Surgery Core Clerkship
Course Overview Document
2017-2018
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INTRODUCTION/CLERKSHIP OVERVIEW

ROTATION STRUCTURE:

One (1) Month/Four (4) weeks General Surgery at one of the following sites:
- Ben Taub Hospital
- Michael E. DeBakey Veterans Medical Center
- Baylor St. Luke’s Medical Center
- Texas Children’s Hospital

Two (2) weeks of Subspecialty Surgery at one of the following sites:
- Ben Taub Cardiothoracic Surgery
- Baylor St. Luke’s Abdominal Transplant Surgery
- Baylor St. Luke’s Vascular Surgery
- MEDVAMC Vascular Surgery
- MEDVAMC Cardiothoracic Surgery
- TCH Congenital Heart

Two (2) weeks of ICU at one of the following sites:
- Baylor St. Luke’s Medical Center (BSLMC)
- Ben Taub Hospital (BTH)
- Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC)

CLERKSHIP OVERALL GOALS AND OBJECTIVES:

- Demonstrate familiarity with the anatomy/pathophysiology of and establish treatment of the surgical diseases and procedures
- Demonstrate understanding of the perioperative preparation of patients and routine postop care pathways
- Develop a relevant problem list and differential diagnosis using the patient’s history findings
- Practice self-directed learning to improve the care of surgical patients
- Formulate appropriate care plans, including diagnostic tests and interventions
- Identify evidence based strategies to improve patient health
- Identify and fulfill responsibilities as a learner and colleague
- Obtain mid-rotation feedback
- Perform an observed focused history and physical exam
- Effectively communicate in succinct written and verbal form, a patient’s medical history and physical examination findings to colleagues and others
- Demonstrate a commitment to carry out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population
CLINICAL SITES

Ben Taub Hospital (BTH)
Baylor St. Luke’s Medical Center (BSLMC)
Texas Children’s Hospital (TCH)
Michael E. DeBakey VA Medical Center (MEDVAMC)

CONTACT AND SITE INFORMATION

BAYLOR COLLEGE OF MEDICINE SURGERY CORE CLERKSHIP

Clerkship Director:
Juliet Georgia Holder-Haynes, MD
Email: holderha@bcm.edu
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Associate Clerkship Director:
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Email: Stephanie.Gordy@bcm.edu
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BCM Blackboard

**GENERAL SURGERY SITE DIRECTORS**

Ben Taub General Hospital:
    Stephanie Gordy, MD
    Stephanie.Gordy@bcm.edu

Baylor St. Luke’s Medical Center:
    George Van Buren, MD
    George.VanBuren@bcm.edu
    Assistant: Janice Davis: Phone 713-798-8153
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    mazziott@bcm.edu
    Assistant: Vanessa Mose Phone 832-822-3126
    Email: vsmose@texaschildrens.org
    Office Location: Texas Children’s Hospital Clinical Care Center, Suite 1210, 12th Floor, Division of Pediatric Surgery

Michael E. DeBakey Veterans Affairs Medical Center:
    Konstantinos Makris, MD
    Konstantinos.Makris2@bcm.edu
    Office 713-791-1414

**SUB-SPECIALTY ROTATION DIRECTORS:**

Vascular Surgery BSLMC:
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    Jayer.Chung@bcm.edu
    Office 713-798-8840

Vascular Surgery MEDVAMC:
    Neal Barshes, MD
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Vascular Surgery BTH:
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Email: lmcfall@bcm.edu
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Abdominal Transplant/Liver Surgery BSLMC:
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Cardiothoracic Surgery MEDVAMC:
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Congenital Heart Surgery TCH:
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BTH SICU:
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Robert.Southard@bcm.edu
Assistant: Mary Toombs: Phone 713-798-8051
Email: Mary.Toombs@bcm.edu

MEDVAMC GS ICU:
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BSLMC CT ICU:
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Office 713-798-4321

TEACHER LEARNER COMPACT

COMPACT BETWEEN TEACHERS, LEARNERS, AND EDUCATION STAFF AT BAYLOR COLLEGE OF MEDICINE
Learners pursuing a professional career at Baylor assume responsibility to develop in-depth knowledge, acquire and apply special skills, and demonstrate professionalism. Teachers guide and educate learners, and model appropriate attitudes, interpersonal skills and professional behaviors. Core educational staff support both learners and teachers. This Compact serves both as a pledge and a reminder to teachers, learners, and educational staff that moral, ethical and professional behavior by all BCM personnel is essential to the basic principles of this institution.

DUTY, INTEGRITY, RESPECT: GUIDING PRINCIPLES OF THE EDUCATIONAL COMPACT
All participants in the education mission have a duty to sustain a learning environment conducive to maintaining the knowledge, attitudes, and skills necessary for providing contemporary standards of professional behavior. All education participants/parties will behave in a manner that reflects individual and institutional commitment to intellectual and moral excellence. Fundamental to the
ethic of professions is respect for every individual. Mutual respect between learners, as newer members of the profession, and their teachers, as experienced professionals, is essential for nurturing that ethic. In addition to individual respect, all educational parties must respect and follow established professional policies.

**AS A TEACHER, I PLEDGE TO:**

- Maintain currency in my professional knowledge and skills
- Ensure excellence of the educational curriculum
- Be a Model of professionalism in all of my interactions with faculty, learners, patients, colleagues, and staff
- Respect all faculty, learners, patients, colleagues, and staff as individuals, without regard to gender, age, race, national origin, religion, or sexual orientation; and oppose observed disrespect or bias
- Nurture learner commitment to achieve personal, family, and professional balance
- Recognize and acknowledge expressions of professional attitudes and behaviors as well as the achievement of quantifiable academic excellence
- Respond vigorously to unprofessional behavior and indications of abuse or exploitation of faculty, learners, patients, colleagues, or staff
- Create a safe environment in which faculty, learners, and staff can communicate any concern about breaches of this compact
- Accept responsibility for instilling these attributes in learners and faculty for whom I have responsibility

**AS A LEARNER, I PLEDGE TO:**

- Acquire the knowledge, skills, attitudes, and behaviors necessary to fulfill all established educational objectives
- Embody the professional virtues of integrity, empathy, altruism, compassion, respect, honesty, courage, and trustworthiness
- Respect as individuals, without regard to gender, race, national origin, religion, or sexual orientation, all patients, peers, faculty and staff
- Uphold the highest professional standards and conduct myself accordingly in all interactions with patients, peers, faculty and staff
- Assist my fellow learners in meeting their professional obligations, while fulfilling my own obligations as a professional
- Help create a safe environment in which faculty, learners, and staff can communicate any concern about breaches of this compact

**AS EDUCATIONAL STAFF, I PLEDGE TO:**

- Maintain currency in my professional knowledge and skills
- Help ensure excellence of the educational curriculum
- Embody professionalism in all of my interactions with faculty, learners, patients, colleagues, and staff
- Respect all faculty, learners, patients, colleagues, and staff as individuals, without regard to gender, age, race, national origin, religion, or sexual orientation; and oppose observed disrespect or bias
- Help create a safe environment in which faculty, learners, and staff can communicate any concern about breaches of this compact

We gratefully acknowledge the inspiration for this Compact provided by Jordan J. Cohen, M.D., President of the Association of American Medical Colleges through his "Compact between Faculty and Learners" published November 4, 2001.

