

**DEPARTMENT OF SURGERY
DEPARTMENT OF OTOLARYNGOLOGY**

**FACULTY/RESIDENT
HANDBOOK**

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SURGICAL EDUCATION

SURGERY CLERKSHIP

A required surgical rotation of 8 weeks is offered to students throughout the 3rd year. Emphasis is placed upon the principles of diagnosis and treatment of common surgical disorders. Half of the block, students rotate on general surgery services. The other half of the block, students are assigned to 3 weeks of a selected specialty and 1 week of required simulation. Each student will complete a Clerkship Lottery form. Student assignments may be made based on results of lottery, dependent on number of students on rotation and available specialties. Students will participate in the preoperative examination and evaluation, assist in surgical procedures, follow the postoperative management, and attend clinics. Student call is supervised by surgical residents. Faculty lecture sessions will be held Monday through Friday. The recommended textbooks are Essentials of General Surgery, 5th edition and Essentials of Surgical Specialties, 3rd edition, both by Lawrence, et al. An optional companion textbook is Surgery: A Competency-based Companion by Barry Mann.

REQUIRED CLINICAL ELECTIVE/SELECTIVES

A selection of 4 week surgical electives/selectives are offered to students who have completed the 3rd year Surgery Clerkship. Most of these electives will meet the 4th year “surgical” and “other” selective requirements for graduation. In addition students who are in the Rural Track program and have completed a 3rd year Rural Track rotation are then eligible to take a 4th year rotation at the same rural track site for selective credit upon approval. These electives/selectives offer the students an in-depth experience with close supervision and provides graded responsibility to prepare them for residency.

CLERKSHIP OBJECTIVES

During completion of the third year surgery clerkship, the medical student will develop an understanding of the care of surgical patients. This understanding will include the following goals:

Professionalism and Attitudes

- Active participation as a member within a surgical team; participation will include maintaining professional relationships among team members, with patients, and among other health care providers while delivering patient centered care.

Knowledge-Base

- As a member of the surgical team, the student will perform a pre-operative assessment and preparation of the surgical patient in both elective and emergent circumstances.
- As a member of the surgical team, the student will describe the physiology of operative interventions, including anesthetic effects, post-operative recovery, influence of complications, and convalescence.
- The student will be exposed to multiple aspects of the profession of surgery, including the surgical specialties and anesthesiology.
- The student will demonstrate general medical knowledge necessary to understand the pathophysiology, presentation, and management of the common surgical diseases.

Clinical Skills

- The student will be instructed in the performance of basic surgical skills, including sterile technique, wound care, and resuscitation.

To meet these goals of the surgery clerkship, the following objectives will be assessed for each student:

Professionalism and Attitudes

- The participation of each student on a general surgery team for four weeks; assessment of performance will be based upon the student's ability in data collection (history, examination, objective data), participation in daily work rounds, presentation of patient information and cases, professionalism, and collaborative efforts with team members.

Health Maintenance and Preventive Care

- The student will evaluate the patients (students are required to perform a observed history and physical exam as part of the Clerkship), participate in the operating room, engage in post-operative care of the patient, and provide discussion of the patient (to include history, physical examination, treatment options and rationales, and pathophysiology).
- Students will observe and potentially participate in the discussion of cancer screenings with patients.

Clinical Skills

- The student will demonstrate basic surgical skills and techniques, universal precautions, OR safety and sterile techniques via laboratories (suture lab, IV/intubation, mock trauma, and a urology lab).

- The student will demonstrate understanding of Laparoscopic procedures and principles during the laparoscopic lab.
- The student will participate in the accurate and complete documentation of patient care to include the preparation of operative notes, post-operative orders, and progress notes.

Knowledge-Base

- Students will be exposed to the breadth of the surgical specialties (including general surgery, minimally invasive surgery, surgical oncology, vascular and cardiothoracic surgery, otolaryngology, plastic surgery, orthopedic surgery, burn, acute care surgery, pediatric surgery, neurological surgery, anesthesia, ophthalmology, and urologic surgery) through patient cases, clinic assignments, lectures, readings, case presentations and clinical rotations.
- The patient encounter experience will provide exposure to the common surgical pathologies, patients with acute abdominal pain of surgical etiology or treatment, surgical vascular diseases, and surgical trauma or critical care. Students will maintain a log of patient encounters.
- The student will evaluate patients (history and examination), participate in the operating room, engage in post-operative care of the patient, and provide discussion of the patient (to include history, physical examination, treatment options and rationales, and pathophysiology).
- Assimilation of the knowledge of the care of the surgical patient and the surgical diseases will be assessed by the NMBE Shelf examination at the end of the rotation.

