Please Note: At MSUCOM, we are constantly working to improve our curriculum and to meet new AOA accreditation guidelines. We need to meet the challenges of modern medicine that force us to innovate. While major changes will generally be instituted at the beginning of the school year, most minor changes may be implemented semester to semester.

Please be mindful of the need to read your syllabi before beginning your rotations.
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**Introduction and Overview**

The surgery clerkship consists of four weeks on general surgery. General surgery should include exposure to a variety of surgical topics and experiences. Exposure to the topics will be through reading, lectures, seminars and hands-on experiences.

The service should be organized to provide the maximum degree of practical clinical exposure and learning in the areas of diagnosis, management and therapy in surgery, which is consistent with a third-year osteopathic medical student's level of knowledge. Opportunities for learning such as lectures, reading, consults and history and physical examination (H&P) review will be available.

**Goals and Objectives**

**GOALS**

THE GOALS OF THE SURGERY CLERKSHIP ARE TO:
1. Promote the student's attainment of a fundamental surgical knowledge base.
2. Introduce the student to basic surgical procedures.
3. Facilitate understanding of a surgical approach to clinical problem solving.
4. Promote acquisition of basic surgical diagnosis and management capabilities.
5. Promote the continued development of the student's professional attitudes and behavior.

**OBJECTIVES**

THE GENERAL SURGERY CLERKSHIP LEARNING OBJECTIVES ENCOMPASS THREE MAIN AREAS.

Knowledge (cognitive)
Skills (psychomotor)
Problem Solving & Professional Development
References

The recommended text for OSS 653 is Essentials of General Surgery, Fifth Edition, by Peter F. Lawrence. The reading assignments will prepare the student well for day to day academic challenges on a general surgery rotation as well as the end of service COMAT. Each chapter contains several review questions within the text and a more extensive list can be found within the online resource that accompanies the text.

Many other excellent text are available although some, such as Sabiston’s Textbook of Surgery, are not as realistic of a reading reference for the third year student. The MSU Library has online resources as well, http://lib.msu.edu/health/index/. "Access Surgery” http://libguides.lib.msu.edu/content.php?pid=55911&sid=409107 is recommended. Current Diagnosis & Treatment, SURGERY of the Lange series is suggested as comparable to Essentials of General Surgery. If a reading reference other than Essentials of General Surgery is chosen, the student should include all areas of study as outlined in the reading assignments. “Access Surgery” provides a self-assessment area listed as “Q&A for Clerks”.

Completing the reading assignment cannot be stressed enough to insure a successful rotation. Certainly the surgical attending and residents may provide additional reading assignments specific to the day’s activity but it is unlikely that these assignments will be as inclusive or provide the review questions necessary for exam preparation.
Student Responsibilities and Expectations

Available learning activities will differ from hospital to hospital, both in kind and amount. The following are examples of learning activities you as a student should participate in when they are available at the hospital where you are doing your surgery rotation.

1. READING: Read about the diseases and procedures you see each day. Discuss your reading with the resident and attending for their suggestions and experiences. Read surgical textbooks. *ESSENTIALS of GENERAL SURGERY*, by Peter F. Lawrence is highly recommended, but many excellent texts are available. Review books are meant for review and are not to be used as a study reference. They do not provide the scope of basic information you need to acquire at this level of your training.

2. H&P REVIEW: A major portion of your time will be devoted to conducting patient history and physical examinations. These, in themselves, are excellent learning opportunities. This is your opportunity to actually study the patient and the disease process. They are truly a living textbook. Learning to perform a meaningful H&P is a tremendous step toward becoming an outstanding diagnostician. After completing an H&P, read about the patient’s primary disease process. Learn what questions you may have not asked that would have provided more information. You should make every effort to have your H&Ps reviewed by your supervisor or resident to insure its accuracy and to improve your recording skills.

3. SCRUBBING ON SURGERIES: Depending on the hospital, you will be a member of the surgical team. This is usually based on how many students and residents there are on the surgery service and their policy regarding students scrubbing on cases. If you are aware you will be scrubbing on a surgery, prepare for it by reading and/or discussing it with your supervisor or resident. Read about the disease process involved as well as the anatomy relative to the procedure. Review the basic steps involved with the procedure. Know the more common potential complications, how they present and how they are treated.

