



SYLLABUS
SURG-813C - Surgery Clerkship

Course Description

The goal of the surgery clerkship is to introduce students to the principles of caring for the surgical patient. This goal is accomplished by allowing the student to participate in the care of patients in the various stages of evaluation and treatment by surgeons. These stages include, but are not limited to, the preoperative office or clinic visit, inpatient admission, operative procedure, and inpatient/outpatient recovery. Through this exposure, students will begin to understand the general process of the application of surgical therapy to patients in a wide variety of settings. Furthermore, by participating as a member of the surgical team, students will observe the role of the surgeon as a member of the multidisciplinary team that provides care for the patient.

The clerkship is structured upon the principle that learning is a process which can be accomplished only by active participation by students. The role of the faculty and house staff is to provide guidance, stimulation, support, and example.

Instructor and Contact Information

Medical Education Team:

Clerkship Director:

Tanya Anand, MD, MPH,
FACS tanyaanand@surgery.arizona.edu

Assistant Clerkship Director:

Sujata Saha, MD
sujatasaha@surgery.arizona.edu

Program Manager, Clerkship Education:

Aimee Huston aimeehuston@arizona.edu

James Warneke, MD, FACS Director of Education
jwarneke@surgery.arizona.edu

Geoffrey Gurtner, MD, FACS
Chair, Department of Surgery
Professor, Surgery and Biomedical Engineering
gurtner@surgery.arizona.edu

Bellal Joseph, MD, FACS
Executive Vice Chair, Department of Surgery
bjoseph@arizona.edu

Lourdes Castañón, MD, FACS

4th Year Elective Director

lourdescastanon@arizona.edu

William Rappaport, MD, FACS

Professor, Cellular and Molecular Medicine and Surgery

wdr@arizona.edu

Sites/Site Directors

- Banner – University Medical Center Tucson: Abdominal Transplant
Site Director: Dr. J. Ortiz
- Banner – University Medical Center Tucson: Burn and Complex Wound
Site Director: Dr. L. Castañón
- Banner – University Medical Center Tucson: Minimally Invasive Surgery
Site Director: Dr. I. Ghaderi
- Banner – University Medical Center Tucson: Surgical Oncology
Site Director: Drs. N. Foster, M. Khreiss & J. Warneke
- Banner – University Medical Center Tucson: Pediatrics
Site Director: Dr. K. Liechty
- Banner – University Medical Center Tucson: Acute Care/Trauma and STICU
Site Director: Dr. T. Anand
- Banner – University Medical Center Tucson: Vascular Surgery
Site Director: Dr. K. Goshima
- Banner – University Medical Center South: General Surgery
Site Director: Dr. J. McClenathan
- Southern Arizona Veterans Health Care System (SAVAHCS) – Tucson: General Surgery and Vascular
Site Director: Dr. M. O’Cleireachain
- Private Practice – General Surgery
 - Tucson – Dr. K. Artz
 - Tucson – Dr. J DeVitis
 - Tucson – Dr. J. Schilling
 - Tucson – Dr. L Beliveau
 - Tucson – Dr. S. McKeever
 - Ft. Defiance – Dr. V. Jensen
 - Flagstaff –Dr. J. Damien
 - Nogales – Dr. L. Stinnett
 - Sierra Vista – Dr. J. Jenkins
 - Whiteriver – Dr. G. Jarrin

Students are responsible for completing all documents, obtaining badges, Federal fingerprinting requests, drug tests, and any other items requested by their site in a timely manner as determined by each site.

Course Objectives

During this course, students will:

1. Develop the adequate knowledge, basic technical skills, and understanding about surgical disease necessary to every practicing physician.
2. Describe the natural history, pathology, and pathophysiology of common traumatic injuries and surgically treated diseases.
3. Evaluate, provide initial care, and consult specialists appropriately for patients with traumatic injuries and surgically treated diseases.
4. Outline the relevant anatomy and expected outcomes for commonly performed surgical procedures, as well as the indications and risks.
5. Discuss principles of preoperative, intraoperative, and postoperative evaluation and care.
6. Hone the skill of written and verbal communication in the transfer of clinical information and knowledge.
7. Promote independent learning skills in students.
8. Display professional behavior and humanistic patient care while functioning effectively as a member of a culturally diverse and inclusive healthcare team.
9. Integrate basic, clinical and system sciences knowledge to deliver cost-conscious, humanistic care.

