



**SYLLABUS**  
**SURG-813C - Surgery Clerkship**

## Course Description

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

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

## Instructor and Contact Information

**Clerkship Director:**

Tanya Anand, MD, MPH  
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**Clerkship Coordinator:**

Justin Rade

**Medical Education Team:**

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## Sites/Site Directors

- Banner – University Medical Center Tucson: Abdominal Transplant  
Site Director: Dr. R. Harland
- Banner – University Medical Center Tucson: Burn and Complex Wound  
Site Director: Dr. L. Castañón
- Banner – University Medical Center Tucson: Minimally Invasive Surgery  
Site Director: Dr. I. Ghaderi
- Banner – University Medical Center Tucson: Surgical Oncology  
Site Director: Drs. N. Foster, M. Khreiss & J. Warneke
- Banner – University Medical Center Tucson: Pediatrics  
Site Director: TBA
- Banner – University Medical Center Tucson: Acute Care/Trauma and STICU  
Site Director: Dr. T. Anand
- Banner – University Medical Center Tucson: Vascular Surgery  
Site Director: Dr. T. Tan
- Banner – University Medical Center South: General Surgery  
Site Director: Dr. J. McClenathan
- Southern Arizona Veterans Health Care System (SAVAHCS) – Tucson: General Surgery and Vascular  
Site Director: Drs. F. Maegawa and Z. Taylor
- Private Practice – General Surgery
  - Tucson – Dr. K. Artz
  - Tucson – Dr. T. Harmon
  - Tucson – Dr. J. Schilling
  - Ft. Defiance – Dr. V. Jensen and Dr. N. Yazzie
  - Flagstaff – Dr. A. Aldridge
  - Globe – Dr. S. Yang
  - Payson – Dr. L. Olson
  - Sierra Vista – Dr. J. Jenkins
  - Tuba City – Dr. D. Mukhopadhyay
  - Whiteriver – Dr. G. Jarrin
  - Winslow – Dr. R. Dhalokia
  - Yuma – Dr. C. Jensen

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

## Course Objectives

During this course, students will:

1. Develop the adequate knowledge, basic technical skills, and attitudes about surgical disease necessary to every practicing physician.

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

## Expected Learning Outcomes

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

1. Obtain an accurate surgical history.
2. Perform a complete and organ specific physical examination.
3. Interpret the diagnostic and imaging modalities necessary for the care of surgery and trauma patients.
4. Perform diagnostic and therapeutic procedures commonly utilized in surgical patients.
5. Appreciate surgical decision-making regarding current practice, data and medical knowledge.
6. Present a case in conference that demonstrates knowledge of the patient, diagnostic workup, disease process, intervention and outcome.
7. Function as integral member of the surgical team on rounds.
8. Collaborate with the operative team and recognize operating room safety.
9. Demonstrate the ability to present patients at handoff conference in a systematic and thorough manner.
10. Function as an effective member of the trauma team in the resuscitation of a trauma patient.
11. Identify the principles and application of surgical informed consent.
12. Discuss how to communicate bad news to surgical patients and families.
13. Write a thorough and concise surgical note.
14. Respect patient choices, values and need for confidentiality.
15. Demonstrate the ability to critically analyze and incorporate surgical literature into patient care.
16. Demonstrate the ability to provide effective and empathetic dialogue with the patient and their family.

17. Demonstrate competency of basic skills appropriate to this clerkship.
18. Demonstrate clear and professional communication with patients, families, and healthcare teams.

## Didactic Sessions and Lab Schedule

Orientation is the first week of the clerkship. Didactic Sessions are held on Wednesday's. Attendance is required for all orientation activities, didactics and labs. Students are only excused due to illness or other instances that have been previously arranged with the Clerkship Director/Program Manager.

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

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

<b>DIDACTIC LECTURE SERIES</b>
Abdominal Wall/Hernia
Anesthesia
Biliary Disease
Breast Disease
Colorectal Disease
Endocrine Disease
Fluid and Electrolytes
Hernia
Liver Disease
Introduction Orthopedic Surgery
Introduction Plastic Surgery
Introduction to Trauma
Management of Post-Op Complications (MI, AKI, PE)
NBME Shelf Reviews
Pediatric Surgery
Preoperative evaluation, post-surgery complications,

management and bias in pain management
Shock – Part 1 Diagnosis
Shock – Part 2 Treatment
Surgical Emergencies
Surgical Nutrition
Urologic Emergencies
Introduction to Vascular

