General Surgery Clerkship Manual Academic Year 2023-2024

Program Faculty and Staff

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A person wearing a white shirt and blue tie  Description automatically generated with medium confidence | **James Nguyen, MD**  Clerkship Director  [James.Nguyen2@med.usc.edu](mailto:James.Nguyen2@med.usc.edu) | A person in a white coat  Description automatically generated with low confidence | **Azadeh Carr, MD**  Associate Clerkship Director  A[zadeh.carr@med.usc.edu](mailto:azadeh.carr@med.usc.edu) |  |
| A person smiling for the camera  Description automatically generated with medium confidence | **Casey Schlesinger, BSN, RN**  Medical Student Educator  Clinical Instructor of Surgery  (213)453-6233 (cell)  [casey.schlesinger@med.usc.edu](mailto:casey.schlesinger@med.usc.edu) | A person with long hair  Description automatically generated with low confidence | **Nara Pashikyan, MSN, FNP**  Medical Student Educator  Clinical Instructor of Surgery  (818)303-6696 (cell)  [nara.pashikyan@med.usc.edu](mailto:nara.pashikyan@med.usc.edu) |  |  |
|  | **Kelli Gray**  Academic Program Coordinator  Clerkship  (323)409-6562 (Office)  [kelli.gray@med.usc.edu](mailto:kelli.gray@med.usc.edu) |  | **Lucy Hernandez**  Academic Program Coordinator  Selective/Elective  (323)409-6561 (Office)    [lucinahe@med.usc.edu](mailto:lucinahe@med.usc.edu) |  |

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# Introduction

Welcome to Surgery! We hope that you find it an invigorating and positive educational experience. The purpose of this manual is to provide you with the expectations of the clerkship and to offer you references that will assist you to succeed. Please read the information carefully so that you completely understand the learning objectives, the service structure, your responsibilities and priorities, and the policies for student evaluation.

The overriding goal of the Department of Surgery is to provide a stimulating learning environment in which the student may acquire the attitudes, skills, and knowledge of surgery necessary to function effectively as a physician upon graduation from the Keck School of Medicine at USC. The appropriate resources and interactions with faculty and house staff will be provided but it is ultimately the students that are responsible for their own learning. The clerkship is structured for students who are self-initiating and highly motivated to seek out opportunities for learning.

A major element of the Surgery Clerkship is an emphasis on the development of clinical problem-solving skills. Our faculty believes that developing a sound approach to clinical decision making is the most important skill to develop. The philosophy of the clerkship honors the fact that medical students are learners during their clerkship experience rather than junior interns. The student on the Surgical Clerkship is encouraged to develop not just as a technician, but more importantly to build a solid cognitive knowledge base and *critical thinking skills*. This goal will require the student to participate in an appropriate blend of clinical and self-educational activities throughout the clerkship.

We believe that the interaction between student and faculty is a most critical component of the clerkship experience. Although interaction with surgical house staff is important, this interaction can never replace the active exchange between students and faculty. Faculty provides ongoing feedback to students, and they are role models exemplifying how surgeons approach problems and interact with patients, families, and other professionals. The clerkship encourages all students to actively seek feedback from the physicians with whom they work. This should be done on an ongoing, daily basis. A formal mid-clerkship feedback session with supporting documentation is required at the middle of the rotation.

Please note that you are responsible for knowing and following the Keck School of Medicine Student Policies (<http://medweb.usc.edu/policies/>).

# General Surgery Clerkship Goals

The diversity of learning experiences on the general surgery clerkship will provide you with rich opportunities to learn about and from your patients. The following are the goals of this clerkship:

To introduce students to:

1. General surgery practice.
2. The steps of the initial assessment, resuscitation and stabilization of a trauma patient; the pathophysiological effect of blunt versus penetrating trauma; the principles of primary acute trauma management; the behavioral, cultural, economic, educational, lifestyle and psychosocial factors that impact surgical diseases; the compliance and barriers to care for general or subspecialty surgery patients.
3. Ethical issues surrounding informed consent and advocacy for their patients’ needs.

To help the students develop the skills to:

1. Recognize and develop an appreciation for the roles and contributions of the various members of the multi-professional health care team (i.e. EMS personnel, social workers, compliance officers, visiting nurses, home TPN, etc.); appreciate the differences in various health systems’ operations (i.e. county versus private settings); and observe how system failures affects health care.
2. Actively seek and effectively respond to constructive feedback from others (colleagues, supervisors, patients, etc.); and assess/recognize the limits of their knowledge and ask for help when needed.

**General Surgery Clerkship Objectives**

The clerkship objectives support achievement of the KSOM Educational Program Objectives: <https://medstudent.usc.edu/academics/ksom-educational-program-objectives/>.(See attachment ‘B’ and ‘C’ for detailed outline of objectives by system).

# By the end of the General Surgery Clerkship, the medical student will be able to, in real or simulated patient care settings:

1. Demonstrate appropriate competency-based surgical cognitive skills for the 18 topic areas addressed in the ACS/ASE Medical Student Core Curriculum.
2. For the conditions listed in Attachment B, obtain accurate, focused, histories throughout different points in the perioperative period for a variety of acute surgical patients and trauma patients within inpatient and outpatient settings.
3. Using the list of Physical Exam components in Attachment A, perform accurate and focused physical examinations throughout different points in the perioperative period for a variety of acute surgical patients and trauma patients within inpatient and outpatient settings.
4. Accurately gather and interpret essential patient data (history, physical exam, laboratory & imaging results) to evaluate patients. Present the patients using the SOAP format.
5. Propose management plans.
6. Develop a patient care note for at least 1 critically ill (ICU) patient that meets the specific (9-pt) criteria as outlined in the corresponding assignment rubric.
7. Record pertinent patient care details in connection with the clerkship’s required clinical encounters for a total of 15 patients.
8. Complete timely and thorough clinical notes (e.g., initial H&P, daily progress notes, etc.) in the appropriate EHR system for the assigned patients each shift/per clinical team orders.

9. Effectively use medical literature, computer-based searching tools, and other evidence-based informational resources in the care of surgical patients.

10. Correctly identify at least 1 indication, contraindication, and complication associated with the following procedural skills: foley catheter placement, NGT insertion, local anesthesia administration, and basic wound closure.