Expected Learning Outcomes

Upon completion of this course, students will be able to:

1. Obtain an accurate surgical history.
2. Perform a complete and organ-specific physical examination.
3. Interpret the diagnostic and imaging modalities necessary for the care of surgery and trauma patients.
4. Understand the importance and witness diagnostic and therapeutic procedures commonly utilized in surgical patients.
5. Appreciate surgical decision-making regarding current practice, data, and medical knowledge.
6. Present a case that demonstrates knowledge of the patient, diagnostic workup, disease process, intervention, and outcome.
7. Function as an integral member of the surgical team.
8. Collaborate with the operative team and recognize operating room safety.
9. Demonstrate the ability to present patients at handoff conference in a systematic and thorough manner.
10. Function as an effective member of the trauma team in the resuscitation of a trauma patient.
11. Identify the principles and application of surgical informed consent.
12. Discuss how to communicate bad news to surgical patients and families.

13. Understand perioperative management and preparation.
14. Write a thorough and concise surgical history & physical and progress note.
15. Respect patient choices, values, and need for confidentiality.
16. Demonstrate the ability to critically analyze and incorporate surgical literature into patient care.
17. Demonstrate the ability to provide effective and empathetic dialogue with the patient and their family.
18. Demonstrate clear and professional communication with patients, families, and healthcare teams.

Course Objective Assessment Methods

Course Objectives	EPOs	Assessment Methods	Instructional Methods
1. To develop in each student the adequate knowledge, basic technical skills, and attitudes about surgical disease necessary to every practicing physician.	PC-02, PC-03, PC-05, PC-06, MK-01, MK-02, PROF-02, PBLI-02	NBME Shelf Exam, WBA's, Mid-Point Feedback, Suture skills lab and testing, Clinical Feedback Through New Innovations	Cadaver Lab, Lectures, SIM lab, Clinical bedside teaching, Suture lab, Teaching in operating room
2. To describe the natural history, pathology, and pathophysiology of common traumatic injuries and surgically treated diseases.	PC-03	WBA's, Mid-Point Feedback, Clinical Feedback Through New Innovations,	Cadaver Lab, professor rounds, Lectures, SIM lab, Teaching at bedside and in the OR
3. To evaluate, provide initial care, and consult specialists appropriately for patients with traumatic injuries and surgically treated diseases.	PC-03, PC-04, PC-05, MK-02, MK-05, MK-06, MK-09	WBA's, Mid-Point Feedback, Clinical Feedback Through New Innovations	professor rounds, Lectures, SIM lab, Teaching at bedside and in the OR
4. To outline the relevant anatomy and expected outcomes for commonly performed surgical procedures, as well as the indications and risks.	PC-02, PC-03, PC-04, PC-05, PC-06, MK-02, MK-05, MK-06, MK-09, PROF-02, PBLI-02, PBLI-03	NBME Shelf Exam, WBA's, Mid-Point Feedback, Clinical Feedback Through New Innovations, Post-operative feed back	Cadaver Lab, professor rounds, Lectures, SIM lab, Teaching at bedside and in the OR
5. To discuss principles of preoperative, intraoperative, and postoperative evaluation and care.	PC-01, PC-04, PC-05, PC-06, MK-01, MK-05, MK-06, MK-07, PBLI-08	NBME Shelf Exam, WBA's, Mid-Point Feedback, Clinical Feedback Through New Innovations	Cadaver Lab, professor rounds, Lectures, SIM lab, Teaching at bedside and in the OR
6. To hone the skill of written and verbal communication in the transfer of clinical information and knowledge.	ICS-01, ICS-02	NBME Shelf Exam, WBA's, Mid-Point Feedback, Clinical Feedback Through New Innovations, OSCE	Cadaver Lab, professor rounds, Lectures, SIM lab, Teaching at bedside and in the OR
7. To promote independent learning skills in students.	PC-05, PC-06, MK-01, MK-02, MK-05, MK-06	NBME Shelf Exam, WBA's, Mid-Point Feedback, Clinical Feedback Through New	Provide study materials, lecture regarding responsibilities and tips on studying, as well as online resources

