



DEPARTMENT OF SURGERY

SURGERY CORE CLERKSHIP  
**HANDBOOK**



School of Medicine





## CORE CLERKSHIP IN SURGERY

*Department of Surgery*  
*New York University School of Medicine*  
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### Introduction

In the surgical clerkship, you will be introduced to a wide spectrum of surgical diseases. By following patients through their initial presentation to the operating room and post-operative care, you will be able to observe the evolution and resolution of surgical disease processes. Teaching in the operating room and at the bedside, in particular, brings students and patients together for their mutual benefit. The faculty and residents are here to guide you and make the clerkship a meaningful experience. We feel the clerkship will give you the opportunity to actively expand your knowledge, develop technical and clinical skills and initiate relationships with patients, residents, faculty and staff. In these six weeks, we hope your exposure to surgery will show you what it means to be a surgeon at all levels and see why we feel surgery is such an exciting career.

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## Surgery Clerkship Objectives

Objectives	Activity	Assessment
Elicit thorough and pertinent patient <u>histories</u> .	H and Ps in ER, Clinics, and PST (Pre-surgical Testing)	Resident and faculty observation and OSCE
Conduct complete <u>physical</u> exams.	H and Ps in ER, Clinics, and PST	Resident and faculty observation
Write pertinent <u>notes</u> in the chart on the team's patients (H and Ps, operative notes, postoperative checks, daily progress notes)	Daily work rounds and on call activities	Resident evaluation
Interpret common <u>radiological and laboratory data</u> .	Lectures and tutorials/cyber classroom	Resident and faculty observation, written and oral exams and OSCE
Understand how <u>surgical decision making</u> is done, including the timing and need for an operation and be able to communicate this to others (patient education, informed consent)	Clinical experience, tutorials/cyber classroom and SIMMs	Resident and faculty observation, written and oral exams and OSCE
Learn about <u>common surgical problems and principles</u> .	Clinical experience, tutorials/cyber classroom, SIMMs and readings	Resident and faculty observations, written and oral exams and OSCE
Learn basic <u>surgical skills</u> .	Daily work rounds, on call activities and SIMMs	Patient Logs on ALEX and Log card
Understand <u>operative technique</u> and surgical <u>anatomy and pathology</u> .	Scrub in on a spectrum of surgical cases, read about and review the cases beforehand, work through SIMMs	Patient Logs on ALEX and Log card
Demonstrate professional behavior (honesty, responsibility, respect to patients and colleagues, commitment and enthusiasm towards learning,)	Clinical experience	Resident and faculty observation

**Clerkship Activities:**

**Wards:**

- Students will be assigned:
  - 3 weeks on General Surgery (Tisch Hospital or VA Hospital)
  - 3 weeks on General or Oncology Surgery (Bellevue Hospital)
- Students are required on both the general surgery and specialty rotations to:
  - Meet with the chief resident or fellow of their service to determine the daily schedule of their service (morning and afternoon rounds, service specific conferences).
  - Be present and prepared on both morning and evening rounds (Students should be able to report on their patients)
  - Obtain and write up admission histories and physical examinations on patients. The house staff or faculty will review students' assessment and write-ups. Focus on refining the breast, vascular, rectal, abdominal, and hernia exams.
  - Follow and write daily notes on these patients throughout their hospitalization. A resident or attending must sign these notes as they are legal documents.
  - Take in-house call every fourth or fifth night. Students may alternate between an overnight call consulting with the resident and a floor call doing floor work with a junior resident.

**Operating room:**

- The operating room provides the student with a unique and valuable opportunity to observe the pathologic processes. Students are expected to:
  - Scrub in on their patients' surgeries, as well as other cases on their team, so that they observe the full spectrum of surgical disease. In addition, students are encouraged to scrub on cases on other teams as long as they notify their chief resident.
  - Read about cases beforehand, preferably the night before the surgery. There are library resources at each hospital, and it is helpful to carry a pocket surgical manual.
  - Display appropriate OR behavior. Students are expected to be attentive to the anatomic, pathologic and technical issues that arise during the operation, and to be prepared to answer questions about the surgery.
  - Go to the pathology lab with the specimen whenever possible so as to review the histopathology with the pathologist. This will allow a more clear and comprehensive understanding of the disease process. (Note that it is never appropriate to discuss the findings with the patient before the patient has discussed them with his/her physician).



**Outpatient Care:**

- Students on General Surgery and specialty rotations are expected to participate in clinic and/or office hours.

