SURGERY CLERKSHIP: MSEC PRESENTATION

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OVERALL STRUCTURE

- **Clinical:**
  - **General Surgery:** 3 X 2 weeks
    - JCMCH  One week each:
      - Floresguerra/Dunn & Cobble/Hooks
    - HVMC  One week each:
      - Trauma/Acute Care/Critical Care
      - General Surgery: SAK
    - VAMC
  - **Subspecialty:** 2 weeks
    - Student choice
OVERALL STRUCTURE & CORE CONTENT

Didactic:
- Lectures: “Mostly Monday”
- Small group: Vascular
- Simulation lab:
  - Two sessions per clerkship
  - Cases:
    - Trauma
    - Critical care/sepsis
- Quiz review:
  - Pre: “Round Robin”
  - Post: Questions + arguments
OVERALL STRUCTURE:

- Conferences:
  - Weekly:
    - Vascular alternates with Oncology (Tuesday a.m.)
    - GI conference (VA students only; Wednesday a.m.)
    - Grand Rounds: Sept. - June

- Case presentations:
  - Vascular
  - GI
  - “Browder Rounds”
TYPICAL DAY

- Highly variable
- **General surgery:**
  - Morning rounds
  - OR cases
  - Clinic
  - Have not implemented work hour limitations (until now)
  - **Call schedule:** Eight total during GS rotations must include 2 weekend nights
- **Subspecialty:**
  - Usually no call
  - “Preceptorship model”: Clinic, OR and other activities
OBJECTIVES

General Areas of General Knowledge:
- Communication
- Reinforce professional approach to patient care
- Knowledge of normal and pathologic anatomy and physiology
- Reinforce your ability to perform and record a history and physical examination
- Ability to request, tabulate, and interpret appropriate diagnostic tests to include laboratory studies
- Formulate a differential diagnosis
- Formulate a treatment plan to include medical AND surgical therapy
- Perform oral case presentation(s)
Specific Areas of Knowledge Related to General Surgery:

- All general areas of knowledge in an acute/emergent setting such as Emergency Room/Trauma, i.e. ability to function under situations of stress for both patient and physician
- Understand physiologic response to trauma of varying degrees
- Learn when surgical consultation is helpful
OBJECTIVES

- Skills Acquisition Technical skills
  - Knot tying
  - Suturing
  - Sterile technique
  - Skin lesion excision
  - Evaluation of lumps and bumps
  - Breast exams
  - SIM Lab case scenarios
CORE CONTENT

- Covered elsewhere
TEACHING METHODS

- Lecture
- Small group: Limited
- Conferences
- Clinical:
  - Residents
  - Faculty
Clinical performance: 50% final grade
  - New Innovations

Departmental quizzes: 20% final grade
  - Three/rotation

SHELF Exam: 30% final grade
  - Minimum 60th percentile for A
    - A=100-90  B=89-83  C=82-70  D=69-64  F=63

Professionalism issues: Communication with Dean usually written and oral with documentation
FEEDBACK

- Evaluations
- Mid-term review:
  - Clinical evaluations
  - Feedback/input
    - Reading
    - Positive/negative feedback on rotation
      - Orientation/input & feedback (objective)
  - Career plans
    - Advisor
  - Standardized test performance
FROM Students:

- End of rotation evaluations
  - Residents
  - Attendings

Overall evaluation academic year 2009-2010 was:

- Excellent (38.5%)
- Good (32.7%)
- Satisfactory (19.2%)
- Marginal (9.6%)

Evaluation feedback from students during their sub-specialty rotations 2009-2010:

- Excellent (55%)
- Good (40%)
- Satisfactory (5%)

Students offered specific praises and criticisms regarding faculty and instruction.

Students offered criticisms to schedule change notification.

Students offered criticisms regarding length of rotation assignments.

Students want more specific feedback regarding clinical performance.
THREE STRENGTHS

- Residents
- Variety of teaching methods
  - Especially Sim lab
- “Engagement”
- Commitment to maximizing time for clinical activities by concentrating didactics
THREE WEAKNESSES

“Input”:
- Feedforward/Orientation
- Feedback

Faculty engagement: Variable

“Structure” of clinical experience:
- Limited time in each location and rotation limits opportunity for feedback

Undefined work hour limits (working on this)
Clinical Problem Solving/Decision Making
Communication Skills
Diagnostic Imaging
Nutrition
Pain Management
Substance Abuse (Trauma service)
Women’s Health
  - Breast diseases
POTENTIAL GROWTH & CONSIDERATION OF FUTURE CHANGE

Structure:
- Possibly 2 three week rotations
- Back to HVMC OR JCMCH not both
- Alternatives to live lecture format

Content:
- Communication
- Ethics:
  - Informed consent
  - Dilemmas: Resuscitation, limited resources, immunosuppression
- Health Care Reform
- Surgeon Work Force Issues