

SURGERY CLERKSHIP OBJECTIVES	ACGME Competency*					
	PC	MK	PBLI	ICS	P	SBP
1. Describe and discuss common abdominal masses including liver, spleen, pancreas, and aortic.	X	X	X	X		
2. Describe and demonstrate the work up of a patient with abdominal pain including history, physical exam, laboratory, and radiologic tests. Consider appendicitis, cholecystitis, choledocholithiasis, cholangitis, pancreatitis, peptic ulcer disease with and w/o perforation, GERD, diverticulitis, inflammatory bowel disease, gastroenteritis, SBO, incarcerated hernia, colonic obstruction (volvulus, tumor, stricture), splenic rupture, mesenteric ischemia, leaking AAA, gynecologic etiologies (ectopic pregnancy, ovarian cysts, tuboovarian abscess, endometriosis), UTI, pyelonephritis, ureterolithiasis.	X	X	X	X	X	X
3. Describe and discuss the symptoms, diagnosis, etiology, and treatment strategies for common abdominal wall and groin masses including various hernias and rectus diastasis.	X	X	X	X		
4. Discuss the evaluation and management, for asymptomatic patients with positive tests such as gallstones, carotid bruit, or incidental masses of the adrenal gland or liver.	X	X	X	X		
5. Describe the evaluation and management of common benign and malignant breast diseases.	X	X	X	X		X
6. Describe the evaluation and management of common causes of chest pain or shortness of breath such as spontaneous pneumothorax, pulmonary thromboembolism, and gastroesophageal reflux disease.	X	X	X	X		
7. Discuss potential causes, laboratory findings, and treatment of various common fluid and electrolyte disturbances such as dehydration or metabolic / respiratory acidosis / alkalosis.	X	X	X	X		
8. Describe the evaluation and management of a patient with upper or lower GI bleeding.	X	X	X	X		X
9. Describe the evaluation and management of a patient with jaundice including potential etiology.	X	X	X	X		X
10. Describe the symptoms, evaluation, and management of a patient with vascular induced leg pain or ulcers.	X	X	X	X		X
11. Discuss the evaluation and differential diagnosis of a patient with a thyroid nodule.	X	X	X	X		
12. Define the stages of wound healing, and describe wound complications such as hematoma, seroma, infection, and dehiscence.		X		X		
13. Discuss the differential diagnosis, evaluation, and management of various common post-operative complications such as fever, respiratory distress, hypotension, oliguria, and abnormal bleeding.	X	X	X	X		
14. Define shock, the different types of shock, basics of shock management.		X				
15. Describe the characteristics and relative prognoses as well as prognostic factors for skin cancers such as melanoma, squamous cell carcinoma, and basal cell carcinoma.		X				
16. Describe the evaluation, management, and potential etiologies of dysphagia or odynophagia.	X	X	X	X		
17. Describe the initial approach to diagnosis and management of burns, blunt, or penetrating trauma to the thorax, abdomen, or extremities.	X	X	X	X		
18. Describe the diagnosis, potential etiologies, and management of vomiting including ileus, small bowel obstruction, and gastric outlet obstruction.	X	X	X	X		
19. Discuss the diagnosis, potential etiologies, and management of diarrhea in adults including infectious and inflammatory.	X	X	X	X		
20. Discuss the diagnosis, potential etiologies, and management of constipation including large bowel obstruction, volvulus, stricture, and impaction.	X	X	X	X		
21. Demonstrate basic knowledge of and skills in sterile technique and suturing.	X	X	X			
22. Participate in surgery by assisting in assigned surgical cases and procedures as directed under resident or faculty supervision.	X	X	X		X	
23. Demonstrate conduct appropriate for a medical professional, including appropriate interaction with other health care team members, patients, and families.				X	X	

* PC = Patient Care, MK = Medical Knowledge, PBLI = Practice-based Learning & Improvement, ICS = Interpersonal & Communication Skills, P = Professionalism, SBP = Systems-based Practice

SURGERY			
Patient Type/ Clinical Condition	Procedures/Skills	Clinical Setting	Level of Student Responsibility
Abdominal pain / acute abdomen: <u>Examples:</u> perforated ulcer or viscus, appendicitis, visceral or abdominal aneurysm, mesenteric ischemia, volvulus, acute cholecystitis, bowel obstruction, pelvic inflammatory disease, salpingitis, tubo-ovarian abscess, diverticulitis, peritonitis.	History/Data Collection, Physical Examination, Clinical Reasoning Basic abdominal imaging interpretation	Inpatient, Outpatient, or Emergency	Assist
Small bowel obstruction / ileus: <u>Examples:</u> small bowel obstruction, ileus, incarcerated or strangulated hernia, colonic pseudo-obstruction.	History/Data Collection, Physical Examination, Clinical Reasoning Basic abdominal imaging interpretation	Inpatient, Outpatient, or Emergency	Primary
Biliary disease: <u>Examples:</u> cholecystitis, choledocholithiasis, biliary dyskinesia, peri-ampullary neoplasia (e.g., cholangiocarcinoma, gallbladder cancer, pancreatic cancer, duodenal neoplasm).	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient, Outpatient, or Emergency	Primary
Oncology patient: <u>Examples:</u> variety of diagnoses wherein the primary current diagnosis and reason for evaluation is a malignancy or problem directly caused by that malignancy.	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient, Outpatient, or Emergency	Primary
Acutely injured patient: <u>Examples:</u> closed or open head trauma, blunt or penetrating cervical, thoracic, abdominal, or extremity trauma, thermal injury.	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient or Emergency	Observe
Pre-operative assessment	History/Data Collection, Physical Examination, Clinical Reasoning Ankle Brachial Index	Inpatient or Outpatient	Primary
Post-operative management	History/Data Collection, Physical Examination, Clinical Reasoning	Inpatient	Assist
Participate in operations	Sterile technique Suturing Foley catheter placement	Inpatient	Observe