COLLEGE OF MEDICINE GRADUATION COMPETENCIES AND EDUCATIONAL PROGRAM OBJECTIVES

PROFESSIONALISM
Each student graduating from BCM will:
1.1. Apply ethical decision making that upholds patient and public trust
1.2. Employ honesty, integrity, and respect in all interactions
1.3. Demonstrate a commitment to advocate for the needs and well-being of patients, colleagues, and self
1.4. Demonstrate caring, compassion, and empathy
1.5. Demonstrate awareness of one’s own biases and sensitivity to diverse patients and colleagues
1.6. Identify and fulfill responsibilities and obligations as a learner and a colleague
1.7. Recognize and avoid conflicts of interest
1.8. Adhere to patient confidentiality rules and regulations

MEDICAL KNOWLEDGE
Each student graduating from BCM will:
2.1. Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and socio-behavioral sciences, as well as the application of this knowledge to diagnose, manage, and prevent disease
2.2. Utilize the principles of public health, epidemiology, and biostatistics in identifying and reducing the incidence, prevalence, and severity of disease to improve health
2.3. Interpret diagnostic tests as they relate to common clinical, laboratory, and radiologic findings in the spectrum of health and disease

PATIENT CARE
Each student graduating from BCM will:
3.1. Demonstrate the ability to engage in an inter-professional team in a manner that optimizes safe, effective patient and population-centered care
3.2. Develop and implement patient evaluation and management plans appropriate to all levels of patient acuity
3.3. Develop a prioritized problem list and differential diagnosis using patient’s biopsychosocial history, medical records, physical exam findings, and diagnostic studies
3.4. Obtain consent for and perform basic technical procedures competently
3.5. Perform comprehensive and focused biopsychosocial exams in a variety of patient care settings and recognize when each is indicated
3.6. Assess health risks using gender- and age-appropriate criteria and recommend potential preventive and therapeutic interventions
3.7. Select and interpret diagnostic tests accurately
3.8. Interpret physical findings accurately
3.9. Utilize critical thinking to provide appropriate evidence or support for clinical decisions and management of diseases
3.10. Provide timely and accurate documentation of all assessment, plans, interventions, and orders – including prescriptions and transfers-of-care between providers or setting

**INTERPERSONAL AND COMMUNICATION SKILLS**
Each student graduating from BCM will:
4.1. Demonstrate patient-centered interview skills in order to create and sustain a supportive and therapeutic relationship with patients and families
4.2. Demonstrate the ability to communicate effectively, efficiently, and accurately as a member or leader of a health care team
4.3. Demonstrate the ability to effectively communicate and collaborate with colleagues, other health care professionals, or health related agencies
4.4. Apply verbal and written medical communication skills to basic and advanced medical scenarios

**PRACTICE-BASED LEARNING AND IMPROVEMENT**
Each student graduating from BCM will:
5.1. Identify personal strengths and deficiencies in one’s knowledge, skills, and attitudes to integrate feedback and set personal improvement goals
5.2. Use and manage technology to access medical information resources to expand personal knowledge and make effective decisions
5.3. Apply principles and practices of evidence-based medicine (EBM) in making decisions about prevention, diagnosis, and treatment of disease

**SYSTEM-BASED PRACTICE**
Each student graduating from BCM will:
6.1. Analyze the roles insurance plans and health care providers play in the health care system and how they affect providers’ and patients’ behavior
6.2. Provide appropriate referral of patients, including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes
6.3. Examine the role of quality improvement and clinical pathways in optimizing health systems
6.4. Demonstrate the rationale for reporting and addressing events that could affect patient safety

**LEADERSHIP**

Building upon the foundation of competence in the other six domains, each student graduating from BCM will be able to:
7.1. Demonstrate the ability to work effectively as a member of an interprofessional health care team
7.2. Demonstrate the ability to give and receive behaviorally-specific feedback
7.3. Utilize skills that enhance the learning environment and team functioning

### RELATIONSHIP OF CLERKSHIP OBJECTIVES TO COLLEGE OF MEDICINE GRADUATION COMPETENCIES AND EDUCATIONAL PROGRAM OBJECTIVES

<table>
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<th>Clerkship Objective(s)</th>
<th>Mode of Teaching</th>
<th>Mode of Assessment</th>
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| Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population CCGGs (1.2, 1.5, 1.6) | • Student lectures  
• M&M conferences  
• Grand Rounds  
• Inpatient Rounds  
• Outpatient Clinics                                                                 | • Observed H&P  
• Lecture Attendance  
• Midpoint Feedback                                                                 | • Clinical Performance Evaluations  
• Reflective Writing Assignment  
• Standardized Patient Exam |
| Demonstrate familiarity with the anatomy/pathophysiology of and establish treatment of the surgical following surgical diseases:  
  • Acute abdomen  
  • Biliary Disease  
  • Breast Disease  
  • Hernia | • Student lectures  
• Inpatient Rounds  
• Outpatient Clinics  
• Intraoperative Teaching  
• Attending/Chairman’s Rounds  
• Small Group Teaching | • AccessSurgery Modules  
• Small Group Teaching                                                                 | • Shelf Exam  
• Oral Exam  
• Clinical Performance Evaluations |
- Chest Disease
- Surgical Critical Care
- Skin Disorders
- Trauma
- Vascular Disease

**CCGGs (2.1, 2.2)**

| Develop a prioritized problem list and differential diagnosis using patient's biopsychosocial history, medical records, physical exam findings, and diagnostic studies | Student lectures
Outpatient Rounds
Intraoperative Teaching
Attending/Chairman's Rounds
Small Group Teaching | Small Group Teaching
Observed H&P
Unobserved H&P | SP Exam
Oral Exam
Clinical Performance Evaluation |

**CCGGs (3.3)**

| Formulate appropriate care plans, including diagnostic tests and interventions | Inpatient rounds
Outpatient clinic
Small Group Teaching
Attending/Chairman's Rounds | Small Group Teaching
Observed H&P
Unobserved H&P | SP Exam
Oral Exam
Clinical performance evaluations |

**CCGG (3.4)**

| Obtain consent for a perform basic technical procedures competently | Intraoperative teaching
Inpatient Rounds
Outpatient clinics | Skills lab
Intraoperative Skills Assessment |

**CCGG (3.5)**

| Perform the appropriate focused history and physical examinations and identify the characteristic signs associated with surgical diseases and understand appropriate interventions | Inpatient rounds
Outpatient clinic
Attending/Chairman’s Rounds | Observed H&P | SP Exam
Clinical Performance Evaluations |