		Innovations, suture skills lab	
8. To display professional behavior and humanistic patient care while functioning effectively as a member of a culturally diverse and inclusive healthcare team.	PRO-01, PRO-02	WBA's, Mid-Point Feedback, Clinical Feedback Through New Innovations, OSCE	WBA and bedside teaching
9. To integrate basic, clinical and system sciences knowledge to deliver cost-conscious, humanistic care.	MK-02, MK-03	NBME Shelf Exam, WBA's, Mid-Point Feedback, Clinical Feedback Through New Innovations	Cadaver Lab, professor rounds, Lectures, SIM lab, Teaching at bedside and in the OR

Didactic Sessions and Lab Schedule

Orientation is the first week of the clerkship. Didactic Sessions are held on Wednesdays. Once didactic sessions are complete, students have the rest of the day to study. Attendance is required for all orientation activities, didactics, and labs. Students are only excused due to illness or other instances that have been previously arranged with the Clerkship Director/Program Manager.

Occasionally a lecture will be cancelled due to an unforeseen circumstance. The Program Manager will make every effort to reschedule. **Please notify the Program Manager if a lecturer does not show.**

ORIENTATION, LABS AND EXAMS
Welcome to Surgery Clerkship <ul style="list-style-type: none"> • Orientation • Student Expectation • Questions/Answers
Suture Skills Labs
ASTEC Lab
Scrub Training (Gowning/Gloving)
Trauma/Cadaver Lab
How to perform a focused physical
OSCE (2 cases)
NBME Self-Assessment prep test
NBME Shelf Exam

DIDACTIC LECTURE SERIES
Abdominal Wall/Hernia
Anesthesia
Biliary Disease
Breast Disease
Colorectal Disease
Endocrine Disease

Fluid and Electrolytes
Hernia
How to Present a Surgical Patient and Surgical Notes
Liver Disease
Introduction Orthopedic Surgery
Introduction Plastic Surgery
Introduction to Trauma
Introduction to Vascular
Lines, Drains and Wounds
Management of Post-Op Complications (MI, AKI, PE)
Medical Humanities
NBME Shelf Review
Pediatric Surgery
Preoperative evaluation, post-surgery complications, management and bias in pain management
Shock – Part 1 Diagnosis
Shock – Part 2 Treatment
Surgical Emergencies
Surgical Nutrition
Urologic Emergencies
Principles of MIS
Ophthalmology

Assignments and Examinations: Schedule/Due Dates

Patient Logs	14 Required (10 OR Scrubbed cases and a minimum of 4 clinics, consults and/or H&Ps)	Date due: End of Rotation
A minimum of at least one in the list of required cases (categories below): Acute Surgical Abdomen, Biliary Disease, Breast Disease, Hernia, Multisystem Trauma.		
*Acute Surgical Abdomen		
*Biliary Disease		
*Breast Disease		
*Hernia		
*Trauma		
Procedure Logs	10 Required	Date due: End of Rotation
Minimum of 10 procedures. Include one in each category below		
Reviewed Radiology		
*Plain Films		
*Ultrasound		
*CT		
Suture Skills		
*Horizontal mattress		

*Simple Interrupted		
*Buried		
*Subcuticular		
Dressing Changes		
Duty Hours	Log all hours	Date due: End of Rotation
History Observed/ Performed	1 Required	Date due: End of Rotation
Physical Observed/ Performed	1 Required	Date due: End of Rotation
MedLearn Surveys	All Required	Date due: End of Rotation
Mid-clerkship Feedback		Due date: Fourth Wednesday of Rotation
OSCE	2	End of Rotation
NBME Exam	1	Last day of Rotation

Required Patient/Clinical Conditions

Each patient/clinical condition has an associated minimum level of student responsibility. Definitions for each level of responsibility are below:

Perform: Student applies knowledge and demonstrates skills necessary to provide patient care and/or perform an indicated procedure under appropriate supervision.