1. Recall the “Best Practice” steps for performing basic procedural skills associated with the General Surgery clerkship (e.g., 2-handed surgeon’s knot, simple interrupted suturing, local anesthesia administration) with at least 70% accuracy.
2. Demonstrate safe and appropriate technique when handling/using/disposing of all suturing instruments and sharps materials.
3. Appraise patient needs within the trauma/critical care setting and prioritize interventions based on a variety of routinely encountered clinical scenarios as evidenced by completion of a 20-question multiple choice quiz.

# Clerkship Structure

During the Surgical Clerkship, students will function as members of the house staff team. The students will be responsible for two to four patients on their assigned service. This responsibility includes the following: performance of admission history and physical examination, scheduling of diagnostic tests, data collection, writing progress notes, and participating in the operative procedure and postoperative care of the patient until discharge from the hospital. Daytime activities (Monday-Thursday) will include participation in assigned cases in the operating room, wards, or clinic.

Fridays are Medical Student Education Day (unless your scheduled Wellness Day during GS block). Learners begin the day with Case Studies hosted by the clerkship director, participate in Department of General Surgery M&M’s and Grand Rounds mid-morning, and then participate in all assigned learning activities posted on the learning activities calendar. When on Acute Care Surgery medical students return to their patient care teams following scheduled educational activities. Expect to be working one weekend day per week when on General Surgery services.

Students work in a variety of settings. They will be assigned to one three-week block of Acute Care Surgery and a second three-week block on one of the following General Surgery Services: Colorectal Surgery; General Surgery; Hepatobiliary Surgery; Minimally Invasive Surgery; Vascular Surgery; or Breast, Endocrine and Soft Tissue Surgery.

**Wellness Day –** On the second Friday of student’s assigned General Surgery Block (either week 2 or 4 of the rotation), students will have the full day off for Wellness. \*\*Please refer to the clerkship Learning Activities Schedule online for specifics.\*\*

# Clerkship Site Descriptions

Clerkship site descriptions can be viewed at the following website: <https://medstudent.usc.edu/clerkship-sites-directory/>.

# Clinical Learning Activities

Clinical schedules vary depending on patient care responsibilities of your team. Service guidelines for each team are posted on the Surgery Clerkship Student Resources Website. These templates are a basic outline of what students can expect during their rotations. Individual variations for each team are normal, students are expected to adapt. Students will contact the individual teams to learn about the specifics of their clinical schedules.

**Night Call**

Each student will be assigned four call nights while on Acute Care Services (ACS). During these call nights the student is expected to remain with their team and participate in all activities. Acute Care Services call begins with morning pass on rounds. Students are expected to work with their team until the team leaves the following day (maximum 28 hours WITHOUT exception). During the call period, students should spend equal amounts of time involved in the following three activities:

1. Resuscitation and patient workup in the Emergency Room or the Trauma Observation Unit
2. Participation in operative cases
3. Accompanying the resident on ward and ICU consultations

To ensure active participation in all call activities, students are required to have their call night checklist signed at the end of each call night. The document must be uploaded to the Individual Student Profile folder at the end of the ACS rotation.

**Clinic Assignments**

Since much of medical practice is conducted in the outpatient environment, the clerkship will emphasize student participation in the surgical clinics. Students are required to attend clinics on their focused services.

**Skills Labs**

After attending the required orientation skills workshop, students will be expected to perform some of the skills under supervision in the clinic setting and are encouraged to actively seek out opportunities for practice. Skills Practice Sessions will be held on Friday of week’s 1, 3, and 5 during the clerkship to provide an opportunity for students to practice techniques for performing related clerkship procedural skills. Students may sign-up to participate in these sessions by completing the appropriate form on the clerkship website.

**Critical Care Note**

Students are required to submit one Critical Care patient note during the ACS/Trauma block. Specific requirements for the note are available within the Surgery Clerkship Student Resource materials (see corresponding rubric for details). To receive credit students must achieve a total of 9 points. Students achieving scores < 9pts will receive feedback and can resubmit until a passing score is obtained.

**ACS/Trauma Quiz**

While on the ACS/Trauma block, students are required to take a Trauma Quiz. The handbook, ‘The Initial Assessment & Management of Trauma’ is the recommended study guide ([https://www.amazon.com/Initial-Assessment-Management-Trauma- ebook/dp/B07QR2JBXR](https://www.amazon.com/Initial-Assessment-Management-Trauma-%20ebook/dp/B07QR2JBXR)). \*\*Hard copies are also available to borrow from the MSEs/clerkship offices\*\*

The quiz will be administered by the trauma office/5B SICU (Monday-Friday 9AM-3PM), refer to the ACS Trauma Quiz Instructions online for details.

**Lectures/Labs**

There will be a full day of Learning Activities on Friday’s of week 1, 3, and 5 during the clerkship. These sessions will be divided into case-based core curriculum, Department of Surgery Morbidity and Mortality & Grands Rounds, faculty tutorials, workshops, and skills labs. Scheduled learning sessions are designed to develop critical thinking skills and provide an opportunity for active learning with faculty-student exchange. Each week core curriculum pre-session lectures are assigned to coordinate with that week’s case-based faculty discussions. Viewing of these lectures prior to faculty sessions is critical to student’s ability to successfully participate in the discussions and is expected. Delivery format for tutorials/lectures will vary depending on the ability to physically accommodate groups of learners. Occasionally live lectures will be scheduled, which are mandatory, with punctuality expected. **Whenever Zoom formatting is used, students are required to have their video cameras on during the session and be in a professional setting.**

You must obtain prior permission from the MSE/Clerkship Director to miss a scheduled learning session. Unexcused absences may result in failure of the clerkship. If you have not participated in a learning session, you may not complete an evaluation or indicate attendance, to do so is an honor code violation**. If cameras are off during learning sessions professionalism points will be deducted.** Loss of professionalism points will preclude students from obtaining a grade of Honors, regardless of overall grade.

**Students who are post-call are excused from all scheduled learning sessions once they have reached 28 hours.**

**Required Assignments**

**Required Clinical Experiences**

During the clerkship, you will be required to enter a patient encounter for each of the Required Clinical Experience cases. Cases are logged in MyMedWeb (MedOasis). Documentation includes the patients age, sex, admitting diagnosis and operative or non-operative care. These must be completed in full before the end of the Clerkship.

