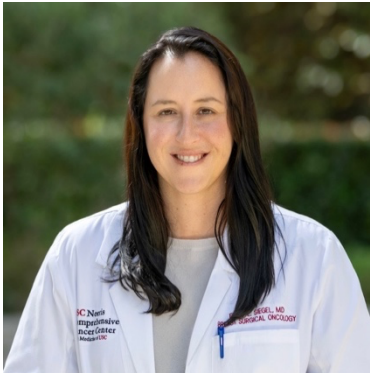


# Keck School of Medicine of USC

## General Surgery Clerkship Syllabus Academic Year 2024-2025

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## **Introduction**

Welcome to Surgery! We hope that you find this clerkship to be 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 Year III Surgical Clerkship is to provide a stimulating learning environment in which you are able to acquire the surgical knowledge, attitude and skills necessary to function effectively as a physician upon graduation from the Keck School of Medicine at USC. Although we will provide the appropriate resources and interactions with faculty and house staff, it is ultimately up to you to take responsibility for your own learning. The clerkship is structured for those of you who are self-initiating, highly motivated and who seek out opportunities for learning.

A major element of the Surgery Clerkship is an emphasis on the development of clinical problem-solving skills, and we encourage you to develop not only as a technician, but more importantly to build a solid cognitive knowledge base and *critical thinking skills*. This goal will require your active participation in an appropriate blend of clinical and self-educational activities throughout the clerkship. The philosophy of the clerkship is that you are here primarily as learners and not as extra house staff.

While on the clerkship we encourage you to actively seek feedback from the physicians and residents with whom you work. A formal mid-clerkship feedback session with supporting documentation is required at the middle of the rotation; however, this should be done on an ongoing, daily basis. This clerkship experience is a chance to learn, grow, and solidify your understanding of surgery as a medical specialty. Being proactive, engaged, and receptive to feedback will greatly contribute to your growth during this period.

## **Year III General Surgery Clerkship Teaching 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:

1. Provide exposure to the breadth and depth of the surgical sciences by enabling students to function as a contributing member of the surgical team in the ambulatory and inpatient settings.
2. Introduce the principles of surgery and the rationale behind surgical intervention through self-directed learning activities.
3. Provide the opportunity to expand students' clinical knowledge and develop skills necessary to provide patient care. Particular emphasis is placed on learning the skills needed to diagnose surgical diseases and to determine criteria for surgical referral.
4. Foster student growth in the areas of communication skills, practice-based learning, medical ethics, moral reasoning, and professionalism.
5. Promote student reflection regarding how social determinants and systems of care impact patient outcomes.

## **Year III General Surgery Clerkship Objectives**

The clerkship objectives support achievement of the KSOM Educational Program Objectives:

<https://medstudent.usc.edu/academics/ksom-educational-program-objectives/> Note that the professional attributes expected of a medical student are associated with Objectives P1-P6 in the KSOM Educational Program Objectives.

The objectives of the Surgery Clerkship are to develop your skills in the following areas:

Clerkship Objectives	KSOM Educational Program Objectives
1. Demonstrate basic science and clinical knowledge of a broad range of medical and surgical problems related to core surgical conditions and scenarios.	KP1
2. Elicit a thorough medical history based on a patient's presenting symptoms.	PC1
3. Perform an appropriate focused physical examination on a surgical patient.	PC2
4. Develop a prioritized differential diagnosis.	PC7
5. Develop a plan of care based on patient presentation, preferences and current scientific evidence for common surgical problems.	PC5
6. Select and interpret appropriate diagnostic tests.	PC6
7. Perform appropriate pre-operative assessments and post-operative follow up assessments for patients post-surgery.	PC5
8. Suture, knot-tie, and handle surgical instruments in a safe and effective manner.	PC3
9. Place a cervical collar.	PC3
10. Demonstrate sensitivity and responsiveness to a diverse surgical population.	P5
11. Discuss the ethical dilemmas in surgery including patient autonomy and informed consent.	P3, P6
12. Actively listen and effectively communicate healthcare information to patients and their families.	PC8, ICS 1
13. Willingly exchange patient information with team members and collaborate effectively as a member of the health care team.	ICS2, ICS3, PPD 1
14. Accurately present patient cases on rounds and in division conferences.	PC4
15. Document patient encounters in the electronic medical record in a comprehensive and timely manner.	PC4, ICS4
16. Act professionally with compassion, integrity and respect in all interactions with patients, families, faculty, colleagues, and staff.	P1, ICS5
17. Carry out responsibilities in a timely manner; submit all assignments on time.	P2
18. Identify strengths, deficiencies, and limits in one's own knowledge and behavior and engage in appropriate help-seeking behavior including soliciting and incorporating feedback.	PBLI1, PBLI2, PBLI3, PPD 1

