Surgery Clerkship Manual

2017-2018
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Welcome

A foundation for comprehensive patient care

Welcome to the Surgery Clerkship. This clerkship is designed to expose students to experiences in both acute and elective surgical diseases. The experience will serve as a foundation for understanding the diagnosis, management and treatment of patients with surgical problems.

During the next six weeks, students will focus on medical knowledge, patient care, interpersonal and communication skills, professionalism, practice-based learning and system-based practice in the field of surgery. Medical students are expected to achieve a level appropriated for a third-year clerk. Students will also be exposed to the culture and environment of the operating room and technical aspects of surgical treatment.

We value the commitment of faculty members and College of Medicine staff to providing an exceptional education experience. We look forward to working with you in our mutual dedication to student success.

Best Regards,

Rebecca Viscusi, MD, FACS
Surgery Clerkship Director

William Adamas-Rappaport, MD, FACS
Surgery Clerkship Associate Director
An Arizona native, Dr. Viscusi received her bachelor of science degree from the University of Arizona and her medical degree from Jefferson Medical College in Philadelphia.

Dr. Viscusi returned to the UA to complete her general surgery residency training. She also completed a one-year fellowship program in breast surgical oncology at the University of Texas Southwestern in Dallas. Dr. Viscusi’s research interests involve treatments for women who are at high-risk for the development of breast cancer; specifically those with a BRCA mutation. Dr. Viscusi participates in the High-Risk Cancer Clinic currently held at the University of Arizona Cancer Center.

William J. Adamas-Rappaport, MD joined the Department of Surgery in 1984. He grew up in New York and received his medical degree from the University of Miami. He completed a pediatric residency at Mt. Sinai Medical Center in New York and then went on to finish a general surgery residency at the University of Cincinnati and a fellowship in plastic surgery at the University of Oklahoma. He is board certified in general surgery and addiction medicine.

Dr. Rappaport has been active in medical education since his arrival. For the past ten years the main focus of his research has been in the area of medical education which has resulted in the publication of numerous articles and two books. He has won many awards from the students and College of Medicine for his teaching and often serves as a mentor.
Debbie Sherrow is also an Arizona native both born and raised. She possesses a great amount of knowledge in the field of medicine. Debbie believes that one of the most important things for students to know is that the clerkship coordinator is one of the best resources to use while you are completing any clerkship rotation. Additionally, she wants you all to know that learning is a process which can be accomplished only by active participation by the student. Although, you all may not want to be a Surgeon she hopes to covert a few of you into Surgeons.

One of Debbie’s hobbies is being involved in remote control jet events with her husband Clay.

Debbie Sherrow  
Program Coordinator, Senior  
Department of Surgery  
Medical Student Education  
Surgical Oncology, Rm 4327  
Office: (520) 626-3972  
Fax: (520) 626-4334  
Email: dsherrow@surgery.arizona.edu
Clerkship Organization

Sites

- Banner – University Medical Center Tucson: Hepatobiliary/Transplant
- Banner – University Medical Center Tucson: Minimally Invasive Surgery
- Banner – University Medical Center Tucson: General/Oncology
- Banner – University Medical Center Tucson: Vascular Surgery
- Banner – University Medical Center South: General Surgery
- Southern Arizona Veterans Health Care System (SAVAHCS) – Tucson: General Surgery and Vascular
- Private Practice – General Surgery
  - Tucson/Artz
  - Tucson/Schilling

RHPP Private Practice – General Surgery
- Ft. Defiance – Dr. N. Yazzie
- Flagstaff – Dr. A. Aldridge
- Globe – Dr. D. Miller
- Lakeside – Dr. A. D. Greco
- Safford – Dr. B. Carter
- Show Low – Dr. W. Waldo
- Sierra Vista – Dr. J. Jenkins
- Tuba City – Dr. V. Jensen
- Winslow – Dr. G. Jarrin
- Yuma – Dr. C. Jensen

Student Assignments to Instructional Sites

UA COM Procedure for Student Assignments to Instructional Sites

Endorsed by EPC – 04/18/2012
Approved by PCCS – 03/27/2012
Approved by TCCS – 03/15/2012
Clinical Rotation Site Assignments

Students request their top choices of clinical sites (process may vary by clerkship). Clinical rotations sites are assigned by the respective clerkship offices in Tucson. When it is not impossible to meet the student’s top choice(s), assignments are made with the aim of best meeting, collectively, the student’s educational goals and geographic/personal preference.

Change of Rotation Site Requests—Extreme Hardships

Although rarely granted, students who wish to change their rotation site after assignments have been made may only apply for a change of rotation site if they have an extreme hardship. Requests will be considered on a case-by-case basis. Students must complete a Change of Clinical Site Request form and submit it to the responsible clinical department coordinator.

Students must provide justification for their request on the form, and if possible, may indicate the student who has agreed to exchange sites in the identical course rotation. Students are required to verify all information associated with their justification. If the request gains approval, the responsible clinical department notifies the previous and new site.

A change of rotation site may not take place unless the responsible clinical department coordinator has received the above document as early as possible after the site assignments are published but prior to the start date of the rotation. The resulting decision will be based on the information provided by the student and any information gathered regarding the site.

Surgery Clerkship Procedure for Assignment to Clinical Sites

The Surgery Clerkship rotation consists of six-weeks divided into two; three-week rotations.

- One three-week rotation will be on:
  - HPB/Transplant, Minimally Invasive/Robotic Surgery, General Surgery/Private Practice Tucson, SAVAHCS General Surgery/Vascular or Vascular

- One three-week rotation will be on a service/team that takes overnight call:
  - General Surgery/Oncology, General Surgery/South or Trauma/Acute Care Surgery

No requests are taken for which specific 3-week blocks you are assigned to.

1. SITE PREFERENCE: Surgery runs a lottery for site assignments. If you do not want to be placed in the lottery for a community site, please let us know prior to the academic year. Not all services/sites are available in all periods.

Rural sites are assigned to RHPP students. RHPP students only may submit a Suggestion Choice Form in person to the coordinator. Please keep in mind your choices are only used as suggestions, the final decision will be determined by the Clerkship Director/Coordinator. Assignments are also made based on preceptor availability.
2. **SITE ASSIGNMENTS:** Students are emailed their schedule several weeks prior to start of their rotation. Schedules are not finalized until closer to the start date of each rotation due to preceptor availability.

- 

3. **HOUSING** will be provided at the rural sites for RHPP students. The available housing is basic and a student may be asked to share with a housemate. Wi-Fi access is not guaranteed at our rural sites. **No pets are allowed.**

4. **EXPENSES:** Sites outside the Banner Health system may require out of pocket expenses to students (e.g. drug screening, data usage for Wi-Fi) which are not reimbursed by the College of Medicine.

Please keep in mind your choices are only used as suggestions, the final decision will be determined by the Clerkship Director/Coordinator. Assignments are also made based on preceptor availability.

*If you have a concern or problem, please do not hesitate to contact the Medical Student Coordinator for help with resolving issues at BUMC Tucson any other site.

**Indian Health Service (IHS) Drug Regulations for Clinical Sites**

Housing on tribal lands is subject to federal law in addition to tribal law. Federal law prohibits the sale and use of alcohol on tribal lands; it also prohibits the possession of any alcoholic beverage, including, but not limited to beer, wine, and spirits. While students are at an IHS site, he/she will be expected to be a respectful guest and abide by these laws. Alcohol is not allowed and failure to comply could result in arrest and citation by tribal officers, as well as disciplinary action by the University.

The only exception to this law is when the tribal body and state has legally authorized the use, possession, and sale of alcohol. Refer to the accompanying chart for tribal rules by location. If you have any questions or concerns, contact your clerkship coordinator.

Note: Federal law does not recognize cannabis to be of medical value and it is currently regulated as a schedule I drug. The law stipulates that any such substance or paraphernalia is unlawful on any federal property and any tribal reservation unless the tribe has legislated otherwise. While Arizona has instituted a medical cannabis program, this substance is prohibited at most IHS sites and tribal reservations.

**University of Arizona Statement on Drug Free Campus**

Tohono O'odam

- Alcohol - Title 21, Chapter 1, Article 1
- Marijuana -Title 7 Chapter 13: Section 13.6

Hopi Code

- Chapter 15: §3.15.1
- Alcohol - A-B.
- Marijuana - D

Navajo Code

- Title 17 Ch 3: subsection 12
- Alcohol -§394, §410
- Marijuana §391

Apache Code

- Alcohol - Health & Safety Code Section 11.1
<table>
<thead>
<tr>
<th>Clerkship</th>
<th>Location</th>
<th>Name</th>
<th>Reservation</th>
<th>Alcohol</th>
<th>Medical Marijuana</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FCM</strong></td>
<td>San Xavier</td>
<td>San Xavier Indian Health Service Clinic</td>
<td>Tohono O'odam</td>
<td>Prohibited</td>
<td>Authorized</td>
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<td></td>
<td>Sells</td>
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<td>Tohono O'odam</td>
<td>Prohibited</td>
<td>Authorized</td>
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<tr>
<td></td>
<td>Polacca</td>
<td>Hopi Health Care Center</td>
<td>Hopi</td>
<td>Possession, transportation, use on tribal lands prohibited</td>
<td>Authorized</td>
</tr>
<tr>
<td></td>
<td>Tuba City</td>
<td>Tuba City Regional Health Care Corp</td>
<td>Navajo</td>
<td>Possession, transportation, use prohibited*</td>
<td>Prohibited</td>
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<tr>
<td></td>
<td>Ft Defiance</td>
<td>Tsehootsooi Medical Center</td>
<td>Navajo</td>
<td>Possession, transportation, use prohibited*</td>
<td>Prohibited</td>
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<tr>
<td></td>
<td>Winslow</td>
<td>Winslow Indian Health Services</td>
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<td></td>
<td>Whiteriver</td>
<td>Whiteriver IHS</td>
<td>Apache</td>
<td>Import Prohibited. Limited sale at authorized tribal liquor stores'</td>
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<td>Tuba City Regional Health Care Corp</td>
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<tr>
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<td>Peridot</td>
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<td>Winslow</td>
<td>Winslow Indian Health Services</td>
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<td>Possession, transportation, use prohibited*</td>
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</table>
Course Description and Educational Objectives

Course Description

The goal of the surgery clerkship is to introduce the student 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, the student 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, the student 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 the student. The role of the faculty and housestaff is to provide guidance, stimulation, support and example.

Educational Program Objectives and Competencies (Tucson)

The educational program objectives are found in their entirety below, however, they are subject to periodic updating and the most recent version will always be found online.

The College of Medicine – Tucson curriculum is designed to develop six educational competencies central to the practice of medicine.

