

**OHSU School of Medicine**  
**Undergraduate Medical Education Core Competencies**

**Patient Care and Procedure Skills:** Demonstrate compassionate, appropriate, and effective care for the treatment of health problems and the promotion of health.

**Medical Knowledge:** Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, social and behavioral sciences, and the application of this knowledge to patient care.

**Problem-Based Learning and Improvement:** Demonstrate the ability to investigate and evaluate one's own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care.

**Interpersonal and Communication Skills:** Demonstrate effective information exchange and teaming with patients, their families, and other health professionals.

**Professionalism:** Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

**System-Based Practice:** Demonstrate an awareness of and responsiveness to the larger context and system of health care, and the ability to effectively call on system resources to provide care that is of optimal value.

View the complete UME Program Objectives at  
[www.ohsu.edu/xd/education/schools/school-of-medicine/students/index.cfm](http://www.ohsu.edu/xd/education/schools/school-of-medicine/students/index.cfm)

**MISTREATMENT:** The OHSU School of Medicine has zero tolerance with regard to harassment or belittlement of students. Negative/disrespectful comments regarding patients, patients' family, other students, residents or any member of the healthcare team is a violation of OHSU policy and will not be tolerated. Students, residents and faculty are strongly encouraged to report such incidents to the Clerkship Director, Ombudsperson or the Associate Dean for Student Affairs.

**DUTY HOUR POLICY:** Duty hours must be limited to 80 hours per week on the clinical hospital services and/or in clinics, including required clerkship lectures, conferences and exams. Medical students should have at least one full day off per week, averaged over a month.

**FEEDBACK:** Faculty/residents are expected to provide students with routine feedback on their performance and are required to provide a face-to-face midterm formal feedback meeting. Both critical and positive feedback for improvement must be provided to the student by week 3 of the rotation (week 5 for Medicine Clerkship).

**EMR (Electronic Medical Record) GUIDELINE:** Students are expected to be integrated in the healthcare team. They are expected to be fully engaged in the electronic health record system in both the inpatient and outpatient settings.

**Students are permitted to:** write progress notes; pend orders; enter information into all components of the patient database, including past medical, family, social history (PFSH) and the review of systems (ROS); access and view data from the EHR; access the problem list, medication list, history and allergies which are reviewed; develop a student "in basket" for purposes of receiving feedback about the documentation; initiate the discharge summary—in this case, after a review of the student note, faculty and residents must use the "addend" function to edit the medical student note. This results in the faculty/resident becoming the author of the note as well.

**Students are not permitted to** cut, paste or duplicate any part of another person's note; sign order (students may pend and should notify the supervising physician to sign); students are discouraged from using pre-established completed note templates.

**Expectations for supervising residents and/or attendings:** review the student notes and orders and provide the student with feedback (can use the in basket for this); must approve and sign the orders that are pended by a medical student; physicians must write their OWN primary note in every situation, but may refer to a medical student's previously documented PFSH and ROS for the purposes of billing, documenting additions or addendums when necessary; students are not to be used as scribes.

## Surgery Clerkship

### Clerkship Core Objectives

**PATIENT CARE AND SKILLS:** Perform and present focused H&Ps on patients with varied surgical diagnoses. Write succinct, accurate notes. Be observed by faculty in the evaluation of a patient. Witness and participate in informed consent. Use the EMR, evaluate a patient independently and create a surgical differential diagnosis. Identify preoperative issues in surgical candidates. Observe sterile technique and OR protocol.

**Essential:** Two handed and instrument ties, remove sutures, open wound care, admission orders, urethral catheterization, wound closure. **Recommended:** NGT insertion, drain removal, iv placement, blood sampling.

**MEDICAL KNOWLEDGE:** Know normal anatomy and pathophysiology of relevant topics. Know indications of surgery. Understand normal and abnormal wound healing. Understand the doses and side effects of common anesthetics. Understand the proper use of antibiotics in surgical prophylaxis. Know the role of diagnostic radiology exams. Use literature in decision making. Know postop complications. Know appropriate fever workup.

**PRACTICE BASED LEARNING:** Utilize feedback sessions with residents and faculty to improve performance throughout rotation. Present and turn in formal H&Ps to attending preceptor. Use WISE-MD system for learning.

**INTERPERSONAL AND COMMUNICATION:** Follow inpatients daily. Discuss concerns with RNs, surgical team, and patients. Communicate the plan of care. Participate in team sign out. Present daily progress notes on rounds. Create educational seminar on select topics for your peers.

**PROFESSIONALISM:** Recognize the challenges of end of life decision making. Demonstrate and compassion in the care of acutely ill patients. Complete assignments and attend requirements/patient care duties in a timely fashion. Wear appropriate attire. Follow through on patient care.

**SYSTEM-BASED PRACTICE:** Work with multi-disciplinary teams to improve patient care. Talk to consultants and share details and plans with other health care teams. Attend M&M. Understand quality improvement.

### Clerkship Procedure Experiences

**H&P:**

Attend Surgery Clinic at least once per week and perform a surgical H&P on at least one pt, presenting the pt to staff. (5); Present 4 H&Ps to faculty preceptor (4); Include one each of the following diagnoses: Cancer evaluation, gastrointestinal disorder, wound or abdominal wall case, and local or diffuse peritonitis or inflammatory state.

**OR:**

Scrub in on cases at least twice per week (10); Aid w/wound closure in the OR: suture or stapling (5); Learn how to do instrument and two handed ties (2)

**Pt. Care and Presentation:**

Observe a consent/PARQ of pt for surgery with team or staff. Know elements of consent (1); Demonstrate continuity of surgical pt care: write progress notes on assigned floor pts during course of their adm. (5); Present complete vital signs of pts to incl. input (IV/po) and outputs (drains, urine, NGT) at morning rounds (20); Demonstrate ability to present surgical topic from knowledge objectives lists to peers using appropriate literature. Present one seminar talk to surgical students & faculty (1); Take in house call once a week to see surgical care after hours. During call, see at least one ER or consult pt w/ resident, or view evaluation of ward pt who requires further investigation by residents (5); View radiologic pertinent film of one of your pts w/ team or radiologist (1)

**Record Keeping:**

Keep surgery log of pt diagnoses and operations in which you have participated (10)

### Surgery Clerkship Contact Information

Clerkship Director:	Dr. Laszlo Kiraly	kiraly@ohsu.edu	4-5300
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