19. Follow all protocols and guidelines for patient care at all times and protect all patient information as determined by HIPAA regulations.	P6
20. Apply the impact of social determinants of health and/or structural factors on patient outcomes.	HJ3, HJ4

## **Clerkship Structure**

During the Surgical Clerkship, you will be assigned to a three-week block on one of the Acute Care Surgery services (ACS A, B, C, or D) and the other three-week block on one of the General Surgery Services (Colorectal Surgery; GI Surgery; Hepatobiliary Surgery; Minimally Invasive Surgery; Vascular Surgery; or Breast, Endocrine and Soft Tissue Surgery).

During this time, you are expected to function as a member of the house staff team. You will be primarily responsible for two to four patients on your assigned service. This responsibility includes the following: 1) performance of admission history and physical examination, 2) scheduling of diagnostic tests, 3) data collection, 4) writing progress notes, and 5) 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. \*Please see specific service schedules in Elentra.

## **Study, Relaxation, and Storage Space**

This information can be found on the website: <https://medstudent.usc.edu/clerkship-sites-study-storage-and-relaxation-space/>

## **Wellness Day**

You will have one Friday off for a Wellness day during your General Surgery Service Block. \*Please see specific schedule on Elentra.

## **Mid-rotation Feedback**

Mid-Rotation feedback enables you to assess your progress to date and to develop goals for growth and improvement over the remainder of the rotation. You are required to initiate a mid-rotation feedback session with either a resident, fellow or faculty member. Prior to the session, please identify up to three areas that you would like feedback. During the session, you will develop a set of action plans to address areas of concerns. The goal of this session is to give you constructive feedback and identify areas for improvement with the overall goal to improve your performance. This form must be uploaded to Elentra on the 3<sup>rd</sup> Sunday of the rotation for review. Feedback forms can be signed by attendings and residents.

## **Clinical Learning Activities**

Your clinical activity schedule will vary depending on the responsibilities and census of your team. Service guidelines for each team are posted on the Elentra Surgery Clerkship Community page under the “clinical site information” tab. These templates are a basic outline of what you can expect during your rotations.

## **Night Call**

While on the Acute Care Service (ACS) you will be assigned to four call nights. During these call nights you are expected to remain with your team and participate in all activities. ACS call begins with morning pass on rounds and you are

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expected to work with your team until the team leaves the following day (maximum 28 hours WITHOUT exception). During the call period, you should spend an equal amount of time involved in the following three activities:

1. Resuscitation and patient workup in the Emergency Department 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, you are required to have your call night checklist signed at the end of each call night. The document must be uploaded to the appropriate assignment folder on Elentra at the end of the ACS block.

## Day Call

You may be assigned a Day Call shift during your Acute Care Service (ACS). You will have the same schedule as the intern when you are on Day Call. You are expected to return the next day on Post Call and will be excused when the over-night On Call students are dismissed. The only exception to this rule is if you have worked 18 hours during your Day Call shift or this Day call happens to fall on the last day of your ACS service.

