OVERVIEW

The third-year clerkship in Surgery is designed to provide our medical students with a broad exposure to a variety of topics in both general surgery and the surgical subspecialties. Students completing the clerkship should be able to recognize common surgical diseases and be familiar with their initial management. Through a combination of didactic lectures, experience on the surgical ward, and interactive small group sessions, the student will develop an understanding of these topics that will provide the foundation for recognizing and treating patients in the years following their medical school education.

The surgery clerkship is an essential part of your medical education. It consists of a twelve-week cycle, eight weeks of general/trauma surgery and four weeks of surgical intensive care. In addition to the hours spent in the operating room, students are expected to attend core lectures and be on all rounds and clinics with the team that they are assigned to.

The faculty, residents and staff in the Department of Surgery work together to provide you with an educational experience that will be a great asset to you regardless of what specialty you choose to enter.

OBJECTIVES

During the core clerkship in surgery, the students will learn about “surgical” illnesses, so that no matter what area of medicine they choose for their career, they will be able to diagnose and plan for the care of patients who need surgery. By the end of the core clerkship, each student is expected to:

• Gain an overall knowledge of surgical illnesses and the important steps in the decision process for treating these conditions
• Understand the physiology of an acutely injured patient, whether this injury is from trauma, burns, infection or surgery.
• Learn the basic principles governing wound care including suture and management of tissue infections
• Learn how to assess an acute abdomen
• Learn about nutritional support and its role in treating severely ill patients
• Learn about the different surgical subspecialties and about the day-to-day practices of the staff surgeons.
• Become familiar with some procedures that are important to critical care including central lines, chest tubes, and intubations (Be on hand in the OR at the beginning of each case).

STUDENTS' RESPONSIBILITIES

Students are a crucial part of the surgery team; the better they are able to integrate themselves into the team’s daily responsibilities, the more they will get out of the surgery rotation. Medical students are encouraged to:

• Do the dressing changes so that they can check wounds
• Keep track of the I & O’s
• Scrutinize each lab value
• See every one of their patient’s x-rays
• Be present for special studies such as endoscopies, CT scans, or ultrasounds
• Try to know more about their patients than anyone else on the service

Each medical student will be assigned to a junior or senior resident or a physician assistant on one of the teams. The student is expected to be present every day at morning report from 6–8 a.m.

At the end of morning report, the student will report to their respective assigned clinician and proceed to accompany them to that day’s activity. Activities will include OR, clinic or rounds.

CONFERENCES/ROUNDS/LECTURES

Students are expected to attend all lectures and conferences unless a compelling clinical event exists. There will be lectures by the attendings and chief residents geared toward the students as well as an ongoing basic science series for the residents. The chief residents will assign to the students topics for discussion on or after rounds and the students will also present case studies with a relevant discussion of the disease process to selected attendings.

EVALUATION AND GRADING

Grades are based on a student’s participation on rounds, clinics, lectures and surgical cases. The professionalism and thoroughness of their presentations and the clinical acumen displayed while on the service are also taken into account.

RECOMMENDED READING

The following textbooks are recommended during your surgical rotation:

• Current Surgical Diagnosis and Treatment, Lawrence W. Way’s
• Essentials of General Surgery, Peter F. Lawrence’s, third edition
• Surgical Recall, Blackbourne’s, (easily carried with you and has focused explanation of surgical issues)
• Surgery, Scientific Principles and Practice, Greenfield third edition.
  Available on: http://hsc.unm.edu/library/custom/surgery/
• Mastery of Surgery, Baker and Fischer, fourth edition
• Principles of Surgery, Schwartz and Shires
• Rush University Review of Surgery, second edition
• Sabiston: Textbook of Surgery, Townsend editor. This is also available via MD Consult on the web