

**PART C. REQUIRED CLERKSHIP FORM**

<b>Clerkship title:</b>	Basic Surgery Clerkship		
<b>Sponsoring department or unit:</b>	Surgery; Otolaryngology; Orthopedics; Urology; Johns Hopkins Bayview Medical Center, Sinai Hospital of Baltimore		
<b>Name of clerkship director:</b>	Stephen Yang, M.D.		
<b>Duration (total # of weeks):</b>	9.0		
<b>Offered in:</b>	(check)	<b>Year Three</b> X	<b>Year Four</b> X

**Rotations**

List the required rotations that are part of the clerkship, and the average amount of time spent in each (if there are variations across sites, provide a range).

General Surgery – 4.5 weeks  
 Subspecialty – 4.5 weeks (2 subspecialties total)

What is the average percentage of clerkship time spent in an ambulatory setting?

15%

**Clerkship Objectives**

Are there written objectives for the clerkship?

Yes        No   

**KNOWLEDGE:** 1. Demonstrate knowledge and understanding of common surgical problems; 2. Understand the indications for, and the limitations of, essential diagnostic studies used to evaluate patients with surgical problems; 3. Demonstrate an understanding of surgical treatments and alternatives to surgical treatment; 4. Become familiar with various surgical procedures and know their expected outcomes and complications.

**SKILL:** 5. Evaluate and assess patients with surgical diseases; 6. Understand and possibly perform various basic procedures, such as -venipuncture -placement of intravenous catheter - insertion of urethral (Foley) catheter -insertion of nasogastric tube -removal of surgical drains - closure of surgical incisions

**ATTITUDE:** 7. Acquire a caring and sympathetic attitude appropriate for dealing with patients with surgical illnesses; 8. Acquire an appreciation for the collegial interaction necessary to work on the surgical service

Describe the process used to specify the number and kind of patients and the clinical settings needed to meet the clerkship objectives. How are students' clinical experiences verified to assure that objectives are being met?

Patient encounters are recorded by each student on a secure web site that de-identifies the patient. These include inpatients (operating room, floor, ICU, consults) and outpatients (clinic, ER, operating room).

Although there are no absolute minimum requirements for patient encounters, it is estimated that each student is in contact with approximately 50 patients during the 9 week rotation. It is the responsibility of the course director to monitor these encounters.

### **Preparation for Teaching**

If resident physicians teach in the clerkship or otherwise supervise medical students, how are they informed about the clerkship objectives and prepared for their teaching role?

Interns and residents are told at the beginning of the academic year that the course objectives for the medical students are on the Department of Surgery website. In addition, a brief teaching session is given as well. Each Division Chief is also told by the clerkship director to emphasize the same teaching skills and point out the course objectives. A formal didactic lecture series specifically on medical student teaching is being incorporated into the resident lecture series beginning in 2005. All the objectives for each rotation are listed within the Department of Surgery web site, of which there is a special link for the medical students.

How are faculty members across instructional sites oriented to the clerkship objectives and the evaluation system?

The faculty are given letters and manuals of the course objectives, including the grading system. The overall schema of the surgical clerkship is communicated in writing prior to the beginning of the academic year and as needed during the year. There are general courses in teaching that faculty are offered to enroll in within the school of medicine. Feedback to the faculty on and off site is given in writing at the end of each quarter. They may also view comments electronically via the E-value\* website.

### **Methods for Evaluating Clerk Performance**

What methods are used in the clerkship to evaluate students' core clinical skills? How do you ensure that such observation occurs for all students?

List all contributors to the final clinical evaluation of the clerk (full-time faculty, volunteer attending physicians, resident physicians, others).

*The E-value\* web-based system is used to grade all students on the clerkship. This generally follows the 6 core competencies. Additional comments are included, either from the designated individual rotation director, or from the rotation as a group (faculty, residents, nurses).*

*On the student final grad form, a brief narrative regarding the student's performance is given with the final grade emphasizing strengths/weaknesses of the student. A ranking amongst their peer of that quarter is also reported. Personal feedback encounter is done if the student fails one or more of the components of the final grade.*

If NBME subject (shelf) examinations are used, give mean scores for the last three years.

<b>Year</b>	2001-02	2002-03	2003-04
<b>Score</b>	71.65	71.08	68.88

Is a narrative evaluation of student performance submitted in addition to the clerkship grade?

Yes	X	No	
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### **Clerkship Outcomes/Evaluation**

Comment on the adequacy of faculty (full-time, part-time, and volunteer), patients, and other resources for this clerkship.

