

SURG 7290: Core Sub-Internship in General Surgery

Approved: 5/25/2021

Credit Hours: 4

Contact Information

Name	Position	Phone/Pager	Email
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Course Information

Brief Description of Course

The General Surgery Sub-Internship is a 4-week immersive course in which students expand their fund of knowledge and clinical skills during a rigorous clinical experience in which patient care responsibilities, workload, and work hours closely parallel those of a resident intern in the specialty.

Course Objectives

As a result of successfully completing Core Sub-Internship in General Surgery course, students will have demonstrated the ability to perform each of the following for ambulatory and hospitalized patients presenting with new and follow-up core chief complaints/diagnoses relevant to the course (UUSOM UPC 1 & 3):

1. Perform an accurate complete or focused patient interview and physical exam in a prioritized, organized manner without supervision, with respect for the patient, and tailored to the clinical situation and specific patient encounter. Integrate the scientific foundations of medicine with clinical reasoning skills to guide information gathering (EPA 1a, 1b).
2. Dynamically integrate patient data to formulate an assessment, develop a working diagnosis and prioritized list of alternate potential diagnoses. Avoid common cognitive errors of clinical reasoning (EPA 2).
3. Select and interpret common diagnostic and screening tests using evidence-based and cost-effective principles (EPA 3).
4. Enter safe orders and prescriptions for patients in the inpatient setting (EPA 4).
5. Enters accurate, focused, and context-specific documentation of a clinical encounter in either written or electronic formats (EPA 5).
6. Concisely and accurately present a summary of the clinical encounter and synthesis of clinical reasoning to the health care team (including patients and families) to achieve a shared understanding of the patient's current condition (EPA 6).
7. Identify key clinical questions, locate and appraise information resources, and assess applicability to individual patients (EPA 7).
8. Deliver and receive effective and efficient handover communication during transitions of responsibility from one health care team or practitioner to another (EPA 8).
9. Apply understanding of roles, responsibilities, and contributions of individual team members to contribute to safe, timely, effective, efficient, and equitable patient care (EPA 9).
10. Obtain informed consent for core interventions, tests, or procedures (EPA 11).
11. Safely and effectively perform core procedures relevant to the sub-internship including suturing and knot tying (EPA 12).
12. Identify and admit potential and actual errors and use system mechanisms for error reporting (EPA 13).

Successful students will have also:

13. Professionalism: Demonstrated professional responsibility and commitment to ongoing improvements in medical student education through accurate and timely completion of Case and Work Hours Logs as well as the Clinical Activities Form (UUSOM UP 3).

14. Practice-Based Learning and Improvement: Employed the Mid-Point Formative Feedback process to reconcile similarities and differences between their self-identified strengths and deficiencies in clinical skills and those identified by their preceptor (UUSOM UPBLI 1 & 3).
15. Practice-Based Learning and Improvement: Employed the Mid-Point Formative Feedback process to work collaboratively with their preceptor to set learning and improvement goals (UUSOM UPBLI 2).

**Please refer to <https://medicine.utah.edu/students/programs/md/curriculum/competencies.php> for detailed information on UUSOM Program Objectives.

Clinical Course Format & Schedule

Timeline

The Core Sub-Internship in General Surgery is 28 days in duration.

Schedule

The complete calendar and list of objectives for each event/activity can be found on the course's Canvas site. Canvas can be accessed at: <https://utah.instructure.com/>

Please refer to the Clinical Curriculum Procedures and Practices for detailed information on **Phase 4 Course Attendance Expectations and **Medical Student Clinical and Educational Work Practices**.

Educational and Instructional Modalities

Modality	Percentage
Clinical	70%
Small Group	20%
Didactic	10%

Role of the Student in this Clinical Course

Sub-Internship students are expected to function at the level of an early resident intern with respect to core responsibilities, patient load, and work hours. For assigned patients, students should conduct and document the initial history and physical examination, retrieve clinical information from the electronic medical record and other sources, present the patient to the supervising resident and preceptor, finalize the admission plans with the supervising resident or preceptor and patient, and discuss admission orders/diagnostic testing/therapy with the resident/preceptor. Each day students should pre-round on their panels of patients (i.e. gather interval history and data, perform focused physical examinations, present the patients during rounds, enter new orders, and construct daily progress notes).

All members of your assigned surgical team will evaluate your clinical performance.

We do expect you to participate in self-directed learning by 1) participating actively in all conferences, 2) reading on your own, and 3) engaging your residents and attendings for learning opportunities.

Night Call

The purpose of the Surgery Sub-Internship night call is:

- To expose students to acute surgical issues post-operatively and consults
- To help students understand another aspect and "time-period" of patient care in the hospital
- To help students understand the demands of residency

Night call begins at 6:00 PM when residents "sign-out" with the day team and conclude after the 7:00AM morning report. Students will be on call 2 nights during their General Surgery Sub-Internship rotation.

Trauma Bay Entry:

- Door located at stairwell & CT Scanner.

Call Room Locations:

- U Hospital – 6th Floor, Room 6195. Door code: 2&5 together; then 3,4.
- SOM – 2nd Floor, Rooms 2C143 and 2C145. Door code: 412.