4. MORNING REPORT: Morning report programs are directed at providing up-to-date information on topics in various medical and surgical disciplines, as well as updating house staff and attendings on recently admitted patients. If your hospital has a morning report program, you are expected to attend.

5. LECTURES: Lectures on various topics are usually given at noon at least once a week. They are intended to provide up-to-date information on clinical and research findings and techniques in various fields. They may be given by a guest speaker who is an expert on the topic. If your hospital has a mid-day or other regular lecture program, you are expected to attend.
6. **SEMINARS:** Some hospitals offer several-day seminars once or twice a month as a continuing education service to their community. The seminars usually focus on specific diagnostic and management problems or techniques. Your attendance is encouraged.

7. **CONSULTATION:** Depending on the hospital, you will be expected to participate in surgical consults. The specific procedure for students doing and presenting consults differs from hospital to hospital. Be aware of the procedure for doing and presenting consults at your hospital. Be available to participate in consults. If you know you are going to be doing a consult, prepare for it by reading and/or discussing it with your supervisor or an Intern or Resident on your service.
<table>
<thead>
<tr>
<th>Requirements</th>
<th>Submission Method</th>
<th>Due Date</th>
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</thead>
<tbody>
<tr>
<td>Clinical Evaluation by the Attending Faculty</td>
<td>See Page 23 of Syllabi</td>
<td>Within 90 days of the completion of the rotation.</td>
</tr>
<tr>
<td>Student Evaluation of the Rotation</td>
<td>See Page 23 of Syllabi</td>
<td>Within 90 days of the completion of the rotation.</td>
</tr>
<tr>
<td>Checklist of Procedures - Please keep a copy for your records - Partially completed checklists WILL NOT be accepted.</td>
<td>Completed via MyChecklists online system</td>
<td>Within 90 days of the completion of the rotation.</td>
</tr>
<tr>
<td>COMAT Examination</td>
<td>See Page 18 of Syllabi</td>
<td>To be taken the last Friday of the rotation.</td>
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</table>
Required Surgical Procedures to be Performed by Student

Name ___________________________________ Hospital ________________________________
Print Name

Rotation Dates _________________________________________________________________
Print Dates

For this log to be accepted, all requested information - including date of procedure, supervisor’s last name and contact information, and role - must be included for each entry. Additionally, the check box at the bottom of the log must be checked and your attending’s name must be provided in the appropriate space.

By the end of the clerkship, the student is expected to have satisfactorily performed, at least once, those skills and procedures listed on the Skills Checklist below. The student is expected to understand the indications and contraindications, as well as the technique.

<table>
<thead>
<tr>
<th>Date the Procedure was completed</th>
<th>Required Surgical Procedures to be Performed by Student</th>
<th>Role (Observed, Assisted, or Performed)</th>
<th>Print Supervisor’s Last Name and Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Perform physical examination of acute Abdomen.</td>
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<tr>
<td></td>
<td>Suture/Staple skin incision.</td>
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<td></td>
<td>Peripheral IV Insertion</td>
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<tr>
<td></td>
<td>Nasogastric Tube Insertion</td>
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<td></td>
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<tr>
<td></td>
<td>Foley Catheter Insertion</td>
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<td></td>
<td>Patient Teaching, Incentive Spirometry, Drain Care, etc.</td>
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By checking this box, I certify that the information provided on this log sheet is accurate and truthful and has been reviewed and approved by my attending. I understand that the University may audit this log sheet at any time to verify its validity.

My attending’s name is:

__________________________________________
Print Name
Rotation Corrective Action Process

<table>
<thead>
<tr>
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</tbody>
</table>

This is the students’ responsibility to ensure that the reports are submitted and complete within the time specified in the above table.

If the above mentioned requirements are NOT completed the student will:

- The Student will need to schedule another 4 week General Surgery Rotation, OSS 653 through the COM Registrar’s Office

- Both rotations will required COMAT Exam, Checklist and Evaluations be turned in and complete for a passing grade to be issued. Partially completed requirements will not be accepted.