## Clinic Assignments

Since much of medical practice is conducted in the outpatient environment, we expect that you actively participate in all clinics while on the General Surgery block. Students are required to attend at least 2 clinical days during the General Surgery Block.

## Skills Labs

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 such as suturing and knot tying. **Students may sign-up to participate in these sessions by emailing the clerkship coordinators (Samantha) by the Thursday before each workshop.**

## Lectures/Labs

Every other Friday during Weeks 1, 3, and 5 are dedicated to medical student education and students are excused from clinical duties. \*Please see specific weekly education schedules posted on the learning activities calendar in Elentra. While on Acute Care Surgery you will return to your patient care teams following scheduled educational activities if you are on call that day. These sessions will include case-based core curriculum, Department of Surgery Morbidity and Mortality & Grands Rounds, faculty tutorials, workshops, and skills labs. Lectures will be given both in-person and via ZOOM. \*Cameras are required to be on during all ZOOM learning sessions.

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, as to do so is an honor code violation. **If cameras are off during learning sessions, professionalism points will be deducted.** Loss of more than 1 professionalism point 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. Students on ACS who have their pre-scheduled "ACS day-off" (e.g., a pre-call or swing shift) are also excused from ALL Friday learning activities.**

## 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.** Departmental conferences are held September – May only. \*Please see specific schedule posted in Elentra.

## **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.](#)
2. [Lawrence, P. \(2018\). Essentials of general surgery \(Sixth edition.\). Wolters Kluwer Health/Lippincott Williams & Wilkins.](#)
3. ACS/ASE Medical Student Core Curriculum.  
<https://learning.facs.org/content/acs-ase-medical-student-core-curriculum>
4. [Jarrell B, Strauch ED, et al. \(2022\). NMS Surgery Casebook, 7<sup>th</sup> Edition. Wolters Kluwer.](#)

## **Required Assignments**

1. **Patient Care Write-Up:** You are required to submit one patient care write-up that utilizes evidence-based medicine to help address principles of health justice and systems of care. A description of this assignment is found here. Please assignment instructions in Elentra. This write-up is due on Friday of Week 6.
2. **ACS/Trauma Quiz:** You are required to take the ACS Trauma quiz while rotating on the ACS services. Please report to Jackie or Aida in room C5L100 of LA General Hospital any time between 9 am and 3 pm Monday-Friday of your first week on ACS. Please refer to the handbook, *The Initial Assessment & Management of Trauma* to prepare for this quiz. (<https://www.amazon.com/Initial-Assessment-Management-Trauma-ebook/dp/B07QR2JBXR>). \*\*Hard copies are also available to borrow from the MSEs/clerkship offices\*\* This quiz will NOT be counted towards your grade.
3. **Focused History and Physical Exam – Abdominal Exam:** At least twice per rotation, students will be observed by their resident team or staff attending obtaining a focused history and performing an abdominal exam on one of their patients. They will be required to submit the signature of their observer for each patient (See attachment C).

## **Required Clinical Experiences**

In the clinical setting, students are expected to acquire primary responsibility for and log at least one patient with each of the Required Clinical Experiences.

Log all patient encounters for each Required Clinical Experiences (15 cases) listed below in the corresponding diagnosis folder in MedOasis. For each encounter, log the level of responsibility that you provided:

- Participated: You assisted or performed direct patient care responsibilities under direct or indirect supervision.
- Observed: You watched or discussed a patient's care, but did not have an active role in their care.
- Simulated: You completed an assigned activity through high-fidelity simulation, virtual case scenarios (e.g., Aquifer), or other simulated means.

Logging all of your Required Clinical Experiences for a rotation allows KSOM to ensure comparable student experiences across clinical sites. Failure to log Required Clinical Experiences will result in a reduction in your overall clerkship score



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(see Student Assessment section of clerkship manual). Please note that each patient can only be used to log a single Required Clinical Experience (even if they have multiple applicable conditions).

