reply to the report within 15 calendar days following submission of the report to the Vice Dean. Such replies shall be incorporated as appendices to the report. The entire preliminary inquiry process shall be completed within 60
calendar days of the receipt of a properly documented complaint by the Vice Dean unless circumstances clearly warrant a delay. In such cases the record of inquiry shall detail reasons for the delay.

5. If the report of the inquiry officer finds that a formal investigation is not warranted, the Vice Dean may (i) initiate a formal investigation despite the recommendation of the preliminary inquiry committee, or (ii) not initiate a formal investigation, but take such other action as the circumstances warrant, or (iii) drop the matter. The Vice Dean ordinarily shall complete the review within 10 days of receipt of the report. The Vice Dean shall inform the concerned parties of the decision. In the event the Vice Dean determines, in consultation with legal counsel, not to initiate a formal investigation, the Vice Dean shall, as appropriate, use diligent efforts to restore the reputation of the respondent and to protect the position and reputation of the complainant if the complaint is found to have been made in good faith.

6. If no formal investigation of the respondent is conducted, sufficient documentation shall be kept on file to permit a later assessment of the reasons that a formal investigation was not deemed warranted.

7. If the report of the inquiry officer finds that a formal investigation is warranted or the Vice Dean decides the matter should be pursued through a formal investigation the Vice Dean shall:
   - notify the complainant and respondent;
   - Initiate a formal investigation as provided in section E.

E. Formal Investigation

1. To initiate a formal investigation, the Vice Dean shall appoint a formal investigation committee of not less than three individuals, all of whom shall be faculty members of the School of Medicine. The Chair of the Student Standards Committee will chair the formal investigation committee. The formal investigation shall be initiated within two weeks of completion of any inquiry that finds that such an investigation is merited.

2. The formal investigation committee shall undertake a thorough examination of the charges. Whenever possible, interviews shall be conducted with the complainant and respondent, as well as with others having information regarding the allegations. Summaries of these interviews shall be prepared, provided to the interviewed party for comment or revision, and included as part of the file. During its proceedings, the committee shall have access to and consult legal counsel. When appearing before the committee the respondent and the complainant may each be accompanied by an adviser. The student's adviser shall be a School of Medicine faculty member and the respondent's adviser must be a University of Pennsylvania employee. The committee shall not conduct formal hearings. Except in unusual cases, the respondent and the complainant shall not appear before the committee at the same time.

3. Following the completion of its investigation the committee shall submit a written report with full documentation of its upholding the complaint or not to the Vice Dean with copies to the complainant and respondent. This report shall describe the policies and procedures under which the investigation was conducted, how and from whom information was obtained, the findings, and the basis of the findings and texts or summaries of the interviews conducted by the committee. This report shall ordinarily be submitted to the Vice Dean within 60 days of the appointment of the formal investigation committee. The complainant and respondent shall be permitted to make a written reply to the Vice Dean within 15 calendar days of receipt of the report. Such replies shall be incorporated as appendices to the report of the formal investigation committee. The entire formal investigation process shall be completed with 90 calendar days of its initiation, unless circumstances clearly warrant a delay. In such cases, the reasons for a delay shall be documented.

F. Resolution

1. If the report of the formal investigation committee finds the charges to be unfounded, the matter shall be dropped and the concerned parties shall be informed. The Vice Dean has the responsibility to take an active role to repair any damage done to the reputation of the respondent or the complainant (provided the complainant acted in good faith), and to take appropriate action should the Vice Dean determine that the accusation was knowingly false.

2. If the report of the formal investigation committee finds the charges against a respondent to be substantiated, the following offices will be notified.
   - For a non-faculty UPHS employee (including but not limited to nursing, housestaff, and fellows), the Vice Dean shall inform the UPHS Office of Human Resources.
   - If a non-faculty employee of the University of Pennsylvania is named in a complaint and charges are substantiated against him/her, the Vice Dean shall inform the University's Human Resources Office.
If charges against a faculty member (including Clinical Care Associates) are substantiated, the Vice Dean shall inform the Dean of the School of Medicine who will proceed to take whatever actions are appropriate to the seriousness of the offense and in accordance with University procedures and which consider the previous record of the respondent. For major offenses by members of the standing (including clinical) or research faculties, the Dean of the School of Medicine shall determine whether there is substantial reason to believe that just cause exists for suspension or termination, and shall take other steps as may be appropriate under the University’s procedure for Suspension or Termination of Faculty for Just Cause. For less serious offenses which do not warrant suspension or termination, the Dean of the School of Medicine may impose penalties including, but not limited to, removal from a particular project, a letter of reprimand, special monitoring of future work, probation, or below average salary increases, including zero salary increases, for one or more years.