**Bellevue Students:****General Surgery – (B Team)**

- Two students to volunteer to the Gouverneur Clinic on Every Tuesday 8:45 AM at NBV 15South14 Office.
- Gen-Surg Clinic Pre-Op on Wednesday, 9 AM – 5 PM at AmbCare Bldg (1D).
- Bariatric Clinic on Friday, 8 AM – Noon at AmbCare Bldg (1D).

**Surgical Oncology – (A Team)**

- Breast Exam Clinic on Monday, 9:00 AM to Noon, AmbCare Bldg, Mezz Fl.
- Breast Surgery Clinic on Mondays, 1:00 - 5:00 PM, AmbCare Bldg , Mezz Fl.
- Rectal/Endocrine Clinic Thursday, 1:00 – 4:00 PM. AmbCare bldg, 1<sup>st</sup> fl (1D)

**Teaching Rounds:**

- A member of the faculty from your General Surgery service conducts teaching rounds once a week.
  - Students will formally present patients on these rounds and should be prepared to answer questions about the management, plan and disease processes of their patients.

**Lecture series:**

- The lecture series cover core topics in surgery and supplements the clinical experience.
  - Lectures take place in the Bellevue Conference Room (15W-10). Students are released from clinical responsibilities during this time. Please see the lecture schedule online and in your folder.
  - Students should read about the subject in the appropriate text before coming to these conferences. Please see lecture schedule for reading assignments.
  - Attendance is mandatory. If you are going to miss a lecture (or tutorial, class, etc.) you must send notification to [valerie.paige@nyumc.org](mailto:valerie.paige@nyumc.org) prior to the event with an explanation or if you are scrubbed in surgery, immediately after the event.

**Excused Absences**

You are allowed up to 3 excused days during the clerkship (interviews, illness, jury duty etc.). You *must* notify the Clerkship Director at [mark.hochberg@nyumc.org](mailto:mark.hochberg@nyumc.org) and the clerkship coordinator (see above) via email *prior* to the missed day(s). Days in excess of this limit need to be made up. This can be done on weekends or after the clerkship ends.

**Dress Code**

White student jackets must be worn at all times and ID tags must be visible (unless scrubbed).

**Tutorials and Cyber Classroom:**

- Each student is assigned to a tutorial group, which is led by a faculty member who will moderate and guide the discussion on major surgical topics. The group meets weekly for 1 hour at assigned times. In conjunction, you will participate in the cyber classroom which will be based on topics discussed during the tutorial sessions.

**Departmental Conferences:**

- Students are required to attend major departmental conferences:
  - Morbidity and Mortality Conference, which meets on Thursdays at 7:15 AM in New Bellevue 15 West 10, M&M Conference Room.
  - Other specific service related conferences (See Elective summary addendum) with your team.

**Note Writing & Review:**

- Students are expected to write history and physical notes on each of their patients while they are on General Surgery service. Photocopied notes may be brought to the Surgical Clerkship Coordinator, Bert Ongkeo. Dr. Mark Hochberg will review them and give you a feedback.
- One major H&P report, is submitted to your tutorial leader. It is graded and returned with feedback. This is 10% of your grade.

**Readings: 2 books required**

Students are expected to read Lawrence, “**Essentials of General Surgery**” text, 4<sup>th</sup> Edition, as it provides an appropriate breadth of information and depth of discussion not available in a summary style text. Also required Lawrence, “**Essentials of Surgical Specialties**” text, 4<sup>th</sup> Edition. (See appendix for other summary texts).

**Skills Lab:**

Students are expected to attend four Skills Lab sessions during the clerkship. The log card provided includes the skills lab sessions which need to be signed off by the instructor at the end of each of the sessions. See attached Skills Lab schedule.

The skills encompassed by the sessions below are those that students should master by the end of their surgical rotation. They are “surgical” in approach, but have application in virtually every specialty of medicine.

## Skills Lab Sessions

### Session 1: Introduction to instruments and handling, knot-tying and suturing

This session would begin with a review of the commonly-used surgical instruments, their names and functions. Also introduced will be the various suture materials and their specific uses. The session will then move on to practice in handling the instruments. Finally, the basics of knot-tying will be introduced and the students will practice with supervision.

### Session 2: Introduction to Tubes

This session will focus on the commonly used tubes in surgery: intravenous catheters, nasogastric tubes, Foley catheters, central venous lines and arterial lines. The techniques of insertion will be described.

### Session 3: Focused Physical Diagnosis

This session will involve practice in performing breast, rectal and other exams on appropriate models.

### Session 4: Laparoscopic Instrumentation and Camera Holding

This session will focus on familiarizing the students with the basic equipment, scopes, and towers that are used when performing laparoscopic procedures.