Please note that your logs will be reviewed at your mid-clerkship feedback session. It is your responsibility to ensure you have completed all Required Clinical Experiences by the end of the rotation. If you have not logged at least 1 encounter for each Required Clinical Experience by the 5<sup>th</sup> week of the rotation, please reach out to the Clerkship Directors for further guidance.

## Required Clinical Experiences:

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
11. Sepsis
12. Shock
13. Surgical Site Infection
14. Blunt Trauma
15. Penetrating Trauma

## **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
a) Clinical Assessment Tool (CAT) (completed by your preceptor/resident)	55%
b) NBME Surgery Subject Exam	25%
c) Objective Structured Clinical Exam (OSCE)	15%
Professional Accountability (one point will be given for each of the following): <ol style="list-style-type: none"><li>1. Completing ALL assignments and submitting on time.</li><li>2. Attending ALL required clerkship activities.</li><li>3. Responding to all communications from the clerkship leadership within 48 hours.</li><li>4. Treating all patients, family members, allied health care and team members with respect.</li><li>5. Follow all policies and procedures of the KSOM.</li></ol>	5%
d) Must submit the following assignments on time <ol style="list-style-type: none"><li>1. Required Clinical Experiences</li><li>2. Mid-Rotation Feedback/Goals</li></ol>	Satisfactory Completion Required ✓



3. Patient Care Write-Up	✓
4. Call Night Sheet	✓
5. Surgical Check List	✓
6. Association Forms	✓

Surgery		
	Overall Score cut off for each grade	Minimum NBME Subject Exam Score for Grade of Pass, High Pass or Honors
Honors	92+	58
High Pass	73 - 91	
Pass	67-72	
Fail	66 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 you will contribute to your performance evaluations. At least one attending (who was present during the process of various clinical duties with you) will additionally evaluate you to generate a collaborative clinical grade for each 3-week block. To ensure all evaluators that meet this criteria have an opportunity to contribute to your overall evaluation, you will submit an association form indicating specific clinical team members you sufficiently worked with during each 3-week block of the clerkship. You will receive one performance evaluation from each 3-week block which will be composed by the assigned attending for that service based on the comments they receive from those indicated above.

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](#) policy for more information.

**OSCE and NBME Subject Exam Logistics:** The Surgery Clerkship OSCE will take place on Wednesday during Week 6 of the rotation. \*See the Learning Events Calendar on Elentra for individual assigned times. 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 completion of a 10-minute post-encounter note. Detailed instructions for how to prepare for the surgery OSCEs can be found on the General Surgery Clerkship Community page on Elentra. The NBME subject exam will be administered on Friday morning of Week 6 of the rotation.

**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 NBME subject exam on the 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 NBME subject exam on the second attempt will continue to have a grade of Incomplete (I) noted on their transcript for that clerkship and will be required to take the NBME subject exam for the third time.
4. Students who pass the NBME subject exam on the 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 NBME subject exam on the 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.

**Absence Make Up Policy:** All absences must be submitted to the Office of Student Affairs in writing. Please see the Clerkship Phase attendance policy [here](#) for details submitting an absence notification. Once approved, you will receive a specific make up plan from the clerkship office. All absences must be made up (with no exceptions) in order to receive a passing grade for the course.

## **Policies and Procedures**

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

### **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 (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/>

## **POLICIES**

### **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 a zero tolerance policy for mistreatment. For more details on what constitutes mistreatment and how to report it, please review [here](#).

To report mistreatment, access MedOasis through <http://my.usc.edu/> and select the MedOasis Widget. The mistreatment report form is located in the announcement box at the top of your MedOasis home page.

### **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 [here](#).

### **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](#).

### **Grade Appeals**

Information about appealing a grade or evaluation can be found in the [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 [here](#).

### **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](#) 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](#) 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.

### **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. See policy [here](#).

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## **Attendance**

It is the responsibility of the student to communicate with the curriculum office regarding absences from required events that result from anticipated conflicts, personal emergencies or unforeseen events. Please review the [KSOM attendance policy](#) for more details.