- The student will need to meet with the Course Coordinator after the Rotation is scheduled but BEFORE it begins to discuss the Corrective Action Process.
General Surgery (CORE) Exam Information

The Blueprint of the exam can be found on the NBOME web site, [http://www.nbome.org/](http://www.nbome.org/).

EXAM PREPARATION

The Surgery – Comprehensive Osteopathic Medical Achievement Test (COMAT), as developed and managed by the National Board of Osteopathic Medical Examiners, is a nationally standardized examination which can provide participating COM’s and students with an educational equivalency assessment. It was developed by osteopathic surgeons with the intent to evaluate the knowledge of a third year student after the general surgery CORE rotation.

Content outlines and assessment objectives as well as a practice exam can be found there as well. An explanation of score reporting is also discussed.

MSUCOM students are required to take the Surgery- COMAT upon completion of their rotation. MSUCOM does not use a cut score to pass the rotation, however students who score more than one standard deviation below the national mean will be notified. These students should be aware of their poor performance and that unless they take steps to improve their knowledge in this area, they can expect to perform comparatively in this area on their COMLEX Level 3. Please note that the DME’s of the Base Hospitals will be notified of your score on this exam. Also note, some residency programs will begin asking for your results on the COMAT Exams to be submitted with your application to their programs.

The Surgery – COMAT covers a broad area of surgical knowledge. It is quite unlikely that a student would be exposed to such a broad scope of practice in a typical four week rotation. For this reason, the reading assignments as outlined in this syllabus are crucial in the preparation for this examination as well as a reference for reading assignments during the rotation. Learning this material is an active process and simply being present during the rotation will not suffice.

EXAM ADMINISTRATION

THE General Surgery NBOME COMAT EXAM: All students are required to take the NBOME subject COMAT examination in General Surgery in order to receive a “Pass” grade for this rotation. Students must take the General Surgery exam on the on the last Friday of the rotation. For exam dates/times, please refer to the COMAT Exam Schedule on the Academic Programs website at: [http://com.msu.edu/AP/clerkship_program/top_page_links_clerkship/comat_exam_protocol.htm](http://com.msu.edu/AP/clerkship_program/top_page_links_clerkship/comat_exam_protocol.htm).

The exam is offered on the Michigan State University campus, the DMC, and Macomb University Center. Western Michigan University School of Medicine, Mercy General, Munson Medical Center, McLaren Bay Regional Medical Center, and Lakeland Healthcare will administer exams only for students based at their hospital. The exams are 2½ hours in length and contain 125 questions.
Additional information is available at [http://com.msu.edu/AP/clerkship_program/syllabus/core_syllabus/comat_exam_protocol_2013.10.01.pdf](http://com.msu.edu/AP/clerkship_program/syllabus/core_syllabus/comat_exam_protocol_2013.10.01.pdf). Contact Ms. Evita Gilbert (517-432-5423 / gilber10@msu.edu) with questions.

**EXAM SCORING**

The NBOME sends scores two- three weeks after the exam. E-mail notification is sent to the class when the scores have been entered on the student’s individual clerkship schedule.

COMAT exam scores reported by the NBOME are reported as standard scores.

The respective departmental chairs and course faculty will evaluate individual student performance on the online COMAT examination relative to overall performance of the national cohort. Students identified as scoring below the 20th percentile on a COMAT exam will be notified by the respective department.

The exams are offered as an opportunity to prepare for the NBOME licensure exam. Students performing poorly may anticipate similar results and possible failure of their licensure exam. Further study and review is encouraged.

**EXAM ATTENDANCE**

Recognizing that the college’s current resources for the administration of online exams are limited, students will be asked to commit to a specific exam location and scheduled exam time substantially before the scheduled exam date. Due to the substantial teamwork that is needed to scheduling COMAT exams among college and NBOME staff, students cannot make late, last minute changes in these schedules.
Base Hospital Requirements

(To be defined and evaluated by individual hospitals)
Special Considerations

SKILLS

By the end of the clerkship, the student is expected to have satisfactorily performed, at least once, those skills and procedures listed on the Skills Checklist attached to this syllabus. The student is expected to understand the indications and contraindications, as well as the technique.

Skills listed on the checklist include:

- Perform physical examination of acute abdomen
- Suture/staple skin incision
- Peripheral IV insertion
- Nasogastric tube insertion
- Foley catheter insertion
- Patient teaching, incentive spirometry, drain care, etc.

If these procedures are not completed and documented during the General Surgery Rotation, the student will receive an “ET” grade which will stand until the Checklist is completed and approved by the Course Coordinator. The student has 90 days following the last day of the rotation to submit a completed Checklist. A student who does not submit a completed and approved Checklist within 90 days will receive an “N” grade and must re-take the rotation.
General Surgery Core Competencies/Learning Modules

By the end of the clerkship, given a patient scenario in a hospital/clinical setting, students should be able to do the following with accuracy:

A. Acute Abdomen
   Sabiston Textbook of Surgery (S)

   SPECIFIC LEARNING OBJECTIVES
   1. Discuss the history and physical exam of the abdomen.
   2. Analyze the more common causes of an acute abdomen.
   3. Compare and contrast the relationship of location and etiology of abdominal pain.

   BASIC SCIENCE LINKS
   1. Anatomy
   2. Physiology

   OPC SKILLS REVIEW
   1. Abdomen Exam

   LABS and OTHER ACTIVITIES

   1. MSU Libraries
      a. Access Surgery
         i. Exploring Essential Surgery
            1. The Surgical History
            2. The Surgical Examination
            3. Examination of the Abdomen
   2. Topic Review Questions at the end of the chapter
   3. On-Line Review Questions

B. Fluids and Electrolytes
   Chapter 2 (L) Fluids, Electrolytes and Acid-Base Balance

   SPECIFIC LEARNING OBJECTIVES
   1. Identify normal electrolyte and pH values.
   2. Discuss sources of operative and postoperative fluid losses and replacement.
   3. Analyze the presentation and evaluation of Syndrome of Inappropriate Secretion of ADH and electrolyte imbalance and discuss treatments.
   4. Compare presentation, diagnosis and treatment of Acid-Base Imbalance.
BASIC SCIENCE LINKS
  Physiology

LABS and OTHER ACTIVITIES
  1. Topic Review Questions at the end of the chapter: Chapter 2 (L) Fluids, Electrolytes and Acid-Base Balance
  2. On-Line Review Questions

C. Nutritional Support
  Chapter 3 (L) Nutrition
  SPECIFIC LEARNING OBJECTIVES
  1. Discuss the assessment of nutritional status and basic nutritional needs.
  2. Discuss indications and techniques of nutritional support.

LABS and OTHER ACTIVITIES
  1. Topic Review Questions at the end of the chapter: Chapter 3 (L) Nutrition
  2. On-Line Review Questions

D. Postoperative Complications
  Chapter 1 (L) Perioperative Evaluation and Management of Surgical Patients
  SPECIFIC LEARNING OBJECTIVES
  1. Discuss common postoperative complications:
     a. Fever
     b. Atelectasis
     c. Wound Failure
     d. Site infection
  2. Analyze the various etiology, presentation, evaluation and treatment of malignant hyperthermia.

LABS and OTHER ACTIVITIES
  1. Topic Review Questions at the end of the chapter: Chapter 1 Perioperative Evaluation and Management of Surgical Patients
  2. On-Line Review Questions
E. Coagulation and Transfusion
Chapter 4 (L) Surgical Bleeding: Bleeding Disorders, Hypercoagulable States, and Replacement Therapy in the Surgical Patient

SPECIFIC LEARNING OBJECTIVES
1. Be able to diagram and explain the coagulation pathways.
2. Discuss the evaluation of bleeding and clotting disorders.
3. Discuss the evaluation and treatment of a bleeding patient.