**CCGG (3.9)**

| Apply an evidence-based approach, when possible, in managing common surgical problems | Student lectures
Inpatient Rounds
Outpatient Clinics
Intraoperative Teaching
Attending/Chairman’s Rounds
Small Group Teaching
M&M/Grand Rounds | AccessSurgery Modules | Shelf Exam
Oral Exam
Clinical Performance Evaluations |
Explain the mechanisms of action, indications, advantages, side-effects and contraindications of medications/procedures used in the management of preoperative and postoperative patients

**CCGG (3.10)**

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<th>YOU SAID</th>
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<tr>
<td><strong>Evaluation Year</strong></td>
<td><strong>YOU SAID:</strong></td>
</tr>
<tr>
<td>2015</td>
<td>More organization. Try to condense lecture material and simulations all in one day.</td>
</tr>
<tr>
<td>2015</td>
<td>Consolidation of all passport/midpoint feedback forms/supervised H&amp;P forms/any and all forms required to be documented in one booklet would be very helpful.</td>
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Demonstrate effective and respective communication skills during interpersonal interactions with patients, families and the medical team

**CCGGs (4.1, 4.2)**

<table>
<thead>
<tr>
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<tr>
<td>2015</td>
<td>More organization. Try to condense lecture material and simulations all in one day.</td>
<td>The clerkship now conducts all of its education didactic session on Wednesdays.</td>
</tr>
<tr>
<td>2015</td>
<td>Consolidation of all passport/midpoint feedback forms/supervised H&amp;P forms/any and all forms required to be documented in one booklet would be very helpful.</td>
<td>The passport now houses all evaluation forms and required documented material into one booklet.</td>
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Self-assess progress as learners and identify specific learning needs during the clerkship

**CCGG (5.1)**

<table>
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<tr>
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</table>

Demonstrate an understanding of the perioperative preparation of patients and routine postoperative care pathways

**CCGG (6.3)**

<table>
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<tr>
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<td>The passport now houses all evaluation forms and required documented material into one booklet.</td>
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<tr>
<td>Year</td>
<td>Feedback</td>
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<tr>
<td>2015</td>
<td>Might be better to set clear expectations for assignments such as access surgery, chairman's rounds, and other accessory coursework. The orientation was revamped to address expectations of all educational activities.</td>
<td></td>
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<tr>
<td>2015</td>
<td>The number of email communications should be reduced. We received multiple emails and sources of information containing carious portions of scheduled clerkship events. Only one email is send a week - “weekly announcements” email.</td>
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<td>2015</td>
<td>More skills lab would be helpful. We have scheduled 2 skills lab per month for students that are on their general surgery sub-rotation.</td>
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<tr>
<td>2015</td>
<td>One centralized area on blackboard would be helpful to include all scheduling information for the clerkship. The clerkship now has created a chart on blackboard as well as our BCM surgery website that provides the students with a weekly snapshot of activities that are scheduled for the clerkship.</td>
<td></td>
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<tr>
<td>2015</td>
<td>The surgery subspecialty grade is worth less than the Ben Taub emergency center grade and we feel it should be more even as the system is unfair. The clerkship is proposing for a redistribution of the grading components. The surgery subspecialty and Ben Taub emergency center grades will each account for 12.5% of the overall grade.</td>
<td></td>
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<tr>
<td>2015</td>
<td>The weight of the CPX, 30%, was rather high for a 15 minute encounter in which students may forget simple things. We are proposing that the weight of the CPX is dropped to 20% of the overall grade.</td>
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<tr>
<td>2015</td>
<td>ER is a weak point of the rotation and I feel students would be better served by more time on general surgery since many services have limited OR especially when you have 4-5 students on your team as many groups did this rotation. The ER should not be a part of this clerkship, I would have rather spend time in the OR or taking care of surgical patients. The clerkship has proposed that the Ben Taub Emergency Center sub-rotation be extracted from the Surgery Clerkship and placed elsewhere within the clinical rotation years. We will then replace those two-weeks with two additional weeks on the assigned surgical subspecialty sub-rotation.</td>
<td></td>
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<tr>
<td>2016</td>
<td>Emergency Medicine should not be part of the Surgery Clerkship Implemented a 2-week ICU sub-rotation. It has been widely praised for its exposure of students to the care of critically ill patients and a systems-based approach to patient management.</td>
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<tr>
<td>2016</td>
<td>CPX exam should not count for 30% of our grade Changed grading weight to 20%</td>
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<tr>
<td>2016</td>
<td>Subspecialty evaluations should count for more than 5% of our grade Increased the weight for subspecialties to 20%</td>
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<td>2016</td>
<td>We need instruction on wound care Wound Care/Suture lecture added</td>
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<td>2016</td>
<td>Review for the Shelf needed Shelf review provided in conjunction with students from the Student Surgical Society</td>
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<tr>
<td>2016</td>
<td>Too many required items on AccessSurgery Limited number of required items to one or two cases</td>
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</tbody>
</table>
STUDENT ROLES, RESPONSIBILITIES, AND ACTIVITIES

CLERKSHIP RESPONSIBILITIES
• Complete all required checklist items and submit checklist at the end of the rotation
• Obtain midpoint feedback by the 4th week of the rotation
• Perform and observed history and physical by 4th week of the rotation
• Complete all AccessSurgery Modules by the end of the term
• Attend all required lectures and conferences
• Pass NBME Subject Exam, Standardized Patient Exam and Oral Exam
• Adhere to Professionalism standards.

TIPS FOR THE ROTATION
• Read about the patient, disease/condition and planned operation before going to OR
• Arrive to OR early for procedure opportunities
• Make sure your team members know where you are at all times
• All procedures must be supervised by a physician
• Act professionally and compassionately towards all patients, families and team members.

DRESS CODE
Students should adhere to the Department of Surgery’s dress code. In general, students should wear their white coat when they are not in the OR. Jeans, tank tops, gym attire, yoga pants, etc. are not acceptable attire while serving on the Surgery Core Clerkship.

See the Department of Surgery’s Dress Code Policy in the Addendum section at the end of this document.

DOS AND DON’TS OF THE CLERKSHIP
• Do attend all required teaching sessions.
• Do adhere to the attendance policy.
• Do notify senior resident and attending of any absences. Notifying an intern is not sufficient.
• Do be proactive in assisting the team and fellow students to improve team efficiency
• Do ask questions in the OR – this is your education!
• Do seek feedback on a regular basis.
• Do wear your white coat when outside the OR
Do not contact faculty to complete outstanding evaluations; the clerkship coordinator and clerkship director will contact faculty and residents to complete evaluations.

- Do report needle sticks to OR personnel immediately
- Do respect patient confidentiality
- Do not share or borrow computer access codes
- Do check your email frequently for schedule changes.