## **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](#).

## **Computer-based Examination 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 review [here](#).

## **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. The diversity policy is [here](#).

## **Dress Code**

The image presented in interactions with patients, colleagues, and visitors has a major influence on how one is perceived as a professional. Students at the Keck School of Medicine are expected to promote a professional environment. The following guidelines are the minimum standards for all Keck School of Medicine students. Furthermore, students must adhere to the dress code policies of any assigned clinical sites. The dress code policy is [here](#).

## **Grading Policy**

The KSOM Grading Policies can be found [here](#).

## **Examination Retake Policy**

KSOM permits students to retake examinations under certain circumstances. Students retaking examinations are required to work with LEAD (see Additional Resources below) in preparation. The Examination Retake Policy is [here](#).

## **Additional Resources**

### **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/>.

### **Learning Enhancement and Academic Development (LEAD)**

The Learning Enhancement and Academic Development provides an array of services and resources to help medical students master the curriculum. More information about LEAD can be found [here](#).

Students may also contact Dr. Ranna Nash or Dr. Melissa Lopez at Keck Learning Enhancement and Academic Development (LEAD) at [Ranna.Nash@med.usc.edu](mailto:Ranna.Nash@med.usc.edu) or [lopezms@usc.edu](mailto:lopezms@usc.edu).

## **Emergency Procedures and Preparedness**

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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 well-being. Students are released from clinical duties one full day for each 6-week clerkship and 1/2 day for each 4-week clerkship. The timing of wellness days can be found here:

<https://medstudent.usc.edu/academics/curriculum/wellness-days/>.

## **Essential Technical Standards Policy**

All students admitted to and enrolled in the Keck School of Medicine M.D. program must meet and continue to meet throughout their enrollment, the Essential Technical Standards (Standards) set forth in this policy:

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

## **Timeliness of Grades Policy**

The Keck School of Medicine requires timely reporting of final grades:

<https://medstudent.usc.edu/faculty-staff-information/keck-school-of-medicine-md-student-final-grade-submission-and-reporting-policy/>

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**

- a. Inspect breasts with patient in sitting position.
- b. Ask patient to perform maneuver to accentuate skin dimpling (must do 2 of 3 maneuvers: lean forward, pectoralis contraction, raise arms above head).
- c. Perform axillary exam with patient in the sitting position (holds elbow and encourages arm relaxation).
- d. Examine for supraclavicular nodes.
- e. Perform quadrant sweep maneuver to localize and elicit discharge only if spontaneous nipple discharge is present.
- f. 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.
- g. Cover breast not being examined.
- h. 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**

8. Inspect perianal area.
9. Perform digital examination.
10. Inspect stool, checks for occult blood.
11. Palpate prostate.



ATTACHMENT B

**General Surgery Core Clinical Curriculum Objectives**

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

**Abdominal Pain**

1. Develop a differential diagnosis for a variety of patients presenting with abdominal pain and understand when to obtain surgical consultation.
  - a. Discuss the presentation, diagnostic strategy and treatment of patients presenting with the following:
    - i. Acute appendicitis
    - ii. Biliary colic/cholecystitis/choledocholithiasis/cholangitis
    - iii. Pancreatitis
    - iv. Peptic ulcer disease (both with and without perforation)
    - v. Gastroesophageal reflux
    - vi. Diverticulitis (both with and without perforation)
    - vii. Small bowel obstruction (adhesions, hernia incarceration, tumor, intussusception, volvulus)
    - viii. Colon obstruction (volvulus, Hirschsprung's disease, tumor)
    - ix. Mesenteric ischemia
2. Discuss the approach to patients with postoperative abdominal pain.