## Assignments and Examinations: Schedule/Due Dates

<b>Patient Logs</b>	<b>24 Required</b>	<b>Date due: End of Rotation</b>
<b>Include one case either OR or Clinic per each category below</b>		
*Acute Surgical Abdomen		
*Biliary Disease		
*Breast Disease		
*Hernia		
*Trauma		
<b>OR Scrubbed Cases</b>	<b>20</b>	<b>Date due: End of Rotation</b>
<b>Attend a Minimum of 4 Clinics</b>	<b>4</b>	<b>Date due: End of Rotation</b>
<b>Procedure Logs</b>	<b>20 Required</b>	<b>Date due: End of Rotation</b>
<b>Minimum of 20 procedures. Include one in each category below</b>		
<b>Reviewed Radiology</b>		
*Plain Films		
*Ultrasound		
*CT		
<b>Suture Skills</b>		
*Vertical mattress		
*Simple Interrupted		
*Buried		
*Subcuticular		
<b>Duty Hours</b>	<b>Log all hours</b>	<b>Date due: End of Rotation</b>
<b>History Observed/ Performed</b>	<b>1 Required</b>	<b>Date due: End of Rotation</b>
<b>Physical Observed/ Performed</b>	<b>1 Required</b>	<b>Date due: End of Rotation</b>
<b>MedLearn Surveys</b>	<b>All Required</b>	<b>Date due: End of Rotation</b>
<b>Mid-clerkship Feedback</b>		<b>Due date: Fourth Wednesday of Rotation</b>

<b>Suture Exam</b>	<b>1</b>	<b>End of Rotation</b>
<b>OSCE</b>	<b>2</b>	<b>End of Rotation</b>
<b>NBME Exam</b>	<b>1</b>	<b>Last day of Rotation</b>

## Required Patient/Clinical Conditions

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

## History & Physical Exam and SOAP Note

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

Students must document these observations in MedLearn. MedLearn is the curriculum and learning management system for students, faculty, and staff at the University of Arizona College of Medicine.

Under the H&P tab on the student's home page, enter the date of the observation, the name of the observer and whether the observer was a faculty/preceptor or resident.

## Patient Encounter and Clinical Skills Log

Students are required to log a **minimum of 20 scrubbed cases** and attend a **minimum of 4 clinics** by the end of the eight (8) week surgery rotation. It is suggested students keep a log of **ALL** significant patient encounters in the OR/Clinic/Floor during the rotation.

Students can access the patient log from the MedLearn Dashboard at:

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

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

- **Scrubbed Cases (OR):** Case Information (choose scrubbed), Case Notes, Patient Log Type and click submit.
- **Clinic Encounters (Clinic):** Case Information (choose from Observed/Performed), Case Notes and click submit.

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

## 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.

## Documenting Duty Hours

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

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

1. Students must complete recording of their duty hours by the end of the clerkship rotation feedback session. Clerkship directors and/or clerkship coordinators will routinely review cumulative duty hours data and correct any systemic problems that prevent compliance with the stated duty hours policy. Students who stay over the limitations of duty hours on their own volition must provide a justification for the reason at the time the hours are recorded. Students will not be penalized for accurate reporting, nor will duty hours information be used to determine grades or for student evaluations. Duty hour reports will be retained in the electronic database systems. Grades will not be released until the student reports duty hours.

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

## Readings

**Apps, Ebooks and Weblinks are pushed to the students' College of Medicine iPads:**

### Apps

Firecracker  
UpToDate  
Touch Surgery: surgery videos  
UWorld USMLE  
Citrix Workspace

### Ebooks

Surgery A Case Based Clinical Review

[https://arizona-primo.hosted.exlibrisgroup.com/primo-explore/fulldisplay?docid=01UA\\_ALMA51529671390003843&context=L&vid=01UA&search\\_scope=Everything&tab=default\\_tab&lang=en\\_US](https://arizona-primo.hosted.exlibrisgroup.com/primo-explore/fulldisplay?docid=01UA_ALMA51529671390003843&context=L&vid=01UA&search_scope=Everything&tab=default_tab&lang=en_US)

Case Files, Surgery

[https://arizona-primo.hosted.exlibrisgroup.com/primo-explore/fulldisplay?docid=01UA\\_ALMA51519284420003843&context=L&vid=01UA&search\\_scope=Everything&isFrbr=true&tab=default\\_tab&lang=en\\_US](https://arizona-primo.hosted.exlibrisgroup.com/primo-explore/fulldisplay?docid=01UA_ALMA51519284420003843&context=L&vid=01UA&search_scope=Everything&isFrbr=true&tab=default_tab&lang=en_US)

Surgery, PreTest

[https://arizona-primo.hosted.exlibrisgroup.com/primo-explore/fulldisplay?docid=TN\\_mcgrawmrcscn00370023&context=PC&vid=01UA&search\\_scope=Everything&tab=default\\_tab&lang=en\\_US](https://arizona-primo.hosted.exlibrisgroup.com/primo-explore/fulldisplay?docid=TN_mcgrawmrcscn00370023&context=PC&vid=01UA&search_scope=Everything&tab=default_tab&lang=en_US)

### Web Links

Surgical Recall, 6<sup>th</sup> Edition

[http://www.endosurgery.od.ua/uploaded/site0\\_Blackbourne\\_Surgical\\_Recall\\_6th\\_Edition.pdf](http://www.endosurgery.od.ua/uploaded/site0_Blackbourne_Surgical_Recall_6th_Edition.pdf)

### **Reference Books**

*Surgical Recall* 6<sup>th</sup> Edition; Blackbourne LH; Baltimore, MD: Lippincott Williams & Wilkins; 2012

*Pre Test Surgery*; 12<sup>th</sup> Edition; Kao LS, Lee T. *Pre Test Surgery*; McGraw Hill; 2009.

*General Surgery Review*. 2<sup>nd</sup> Edition; Makary MA. Washington, DC: Ladner-Drysdale; 2008.

*Case Files: Surgery*. 4<sup>th</sup> Edition; Toy EC, Liu TH, Campbell, AR. New York: Lange Medical Books/McGraw Hill; 2012.



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

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

## Required or Special Materials

Stethoscope and White Coat

## Knots & Suturing

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/>. This site provides helpful illustrations and videos with step by step instructions. See the bottom of each page for the link to the video.

## Meal Policy

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

## Mid-Clerkship Formative Feedback

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

Students are required to bring the completed forms to their scheduled mid-point feedback session. ***Submission of at least one completed form at your mid-point feedback session is mandatory.*** All student forms are stored in the clerkship office.

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

## Grading Scale and Policies

### **Grading**

Grading for the Clerkship is determined by the following:

Clinical Grade (35%)	Workplace-Based Assessments (35%)		NBME Shelf Exam (15%)	OSCE (5%)	Suture Skills Exam (5%)	Professionalism (5%)		FINAL CLERKSHIP GRADE (Composite)
4.20 – 5.0 Honors	100%	Pass	80 – 100 percentile	90 – 100%	90 – 100%	81 – 100%	Pass	81 – 100% Honors
3.05 – 4.19 High Pass	0%	Fail	65 – 79 percentile	80 – 89%	80 – 89%	70 – 80%	Fail	70 – 80% High Pass
3.94 – 3.0 Pass			10 – 64 percentile	60 – 79%	60 – 79%	48 – 69%		48 – 69% Pass
<3.0 Fail			<10 percentile	<60%	<60%	<47%		<47% Fail

**Clinical Grade (35%):** This will be based on the average score of the student’s clinical evaluations. Evaluations will be sent to all attendings and residents students work with over the next 8 weeks. Students will not be able to pick and choose who completes 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.**

**Workplace Based Assessments (35%):** Students are required to be assessed on a minimum of 4 different EPAs during each clerkship and receive a minimum average of one WBAs per week for each week of patient interaction. A total of 8 WBAs are required during the surgery clerkship,

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

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

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

A grade of “pass” is awarded for 35% of the grade when a student has completed:

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

What constitutes “fail” in WBA:

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

Note: Grading for WBA is “all or none”. That is, students are awarded 35% for completing the minimum WBA requirements as outlined above and in the policy. If students do not meet the minimum by the end of the last day of the rotation, they are awarded 0% for this portion of the final clerkship grade. There is no remediation period.

**NBME Shelf Exam (15%):** The Equated Percent Correct Score (raw score) will be converted into a Percentile Rank using the NBME Academic Year Norms graph, and the quarter (1-4) in which the exam was taken. The Percentile Rank may change over the course of the academic year in each quarter (e.g. a raw score that converts to a percentile of 15% in quarter 1 may fall in the 10<sup>th</sup> percentile in quarter 4 for the same raw score).