3. The respondent shall have access to all established University grievance and appeal procedures in accordance with the stated jurisdiction of such procedures.

G. Procedures

1. If the Vice Dean is the respondent or in any other way has a conflict of interest or the appearance of a conflict of interest, he or she is obligated to remove him or herself from the case during the preliminary inquiry and formal investigation, and the Dean of the School of Medicine shall appoint someone else to assume responsibility for carrying out these procedures.

2. Complete records of all relevant documentation on cases treated under the provisions of this policy shall be preserved in the Office of the Vice Dean for at least ten years.

3. The School of Medicine may act under these procedures irrespective of possible civil or criminal claims arising out of the same or other events. The Vice Dean, with the concurrence of the Dean of the School of Medicine, after consulting with the Office of the General Counsel, shall determine whether the University shall, in fact, proceed against a respondent who also faces related charges in a civil or criminal tribunal. If the University defers proceedings, it may subsequently proceed irrespective of the time provisions set forth in these procedures.

4. The Vice Dean shall have the authority to take any actions on behalf of the School of Medicine that he or she deems necessary to protect the complainant and/or the respondent, or to address other needs or deliberations related to the situation, pending the investigation and resolution of the complaint.

5. Retaliation against any member of the school community, who comes forward with a complaint or concern, is prohibited. If an individual believes that he or she is being subjected to retaliation as a result of coming forward with a concern or a complaint, he or she should refer the matter to the Vice Dean.

B. NEEDLESTICK POLICY

http://www.med.upenn.edu/student/needlestick.html

Exposure to Blood or Body Fluids

Penn Med policy regarding potential exposures is as follows:

Any medical student who sustains a needlestick or other wound resulting in exposure to blood or body fluids should follow the following protocol. Please keep in mind, that drug prophylaxis following a high-risk exposure is time sensitive, therefore you must immediately seek help from the appropriate hospital department.

Immediately wash the affected area with soap and water and cover the area with a dressing if possible. For an ocular exposure, flush thoroughly with water. Inform the supervising resident and immediately report to the areas listed below. Please bring the source patient information with you.

At HUP or the VA

- Go directly to the Occupational Health Department.
- If they are closed, report to the Emergency Department.
- Identify yourself as a medical student who has just sustained an exposure.
- You will see health care provider who is trained in assessing the risk of the exposure. If you are seen in the Emergency Room, an occupational surgery doctor is on-call 24 hours a day to provide immediate consultation on post-exposure drug
treatment and counseling. Do not hesitate to ask the physician treating you to page the Occupational Surgery doctor carrying the needlestick pager.

- You will be counseled and advised about post-exposure prophylaxis, if necessary.
- If indicated, you will be given a starter pack of the prophylactic drugs which are recommended in accordance with the current guidelines of the Center for Disease Control.
- Base-line blood tests will be done on you.
- The physician at Occupational Health will contact the attending physician of the source patient to expedite the process of getting consent to test the source patient.
- You will be given a schedule as to when to return to Occupational Surgery for follow-up testing.

If you are at the following hospitals, please go to the place listed. You will be treated in accordance with the hospital’s needlestick policy for healthcare workers. All affiliated hospitals’ needlestick policies have been reviewed by the Director of Infection Control for HUP and meet established standards. All follow-up testing for the students is done at HUP Occupational Health. Students should bring their records to HUP Occupational Health so that appropriate follow-up testing can be scheduled.

**Children’s Hospital of Philadelphia** – Report to Occupational Health Service during weekdays or to the Nursing Supervisor on weekends and evenings.

**Pennsylvania Hospital** - Report to Employee Health or to the Emergency Room if they are closed.

**Presbyterian Hospital** – Report to Occupational Surgery or to the Emergency Room if they are closed.

**Outpatient Ambulatory Sites** - Report to HUP Occupational Surgery or to its satellite at Radnor, whichever is a closer distance to your site.

**Billing Procedures**

All expenses that a student incurs, associated with needlesticks, will be paid for by the School of Medicine. At HUP or Presbyterian, these charges should automatically be billed to the School. However, if you do receive a bill for any of these services, please bring it to Nancy Murphy in the Office of Student Affairs immediately, so that the charges can be transferred to the school account. At affiliated hospitals, typically the bill will be sent to your home address. Please bring it to Nancy Murphy immediately so that the School of Medicine can pay the bill.