Rural Track Surgical Experience:

- In addition to the onsite objectives, the medical student will develop an understanding of the care of surgical patients in a rural setting.
- Explore and discover issues relevant to practicing Surgery in a rural community.
 - a. The student will evaluate the patients, participate in the operating room, and engage in post-operative care of patients.
 - b. Provide students with core clinical experiences by working with a qualified surgical preceptor.
 - c. Active participation as a member within the surgical team.
 - d. The student will perform perioperative assessments and preparation of the surgical patient.
 - e. The student will describe the pathophysiology of surgical problems, operative interventions including post-operative recovery, complications, and convalescence.
 - f. The student will demonstrate general medical knowledge to understand presentation and management of common surgical diseases within specialty.
- Afford students the unique opportunity to live and work in a rural community.
 - a. The student will understand the steps taken to care for patients outside of the University setting.
 - b. The student will describe the patient process in a private, rural setting.
 - c. Students will understand the cultural and community relevance and service provided by a rural community surgeon.
- Provide opportunities for service learning through community integration activities.

The Department of Surgery adheres to all policies found in the University of Missouri Health Care Medical Student handbook, <http://som.missouri.edu/>.

Academic honesty is fundamental to the activities and principles of a university. All members of the

academic community must be confident that each person's work is responsibly and honorably acquired, developed and presented. Any effort to gain an advantage not given to all students is dishonest, whether or not the effort is successful. The academic community regards academic dishonesty as an extremely serious matter, with serious consequences, ranging from probation to expulsion. When in doubt about plagiarism, paraphrasing, quoting, or collaboration, consult the instructor.

If you anticipate barriers related to the format or requirements of this course, if you have emergency medical information to share with me, or if you need to make arrangements in case the building must be evacuated, please see me privately after class as soon as possible or at my office as soon as possible.

Office location: MC417 Office Hours: 8:00 – 5:00

If disability related accommodations are necessary (for example, a note taker, extended time on exams, captioning), please register with the Office of Disability Services (<http://disabilityservices.missouri.edu>), S5 Memorial Union, 573- 882-4696, and then notify me within the first week of the block of your eligibility for reasonable accommodations. For other MU resources for students with disabilities, click on "Disability Resources" on the MU homepage.

This sample statement is posted on the web at <http://provost.missouri.edu/faculty/syllabus.html> and at <http://disabilityservices.missouri.edu/faculty/syllabus.php>.

The University community welcomes intellectual diversity and respects student rights. Students who have questions concerning quality of instruction in this class may address concerns to either the Departmental Chair or Divisional leader or Director of the Office of Student Rights and Responsibilities (<http://osrr.missouri.edu/>). All students will have the opportunity to submit an anonymous evaluation of the instructor(s) at the end of the course.

If you have any questions about academic integrity or intellectual pluralism, please feel free to contact Paul Litton (882-6488), Director of the Office of Student Rights and Responsibilities (<http://osrr.missouri.edu/>). For questions about ADA classroom accommodations, please contact the Office of Disability Services at 882-4696.

All students are expected to meet a high level of professional standards. The Department of Surgery expects students to be present and actively engaged in all activities of the clerkship. It is also anticipated that there may be times when there are specific reasons that an absence is necessary, such as illness, death in the family, religious holiday, and attendance to a professional meeting. All absences must be cleared with the Department first. A Request for Absence form must be completed and turned in to the Clerkship Coordinator, Jennifer Doty, R.N. for approval. Students on clerkship are allowed a maximum 5 days off over the course of the rotation. The expectation is that students will not have any absences, except in unusual and specific situations and may be required to make up some or all time missed. Refer to the OME Student Handbook for full policy, <http://somis.umh.edu/src/absencepolicy.shtml>.

Student Mistreatment

The School of Medicine believes that students are entitled to be treated by others (faculty, staff, patients and fellow students) in a professional manner. In order to address possible mistreatment issues that may arise, the School has developed a Student Mistreatment Policy.