**CHECKLISTS/CASE LOGS**

Student checklists and case logs are to be taken very seriously. This documentation houses evidence of completed learning and clinical activities that the student has participated in throughout the clerkship. This should be completed on Evaluate. In addition, at the end of the clerkship, students are required to submit their checklists to the Clerkship Coordinator. Failure to submit a completed checklist may result in an incomplete grade. This mandatory documentation includes the following:

- Patient Contact
- Clinical Skills
- Didactic Lectures/Teaching Sessions
- Mid-Point Feedback
- Observed History & Physical
- Operative Case Logs

**MID-POINT FEEDBACK EVALUATION**

*There will be no excuse for losing a checklist. Please take frequent photos for easy retrieval.*

Each student is required to participate in a formal mid-point feedback session with the site director at the 4 week mark. The formal mid-point feedback evaluation (assigned to your site director through the education office), located on Evaluate, is to be completed and logged. Mid-term Feedback is a mandatory activity designed as a “checkpoint” in order to review a student’s progress towards completion of class requirements. Mid-term feedback is not meant to be a predictor of your final grade. A student may meet criteria for a failing grade at any time during the clerkship based on professionalism or clinical performance, including after MTF. **Failure to comply will result in the student receiving a dropped letter grade and an incomplete for the course.**

**DIRECT OBSERVATION**

A Direct Observation is to be completed by each student twice throughout the term (once each month). This task is to be completed once on the general surgery sub-rotation and once on the subspecialty or ICU sub-rotation. The evaluation is to be completed and logged on Evaluate. **Failure to comply will result in the student receiving a dropped letter grade and an incomplete for the course.**

Students are also required to complete independent written H&P write-up to include the assessment and plan of a patient. This task is to be completed once on
Students will be responsible for emailing the write-up to the attending or senior resident on their assigned service. The student will then schedule a session to discuss the write-up for feedback.

GRAND ROUNDS
The Department of Surgery Grand Rounds are held Wednesday mornings from 7:00 a.m. – 8:00 a.m. during the months of September – June in the Alkek Building Room N315. Attendance is mandatory. Issues with attendance will be sent to the PACE Committee. Please wear either business attire or scrubs with your white coat.

SMALL GROUPS/LECTURES
Medical student didactic sessions will be held every Wednesday morning directly following Grand Rounds. There will be two (2) sessions per Wednesday, lecture and small group learning sessions, which are typically held from 8:00 am – 10:00 am. You will be assigned a small group and a faculty facilitator. The small group cases are available on Blackboard for you to prepare beforehand. To prepare for didactics students are encouraged to complete modules on AccessSurgery beforehand. Students will also be required to complete an evaluation on their faculty in E*Value.

*Schedule is posted on Blackboard. Schedules/activities are subject to change.*

ACCESS SURGERY
Online learning modules given to the students are assigned to correspond with weekly didactic sessions. Students will create an account by a pre-set deadline and learning modules will be assigned accordingly. *It is important to note that due dates are assigned to each module. Only the mandatory assignments within each module will be due.* Also, it is imperative that students access the learning module through the TMC library account NOT the VA, UTH, or MD Anderson websites. Issues regarding Access Surgery? Call 1-888-307-5984.

(www.accesssurgery.mhmedical.com) Instructions are located on Blackboard.

DISCOURSE LLC – VIRTUAL SURGICAL PATIENT CASES
These online virtual surgical cases present real-world scenarios in which the students are given a presenting problem and the opportunity to collect information by asking the patient questions, examining the patient and/or ordering lab and radiology tests. At the end of each scenario the student will receive a score and feedback as well as a link for additional readings about the case. The clerkship coordinator will send an email to sign-up for an account with Discourse LLC.

https://medstudents.discoursellc.com/cases

REPORTING WEEKLY DUTY HOURS
The Surgery Core Clerkship will now begin tracking the clerkship students’ duty hours to ensure that we remain compliant with BCM’s and LCME’s Duty Hour Policy.
Student will be required to complete the [Weekly Duty Hours Google Doc sheet](#) each week (Monday through Sunday) for each week of the Surgery Core Clerkship. The sheet should be submitted on Blackboard each Monday by 8am. *Failure to submit duty hours will result in the student not receiving his/her grade for the clerkship until all hours are documented and provided to the Clerkship Director and Clerkship Coordinator.* More detailed instructions will be sent by the Academic Coordinator each week as a part of the weekly announcements and activities email.
# Requirements: Clinical Log

**BCM ID ______________**

## Surgery Clerkship e*Value Checklist

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Observation General Surgery (Supervised)</td>
<td>Due by 4th week. Must be completed by faculty only</td>
</tr>
<tr>
<td>Direct Observation ICU (Supervised) OR</td>
<td></td>
</tr>
<tr>
<td>Direct Observation Surgical Subspecialty (Supervised)</td>
<td></td>
</tr>
<tr>
<td>Mid-Term Feedback (completed by Site Director)</td>
<td></td>
</tr>
</tbody>
</table>

### Patient Contacts

- Acute Abdomen
- Biliary Disease
- Breast Disease
- Disease of the Chest
- Hernia
- Soft Tissue Infection
- Trauma
- Vascular Disease

Due at end of rotation. May be assigned to resident or faculty

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission/Transfer Orders</td>
<td></td>
</tr>
<tr>
<td>Ben Taub Trauma Shift</td>
<td></td>
</tr>
<tr>
<td>Breast Surgery Clinic Visit</td>
<td></td>
</tr>
<tr>
<td>Brief Operative Note</td>
<td></td>
</tr>
<tr>
<td>H&amp;P Write-up General Surgery (Unsupervised)</td>
<td></td>
</tr>
<tr>
<td>H&amp;P Write-up Subspecialty (Unsupervised)</td>
<td></td>
</tr>
<tr>
<td>Operative Case Log</td>
<td></td>
</tr>
<tr>
<td>Oral Exam</td>
<td></td>
</tr>
<tr>
<td>Presentation of General Surgery OR Case</td>
<td></td>
</tr>
<tr>
<td>Presentation of Subspecialty OR Case</td>
<td></td>
</tr>
<tr>
<td>Presentation of an ICU patient</td>
<td></td>
</tr>
</tbody>
</table>

Due at end of rotation. May be assigned to senior resident or faculty

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dressing change/Wound Care (Perform)</td>
<td></td>
</tr>
<tr>
<td>ICU Procedure (Assist only)</td>
<td></td>
</tr>
<tr>
<td>Foley Catheter Placement (Perform)</td>
<td></td>
</tr>
<tr>
<td>NG/OG Placement (Perform- optional)</td>
<td></td>
</tr>
</tbody>
</table>
*STUDENTS SHOULD ONLY LOG ALTERNATE EXPERIENCES IF THEY HAVE NOT MET THE MINIMUM ROLE REQUIREMENT*

Clinical Logging is an ESSENTIAL task during your clerkship. The list of required diagnoses and procedures are the **minimum** requirements the Clerkship Director and Curriculum Committee have designated as what every student should see and/or do during the course of the rotation regardless of assigned clinical sites. We strongly advise students to update your Evalue case logs as you progress along the clerkship. Your case log will be reviewed with you during your Mid-Rotation feedback session and your one on one session with Dr. Holder-Haynes. It is our job as Clerkship Director and Site Directors to ensure that you are able to see/do the necessary items listed, so we can provide alternative experiences or adjust sites as necessary based on your case logging prior to the conclusion of the rotation. By the last day of the Clerkship all experiences must be completed in your case log.