BASIC SCIENCE LINKS
Physiology

LABS and OTHER ACTIVITIES
1. Topic Review Questions at the end of the chapter: Chapter 4, Surgical Bleeding: Bleeding Disorders, Hypercoagulable States, and Replacement Therapy in the Surgical Patient
2. On-Line Review Questions

F. Shock
Chapter 6 (L) Surgery Critical Care

SPECIFIC LEARNING OBJECTIVES
1. Describe the primary mechanisms of shock and their etiology.
2. Discuss the evaluation and treatment of the primary mechanisms of shock.

BASIC SCIENCE LINKS
Physiology

OPC SKILLS REVIEW
Vital Skills

G. Wounds and Wound Healing
Chapter 7 (L) Wound Healing

SPECIFIC LEARNING OBJECTIVES
1. Discuss the process of wound healing
3. Distinguish between the types and treatments of skin ulcers.
4. Compare and contrast the various types of suture material and their advantages and disadvantages.
5. Compare and contrast the various types of local anesthetics and their dosages.
6. Discuss the process of wound healing.
BASIC SCIENCE LINKS
Histology/Physiology

H. Antibiotic Therapy
   Chapter 8 (L) Surgical Infections

SPECIFIC LEARNING OBJECTIVES
1. Analyze the difference between prophylactic use and the treatment of infection.
2. Discuss the bacteriology of common surgical infections.

BASIC SCIENCE LINKS
Microbiology/Pharmacology

I. Trauma
   Chapter 9 (L) Trauma

SPECIFIC LEARNING OBJECTIVES
1. Rank the steps and priorities of evaluating a patient with multiple injuries.
2. Discuss the Glasgow Coma Scale.

OPC SKILLS REVIEW
Physical Exam

J. Burns
   Chapter 10 (L) Burns

SPECIFIC LEARNING OBJECTIVES
1. Classify the various depths of burn injuries.
2. Discuss the principles of burn care including fluid replacement.
3. Be able to calculate Body Surface Area.
4. Discuss the types of treatment of inhalation injury.

BASIC SCIENCE LINKS
Anatomy/Histology/Physiology

K. Hernia
   Chapter 11 (L) Abdominal Wall, Including Hernia

SPECIFIC LEARNING OBJECTIVES
1. Discuss the layers of the abdominal wall and assess how they pertain to abdominal wall hernias.
2. Distinguish between the various types of abdominal wall hernias and their repairs.
L. Esophagus
   Chapter 12 (L) Esophagus

SPECIFIC LEARNING OBJECTIVES
   1. Differentiate the anatomy and physiology of the esophagus relative to its functional disorders.
   2. Compare and contrast between the different types and treatments of benign and malignant esophageal neoplasms.

M. Peptic Ulcer Disease
   Chapter 13 (L) Stomach and Duodenum

SPECIFIC LEARNING OBJECTIVES
   1. Discuss the physiology of gastric acid production.
   2. Explain the various complications of peptic ulcer disease.

N. Small Bowel and Appendix
   Chapter 14 (L) Small Intestine and Appendix

SPECIFIC LEARNING OBJECTIVES
   1. Discuss Meckel’s diverticulum and its indications for resection.
   2. Discuss the presentation and evaluation of appendicitis.
   3. Compare and contrast the benign and malignant lesions of the small bowel and appendix.
   4. Discuss the presentation, evaluation and etiology of small bowel obstruction.

OPC SKILLS REVIEW
   Abdominal Exam
O. Colon and Rectum
   Chapter 15 (L) Colon, Rectum and Anus

   SPECIFIC LEARNING OBJECTIVES
   1. Discuss the anatomy of the colon to include its divisions, arterial and lymphatic supply.
   2. Compare inflammatory bowel disease and its complications.
   3. Analyze possible complications and treatment of diverticular disease.
   4. Discuss the etiology and evaluation of transrectal bleeding.
   5. Analyze the various premalignant conditions of the colon.
   6. Discuss the staging and metastatic pattern of colon cancer.
   7. Discuss the evaluation and treatment of hemorrhoids and perirectal abscesses.
   8. Discuss the staging and treating of rectal cancer.

   BASIC SCIENCE LINKS
   Anatomy/Microbiology/Histology/Physiology

P. Gall Bladder
   Chapter 16 (L) Biliary Tract

   SPECIFIC LEARNING OBJECTIVES
   1. Analyze the anatomic structures associated with the gall bladder.
   2. Assess the presentation and evaluation of cholecystitis.
   3. Discuss the bacteriology of acute cholecystitis.
   4. Discuss cholelithiasis and its possible complications.

   BASIC SCIENCE LINKS
   Microbiology/Physiology

Q. Pancreas
   Chapter 17 (L) Pancreas

   SPECIFIC LEARNING OBJECTIVES
   1. Discuss the presentation, etiology and evaluation of pancreatitis.
   2. Discuss the difference between acute and chronic pancreatitis.
   3. Discuss the complications of pancreatitis.
   4. Discuss the presentation, evaluation and treatment of pancreatic cancer.

   BASIC SCIENCE LINKS
   Physiology/Anatomy/Histology
R. Liver

Chapter 18 (L) Liver

SPECIFIC LEARNING OBJECTIVES
1. Distinguish between and describe the three common benign tumors of the liver and their treatments.
2. Describe the various acute and chronic forms of hepatitis.
3. Explain the testing guidelines for the various types of hepatitis.
4. Discuss the difference in presentation of primary and metastatic liver cancer.

BASIC SCIENCE LINKS
Histology

S. Breast Tumors

Chapter 19 (L) Breast

SPECIFIC LEARNING OBJECTIVES
1. Categorize the more common forms of benign and malignant breast disease.
2. Demonstrate the evaluation of a breast mass.
3. Discuss the staging of breast cancer and the signs of advanced disease.

BASIC SCIENCE LINKS
Histology

OPC SKILLS REVIEW
Breast Exam

T. Surgical Endocrinology

Chapter 20 (L) Surgical Endocrinology

SPECIFIC LEARNING OBJECTIVES
1. Analyze the relationship anatomy of the thyroid gland.
2. Discuss the physiology of the thyroid and its functional abnormalities.
3. Categorize the benign and malignant forms of thyroid nodules.
4. Discuss the evaluation of a thyroid nodule.
5. Discuss the function of the adrenal glands.
6. Discuss the presentation of benign and malignant adrenal tumors.

BASIC SCIENCE LINKS
Anatomy/Physiology/Histology

OPC SKILLS REVIEW
Thyroid Exam
U. Spleen

Chapter 21 (L) Spleen and Lymph Nodes

SPECIFIC LEARNING OBJECTIVES
1. Discuss the examination of the spleen.
2. Discuss etiology and treatment of splenomegaly.
3. Discuss the effect of splenectomy on the immune status of children and adults.

BASIC SCIENCE LINKS
Anatomy

OPC SKILLS REVIEW
Abdominal Exam

V. Skin Cancer

Chapter 24 (L) Surgical Oncology: Malignancy of the Skin and Soft Tissue

SPECIFIC LEARNING OBJECTIVES
8. Discuss the presentation and treatment of the three most common skin cancers.
9. Discuss the staging of malignant melanoma.

BASIC SCIENCE LINKS
Histology

OPC SKILLS REVIEW
Physical Exam
MSU College of Osteopathic Medicine Standard Policies

The following are the standard MSUCOM policies students must adhere to across rotations.

ATTENDANCE POLICY

Attendance at all scheduled Clerkship activities is mandatory.

If a student is unable to be present for a scheduled clerkship activity because of extenuating circumstances, the student is required to complete a Clerkship Excused Absence Request form. In all cases except for emergencies or sudden illness, requests for scheduled absences are to be submitted at least 30 days prior to the date(s) of absence. Absences are not approved until the form is completed with all required signatures. Once approved, the student is required to notify their preceptor of their absence within 24 hours. Failure to complete this form or obtain required signatures will result in an unexcused absence from the rotation. Unexcused absences are considered unprofessional behavior and could be noted as a mark of unprofessionalism on the student’s performance evaluation, and may lead to failure of the rotation.

An absence request for the first or last day of the rotation will be denied. All absences (excused or unexcused) must be made up as specified on the Excused Absence Form as outlined under the conditions of approval. Makeup experience will be determined by the Director of Medical Education and may include additional clinical day(s) or written assignment(s).

