DEPARTMENT OF SURGERY
College of Medicine-Philippine General Hospital
University of the Philippines Manila

LEARNING UNIT VI
Integrated Clinical Clerkship II in Surgery (Surg 251)
AY 2021-2022

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1. DESCRIPTION OF UNIT OF INSTRUCTION

Learning Unit VI is equivalent to the 4th year of Medicine Proper. During this time, the students who have been previously exposed to Surgery in Learning Unit IV and V will be involved in direct participatory inpatient and urgent surgical care with supervision. But due to the SARS 2 pandemic, the 4-week course will be divided into two separate rotations. Two weeks of online activities (1st semester) and another two weeks of clinical rotation (2nd semester). During the 2nd semester, students will have F2F encounter with patients with their assigned teams. Each rotation in Surgery shall consist of about 20-21 Learning Unit VI students at a time. Each group will have at least 2 weeks of Clinical Clerkship in General Surgery including Trauma Surgery. The consultants in the different services shall be actively involved in the teaching of Learning Unit VI students rotating in their respective services.

2. DESCRIPTION OF THE COURSE

2.1 Course Title

Surg 251: Integrated Clinical Clerkship II in Surgery
(Supervised participatory inpatient care in General Surgery)

2.2 General Objective

To provide an avenue for the students to apply their knowledge of the pathophysiology of the common surgical disorders and the principles of diagnosis and management, in the actual care of patients under supervision of consultants or residents

2.3 Specific Objectives

At the end of the course, the students are expected to:

2.3.1. Cognitive

2.3.1.1 Integrate the pathophysiology of the patient's disease to the history and physical examination findings to arrive at a clinical diagnosis and differentials of common surgical disorders and surgical emergencies
- 2.3.1.1.1 Obtain a complete medical history
- 2.3.1.1.2 Perform a complete physical examination
- 2.3.1.1.3 Formulate a correct clinical diagnosis
- 2.3.1.1.4 List a number of differential diagnoses and justify each

2.3.1.2 Propose a diagnostic plan for common surgical disorders and surgical emergencies
- 2.3.1.2.1 Outline a logical diagnostic plan
- 2.3.1.2.2 Advise relatives on how to collect and send specimens
- 2.3.1.2.3 Interpret results of diagnostic examinations

2.3.1.3 Propose a therapeutic plan (surgical and medical) for common surgical disorders and surgical emergencies

- 2.3.1.3.1 Refer patients with surgical disorders that need the attention of a surgical specialist
- 2.3.1.3.2 Formulate a surgical plan to address the surgical condition
- 2.3.1.3.3 Incorporate the appropriate medical management in the therapeutic plan
- 2.3.1.3.4 Describe how a specific surgical procedure is done
- 2.3.1.3.5 Identify the benefits and risks of a specific surgical procedure
- 2.3.1.3.6 Public health lecture in the prevention or early detection of common surgical diseases

2.3.1.4 Apply the basic surgical principles in the pre-operative and post-operative care of actual patients

- 2.3.1.4.1 Relate theoretical knowledge to actual patient care
  - 2.3.1.4.1.1 Fluid and electrolyte therapy and acid-base balance
  - 2.3.1.4.1.2 Surgical infections
  - 2.3.1.4.1.3 Perioperative analgesia and sedation
  - 2.3.1.4.1.4 Perioperative complications
  - 2.3.1.4.1.5 Nutritional support
  - 2.3.1.4.1.6 Wound healing, wound care and its complications
- 2.3.1.4.2 Formulate a management plan during the course of the patient's stay in the hospital

2.3.1.5 Effectively communicate to a patient and his relatives the clinical situation and the need for diagnostic and therapeutic measures

- 2.3.1.5.1 Explain to the patient and his relatives the surgical condition and the psychosocial issues related to it
- 2.3.1.5.2 Enumerate and describe the appropriate diagnostic work up needed to arrive at a correct diagnosis
- 2.3.1.5.3 Explain in simple terms the therapeutic plan

2.3.1.6 Organize relevant medical information in an electronic data record

- 2.3.1.6.1 Fill in the clinical abstract, physical examination findings, diagnosis and plan of patients assigned to them in the wards
- 2.3.1.6.2 Update the information (laboratory and diagnostic exams, new problems and developments and subsequent plan) relevant to the patient's course in the wards