The defined roles in your case logs for logging are:

**PERFORM** = Student actively participated in obtaining essential part of History and/or Physical Exam for diagnosis listed or participated in essential components of procedure performed

**OBSERVE** = Student is present as History/Physical Exam performed, or when a diagnosis is obtained, or a procedure is performed by others on the team

**SIMULATE** = Alternative experience available on Blackboard or other Simulated setting (to be used only when actual patient experience is not available)

Please contact the Clerkship Director if any clarification is needed on any of the above logging expectations and definitions.

### Schedules

<table>
<thead>
<tr>
<th>Event</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation</td>
<td>7 a.m. – 12:00 p.m.; 1st day of Clerkship</td>
<td>All students attend, held at BCM main campus, rooms TBD</td>
</tr>
<tr>
<td>Grand Rounds</td>
<td>7 a.m. – 8 a.m., Wednesdays, Sept.-June only</td>
<td>All students attend, held at BCM main campus, room TBD</td>
</tr>
<tr>
<td>Lectures/Small Groups</td>
<td>8 a.m. – 10 a.m.; Wednesdays</td>
<td>All students attend, held at BCM main campus, rooms TBD</td>
</tr>
<tr>
<td>Skills Lab</td>
<td>10:30 a.m. – 11:30 a.m.; Wednesdays</td>
<td>General Surgery students attend at BCM Simulation Lab</td>
</tr>
<tr>
<td>Chairman’s Rounds</td>
<td>1 p.m. – 2 p.m.; Wednesdays</td>
<td>General Surgery/Surgical Oncology month students attend</td>
</tr>
<tr>
<td>Ben Taub Attending Rounds</td>
<td>1 p.m. – 2 p.m.; Mondays</td>
<td>Ben Taub General Surgery Students</td>
</tr>
<tr>
<td>BSLMC Teaching Conference</td>
<td>7 a.m. – 7:45 a.m.; Fridays</td>
<td>St. Luke’s General Surgery Students</td>
</tr>
</tbody>
</table>
## Ben Taub Trauma Shifts

<table>
<thead>
<tr>
<th>Time</th>
<th>Days</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 p.m. to 6 a.m.</td>
<td>Friday</td>
<td>Students are assigned to Friday night, Saturday, or Saturday night trauma shifts.</td>
</tr>
<tr>
<td>6 a.m. to 6 p.m.</td>
<td>Saturday</td>
<td>BTGH General Surgery students are assigned to Sunday, Monday, or Thursday night trauma shifts.</td>
</tr>
<tr>
<td>6 p.m. to 6 a.m.</td>
<td>Saturday</td>
<td></td>
</tr>
<tr>
<td>6 p.m. to 6 a.m.</td>
<td>Sunday</td>
<td></td>
</tr>
<tr>
<td>6 p.m. to 6 a.m.</td>
<td>Monday</td>
<td></td>
</tr>
<tr>
<td>6 p.m. to 6 a.m.</td>
<td>Thursday</td>
<td></td>
</tr>
</tbody>
</table>

## Outpatient Breast Clinic

<table>
<thead>
<tr>
<th>Time</th>
<th>Days</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Bonefas (Baylor Clinic or Bellaire): 9 a.m. – 11 a.m. or 1 p.m. – 3 p.m. Mondays</td>
<td></td>
<td>All students are assigned to a breast clinic shift during their General Surgery rotation.</td>
</tr>
<tr>
<td>Dr. Silberfein (Smith Clinic): 1:15 p.m. to 3:15 p.m. Wednesdays</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr. Carter (Baylor Clinic): 11 a.m. – 1 p.m.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Morbidity and Mortality Conference

Held weekly at TCH, VA, SLEH, BTGH

Time varies by location

**Additional details for the above schedules may be found on Blackboard and are updated each term. Schedules/activities are submit to change.*

### Grades

<table>
<thead>
<tr>
<th>Requirements</th>
<th>% of Final Grade</th>
<th>Minimum Score to Pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>NBME Subject Exam</td>
<td>30% (Effective Jan’17)</td>
<td>≥ 5%ile as defined by NBME</td>
</tr>
<tr>
<td>SPE (CPX)</td>
<td>20% (Effective Jan ’17)</td>
<td>70%</td>
</tr>
<tr>
<td>Clinical Evaluations General Surgery</td>
<td>30% (Effective Jan’17)</td>
<td>&gt;2 SD above mean</td>
</tr>
<tr>
<td>Clinical Evaluations Surgery Subspecialty</td>
<td>20% (Effective Jan’17)</td>
<td>&gt;2 SD above mean</td>
</tr>
<tr>
<td>Professionalism*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Professionalism Requirements:

NBME: minimum passing score is determined by the Registrar’s office.
SPE: 70% of grade is from the SP History and Physical. The post-encounter counts for 30%
Professionalism: Students may fail the rotation for professionalism breaches.

Grade distribution as follows each term: 30% Honors, 40% High Pass, 30% Pass/Marginal Pass/Fail.

**How a Failure May Be Earned**

1. Clinical performance alone, regardless of test scores, that is 2 SD below the mean will be reviewed and may result in failure.
2. Lapses or issues with professionalism alone independent of clinical performance.

3. Failing 2 or more graded components on the clerkship (ie: the NBME and SP exam)

4. Failing only the SP or NBME Exam:
   - 1st Failure: Failing the SP exam or the NBME will result in a deferred grade to be submitted and the student is required to retake and successfully pass the exam. The highest grade that can be received for the course will be a Pass.
   - 2nd Failure: A second Fail of the SP exam or the NBME will require the student to repeat the course in its entirety. An F will appear on the transcript and the highest grade that can be received upon repeat of the course is a Pass.
   - 3rd Failure: On repeat of the course, students who fail any SP or NBME examination on the overall third attempt will fail the course for a second time and be referred to the Student Promotions Committee for adjudication.
   - Overall performance on the clerkship that is 2 SD below the mean will be reviewed and may result in failure.

Policies and Procedures

Blood Borne Pathogen and Infectious Disease Policy
- Baylor College of Medicine students ("Students") are expected to provide the appropriate level of care to all patients while following standard precautions to prevent the spread of infectious diseases due to exposure to human blood or bodily fluid.
- In the event of an exposure, students should immediately inform their supervisor and should notify the BCM Occupational Health Program ("OHP") at (713) 798-7880. Students will be provided with all OHP and associated hospital’s and clinic’s contact information during orientation.

Harassment/Mistreatment Policy
Harassment includes but is not limited to:
- Slurs
- Jokes
- Verbal, graphic, or physical conduct related to an individual’s race, color, sex, religion, national origin, age, physical or mental disability, or marital or veteran status.