Students should notify Dr. Colonna, Dellene Stonehocker, and the PGY-4 night resident if they cannot meet their night call responsibilities. Students are required to make up any missed nights.

***Please refer to the Clinical Curriculum Procedures and Practices for detailed information on **Clinical Curriculum Supervision of Medical Students**.

Core Chief Complaints, Core Diagnoses & Clinical Encounter Criteria

During the Core Sub-Internship in General Surgery, students are expected to experience and participate in a variety of clinical encounters with patients. The following table outlines the types of patient encounters expected for each student during the rotation. Students are required to log all of their encounters in the Case Log Application available via Tools. Each student remains responsible for completion of the patient log; any student with concerns that he/she is in jeopardy of not fulfilling the requisite number of encounters or specified level of responsibility for a particular core chief complaint, core diagnosis, or setting should notify the Course Director one week prior to the end of the clerkship to ensure that these experiences can be arranged. Students are expected to seek out and document these foundational diagnoses during their clinical experiences. Where noted, alternatives to authentic clinical encounters may be allowed.

Core Chief Complaint, Diagnosis, Visit Type, Procedure	Allowed Clinical Settings	Level of Student Responsibility*	Number Required	Alt**
Minimum Number of Inpatients	Inpatient	DPC	20	
Minimum Number of Outpatient/Clinic	Outpatient	DPC	20	
Laparotomy	Inpatient	DPC	1	
Laparoscopy	Inpatient	DPC	1	
Abdominal Pain	Inpatient/Outpatient	DPC	5	
Suture Closure of Wound/Laceration	Inpatient/Outpatient	DPC	5	
Trauma Evaluations	Inpatient	DPC	2	
Pre-Operative Evaluations	Inpatient/Outpatient	DPC	10	
Post-Operative Evaluations	Inpatient/Outpatient	DPC	10	

*Levels of Student Responsibility: Provide Direct Patient Care (DPC), Participate as a Team Member for Patient Care (TMPC), Observe Patient Care (OPC)

**Alternative Experiences: Where indicated with a ✓ online cases, textbook reading, and/or didactic experiences are allowed as alternatives to clinical experiences.

Required Textbook(s)/Readings

Book Title and ISBN	Author/Publisher/Edition	Approximate Cost
Current Surgical Diagnosis and Treatment	Gerry Doherty/Lange/13 th edition	
Surgery, A Competency-Based Companion	Barry Mann/Sanders/1 st edition	

Additional Resources

- Advanced Surgical Recall, Lorne H. Blackbourne (Lippincott, Williams & Wilkins)
- Mont Reid Surgical Handbook, 6th Edition, University of Cincinnati Residents (Saunders)
- Greenfield – Greenfield's Surgery: Scientific Principles and Practice
- Schwartz – Schwartz's Principles of Surgery
- Townsend – Sabiston Textbook of Surgery
- Surgery 101 Podcasts (available as an iTunes podcast)
- ICU rounds (available as an iTunes podcast)

Assessment & Grading

	Weight	Must Pass/ Must Complete	EPA/UUSOM Program Objective(s) Measured	Due Date
Course Assessments				
Preceptor Evaluations*	80%	Must Pass	EPA 1a, 1b, 2, 3, 5, 6, 9	
Observed Structured Assessment of Technical Skills	5%	Must Pass	EPA 12	
Assignments and Must Complete Elements				
Observed Clinical Encounter*		Must Complete	EPA 1a, 1b, 2, 3, 4, 5, 6	4 th Wednesday of Course by 11:59pm
Mid-Course Formative Feedback*		Must Complete	UUSOM UPBLI 1-3; EPA 1a, 1b, 2, 3, 5, 6, 9	2 nd Friday of Course by 11:59pm

Case Log		Must Complete	UUSOM UPC 1, UPC 3	4 th Wednesday of Course by 11:59pm
Work Hours Log		Must Complete	UUSOM UP 3	4 th Wednesday of Course by 11:59pm
Journal Club	5%	Must Pass	EPA 7	See Canvas
Patient Safety LeAP	10%	Must Pass	EPA 13	4 th Wednesday of Course by 11:59pm
Informed Consent		Must Complete	EPA 11	4 th Wednesday of Course by 11:59pm
Discharge Summary		Must Complete	EPA 5	4 th Wednesday of Course by 11:59pm
Focused H & P Note Review		Must Complete	EPA 5	3 rd Friday of Course by 11:59pm
Evidence Based Presentation		Must Complete	EPA 7	4 th Wednesday of Course by 11:59pm

*Assessments including narrative components; additionally, the MSPE paragraphs are narrative summaries of student performance in the course.

Grading System

Each score from the table above is converted to a score between 0-4, where 2.0 represents the minimum passing score and 4.0 is the maximum score. The final overall numerical course score is the weighted average of each score from the table above. Final overall course scores are rounded to one decimal point using standard rounding (e.g. 3.49 = 3.5).

Students will receive final letter grades of HONORS (H), HIGH PASS (HP), PASS (P), or FAIL (F).