The required clinical experience cases for the General Surgery Clerkship are:

|  |  |
| --- | --- |
| 1. Abdominal Pain\* 2. Acute Cholecystitis\* 3. Bowel Obstruction\* 4. Closed Head Injury\* 5. Diverticulitis\* 6. Hernia\* 7. Hypovolemia\* 8. Malignancies | 9. Peripheral Vascular  Disease\*  10. Postoperative Pain  Management\*   1. Sepsis\* 2. Shock\* 3. Surgical Site Infection 4. Trauma – Blunt\* 5. Trauma – Penetrating\* |

**\*Denotes that the Required Clinical Experience is “OSCE-eligible”. The end of clerkship OSCE cases will be derived from these RCE’s.**

**Clerkship Learning Resources**

**Independent Reading**

The suggested texts for the Surgical Clerkship:

1. [Doherty, G. (2020). Current diagnosis & treatment: surgery (15th ed.). Lange Medical Books/McGraw-Hill.](https://uosc.primo.exlibrisgroup.com/permalink/01USC_INST/o06ap3/alma991000693939603731)
2. [Lawrence, P. (2018). Essentials of general surgery (Sixth edition.). Wolters Kluwer Health/Lippincott Williams & Wilkins.](https://uosc.primo.exlibrisgroup.com/permalink/01USC_INST/o06ap3/alma991042552675603731)

It is **strongly recommended** that students extensively read texts versus relying solely on review books in preparation for exams. References that students find useful:

1. [Websurg.org, Souba et al.](https://websurg.com/en/)
2. [Ashley, S., Cance, W., Chen, H., Jurkovich, G., Napolitano, L., Pemberton, J., Riall, T., Swanson, S., & Valentine, R. (2014). **ACS Surgery 7 .** Decker Intellectual Properties.](https://uosc.primo.exlibrisgroup.com/permalink/01USC_INST/1naup0r/alma991042630624403731)
3. [Snow, N. (2004). Surgery : **PreTest self-assessment and review**. (10th ed. / [edited by] Norman J. Snow.). McGraw-Hill, Medical Pub. Division.Surgical Recall by Lorne H. Blackbourne.](https://uosc.primo.exlibrisgroup.com/permalink/01USC_INST/1naup0r/alma991000552399603731)
4. [Pestana, C. (2017).](https://uosc.primo.exlibrisgroup.com/permalink/01USC_INST/o06ap3/alma991000863299603731) **[Dr. Pestana’s surgery notes](https://uosc.primo.exlibrisgroup.com/permalink/01USC_INST/o06ap3/alma991000863299603731)**[: top 180 vignettes for the surgical wards (Third edition.). Kaplan. National Board of Medical Examiners: Learning Resources (free through September 2020)](https://uosc.primo.exlibrisgroup.com/permalink/01USC_INST/o06ap3/alma991000863299603731)
5. [National Board of Medical Examiners: Self-Assessments (Subject Exam Preparation)](https://www.nbme.org/taking-assessment/self-assessments)
6. [Jarrell, B., & Strauch, E. (2016). ***NMS surgery casebook*** (Second edition.). Wolters Kluwer.](https://uosc.primo.exlibrisgroup.com/permalink/01USC_INST/o06ap3/alma991042552674403731)

**Departmental Conferences**

**General Surgery students** are required to attend: 1) the weekly Morbidity and Mortality Conference held each Friday morning from 7:30 a.m. to 8:30 a.m. and; 2) General Surgery Grand Rounds held on Fridays from 8:30 a.m. to 9:30 a.m.  \*\*Unless students scheduled Wellness day (during GS block), pre-scheduled ACS day off, or students are post-call and reached 28 hours. **Sign-in is required**. The location and format will vary, it will be updated regularly in the Learning Activities Schedule.

**Secure Storage and Study Space**

Refer to the ACS Med Student Call Room Instructions for details.

**Student Assessment**

**Evaluation and Grading**

All clerkship activities, assignments, and evaluations are required and must be completed before you receive your final grade,

|  |  |
| --- | --- |
| **Graded Component** | **Weight** |
| 1. Clinical Performance (completed by your preceptor/resident) | 55% |
| 1. NBME Surgery Subject Exam   Note: minimum score required to pass exam = 57. | 25% |
| 1. OSCE | 15% |
| 1. Administrative professionalism (one point will be given for each of the following): 2. Logging ALL Required Clinical Encounter cases per clerkship stated deadline. 3. Completing ALL administrative tasks (e.g. evaluations) of clerkship on time. 4. Completing ALL assignments on time and to satisfaction. 5. Being present at ALL required activities of the clerkship. 6. Responding to all communications from the clerkship leadership within 48 hours. | 5% |
| 1. Other: 2. All Required Clinical Encounter reports/logs 3. Mid-Rotation Feedback/Goals 4. Critical care note (pass at 9 points) | Satisfactory completion required  ✓  ✓  ✓ |

The final clerkship grade is determined by your overall score, rounded to the nearest whole number, and students must also achieve a minimum NBME score and a satisfactory OSCE performance for a final grade of Pass, High Pass or Honors:

|  |  |  |
| --- | --- | --- |
| **Surgery** | | |
|  | **Overall Score cut off for each grade** | **Minimum NBME Subject Exam Score for Grade of Pass, High Pass or Honors** |
| **Honors** | 91+ | **57** |
| **High Pass** | 74 - 90 |
| **Pass** | 66-73 |
| **Fail** | 65 or below |  |

**Eligibility Criteria for Faculty and Resident Supervisors to Submit an Evaluation of Student Performance:** Residents and fellows that round, operate with, or participate in other routine clinical interactions with students (equating to a minimum of two different shifts) will contribute to relevant student performance evaluations. At least one attending (who was present during the process of various clinical duties being performed by the student) will additionally evaluate the student to generate a collaborative clinical grade for each 3-week block. To further ensure all evaluators meet appropriate eligibility criteria each student will submit an association form indicating the specific clinical team members that meet such criteria and with whom they worked with sufficiently during each 3-week block of the clerkship.