2.3.2 Psychomotor

2.3.2.1 Assist (observation during this pandemic) in the performance of operations both medium and major

2.3.2.1.1 Thyroidectomy
2.3.2.1.2 Mastectomy
2.3.2.1.3 Colon or Rectal surgery
2.3.2.1.4 Cholecystectomy
2.3.2.1.5 Bile duct exploration
2.3.2.1.6 Appendectomy
2.3.2.1.7 Hernia surgery
2.3.2.1.8 Closed tube thoracostomy
2.3.2.1.9 Laparotomy for trauma

2.3.2.2 Properly perform procedures with the supervision of a consultant or a resident

2.3.2.2.1 Digital rectal examination
2.3.2.2.2 Nasogastric tube insertion
2.3.2.2.3 Foley catheter insertion

2.3.2.3 Perform or participate in the following surgical procedures with the supervision of either a consultant or resident

2.3.2.3.1 Hand scrubbing, gloving, gowning
2.3.2.3.2 Suturing of simple lacerations
2.3.2.3.3 Wound care and dressing
2.3.2.3.4 Knot tying

2.3.3 Affective

2.3.3.1 Appreciate the performance of major surgical elective and emergency operations

2.3.3.2 Realize one's limitation and the need for seeking advice and consultation whenever necessary

2.3.3.3 Develop the desire for self-improvement

2.4 List of Must Know Topics

2.4.1 General Surgery Diseases

2.4.1.1 Thyroid Cancer
2.4.1.2 Benign thyroid diseases
2.4.1.3 Breast Cancer
2.4.1.4 Benign breast diseases
2.4.1.5 Soft tissue sarcoma
2.4.1.6 Gastrointestinal malignancies

2.4.1.6.1 Colonic Cancer
2.4.1.6.2 Rectal Cancer
2.4.1.6.3 Gastric and Esophageal Cancer
2.4.1.6.4 Hepatocellular and Pancreatic Cancer

2.4.1.7 Benign anorectal diseases
2.4.1.8 Diverticulitis
2.4.1.9 Cholecystitis, Cholelithiasis, and Choledocholithaisis
2.4.1.10 Abdominal wall and groin hernia

2.4.2 Must Know Acute Care Surgery Diseases
2.4.2.1 Acute appendicitis
2.4.2.2 Perforated peptic ulcer
2.4.2.3 Partial/Complete Gut Obstruction
2.4.2.4 Incarcerated/Strangulated hernia
2.4.2.5 Gastrointestinal bleeding
2.4.2.6 Acute cholecystitis
2.4.2.7 Cholangitis
2.4.2.8 Tension pneumothorax
2.4.2.9 Cardiac tamponade
2.4.2.10 Massive hemothorax
2.4.2.11 Blunt chest and abdominal injuries
2.4.2.12 Penetrating abdominal injury

2.5 Strategies

2.5.1 For the 1st Semester, a group of 20-21 LU VI students will be divided into 2 groups with 1 consultant handling each group. Paper cases will be given (SGDs), online videos of common surgical procedures will be posted with corresponding quiz per procedure, students are expected to read on must know topics during this time. And if the Covid situation in the country will permit F2F rotation, then we will proceed to 2.5.2

2.5.2 For the 2nd semester, the same group of LU VI students rotate in Surgery for 2 weeks in the general surgery (including Trauma service). Divided into 4 subgroups, each subgroup will be assigned to one of the four Divisions of General Surgery for a period of 1 week. Actual patient will be given (SGDs) , face-to-face or online zoom meeting will be the mode of interaction whichever is feasible during the rotation. Students will assist or observe in different operations if the situation will allow it. Online videos of common surgical procedures will be posted with corresponding quiz per procedure during this time.

2.6 Learning Activities

2.6.1 1st semester Online learning activities
2.6.1.1 Study / Read on must know topics in General Surgery
2.6.1.2 SGD / zoom meeting with preceptor (2 cases in 2 weeks)
2.6.1.3 Videos of common surgical procedures with quiz per procedure
2.6.1.4 Videos of proper donning of Operating Room attire, basic wound care and NGT/Foley catheter insertion

2.6.1.5 Preparation of Public Health Lecture (PHL) per group to be presented in ward during the 2nd semester once with face to face encounter

2.6.2 2nd Semester GS Service and Trauma Rotations

2.6.2.1 Wards

The students will be rotating in General Surgery (GS) and Trauma services for a period of 2 weeks. The students have to be physically present in the hospital by 6:45AM. They will be asked to sign in an attendance logbook every morning. At the start of the rotation, they will be assigned patients for them to manage under supervision of the vice-chief and/or team captain. Interns and clerks will have a separate decking system. Consequently, a single decking policy of 1 student per patient will be in place**.** Patient allocation will be decided upon by the Vice Chief or the Team Captain with the goal of assigning at least 1 new patient for each student. In cases wherein the service does not have enough patients to distribute among the students, the Team Captain decides, in consultation with the Learning Unit monitors, on the decking of cases.