*In the following competencies and objectives diversity is understood to include race, sex, ethnicity, culture, ability, disability, socioeconomic status, education level, language, religion, spiritual practices, sexual orientation, gender identity, geographic region, age, country of origin, education and genetics.*

Patient Care

Graduates obtain appropriate histories; perform skillful, comprehensive and accurate patient examinations; and develop appropriate differential diagnoses and management plans. Graduates will recognize and understand the principles for managing life-threatening situations. They will select, perform and accurately interpret the results of laboratory tests and clinical procedures in order to provide patient-centered care that results in high-quality outcomes. Graduates will be able to:

- Obtain an accurate medical history that covers all essential aspects of the history
- Perform both a complete and an organ system specific examination
- Identify appropriate diagnostic procedures, perform those commonly used, and correctly interpret the results
• Reason deductively and efficiently to reach a diagnosis for patients with common medical conditions
• Outline an optimal plan of management for patients with common medical conditions, and describe prevention plans for common conditions
• Recognize patients with immediate life threatening conditions regardless of etiology, and institute appropriate initial treatment
• Demonstrate knowledge of the principles of rehabilitation, long-term care, and palliative and end-of-life care
• Provide appropriate care to all patients, regardless of any individual characteristics, background, or values
• Provide health care services as well as health education that empower patients to participate in their own care and that support patients, families, and communities in preventing health problems and maintaining health

Medical Knowledge

Graduates apply problem solving and critical thinking skills to problems in basic science and clinical medicine. They demonstrate knowledge about (1) established and evolving core of basic sciences, (2) application of sciences to patient care, and (3) investigatory and analytical thinking approaches. Graduates will demonstrate their knowledge in these specific domains:

• Core of basic sciences
• The normal structure and function of the body as a whole and of each of the major organ systems
• The molecular, cellular and biochemical mechanisms of homeostasis
• Cognitive, affective and social growth and development
• The altered structure and function (pathology & pathophysiology) of the body/organs in disease
• The foundations of therapeutic intervention, including concepts of outcomes, treatments, and prevention, and their relationships to specific disease processes
• The many and varied social determinants of health and disease
• The legal, ethical issues and controversies associated with medical practice
• Critical thinking about medical science and about the diagnosis and treatment of disease
• The scientific method in establishing the cause of disease and efficacy of treatment, including principles of epidemiology and statistics
• The effective use of information technology to acquire new information and resources for learning

Practice Based Learning and Improvement

Graduates are prepared to practice medicine today and in the future within the context of society and its expectations. They use evidence-based approaches, demonstrating proficiency with information retrieval and critical appraisal of the medical literature to interpret and evaluate scientific and patient care information. They are dedicated to continuous learning within the science of healthcare delivery. They understand the limits of their own personal knowledge, remediate inadequacies to remain current, and integrate increased self-knowledge into their daily activities. At the time of graduation, students have not yet established a practice but nonetheless will demonstrate an awareness of and an understanding of general principles for:
• Identifying strengths, deficiencies and limits in one’s knowledge and expertise
• Identifying and performing learning activities that address gaps in one’s knowledge, skills, or attitudes
• Incorporate feedback into clinical practices
• Remaining informed about new, most current practices on national and international levels
• Locating, appraising, and assimilating evidence from scientific studies related to clinical care
• Participating in the education of patients, families, students, trainees, peers, and other health professionals
• Obtaining information about the populations and communities from which individual patients are drawn and applying it to the diagnosis and treatment of those patients
• Understanding the population, background, socio-economic, and community factors that can affect health and health care delivery for individual patients
• Identifying and critically analyzing the role and cost-benefits of guidelines, standards, technologies, and new treatment modalities for individual patients
• Describing the causes and systemic approaches to prevent medical errors and provide a safe environment for patient care

Interpersonal and Communication Skills

Graduates demonstrate interpersonal and communication skills that result in the effective information exchange and collaboration with patients, their families, and health professionals. They use effective communication skills with patients, families, and the community to educate and promote health and wellness. Graduates will demonstrate the ability to:

• Develop a meaningful therapeutic and ethically sound relationship with patients and their families across diverse backgrounds
• Effectively communicate with patients and families by understanding and appropriately responding to emotions, using listening skills, nonverbal, explanatory, questioning and writing skills to elicit information and manage interactions
• Document and present patient data and clinical information in an organized, accurate, legible and/or verbally clear manner
• Encourage patients’ health and wellness through appropriate health education
• Engage in collaborative communication when working within a team of one's profession or as part of an interprofessional team

Professionalism

Graduates are committed to carrying out professional responsibilities, demonstrating compassion, adhering to ethical principles, and are sensitive to diverse patient populations. Graduates respect patients, families, and professional colleagues and are advocates for improving access to care for everyone. Graduates will exemplify a professional character that exhibits:

• Compassion, integrity, and respect for others
• Respect for patients’ autonomy, privacy, and dignity
• Respect for patients’ race, sex, ethnicity, culture, ability, disability, socioeconomic status, education level, language, religion, spiritual practices, sexual orientation, gender identity, geographic region, age, country of origin, education and genetics
• Integrity, reliability, dependability, truthfulness in all interactions with patients, their families and professional colleagues
• A responsiveness to patient’s needs and society that supersedes self-interest
• The skills to advocate for improvements in the access of care for everyone, especially vulnerable and underserved populations
• A commitment to excellence and on-going learning, recognizing the limitations of their personal knowledge and abilities, and the capacity to effectively address their own emotional needs
• Knowledge of and a commitment to uphold ethical principles in such areas as the provision of care, maintaining confidentiality, and gaining informed consent
• An understanding of and respect for the contributions of other health care disciplines and professionals, and appropriate participation, initiative and cooperation as a member of the health care team

**Systems-based Practice and Population Health**

Graduates demonstrate awareness of and responsiveness to the context and system of health and healthcare. They recognize health disparities and are able to effectively call on system resources to provide optimal care. Graduates are able to work with patients both as individuals and as members of communities and take this into account when performing risk assessments, assessing symptoms, diagnosing illnesses, making treatment plans and considering the patient care and systems-level implications of their work. Graduates will demonstrate:

• An understanding of how patient care and professional practices affect health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
• An understanding of factors involved in healthcare disparities and how to optimize care for vulnerable or underserved populations
• Knowledge of how types of medical practice and delivery systems differ from one another
• An understanding of how to practice cost-effective health care and resource allocation that does not compromise quality of care
• Advocacy for quality patient care and access for all people, including the underserved, and a commitment to assist patients in dealing with system complexities
• The capacity to partner with health care managers and health care providers to assess, coordinate and improve health care and knowledge of how these activities can affect system performance
• An understanding of the physician’s role and responsibilities to promote the health of the community and the underlying principles of preventive medicine and population-based health care delivery
• The ability to acquire relevant information about the health of populations or communities and use this information to provide appropriate services
• The ability to appropriately mobilize community-based resources and services while planning and providing patient care
Overarching Clerkship Expectations

The clerkship experiences at the University of Arizona College of Medicine Tucson campus are intended to expand your breadth of knowledge of medicine based on the foundation of your preclinical training at our institution. The clerkships are full-time learning experiences and Curricular Affairs works closely with each department to identify, recruit, and maintain a wide array of sites that offer a range of individualized learning experiences around a core set of goals and specific patient encounters.

Learning experiences are unique to each individual and it is important to understand the learning process can and does occur through many avenues. Both passive (i.e. observing and/or shadowing) and active learning (i.e. hands on) serve the educational mission and provide you with the necessary skills to become a safe and effective future physician. At any given site, we have a diverse array of learners, including residents; therefore, hands on participation is often not possible. While it is unlikely that you will actually perform a laparoscopic appendectomy or deliver a baby by yourself, learning is occurring while holding the laparoscopic camera and by observing the birth process. Your expectations on the clerkships need to be realistic in light of the learning environment and the presence of other learners. Remember, much can be gained by a positive attitude, a desire to learn, and focused observation.

Clerkship Learning Objectives

<table>
<thead>
<tr>
<th>OBJ #</th>
<th>COMPETENCY</th>
<th>SURGERY CLERKSHIP LEARNING OBJECTIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>MK</td>
<td>Recognize surgically relevant anatomy and understand the pathophysiology behind surgical disease processes.</td>
</tr>
<tr>
<td>2</td>
<td>MK, PC</td>
<td>Demonstrate the ability to obtain an accurate surgical history.</td>
</tr>
<tr>
<td>3</td>
<td>MK, PC</td>
<td>Demonstrate the ability to perform a complete and organ specific physical examination.</td>
</tr>
<tr>
<td>4</td>
<td>PC</td>
<td>Demonstrate empathy for a patient’s condition through reflection.</td>
</tr>
<tr>
<td>5</td>
<td>PC, PRO</td>
<td>Respect patient choices, values and need for confidentiality.</td>
</tr>
<tr>
<td>6</td>
<td>IPS, PC</td>
<td>Collaborate with a team to provide optimal patient treatment.</td>
</tr>
<tr>
<td>7</td>
<td>PLI</td>
<td>Demonstrate the ability to access online resources for medically relevant information.</td>
</tr>
<tr>
<td>8</td>
<td>MK, PLI</td>
<td>Demonstrate the ability to critically analyze and incorporate surgical literature into patient care.</td>
</tr>
<tr>
<td>9</td>
<td>PLI</td>
<td>Understand the importance of continuing medical education. Acknowledge gaps in knowledge and take steps to address them.</td>
</tr>
<tr>
<td>10</td>
<td>PLI</td>
<td>Demonstrate the use of the surgical literature to provide evidence-based surgical care.</td>
</tr>
<tr>
<td>OBJ #</td>
<td>COMPETENCY</td>
<td>DESCRIPTION</td>
</tr>
<tr>
<td>-------</td>
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</tr>
<tr>
<td>11</td>
<td>IPS</td>
<td>Demonstrate the ability to provide effective and empathetic dialogue with the patient and their family.</td>
</tr>
<tr>
<td>12</td>
<td>IPS</td>
<td>Demonstrate the use of effective listening skills.</td>
</tr>
<tr>
<td>13</td>
<td>IPS, PRO</td>
<td>Demonstrate the ability to document and present clinical information in an organized, accurate, legible and clear manner.</td>
</tr>
<tr>
<td>14</td>
<td>IPS, PC</td>
<td>Demonstrate the ability to provide patient education to promote patient health and wellness.</td>
</tr>
<tr>
<td>15</td>
<td>PRO</td>
<td>Demonstrate honesty, compassion, respect, integrity and dignity.</td>
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<tr>
<td>16</td>
<td>PRO</td>
<td>Demonstrate the ability to maintain confidentiality.</td>
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<tr>
<td>17</td>
<td>PC, PRO</td>
<td>Demonstrate an ethically sound practice to ensure informed consent.</td>
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<tr>
<td>18</td>
<td>PRO</td>
<td>Advocate for improvements in healthcare access.</td>
</tr>
<tr>
<td>19</td>
<td>IPS, PRO</td>
<td>Demonstrate the ability to work in a team-based approach to patients.</td>
</tr>
<tr>
<td>20</td>
<td>SBP</td>
<td>Demonstrate comprehension of the complexity of the health care system.</td>
</tr>
<tr>
<td>21</td>
<td>SBP</td>
<td>Understand the impact of patient care on other health care providers. Recognize how the roles of other team members influence the delivery of patient care.</td>
</tr>
<tr>
<td>22</td>
<td>SBP</td>
<td>Advocate for quality patient care.</td>
</tr>
<tr>
<td>23</td>
<td>IPS, SBP</td>
<td>Identify appropriate interactions between health care providers.</td>
</tr>
</tbody>
</table>
### Required Patient/Clinical Conditions

<table>
<thead>
<tr>
<th>Type of patient/clinical condition</th>
<th>Clinical setting (Inpatient, Outpatient, Both)</th>
<th>Level of student responsibility</th>
<th>Alternative Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute surgical abdomen (including hemorrhage)</td>
<td>Inpatient</td>
<td>Perform physical exam and work up</td>
<td>The Association for Surgical Education (ASE) Teaching Modules Appendixitis</td>
</tr>
<tr>
<td>Biliary disease (cholelithiasis, cholecystitis, or choledocholithiasis)</td>
<td>Both</td>
<td>Perform physical exam and work up</td>
<td>The Association for Surgical Education (ASE) Teaching Modules Acute Cholecystitis</td>
</tr>
<tr>
<td>Breast disease (mass, abnormal mammogram, pain or infection)</td>
<td>Outpatient</td>
<td>Perform physical exam and work up</td>
<td>The Association for Surgical Education (ASE) Teaching Modules Malignant-Breast Cancer</td>
</tr>
<tr>
<td>Hernia (incisional, inguinal, umbilical or ventral)</td>
<td>Both</td>
<td>Perform physical exam and work up</td>
<td>The Association for Surgical Education (ASE) Teaching Modules Hernia</td>
</tr>
<tr>
<td>Multisystem trauma</td>
<td>Inpatient</td>
<td>Perform physical exam and work up</td>
<td>The Association for Surgical Education (ASE) Teaching Modules Trauma</td>
</tr>
</tbody>
</table>

### Required Clinical Skills

At the conclusion of the rotation, the student will be knowledgeable in:

- Abdominal Wall/Hernia
- Anesthesia
- Biliary Disease
- Breast Disease
Alternative Experience

When a student must complete an alternative experience, the following procedures should be followed:

1. The student requests the Clerkship Director’s approval.
2. The clerkship coordinator adds the alternative experience to the student’s patient log making it visible to the student.
3. The student logs the alternative experience.
Professionalism and Integrity

Attributes of Professional Behavior (COM)

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

These Attributes of Professional Behavior describe behaviors that medical students are expected to develop during the course of their education, both in the classroom and in the community in which the educational mission operates. This document serves to promulgate these attributes to faculty, residents, students, staff and community preceptors of the University of Arizona as explicit recognition of the shared responsibility for creating an appropriate environment for learning these attributes of professional behavior.

The Attributes are consistent with existing University of Arizona and Arizona Board of Regents (ABOR) policies, as well as established policies implemented in undergraduate medical education, graduate medical education, residency programs, Arizona Health Sciences Center departments and clinical settings.

Attributes:

- Communicate in a manner that is effective and that promotes understanding, inclusion and respect for individuals’ diverse characteristics.
- Adhere to ethical & legal principles as set forth in College of Medicine and University policies and other standards for scholarship, research, and patient care including advances in medicine.
- Demonstrate sensitivity and respect for others, irrespective of their age, race or ethnicity, cultural background, gender, disability, social and economic status, sexual orientation, or other unique personal characteristics.
- Strive for excellence and quality of care in all activities and continuously seek to improve knowledge and skills through life-long learning while recognizing one’s own limitations.
- Uphold and be respectful of the privacy of others.
- Consistently display compassion, humility, integrity, and honesty as a role model to others.
- Work collaboratively to support the overall mission of the College and the University in a manner that demonstrates initiative, responsibility, dependability, and accountability.
- Maintain a professional appearance and demeanor and demonstrate respect for appropriate boundaries in all settings in which an individual is representing the College of Medicine or University.
- Promote wellbeing and self-care for patients, colleagues, and one’s self.
- Be responsive to the needs of the patients and society that supersedes self-interest.

The model below serves to link the various attributes ascribed to Professionalism.
The blocks at the base of the model above represent knowledge and skills that serve as foundations for developing professionalism.

COMMUNICATION: Communicate in a manner that is effective and promotes understanding, inclusion and respect for individuals’ diverse characteristics.

ETHICAL & LEGAL UNDERSTANDING: Adhere to ethical & legal principles as set forth in College of Medicine and University policies and other standards for scholarship, research and patient care including advances in medicine.

HUMANISM & CULTURAL COMPETENCE: Demonstrate sensitivity and respect for others, irrespective of their age, race or ethnicity, culture background, gender, disability, social and economic status, sexual orientation, and other unique personal characteristics.

KNOWLEDGE: Demonstrates understanding of basic sciences (biological and social sciences) and application to patient care, including skill in critical thinking and problem solving.

The pillars represent the behavioral application and practice of professionalism, which rely on the foundations underneath the pillars.

EXCELLENCE: Strive for excellence and quality of care in all activities and continuously seeking to improve knowledge and skills through life-long learning while recognizing one’s own limitations.

ACCOUNTABILITY: Work collaboratively to support the overall mission of the College and the University in a manner that demonstrates initiative, responsibility, dependability, and accountability. Maintain a professional appearance and demeanor, and demonstrate respect for appropriate boundaries in all settings in which an individual is representing the College of Medicine or University.
RESPECT: Uphold and be respectful of the privacy of others. Consistently display compassion, humility, integrity, and honesty as a role model to others.

ALTRUISM: Promote well-being and self-care for patients, colleagues, and one’s self. Be responsive to the needs of the patients and society that supersedes self-interest.

Code of Academic Integrity

February 2009

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

PRINCIPLE

Integrity and ethical behavior are expected of every student in all academic work. This Academic Integrity principle stands for honesty in all class work, and ethical conduct in all labs and clinical assignments. This principle is furthered by the student Code of Conduct and disciplinary procedures established by ABOR Policies 5-308 through 5-404, all provisions of which apply to all University of Arizona students. This Code of Academic Integrity (hereinafter "this Code") is intended to fulfill the requirement imposed by ABOR Policy 5-403.A.4 and otherwise to supplement the Student Code of Conduct as permitted by ABOR Policy 5-308.C.1. This Code of Academic Integrity shall not apply to the Colleges of Law or Medicine, which have their own honor codes and procedures.

PROHIBITED CONDUCT

Students enrolled in academic credit bearing courses are subject to this Code. Conduct prohibited by this Code consists of all forms of academic dishonesty, including, but not limited to:

1. Cheating, fabrication, facilitating academic dishonesty, and plagiarism as set out and defined in the Student Code of Conduct, ABOR Policy 5-308E.6, E.10, and F.1.

2. Submitting an item of academic work that has previously been submitted or simultaneously submitted without fair citation of the original work or authorization by the faculty member supervising the work.

3. Violating required disciplinary and professional ethics rules contained or referenced in the student handbooks (hardcopy or online) of undergraduate or graduate programs, or professional colleges.

4. Violating discipline specific health, safety or ethical requirements to gain any unfair advantage in lab(s) or clinical assignments.
5. Failing to observe rules of academic integrity established by a faculty member for a particular course.

6. Attempting to commit an act prohibited by this Code. Any attempt to commit an act prohibited by these rules shall be subject to sanctions to the same extent as completed acts.

7. Assisting or attempting to assist another to violate this Code.

STUDENT RESPONSIBILITY

Students engaging in academic dishonesty diminish their education and bring discredit to the academic community. Students shall not violate the Code of Academic Integrity and shall avoid situations likely to compromise academic integrity. Students shall observe the generally applicable provisions of this Code whether or not faculty members establish special rules of academic integrity for particular classes. Students are not excused from complying with this Code because of faculty members’ failure to prevent cheating.

FACULTY RESPONSIBILITY

Faculty members shall foster an expectation of academic integrity and shall notify students of their policy for the submission of academic work that has previously been submitted for academic advancement, as well as any special rules of academic integrity or discipline specific ethics established for a particular class or program (e.g., whether a faculty member permits collaboration on coursework; ethical requirements for lab and clinical assignments; etc.), and make every reasonable effort to avoid situations conducive to infractions of this Code.

STUDENT RIGHTS

Students have the right to a fair consideration of the charges, to see the evidence, and to confidentiality as allowed by law and fairness to other affected persons. Procedures under this Code shall be conducted in a confidential manner, although a student has the right to an advisor in all procedures under this Code. The Dean of Students serves as advisors to students on any questions of process related to this Code.

ACADEMIC INTEGRITY PROCEDURES

I. Faculty-Student Conference

The faculty member of record for the course (i.e., responsible for signing the grade sheet) conducts these procedures and is responsible for ensuring that they are followed. If faculty allege a violation of this Code has occurred they shall make sure that students receive written notice in advance of the conference within a reasonable timeframe, detailed reason for the conference and fair consideration of the charges against them. The faculty member must confer with the student within 15 academic days (hereinafter referred to as “days”) of receiving evidence of a suspected violation of this Code, unless good cause is shown for an extension of no more than 30 days. Such an extension must be approved by the Dean of the College. After 15 academic days the faculty member may proceed with imposing decision and sanction for an alleged violation if the student has not responded to reasonable attempts
for the conference to take place. If the faculty member has not acted on the alleged violation after 15 academic days, then the student shall not be subject to this code for the alleged violation in question. The faculty member shall confer with the student in private, explain the allegations, present any evidence, and hear the student's response. If more than one student is involved in an incident, separate conferences are recommended but not required. When dealing with students who are unavailable for the conference, students not enrolled in the class, or graduate students, refer to the General Provisions. After the conference the faculty member shall decide, by a preponderance of the evidence, whether or not the student has committed an act prohibited by this Code. “Preponderance of the evidence” means that it is more likely than not that a violation of this Code occurred. If the evidence does not support a finding of a violation, the University will make no record of the incident in any University files. The student may continue in the class without prejudice.

If the evidence supports a finding that the student has engaged in misconduct, the faculty member shall impose sanctions after considering the seriousness of the misconduct, the student's state of mind, and the harm done to the University and to other students. In addition, the faculty member shall consider mitigating and aggravating factors in accordance with the provisions of ABOR Policy 5-308.H. A faculty member may impose any one or a combination of the following sanctions: a written warning, loss of credit for the work involved, reduction in grade, notation of the violation(s) on the student’s transcript, a failing grade in the course, or revocation of a student’s degree. The faculty member may also impose a sanction of suspension or expulsion from the program, department, college, or University. When appropriate faculty members may also assign students to participate in educational sanctions that address the violation of this Code. If the faculty member assigns a notation on the transcript, suspension or expulsion from the University or revocation of a degree as a sanction, the student is automatically granted an appeal to the Dean of the College. Within 10 days of the conference, the faculty member shall prepare a written decision outlining the charges, evidence, findings, conclusions and sanctions imposed. The faculty member should use the standard form entitled "Record of Faculty-Student Conference," and furnish copies to the student (as provided in the "Notice" section under General Provisions) and to all others as noted on the form, including the Dean of Students Office. When possible, the faculty member should have the student sign the “Record of Faculty-Student Conference.” See the General Provisions section for Grade Before Appeals.

II. Additional Sanctions for Multiple Violations

Multiple violations of this Code may subject students to additional sanctions, including suspension or expulsion at the discretion of the Academic Dean or his/her designee. Upon receiving the Record of Faculty-Student Conference, the Dean of Students Office will notify the student and the Academic Dean of the existence of multiple violations. The Academic Dean will decide within 20 days if any additional sanctions are to be imposed on the student as a result of multiple violations. The Academic Dean shall not revisit the decisions made in previous violations of the Code. The Academic Dean will notify the student, the Dean of Students Office and the Dean of the College where the violation occurred as provided in the "Notice" section under General Provisions within 20 days of receipt of notice of multiple violations from the Dean of Students Office in writing of any additional sanctions and related information. The Academic Dean should use the form entitled “Sanctions for Multiple Violations,” and outline the findings and conclusions supporting his/her decision for any additional sanctions. Except in cases where the sanction for multiple violation results in suspension or expulsion from the University, a notation on the student’s transcript or revocation of a student’s degree the additional sanctions imposed by the Academic Dean for multiple violations of this
Code shall be final. If the case is appealed as set forth below, the Academic Dean will present the case for the additional sanction.

III. Appeal to Dean of the College

The student may appeal the faculty member’s decision and sanctions to the Dean of the College or his/her designee. The student shall deliver the form entitled “Request for Appeal to the Dean of the College” to the Dean of the College within 10 days of the date on which the “Record of Faculty-Student Conference” is postmarked electronically or via postal mail. The Dean of the College may extend this filing period if the student shows good cause for the extension. If a student does not appeal within the time provided, the decision and sanctions of the faculty member will be final. Within 15 days of receiving the appeal, the Dean of the College shall schedule the appeal hearing for this specific case only. The appeal hearing must be concluded within 30 days of receiving the appeal. Upon appeal, the Dean of the College shall review the faculty member’s decision, sanctions and supporting evidence and any evidence provided by the student, and shall confer with the faculty member and the student. The Dean of the College shall have the authority to uphold, modify, or overturn the faculty member’s decision and sanctions. If the Dean of the College finds:

1. that the conclusion of a violation is not supported by the evidence, then he/she shall render a finding of no violation and that the sanction(s) imposed be overturned.

2. that the conclusion of a violation is supported by the evidence and the sanction imposed is appropriate, then he/she shall uphold the faculty member's decision and sanction(s).

3. that the conclusion of a violation is supported by the evidence, and the sanction(s) imposed are inadequate or excessive, then he/she shall modify the sanction(s) as appropriate.

The Dean of the College shall notify the student, the faculty member and the Dean of Students in writing of his/her decision as provided in the "Notice" section under General Provisions. The Dean of the College should use the form entitled "Record of Appeal to Dean of the College" for this purpose. If the Dean of the College decides no violation occurred, all reference to the charge shall be removed from the student’s University records, and the student may continue in the class without prejudice. If the semester has ended prior to the conclusion of the appeal process, the faculty member shall calculate the grade without the sanction. If work was not completed due to the academic integrity allegation, the faculty member and the student shall confer and a grade of "I" shall be assigned. If a grade of "I" is assigned, the student shall have the opportunity to complete any remaining work without prejudice within the timeframe set forth in the student’s academic catalog.

If the alleged academic integrity violation and subsequent appeal process continues past a student’s graduation date, the Dean of the College should make every reasonable attempt to hear the appeal in an expedited manner. If the Dean of the College is unable to hear the appeal in an expedited manner the Vice President for Instruction will hear the appeal according to the procedures set forth above.

IV. Interim Action

1. The Dean of the College involved may suspend the student from one or more classes, clinics or labs for an interim period prior to resolution of the academic integrity proceeding if the Dean of the College believes that the information supporting the allegations of academic misconduct is
reliable and determines that the continued presence of the student in classes or class-related activities poses a significant threat to any person or property.

2. The Dean of the College must provide a written notice of the interim suspension to the student, with a copy to the Provost and the Dean of Students Office. The interim suspension will become effective immediately on the date of the written notice.

3. A student who is suspended for an interim period may request a meeting with the Provost or his/her designee to review the Dean of the College’s decision and to respond to the allegations that he or she poses a threat, by making a written request to the Provost for a meeting. The Provost or his/her designee will schedule the meeting no later than five (5) days following receipt of the written request and decide whether the reasons for imposing the interim suspension are supported by the evidence.

4. The interim suspension will remain in effect until a final decision has been made on the pending academic misconduct charges or until the Provost, or his/her designee, determines that the reasons for imposing the interim suspension no longer exist or are not supported by the available evidence.

V. Appeal to University Hearing Board

The student may appeal to a University Hearing Board any decision of the Dean of the College or the Academic Dean that imposes suspension or expulsion from the University, provides for a notation on the student’s transcript, or revokes a student’s degree. The student may also appeal to a University Hearing Board if the Dean of the College failed to act on a request for an appeal of a faculty member’s decision within the 30 day period. The Dean of the College may grant the student the option to appeal to a University Hearing Board if the sanction of a failing grade is imposed and the Dean of the College believes reasonable persons would disagree on whether a violation occurred. The appeal must be filed within 10 days from receipt of the decision or the Dean of the College’s failure to act, by providing written notice of appeal to the Dean of Students Office. The student should use the form entitled “Request for Appeal to a University Hearing Board” for this purpose. If a student does not appeal within the time allowed, the most recent decision of record shall become final. The University Hearing Board shall follow the procedures set forth in ABOR Policy 5-403.D with the following modifications:

1. The Hearing Board shall be composed of three faculty members and two students and shall convene within 30 days of the time the student files the appeal.

2. Wherever the term Vice President of Student Affairs appears, it shall be replaced with Senior Vice President for Academic Affairs/Provost. The Provost is empowered to change grades and the Registrar shall accept the Provost’s decision. The Provost shall also notify the parties of the final decision. The Provost may designate a Vice Provost or other Vice President to act on his/her behalf.

3. Wherever the Dean of Students is indicated as presenting evidence or witnesses, it shall be replaced with the faculty member who made the charges or his/her representative. Additionally, the Academic Dean or designee may also present evidence to support sanctions for multiple violations.
4. The student may be assisted throughout the proceedings by an advisor or may be represented by an attorney. If the student is represented by an attorney, the faculty member may also be represented by an attorney selected by the University’s Office of the General Counsel.

5. The faculty member has the same right as students to challenge the selection of any Board member, as noted in the Student Disciplinary Procedures (5-403.D.3.f).

6. The Board may, in its recommendation, address any egregious violations of process.

7. Sanctions for multiple violations will be recommended and presented to the Board by the Academic Dean or his/her designee

GENERAL PROVISIONS

Academic Days
"Academic Days" are the days in which school is in session during the regular fall and spring semesters, excluding weekends and holidays. If possible, Faculty-Student Conferences and appeals may be heard during the summer or winter break. The Dean of the College or Dean of Students may extend these time limits when serving the interests of a fair consideration or for good cause shown. Alleged violations of the Code during Pre-Session, Summer Sessions, or Winter Session shall proceed according to the timeline for the faculty-student conference set forth above. Appeals from an alleged violation during Pre-Session, Summer Sessions, or Winter Session shall proceed at the availability of the Dean of the College or if unavailable, the Dean's designee. If the appeal process cannot proceed during Pre-Session, Summer Sessions, or Winter Sessions the student shall continue in the class without prejudice and the timeline for the appeal process shall continue at the start of the next regular fall or spring semester. Appeals involving a student who has graduated shall follow the expedited process set forth above.

Academic Dean
The Academic Dean is the Dean of the academic college where the student’s major is housed. In the case of dual degree students, the Dean of the student’s primary major college will hear the appeal under this Code the Academic Dean may designate another member of the college administration to act on his/her behalf.

Advisor
An individual selected by the student to advise him/her. The advisor may be a faculty or staff member, student, attorney, parent or other representative of the student. The student will be responsible for any fees charged by the advisor. The advisor may confer with the student during any proceedings provided by this Code, but may only speak during a University Hearing Board. The advisor may be dismissed from the hearing if University Hearing Board Chairperson finds that the advisor is disruptive. If the advisor is dismissed from the meeting, the student has the right to end the meeting and reschedule when a new advisor can be present.

Dean of the College
The Dean of the College is the Dean of the faculty member’s academic college where the alleged violation occurred. In the cases where the alleged violation is initiated by the Graduate College or the Honors College, the Deans of those Colleges will hear the appropriate appeal. Under this Code, the Dean of the College may designate another member of the college administration to act on his/her behalf.
Dean of Students
The Dean of Students serves as administrators of this Code and advisors to students and faculty when questions of process are raised by either party.

Grade Before Appeals
Students must be allowed to continue in class without prejudice until all unexpired or pending appeals are completed. If the semester ends before all appeals are concluded, a grade of "I" shall be recorded until appeals are completed.

Graduate Students
In cases involving graduate students, faculty shall follow the procedures outlined for undergraduate students except that in all cases where the student is found to have violated this Code, the faculty member (and in the case of appeals, the Dean of the College or Hearing Board) shall notify the Associate Dean of the Graduate College.

Notice
Whenever notice is required in these procedures it shall be written notice delivered by hand or by other means that provides for verification of delivery including email delivery to a secure University email account.

Record
Whenever a sanction is imposed, the sanction and the rationale shall be recorded in the student's academic file as appropriate. It is recommended that the forms entitled "Record of Faculty-Student Conference" and "Record of Appeal to Dean of the College" be used. These forms are available from the Dean of Students Office website.

Rights and Responsibilities of Witnesses
Witnesses from within the University community are expected to cooperate in any proceedings under this Code. The privacy of a witness shall be protected to the extent allowed by law and with consideration to fairness to the students charged and other affected persons. Retaliation of any kind against witnesses is prohibited and shall be treated as a violation of the Student Code of Conduct or of other applicable University rules.

Students or Faculty Not Available For Conference
In cases where the student is not available, e.g., out of the area after final exams, the faculty member shall make every reasonable effort to contact the student through personal contact, telephone, University email, or mail to inform the student of the charges. If the faculty member is able to contact the student, the Faculty-Student Conference shall be scheduled as soon as both parties are available, e.g., at the beginning of the next semester. The student shall be given the grade of Incomplete until the conference is held. If either of the parties will not be available for an extended period, the Faculty-Student Conference shall be held via telephone. If after several efforts, contact cannot be established, the faculty member may impose sanctions but must send a letter or copy of the "Record of Faculty-Student Conference" form via certified return receipt requested mail to the student's last permanent address outlining the charges, findings, conclusions and sanctions.

Students Not In Class
If students not enrolled in the class are involved in a violation of this Code, faculty shall file a Student Code of Conduct complaint with the Dean of Students Office.
Role of the Department Head
Academic Department Heads serve a consultative role for faculty members working with matters of academic integrity since Department Heads are not part of the appeal process.

Cup of Coffee Conversations to Promote Professionalism Initiative

On July 1, 2017 the University of Arizona College of Medicine – Tucson is implementing the Cup of Coffee Conversations to Promote Professionalism* pilot program. The Curricular Affairs Professionalism Support Team in collaboration with the Professionalism Program modeled this initiative after the process developed by Vanderbilt University. The purpose of the Cup of Coffee Conversation is to take a proactive, non-punitive approach to lapses in professionalism.

Trained messengers include faculty, fellows, residents, staff, and medical students, who deliver a single story/observation of a reported unprofessional behavior with no judgment or intervention. This is done with the sole purpose of raising awareness.

Professionalism Support Team:

Amy Waer, MD  Sonia de Leon, BS
awaer@surgery.arizona.edu  soniabdeleon@medadmin.arizona.edu

Diane Poskus, MA  T. Gail Pritchard, PhD
dposkus@medadmin.arizona.edu  tpritcha@medadmin.arizona.edu

Paul Weissburg, PhD
pweissburg@medadmin.arizona.edu

* Promoting Professionalism: Addressing Behaviors that Undermine a Culture of Safety, Reliability, and Accountability  © Center for Patient and Professional Advocacy, Vanderbilt University Medical Center, 2016

Mistreatment

Professionalism Program Mistreatment Definitions and Reporting for Medical Students
6-30-16
Rev 10-2016

Goal
The University of Arizona College of Medicine-Tucson Professionalism Program and the College’s administrators are dedicated to improving and advancing our learning environment and to reducing/eliminating behaviors toward our learners not conducive to their growth and professional development.
This policy is in addition to the University of Arizona’s Non-discrimination and Anti-harassment policy, which prohibits discrimination, including harassment and retaliation, based on a protected classification, including race, color, religion, sex, national origin, age, disability, veteran status, sexual orientation, gender identity or genetic information. Any suspected violation of this policy will be referred to the Office of Institutional Equity.

**Definition of Mistreatment**
The Association of American Medical Colleges (AAMC) Graduation Questionnaire defines mistreatment as follows:

“Mistreatment either intentional or unintentional occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. Examples of mistreatment include sexual harassment; discrimination or harassment based on race, religion, ethnicity, gender or sexual orientation; humiliation; psychological or physical punishment; and the use of grading and other forms of assessment in a punitive manner.”

**Categories of Mistreatment**

- **Physical Mistreatment:**
  - “Physically mistreated causing pain or potential injury”
  - “Pushed/slapped hand”
  - “Exposed to other forms of physical mistreatment used to express frustration, make a point, or get attention”

- **Verbal Mistreatment:**
  - “Threatened/intimidated”
  - “Yelled at”
  - “Degraded/ridiculed/humiliated/insulted/sworn at/scolded/berated”
  - “Exposed to inappropriate conversation/comments”

- **Sexual Harassment:**
  - “Exposed to hostile environment, including inappropriate physical contact, gender discrimination, sexual jokes, inappropriate comments, innuendo, and inappropriate requests of a sexual nature”
  - “Unwanted social invitations (quid pro quo)”
  - “Ignored because of gender”

- **Ethnic Mistreatment:**
  - “Exposed to racial or religious slurs/jokes”
  - “Stereotyped”
  - “Neglected/ignored (because of ethnicity)”

- **Power Mistreatment:**
  - “Dehumanized/demeaned/humiliated”
  - “Deliberately asked a question the physician knows the student cannot answer (malignant pimping)”
  - “Intimidated/threatened with poor evaluation or grade consequences”
  - “Asked to do inappropriate tasks”
  - “Forced to adhere to inappropriate scheduling”
- “Neglect/ignored”

Adapted from The Pritzker School of Medicine, University of Chicago’s examples of mistreatment and non-mistreatment:

<table>
<thead>
<tr>
<th>M</th>
<th>Malicious intent</th>
<th>Mistreatment is not . . . On the first day of third year, the ward clerk says to the student, “you guys are green,” then offers to help the students find a computer station.</th>
<th>Mistreatment is . . . A resident purposely gives a student misinformation before rounds. The student overhears the resident laughing about messing him over.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Intimidation on Purpose</td>
<td>A student working with the chairman of surgery says he feels nervous about operating with him since the chairman can “make or break” his career.</td>
<td>A resident tells a student that he intends to make her cry before the rotation is over.</td>
</tr>
<tr>
<td>S</td>
<td>Sexual harassment</td>
<td>A male student is asked not to go into a room because a female patient only wants a female to examine her.</td>
<td>A male attending tells a female student, “I can tell you know how to grab it like you mean it” while she is inserting an indwelling Foley catheter.</td>
</tr>
<tr>
<td>T</td>
<td>Threatening verbal or physical behavior</td>
<td>A student is yelled at to “get the XXX out of the way” by a nurse as a patient is about to be shocked during a code.</td>
<td>An attending grabs the student’s finger with a clamp in the OR or tells the student he is an idiot after he could not answer a “pimp” question.</td>
</tr>
<tr>
<td>R</td>
<td>Racism or excessive discrimination</td>
<td>An attending gives a student feedback on how to improve performance.</td>
<td>A resident tells a Hispanic student his “people” (assuming illegal immigrants) are responsible for high healthcare costs.</td>
</tr>
<tr>
<td>E</td>
<td>Excessive or unrealistic expectations</td>
<td>A student is asked to review an article and present it on rounds to the team.</td>
<td>A resident tells a student it is her job to perform rectal exams (necessary or not) on all the patients admitted to the service.</td>
</tr>
<tr>
<td>A</td>
<td>Abusive favors</td>
<td>A student is asked to get coffee for herself and for the team prior to rounds. The resident did it yesterday. The team gives the student money.</td>
<td>A student is asked to pick up an attending’s dry cleaning.</td>
</tr>
<tr>
<td>T</td>
<td>Trading for grades</td>
<td>A resident tells a student she can review and present a topic to the team as an opportunity to enhance her grade.</td>
<td>A student is told that if he helps a resident move, he will get honors.</td>
</tr>
</tbody>
</table>

As the above table illustrates, there is a distinction between embarrassment, which is NOT mistreatment, and harassment, which is mistreatment.
• Embarrassment: The state of feeling foolish in front of others. Example: An attending tells a student to prepare for an upcoming surgery by reviewing the relevant anatomy. The student fails to do so and is embarrassed when the attending asks an anatomical question during the surgery and is unable to provide the answer.

• Harassment: When an unpleasant or hostile situation is purposefully created. Example: An attending physician purposely asks a question s/he feels the student will not know the answer to and then publicly calls her/him “stupid.”

**Reporting Concerns of Possible Mistreatment**

a. Medical students who are the subject of mistreatment or who have witnessed mistreatment of their fellow student are encouraged to discuss it with a faculty member/staff who is in a position to understand the context and address necessary action. Retaliation against medical students who report is not tolerated.

b. The following positions should be considered as primary resources:
   • Block/Course Directors
   • Deans in the College of Medicine
   • Professionalism Support Team (Sonia de Leon, Diane Poskus, Gail Pritchard, Amy Waer)
   • Ombudsman
   • Students on away rotations should report to their course director at the site or to the above College of Medicine resources.
   • If the student does not feel comfortable reporting the mistreatment in person he/she can file a confidential report via the [professional conduct comment form](#).

Any report suggesting mistreatment will be referred to the University’s Professionalism Committee. Any report suggesting unlawful discrimination or harassment under the University’s Non-discrimination and Anti-harassment policy will be referred to the Office of Institutional Equity. Students may also directly report suspected discrimination or harassment to the Office of Institutional Equity.

Anyone found to have engaged in mistreatment will be subject to disciplinary action.

**References**


Teacher Learner Compact

The teacher-learner compact was developed around the professional attributes to outline the responsibilities of the faculty, fellows, residents, and staff (teachers) toward our medical students and the medical students’ (learners’) professional responsibilities toward the faculty, fellows, residents, and staff. The COM is committed to ensuring that the learning environment is conducive to open communication and robust interactions between faculty and learners that promote the acquisition of knowledge and foster attitudes and skills required for the professional practice of medicine. Such activities require an environment that is free from harassment, discrimination, retaliation, or other inappropriate conduct. All faculty and learners are governed by the University of Arizona, COM, and Arizona Board of Regent policies and are expected to adhere to them. Violations of these policies will be investigated and disciplinary action imposed if appropriate.

This policy is included in its entirety below, however, it is subject to periodic updating and the most recent version will always be found online.

University of Arizona College of Medicine Teacher - Learner Compact

Approved by the Educational Policy Committee 10/17/12

Preamble

Faculty, whether employed by the University of Arizona College of Medicine or affiliated through agreements with the University as community faculty, and medical students (who for purposes of this policy also include residents and fellows and hereafter are referred to as “learners”) are obligated under a variety of policies and standards, both at the College of Medicine (COM) and within the University of Arizona, to interact with one another in a professional manner. The COM is committed to ensuring that the learning environment is conducive to open communication and robust interactions between faculty and learners that promote the acquisition of knowledge and foster attitudes and skills required for the professional practice of medicine. Such activities require an environment that is free from harassment, discrimination, retaliation, or other inappropriate conduct. All faculty and learners are governed by the University of Arizona, COM, and Arizona Board of Regent policies, and are expected to adhere to them. Violations of these policies will be investigated and disciplinary action imposed if appropriate.

Professionalism Attributes

These attributes of professional behavior describe those behaviors that are expected from all members of the University of Arizona College of Medicine to include the faculty, residents, fellows, students, staff, and community preceptors. This professional behavior is expected to be upheld during all exchanges including but not limited to face-to-face and telephone/teleconference meetings, texting, video, email, and social networking technologies. COM faculty at both the Phoenix and Tucson campuses approved the statement of professionalism attributes by a vote conducted in May of 2012.

- Communicate in a manner that is effective and promotes understanding.
- Adhere to ethical principles accepted to be the standards for scholarship, research, and patient care, including advances in medicine.
• Demonstrate sensitivity and respect to diversity in age, culture, gender, disability, social and economic status, sexual orientation, and other unique personal characteristics.
• Strive for excellence and quality in all activities and continuously seek to improve knowledge and skills through life-long learning while recognizing personal limitations.
• Uphold and be respectful of the privacy of others.
• Consistently display compassion, humility, integrity, and honesty as a role model to others.
• Work collaboratively to support the overall mission in a manner that demonstrates initiative, responsibility, dependability, and accountability.
• Maintain a professional appearance, bearing, demeanor, and boundaries in all settings that reflect on the College of Medicine.
• Promote wellbeing and self-care for patients, colleagues, and self.
• Be responsive to the needs of the patients and society that supersedes self-interest.

Responsibilities of the College of Medicine Faculty and Administrators to Learners

Faculty members and administrators of the University of Arizona College of Medicine shall provide:

• An environment that is physically safe for learners.
• A curriculum in which education is paramount in the assignment of all tasks. In assigning tasks to learners, faculty and administrators shall keep in mind that the primary purpose of such assignments is to enhance the learner’s educational experience.
• Support for the learner’s professional development. This support will include a carefully planned and well-articulated curriculum. Administrators will facilitate the progress of learners through the curriculum. Faculty and administrators will support learners in their personal development as they adjust to the needs and standards of the profession.
• An understanding that each learner requires unscheduled time for self-care, social and family obligations, and recreation.
• Accurate, appropriate, and timely feedback to learners concerning their performance in the curriculum. In assessing learners, faculty and administrators will act in a manner that is consistent with the stated goals of the educational activity, which will in turn be meaningful for future medical practice. In addition, faculty will provide learners with professional and respectful feedback during and after educational and clinical activities.
• Opportunities for learners to participate in decision-making in the COM, including participation on committees that design and implement the curriculum and tools for student performance assessment in accordance with COM bylaws and other governing documents.

Responsibilities of Learners to Faculty and Administrators of the College of Medicine

Learners at the University of Arizona College of Medicine shall:

• Respect the authority of the faculty and administrators in determining the proper training environment and activities for their education.
• Meet the educational goals and objectives of the curriculum to the best of their abilities.
• Take an active role with the faculty regarding the refinement and evaluation of the curriculum.
• Support their colleagues in their professional development.
• Assume an appropriate level of responsibility on healthcare teams and execute assigned responsibilities to the best of their abilities.
Banner Associated Core Behaviors:

http://strongjourney.bannerhealth.com/banner_vmv.html

All Banner employees:

<table>
<thead>
<tr>
<th>People Above All</th>
<th>Excellence</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Patient Centered</strong></td>
<td></td>
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<tr>
<td>Compassionate</td>
<td>Promotes Teamwork</td>
<td>Proactive</td>
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<td></td>
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<td>Safe &amp; Reliable</td>
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<td></td>
<td></td>
<td>Performance Driven</td>
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<tr>
<td><strong>Respectful</strong></td>
<td>Fosters Cross Departmental Coordination</td>
<td>Resourceful</td>
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<td></td>
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<td>Shares Knowledge</td>
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<td></td>
<td></td>
<td>Agile</td>
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<tr>
<td><strong>Responsive</strong></td>
<td>Effectively Communicates</td>
<td>Responsible</td>
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<td>Continual Leader</td>
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<td>Accountable</td>
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</table>

Leader Behaviors (Leaders must exhibit all of the above behaviors plus three additional behaviors):

<table>
<thead>
<tr>
<th>People Above All</th>
<th>Excellence</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Optimized Organizational Talent</strong></td>
<td>Shape the Future</td>
<td>Executive Presence</td>
</tr>
<tr>
<td>Creates an inclusive and safe environment where people can thrive</td>
<td>Acts as a change champion</td>
<td>Exhibits energy, excitement, enthusiasm, and courage</td>
</tr>
<tr>
<td>Identifies and promotes talent by providing opportunities for growth</td>
<td>Performs effectively in an ambiguous and complex environment</td>
<td>Effectively communicates to, and influences a variety of audiences</td>
</tr>
<tr>
<td>Engages employees in improving individual and team performance</td>
<td>Actively engages others in our goal of achieving Industry Leadership</td>
<td>Builds credibility and trust through visibility</td>
</tr>
</tbody>
</table>
Ombudsman

The Ombudsman provides a mechanism for medical students, residents, and fellows to seek advice and guidance from a neutral, third-party physician who is not involved in medical student, resident, or fellow evaluation and/or advancement. The Ombudsman will be available to serve as a sounding board for learners to voice any concerns regarding acts of unprofessional behavior (abuse, mistreatment, indiscretions, etc.) on the part of any constituents of the Banner - University Medicine (faculty, staff, other learners). The Ombudsman can only provide guidance and advice to the individual seeking assistance so that they feel supported in the decision they choose to make regarding the issue. The Ombudsman is not empowered to change a decision or intervene on an individual’s behalf. The Ombudsman offers a confidential process; information is only shared with permission. The only exception to confidentiality occurs when we believe that disclosure is necessary to address an imminent risk of serious harm.

Ombudsman: William Adamas-Rappaport, MD, rappaport@surgery.arizona.edu

Professional Conduct Comment Form

The Professional Conduct Comment form provides a process for faculty, residents, fellows, medical students, and staff to comment upon either exemplary professional behavior OR lapses in professional behavior demonstrated by faculty, residents, fellows, medical students, or staff in the learning environment at the University of Arizona College of Medicine, to the Professionalism Program, through the mechanism outlined below.

The purpose of the Professionalism Program, which is composed of key administrators and faculty and staff representation, is to promote and reward excellence in professional behavior and ensure both compliance with policies and procedures addressing professional conduct, as well as to address inappropriate conduct.

The comment form is a mechanism created to allow follow-up on a concern of a lack of or a departure from professionalism standards or to commend an individual for exemplary professional behavior. Submitting a comment about a lack of professionalism will start a process to address a concern, which may or may not result in disciplinary action against the individual about whom the comment was submitted.

Any constituent will be able to access the comment form via the UA COM Internet site and submit a report. While not completely anonymous, the COM will strive to maintain the privacy of the individual who submitted the comment to reduce the “chilling” effect that making public comments would create. However, in the interest of fairness to the individuals charged with unprofessional conduct as well as other persons who may be asked to provide additional information, neither confidentiality nor anonymity can be guaranteed. Retaliation of any kind against individuals providing comments or others whose information may be required to substantiate a charge is prohibited and will be treated as a violation of the Student Code of Conduct or of other applicable University and ABOR policies.

After receiving a comment, the Professionalism Program will distribute it to the appropriate administrators for acknowledgement or action as deemed necessary.
Academic Participation Requirements

History & Physical Exam and SOAP Note

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

Students must also document these observations in ArizonaMed. Under the H&P tab on your home page, enter the date of the observation, the name of the observer and whether the observer was a faculty/preceptor or resident.

*See the Surgery Clerkship Passport included in your orientation packet.*

Didactic Sessions and Lab Schedule

Didactic Sessions and Lab are held every Wednesday morning 6:30 am – 1 pm. ATTENDANCE IS MANDATORY! On Tuesday evening, students must leave their service by 7 pm. Students are only excused due to illness or other instances that have been previously arranged with the Clerkship Coordinator/Clerkship Director.

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

*While you are on the Acute Care Surgery service, there are Trauma lectures on Friday’s at 10:00 – 11:00 am held in the Surgery Conference Room 5406 (room # is subject to change).

You are expected to attend while on the trauma service. You are only excused if you are actively scrubbed in the OR on a case. Post call teams are expected to attend, which means you shouldn’t come in before 7:00 am the day prior.

Please take this fantastic learning opportunity to attend and engage in these trauma lectures. The ACS faculty/fellows are giving of their extremely valuable time and expertise to share with (you) our Surgery Clerkship Students.

2017-2018 SURGERY CLERKSHIP ORIENTATION

<table>
<thead>
<tr>
<th>EXAMS, LABS AND ORIENTATION</th>
<th>INSTRUCTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suture Labs</td>
<td>Rappaport/Viscusi</td>
</tr>
<tr>
<td>Trauma/Cadaver Labs</td>
<td>Rappaport/Viscusi</td>
</tr>
</tbody>
</table>
Meet with Surgery Faculty  
Joseph/Viscusi  
Ultrasound Labs  
Rappaport/Viscusi  
ASTEC Labs  
Biffar  
Welcome to Surgery Clerkship  
Orientation  
Student Expectation  
Tour  
Questions/Answers  
Viscusi/Sherrow  
Suture Skills Exam  
Rappaport/Viscusi  
OSCE (2)  
NBME Shelf Exam  

2017-2018 DIDACTIC SESSIONS AND LAB SCHEDULE

<table>
<thead>
<tr>
<th>DIDACTIC LECTURE (S)</th>
<th>INSTRUCTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal Wall/Hernia</td>
<td>McClenathan</td>
</tr>
<tr>
<td>Anesthesia 101</td>
<td>Tang</td>
</tr>
<tr>
<td>Biliary Disease</td>
<td>Rappaport</td>
</tr>
<tr>
<td>Breast Disease</td>
<td>Viscusi</td>
</tr>
<tr>
<td>Colorectal Disease</td>
<td>Nfonsam</td>
</tr>
<tr>
<td>Endocrine Disease</td>
<td>Guerrero</td>
</tr>
<tr>
<td>Fluid and Electrolytes</td>
<td>Warneke</td>
</tr>
<tr>
<td>General Thoracic including Benign Esophageal</td>
<td>Kim</td>
</tr>
<tr>
<td>Liver Disease</td>
<td>Jie</td>
</tr>
<tr>
<td>Malignant Esophageal/Stomach</td>
<td>Ghaderi</td>
</tr>
<tr>
<td>Orthopedic Surgery</td>
<td>Hardy</td>
</tr>
<tr>
<td>Pediatric Surgery</td>
<td>Cosentino</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>Turker</td>
</tr>
<tr>
<td>Pre &amp; Post Op Care/Abx</td>
<td>Rappaport</td>
</tr>
<tr>
<td>Stomach and Small Bowel</td>
<td>Ghaderi</td>
</tr>
<tr>
<td>Surgical Emergencies</td>
<td>McClenathan</td>
</tr>
<tr>
<td>Surgical Nutrition</td>
<td>Lane/Meer</td>
</tr>
<tr>
<td>Introduction to Trauma</td>
<td>Trauma Faculty</td>
</tr>
<tr>
<td>Urologic Emergencies</td>
<td>Urology Faculty</td>
</tr>
<tr>
<td>Introduction to Vascular and Treatment</td>
<td>Vascular Faculty</td>
</tr>
</tbody>
</table>

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 ArizonaMed at: [http://arizonamed.medicine.arizona.edu](http://arizonamed.medicine.arizona.edu)

1. Students must complete recording of their duty hours by end of rotation feedback session of the clerkship. 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.

2. Clerkship directors/coordinators will be asked annually by the Educational Policy Committee to report on compliance with the duty hour policy.

**Readings**

The following texts are available for students’ use during the clerkship. There are also additional books in the Clerkship office library that may be borrowed.

**Textbooks:**

Blackbourne LH; *Surgical Recall*; 6th ed.; Baltimore, MD: Lippincott Williams & Wilkins; 2012.


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](http://www.surgery.usc.edu/divisions-trauma) on the “medical students” tab and can be downloaded as a PDF.

**Knots & Suturing**

The Boston University School of Medicine web site with basic knots and suturing: [http://www.bumc.bu.edu/surgery/training/technical-training/basic-knots-sutures/](http://www.bumc.bu.edu/surgery/training/technical-training/basic-knots-sutures/). This site provides helpful illustrations and videos with step by step instructions. See the bottom of each page for the link to the video.

**Patient Encounter and Clinical Skills Log**

Students are required to log a **minimum of 20 scrubbed cases** and attend a **minimum of 4 clinics** by the end of the six (6) week surgery rotation. It is suggested to keep a log of **ALL** significant patient encounters in the OR/Clinic/Floor during the rotation.

Students can access the patient log from the ArizonaMed Dashboard at: [http://arizonamed.medicine.arizona.edu](http://arizonamed.medicine.arizona.edu)
To complete a patient log, click the link that reads ‘Add to Patient Log.’ You 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. **Do not complete/add the supplemental questions.**
- **Clinic Encounters (Clinic):** Case Information (choose from Observed/Performed), Case Notes and click submit. **Do not complete/add the supplemental questions.**

You will then be returned to the dashboard where you 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 mid-point feedback session and everything must be completely entered/submitted by Tues/Wed of the last week of the clerkship in order to sit for the NBME Shelf Exam.*

### Surgical Clerkship Passport

Students are required to have completed and signed the Surgery Clerkship Passport at the completion of the surgery rotation to receive a grade.

### Meal Policy

Students will be provided with meal credits to be used primarily when on Trauma Acute Care Service (call). Your credits will be provided at the beginning of your Surgery Clerkship rotation. This is a courtesy, please DO NOT ABUSE.

### COM Requirements for Student Participation in Years III & IV

1. **Basic Life Support (BLS):** A valid Basic Life Support course completion card is required for student participation in Years III and IV. This requirement must be completed prior or during Transition to Clerkships in Year 3. Certification is valid for two years. Proof of certification must be submitted to the Student Affairs office and kept in the student record.

2. **Mask Fit Testing:** Prior to beginning Year 3 Transition to Clerkship course, students must have been fitted for respirators that fit tightly to face in accordance with OSHA protection standards. The University of Arizona (UA) Risk Management Services administers the UA Respiratory Protection Program. Proof of certification must be submitted to the Student Affairs office and kept in the student record.

### Student Health & Safety
The safety and security of our students is of utmost importance. Students should review all relevant safety, emergency contact information, hospital codes, evacuation plans, security policies and procedures at assigned locations. Emergency contact information for the student and for the facility that they are attending should be distributed to each party and maintained in a previously identified location.

**Urgent/Emergent Health Care Services**

Preceptors should relay the following information to any student on site.

"When students who are participating in a preceptorship or a rural health professions placement located distant from Tucson or Phoenix require urgent or emergency health services, their preceptors will refer the student to another member of the practice or another physician in the community or neighboring community who can competently care for the student and who has no involvement in the academic assessment or promotion of the medical students. The preceptor will retain the authority to countermand this provision if the student requires more immediate attention than would be possible through a referral for care." He/she will assure that the medical student is directed to services in a timely manner.

In the event of any emergency related to the student from the University of Arizona College of Medicine, the Student Affairs office should also be contacted:

**Tucson**
Office of Student Affairs
Dr. Violet Siwik, Senior Assistant Dean of Student Affairs
Contact number that can be reached 24/7 is **(520) 237-5726**.

**Student Safety**

See the links to University of Arizona Fire Alarm Policy for Building Occupants, AHSC – Sarver Heart Center and student areas.

**Disability Resources**

The University of Arizona is committed to inclusion and access. The Disability Resources Center (DRC) is the campus department designated by the University to determine and provide access to University classes, programs and activities for disabled individuals on main campus, Banner UMC South, Phoenix campus and UA Online. Through an interactive process, we facilitate access either through determining a reasonable accommodation or by redesigning aspects of a University experience. Our processes are designed to be convenient for students.

Accessibility and Accommodations:

It is the University's goal that learning experiences be as accessible as possible. If you anticipate or experience physical or academic barriers based on disability
or pregnancy, please let the clerkship know immediately. You are also welcome to contact Disability Resources (520-621-3268) to establish reasonable accommodations.

Disability Resource Center
1224 E. Lowell St.
Tucson, AZ 85721
Formative and Summative Assessment

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. Distribute the form to those residents and attendings on your service with whom you have worked. 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.

Please bring the completed forms to the mid-point feedback session at your scheduled time. **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 review of patient log data, students’ experiences may be adjusted to meet clerkship experience expectations. Also, certain rotations may require a short change in clinical site to gain needed experiences.

Grading Criteria

**Grading**

Grading for the Clerkship is determined by the following:

<table>
<thead>
<tr>
<th>Clinical Grade (50%)</th>
<th>NBME Shelf Exam (30%)</th>
<th>OSCE (10%)</th>
<th>Suturing Skills Test (5%)</th>
<th>Professionalism (5%)</th>
<th>Composite</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.20 – 5.0</td>
<td>Honors</td>
<td>84-100 percentile</td>
<td>Honors</td>
<td>90 – 100%</td>
<td>Honors</td>
</tr>
<tr>
<td>3.95 – 4.19</td>
<td>High Pass</td>
<td>65-83 percentile</td>
<td>High Pass</td>
<td>80 – 89%</td>
<td>High Pass</td>
</tr>
<tr>
<td>3.94 – 3.0</td>
<td>Pass</td>
<td>10-64 percentile</td>
<td>Pass</td>
<td>60 – 79%</td>
<td>Pass</td>
</tr>
<tr>
<td>&lt;3.0</td>
<td>Fail</td>
<td>&lt;10 percentile</td>
<td>Fail</td>
<td>&lt;60%</td>
<td>Fail</td>
</tr>
</tbody>
</table>

**Clinical Grade (50%)**: This will be based on the average score of your clinical evaluations. Evaluations will be sent to every attending and resident that you work with over the next 6 weeks. You will not be able to pick and choose who completes your evaluations. In addition, once completed, evaluations will not be dropped for any reason. Please note all evaluations are given the same weight regardless if they are from an attending or resident. **In order to receive Honors for the Clerkship a student must receive a High Pass on their Clinical Grade.**
NBME Shelf Exam (30%): Your Equated Percent Correct Score (raw score) will be converted into a Percentile Rank using the NBME 2015/2016 Academic Year Norms graph, and the quarter (1-4) in which the exam was taken (Appendix F). 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).

Retake exams will utilize the same method. Your 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.

OSCE (10%): You will participate in 2 OSCE’s with standardized patients at the end of your rotation.

Suturing Skills Exam (5%): You will be graded on basic suturing techniques.

Professionalism Grade (5%):

Professionalism accounts for 5% of your 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:
  - AZMed (Duty hours, H&P feedback, Patient Logs)
  - Surveys (e.g. New Innovations)
  - Scholarly Case Report
  - Written History and Physicals
  - SOAP Notes
  - Mid-Clerkship form
  - Observed Interview 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. This includes, but is not limited to the following:
- Clerkship orientation
- Seminars/Didactics/Core Lectures/Grand Rounds
- Clinical Rounds
- Community Preceptor meetings
- OSCE orientation or interview
- Mentor meetings
- Scholarly case report presentations

- 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/coordinator for absences from activities and/or wards; inform appropriate residents and/or attendings

See [Mistreatment](#) definitions

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.

Only students who receive a 100% in professionalism can receive a High Pass or Honors for their final grade. If you receive a 0% in professionalism you are only eligible for a final composite grade of pass.

**Assessment of Student Performance**

Faculty and resident assessment of student performance will be collected via the New Innovations online system. Summary assessment of student performance reports will be provided to students by clerkship coordinators after the end of the rotation and before grades are posted. All faculty and resident comments are also de-identified in the report.

These evaluations will indicate performance in the six core competencies (medical knowledge, patient care, interpersonal and communication skills, professionalism, practice-based learning improvement, and systems-based practice). An average score will be determined based on the ratings in each area. This score in addition to recommendations for superior commendation will determine “clinical honors” and count for 50% of the final grade (see grading section).

Students will complete evaluations by logging into [New Innovations](#). Your Net ID serves as your username and password.

**NBME Shelf Exam**

All clerkships administer the NBME Shelf Exam (electronic) on the last day of each rotation to all students. The clerkship coordinator will notify students regarding the time to report and testing location. Coordinators will be present to proctor. The time allotted for the exam is 2 hours and 45 minutes.
Each student will take the electronic NBME shelf exam with a laptop provided by IT. The laptop will be prepared and ready for use in the testing room.

Per the NBME, students may be admitted to the testing room up to 30 minutes after the exam has started, provided the examinee’s name is on the check-in roster. If a student arrives more than 30 minutes after the scheduled exam start time, he/she will not be admitted and must pay a fee to reschedule the exam.

Before the exam begins, students should be sure no unauthorized personal items and/or devices are in the testing room. These items include, but are not limited to the following:

- Cell phones
- iPads/tablets
- iPods/media devices
- Watches with alarms, computer or memory capability
- Calculators
- Paging devices
- Recording/filming devices
- Reference materials (book, notes, papers)
- Backpacks, briefcases, or luggage
- Beverages or food of any type
- Coats, outer jackets, or headwear

Students will be provided with scratch paper to make notes or calculations once the exam begins. These will be collected at the end of the examination session.

If an unscheduled break is needed to use the restroom during the examination, raise your hand to signal a proctor and click the Pause button at the bottom of your screen. A screen saver will appear, but, the timer for the exam will not stop. The testing time will continue to expire while you are taking your break. Students will be escorted one at a time on all unscheduled breaks.

If the screen freezes, raise your hand and a proctor will assist you.
Student Feedback Surveys

New Innovations is the online evaluation system used by the clerkships. Faculty and residents with whom students have worked will be requested to complete an online evaluation through New Innovations.

Students must complete program evaluation surveys for each assigned site within a clerkship and the clerkship rotation as well as evaluations of attendings and residents. These feedback surveys can be completed by logging into New Innovations. Your Net ID serves as your user name and password. **Clerkship grades will be withheld unless surveys are completed within 2 weeks of the clerkship’s end date.** An email should be received as a reminder when they open as well as periodically thereafter until completed.

Student feedback data is reported by Curricular Affairs to the clerkship directors in aggregate in the form of a composite, de-identified report twice per academic year in January and July. All student comments are also de-identified in the report.

If you have any questions, please consult with the clerkship coordinator or email Diane Poskus, Manager, Clerkship Education, dposkus@medadmin.arizona.edu.
Resources

Appendix A: ArizonaMed

Appendix B: Assessment Forms:
Mid-Clerkship Feedback Form

Appendix C: Affiliate and Student Affairs Phone Tree

Appendix D: Choosing Wisely

Appendix E: UAMC Security and Safety Plan – South Campus

Appendix F: National Board of Medical Examiners
Subject Examination Program - Surgery Examination
2015-2016 Academic Year Norms

Appendix F: Helpful Tips for Surgery Clerkship

Appendix G: Student Policies
Appendix A: ArizonaMed

ArizonaMed Online was built to be the tool to report our curriculum to the AAMC. On top of that tool sits an interface for both faculty and students to access all material relevant to the curriculum. ArizonaMed Online is a repository for all learning elements (lecture and lab notes, images, PowerPoint presentation slides, cases, Independent Learning Modules, etc.) used in the curriculum. It has interactive tools for students to access material for any learning session as well as a daily calendar, surveys, announcements and more. Not all ArizonaMed Online functions used in preclinical years are currently available to students doing clinical clerkships.

You will be required to login with your UA NetID and password. Instructions on how to access particular functions will be described in detail in other sections of this manual, as appropriate.
Appendix B: Assessment Forms

Mid-Clerkship Formation Feedback Form

<table>
<thead>
<tr>
<th>MID-CLERKSHIP FORMATIVE FEEDBACK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
</tr>
<tr>
<td>Clerkship</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>

**Strengths:** Overall, what did you observe to be the greatest strengths of this student?

**Areas of Improvement:** Please be specific about what you observed and how you think these areas could be improved in the future:

Provide feedback for areas that you personally observed:

<table>
<thead>
<tr>
<th>Medical Knowledge</th>
<th>Needs improvement</th>
<th>Meets expectations</th>
<th>Did not observe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exhbits appropriate knowledge and understanding of basic pathophysiological processes</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Demonstrates critical thinking and clinical decision making</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Care</th>
<th>Needs improvement</th>
<th>Meets expectations</th>
<th>Did not observe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conducts accurate history &amp; physical exam</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Appropriately manages patient care</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Works effectively with health care professionals</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Interpersonal &amp; Communication Skills</th>
<th>Needs improvement</th>
<th>Meets expectations</th>
<th>Did not observe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishes effective therapeutic &amp; ethical relations with patients, family and colleagues</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Clearly documents &amp; presents patient data &amp; clinical information</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Demonstrates effective listening skills</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professionalism</th>
<th>Needs improvement</th>
<th>Meets expectations</th>
<th>Did not observe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates punctuality, accountability, honesty</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Shows respect for others &amp; seeks responsibility</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Demonstrates sensitivity &amp; responsiveness to diversity, including culture, ethnicity, income</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice-based Learning Improvement</th>
<th>Needs improvement</th>
<th>Meets expectations</th>
<th>Did not observe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uses evidence-based approaches</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Exhibits skills of self-directed learning</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Self-assesses and incorporates feedback to improve performance</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Systems-based Practice</th>
<th>Needs improvement</th>
<th>Meets expectations</th>
<th>Did not observe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocates for quality patient care and access</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Works appropriately within delivery systems, health costs</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Knows role of MD in community health &amp; prevention and applies to patient care</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Applies knowledge of disease prevalence/incidence to clinical care</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>H&amp;P/SOAP Notes</th>
<th>Patient Log</th>
<th>Direct Observation/CEX</th>
<th>Record Keeping</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**For Student to complete** - Please use this space to describe the learning goal(s) that you have developed based on this feedback:

By signing below I acknowledge that we have met to discuss this Mid-Clerkship feedback:

_________________________  __________________________
Signature – Evaluator   Date   Signature – Student   Date
Appendix C: Affiliate & Student Affairs Phone Tree

Clinical Affiliate Phone Tree

Clinical Affiliate can reach any of the individuals in the red boxes. This will initiate the Student Affairs Phone Tree.

Student Affairs Phone Tree

- Chuck Cairns
  - Clinical Affiliate
  - See Student Affairs Phone Tree
  - O: 520-626-0998
  - C: 443-416-5142

- George Fantry
  - Clinical Affiliate
  - See Student Affairs Phone Tree
  - O: 520-626-8288
  - C: 443-416-5142

- Kevin Moynahan
  - O: 525-626-6505
  - C: 520-425-0614

- Amy Waer
  - O: 520-626-8074
  - C: 520-661-9899
Choosing Wisely

American College of Surgeons

Five Things Physicians and Patients Should Question

Don’t perform axillary lymph node dissection for clinical stages I and II breast cancer with clinically negative lymph nodes without attempting sentinel node biopsy.

Sentinel node biopsy is proven effective at staging the axilla for positive lymph nodes and is proven to have fewer short and long term side effects, and in particular is associated with a markedly lower risk of lymphedema (permanent arm swelling).

When the sentinel lymph nodes are negative for cancer, no axillary dissection should be performed.

When one or two sentinel nodes are involved with cancer that is not extensive in the node, the patient received breast conserving surgery and is planning to receive whole breast radiation and stage appropriate systemic therapy, axillary node dissection should not be performed.

Avoid the routine use of “whole-body” diagnostic computed tomography (CT) scanning in patients with minor or single system trauma.

Aggressive use of “whole-body” CT scanning improves early diagnosis of injury and may even positively impact survival in polytrauma patients. However, the significance of radiation exposure as well as costs associated with these studies must be considered, especially in patients with low energy mechanisms of injury and absent physical examination findings consistent with major trauma.

Avoid colorectal cancer screening tests on asymptomatic patients with a life expectancy of less than 10 years and no family or personal history of colorectal neoplasia.

Screening for colorectal cancer has been shown to reduce the mortality associated with this common disease; colonoscopy provides the opportunity to detect and remove adenomatus polyps, the precursor lesion to many cancers, thereby reducing the incidence of the disease later in life.

However, screening and surveillance modalities are inappropriate when the risks exceed the benefits.

The risk-benefit ratio of colorectal cancer screening or surveillance for any patient should be individualized based on the results of previous screening examinations, family history, predicted risk of the intervention, life expectancy and patient preference.

Avoid admission or preoperative chest X rays for ambulatory patients with unremarkable history and physical exam.

Performing routine admission or preoperative chest X rays is not recommended for ambulatory patients without specific reasons suggested by the history or physical examination findings. Only 2 percent of such images led to a change in management. Obtaining a chest radiograph is reasonable if acute cardiopulmonary disease is suspected or there is a history of chronic stable cardiopulmonary diseases in patients older than age 70 who have not had chest radiography within six months.

Don’t do computed tomography (CT) for the evaluation of suspected appendicitis in children until after ultrasound has been considered as an option.

Although CT is accurate in the evaluation of suspected appendicitis in the pediatric population, ultrasound is preferred initial consideration for imaging examination in children. If the results of the ultrasound exam are equivocal, it may be followed by CT. This approach is cost-effective, reduces potential radiation risks and has excellent accuracy, with reported sensitivity and specificity of 94 percent in experienced hands. Recognizing that expertise may vary, strategies including improving diagnostic expertise in community based ultrasound and the development of evidence-based clinical decision rules are realistic goals in improving diagnosis without the use of CT scan.
How This List Was Created

The American College of Surgeons (ACS) solicited recommendations for the ABIM Foundation's Choosing Wisely® campaign from the Commission on Cancer, Committee on Trauma and the Advisory Council for Colon and Rectal Surgery, General Surgery and Pediatric Surgery. The committees were provided with a description of the campaign’s initiative, a link to the Choosing Wisely® website and published recommendations from organizations already participating in the campaign were referenced and reviewed during discussions. All of the recommendations collected from the ACS committees were reviewed, and five items were identified. The ACS’ disclosure and conflict of interest policy can be found at www.facs.org.

Participating ACS Committees:

Advisory Council for Colon and Rectal Surgery
Chair: Thomas E. Read, MD, FACS, Burlington, MA

Advisory Council for General Surgery
Chair: E. Christopher Ellison, MD, FACS, Columbus, OH

Advisory Council for Pediatric Surgery
Chair: Mary E. Fallet, MD, FACS, Louisville, KY Immediate Past Chair: Thomas F. Tracy Jr., MD, FACS, Providence, RI

Commission on Cancer
Chair: Daniel P. McKelar, MD, FACS, Greenville, OH

Committee on Trauma
Chair: Michael F. Rotondo, MD, FACS, Greenville, NC

Sources


THE ENVIRONMENT OF CARE
SECURITY MANAGEMENT PLAN

SCOPE

The Security Management Plan describes the methods of providing security for people, equipment and other material through risk assessment and management for The University of Arizona Medical Center - South Campus, as well as associated off site locations. Security protects individuals and property against harm or loss, including workplace violence, theft, infant abduction, and unrestricted access to medications.

The program is applied to the South Campus and all other associated clinics and off-site areas of The University of Arizona Medical Center - South Campus.

FUNDAMENTALS

A. A visible security presence in the hospital helps reduce crime and increases feelings of security by patients, visitors, and staff.

B. The assessment of risks to identify potential problems is central to reducing crime, injury, and other incidents.

C. Analysis of security incidents provides information to assist with predicting and preventing crime, injury, and other incidents.

D. Training hospital staff is critical to ensuring their appropriate performance. Staff is trained to recognize and report either potential or actual incidents to ensure a timely response.

E. Staff in sensitive areas receive training about the protective measures designed for those areas and their responsibilities to assist in protection of patients, visitors, staff and property.

F. Violence in the workplace awareness; please see UAHN Policy HR-102 Standards of Conduct and Corrective Action.

OBJECTIVES

The Objectives for the Security Management Plan are developed from information gathered during routine and special
risk assessment activities, annual evaluation of the previous year’s plan activities, performance measures, Security Department Reports and environmental tours. The Objectives for Security to fulfill this Plan are:

- Conduct and document adequate security rounds on all shifts.
- Respond to emergencies and requests for assistance in a timely fashion.
- Maintain and expand current electronic security protection devices, including card access systems, surveillance cameras, and alarm systems.