KSOM health professionals who provide health and psychiatric/psychological services to a medical student cannot be involved in the academic assessment or promotion of the medical student receiving those services. Please see the [Supervision of Student Performance by Healthcare Providers](https://medstudent.usc.edu/home/faculty-staff-information/assessment-and-supervision-of-student-performance-by-healthcare-providers/) policy for more information.

**OSCE and NBME Subject Exam Logistics:** The Surgery Clerkship OSCE will take place on Friday during Week 6 of the rotation. The OSCE will consist of two stations that focus on the assessment and management of the acute surgical patient. Each station will consist of a 15-minute standardized patient encounter followed by a 10-minute post-encounter exercise. Detailed instructions will be provided to you the week before the OSCE. The NBME subject exam will be administered on Thursday morning of Week 6 of the rotation.

**Mid-Rotation Feedback:** Mid-Rotation feedback enables students to assess their progress to date and to develop goals for growth and improvement over the remainder of the rotation. It provides students with an opportunity to identify areas in which improvements are needed and to implement a plan for corrective actions before the end of each clerkship rotation. Students will be required to identify up to 3 areas in which they seek advice/input from the resident/faculty. They will be responsible for giving the appropriate resident/faculty the feedback form. Students will arrange time with the resident/faculty to go over the feedback and develop a set of action plans that will help students address those areas of concerns. Information on this form is to give constructive and formative feedback to the students and to provide guidance to the MSEs as they work with the students on progressing through the clerkship. This form must be uploaded to Elentra on the 3rd Wednesday of the rotation for review. Feedback form can be signed by attendings, residents, and mid-level providers.

**Passing the Clerkship:** To receive a passing grade (Pass, High Pass, or Honors) for the clerkship, students must demonstrate minimum competence based on their 1) overall clerkship performance; 2) the NBME subject exam performance; 3) the completion of all required activities; and 4) the absence of unprofessional behaviors as outlined in the student handbook. **Note: Unexcused absence or other unprofessional conduct will preclude a final grade of Honors regardless of overall performance score. A student must earn 4/5 professionalism points in order to achieve the Honors distinction.**

1. Students who do not pass the NBME subject exam on their first attempt will be ineligible for Honors.
2. Students who pass the retake exam (second attempt) are ineligible for Honors and will receive a grade of Pass (P) or High Pass (HP) based on their overall performance.
3. Students who fail the retake exam (second attempt) will continue to have a grade of Incomplete (I) noted on their transcript for that clerkship and will be required to sit for a second retake (third attempt) of the NBME subject exam.
4. Students who pass the second retake exam (third attempt) are ineligible for a grade of HP or Honors and will receive a grade of “Pass” for the clerkship.
5. Students who fail the second retake exam (third attempt) will receive a grade of “Fail” (F) for the clerkship and must repeat the clerkship.

**Fail:** A grade of fail may be given in the following situations: 1) failure to demonstrate minimum competence based on overall clerkship performance, 2) inability to pass the NBME on three attempts, 3) any unprofessional behavior as outlined in the student handbook, 4) failure to resolve a grade of incomplete.

**Incomplete:** Not a final grade, but a designation that is used if a student has been excused from meeting a clerkship deadline. Designations of **“Incomplete”** will be assigned to any student who does not complete any required component of the clerkship. Designations of **“Incomplete”** will be assigned to any student who has not achieved the minimum NBME Subject Exam score set for passing the clerkship on their first and second attempts.

**Electronic Health Record Access and Emergency Protocols**

If you have questions or issues with access to the electronic health record system at Keck Hospital or LAC+USC, please contact the Office of Student Affairs at 323-442-2553. For other sites, please contact the site coordinator.

**Emergency Procedures**

**Contact Student Affairs**

If you have an urgent issue that requires assistance, you may contact the Office of Student Affairs for assistance at 323-442-2553. You can call this number after hours and be connected to the Dean on call.

**Clerkship Director/MSE/Site Director/Coordinator**

You can also reach out to the Clerkship Director, Medical Student Educator or Site Director for assistance.

**Needlestick and Exposure Protocol**

Call **During Business Hours:** [**213-740-9355**](tel:2137409355) **(WELL);** **After Hours:** (323) 442-7900. Please leave a voicemail. There is a provider available 24/7 who will return your call. More information can be found at <https://engemannshc.usc.edu/bloodborne-pathogen-exposure/>.

**Additional information on emergency procedures can be found at:**

[**https://medstudent.usc.edu/emergency/**](https://medstudent.usc.edu/emergency/)

**Policies**

**Code of Professional Behavior**

Students are expected to adhere to the Code of Professional Behavior in all settings by demonstrating honesty and integrity, responsibility, reliability, and accountability as well as respect for all patients, peers, faculty, and staff. For a detailed description of various dimensions of professionalism, please review: <https://medstudent.usc.edu/home/faculty-staff-information/keck-school-of-medicine-code-of-professional-behavior-and-professional-behavior-expectations/>

**Clerkship Evaluation**

We rely on your thoughtful and constructive feedback to continually improve the curricula and instruction. Completing evaluations is a professional expectation of medical students’ professional responsibility. Please refer to the [Evaluation Completion Policy](https://medstudent.usc.edu/home/faculty-staff-information/keck-school-of-medicine-md-student-student-evaluation-completion-policy/).

**Grade Appeals**

Information about appealing a grade or evaluation can be found in the [Evaluation and Grade Appeal Policy](https://medstudent.usc.edu/home/faculty-staff-information/keck-school-of-medicine-md-student-evaluation-and-grade-appeal-policy/). Evaluation and grade appeals have timelines and requirements.

**HIPAA Privacy Regulation**

Please note that HIPAA privacy regulations are always in effect in all clinical settings. Individual practitioners (including medical students) are held personally responsible for violations of HIPAA regulations which may result in financial and other penalties. You have previously completed a HIPAA training on Trojan Learn and have access to the training modules if you wish to review them. You can also find additional information by visiting <https://ooc.usc.edu/data-privacy/health-information/hipaa-privacy-regulations/>

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# Medical Student Supervision Policy

Students must have an identified faculty supervisor at all times. Students may be directly or indirectly supervised by faculty members and/or residents and, when indirectly supervised, direct supervision must be immediately available at all times by a faculty member or resident. Please review the [Medical Student Supervision Policy](https://medstudent.usc.edu/home/faculty-staff-information/keck-school-of-medicine-medical-student-supervision-policy/) for more information.