**Abdominal Wall and Groin Mass**

Discuss the differential diagnosis, diagnostic and laboratory investigations and management of the following:

- a. Groin mass
  - a. Inguinal hernia (indirect/direct)
  - b. Femoral hernia
- b. Abdominal wall mass
  - a. Incisional hernia
  - b. Umbilical hernia

**Breast Problems**

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 importance of mammography and ultrasound in the evaluation of breast complaints and describe key imaging features.
4. Describe the appropriate diagnostic work-up for common breast problems including the use of mammography and ultrasound.
5. Describe diagnosis and treatment of benign breast conditions.
6. Describe clinical and pathologic staging and management of breast cancer.

**Hypovolemia**

- List the normal range of serum electrolytes (Na<sup>+</sup>, K<sup>+</sup>, Mg<sup>+</sup>, Ca<sup>++</sup>, and Cl<sup>-</sup>).
- 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: Describe the different between various resuscitation fluids (LR, NS, etc)

- Compare and contrast various resuscitation strategies for patients who are hypovolemic versus other states of shock.

## **Gastrointestinal Hemorrhage**

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.

## **Perianal Problems**

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 Management**

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:
  - a. Effects of bowel preparation
  - b. NPO status
  - c. NG drainage
  - d. Dialysis
  - e. Operative losses
7. Describe factors that might impair coagulation or increase risk of bleeding.

## **Postoperative Care**

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

## **Shock**

1. Determine the type of shock, indicate the mechanisms, methods of compensation, differential diagnosis, and treatment of:
  - a. Cardiogenic shock (acute coronary syndrome, valve failure, dysrhythmias)
  - b. Hypovolemic (hemorrhage, fluid loss) and classes of hypovolemic shock
  - c. Distributive shock (sepsis, anaphylaxis, neurogenic)
  - d. Obstructive shock (non-cardiac obstruction including pulmonary embolism, tension pneumothorax, tension hemothorax and cardiac tamponade)
  - e. 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:
  - a. Necrotizing soft tissue infection

### **Malignant Lesions**

1. Describe characteristics, typical location, and incidence of melanoma.
  - a. Describe melanoma including subtypes, prognosis, and risk factors.
  - b. 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.
  - a. Identify risk factors including radiation, chemical exposure, genetic disorders, and chronic lymphedema.
  - b. Discuss diagnostic options including fine needle aspiration (FNA), core needle biopsy, incisional biopsy, and excisional biopsy.
  - c. 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).
  - a. Evaluate the Airway and describe indications and options for securing the airway.
  - b. Assess Breathing and describe evaluation and management of:
    - 1)Tension pneumothorax
    - 2)Hemothorax
  - c. Describe the evaluation of Circulation.
    - 1)Define hemodynamic instability and describe indications for:
      - a) Emergency thoracotomy
    - 2) Distinguish between different types and classes of shock \*Refer to the Shock objectives

- 3) For hemorrhagic shock, describe:
  - a) differential diagnosis
  - b) diagnostic modalities
  - c) 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.
- d. Describe how to assess Disability.
  - 1) Define the Glasgow Coma Score.
  - 2) Describe the pupillary exam relevant to trauma.
- e. Apply principles of Exposure 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:
  - a. Head
  - b. Face
  - c. Neck
  - d. Chest
  - e. Abdomen
  - f. Pelvis
  - g. Back
  - h. Rectal
  - i. Genitalia
  - j. Neurologic
  - k. 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.

ATTACHMENT C

**KECK SCHOOL OF MEDICINE  
UNIVERSITY OF SOUTHERN CALIFORNIA DEPARTMENT OF SURGERY  
SURGERY CLERKSHIP**

**SURGICAL SKILLS CHECKLIST**

All MSIII/MSIV General Surgery Clerkship 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: \_\_\_\_\_

**FOCUSED HISTORY**

1. Signature/Comments

2. Signature/Comments

**ABDOMINAL EXAM**

1. Signature/Comments

2. Signature/Comments

**SUTURING/INSTRUMENT HANDLING**

1. Signature/Comments

2. Signature/Comments

**CERVICAL COLLAR MANAGEMENT AND DOCUMENTATION**

1. Signature/Comments

2. Signature/Comments

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 Community page on Elentra. 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: