Acting Internship in General Surgery

Elective Type: Clinical
Duration: 4 weeks (not offered in the months of December, January and August)
Maximum Enrollment: 1 per 4-week rotation
Prerequisites: Successful completion of Year 3 and successful completion of Surgery Clerkship
Additional Requirements: USMLE 220 or greater. Complex 500 or greater

Responsible Faculty Director: Hishaam Ismael, M.D.

Location to report on first day: UTHSCT, Megan McLaughlin, Medical Education Coordinator

Type of students who would benefit from the course:
This course will be especially useful for those students planning careers in surgery, general surgery, oncology surgery, and thoracic surgery

Goals:
1. To expand clinical skills in caring for general surgery patients in clinic and in-patient settings, including H&P’s, problem-focused assessments of post-operative patients with normal and complicated post-operative events, verbal and written communication of patient status (i.e. H&P/SOAP notes, presentation on rounds), incorporation of evidence into clinical decision-making and management of patients throughout the course of workup and treatment
2. To increase the volume of patients on a service for which the student can maintain knowledge and understanding of presentation, workup, treatment and pertinent clinical events, to the level required as a house officer
3. To improve and expand upon technical skills

Objectives:
1. Demonstrate proficiency at information-gathering through communication with healthcare providers, the medical record, history, physical exam, and ordering/interpreting diagnostic tests
2. Demonstrate the ability to use clinical information to formulate assessments and plans for patients in the clinic and in-patient setting, and accurately communicate clinical information to patients, families, surgical team members, and other healthcare providers
3. Demonstrate the ability to write initial admission orders, transfer orders, routine in-patient orders, and discharge orders
4. Demonstrate the ability to perform a safe, accurate and concise hand-off of the patients on the service to a covering provider
5. Demonstrate proficiency at suturing, knot-tying, fundamentals of laparoscopic surgery, fundamentals of endoscopy, and simulated gastro-intestinal anastomosis

Description of course activities:
Within limits set by law and hospital rules, will function with the same responsibilities and duties as an intern or first year house officer. Students will function as a member of one of the adult general surgery teams and are expected to follow patients in the intensive care units and make daily reports on rounds regarding their condition. Such reports are expected to include an assessment of the patient’s condition with recommendations for further evaluation or changes in therapy based on that assessment. All students are expected to assist in the operating room and attend all outpatient clinics. Students will be assigned at least two and no more than four
overnight calls during the one-month rotation. Students will be expected to see inpatient
consults and present to residents and faculty. Students will participate in technical skills training
through the Laboratory for Surgical Training, Assessment and Research (LSTAR), and be
expected to practice to proficiency in suturing/knot-tying, fundamentals of laparoscopic surgery,
basic endoscopy, and GI anastomosis.

Clinical Activities

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<th>Weekly Schedule:</th>
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Average number of patients seen per week: 30
Call Schedule: On average, 3 in – house calls per 4 weeks

Clinical Observations:

1. Where are the students observed on this elective?
   a. Inpatient
   b. Ambulatory
   c. Surgery
   d. Patients simulators

2. Frequency – How often are students observed clinically?
   a. Daily

3. Format – What method(s) used to document the student’s clinical performance?
   a. Daily oral feedback
   b. Written feedback

Oral Presentations:

1. Audience – To whom does the student present?
   a. Faculty and Residents

2. Frequency / duration of presentations?
a. Daily

3. Format – What guidelines are set for the student’s presentation?
   a. Same guideline used by a physician

4. Assessment – Who assesses the student’s presentation performance?
   a. Faculty assessment

5. Method of content selection?
   a. Current cases

Written Assignment (H&P’s, notes, papers, abstracts, etc.)

1. Frequency of written assignment(s)?
   a. Weekly H&P’s on at least 2 patients, daily notes on at least 3 patients, and a 1-page write-up of a case, synthesizing medical literature to analyze workup and treatment plan, as well as potential complications

2. Format – What guidelines are set for the student’s written work?
   a. Same as used by physicians

3. Length of written assignment(s)?
   a. 1 – 2-page paper

4. Method of content selection - e.g. student-selected, relate to cases, etc.?
   a. Content will be selected that relates to a case that the student scrubbed in on

Examination:
• Oral
• Other

Extra Course Activities:

1. What expectations do you have for the student to demonstrate participation in the elective (e.g. small group activities, seminars, thoughtful questions, providing resources, journal club, resident lecture attendance)?
   a. Students are to participate in those conferences and activities that the surgical team to which they are assigned participate. Students will present their case report and literature review to the general surgery team during teaching rounds

Other Modes of Evaluation:
Clinical evaluation by faculty; technical skills assessment; oral exam

1. Specify how the student will be given formative feedback on their clinical skills:
   a. Students will keep a journal to document the feedback they have sought out from residents and faculty; they will meet weekly with course director and have a discussion of this feedback, as well as review the students written notes and discuss patients,
which will also allow for feedback on fund of knowledge relating to these patients, and feedback on verbal communication skills.

2. **List advanced clinical skills that a student will be assured an opportunity to practice:**
   a. Hand-offs Laparoscopy (simulation lab and OR) Endoscopy (simulation lab, and OR/GI lab) gastro-intestinal anastomosis (simulation lab).

3. **List other advanced clinical skills that a student may be exposed to depending on the clinical case availability:**
   a. Central line placement (simulation lab) robotic surgery (simulation lab).

4. **How will the acting intern student have responsibilities similar to a PGY1 resident? How will their responsibilities differ?**
   a. Similar - the AI will be expected to know the clinical status of all patients on the service, including the plan discussed at rounds, follow-up on results from tests, interpretation of results of diagnostic studies, and to communicate results to the team in an appropriate time frame. The student will be expected to recognize when to escalate care or when information needs to be urgently communicated to the resident or faculty. Differ - the student will not be able to enter orders in the EMR on active patients.

5. **How will this course help prepare a student to enter an internship in this field or related field?**
   a. The student will have an opportunity to function as an intern, to experience a more rigorous set of clinical demands, and be supported as he/she develops the knowledge, behaviors and attitudes to successfully care for surgical patients as part of a resident team.

6. **How will midpoint feedback be provided to the student? How will you remediate deficiencies identified at midpoint?**
   a. The course director will meet with the student after soliciting input from the residents and other faculty and give direct face-to-face feedback, including a plan for either remediation or continued skills development.

7. **Acting Internship students often seek letters of recommendation following their experience. How many different faculty members are they likely to encounter during this course? What is the usual number of working days they can expect to encounter the same individual faculty member? Describe the degree of supervision and interaction with faculty vs. residents or other providers.**
   a. There are 4-5 faculty on each general surgery team; the AI should endeavor to attend clinic with each faculty at least once during the rotation and scrub cases with each faculty. The student should see faculty 2-3 times per week.