# Medical Student Time Requirements

Student hours include the following limits: a maximum of 28 consecutive hours in the hospital and a maximum of 80 hours per week averaged over four weeks. Students receive at least one day off per week. Refer to your individual calendar. Please review [the Medical Student Time Requirements for Clinical and Education Activities Policy](https://medstudent.usc.edu/home/faculty-staff-information/keck-school-of-medicine-medical-student-time-requirements-for-clinical-and-educational-activities-policy/) for more information.

**Code of Conduct in Faculty-Student Relationship**

The faculty code of conduct includes language about the standard of conduct in the faculty-student relationship:

<https://policy.usc.edu/wp-content/uploads/2022/10/Faculty-Handbook-2022.pdf>

**Assessment and Supervision of Student Performance by Healthcare Providers**

KSOM health professionals who provide health and psychiatric/psychological services to a medical student cannot be involved in the academic assessment or promotion of the medical student receiving those services: <https://medstudent.usc.edu/faculty-staff-information/assessment-and-supervision-of-student-performance-by-healthcare-providers/>

**Attendance**

It is the responsibility of the student to communicate with the curriculum office regarding absences from required events that result from anticipated conflicts or personal emergencies or unforeseen events. Please review the KSOM attendance policy for more details: <https://medstudent.usc.edu/home/faculty-staff-information/keck-school-of-medicine-medical-student-attendance-expectations-and-absence-request-policy/>

**Requesting Time Off**

Students requesting an excused absence for one or more missed classes, or who need to seek a leave of absence, are instructed to submit the appropriate form, which can be found here: <https://medstudent.usc.edu/forms/>

**Access to Health Care Services**

Students are excused from classes or clinical activities to access needed healthcare services. Please review the [Students Needing Access to Healthcare Policy](https://medstudent.usc.edu/home/faculty-staff-information/keck-school-of-medicine-md-program-policy-on-students-needing-access-to-healthcare-services/).

**Computer-based Exam Administration**

Students are required to bring fully charged laptops and chargers to participate in all pre-clerkship course examinations that are administered electronically. No additional items (cell phones, purses, notes, etc.) are allowed in the examination area and their presence in the examination area might result in a grade of fail for the course. For more information on the administration of computer-based examinations, please refer to: <https://medstudent.usc.edu/home/faculty-staff-information/keck-school-of-medicine-md-student-policy-on-computer-based-written-examination-administration/>

**Mistreatment**

The Keck School of Medicine (KSOM) is committed to maintaining and promoting a respectful learning environment for all members of the Keck community. KSOM has as zero tolerance policy for mistreatment. For more details on what constitutes mistreatment and strategies to combat/address it, please review: <https://medstudent.usc.edu/home/faculty-staff-information/keck-school-of-medicine-md-student-professional-behavior-and-mistreatment-policy/>

**Diversity**

The Keck School of Medicine (KSOM) is committed to creating a culture that promotes and celebrates diversity and inclusion at all levels of the institution. For more details, please review <https://medstudent.usc.edu/home/faculty-staff-information/diversity-policy/>

**Dress Code**

The Keck School of Medicine (KSOM) dress code policy discussion can be found here: <https://medstudent.usc.edu/home/faculty-staff-information/keck-school-of-medicine-md-student-dress-code-policy/>

**Grading Policy**

The Keck School of Medicine (KSOM) grading policy discussion can be found here:

<https://medstudent.usc.edu/home/faculty-staff-information/keck-school-of-medicine-md-student-grading-policy/>

# Office of Student Accessibility Services (OSAS)

# OSAS provides support services and accommodations necessary to enable students with disabilities to develop their maximum potential by making their education accessible, while having the dignity to work independently. For more information, please review <https://osas.usc.edu/> or contact Dr. Ranna Nash at Keck Learning and Academic Support Services (KLASS) at [Ranna.Nash@med.usc.edu](mailto:Ranna.Nash@med.usc.edu).

**Emergency Procedures and Preparedness**

The Keck School of Medicine has emergency procedures and a preparedness plan. Visit this site to find out more, including whom to reach in an emergency: <https://medstudent.usc.edu/emergency/>

**Right to Inspect Student Records**

According to the Family Educational Rights and Privacy Act (FERPA), students have a right to inspect their educational records within 45 days of the request and to request corrections. For information on the review and challenge of student records, as well as general information about FERPA, visit: <https://arr.usc.edu/students/ferpa/>

**Wellness Day Policy**

Wellness days are mandatory and are incorporated into clerkship schedules to provide students with an opportunity to attend to their personal wellbeing. Students are released from clinical duties one full day for each 6-week clerkship and 1/2 day for each 4-week clerkship.

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# ATTACHMENT A

**General Surgery Checklist for Physical Examination Skills**

**Focused Trauma Neurological Exam**

1. General Appearance
2. Level of Consciousness
3. Glasgow Coma Scale
4. Pupillary exam, size, equality, reactivity
5. Motor – range of motion, strength
6. Sensory
7. Reflexes

**Breast Exam**

* 1. Inspect breasts with patient in sitting position.
  2. Ask patient to perform maneuver to accentuate skin dimpling (must do 2 of 3 maneuvers: lean forward, pectoralis contraction, raise arms above head).
  3. Perform axillary exam with patient in the sitting position (holds elbow and encourages arm relaxation).
  4. Examine for supraclavicular nodes.
  5. Perform quadrant sweep maneuver to localize and elicit discharge only if spontaneous nipple discharge is present.
  6. Palpate breasts in a systemic fashion using the strip or circle method. Must be done with patient in supine position with arm raised over head. Must cover all breast tissue including tail.
  7. Cover breast not being examined.
  8. Male breast should be examined and palpated as well.

**Chest Exam**

1. Ask patient to sit up for exam (or roll on side if seriously ill).
2. Ask patient to breathe with mouth open.
3. Inspection performed (respiratory pattern, increased AP diameter, barrel chest, asymmetry, masses, lips and nails).
4. Palpate chest wall for tenderness, crepitus, respiratory excursion.
5. Percuss anterior and posterior chest wall.
6. Rotate back and forth from right to left chest for comparison in percussion.
7. Check bilaterally for diaphragm excursion.
8. Auscultate anterior and posterior chest wall.
9. Rotate back and forth from right to left chest for comparison on auscultation.
10. Auscultate apices in supraclavicular areas.

