



**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:**

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**Program Manager:**

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**Clinical Instructor:**

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**4<sup>th</sup> Year Elective Director**

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**Chair, Department of Surgery**

Geoffrey Gurtner, MD, FACS

Professor, Surgery and Biomedical Engineering

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## Sites/Site Directors

- Banner – University Medical Center Tucson: Abdominal Transplant  
Site Director: Dr. R. Harland
- 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: Dr. J. Erdrich
- Banner – University Medical Center Tucson: Hepatobiliary Surgery  
Site Director: Dr. L. Mesrobian
- 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. A. Kunac
- Southern Arizona Veterans Health Care System (SAVAHCS): General Surgery and Vascular  
Site Director: Dr. N. Wheeler
- Private Practice – General Surgery
  - Tucson – Dr. J. Schilling
  - Tucson – Drs. L. Beliveau and S. McKeever
  - Flagstaff – Dr. A. Aldridge
  - Nogales – Dr. L. Stinnett
  - Sierra Vista – Drs. R. Haj and M. Thompson

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.**

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

<b>DIDACTIC LECTURE SERIES</b>
Abdominal Wall/Hernia
Anesthesia
Biliary Disease
Breast Disease
Cardiothoracic Surgery
Colorectal Disease
Endocrine Disease

Fluid and Electrolytes
Hernia
How to Present a Surgical Patient and Surgical Notes
How to Succeed in Surgery Clerkship
Introduction Orthopedic Surgery
Introduction to Trauma
Introduction to Vascular
Lines, Drains and Wounds
Liver Disease
Management of Post-Op Complications (MI, AKI, PE)
NBME Shelf Review
Palliative Care
Preoperative evaluation, post-surgery complications, management and bias in pain management
Principles of MIS
Shock
Surgical Emergencies
Surgical Nutrition
Urologic Emergencies

## Assignments and Examinations: Schedule/Due Dates

<b>Patient Logs</b>	<b>11 Required (7 OR Scrubbed cases and a minimum of 4 clinics, consults and/or H&amp;Ps)</b>	<b>Date due: End of Rotation</b>
<b>A minimum of at least one in the list of required cases (categories below): Acute Surgical Abdomen, Alimentary Tract, Biliary Disease, Hernia, Multisystem Trauma.</b>		
*Acute Surgical Abdomen		
*Alimentary Tract (stomach, small intestine or colon)		
*Biliary Disease		
*Hernia		
*Multisystem Trauma		
<b>Procedure Logs</b>	<b>7 Required</b>	<b>Date due: End of Rotation</b>
<b>Minimum of 7 procedures. Include one in each category below</b>		
<b>Reviewed Radiology</b>		
*Plain Films		
*Ultrasound		
*CT		
<b>Suture Skills</b>		
*Simple Interrupted		
*Buried		
*Subcuticular		
*Dressing Changes		

Duty Hours	Log all hours	Date due: LOG WEEKLY, 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 Self- Assessment	2	2 provided, 1 required prior to Mid- clerkship Feedback
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
Alimentary Tract	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
Biliary disease	Outpatient or Inpatient	Perform 1. Take history 2. Perform physical exam 3. Assessment/plan of care	The Association for Surgical Education (ASE) Teaching Modules
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	
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/](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.

[Link to ASE Module](#)

## 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 7 scrubbed cases** and log a **minimum of 4 clinic cases, consults and/or H & Ps** 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, Alimentary Tract, Biliary Disease, Hernia, and 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 4<sup>th</sup> 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 each week and they will be reviewed at the end of rotation. Clerkship directors and/or clerkship coordinators will routinely review cumulative duty hours data in order to correct any systemic problems that prevent compliance with the stated duty hours policy. Students are responsible for letting their team know when they are close to the limit of an 80-hour work week. Students who stay over the 80-hour limit 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:**

#### **[Alternative Experience Weblink](#)**

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.

#### **Apps**

UpToDate

[OpenMD Surgery Videos](#) – repository of free surgical videos to watch preop

Firecracker (flashcards)

Anki (flashcards)

[BUMCT Trauma Surgery Guidelines](#) <- great app to have on the rotation!