There is a more than adequate force of faculty to teach the students, even at the 3 individual sites (Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, and Sinai Hospital). It is estimated that each student sees 30-50 patients during the surgery clerkship. The facilities are very good, as students are exposed to a regular influx of basic core surgical problems as well as complicated cases seen in a quaternary referral center. The students have various resources to learn: didactic lectures, teaching rounds, weekly preceptor meetings (4-5 students/faculty member), surgery website, resident conference, departmental conferences, and individual specialty conferences.

Provide a summary of student feedback on the clerkship (and any other evaluation data) for the past two years. Note any recent changes in the clerkship. If problems have been identified by the evaluations, describe how these are being addressed.

Overall, the basic surgery clerkship is one of the highest rated course amongst the basic clerkships. One of the major changes is the change in leadership, with Dr. Charles Yeo stepping down as clerkship director due to increasing administrative responsibilities, replaced by Dr. Stephen Yang. Evaluation forms are returned at the end of the clerkship and are required in order to complete the clerkship, and thus we have 100% compliance. Though formal feedback is given at this time, students also have a chance to provide comments/criticism during their individual formal mid-clerkship evaluation session with the clerkship director (Dr. Yang). Significant issues that can be changed are addressed at the mid-clerkship time point that would not influence grading issues.

The following are selected positive and negative comments over the past two years.

1. The clerkship has an overall favorable rating at 4.5 (1 to 5 scale, 5 being best).
2. The didactic sessions "are the best" in the medical school.
3. The individual preceptor sessions and experimental pig laboratory are most highly rated (4.9) sections of the clerkship
4. Timing of the lectures (7am, 2-4 pm MWF) remain not optimal, as it interferes with cases and rounding. Alternatively, block lectures are difficult because of surgeon commitments.
5. There remains a high degree of lecture cancellations because faculty involvement in surgery; these were sometimes not told to the students.
6. Occasionally, the student "role" on each service is not clear.
7. Lectures at the satellite sites (Bayview and Sinai) are not as strong as downtown at the Hopkins Hospital.
8. 80% of students remain or became interested in surgery as a career after the rotation. The rest were split evenly between those never interested, or lost interest because of the rotation.
9. An occasional student complained of being overworked.
10. Overall teaching by the residents was great, but there was the occasional resident clearly not interested in students.
11. Mid-clerkship feedback (started Fall 04) was overwhelmingly favorable, as was the surgery review at the end of the clerkship.

The following are recent changes in the clerkship to address some of the above issues.

1. Some of the lectures are on video clips available on the surgery website. Review is required prior to the scheduled "lecture time" since reinforcement of the material by Socratic teaching is doing during that time.
2. Since lectures are cancelled and rescheduled, the "Blackboard" website is being used as the primary mode for announcements and lecture handouts/videos.
3. The clerkship coordinator has a beeper so she can be "on call" for any immediate problems.
4. Lectures have been moved to a totally new lecture hall with video/electronic interaction.
5. Structure, written objectives, and hands-on faculty teaching have been added to the experimental pig laboratory, where proficiency of certain procedures must be performed prior to completion of each lab.
6. Lectures are sent by teleconferencing to the two off site hospitals to help standardize the didactic sessions.
7. The one-on-one mid-clerkship feedback session with the clerkship director was instituted this academic year to help guide students with any problems, provide the necessary feedback from each rotation (usually the E-value comments), and listen to any problems/criticisms of the clerkship.
8. An end-of-the-rotation 3 hours "overview" session was added to stress key points of surgery and provide a time to answer questions the students have.
9. The Chiefs (faculty and residents) of each service have been advised and required to review the objectives of each rotation, and the role that student must have.
10. A student website has been set up to allow students to record every patient encounter and to record work hours. It is estimated that each student should see at least 30 different patients during the clerkship, and that work hours limited to no more than 80 hours per week. These parameters are monitored by the clerkship director on a weekly basis.

Identify major successes and challenges still to be overcome.

1. Scheduling of lectures: this has remained a topic of contention for over 10 years. Surgeons schedules are not set precisely, and emergencies happen that require cancellation of lectures. In the future as most of the core lectures are converted onto video clips, lecture time will be more efficient and learning exponential.
2. Feedback to the student: students are told they have a right to getting feedback from the residents or faculty. The mid-clerkship session has been extremely helpful to many students. However, the E-value forms are still not returned in a timely fashion.
3. Standardize patient exams: may not be so standard, difficult time grading, and varies according to the students experience during the clerkship.
4. Student experience: it is not know how many cases or encounters it takes for a student to become proficient in any one particular surgical problem. Also, students are not exposed to every discipline in surgery. We are contemplating periodic "scramble days" so they can go view other surgeries.
5. Due to the positive experience during the clerkship, more students are interested in surgery each year. Though this is good for surgery program applications, it make the pools of students more competitive for limited positions.