Evaluation Form

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Student Clerkship Form

Evaluator: _____

Evaluation of: _____

Date: _____

Below you will find a PDF with links to all the respective Clerkship Objective pages. Please review these objectives before evaluating a student. By completing this form you are affirming your familiarity with those objectives

1. Overall grade: Based on your observation and experience should this student receive a passing grade?*

Yes	No	Uncertain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

2. Application of Basic Science Fund of Knowledge to Clinical Setting*

Poor fund of knowledge; limited ability to apply clinically.	Limited fund of knowledge; can apply clinically; has potential for improvement.	Solid fund of knowledge; applies readily to clinical problems.	Outstanding fund of knowledge; superior, advanced skills applied to complex problems.	Not observed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

3. Interviewing Skills*

Disorganized, incomplete, lacks focus.	Organized; obtains basic history but points often missed including pertinent (+) & (-) ROS.	Organized, usually complete including pertinent ROS; but often with extraneous information.	Excellent skills; thorough yet succinct and focused history.	Not observed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

4. Your assessment of this student's interviewing skills are based on:*

Direct observation and presentations	Presentations alone
<input type="checkbox"/>	<input type="checkbox"/>

	Omits critical parts of the exam and/or deficient exam skills.	Generally complete but often misses significant abnormal findings.	Complete; usually recognizes abnormal findings.	Thorough and accurate; focused relative to the history.	Not observed
5. Physical Exam Skills (or mental status exam)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Direct observation and presentations	Presentations alone
6. Your assessment of this student's physical exam (or mental status exam) skills are based on:*	<input type="checkbox"/>	<input type="checkbox"/>

	Disorganized/incomplete; by end, listeners uncertain of primary clinical problem/recent even	Generally complete; may lack organization/fail to highlight abnormal findings.	Presentations organized, logical; highlights abnormal findings; requires some assistance.	Consistently organized, logical, complete; preparation does not require assistance.	Not observed
7. Presentation Skills (Formal presentation and during rounds/clinic)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Yes	No
8. Was presentation performance significantly hampered by anxiety and/or awkwardness?*	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Usually unable to formulate an assessment of basic medical problems.	Usually handles major problem; may not integrate all aspects; suggests elemental understandi	Formulates assessment of major problem; may have trouble identifying/prioritizing multiple p	Consistently able to formulate assessment of basic problems; also can prioritize multiple pr	Not observed
9. Assessment, Formulation and Clinical Application Skills*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Not regularly involved in ward/clinic management.	Involved in ward/clinic duties but usually passive; follows direction of others.	Active team member; takes significant responsibility for patient management.	Takes patient responsibility; comfortably evaluates/manages multiple patients.	Not observed
10. Ward/Clinic/Other Assigned Duties (orders, follow-up of tests)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Struggles with procedural skills; no effort to improve.	Adequate skills for simple procedures; makes effort and is improving.	Competent basic procedural skills. Improving advanced skills.	Adept procedural skills both basic and advanced.	Not observed
11. Procedural Skills*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Incomplete or erroneous	Includes basic information; rarely analyzes new data/ impact on patient management.	Accurate data included with ongoing assessments of basic problems.	Accurate, thorough, and succinct (intern level).	No interaction
12. Record Keeping (Initial Work Up, Interval/Progress Notes)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

PROFESSIONAL ATTRIBUTES

	Unreliable, often absent or late; commitment uncertain.	Fulfills basic responsibilities; little dedication or commitment to patient care.	Dependable team player and deliverer of patient care.	Dependable; highly committed to and enjoys clinical care.	Not observed
13. Dependability*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	No insight into weaknesses; rejects feedback; no behavior change.	Defensive response but does lead to change.	Mature response to feedback; strives for improvement.	Mature response; regularly seeks feedback and ways to improve.	Not observed
14. Response to feedback*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Insensitive to their needs, feelings, values.	Often uncomfortable with this type of interaction.	Interacts smoothly and effectively.	Interactions smooth/effective; extremely compassionate and respectful.	Not observed
15. Interactions with patients/families*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Avoids interactions; little respect for others' contributions.	Occasional difficulty interacting with others.	Interacts well with other team members.	Interacts well; seeks contributions of other team members.	Not observed
16. Interactions with other members of health care team*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	1 Week	2 Weeks	3 Weeks	4 or More Weeks
	1	2	3	4
17. Contact Weeks with student *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1-10 Hours per week	11-20 Hours per week	21-30 Hours per week	More than 30 Hours per week
	1	2	3	4
18. Contact Hours with student*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Honors

Honors

The UAB SOM recommends an Honors grade be given only to students with superior or outstanding achievement in all evaluable competencies (clinical skills, fund of knowledge, systems-based practice, practice-based learning, interpersonal and communication skills, and professionalism). This level of achievement would be expected from the top 20% of the class.

	Yes	No	N/A
19. After reading the description above would you like to recommend a grade of Honors for this student's clinical performance ?**	<input type="checkbox"/> You will be asked to give a quick narrative description of the characteristics that put this student in the top 20% of students at their level of training	<input type="checkbox"/>	<input type="checkbox"/> I did not spend enough time with this student to make this determination

Comments:

20. To the best of your knowledge have you ever provided psychiatric/psychological counseling or other health services to this student?*

- No
- Yes

Comments:

21. COMMENTS (for possible inclusion in clerkship summary evaluation and/or Dean's letter): *

22. FORMATIVE COMMENTS (for use as guidance for professional development and will NOT be included in summary or Dean's Letter):