HONORS: A student who earns a final numerical course score of 3.6 or greater, passes each of the Must Pass elements on the clerkship on the first attempt, and completes all of the Must Complete elements will earn a grade of HONORS for the course.

HIGH PASS: A student who earns a final numerical course score of 3.2, passes each of the Must Pass elements on the clerkship on the first attempt, and completes all of the Must Complete elements will be assigned a grade of HIGH PASS for the course.

PASS: A student who earns a final numerical course score of 2.0 or greater, passes each of the Must Pass elements, and completes all of the Must Complete elements will be assigned a grade of PASS for the course.

FAIL: A student who earns a final numerical course score of less than 2.0 and/or fails one or more Must Pass elements of the clerkship and/or fails to complete all of the Must Complete elements will be assigned a grade of FAIL for the course.

Preceptor Evaluations

All Phase 4 Courses employ a common preceptor evaluation form that instructs evaluators to select performance-based behaviors along multiple dimensions that best represent the student's highest sustained performance during the preceptor's period of observation. The preceptor evaluations are must pass elements of the course. The passing student must achieve an overall score of 2.0 for the preceptor evaluations. A student who does not achieve a passing score for the preceptor evaluation component will receive a grade of FAIL for the course.

Mid-Course Formative Feedback

All Phase 4 Courses employ a common mid-course formative feedback form that includes both a student self-assessment and faculty/resident assessment of student section. This self-assessment and feedback is intended to be formative in nature and will not be used in the calculation of preceptor evaluation data for final grade determination. Students will be instructed on the process of self-assessment and formative feedback and will be responsible for timely completion and submission of the data to the Course Director according to individual course specified process for selection of preceptors and occurrence frequency. Students with formative feedback suggesting need for remediation should contact the Course Director to develop a learning plan.

Additional Assessments

The Observed Structured Assessment of Technical Skills, Journal Club, and Patient Safety LeAP are all must pass elements of the Core Sub-Internship in General Surgery. Students who do not achieve a passing score on the first attempt of the Technical Skills Assessment, Journal Club, or Patient Safety LeAP will be required to work with the course director to develop and complete an individualized learning plan; after completing the individualized learning plan, the student will be offered

a single additional attempt to earn a passing score on the assessment. Any student not achieving a passing score on the second attempt of the assessment(s) will be assigned a grade of Fail for the assessment and a course grade of FAIL.

Student Feedback

Providing feedback is an important aspect of our professionalism expectations and helps with curriculum quality improvement. For each clinical course in Phases 3-4 you must complete an end-of-course survey and individual surveys of clinical faculty and residents by the due date to demonstrate reliability for the professionalism competency. Required surveys are administered online through Qualtrics and student responses are anonymous. Please refer to the resource section of the course canvas page for student feedback survey due dates.

Standard Practices

Please refer to the Clinical Curriculum Procedures and Practices for the following:

- Phase 4 Developmental Benchmarks for Priority EPAs**
- Phase 4 Formative Feedback Form**
- Phase 4 Global Rating Form (Preceptor Evaluation)**
- Phase 4 Attendance Expectations**
- Medical Student Clinical and Educational Work (formerly Duty Hours)**
- Medical Student Clinical Documentation**
- Medical Student Call Rooms**
- Medical Student Mobile Communication**
- Students as Interpreters**

Standard Policies

Please refer to the Student Handbook (on the Student Affairs website) for these policies:

- Accommodations**
- Addressing Sexual Misconduct**
- Dress Code**
- Examination and Grading Policies**
- Grade or Score Appeal**
- Professionalism, Roles & Responsibilities**
- Mistreatment**
- Infectious, Environmental and Bloodborne Pathogen Exposures Policy**

Alternate Name and/or Personal Pronoun

Class rosters are provided to the instructor with the student's legal name as well as 'Preferred' first name (if previously entered by you in the Student Profile section of your CIS account). While CIS refers to this as merely a preference, we will honor you by referring to you with the name and pronoun that feels best for you in class, on papers, exams, group projects, etc. Please advise us of any name or pronoun changes (and please update CIS) so we can help create a learning environment in which you, your name, and your pronoun will be respected.

Center for Disability & Access

The School of Medicine seeks to provide equal access to its programs, services and activities for all medical students. The Center for Disability and Access (CDA) provides accommodations and support for the educational development of medical students with disabilities. Medical students with a documented disability, and students seeking to establish the existence of a disability, that would like to request accommodations are required to meet with the CDA to establish accommodations. The CDA will work closely with eligible students and the Academic Success Program to make arrangements for approved accommodations. The School of Medicine and CDA maintain a collegial, cooperative, and collaborative relationship to ensure compliance with federal and state regulations for students with disabilities.

Steven Baumann EdD, School of Medicine Senior Director of Academic Success Program, serves as the liaison between the School of Medicine and the CDA.

Contact Information:

Dr. Steven Baumann, Senior Director of Academic Success Program

Safety Statement

The University of Utah values the safety of all campus community members. To report suspicious activity or to request a courtesy escort, call campus police at 801-585-COPS (801-585-2677). You will receive important emergency alerts and safety messages regarding campus safety via text message. For more information regarding safety and to view available training resources, including helpful videos, visit safeu.utah.edu.