Mistreatment either intentional or unintentional, occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. Examples of mistreatment include sexual harassment, discrimination, humiliation, and other forms of assessment in a punitive manner. Students should report all mistreatment to the Integrity Hotline at 855 764-7294 or go to the Integrity Hotline Web Portal:
For more information see the student handbook available at: https://www.bcm.edu/education/academic-faculty-affairs/student-services/student-grievances
You may also visit our Learner Mistreatment Policy at: https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.2.02

**SEXUAL HARASSMENT**
Baylor College of Medicine does not discriminate based on sex and will not tolerate discrimination which includes sexual harassment, sexual violence, dating violence, domestic violence and stalking. Incidents of sexual harassment, sexual violence, dating violence, domestic violence and stalking are taken seriously.

A student who experiences sexual harassment, sexual violence, dating violence, domestic violence and/or stalking may contact the Baylor Title IX Coordinator, Mikiba Morehead for assistance and support.

**SEXUAL MISCONDUCT AND OTHER PROHIBITED CONDUCT POLICY**

**REPORTING BREACHES IN PROFESSIONAL BEHAVIOR**
Mistreatment, either intentional or unintentional, occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. Examples of mistreatment include sexual harassment, discrimination, and other forms of assessment in a punitive manner.

BCM promotes a culture of respect between teacher and learner and works to ensure that the learning environment is free from conduct by faculty, staff, supervising residents, or others that could be reasonable interpreted by learners as mistreatment. Mistreatment may be verbal, emotional, or physical in nature. Examples include harassment, discrimination, public threats, and public or private humiliation.

- **Full policy:**
  https://intranet.bcm.edu/index.cfm?fuseaction=Policies.Display_Policy&Policy_Number=23.2.02
- **Options for reporting mistreatment:**
  1. Contact a course director, dean, or trusted faculty member
  2. Contact the BCM Office of the Ombudsman at ombudsoffice@bcm.edu or (713) 798-5039
  3. File an anonymous report via the Integrity Hotline:
     - (855) 764-7292
For more information see the student handbook available at:
https://www.bcm.edu/education/academic-faculty-affairs/student-services/student-grievances

**STUDENT GRIEVANCE POLICY**
Grievances are not the same as disagreements. A student cannot file a grievance merely because (s)he disagrees with the grade. A student can file a grievance if they believe the grade was unfair, for example, if it is felt to be an act of discrimination.

We encourage that student grievances be resolved, if possible, by the student and the individual (student, faculty, and/or staff) most closely related to the grievance. If no resolution is established, the student may ask her/his supervisor, program director, or dean for assistance.

If the grievance cannot be informally resolved by the supervisor, program director, or dean, the student must file a written grievance.

A student may file a grievance via the Integrity Hotline using one of the following methods:

1) Call 855-764-7292
2) Integrity Hotline Web Portal:

The leadership, faculty and staff of Baylor College of Medicine are all here to support and help you on your journey to becoming a leader in your chosen profession. In the event you have a grievance, we have created several pathways for you to receive help. Baylor community members are prohibited from retaliation.

Please review the [Student Grievance Policy webpage](#).

**STUDENT DISABILITY POLICY**
Baylor College of Medicine (BCM) is committed to providing equal educational access for qualified students with disabilities in accordance with state and federal laws. Newly accepted and currently enrolled students are responsible for initiating a disability–related request for reasonable accommodation or modification no less than 30 business days prior to the start of the course for which accommodation is required.

For more information, please review [BCM's student disability policy](#).

**DUTY HOURS POLICY**
Duty hours, including all in-house call activities, must be limited to an average of 80 hours per week over a four-week period. Duty periods may be scheduled to a
maximum of 24 hours of continuous duty in the hospital. An additional four hours may be spent to ensure appropriate, effective and safe transition of care. Minimum time off between scheduled duties is 10 hours. Students must also receive a minimum of either 24 hours off per seven-day work period, or four days off per 28-day work period.

For more information, please see the Duty Hour Policy page on BCM’s Intranet.

**ABSENCES AND TARDINESS**
In order to maximize the learning experience on Surgery, regular attendance on the rotation is expected. Days may be missed for excused absences only. Per BCM policy, excused absences include the following:

- Medical illness experienced by the student (physician note required if three or more days of illness experienced)
- Personal crisis (e.g., death or illness of immediate family member)
- Child birth (maternity and paternity policy of the College takes precedence)
- Presentation at professional meetings (up to two days with attendance up to department’s discretion)
- Residency Interviews

The number of excused absences is outlined in the table below:

<table>
<thead>
<tr>
<th>SUB-ROTATIONS</th>
<th># EXCUSED ABSENCES</th>
<th>RESULTING CONSEQUENCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-week sub-rotations</td>
<td>1 day</td>
<td>No make-up time required</td>
</tr>
<tr>
<td></td>
<td>2 days</td>
<td>Make-up time required</td>
</tr>
<tr>
<td></td>
<td>&gt; 2 days</td>
<td>Repeat the rotation</td>
</tr>
<tr>
<td>4-week sub-rotations</td>
<td>1 - 2 days</td>
<td>No make-up time required</td>
</tr>
<tr>
<td></td>
<td>3 - 4 days</td>
<td>Make-up time required</td>
</tr>
<tr>
<td></td>
<td>&gt;&gt; 4 days</td>
<td>Repeat the rotation</td>
</tr>
</tbody>
</table>

- An Absence Form must be filled out, signed by the chief resident/attending on service, and turned into the Clerkship director or coordinator.

- Planned absences which are not cleared in advance will be treated as unexcused regardless of cause as will any absence for illness that we are not informed of immediately. **An unexcused absence is considered grounds for failure of a core rotation. Please report any unexcused absences to the Clerkship Director and coordinator.**

- Unanticipated absences must be reported to the clerkship director as soon as possible. When requesting time off or if you’ve called in because of an illness,
please complete the time-off request/absence notification form (located on Blackboard). The form will need to be emailed to the Clerkship Coordinator, your attending, and the chief resident.

We follow the BCM Holiday Calendar:

✓ New Year's Day  
✓ Martin Luther King Day  
✓ Memorial Day  
✓ Independence Day  
✓ Labor Day  
✓ Thanksgiving Day  
✓ Christmas Day

**STUDENT HANDBOOK**  
All students for be familiar with the [Student Handbook](#).

**MID-POINT FEEDBACK**

<table>
<thead>
<tr>
<th>Are you ready to proceed with completion of the midterm feedback form?</th>
<th>(Question 1 of 15 - Mandatory)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>☑</td>
<td>☑</td>
</tr>
</tbody>
</table>

This mid-term feedback form is intended to provide feedback about performance, in order to facilitate improvement.

This form and associated processes at mid-point are not intended to predict the final grade, and are not suited for that purpose.

Pre-populated responses on this form reflect aggregated or summarized results from other inputs (e.g. Direct Observation forms, Student Performance Evaluation forms).

**SECTION 1. SUMMARIZED RESULTS FROM DIRECT OBSERVATION FORMS**

(Question 2 of 15)

The results below are populated using previous Direct Observation evaluations on this student
<table>
<thead>
<tr>
<th>History of Present Illness</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Past Medical History</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Past Surgical History</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psych History</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OB-Gyn History</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal/Social History</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family History</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Review of Systems</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other History (Please indicate type in comments, below)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Direct Observation History-Taking Comments:**  *(Question 3 of 15)*

Do not ADD, REMOVE or CHANGE any comments in this box.