**ORGANIZATION & RESPONSIBILITY**

The Board of Directors receives regular reports of the activities of the Security Management Plan from the Environment of Care Committee, which is responsible for the Physical Environment issues. They review reports and, as appropriate, communicate concerns about identified issues and regulatory compliance. They also provide financial and administrative support to facilitate the ongoing activities of the Security Management Plan.

The Administrator or other designated leader collaborates with the Director of Security to establish operating and capital budgets for the Security Management Plan.

The Director of Security, in collaboration with the committee, is responsible for monitoring all aspects of the Security Management Plan. The Director of Security advises the Committee regarding security issues which may necessitate changes to policies and procedures, orientation or education, or expenditure of funds.

Department leaders are responsible for orienting new staff members to the department and, as appropriate, to job and task specific to security procedures. They are also responsible for the investigation of incidents occurring in their departments. When necessary, the Director of Security provides department heads with assistance in developing department security plans or policies and assists in investigations as necessary.

Individual staff members are responsible for learning and following job and task-specific procedures for secure operations.

---

### PERFORMANCE ACTIVITIES

The performance measurement process is one part of the evaluation of the effectiveness of the Security Management Plan. Performance measures have been established to measure at least one important aspect of the plan.
The performance measures for the plan are:

<table>
<thead>
<tr>
<th>Security Management Plan Performance Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Performance Standard</strong></td>
</tr>
<tr>
<td>Security will conduct monthly panic alarm testing for all devices monitored by AMAG or SIS. An alarm should sound and register on appropriate monitoring device.</td>
</tr>
<tr>
<td>Security will enforce smoking policy and track number of contacts for non-compliance.</td>
</tr>
<tr>
<td>100% of reported security restraint incidents are evaluated for compliance with established security procedures</td>
</tr>
<tr>
<td>Security arrives within two minutes for emergent patient care and staff requests</td>
</tr>
<tr>
<td>Security responds to non-emergency Security Presence requests within 15 minutes</td>
</tr>
</tbody>
</table>

**PROCESSES FOR MANAGING SECURITY RISKS**

**Management Plan**

The Director of Security develops and maintains the Security Management Plan. The scope, objectives, performance, and effectiveness of the plan are evaluated on an annual basis.
The assessment of the hospital identifies security risks associated with the environment of care. Risks are identified from internal sources such as ongoing monitoring of the environment, results of root cause analyses, results of annual proactive risk assessment, and from credible external sources such as Sentinel Event Alerts.

The risk assessment is used to evaluate the impact of the environment of care on the ability of the hospital to perform clinical and business activities. The impact may include disruption of normal functions or injury to individuals. The assessment evaluates the risk from a variety of functions, including structure of the environment, the performance of everyday tasks, workplace violence, theft, infant abduction, and unrestricted access to medications.

Use of Risk Assessment Results

Where the identified risks are not appropriately handled, action is taken to eliminate or minimize the risk. The actions may include creating new programs, processes, procedures, or training programs. Monitoring programs may be developed to ensure the risks have been controlled to achieve the lowest potential for adverse impact on the security of patients, staff, and visitors.

Identification Program

The Director of Security coordinates the identification program. All supervisory personnel manage enforcement of the identification program.

Hospital administration maintains policies for identification of patients, staff, visitors, and vendors. All employees are required to display an identification badge on their upper body while on duty. Identification badges are displayed on the individual with the picture showing. Personnel who fail to properly display their identification badge are counseled individually by their department head.

Visitors to patients are not normally expected to have identification. Visitors to some specific units, such as Behavioral Health, are requested to have identification. The Security Officers assist in enforcement of visitor identification policies.

The Purchasing Department provides vendor identification. Contractor identification is provided by Security.

Sensitive Areas

The Director of Security works with leadership to identify security sensitive areas by utilizing risk assessments and analysis of incident reports.

The following areas are currently designated as security sensitive areas:

- Cashier’s office
- Emergency Services
- Human Resources
Personnel are reminded during their annual in-service about those areas of the facility that have been designated as sensitive. Personnel assigned to work in sensitive areas receive department level continuing education on an annual basis that focuses on special precautions or responses that pertain to their area.

**Security Incident Procedures**

The Director of Security coordinates the development of organization-wide written security policies and procedures, and provides assistance to department heads in development of departmental security procedures, as requested. These policies and procedures include infant and pediatric abduction, workplace violence, and other events that are caused by individuals from either inside or outside the organization. Organization-wide security policies and procedures are distributed to all departments. Department heads are responsible for distribution of department level policies and procedures to their staff and for ensuring enforcement of security policies and procedures. Each staff member is responsible for following security policies and procedures.

Organization-wide and departmental security policies and procedures are reviewed at least every three years. Additional interim reviews may be performed on an as needed basis. The Director of Security coordinates the triennial and interim reviews of organization-wide procedures with department heads and other appropriate staff.

ADM-295 Identification/Access Badges ADM-280

Searches and Inspections

SAF-700 Safety Program

**Security Department Response**

Upon notification of a security incident, the Director of Security or designee assesses the situation and implements the appropriate response procedures. The Security Director notifies Administration, if necessary, to obtain additional support. Security incidents that occur in the Emergency Department are managed initially by the Intake Officer in accordance with policies and procedures for that area. The Director of Security is notified about the incident as soon as possible.

Security incidents that occur in the departments are managed according to departmental or facility-wide policy. The Director of Security or designee is notified about any significant incident that occurs in a department as soon as possible. Additional support is provided by the Security Department, as well as public law enforcement if necessary.

Following any security incident, a written “Security Department Report” is completed by the Security Officer responding to the incident. The Report is reviewed by the appropriate Security Supervisor and Director of Security.
Any deficiencies identified in the report are corrected.

Evaluating the Management Plan

On an annual basis Director of Security evaluates the scope, objectives, performance, and effectiveness of the Plan to manage the utility system risks to the staff, visitors, and patients.

_____________________________  _____________________
Ron Coles, Director of Security  Date

_____________________________  _____________________
Sarah Frost, Hospital Administrator  Date
Appendix F: National Board of Medical Examiners
Subject Examination Program
Surgery Examination
2015-2016 Academic Year Norms

NATIONAL BOARD OF MEDICAL EXAMINERS®
Subject Examination Program
Surgery Examination
2015-2016 Academic Year Norms

The table provides norms to aid in the interpretation of examinee performance. These norms reflect the performance of 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 8/1/2015 through 7/31/2016.

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.

To use the table, locate an examinee’s score in the column labeled “Equated Percent Correct Score” and note the entry in the adjacent column labeled “Percentile Ranks” 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.

The mean and standard deviation of the norm group scores for each testing period reported are listed below.

<table>
<thead>
<tr>
<th>Equated Percent Correct Scores</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic</td>
</tr>
<tr>
<td>N</td>
</tr>
<tr>
<td>Mean</td>
</tr>
<tr>
<td>SD</td>
</tr>
</tbody>
</table>
Helpful Tips for Surgery Clerkship from a Medical Student’s Perceptive

1. Be attentive and perceptive. Surgery is pretty busy so try to pick up things so you know how to help.
2. Meet the patient before surgery in Pre-Op. Introduce yourself. Follow this patient the next day if they stay. If you get a chance, glance by again a bit later and see how the patient is doing in PACU so you can help write a post-op note.
3. In the OR: go right after you introduce yourself to the patient to the OR and introduce yourself to the circulating nurse and the scrub tech. Tell them you’ll write your name on the board. Write MS3 too by your name. Tell the scrub tech you will be scrubbing in on the case and will get your gown and gloves for him/her. Give yourself adequate time to do all these things before the start time of the surgery. If you’re short move the step stool somewhere close but not in the way, so that you can move it with your foot later and not have to bother the nurse to go get you a step.
4. If anyone says you broke the sterile field, then don’t argue. Just say sorry and put on a new gown and gloves.
5. Help each other out. You and the other med student. Surgery is like a team sport. While rounding, carry supplies together. Gauze, ABDs, saline syringe, scissors, packing strips, tape, kerlix wrap, lube, and bacitracin. Get these things from a supply room or in the Trauma bay shelves. Yeah a Mary Poppins bag would be nice.
6. Help “Bird-dog”. When the patient is rolling back, go tell the resident the patient is heading back to help the resident out while they are putting in orders.
7. Watch how the patient is moved to the OR table and then help the next time with the safety belt, putting on the SCD, and tell them you know how to put in a foley so you can do it. Some nurses like to do the order and things a certain way so make sure you know your audience. You can even help anesthesia out by holding the mask on patient and giving cricoid pressure if they want it. Same goes with helping move the patient back to the bed. You can hold the feet to move the patient. Make sure the SCDs are unplugged and foley is moving with the patient. Go get warm blankets for the patient.
8. On Trauma, go get a pair of trauma scissors. If you feel confident in doing blood draws, then the lab person will let you. If you forgot how, you can practice in Aztec lab to refresh. Aztec is pretty much available all the time when they’re open. On Trauma, if you know how to do something and ask to do it, then they will most of the time let you, but at least they know you’re engaged. But asking at the right time is key. Asking for the first time on a code red patient, is not the best idea. If you don’t say anything, no one will notice you. It’s so busy that often you have to make the first move. The residents will let you suture and staple lacs. The trauma nurse and resident might even let you run the primary and secondary survey (on a code white of course)!
9. Get Epic haiku on your phone. You can take pics via the Haiku app and it uploads them onto the patient’s chart which is good for trauma and wound care. Take the picture to show some orientation to where it is on the patient.

10. To get better at suturing, go to Aztec lab and check-out a suture set. The other option is to ask the front charge nurse desk area to look in the “Mexico bin” for extra sutures, get lucky with finding sutures, and then practice at home with a piece of chicken breast.

11. While operating, just don’t be in the way, but don’t be too timid or worried that you’re in the way. When you see them tying knots, ask for scissors and cut. Be sure to ask how long to cut the tail before you cut. The nylon vs. silk. Nylon has more memory and can unwind so needs a longer tail.

12. While operating, to be sure you’re engaged you should ask questions if the time is appropriate.

13. Read up on your patient, the case, and the operation before stepping in the OR room. Videos and Surgical recall are helpful. Also know the patient so you can help treat them like your family.

14. This all might be overwhelming all at once, but it gets better and like second nature. Don’t worry too much. Have fun.
Appendix H: Student Policies

*Please click on the link to take you to the policy

A comprehensive listing of policies can be found on the College of Medicine website.

2017-2018 Academic Calendar (see Resources for Education section)

Attendance and Absence

Attendance Policies for Medical Students (COM)
Leave of Absence Policy (COM)
Medical Student Duty Hours Policy

Diversity

Diversity Statement
Non-Discrimination and Anti-Harassment Policy

Disability Resources

Disability Resource Center

Grading and Progression

Educational Program Objectives and Competencies (Tucson)
Essential Qualifications for Medical Students (COM)
Grading and Progression Policies for Years 1-4 (COM)
Procedures for Student Progress, Academic Integrity, and Managing Grade Appeals
Teacher Learner Compact

Graduation Requirements

College and Department Restrictions on Double-Dipping Courses (UA)
Enrollment and Scheduling Policies for Years 1-4 (COM)

Professionalism and Integrity

Attributes of Professional Behavior (COM)
Code of Academic Integrity
Fingerprinting and Background Checks (COM)
Mistreatment
Policy on Interactions with Industry/Conflict of Interest (COM)
Professional Conduct Policy
Professionalism Conduct Comment Form
Protected Health Information and HIPAA Policy (COM)
Social Media Guidelines for Individuals (COM)
Society Mentors – Policy on Conflict of Interest (pg 27)
Student Code of Conduct
Student Disciplinary Procedures
Student Dress Code Policy
Student Honor Code Committee Policy (COM)

Risk Management
Smoking and Tobacco Policy
Supervision of Medical Students in Clinical Learning Situations
The University of Arizona Statement on Drug Free Schools and Campuses

Student Health
Mandatory Health Insurance Policy
Student Occupational Exposure Policy

Technology
Electronic Medical Record Operational Policy