If a student has an emergency or sudden illness they should immediately notify the Director of Medical Education and rotation preceptor. The excused absence request form must be submitted to the Medical Education Office within 24 hours of the original emergency or sudden illness notification.

IMPORTANT NOTE: The only exception to this attendance policy is Emergency Medicine, where attendance is based on a shift schedule assigned by the hospital. Please refer to the Emergency Medicine “Introduction and Overview” for more information.

STATEMENT OF PROFESSIONALISM

Principles of professionalism are not rules that specify behaviors, but guidelines that provide direction in identifying appropriate conduct. These principles include the safety and welfare of patients, competence in knowledge and skills, responsibility for consequences of actions, professional communication, confidentiality, and lifelong learning for maintenance of professional skills and judgments. Professionalism and professional ethics are terms that signify certain scholastic, interpersonal and behavioral expectations. Among the characteristics included in this context are the knowledge, competence, demeanor, attitude, appearance, mannerisms, integrity and morals displayed by the student to faculty, peers, patients and colleagues in other health care professions. Students are expected to conduct themselves at all times in a professional manner and to exhibit characteristics of a professional student.

STUDENTS RIGHTS AND RESPONSIBILITIES

Each individual student is responsible for their behavior and is expected to maintain standards of academic honesty. Students share the responsibility with faculty for creating an environment that supports academic honesty and principles of professionalism. Proper relationship between faculty and student are fundamental to the college's function and this should be built on mutual respect and understanding together with shared dedication to the education process. It is a fundamental belief that each student is worthy of trust and that each student has the right to live in an academic environment that is free of injustice caused by dishonesty. While students have an obligation to assist their fellow students in meeting the common goals of their education, students have an equal obligation to maintain the highest standards of personal integrity.

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FACULTY RESPONSIBILITIES

It is the responsibility of the attending clinical faculty to:
1) Provide feedback during rotation
2) Enforce the 60 hour work week
3) Treat students fairly and professionally

COURSE GRADES

- **P-Pass** – means that credit is granted and that the student achieved a level of performance judged to be satisfactory according to didactic and clinical performance by the department.
- **N-No Grade** – means that no credit is granted and that the student did not achieve a level of performance judged to be satisfactory according to didactic and clinical performance by the department.
- **ET-Extended Grade** – means that a final grade (“Pass” or “No Grade”) cannot be determined due to one or more missing course requirements. In Years 3 and 4, the ET grade is used instead of an “Incomplete (I)” grade. Once all course requirements have been completed, received, and processed, the ET grade will be changed to a final grade. An “ET” will NOT remain on a student’s transcript.

ROTATION EVALUATIONS

| **Attending/Faculty/ Resident Evaluation of Student** | Students are responsible for assuring that his/her clinical supervisor receive the appropriate evaluation form. Forms can be found in [insert location of evaluations in D2L] or in the individual D2L Rotation Course. Students should assertively seek feedback on his/her performance throughout the course of the clinical rotation. Students should also sit down and discuss the formal evaluation with the clinical supervisor. Note that the clinical supervisor and the DME from the rotation hospital are required to sign the form. Students should keep a copy of the evaluation and leave the original with the Medical Education Office at the clinical training site where that office will review, sign, and forward the completed form to the Office of Student Services. It is important to know that evaluations will not be accepted by the Office of Student Services if submitted by the student. Any evidence of tampering or modification while in the possession of the student will be considered “unprofessional behavior” resulting in an “N” grade and review by the Committee on Student Evaluation (COSE) and/or the College Heading Committee. Grades are held until all rotation requirements, including evaluation forms are received. Be sure you are using the correct form. |
| **Student Evaluation of Rotation** | Students will submit their rotation evaluations electronically at the conclusion of every rotation by accessing their online schedule through Kobiljak. |
EXPOSURE INCIDENTS PROTOCOL

A form has been developed by the University to report exposure incidents. These forms will be on file in your DME's office. You can also access the form at www.com.msu.edu/AP/clerkship_program/clerkship_documents/exposure.pdf. Please make yourself familiar with the procedure and the form.