### WISE-MD:

- Fifteen Surgical Interactive Multimedia modules (WISE-MD) on cholecystitis, carotid disease, colon cancer and adrenal adenoma are now implemented during the clerkship. Students are responsible for completing all five out of fifteen WISE-MD modules during their clerkship rotation. The WISE -MD are in a locked sequence so that students must complete them from beginning to end. After you have completed a section, you will be able to review it and navigate within it as you wish. WISE-MD can be accessed from the library and call rooms.



**Log Card:**

- Students are responsible for recording successful performance of the procedures and observation of the surgical cases detailed below. Each procedure and case must be signed by either a Faculty member or a Chief Resident (R4s or R5s).

Perform Histories and Physical Exams:

- Hernia Exam (2 cases)
- Breast Exam (2 cases)
- Abdominal Pain (2 cases)
- Rectal Exam (2 cases)
- Observe Cardiac/Vascular (2 cases)

Performing:

- Foley Catheter Placement (2 cases)
- I.V. Placement (2 cases)
- ABG (2 cases)
- Phlebotomy (2 cases)
- Suturing (2 cases)
- Changing Dressings/Suture or Staple removal (2 cases each)
- Debriding wounds (2 cases)
- Draining abscess (2 cases)

Operating Duties:

- Appendectomy (2 cases)
- Cholecystectomy (2 cases)
- Hernia Repair (2 cases)
- Benign Rectal (2 cases)
- Benign GI Hepatobiliary (2 cases)
- Malignant GI Hepatobiliary (2 cases)
- Endocrine (1 case)
- Bariatric (1 case)



## **Assessment and Evaluations**

At the end of the clerkship, tutorial preceptors, faculty members responsible for teaching rounds, attendings on the specialty services and senior residents conduct written evaluations that make up 60% of the final grade as outlined below. The grading structure is outlined below:

### 70% Clinical Evaluation

- 20% Tutorials Session
- 20% Tisch Resident or VA Attending/Resident
- 10% Bellevue Attending
- 10% Chief Resident (Bellevue)
- 5% WISE-MD Modules (5 modules are required)
- 5% Surgery PxDx Logs /Specialty PxDx Logs (20 log cases minimum )

### 30% Examinations

- 15% Written Examination (NBME/SHELF)
- 10% OSCE (5% Clinical and 5% Professionalism)
- 5% Health & Physical Report

## **Mid course evaluation**

The “Student Assessment Mid-Clerkship Progress Report” sheet must be given to the resident and/or clinical attending at the end of the second week of general surgery and to the tutorial leader at the midpoint of the clerkship. The form is available on the Surgery Clerkship website under “Evaluations”. This will give the student an opportunity to review his or her performance and will not factor into the final grade. **These forms must be given to Valerie Paige.** The student may also opt to schedule an appointment with the Clerkship Director.

## **Examinations**

Final examinations include both a written examination and an OSCE. The OSCE is designed to specifically review the students’ grasp of the surgical issues as is reflected in their log records. These examinations comprise 40% of the final grade as outlined above. Please note that the last **Wednesday of the rotation is a full clinical day.**

## **Objective Structured Clinical Exam**

There will be a 20 minute OSCE Exam, and it might be on GI bleeding / Breast Cancer / Carotid / Chronic Liver Failure / Colorectal Oral / Esophageal Ca / Gastric Carcinoma / Hepatobiliary / Inguinal Hernia / Lung Ca / Acute Cholecystitis / Melanoma / Small Bowel Obstruction / Testistorsion / Trauma Abd Pain / Acute Arterial Ischemia.

**NBME / SHELF Exam Policy**

The shelf exam policy is as per the Dean’s office. Any student scoring less than 60 must retake the exam. In this instance, your overall grade will be recorded and submitted as a “Fail” (not an “Incomplete”) but will be expunged from your record once you have retaken the exam and achieved a minimum score of **60**. At that time, another letter grade will be assigned based on the overall calculation. Should you not achieve a minimum score of 60 on the retake exam, your grade of “Fail” will remain on your transcript along with the passing grade once the requirements of the course are fulfilled. In the event that you are experiencing any problem that you believe would adversely effect your score (e.g. illness, family crisis), you may opt to postpone the shelf exam. If so, you must email both Dr. Mark Hochberg and Cindy Godoy *prior* to the date of the shelf exam indicating your request and reason for postponement. Only in this scenario, will an “Incomplete” be assigned.

Cindy Godoy – Dean’s Office Academic  
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**End of Clerkship Survey:**

The Dean’s office conducts an assessment through an anonymous questionnaire prior to the written examination. This enables the school and department to monitor and adjust problem areas as well as to allow recognition of areas of excellence.



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