**Abdomen Exam (Please note that the following steps are important to practice and are essential to know for testing purposes but because other tools are generally available for assessment, many surgeons do not routinely perform all the steps listed below).**

1. Place patient supine with head on pillow. Remove all clothing from abdomen.
2. Inspect abdomen (shape, scars, distension, color) before auscultation or percussion.
3. Auscultate in at least two quadrants. Listen for bruits – aorta, renal arteries.
4. Auscultate before percussion or palpation.
5. Percuss abdomen in four quadrants.
6. Percuss liver and spleen.
7. Assess for peritoneal signs before palpation.
8. Palpate all four quadrants (painful quadrant last).
9. Palpate superficially first, then more deeply.
10. Evaluate for rebound tenderness.
11. Attempt to define liver edge beginning inferiorly and progressing superiorly on the right side.
12. Palpate liver edge during inspiration.
13. Measure liver span (when indicated).
14. Palpate for spleen tip (when indicated).
15. Assess for CVA and Suprapubic tenderness.
16. Palpate inguinal lymph nodes.
17. If indicated test for ascites, abdominal wall defect, costovertebral angle tenderness, and palpate suprapubic area.

**GU/Hernia Exam**

1. Perform exam seated in front of patient with patient standing.
2. Ask patient to strain (cough, Valsalva, etc.) for exam of inguinal floor.
3. Place fingers over inguinal floor during straining maneuver.
4. Palpate inguinal floor without having patient strain.
5. Place finger at external ring.
6. Examine right external ring with right index finger.
7. Examine left external ring with left index finger.
8. Inspect penis.
9. Inspect both testes.
10. Inspect cord bilaterally.
11. Examine medial thigh below inguinal ligament for femoral hernia with straining maneuvers.

**Vascular Exam**

1. Palpate carotids superficially and separately.
2. Auscultate both carotids with bell of stethoscope.
3. Auscultate the heart in all four valve areas for S1, S2, S3, S4, murmurs, clicks and rubs with the diaphragm and bell of stethoscope.
4. Palpate brachial arteries simultaneously for rhythm, grade and amplitude 0-4.
5. Palpate radial arteries simultaneously.
6. Palpate femoral arteries simultaneously and listen to both with bell of stethoscope.
7. Palpate popliteal arteries with thumbs anterior, fingers in fossa and with knee flexion.
8. Palpate posterior tibialis arteries simultaneously.
9. Palpate dorsalispedis arteries simultaneously.
10. Palpate aorta.
11. Auscultate aorta for bruits.
12. Auscultate renal arteries with bell of stethoscope.

**Rectal Exam**

1. Inspect perianal area.
2. Perform digital examination.
3. Inspect stool, checks for occult blood.
4. Palpate prostate.

# ATTACHMENT B

**General Surgery Core Clinical Curriculum Objectives – detailed**

**Abdominal Pain**

By the end of the core surgical clerkship, the student will be able to:

1. Develop a differential diagnosis for a variety of patients presenting with abdominal pain and understand when to obtain surgical consultation.
   1. Discuss the presentation, diagnostic strategy and treatment of patients presenting with the following:
      1. Acute appendicitis
      2. Biliary colic/cholecystitis/choledocholithiasis/cholangitis
      3. Pancreatitis
      4. Peptic ulcer disease (both with and without perforation)
      5. Gastroesophageal reflux
      6. Gastritis/duodenitis
      7. Diverticulitis (both with and without perforation)
      8. Inflammatory bowel disease
      9. Small bowel obstruction (adhesions, hernia incarceration, tumor, intussusception, volvulus)
      10. Colon obstruction (volvulus, Hirschsprung’s disease, tumor
      11. Splenomegaly/nontraumatic splenic rupture
      12. Mesenteric ischemia
      13. Leaking/ruptured abdominal aortic aneurysm
2. Discuss the approach to patients with postoperative abdominal pain.

**Abdominal Wall and Groin Mass**

By the end of the core surgical clerkship, the student will be able to discuss the differential diagnosis, diagnostic and laboratory investigations and management of the following:

1. Groin mass
   1. Inguinal hernia (indirect/direct)
   2. Femoral hernia
2. Abdominal wall mass
   1. Incisional hernia
   2. Spigelian hernia
   3. Epigastric hernia
   4. Umbilical hernia

**Acid Base Balance**

By the end of the core surgical clerkship, the student will be able to:

1. List the values of pH, PaCO2, PaO2, and HCO3 in a normal blood gas.
2. List the factors that affect oxygen delivery and consumption.

3.Indicate the mechanisms, methods of compensation, differential diagnosis, and treatment of the following acute acid-base disorders:

* 1. Metabolic acidosis
  2. Respiratory acidosis
  3. Metabolic alkalosis
  4. Respiratory alkalosis

**Breast Problems**

By the end of the core surgical clerkship, the student will be able to:

1. Discuss the importance of the patient's history, including an assessment of the patient’s risk factors for the development of breast cancer.
2. Discuss key physical examination findings for common breast problems (including the presence of nipple discharge).
3. Discuss the following office procedures, including their diagnostic/therapeutic implications of:
   1. Fine needle aspiration versus core needle biopsy.
   2. Cyst aspiration.
   3. Incision and drainage.
4. Discuss the importance of mammography and ultrasound in the evaluation of breast complaints and describe key imaging features.
5. Describe the appropriate diagnostic work-up for common breast problems in various age groups taking efficiency and cost into consideration.
6. Describe diagnosis and treatment of benign breast conditions.
7. Describe clinical and pathologic staging and management of breast cancer.

**Fluid & Electrolyte Balance**

By the end of the core surgical clerkship, the student will be able to:

* List the normal range of serum electrolytes (Na+, K+, Mg+, Ca++, and Cl-).
* List the most common endogenous factors that affect renal control of sodium and water excretion.
* List the signs and symptoms of hypovolemia.
* List and describe the objective ways of measuring fluid balance.
* List the electrolyte composition of the following solutions:
  1. Normal (0.9%) saline
  2. 1/2 normal saline
  3. 5% dextrose in water
  4. Ringer’s lactate
* Compare and contrast various resuscitation strategies for patients who are hypovolemic versus other states of shock.
* Describe strategy for replacement of GI losses (ostomy, fistula, etc.).