Student Mistreatment Policy

This policy encourages medical students who believe they were mistreated by other students, faculty, residents, staff or patients to bring the conduct to the attention of appropriate individuals within the school and/or the university.

Concerning Mistreatment at the University of Missouri:

The University of Missouri System is an Equal Opportunity/Affirmative Action institution and is nondiscriminatory relative to race, religion, color, national origin, sex, sexual orientation, age, disability or status as a Vietnam-era veteran. The University is committed to providing a positive work and learning environment where all individuals are treated fairly and with respect, regardless of their status. The University does not tolerate mistreatment by or of its students, faculty, residents, staff or patients.

The University's formal policy on maintaining a positive work and learning environment can be found at the following address: <http://www.umsystem.edu/ums/departments/gc/rules/personnel/330/080.shtml>

Mistreatment comes in many forms, including but not limited to the following:

- physical abuse sexual abuse
- verbal abuse
- discrimination
- harassment (sexual or otherwise)
- public humiliation intentional
- neglect
- intentional lack of communication
- the assignment of tasks for punishment or in retaliation belittling of a student or their field of choice
- unreasonable or intentional exclusion of a student from an educational opportunity

In our investigations, educational efforts, policies and procedures, the School of Medicine recognizes that, in some instances, the perception of the individual who believes s/he were mistreated and the intent of the other person(s) involved are discrepant. Whatever the circumstance, students who believe they were mistreated are strongly encouraged to bring it to the attention of appropriate school or university officials (see page 14 for contact information).

It is the university's special responsibility to provide a positive climate in which students can learn. The University expects that the School of Medicine will provide educational programs and otherwise direct resources to creative and serious measures designed to improve interpersonal relationships, to help develop healthy attitudes toward different kinds of people, and to foster a climate in which students are treated as individuals rather than as members of a particular category of people. The university specifically prohibits consensual amorous relationships between individuals where one has direct supervisory or evaluative responsibility

Student Mistreatment Continued

for the other (as between, for example, faculty member and student). The university's policy in this regard can be found at the following address: <http://www.umsystem.edu/ums/departments/hr/manual/519.shtml>.

Concerning Mistreatment at the School of Medicine:

The University of Missouri School of Medicine's commitment to the provision of a professional learning environment for our students is made explicit in our Vision Statement for Education in the following words: "Our educational processes promote intellectual curiosity, professionalism and the skills for life long learning." The School's commitment is reiterated in the Foundation Values. The Foundation Values emphasize respect for one's self, for others and for the truth commitment to act ethically, to welcome difference and to engage in an open exchange responsibility in our duty to our patients, colleagues and learners interactions that model the professionalism expected of physicians

The Foundation Values reiterate that prejudice or bias directed against others is not permissible. Prejudice or bias directed toward others, whether based upon race, religion, ethnicity, gender, age or sexual preference, is prohibited by University regulation.

Whom Should You Ask?

Medical students are sometimes reluctant to discuss mistreatment for fear of being identified or even receiving reprisals; yet they often want alleged mistreatment incidents to be investigated. The School does not tolerate retaliation or reprisals against students who bring incidents of possible mistreatment to the attention of faculty and/or school officials.

The mistreatment of students by patients may be particularly painful. Students are strongly encouraged to discuss such incidents with a trusted supervisor, mentor or colleague. A range of school and university resources are available to students who may wish to discuss issues informally and confidentially. Those resources include individual medical school faculty, deans and department chairs, advisors, clerkship directors, preceptors and others. Concerns, problems, questions and complaints may be discussed anonymously and confidentially with the Associate Dean for Student Programs, whose role specifically includes student advocacy and who is available to all enrolled MU medical students.

**The Associate Dean for Student Programs is Laine Young Walker MD Office of
Medical Education (MA215)
Telephone: 573-882-2923
Email: youngwalkerl@missouri.edu**

The same definitions, policies and procedures apply in all sites where University of Missouri School of Medicine students receive education and clinical training under the supervision of university faculty.