*(Question 4 of 15)*

The results below are populated using previous Direct Observation evaluations on this student

<table>
<thead>
<tr>
<th>Mental Status Exam</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>HEENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiovascular Exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast Exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exam Type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-----------------------------------------------</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Lung Exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdominal Exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GU/Pelvic Exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peripheral Vascular Exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurologic Exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal Exam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other PE (Please indicate type in comments, below)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Direct Observation Physical Exam Comments:**  
*(Question 5 of 15)*  
Do not ADD, REMOVE or CHANGE any comments in this box.

**Direct Observation Professionalism Comments:**  
*(Question 7 of 15)*  
Do not ADD, REMOVE or CHANGE any comments in this box.

The results below are populated using previous Direct Observation evaluations on this student.

<table>
<thead>
<tr>
<th>Professionalism</th>
<th></th>
<th></th>
</tr>
</thead>
</table>
SECTION 2. SUMMARIZED RESULTS FROM STUDENT PERFORMANCE EVALUATIONS

(Question 8 of 15)

The results below are populated using previous Student Performance evaluations on this student

PROF1: The student exhibits **professionalism with respect to patients and families**: compassionate and respectful, advocates for patient/family's needs.

PROF2: The student exhibits **professionalism with respect to colleagues and team**: reliable and prepared, cooperative, proactive.

PROF3: The student exhibits **professionalism with respect to other students**: Serves as a positive role model.

PROF4: The student exhibits **professionalism with respect to self-improvement**: Seeks, accepts and integrates feedback; self-aware of performance.

Comments regarding professional behavior from Student Performance Evaluations. (Question 9 of 15)

Do not ADD, REMOVE or CHANGE any comments in this box.
The results below are populated using previous Student Performance evaluations on this student

<table>
<thead>
<tr>
<th>Category</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Knowledge (Item 1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Care (Items 2-7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication (Items 8-11)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Systems-Based Practice (Items 12-13)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Constructive feedback comments from Student Performance Evaluations.  (Question 11 of 15)

Do not ADD, REMOVE or CHANGE any comments in this box.

Comments about notable strengths from Student Performance Evaluations.  (Question 12 of 15)

Do not ADD, REMOVE or CHANGE any comments in this box.

SECTION 3. GOALS IDENTIFIED BY STUDENT

Please list goals below

(Question 13 of 15)
SECTION 4. STRENGTHS, PLANS FOR FURTHER DEVELOPMENT

(Question 14 of 15 - Mandatory)

Strengths
**DIRECT OBSERVATION**

**OBSERVATION OF HISTORY TAKING**

**KEY ELEMENTS:**

- Establishes and maintains rapport with patient/family
- Appropriately applies use of open-ended and closed-ended questions
- Obtained focused history of present illness and past medical/psychiatry history
- Elicits sufficient information to define problems
- Logical flow and sequence of interview questions

(Question 1 of 6)
| History of Present Illness | | | | | |
| Past Medical History | | | | | |
| Past Surgical History | | | | | |
| Psych History | | | | | |
| OB-Gyn History | | | | | |
| Personal/Social History | | | | | |
| Family History | | | | | |
| Review of Systems | | | | | |
| Other History (Please indicate type in comments, below) | | | | | |

**History-Taking Comments:**  
(Question 2 of 6)

---

**OBSERVATION OF PHYSICAL EXAM**

**KEY ELEMENTS:**

- Examines appropriate regions of the body pertinent to the symptoms
- Correct exam technique
- Logical exam sequence
- Elicited relevant abnormal findings
- Minimizes patient discomfort

(Question 3 of 6)

| (Cannot Do | Can Do With Significant Guidance | Can Do With Limited Guidance | Can Do Alone | This Type Not Observed) |
### Mental Status Exam

- HEENT
- Cardiovascular Exam
- Breast Exam
- Lung Exam
- Abdominal Exam
- GU/Pelvic Exam
- Peripheral Vascular Exam
- Neurologic Exam
- Musculoskeletal Exam
- Other PE (Please indicate type in comments, below)

<table>
<thead>
<tr>
<th>Physical Exam Comments: (Question 4 of 6)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

### PROFESSIONALISM

**KEY ELEMENTS:**
- Recognizes areas for improvement, accepts constructive feedback
- Courteous and respectful to patient, family, healthcare team members

(Question 5 of 6 - Mandatory)

<table>
<thead>
<tr>
<th>Not Observed</th>
<th>Area of Concern</th>
<th>Area for Development</th>
<th>Demonstrates Competence</th>
<th>Demonstrates Excellence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Professionalism</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Review your answers in this evaluation. If you are satisfied with the evaluation, click the **SUBMIT** button below. Once submitted, evaluations are no longer available for you to make further changes.
**E*Value Student Performance Evaluation**

**Surgery Core Clerkship**

**Evaluation of Students**

The information you provide about this student will be combined with other information to determine this student's progress and grade in the clerkship.

Please choose the best indicator of your role as an evaluator of this student:  
(Question 1 of 24 - Mandatory)

- Intern
- Resident
- Fellow
- Attending

What is the basis for your evaluation of this student? (please check all that apply)  
(Question 2 of 24 - Mandatory)

<table>
<thead>
<tr>
<th>Selection</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Review patient write-ups</td>
</tr>
<tr>
<td></td>
<td>Observation - history taking, physical exam, discussion with patient or family</td>
</tr>
<tr>
<td></td>
<td>Case presentation</td>
</tr>
<tr>
<td></td>
<td>Attending rounds</td>
</tr>
<tr>
<td></td>
<td>Procedures</td>
</tr>
<tr>
<td></td>
<td>Discussion about the student with other evaluators</td>
</tr>
<tr>
<td></td>
<td>Didactic session</td>
</tr>
</tbody>
</table>

Please estimate the amount of contact you with this student:  
(Question 3 of 24 - Mandatory)

- A few days or less
- About 1 week
- Between 1 & 2 weeks
- 2 weeks or more

Within the last year, have you reviewed the learning objectives for students in this clerkship?  
(Question 4 of 24 - Mandatory)

- Yes
- No

PROF1: The student exhibits **professionalism with respect to patients and families**: compassionate and respectful, advocates for patient/family's needs.  
(Question 5 of 24 - Mandatory)

<table>
<thead>
<tr>
<th>Cannon Assess</th>
<th>Major Concerns</th>
<th>Minor Concerns</th>
<th>No Concerns</th>
</tr>
</thead>
</table>
PROF2: The student exhibits **professionalism with respect to colleagues and team**: reliable and prepared, cooperative, proactive.

(Question 6 of 24 - Mandatory)

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Major Concerns</th>
<th>Minor Concerns</th>
<th>No Concerns</th>
</tr>
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<tbody>
<tr>
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</table>

PROF3: The student exhibits **professionalism with respect to other students**: Serves as a positive role model.