**C. PENN SAFETY NET**

**PENN SAFETY NET Overview for Clerkship Students**

PENN SAFETY NET was developed in 2001 by the Department of Clinical Effectiveness and Quality Improvement at the University of Pennsylvania. It is a web-based incident reporting system. This system is available to all clinical and non-clinical staff at each of the 3 Penn hospitals as well as all of the Penn outpatient clinics.

The purpose of any incident reporting system, including PENN SAFETY NET, is to provide an easy way for staff to identify events in which an error occurred or events in which the quality or safety of care was threatened in any way, even when no patient harm occurred (these types of scenarios are described in patient safety as “near misses”). PENN Safety Net provides the opportunity for Penn to learn more about the at-risk areas and imperfect systems that exist within our hospitals and implement improvement projects to prevent future patient harm.

Medical students can enter PENN SAFETY NET incidents. They can enter a report in one of 3 ways: using their Penn key, using their first and last name, or reporting anonymously. All information entered into PENN SAFETY NET is confidential. If students or any reporters do identify themselves with their PennKey or name, their name will never be disclosed (shared) with anyone else. On occasion, reporters will get called by a member of Risk Management or Patient Safety after their report is entered in order to ask additional questions more about the incident or to provide follow-up and feedback. If a medical student witnesses or is involved in an event and is unsure about whether it should be reported, they should ask their attending and/or clerkship director for direction. In addition, if a medical student is anxious or nervous about any part of the incident reporting
process or if they are told specifically not to enter a PENN Safety Net report by their clinical supervisors and they are uncomfortable with this conversation or direction, they should consult with their clerkship supervisor.

General questions from the clerkship directors about PENN SAFETY NET and patient safety concerns at Penn can be directed to one of the Patient Safety Officers at the 3 Penn Hospitals:

Pennsylvania Hospital: Daniel Feinberg, MD  
Penn Presbyterian Hospital Kevin Fosnocht, MD  
Hospital of the University of Pennsylvania: Ara Chalian, MD; Jennifer Myers, MD

Link to PENN SAFETY NET http://safetynet.uphs.upenn.edu (also available on the UPHS Intranet homepage http://uphsnet.uphs.upenn.edu/home).

D. Personal Property

It is OR policy that bags and purses, etc. are not come into the OR proper. Please make sure to secure any valuables in your med school locker and/or touchdown space. Travel only with necessities that can be kept in a pocket on your person.

E. Shelter in Place Policy

In the event that you received a “Shelter in Place” alert email: Identify shelter area in the building you are currently located. Do not reply, see www.publicsafety.upenn.edu for details. When the UPennAlert is announced for Shelter in place, for us here at HUP we just need to stay within the buildings and wait for additional information.
TOP 10 WAYS TO EXCEL ON THE SURGERY CLERKSHIP
(Adapted from CDIM primer to the Medicine Clerkship)

1. Find out what your residents and Attendings expect of you. Meet and try to exceed their expectations. Follow through on every assigned task.

2. Be actively involved in the care of your patients to the greatest extent possible (call the consults, write the notes, write their orders, check and interpret their labs, see their procedures). Go the extra mile for your patients. You will benefit as much as your patient will.

3. Go the extra mile for your team. Additional learning will follow. The more you put in, the more you will gain.

4. Read consistently and deeply about the problems your patients face. Raise what you learn in your discussions with your team and in your notes. Educate your team members about what you learn whenever possible. When possible, read about the issues of other patients on the service.

5. Learn to do excellent presentations as early as possible (this means practice, practice, practice). This will make you more effective in patient care and gain the confidence of your supervisors to allow you more involvement in patient care.

6. Ask good questions.

7. Be professional at all times, with patients, with all members of the health care team. Be on time, be responsible, and be accountable.

8. Actively see feedback and reflect on your experiences.

9. Keep your goals focused on the right priorities, in the following order: patient care, learning, and personal satisfaction. You should always strive to meet all three goals.

10. Always be enthusiastic. Be caring and conscientious and strive to deliver outstanding quality to your patients and learn as much as you can from every experience.
Syllabus Signature Page

SU200 Clerkship

Hospital of the University of Pennsylvania - Perelman School of Medicine

I ________________________________, do agree that I received a copy of the course syllabus for the Surgery 200 Clerkship. I have read and understand the course requirements, expectations, and grading policies as outlined in the syllabus.

_______________________________
Print Full Name

_______________________________  _____________
Signature                          Date

*Please return this form to the Clerkship Coordinator on 4 Maloney no later than Friday of Week 1.