Assist: Student collaboratively assists with providing patient care and/or performing a procedure under the appropriate supervision.

Patient Type/ Clinical Condition or Procedures/Skills	Clinical Setting	Level of Student Responsibility	Alternative Requirement
Acute Surgical Abdomen	Outpatient or Inpatient	Perform 1. Take history 2. Perform physical exam	The Association for Surgical Education (ASE) Teaching Modules
Biliary disease	Outpatient or Inpatient	Perform 1. Take history 2. Perform physical exam 3. Create assessment/plan of care	The Association for Surgical Education (ASE) Teaching Modules
Breast disease	Outpatient	Perform 1. Take history 2. Perform physical exam 3. Create assessment/plan of care	The Association for Surgical Education (ASE) Teaching Modules and readings as in syllabus
Dressing Change	Outpatient or Inpatient	Perform	

Hernia	Outpatient or Inpatient	Actively participate in care 1. Take history 2. Perform physical exam 3. Create assessment/plan of care	The Association for Surgical Education (ASE) Teaching Modules
Reviewed CT	Outpatient or Inpatient	Assist Evaluate final read and discuss with team	
Reviewed plain films	Outpatient or Inpatient	Assist Evaluate final read and discuss with team	
Reviewed ultrasound	Outpatient or Inpatient	Assist Evaluate final read and discuss with team	
Suture buried	Outpatient or Inpatient	Perform	
Suture simple interrupted	Outpatient or Inpatient	Perform	
Suture subcuticular	Outpatient or Inpatient	Perform	
Suture vertical mattress	Outpatient or Inpatient	Perform	
Multisystem Trauma	Inpatient	Assist 1. Take history 2. Perform physical exam 3. Create assessment/plan of care	The Association for Surgical Education (ASE) Teaching Modules
History and Physical	Outpatient or Inpatient	Perform Actively participate in care 1. Take history 2. Perform physical exam 3. Create assessment/plan of care	
Consults	Outpatient or Inpatient	Perform 1. See consult 2. Perform history and physical 3. create assessment and plan	

Alternative Experiences

If a student is unable to experience a required Patient Case/Clinical Condition, they must complete an alternative experience. All alternative experiences must be approved by the clerkship director.

Instructions for how to submit an alternative experience request:

https://meddocs.medicine.arizona.edu/MedLearn_Clerkship_AltExp/

Direct link to submit an alternative experience request:

<https://medlearn.medicine.arizona.edu/clerkship/altexp>

Note, after submitting an alternative experience request, students must log the case in their

logbook with an explanation that the requirement was satisfied through an alternative experience.

History & Physical Exam and SOAP Note

Students are required to take two complete History and Physical including plan while on surgery clerkship rotation.

Students must document these observations in MedLearn. MedLearn is the curriculum and learning management system for students, faculty, and staff at the University of Arizona College of Medicine. Under the H&P tab on the student's home page, enter the date of the observation, the name of the observer, and whether the observer was a faculty/preceptor or resident.

Patient Encounter and Clinical Skills Log

Students are required to log a **minimum of 10 scrubbed cases** and log a **minimum of 4 clinic cases, consults and/or H & P's** by the end of the eight (8) week surgery rotation. Students are required to log a minimum of at least one in the list of required cases: Acute Surgical Abdomen, Biliary Disease, Breast Disease, Hernia, Multisystem Trauma.

It is suggested students keep a log of **ALL** significant patient encounters in the OR/Clinic/Floor during the rotation. Students can access the patient log from the MedLearn Dashboard at:

<https://medlearn.medicine.arizona.edu/>

To complete a patient log, click the link that reads 'Add to Patient Log.' Students will be taken to a form, choose from the list of required cases: Acute Surgical Abdomen, Biliary Disease, Breast Disease, Hernia, Multisystem Trauma, or other.

- **Scrubbed Cases (OR)**; Case Information (choose scrubbed), Case Notes, Patient Log Type and click submit.
- **Clinic Encounters (Clinic, Consults and/or H & P's)**: Case Information (choose from Observed/Performed), Case Notes and click submit.

Students will then be returned to the dashboard where they can review the list of diagnoses and keep track of how many cases you have submitted for each diagnosis. The log needs to be updated to show progression by the 4th week of the clerkship and everything must be completely entered/submitted by Sunday of the last week of the clerkship.

Documenting Duty Hours

Students are expected to record their duty hours. Didactics, Labs, and Orientation Days are to be included in duty hours. Days off are to be logged as "0". These should be logged on

MedLearn. URL: <https://medlearn.medicine.arizona.edu/>

1. Students must complete recording of their duty hours by the end of the clerkship rotation feedback session. Clerkship directors and/or clerkship coordinators will routinely review cumulative duty hours data and correct any systemic problems that prevent compliance with

the stated duty hours policy. Students who stay over the limitations of duty hours on their own volition must provide a justification for the reason at the time the hours are recorded. Students will not be penalized for accurate reporting, nor will duty hours information be used to determine grades or for student evaluations. Duty hour reports will be retained in the electronic database systems. Grades will not be released until the student reports duty hours.

Readings

Apps, E-books, and Weblinks suggested:

Weblinks

The ACS/ASE Medical Student Core Curriculum addresses the competency-based surgical cognitive skills needed by all medical students. To access the programs students will be required to create an account needed to log in. There is no cost to access the program.

https://learning.facs.org/content/acs-ase-medical-student-core-curriculum?_gl=1%2Adie3yr%2A_ga%2AMjg3NTUwODI1LjE2NzU3MDY5OTY.%2A_ga_KBB21NPQBH%2AMTY3NTcwNjk5Ni4xLjEuMTY3NTcwNzA3NS4wLjAuMA

Apps

Firecracker

UpToDate

Touch Surgery: surgery videos

UWorld USMLE

Citrix Workspace

Medscape

E-books/Textbooks

Surgery A Case Based Clinical Review

https://arizona-primo.hosted.exlibrisgroup.com/primo-explore/fulldisplay?docid=01UA_ALMA51529671390003843&context=L&vid=01UA&search_scope=Everything&tab=default_tab&lang=en_US

Case Files, Surgery

https://arizona-primo.hosted.exlibrisgroup.com/primo-explore/fulldisplay?docid=01UA_ALMA51519284420003843&context=L&vid=01UA&search_scope=Everything&isFrbr=true&tab=default_tab&lang=en_US

Surgery, Pre-Test

https://arizona-primo.hosted.exlibrisgroup.com/primo-explore/fulldisplay?docid=TN_mcgrawmrcscn00370023&context=PC&vid=01UA&search_scope=Everything&tab=default_tab&lang=en_US

Optional Surgical Reading

[Arizona Health Sciences Library:](#)

[Sabiston Textbook of Surgery \(Core General Surgery Topics\)](#)

[Essentials of General Surgery and Surgical Specialties 6th Edition Peter F. Lawrence, MD](#)

iPads and a limited number of textbooks are available for students' use during the clerkship and may be checked out from the Medical Education Office.

A good resource for trauma information is the [Red Book – Assessment & Management of Trauma](#) which can be found at <http://www.surgery.usc.edu/divisions/trauma> on the “medical students” tab and can be downloaded as a PDF.

Required or Special Materials

Stethoscope and White Coat

Knots & Suturing

Tulane Center for Advanced Medicine Simulation and Team Training - see the link to the video:

<https://www.youtube.com/watch?v=jX5yrKmeKD8>

This video provides helpful illustrations and step-by-step instructions.

Meal Policy

Students will be provided with meal credits for their overnight call on Trauma Acute Care Service. Credits will be provided at the beginning of the student's Surgery Clerkship rotation. This is provided by Banner University Medical Center – Tucson.