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

**A student who retakes an examination because of failing on the first attempt is not eligible for a final clerkship grade of Honors or High Pass.**

See Appendix A for the 2019-2020 NBME Academic Year Norms graph.

**OSCE (5%):** Students will participate in 2 OSCE’s with standardized patients at the end of their rotation.

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

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

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

Students will:

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

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

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

#### **Final Grade Distribution:**

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

Honors: Top 25%

High Pass: Next 26-50%

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

## **University Policies**

#### **Absence and Class Participation Policy**

The UA's policy concerning Class Attendance, Participation, and Administrative Drops is available at <http://catalog.arizona.edu/policy/class-attendance-participation-and-administrative-drop>.

The UA policy regarding absences for any sincerely held religious belief, observance or practice will be accommodated where reasonable: <http://policy.arizona.edu/human-resources/religious-accommodation-policy>.

#### **Classroom Behavior/Attendance Policy**

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

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

College of Medicine – Tucson Attendance Policy: <https://medicine.arizona.edu/form/attendance-policies-medical-students-com>

#### **Threatening Behavior Policy**

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

#### **Accessibility and Accommodations**

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

**Code of Academic Integrity**

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

<http://deanofstudents.arizona.edu/academic-integrity/students/academic-integrity>.

The University Libraries have some excellent tips for avoiding plagiarism, available at

<http://new.library.arizona.edu/research/citing/plagiarism>.

**UA Nondiscrimination and Anti-harassment Policy**

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

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

**Confidentiality of Student Records** <http://www.registrar.arizona.edu/personal-information/family-educational-rights-and-privacy-act-1974-ferpa?topic=ferpa>

**University and COM-T Policies**

See [University of Arizona Policies](#)

See [COM-T Student Policies](#)

**Subject to Change Statement**

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

# Appendix A: National Board of Medical Examiners

## SUBJECT EXAMINATION PROGRAM

### SURGERY EXAMINATION

#### 2019-2020 ACADEMIC YEAR NORMS



#### Interpreting Academic Norms

- Norms are provided to aid in the interpretation of examinee performance.
- They make it possible to compare examinees' scores with the performance of a norm group.
- Norm group characteristics:
  - Examinees from LCME-accredited medical schools who took a form of this examination as an end-of-course or end-of-clerkship examination for the first time during the academic year from 8/1/2019 through 7/31/2020.

#### Quarterly Norms

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

#### Using the Table

- Locate an examinee's score in the column labeled "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.

#### Equated Percent Correct Scores

	Academic Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of Examinees	17,798	4,525	4,208	4,353	3,570
Mean	74.9	73.4	74.7	75.8	76.0
SD	8.4	8.5	8.5	8.2	8.2

Equated Percent Correct Score	Percentile Ranks				
	Academic Year (n=17,798)	Quarter 1 (n=4,525)	Quarter 2 (n=4,208)	Quarter 3 (n=4,353)	Quarter 4 (n=3,570)
100	100	100	100	100	100
99	100	100	100	100	100
98	100	100	100	100	100
97	100	100	100	100	100
96	100	100	100	100	100
95	100	100	100	100	100
94	100	100	100	100	100
93	100	100	100	100	100
92	100	100	100	100	100
91	99	100	99	99	99
90	99	99	99	99	98
89	98	98	98	98	98
88	97	98	97	97	97
87	95	97	95	95	94
86	93	95	93	93	92
85	91	94	90	89	89
84	88	91	88	86	85
83	84	89	84	82	81
82	81	86	81	78	77
81	76	82	77	73	72
80	72	78	72	68	67
79	67	74	68	64	62
78	62	70	63	58	56
77	61	67	61	56	56
76	53	61	54	49	48
75	51	58	52	46	45
74	46	52	46	41	41
73	41	48	42	37	37
72	37	44	38	33	32
71	33	40	34	28	28
70	29	35	30	25	24
69	25	31	26	21	21
68	22	28	23	19	18
67	19	24	20	16	15
66	17	21	17	13	13
65	14	18	15	11	11
64	12	15	13	9	9
63	10	13	10	8	7
62	8	11	9	6	6
61	7	9	7	5	5
60	6	7	6	4	4
59	4	6	5	4	3
58	4	5	4	3	2
57	3	4	3	3	2
56	2	3	2	2	2
55	2	3	2	1	1
54 and below	1	2	1	1	1