(Question 7 of 24 - Mandatory)

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Major Concerns</th>
<th>Minor Concerns</th>
<th>No Concerns</th>
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</table>

PROF4: The student exhibits **professionalism with respect to self-improvement**: Seeks, accepts and integrates feedback; self-aware of performance.

(Question 8 of 24 - Mandatory)

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Major Concerns</th>
<th>Minor Concerns</th>
<th>No Concerns</th>
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</table>

PROF5: Please provide specific comments regarding professional behavior (either serious concerns requiring remediation or exemplary behavior).

(Question 9 of 24)

COMP1: Rate this student's knowledge of common surgical diseases including pathophysiology and diagnosis.

(Question 10 of 24 - Mandatory)

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Little Knowledge</th>
<th>Some Knowledge</th>
<th>Mostly Complete Knowledge Base</th>
<th>Good Level of Knowledge</th>
<th>Superb Level of Knowledge</th>
</tr>
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</table>

COMP2: Rate this student's knowledge of the appropriate treatment(s) for common surgical diseases.

(Question 11 of 24 - Mandatory)

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Little Knowledge</th>
<th>Some Knowledge</th>
<th>Mostly Complete Knowledge Base</th>
<th>Good Level of Knowledge</th>
<th>Superb Level of Knowledge</th>
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</table>

COMP3: Rate if this student knows appropriate use and limitations of common laboratory tests, diagnostic procedures, and surgical treatments.

(Question 12 of 24 - Mandatory)

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Little Knowledge</th>
<th>Some Knowledge</th>
<th>Mostly Complete Knowledge Base</th>
<th>Good Level of Knowledge</th>
<th>Superb Level of Knowledge</th>
</tr>
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</table>
### COMP4: Rate this student's ability to elicit a complete surgical history.

(Question 13 of 24 - Mandatory)

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Unable to recall all elements</th>
<th>Poor information gathering</th>
<th>Some incomplete data gathering</th>
<th>Elicits a clinically relevant history</th>
<th>Consistently elicits subtle historical findings</th>
</tr>
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</table>

### COMP5: Rate this student's ability to perform a complete physical examination.

(Question 14 of 24 - Mandatory)

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Unable to recall all exam elements</th>
<th>Omits important exam elements</th>
<th>Omits minor exam elements</th>
<th>Conducts complete exam</th>
<th>Consistently performs all exam elements well</th>
</tr>
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</table>

### COMP6: Rate this student's ability to accurately interpret physical findings from the physical examination.

(Question 15 of 24 - Mandatory)

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Significant gaps in ability</th>
<th>Limited ability</th>
<th>Some ability</th>
<th>Good ability</th>
<th>Superb ability</th>
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</table>

### COMP7: Rate this student's ability to identify surgical problems and to formulate a differential diagnosis.

(Question 16 of 24 - Mandatory)

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Significant gaps in ability</th>
<th>Limited ability</th>
<th>Some ability</th>
<th>Good ability</th>
<th>Superb ability</th>
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</table>

### COMP8: Rate this student's verbal patient presentations.

(Question 17 of 24 - Mandatory)

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Disorganized &amp; unfocused with major omissions</th>
<th>Somewhat unfocused with minor omissions</th>
<th>Complete; mostly well-organized</th>
<th>Complete, well-organized</th>
<th>Complete, very well-organized, concise; tailored to clinical context</th>
</tr>
</thead>
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</tbody>
</table>

### COMP9: Rate this student's written notes.

(Question 18 of 24 - Mandatory)

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Disorganized &amp; unfocused with major omissions</th>
<th>Somewhat unfocused with minor omissions</th>
<th>Complete; mostly well-organized</th>
<th>Complete, well-organized</th>
<th>Complete, very well-organized, concise; tailored to clinical context</th>
</tr>
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</table>

### COMP10: Rate this student's ability to communicate effectively with patients in both routine and complex cases.

(Question 19 of 24 - Mandatory)

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Significant gaps in ability</th>
<th>Limited ability</th>
<th>Some ability</th>
<th>Good ability</th>
<th>Superb ability</th>
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</table>
COMP11: Rate this student's ability to communicate with patients who represent diverse cultures.  
(Question 20 of 24 - Mandatory)

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Ineffective</th>
<th>Effective w/ patients most like themselves but not w/ others</th>
<th>Effective w/ some patients from diverse groups</th>
<th>Effective w/ most patients from diverse groups</th>
<th>Effective w/ all patients, no matter the patient's background</th>
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</thead>
<tbody>
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</table>

COMP12: Rate this student's ability to critically evaluate and appropriately apply medical resources in practice.  
(Question 21 of 24 - Mandatory)

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Unable to access, critique, or apply information</th>
<th>Uses basic resources; critiques &amp; applies information if prompted</th>
<th>Uses &amp; critiques basic resources; can sometimes apply in practice</th>
<th>Uses &amp; critiques diverse resources and applies in practice</th>
</tr>
</thead>
<tbody>
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</table>

COMP 13: Rate this student's skill at appropriately protecting patient confidentiality according to HIPAA rules.  
(Question 22 of 24 - Mandatory)

<table>
<thead>
<tr>
<th>Cannot Assess</th>
<th>Does not understand importance; unaware of breaches</th>
<th>Understands importance; recognizes most breaches</th>
<th>Understands importance; recognizes &amp; notes breaches</th>
<th>Understands importance; avoids breaches</th>
<th>Understands importance; promotes protection of confidentiality among others</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Please provide constructive feedback for this student about areas for improvement. These comments will NOT be used for the Dean's letter.  
(Question 23 of 24 - Mandatory)


Please provide constructive comments about this student's performance. These will be used for the Dean's letter.  
(Question 24 of 24 - Mandatory)


Review your answers in this evaluation. If you are satisfied with the evaluation, click the Submit button below. Once submitted, evaluations are no longer available for you to make further changes.

Save For Later  Submit
Michael E. DeBakey Department of Surgery
Dress Code Policy

**Dress Code**

Dress and Appearance Guidelines:

The following guidelines are meant to serve as a general outline for dress and appearance for the Department of Surgery faculty, staff, and trainees, and are not meant to be an all-inclusive list of acceptable or unacceptable forms of professional attire. When in doubt, or in the case of special needs, program directors or supervisors should be consulted.

Failure to comply with these guidelines may result in disciplinary action.

- It is expected that all personnel dress in a professional manner and present an appearance consistent with our roles as physicians, medical staff, medical trainees and/or staff.
- When hospital scrubs must be worn outside of the OR because of medical necessity, a clean white lab coat should be worn over the scrubs. Scrubs should be cleaned and laundered when appropriate.
- Green OR scrubs should not be worn outside the Texas Medical Center.
- Sweatshirts or jackets, if needed during colder weather, should be worn under white coats.
- Shorts, denim fabrics, (jeans, jackets, skirts or pants), tee-shirts or leggings are not acceptable attire.
- Footwear may include clean sneakers, nursing shoes or clogs (closed toe). Flip-flops are not acceptable footwear.
- BCM or hospital identification badge must be worn in a visible location.