Mid-Clerkship Formative Feedback

The mid-clerkship student assessment is intended to serve as feedback and a vehicle to show progress. This is not a formal evaluation and will not be included in the formal grading process. Students are asked to distribute the form to those residents and attendings on your service with whom they have worked closely. Students should complete their section of the form before meeting with the supervising faculty members and residents. Each form should be discussed and signed by the reviewer and student. Explanation for below expectations, strengths, and goals/plans for improvement should include written comments.

Students are required to bring the completed forms to their scheduled mid-point feedback session.

Submission of at least one completed form at your mid-point feedback session is mandatory.

All student forms are stored in the clerkship office.

Based on a review of patient log data, students' experiences may be adjusted to meet clerkship experience expectations. Also, certain rotations may require a shortchange in the clinical site to gain needed experiences.

Grading Scale and Policies

Grading

Grading for the Clerkship is determined by the following:

Clinical Assessment	50%
Workplace Based Assessment (WBA)	20%
NBME Shelf Exam	15%
OSCE	10%
Professionalism (see below)	5%
Total	100%

Clinical Grade (50%): This will be based on the average score of the students clinical evaluations. Evaluations will be sent to all attendings and residents students work with over the next 8 weeks. Students will not be able to pick and choose who completes their evaluations. In addition, once completed, evaluations will not be dropped for any reason. Please note all evaluations are given the same weight regardless of if they are from an attending or resident.

Workplace Based Assessments (20%): Students are required to be assessed on a minimum of 4 different EPAs during each clerkship and receive a minimum average of one WBAs per week for each week of patient interaction. A total of 8 WBAs are required during the surgery clerkship,

A minimum of four of the following Entrustable Professional Activities (EPA) must be seen by the end of the Surgery Clerkship:

- EPA 1: Gather a History and Perform a Physical Examination
- EPA 5: Document a Clinical Encounter in the Patient Record
- EPA 6: Provide an Oral Presentation of a Clinical Encounter
- EPA 8: Give or Receive a Patient Handover to Transition Care Responsibility

The clerkship director may allow additional EPAs as part of the list of EPAs for this clerkship. Students are encouraged to talk to the clerkship director to obtain approval.

A grade of “pass” is awarded for 20% of the grade when a student has completed:

- Minimum of 8 WBA forms submitted for an average of one per week for each week of patient interaction in the clerkship block.
- Minimum 4 different Entrustable Professional Activities (EPAs) seen by end of each clerkship block. Each clerkship director sets the specific EPAs and this must be documented and communicated to faculty and students.
- Minimum of 2 faculty members and 2 residents must complete WBA assessments for the learner.
- If no resident is present in a clinical block or rotation (e.g., rural rotations, some community clinic rotations), then only the attending assesses the learner a minimum of two times a week.

What constitutes “fail” in WBA:

- Not meeting the minimum in one or more WBA requirement(s), as listed above.
- Being evaluated by an individual who is not an attending or resident (e.g., peer, friend, family member, etc.). This constitutes academic dishonesty and is subject to the consequences outlined in the Honor Code policy, including academic dismissal.

Note: Grading for WBA is “all or none”. That is, students are awarded 20% for completing the minimum WBA requirements as outlined above and in the policy. If students do not meet the minimum by the end of the last day of the rotation, they are awarded 0% for this portion of the final clerkship grade. There is no remediation period.

NBME Shelf Exam (15%): The Equated Percent Correct Score (raw score) will be converted into a Percentile Rank using the NBME Academic Year Norms graph, and the quarter (1-4) in which the exam was taken. The Percentile Rank may change over the course of the academic year in each quarter (e.g. a raw score that converts to a percentile of 15% in quarter 1 may fall in the 10th percentile in quarter 4 for the same raw score). The quartile used for grading is determined by when the student sits for the shelf exam, not by when they started the clerkship.

Retake exams will utilize the same method. The Equated Percent Correct Score (raw score) will be converted to the Percentile Rank for the quarter (1-4) in which the retake exam was taken.

A student who retakes an examination because of failing on the first attempt is not eligible for a final clerkship grade of Honors or High Pass. Students must score in at least the 10th percentile to pass the Surgery shelf exam. The cutoff score for passing is based upon national norms for Surgery clerkships.

See Appendix A for the 2020-2021 NBME Academic Year Norms graph.

OSCE (10%): Students will participate in 2 OSCE's with standardized patients at the end of their rotation.

Professionalism Grade (5%): Professionalism accounts for 5% of the student's grade; it is an all-or-nothing component. A significant lapse and/or a pattern of lapses will result in a deduction of the full 5%. The Clerkship Director makes the final decision. It is expected that most students will receive full credit.

The following list, while not exhaustive, should help to clarify what is included in the Professionalism grade throughout the clerkships.

Students will:

- Complete credentialing paperwork and site-specific requirements such as, but not limited to, fingerprinting and drug screening, by the stated deadline.
- Complete assignments by due date. This includes but is not limited to the following:
 - MedLearn (Duty hours, H&P feedback, Patient Logs)
 - Surveys (e.g. MedLearn, New Innovations)
 - Written History and Physicals
 - SOAP Notes
 - Mid-Clerkship Formative Feedback Form
 - Return of books and other borrowed items
- Respond to emails in a timely manner (within 2 business days)
- Refrain from using cell phones during meetings/sessions/didactics
- Always inform your team/preceptor of your whereabouts
- Be considerate to staff, faculty, residents, and/or patients
- Be on time for required meetings/sessions and do not leave without permission or until dismissed.
- Sign-in for didactics or other activities where requested ONLY for yourself

- Be punctual and comply with NBME Shelf Exam rules
- Obtain advance permission from the Clerkship Director/Program Manager for absences from activities and/or wards; inform appropriate residents and/or attendings

A clerkship reserves the right to assign a failing grade for the entire clerkship if a student performs in an unprofessional manner in terms of interactions with patients and other health professionals, completing assignments, attendance at scheduled activities, or other inappropriate actions or activities.

Final Grade Distribution:

The Department of Surgery, in keeping with the policy of the College of Medicine, will assign final grades using a cumulative, point-based system calculated with the above criteria. Final grades will be distributed across the clerkship cohort using the following COM guidelines:

Honors: Top 25% of cohort

High Pass: Next 26-50% cohort

The remainder of the cohort who did not meet the criteria for Honors or High Pass, and who met the minimum passing criteria will be awarded a grade of “Pass.”

University Policies

Absence and Class Participation Policy

Absences for any sincerely held religious belief, observance, or practice will be accommodated where reasonable. Refer to the [Religious Accommodation Policy](#).

Absences pre-approved by the University Dean of Students (or dean’s designee) will be honored.

Classroom Behavior/Attendance Policy

To foster a positive learning environment, students and instructors have a shared responsibility. We want a safe, welcoming, and inclusive environment where all of us feel comfortable with each other and where we can challenge ourselves to succeed. To that end, our focus is on the tasks at hand and not on extraneous activities (e.g., texting, chatting, reading a newspaper, making phone calls, web surfing, etc.).

Students are asked to refrain from disruptive conversations with people sitting around them during lectures. Students observed engaging in disruptive activity will be asked to cease this behavior. Those who continue to disrupt the class will be asked to leave lectures or discussions and may be reported to the Dean of Students.

College of Medicine – Tucson Attendance Policy:

<https://medicine.arizona.edu/form/attendance-policies-medical-students-com>

Threatening Behavior Policy

The UA Threatening Behavior by Students Policy prohibits threats of physical harm to any member of the University community, including to oneself. See <http://policy.arizona.edu/education-and-student-affairs/threatening-behavior-students>.

Accessibility and Accommodations

At the University of Arizona, we strive to make learning experiences as accessible as possible. If you anticipate or experience barriers based on disability or pregnancy, please contact the Disability Resource Center (520-621-3268, <https://drc.arizona.edu/>) to establish reasonable accommodations.

Code of Academic Integrity

Students are encouraged to share intellectual views and discuss freely the principles and applications of course materials. However, graded work/exercises must be the product of independent effort unless otherwise instructed. Students are expected to adhere to the UA Code of Academic Integrity as described in the UA General Catalog. See <https://deanofstudents.arizona.edu/policies/code-academic-integrity>.

The University Libraries have some excellent tips for avoiding plagiarism, available at <http://new.library.arizona.edu/research/citing/plagiarism>.

UA Nondiscrimination and Anti-harassment Policy

The University is committed to creating and maintaining an environment free of discrimination; see <http://policy.arizona.edu/human-resources/nondiscrimination-and-anti-harassment-policy>

Our classroom is a place where everyone is encouraged to express well-formed opinions and their reasons for those opinions. We also want to create a tolerant and open environment where such opinions can be expressed without resorting to bullying or discrimination of others.

Confidentiality of Student Records <https://www.registrar.arizona.edu/privacy-ferpa/ferpa>

University and COM-T Policies

See [University of Arizona Policies](#)

See [COM-T Student Policies](#)

Subject to Change Statement

Information contained in the course syllabus, other than the grade and absence policy, may be subject to change with advance notice, as deemed appropriate by the instructor.

SUBJECT EXAMINATION PROGRAM

SURGERY EXAMINATION

2022-2023 ACADEMIC YEAR NORMS



Equated Percent Correct (EPC) Summary Statistics

	Academic Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of Examinees	19,251	4,649	4,136	4,635	4,033
Mean	73.7	72.5	74.0	74.8	74.3
SD	8.5	8.8	8.5	8.0	8.2

Interpreting Academic Norms

- Norms are provided to aid in the interpretation of examinee performance.
- They make it possible to compare examinees' scores with the performance of a norm group.
- Norm group characteristics:
 - Examinees from LCME-accredited medical schools who took a form of this examination as an end-of-course or end-of-clerkship examination for the first time during the academic year from 8/1/2022 through 7/31/2023.

Quarterly Norms

- The percentile ranks for each quarter are defined using the school reported start date of the first rotation for this subject.
- Using the start date of the first rotation, examinees are assigned to the appropriate quarter based on the assumption that their test date would be at least four weeks later.
- For example, if a school's start date for the first rotation is March, then the performance of examinees from that school that tested in April, May or June would be represented in the first quarter.
- Since quarterly norms are based only on schools that supplied the start date of the first rotation for this subject, the number of examinees reported across quarters may not add up to the total norm group for the academic year.

Using the Table

- Locate an examinee's score in the column labeled "EPC" and note the entry in the adjacent column for the academic year or quarterly testing period of interest. This number indicates the percentage of examinees that scored at or below the examinee's equated percent correct score.

Percentile Ranks

EPC	Acad. Year	Q1	Q2	Q3	Q4
100	100	100	100	100	100
99	100	100	100	100	100
98	100	100	100	100	100
97	100	100	100	100	100
96	100	100	100	100	100
95	100	100	100	100	100
94	100	100	100	100	100
93	100	100	100	100	100
92	100	100	100	100	100
91	100	100	99	100	100
90	99	99	99	99	99
89	98	98	98	98	98
88	98	98	98	97	97
87	97	97	97	96	96
86	95	96	95	95	94
85	93	94	93	92	92
84	91	92	90	90	90
83	88	90	87	86	87
82	85	88	84	83	83
81	81	85	81	79	80
80	78	81	77	75	77
79	73	77	72	70	72
78	69	74	68	64	68
77	65	70	63	60	63
76	60	66	59	55	58
75	55	61	54	50	53
74	52	58	51	46	49
73	47	54	46	42	44
72	42	49	41	37	40
71	38	44	37	33	36
70	34	40	33	28	31
69	30	36	29	24	27
68	26	31	25	21	23
67	22	28	21	18	20
66	19	24	18	15	17
65	16	21	15	12	14
64	14	18	13	11	12
63	12	15	11	9	10
62	10	13	9	7	8
61	8	10	8	6	7
60	7	9	7	5	5
59	5	7	5	4	4
58	4	5	4	3	4
57	4	5	4	2	3
56	3	4	3	2	2
55	2	3	2	2	2
≤ 54	2	2	2	1	1