Page 14 *University of Missouri School of Medicine Student Handbook (revised August 2010)*
Non-Involvement of Providers of Student Health Services in Student Assessment

“Our accreditation standards require that any health professional who provides health services of any kind to a University of Missouri School of Medicine medical student must have NO involvement in the current or subsequent academic assessment or promotion of the medical student who received or is receiving those services. When a student is assigned to a facilitator, preceptor or service or appears before a committee where such a conflict exists, it is the responsibility of all concerned to bring the conflict to the attention of the course or clerkship director and the Office of Medical Education, in order that an alternative assignment may be made, or action taken that ensures the health care provider concerned is not involved in the assessment or promotion of a particular student. Faculty, residents, students, or other health professionals who have questions about this policy are requested to contact Laine Young Walker MD, Associate Dean for Student Programs (youngwalkerl@missouri.edu; MA215, (573) 882-2923). Dr. Young Walker is also available to answer questions and clarify situations that may appear ambiguous.

SURGERY CLERKSHIP INFORMATION FOR NEW FACULTY

ROTATION ASSIGNMENTS

There are 16-18 students on every 8 week block. Each student will rotate with General Surgery for 4 weeks and with a specialty service for 3 1-week rotations. A lottery will be used for their 4 weeks of general surgery (University, Acute Care Service, VA, or Surgical Oncology), and 3 weeks of specialty (Anesthesia, Burn Unit, Cardiothoracic Surgery, ENT, Neurosurgery, Ophthalmology, Orthopaedic Surgery, Pediatric Surgery, Plastic Surgery, SICU, Urology, Vascular Surgery or night float). Ward performance will be evaluated by the surgical faculty and residents.

STUDENT CALL

Call will be covered each night/weekend by the night float student or assigned student. Each student reports to the resident on call at 5 pm, and works with the resident until 7 am the next day. Weekend call begins at 7 am and lasts for 24 hours. Call is the student's primary exposure to the Emergency Center and to trauma patients.

PATIENT CARE SKILLS

Each student is required to observe and gain competence in the following patient care skills: sterile technique, intravenous cannulation, arterial blood gas interpretation, urethral catheterization, wound dressing changes, suture and staple removal. The following skills labs will be required during the first week of the Clerkship:

- **Skills Lab will review IV lines, intubation and suturing.** The skills are performed in holding areas, operating rooms, patient wards, intensive care units and emergency center, with supervision.
- **A Laparoscopic Lab that reviews laparoscopic procedures**
- **Foley Catheter Lab**

INTEGRATED LEARNING ACTIVITIES THROUGH SIMULATION

- The student will participate in required simulation events
- Mock Trauma is supported by the staff of the Shelden Clinical Simulation Center.

PLOG (PATIENT LOG) ***(Access through Student Portfolio)***

PLOG is an on-line system to be utilized by the student to keep track of patient encounters during the Surgery Clerkship. PLOG is a required activity. Failure to complete the PLOG will result in a failing grade for the clerkship. Entries should be made upon seeing the patient or soon thereafter. This is confidential information. The Nurse Coordinator and the Course Directory will closely follow each student's progress and will help assess progress each week and at mid-block. Random audits of entries will be performed. Falsification of entries will be considered an Honor Code violation and may result in course failure and/or other consequences.

MID-ROTATION FEEDBACK

Each third year clerkship requires you to obtain "mid-rotation" formative feedback, to indicate when this is done in PLOG, and to **submit your completed mid-rotation feedback form** to the course office or Clerkship Coordinator. For your Surgery Clerkship, you should ensure feedback from a preceptor (a faculty member or resident) **at the end of week 2 on the general surgery portion of your rotation**. The purpose is to allow you to act on that feedback before your formal evaluation is completed at the end of week 4 of your general surgery service. You do not need to do a self-assessment of every descriptor on the form, but you should complete the form as it will best benefit you and use it when you have your mid-rotation feedback session. A copy of the form will be given to you at the clerkship orientation. You should turn in your form once completed to the Surgery education office. We encourage you to get feedback mid-week during your specialty week rotations as well, but you do not need to use the feedback form at that time.

WISE-MD CASES

All students are required to complete 4 cases through Wise-MD prior to the completion of the Clerkship. The web address is: <http://www.med-u.org/>.

CONFERENCES

During the academic year, Surgical Grand Rounds are held monthly at 7:00 am. Topics and speakers will be posted. Attendance is **mandatory**. The Department of Surgery offers many other conferences and student participation is encouraged, but not mandatory. Clinic attire is required to be worn at all conferences.

PATIENT CENTERED CARE

Our graduates are able to deliver care that improves the health of individuals and communities. Patient-centered care reflects a respect for individual patient values, preferences, and expressed needs. This care is grounded in the best available evidence and conserves limited resources. It depends on shared decision-making and active patient participation. Our graduates' care will be marked by compassion, empathy and patient advocacy.

A short reflection exercise demonstrating patient centered care will be expected of each student on the Surgery Clerkship.

STUDENT EVALUATION OF FACULTY/RESIDENT/CLERKSHIP

Each student will be required to complete on-line evaluations of the faculty (GS, subspecialty and lectures) and residents (call and service) that they work with during the 8-week rotation, as well as an overall evaluation of the 8 weeks of the clerkship.

In addition, Dr. Kevin Staveley-O'Carroll, Chairman and Dr. Stephen Colbert, Clerkship Director of the Department of Surgery will meet with students at the end of the block to provide a forum for student feedback.

The overall student evaluations of faculty will be reported to each doctor and department chairman for inclusion in their educational dossier/CV. These evaluations can be included in the faculty's promotion and tenure review.

The overall student evaluations of residents are available to residents and to the Department upon request. The evaluations will be reviewed annually for purposes of awarding the Excellence in Teaching Awards.

FACULTY/RESIDENT/STUDENT EDUCATIONAL DEVELOPMENT

Dr. Stephen Colbert, Course Director, Jennifer Doty, R.N., Clinical Nurse Coordinator, and Megan Crane, Student Support Specialist, Sr. will meet with new faculty regarding teaching opportunities and grading/evaluation criteria for the Surgery Clerkship. They are also available to meet with faculty to address any student issues or concerns they may have about the Clerkship.

In addition, Jennifer Doty, R.N. meets with new resident physicians during their Orientation to inform them of the overall structure of the Surgery Clerkship, grading criteria, all rotation schedules and their teaching responsibilities. She is also available to meet with residents to address any student issues or concerns they may have about the Clerkship.

FACULTY DISCUSSION SESSIONS/TOPICS

Faculty didactic sessions are held daily in MC203 or MC401 (**see topics listed below**). The actual schedule will be handed out the first day of the block. Your active participation is expected. If you are scrubbed, ask the operating surgeon if you should leave. Follow his or her guidance regarding the benefit of staying with the case or attending lecture.

Essentials of General Surgery, current edition, Lawrence, et al
Essentials of Surgical Specialties, current edition, Lawrence, et al.

Burn Trauma	Acute Care Surg
Fluid & Electrolyte Balance	Acute Care Surg
Shock	Acute Care Surg
Surgical Critical Care or Vents	Acute Care Surg
Traumatic Abdomen	Acute Care Surg
Wounds Care	Acute Care Surg
Appendicitis	Gen Surg
Pediatric Surgery	Gen Surg
Neurosurgery	Neurosurgery
Children's Orthopaedics	Orthopaedic Surgery
Common Problems in Children's Orthopaedics	Orthopaedic Surgery
Airway Management	Otolaryngology
Facial Plastic & Reconstructive Surgery	Otolaryngology
Otology	Otolaryngology
Multiple Otolaryngology topics	Otolaryngology
Pediatric Airway Management	Otolaryngology
Plastic Surgery	Plastic Surgery
Cleft and Craniofacial Surgery	Plastic Surgery
Reconstructive Surgery	Plastic Surgery
Breast	Surgical Oncology
Endocrine Surgery	Surgical Oncology
Colon-Rectal Cancer	Surgical Oncology
Multi-disciplinary Management of Pancreatic Neoplasms	Surgical Oncology
Multi-disciplinary Management of Colorectal Hepatic Metasis	Surgical Oncology
Transplantation	Urology
Benign Urology	Urology
Robotics	Urology
Urologic Oncology	Urology
Vascular Disease	Vascular Surgery
Vascular Surgery	Vascular Surgery
Aneurysms	Vascular Surgery
Peripheral Artery Disease	Vascular Surgery

REFERENCE TEXTS

Anesthesiology	(1) Clinical Anesthesia, 7 th ed (2) Basics of Anesthesia, 6 th ed.	Barash Lippincott Stoelting & Miller Churchill Livingstone Elsevier
Cardiothoracic Surgery	(1) Cardiac Surgery in the Adult (2) General Thoracic Surgery (3) Comprehensive Surgical Management of Congenital Heart Disease	Cohn, Edmunds, (Available on-line free) Shields Hodder Arnold
General Surgery	(1) Textbook of Surgery, current ed (2) Principles of Surgery, current ed	Sabiston Schwartz
Neurological Surgery	(1) Handbook of Neurosurgery (2) Youman's Neurological Surgery	Greenberg Saunders
Orthopaedic Surgery	(1) Physical Exam of Spine & Extremities (2) Surgical Exposures in Orthopaedic Surgery: The Anatomic Approach	Hoppenfeld Hoppenfeld, deBoer, Buckley
Otolaryngology	Primary Care Otolaryngology, 2 nd ed Operative Otolaryngology Head and Neck Surgery, current ed	American Academy of Otolaryngology Head & Neck Foundation Mark K. Wax, M.D. Eugene N. Myers ISBN 978-1-4160-2445-3
Ophthalmology	(1) Basic Ophthalmology, 9 th ed	Harper
Pediatric Surgery	(1) Pediatric Surgery (2) Pediatric Surgery Handbook	Holcomb Humberto L. Lugo-Vicente (electronic resource)
Plastic Surgery	(1) Plastic Surgery Indications, Operations and Outcomes	Achauer, Eriksson, Guyuron, Coleman, Russell, VanderKolk
Surgical Oncology	(1) Cancer (2) Cancer Medicine	DeVita Lea
Trauma	(1) Trauma. 5 th ed.	Moore, Mattox, Feliciano Appleton & Lange
Urology	(1) Campbell's Urology (2) Smith's General Urology	Walsh, et. Al. Saunders Lange, McGraw/Hill
Vascular Surgery	Vascular Surgery	Rutherford-Saunders

STUDENT EVALUATION

Each student's performance is continuously evaluated during the block. The final grade is determined by Faculty/Resident Evaluation of Student (FES is an online application), the NBME Surgery shelf exam, and Professionalism as outlined below. Grades are Honors, Letter of Commendation, Satisfactory, and Unsatisfactory and will be based on specific criteria.

Mid-block evaluations (by faculty or a resident) must be completed and PLOGGED by each student during the General Surgery rotation. Students will also complete a self-evaluation/reflection, identifying areas of strengths and weaknesses.

Grading Criteria

FES

The evaluations based on the four weeks of General Surgery ward performance will account for 57.25% of the total FES grade. The evaluations based on each of the three weeks of Specialty Week performance will count for 14.25%. Thus, the three specialty weeks combined will account for 42.75% of the total FES grade. Eligible final course grades will be based on the final FES grade as follows:

	Needs Improvement	Meets Expectations	Exemplary
Honors Eligible	0	<50%	50% or more
Letter Eligible	0	<75%	25% or more
Satisfactory Eligible	<15%		
Unsatisfactory	15% or more		

KNOWLEDGE

The NBME Surgery Shelf Exam score will be graded as follows:

NBME Percentile Rank	Eligible Grade
90%+	Honors
70-89%	Letter
5-69%	Satisfactory
4% or less	Unsatisfactory

PROFESSIONALISM

Demonstrations of professionalism include, but are not limited to the following:

- Timely completion of PLOG requirements
- Timely completion of SEC Evaluations of faculty, residents, and rotation

- Completion of all required activities, including simulations (Lap, IV/ET, foley, TEAM), PCC exercises, WiseMd cases, inter-professional activity, and call duties
- NO unexcused absences
- Request/Approval of excused absences at least 2 weeks before event (preferably at the beginning of the block)
- Appropriate attendance and preparation for all clinical assignments

Student professionalism performance will be graded as 'Unsatisfactory', 'Marginal', or 'Meets expectations'. Eligible final grades are determined as follows:

	Unsatisfactory	Marginal	Meets Expectations
Honors Eligible	0	0	X
Letter Eligible	0	0	X
Satisfactory Eligible	0	X	X
Unsatisfactory	X		

Final Grade

The final grade determination is made by consensus of the faculty. A grade of **Unsatisfactory** in any one of the three component areas (FES, Knowledge, and Professionalism) results in *failure of the clerkship*. Final remediation is determined by the Committee on Student Promotions (CSP). Department of Surgery suggestions for remediation of each area may include the following:

FES

Complete 3 weeks of Interblock on a General Surgery service obtaining a passing FES grade.

KNOWLEDGE

Retake the NBME and pass with 5% or greater percentile rank. The date to retake the exam will be based on recommendations by the Office of Medical Education (OME).

PROFESSIONALISM

Complete 3 weeks of Interblock on a General Surgery service obtaining a passing Professionalism grade. Write a Professionalism paper and present/discuss with the education committee and OME/Surgery faculty/residents.

IF REMEDIATION OF ANY AREA IS FAILED, STUDENT MUST REPEAT THE THIRD YEAR CLERKSHIP WITH A PASSING GRADE.

UNIVERSITY OF MISSOURI DEPARTMENT OF SURGERY

REQUESTS FOR RECONSIDERATION FOR CLINICAL GRADES

Students may question any component of the grade in a clinical curriculum course. A re-consideration shall not be used to question a rule, procedure, or policy established by an authorized faculty or administrative body. Rather, it shall be used as due process by a student who believes that a rule, procedure, or policy has not been followed or has been applied in an inequitable manner. Requests to re-consider the grade are considered part of the student assessment process and therefore subject to the Honor Code. *Students will not contact faculty or residents to request a change in clinical evaluations. Any requests made in this manner will be considered unprofessional and will void the student's opportunity to appeal that component of the grade.* When a review of a grade occurs, the student's **entire performance** on the component in question will be reassessed. This reconsideration process is intended to supplement the processes defined by the University of Missouri and the School of Medicine. The University of Missouri Registrar's guidelines for changes in grades states that no grade shall be otherwise changed unless there is clear, convincing, and unequivocal evidence that it was a direct result of arbitrary and capricious conduct by the instructor or faculty evaluator. This Department of Surgery process will not supersede the policies of the University of Missouri or the School of Medicine.

Reconsideration Process

A student who wishes to have any component or overall grade reconsidered must submit a request for reconsideration to the Clerkship Director in writing no later than **two (2) weeks** after the final clerkship grade has been released to the students by the Offices of Medical Education. The request must include the following:

1. A request for grade reconsideration
2. The course in which the grade was received
3. The block in which the grade was received
4. A clear statement of the perceived grade discrepancy
5. The relief sought
6. Address and phone number of the student
7. Signature of the student

The Clerkship Director will acknowledge receipt of the request to the student within **ten (10) calendar days** of its receipt. The Clerkship Director and Department Chair have the discretion to discuss the request with the student and other involved parties in an effort to resolve the discrepancy within the course department. A determination will be made within **thirty (30) calendar days** of receipt of the request, and the student will be notified of the determination in writing. If a discrepancy is determined to exist and is resolved in this manner, the terms of the resolution will be put in writing, signed by the Clerkship Director, and reported to the Offices of Medical Education. If it is determined that a discrepancy does not exist, the Clerkship Director shall respond to the student in writing within **thirty (30) calendar days** of receipt of the written request for re-consideration of the grade.

If a student is uncomfortable approaching the Clerkship Director, then he/she shall submit the request for re-consideration to the clerkship Department Chair. If a student is uncomfortable approaching the department Clerkship Director and Department Chair, then he/she is encouraged to discuss the issue with the Associate Dean for Student Programs and Professional Development who will advocate for him/her.

Appeal to the Dean

Should the student be dissatisfied with the response of the Clerkship Director and/or Department Chair he/she may, within **ten (10) calendar days** of receipt of such response, submit a written appeal to the Dean of the School of Medicine, through the Associate Dean for Curricular Improvement. Upon receipt of the written appeal, a panel will be formed by the Dean's Office. The panel will consist of one clinical course director, one

other faculty member, and one student member (student member currently serving on the Curriculum Board) drawn at random from the pool of participants in each group. The pool of participants in each group will be solicited annually from each group. The list of volunteers will be maintained by the Offices of Medical Education. Names will be drawn randomly by the Associate Dean for Curricular Improvement. No member of the panel may be from the department of any of the involved parties. If a person whose name is drawn is not able to participate because of prior commitments, another name will be drawn. The panel may gather evidence, interview individuals, and request further information from the involved parties. Within **thirty (30) calendar days** of the receipt of the appeal, the panel will give a written copy of their recommendation to the Dean. If the decision of the panel is not unanimous, the dissenting party may submit a written dissenting opinion at the same time. The Dean will respond in writing within **five (5) working days** of receipt of the panel's recommendation. The Dean may accept the recommendation, amend it, reverse it, or refer it back to the panel for reconsideration. The decision of the Dean is final.

(Also see the University of Missouri Employee Grievance Policy: 380.010)