Gastrointestinal Hemorrhage

By the end of the core surgical clerkship, the student will be able to:

1. Define upper vs. lower GI hemorrhage and explain how this can be determined clinically.
2. Describe the initial management of a patient with an acute GI hemorrhage, and state the indications for fluid replacement, choice of fluids, and blood transfusion.
3. List the most common causes of upper and lower GI hemorrhage and for each, describe a diagnostic and treatment plan including the indications for surgical intervention.
4. Explain the role of gastrointestinal endoscopy and interventional radiology in the management of acute GI hemorrhage.

Intra-Abdominal and Retroperitoneal Masses

Discuss the diagnosis, management and complications of the following conditions:

Hepatic mass

1. Discuss the most frequently encountered benign and malignant hepatic tumors and their management.

Splenic mass

* Compare and contrast hypersplenism with an enlarged and normal sized spleen.
* Discuss the most common signs and symptoms associated with hypersplenism.
* Discuss the role of splenectomy in the treatment of hypersplenism.
* Discuss the short and long-term infectious complications associated with surgical removal of the spleen and how to mitigate them.

Pancreatic mass

1. Acute and chronic pancreatitis

Retroperitoneal mass

* Discuss the diagnosis, management and complications of the following conditions:
  + Lymphomas
  + Retroperitoneal sarcomas

**Non-Cardiac Chest Pain and Shortness of Breath**

By the end of the core surgical clerkship, the student will be able to:

1. Describe the presentation, etiology, and management of esophageal rupture.
   1. Discuss the most common causes of rupture.
   2. Discuss the sites within the esophagus most frequently perforated.
   3. Discuss the risks of untreated perforation.
   4. Discuss the indications for surgical management of esophageal perforation, identifying which patient is best managed non-operatively and who requires an urgent operation.
   5. Discuss the treatment priorities in treating most esophageal perforations.
   6. Discuss the relationship of underlying esophageal disease to treatment options in the management of perforation.
2. Describe the common presenting symptoms associated with gastro-esophageal reflux.
   1. Discuss the relationship of reflux to chronic asthma and aspiration.
   2. Discuss the appropriate diagnostic work-up of a patient with suspect reflux, and discuss the role of barium swallow, endoscopy, manometry, 24-hour pH testing.
   3. Discuss the evaluation of dysphagia.
   4. Discuss the treatment of esophageal stricture and the risks of dilation.
   5. Discuss Barrett’s esophagus and its implications.
      1. What are the risks of malignancy?
      2. Who needs surgical management and which procedure (anti-reflux or resection) is needed?
      3. Discuss surgical options for reflux (consider abdominal or thoracic, laparoscopic vs. open. partial vs. complete wrap).

**Perianal Problems**

By the end of the core surgical clerkship, the student will be able to:

1. Develop a differential diagnosis for a patient with perianal or perirectal pain.
2. Discuss the characteristic history findings for benign and malignant anal pathology.
3. Describe indications for inpatient and outpatient endoscopies (anoscopy versus proctoscopy versus flexible sigmoidoscopy and colonoscopy).

**Perioperative Care**

By the end of the core surgical clerkship, the student will be able to:

1. Describe features of a patient’s clinical history that influence surgical decision making. The student should consider known diseases, risk factors, urgency of operation, medications, etc.
2. Discuss perioperative nutritional assessment.
3. Compare and contrast enteral versus parenteral administration.
4. Discuss the components of informed consent.
5. Describe the indications and efficacy of various monitoring techniques.
6. Discuss conditions that potentially interfere with fluid and electrolyte homeostasis in the perioperative period, and describe strategies for replacement /monitoring including:
   1. Effects of bowel preparation
   2. NPO status
   3. NG drainage
   4. Dialysis
   5. Operative losses
7. Describe factors that might impair coagulation or increase risk of bleeding.

Postoperative Care

By the end of the core surgical clerkship, the student will be able to describe the differential diagnosis and management of a patient with:

1. Wound complications
2. Postoperative Fever
3. Respiratory Distress
4. Acute Kidney Injury / Oliguria
5. Hypotension
6. Ileus
7. Stress Ulcers
8. Delirium
9. Postoperative Stroke

**Shock**

By the end of the clerkship, the student will be able to:

1. Determine the type of shock, indicate the mechanisms, methods of compensation, differential diagnosis, and treatment of:
   1. Cardiogenic shock (acute coronary syndrome, valve failure, dysrhythmias)
   2. Hypovolemic (hemorrhage, fluid loss) and classes of hypovolemic shock
   3. Distributive shock (sepsis, anaphylaxis, neurogenic)
   4. Obstructive shock (non-cardiac obstruction including pulmonary embolism, tension pneumothorax, tension hemothorax and cardiac tamponade)
   5. Neurogenic shock
2. Utilize laboratory values complete blood count (CBC), chemistry panel, lactate, arterial blood gas (ABG), SvO2 to help guide management.
3. Understand factors that affect oxygen delivery, consumption, and extraction.

**Skin and Soft Tissue Lesions**

Benign Lesions

Describe the management of skin and soft tissue injuries (i.e., trauma, bites, and pressure wounds):

1. Describe types of wound closure including primary, secondary, and delayed primary.
2. Identify differences in wound closure for clean versus contaminated wounds.
3. Recite proper use of local anesthetics including types, advantages and disadvantages of epinephrine, safe dosages, potential toxicities, precautions for digits.
4. Describe characteristics and treatment of skin and soft tissue infections such as:
   1. Necrotizing soft tissue infection

Malignant Lesions

1. Describe characteristics, typical location, and incidence of melanoma.
   1. Describe melanoma including subtypes, prognosis, and risk factors.
   2. Discuss treatment options including margin size, assessment of lymph nodes, treatment of metastasis, role of radiation, and role of immunotherapy.
2. Describe characteristics and incidence of soft tissue sarcomas.
   1. Identify risk factors including radiation, chemical exposure, genetic disorders, and chronic lymphedema.
   2. Discuss diagnostic options including fine needle aspiration (FNA), core needle biopsy, incisional biopsy, and excisional biopsy.
   3. Discuss treatment options including surgical excision, radiation, chemotherapy, and treatment of metastasis.