NCCN Cancer Guidelines

UWorld USMLE Question bank

AMBOSS Question bank

#### **Textbooks and Review Books**

All textbooks can be accessed at [University of Arizona Health Science Library](#). Once there, search for the [AccessSurgery database](#). All textbooks are available on the database using your UA NetID and Password.

#### **TEXTBOOKS**

##### **Zollinger's Atlas of Surgical Operations**

- Must read for preparation for the OR
- Easy to read steps of the operation with plenty of illustrations

##### **Schwartz's Principles of Surgery**

- Reference textbook to read more about a surgical disease

#### **SHELF REVIEW BOOKS**

##### **[Devirgilio's - Surgery A Case Based Clinical Review](#)**

- Recommend picking either this or Pestana's (provided at Orientation) as a shelf review book

##### **[Case Files, Surgery](#)**

- Review book expressly written for Shelf Review, case-based learning

##### **[Surgery, Pre-Test – \(Book also available for check out in Clerkship office\)](#)**

- Review book for "pimp questions" often asked in the OR

iPads that are loaded with the PDFs of the surgical textbooks above are available for students' use during the clerkship and may be checked out from the Medical Education Office.

## 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.

## Mid-Clerkship Formative Feedback

The mid-clerkship student assessment is intended to serve as feedback and a vehicle to show progress. This is a formative, not a summative evaluation. 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%
<b>Total</b>	<b>100%</b>

**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 7 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 7 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.
- 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.

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 portion of your grade 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 10<sup>th</sup> 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 10<sup>th</sup> 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 2023-2024 NBME Academic Year Norms graph.

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

**Professionalism Grade (5%):** Professionalism accounts for 5% of the student's overall grade. A significant lapse and/or a pattern of lapses will result in a deduction. The Clerkship Director has full authority to determine the final professionalism grade, including deducting full or partial credit. In addition, lapses in professionalism may be reflected in the student's summative evaluation and Medical Student Performance Evaluation (MSPE).

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 using the following COM guidelines:

Honors: Top 30% of the clerkship cohort

High Pass: Next 30%% of the clerkship cohort

Pass: Remaining 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.”

**Appendix A:** Academic Subject Exam norms 2023-2024 Academic Year Norms.

## 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/internal-resources/form/attendance-and-absence-policy>

### **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

### 2023-2024 ACADEMIC YEAR NORMS



#### Equated Percent Correct (EPC) Summary Statistics

	Academic Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4
<b>Number of Examinees</b>	19,177	4,609	4,093	4,576	4,150
<b>Mean</b>	73.6	72.2	73.8	74.5	74.2
<b>SD</b>	8.3	8.6	8.3	8.0	7.9

#### 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 8/1/2023 through 7/31/2024.

#### 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.

EPC	Acad. Year	Percentile Ranks			
		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	99
90	99	99	99	99	99
89	99	99	99	98	99
88	98	98	98	98	98
87	97	97	97	96	96
86	95	96	95	95	95
85	94	95	93	93	93
84	91	93	91	90	91
83	89	91	88	87	89
82	86	89	85	83	85
81	83	87	82	80	82
80	79	84	79	76	79
79	75	81	75	71	74
78	71	77	70	67	70
77	66	73	66	62	65
76	62	68	61	57	60
75	57	63	56	52	55
74	52	59	50	48	50
73	47	54	46	43	45
72	42	49	41	38	40
71	38	45	37	33	35
70	33	40	33	29	30
69	29	35	29	25	26
68	25	31	25	22	22
67	22	27	21	19	19
66	19	24	18	15	16
65	16	21	16	13	14
64	13	18	13	11	11
63	12	15	11	9	9
62	10	13	10	8	8
61	8	11	8	6	6
60	7	9	6	5	5
59	5	7	5	4	4
58	4	6	4	3	3
57	4	5	4	2	2
56	3	4	3	2	2
55	2	3	3	1	1
≤ 54	2	3	2	1	1