The students will be actively participating in the diagnosis and management of their patients under the close supervision of the service residents. As such, they will be expected to:

2.6.2.1.1 Do a complete clinical history and physical examination, establish an impression and formulate a diagnostic and treatment plan **for new patients** that will be written as SIC (student-in-charge) admitting notes. This should be incorporated in the chart within 24 hours of the patient's admission.

2.6.2.1.2 Update, on ISIS, and print out the clinical abstract of all old and new patients.

2.6.2.1.3 Accomplish and follow-up results of necessary diagnostic examinations.

2.6.2.1.4 Arrange the chart and lab results properly according to prescribed arrangement.

2.6.2.1.5 Make rounds on their patients **BEFORE** their morning activities and **BEFORE** going home, making sure that orders that involve them, will be carried out or endorsed as needed.

2.6.2.1.6 Present cases and communicate progress during ward rounds and division conferences.

2.6.2.1.7 Read on their cases and make presentations about a case, as assigned by the service consultants or senior residents.

2.6.2.1.8 Assist (if situation will permit) in elective procedures performed on the patients decked to them.

The students are required to join daily rounds conducted by the senior residents of the service, including during Saturdays. They are expected to have read on their cases and may thus be asked questions relevant to the case. Residents are allowed to give reading assignments to the students that will enhance the learning process

2.6.2.2 SGD face-to-face / zoom meeting with preceptor (2 cases in 2 weeks)
2.6.2.3 Videos of common surgical procedures with quiz per procedure

2.6.3 Preceptorials with consultants

The entire block will be divided into two sub-groups, each with 10-11 students. There will be one consultant assigned to one subgroup for the duration of four (4) weeks. Zoom meeting will be held once a week with a total of 4 sessions for the entire rotation. The resident monitor will coordinate the schedule with the consultant and the student monitor for each group.

2.6.3.1 Bedside Rounds (if situation permits)

For the bedside rounds, each student will present at least 1 case that is decked to him/her (preferably a pre-operative case) using the SOAP (Subjective, Objective, Assessment, Plan) format. The preceptor may ask questions/and or discuss relevant issues regarding the diagnosis, work-up and management of the case.

2.6.3.2 Small Group Discussions

For small group discussion, the students will be assigned a case per week from the different GS divisions, which they will discuss among themselves with the preceptor. Each individual student will have to submit a written report (Thurs 12nn) before the day of preceptorship.

Discussions should center on the following:
(for 1st semester, just answer the guide questions)
(for 2nd semester with F2F)

2.6.3.2.1 Pertinent history and focused physical examination
2.6.3.2.2 Appropriate diagnostic plan to arrive at a diagnosis
2.6.3.2.3 Differential diagnoses and ways to rule out or rule in diagnosis
2.6.3.2.4 Proposed management plan
2.6.3.2.5 Description of the surgical procedures applicable for the case at hand with knowledge of its benefits and risks

2.6.4 Conferences (for 1st Semester)

The students are encouraged to attend the Departmental and Divisional Conferences if with good internet connection thru Zoom during the 1st semester but are required to attend during the 2nd semester once F2F activities are allowed.

However, they will be excused from Business Meetings and activities conflicting with the schedules of lateral subjects.

Department Staff Conference	Wednesdays	7-9am	
Surgical Oncology Division Conference	Wednesdays	6-8pm	
Colorectal Division Conference	Wednesday	9-12	
Colorectal Cancer Multi-disciplnary Team Conference	Thursdays	8am	
Hepatobiliary Conference	Fridays	3-5 pm	
Trauma Service Conference	Fridays	3-5 pm	Not regularly meeting

2.7 Schedule of Activities (regular schedule for 2nd semester)

	GS I	GS 2	GS 3	Trauma
Outpatient Clinics	**Breast Clinic: Mon-Tue-Thu-Fri 9am-4pm Cancer Institute, Breast Care Center Head & Neck: Tuesday, 1 pm 2CO6)**	**Monday & Thursday 1pm (2CO4)**	**Monday & Thursday 1pm (2CO5)**	**Wednesday 7 am (2CO5)**
	GS Clinic: Thursday, 1 pm (2CO6) Surgical Oncology: Friday, 1 pm Cancer Institute 110			
Conference	**Wednesday 3-5 pm GS 1 Office**	**Wednesday 8-12 pm GS 2 Office Thursday 7:30-8:30 Cl Activity rm**	**Wednesday 3 -5 pm GS 3 Office HBT MDC monthly**	**Friday 1-5 pm Trauma Conf. Room**
Elective Surgery	**Mon, Tue, Thu, Fri 6 am onwards**	**Tue,Thu, Fri 6am onwards**	**Tue, Fri, 6am onwards**	**NA**
Major OR OPD	**Tuesday, 7am**	**Monday, 7am**	**Thursday 7am**	**NA**

3. ATTENDANCE (2ND SEMESTER)

The students should report during weekdays at 645 am to 4 pm and 8 am to 12 pm during weekends and holidays. There will be a logbook at **Chairman's Office** in which they should sign in daily. A student is considered late if he/she signs in 15 minutes beyond the time prescribed. Three lates will be equivalent to 1 absent. The student is required to submit a letter explaining his tardiness addressed to the LEARNING UNIT Professor-in-Charge. All absences should have a letter of explanation addressed to the same. Make-up duties are decided accordingly.

4. EVALUATION

4.1 Evaluation of students

The evaluation tools that will be used to evaluate the performance of clinical clerks are written examinations, clinical performance (residents evaluation, patient feedback, peer evaluation, OR assist log, procedure log and preceptorial grade (SGD and bedside rounds) and attendance.

4.1.1 **Written Examination**

4.1.1.1 Quizzes

4.1.1.2 end of rotation exam

4.1.1.3 Comprehensive Examination

4.1.2 **Clinical Performance**

This grade will be based on consultant SGDs, GS team evaluation, patient feedback, peer evaluation, e-porfolio.

Grading System

Written Examination	45%
Quizzes	15%
End of Rotation Examination	20%
Comprehensive Examination	10%
Clinical Performance	50%
Consultant Preceptorials	20%
Team Evaluation (GS residents)	15%
Return Demo Videos /PHL (scrubbing/gowning/gloving/ suturing)	10%
E porfolio (OR assist log / Procedural logs/ videos)	2.5%
Peer evaluation	2.5%
Attendance	5%
Final Grade	**100%**

All grades are submitted in percentage.

Total Raw Score (%)	Grade Equivalent	Adjectival Rating
94 - 100	1.0	Excellent
90 – 93.99	1.25	
86 – 89.99	1.5	Very Good
82 – 85.99	1.75	
78 – 81.99	2.0	Good
74 - 77.99	2.25	
70 – 73.99	2.5	Satisfactory
65 - 69.99	2.75	
60 – 64.99	3.0	Passing
56 – 59.99	4.0	Conditional Failure
< 55.99	5.0	Failure

4.2 Evaluation of Faculty

SET https://forms.gle/Wh7uQWckTNi52rDE7

4.3 Evaluation of Course

CEBS https://forms.gle/Fwe8WrJhy9pMsjNv5

5 UPMVLE

This is the university's learning management system to facilitate distribution of instructional materials and communication between the instructors and the students. You may access this through http://vle.upm.edu.ph /upm.instructure.com . Course materials, evaluation forms, lectures, and reading assignments can be accessed though this site. Communications and course-related announcements may be released through this site through the "forum" section of the course dashboard. Students will gain access to the Surgery 251 course during the period of their rotation.

6 FACULTY

FACULTY STAFF
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Anthony R. Perez, M.D.	-	Executive Chair and Vice Chair for Training
Dennis P. Serrano, M.D.	-	Finance Officer
Ma. Celine Isobel A. Villegas, M.D.	-	Vice Chair for Academic Affairs
Jose Macario V. Faylona, M.D.	-	Vice Chair for Services
Mark Richard C. Kho, M.D.	-	Vice Chair for Flagship Projects
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APPENDIX

Forms Used For Evaluation

1. **Preceptorials Grading Sheet**
2. **Ward /SOD Evaluation Form**
3. **Procedures log**
4. **Operative Time Portfolio**
5. **Patient Feedback Form**
6. **Peer Evaluation Form**
7. **Course Evaluation by Students (CEBS)**
8. **Unified Teacher Evaluation Tool for SGDs (UNITE)**