**Trauma I**

1. Discuss the basic principles of triage.
2. Describe the priorities and sequence of the primary survey of a trauma patient (ABCDE).
   1. Evaluate the Airway and describe indications and options for securing the airway.
   2. Assess Breathing and describe evaluation and management of:
      1. Tension pneumothorax
      2. Hemothorax
      3. Sucking chest wound
   3. Describe the evaluation of Circulation.
      1. Define hemodynamic instability and describe indications for:
         1. Emergency thoracotomy
         2. Resuscitative Endovascular Balloon Occlusion of the Aorta (REBOA)
      2. Distinguish between different types and classes of shock \*Refer to the Shock objectives
      3. For hemorrhagic shock, describe:
         1. differential diagnosis
         2. diagnostic modalities
         3. appropriate intravenous access and monitoring
      4. Determine appropriate initial fluid resuscitation of a trauma patient.
      5. Describe indications for blood transfusion and massive transfusion protocol.
   4. Describe how to assess Disability.
      1. Define the Glasgow Coma Score.
      2. Describe the pupillary exam relevant to trauma.
   5. Apply principles of **E**xposure and Environmental Control
      1. Describe how to prevent hypothermia.
      2. Describe how to apply a pelvic binder and tourniquet.
      3. Describe basic principles of decontamination.
3. Describe ongoing resuscitation and coagulopathy of a trauma patient.
4. Describe the priorities and sequence of the secondary survey and detailed exams of the:
   1. Head
   2. Face
   3. Neck
   4. Chest
   5. Abdomen
   6. Pelvis
   7. Back
   8. Rectal
   9. Genitalia
   10. Neurologic
   11. Extremities
5. Describe how to perform a tertiary survey.
6. Describe how to assess the level of disability utilizing a team-based approach.
7. Describe alcohol screening and brief intervention for trauma patients.
8. Describe the components of a safe discharge.

**Trauma II**

Describe the diagnosis and management of the following conditions:

1. Define hemodynamically unstable patients
   1. Blunt Trauma
      1. Describe physical findings, radiographic imaging and indications for:
         1. Emergency thoracotomy
         2. Operative thoracotomy
         3. Exploratory laparotomy
         4. Angiographic embolization/stabilization/extraperitoneal packing of pelvis
         5. **R**esuscitative **E**ndovascular **B**alloon **O**cclusion of **A**orta (REBOA)
   2. Penetrating Trauma
      1. Describe physical findings, radiographic imaging and indications for:
         1. Emergency thoracotomy
         2. Operative thoracotomy
         3. Emergent neck exploration
         4. Exploratory laparotomy
         5. Emergent extremity tourniquet/exploration
         6. Angiographic embolization/stabilization
         7. REBOA
2. Define hemodynamically stable patients
   1. Describe significant physical findings and laboratory/radiographic investigations and management for the following most common injuries:
      1. NEUROLOGIC

Traumatic Brain Injury

**B**lunt **c**erebro**v**ascular **i**njury (BCVI)

Spine fracture

Spinal cord injury

* + 1. THORAX

Rib fractures

Pneumothorax

Tension pneumothorax

Pulmonary contusion

Flail chest

Aortic injury

* + 1. ABDOMEN/PELVIS

Solid organ injury

Hollow viscus

Pelvic fracture

Bladder

* + 1. EXTREMITY

Fracture/dislocation

Vascular compromise

Compartment syndrome

# ATTACHMENT C

**KECK SCHOOL OF MEDICINE**

**UNIVERSITY OF SOUTHERN CALIFORNIA DEPARTMENT OF SURGERY**

**SURGERY CLERKSHIP**

###### SURGICAL SKILLS CHECKLIST

All MSIII/MSIV Surgery Students are required to be supervised performing the following skills at least twice by an attending, resident, mid-level provider or nurse specialist. **Signatures and comments of supervisors are required.** Examples of comments – superior, adequate, needs more practice. This form must be submitted by the end of the clerkship.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **ABDOMINAL EXAM** | | |
| 1. Signature/Comments  2. Signature/Comments |  |  |
|  |  |  |
| **VASCULAR EXAM** | | |
| 1. Signature/Comments  2. Signature/Comments |  |  |
|  |  |  |
| **FOCUSED HISTORY** | | |
| 1. Signature/Comments  2. Signature/Comments |  |  |
|  |  |  |
| **CERVICAL COLLAR MANAGEMENT AND DOCUMENTATION** | | |
| 1. Signature/Comments  2. Signature/Comments |  |  |
|  | |  |

**The following are not required but are recommended**

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| --- |
| **IV INSERTION**  1. Signature/Comments  2. Signature/Comments |

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| --- | --- | --- |
| **DIAGNOSIS OF CELLULITIS vs. NECROTIZING FASCIITIS** | | |
| 1. Signature/Comments  2. Signature/Comments |  |  |
|  |  |  |
| **DIAGNOSIS OF INFECTED WOUND/INCISION** | | |
| 1. Signature/Comments  2. Signature/Comments |  |  |

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| --- | --- | --- |
| **Foley Catheter Insertion** | | |
| 1. Signature/Comments  2. Signature/Comments |  |  |
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# ATTACHMENT D

**KECK SCHOOL OF MEDICINE**

**UNIVERSITY OF SOUTHERN CALIFORNIA DEPARTMENT OF SURGERY**

**SURGERY CLERKSHIP**

**STUDENT AGREEMENT**

As a student at the Keck School of Medicine you are held to all policies and procedures outlined in the Student Handbook. These policies and procedures may be revised from time-to-time and as a condition of being admitted as a student, you agree to be bound by the policies and procedures that may be revised during your tenure as a student. The same tenants apply to the Surgery Clerkship. While on the Surgery Clerkship you are held to all policies, procedures and assignments outlined in the Surgery Clerkship Manual.

The manual will be reviewed in orientation. For your reference the manual can be accessed on the Clerkship site (www.surgery.usc.edu/clerkship) and on OASIS. A paper copy is available for all students upon request.

Please sign and submit the following during week one of the Surgery Clerkship.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have reviewed the Surgery Clerkship Manual presented on the first day of the surgical rotation and understand the rules and regulations listed. I am aware of what is expected of me.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: