



General Surgery Clerkship
MSPA 624 – 4.5 Credits

Day(s): Determined by Clinical site/preceptor

Time(s): Determined by Clinical site/preceptor

Classroom: Refer to Typhon schedule

Instructor: Michelle Lea, PA-C and Christine Rowland, PA-C

Office Hours: M, Tu, Th, F
9am-5pm

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The University of Bridgeport and its faculty are committed to enhancing diversity, equity, inclusion, and belonging in all facets of community life and to promoting an optimal environment for learning which encourages engagement, authenticity, and respect. Diversity in the classroom—in race, gender, sexual orientation, religion, language, ability, veteran status, place of origin, etc.— is an asset to our learning experience. Students play a vital role in the ongoing conversation about how to make the campus a place for community learning.

Prerequisite/Co-requisites: Completion of PAI didactic phase with a GPA of 3.0 or greater.

Course Description

This is a 5-week clinical clerkship course. During this course, second year PA students develop skills necessary to function as a PA in the surgical setting. Students will apply the medical knowledge and technical skills developed during didactic phase of their education. Students will actively engage in the assessment, analysis, evidence-based approaches, and management of conditions in a culturally sensitive and patient-centered manner. Students will encounter patients typically seen in the pre-operative, intra-operative, and post-operative surgical setting. Students will work with the clinical education team and under the supervision of their preceptor(s) to provide care. Students will follow their preceptor's schedule when on clinical site.

Required Learning Materials and Text(s)

1. Bowker, B. *The Physician Assistant Student's Guide to the Clinical Year. Surgery*. Springer Publishing Company; 2020.
ISBN: 9780826195241
2. Gonzales PA, McDonald MA. *The PA Rotation Exam Review*. Lippincott Williams & Wilkins; 2024.
ISBN: 9781975193355

Students: Your required course materials have been provided for you. Please contact the UB Bookstore to receive your textbooks for the course.

Recommended Text(s)

Brunicaardi FC. *Schwartz's Principles of Surgery: Absite and Board Review*. McGraw-Hill; 2023.
ISBN: 978-1-2604-6975-2

Current Surgical Therapy. ELSEVIER - HEALTH SCIENCE; 2023.
ISBN: 978-0-3237-9683-5

Course Goal

The purpose of the General Surgery clerkship is to provide the PA student with a 5-week surgically focused clinical experience. This clerkship requires students to develop their ability to manage pre-operative, intra-operative, and post-operative patients in the surgical setting. Student will need to demonstrate their ability to critically think and formulate treatment plans under the supervision of experienced internal medicine practitioners.

Course Format

During this 5-week rotation students will gain hands on clinical experience while working with an experienced general surgery clinician. Working with preceptors, students will perform history and physical examinations, present oral and written cases, identify differential diagnoses, and develop assessment and management plans. Students will also learn to perform and evaluate diagnostic and therapeutic procedures under the supervision of the preceptor. Additional and supplementary modular components include assignments, resources, and simulated clinical learning. Supplementary simulated clinical learning and self-paced modules are not substituted for in-person clinical experiences.

Student Learning Outcomes

By the end of this course, students should be able to:

	Student Learning Outcome
SLO1	Elicit an accurate medical history for a) pre-operative and b) post-operative history for a surgical patient.
SLO2	Perform an appropriate a) pre-operative and b) post-operative physical examination of the surgical patient.
SLO3	Demonstrate effective communication of a) pre-operative and b) post-operative patient encounters in oral form.

SLO4	Demonstrate effective communication of a) pre-operative, b) intra-operative, and c) post-operative patient encounters in written form.
SLO5	Diagnose common a) pre-operative, b) intra-operative, and c) post-operative surgical conditions.
SLO6	Utilize clinical data to formulate a differential diagnosis.
SLO7	Demonstrate the application of diagnostic studies commonly used in the surgical discipline.
SLO8	Formulate an appropriate patient management care plan based on clinical data collected.
SLO9	Provide patient education with consideration for health literacy.
SLO10	Demonstrate clinical reasoning and problem-solving abilities in the evaluation and care of patients.
SLO11	Demonstrate patient-centered care through compassion and sensitivity.
SLO12	Demonstrate professionalism by adhering to the professional conduct standards of the PA profession.
SLO13	Collaborate with medical professionals within an interdisciplinary team.
SLO14	Formulate an accurate differential diagnosis for the acute abdomen.
SLO15	Demonstrate the correct intra-operative surgical technique of a) gowning, b) sterile gloving, c) scrubbing, and d) maintaining the sterile field.
SLO16	Demonstrates the correct technique for wound closure used in the intra-operative setting.

Learning Activities, Course Expectations, and Grading Policy

The final course grade will be calculated using the following (all components graded to the nearest hundredth):

Assessment	Percentage of Final Grade	Brief Description of Assessment
End of Rotation Exam	55%	<p>A comprehensive examination based on course objectives and the NCCPA and PAEA blueprint. End of Rotation examination grade is calculated based on the student's Z-score. Z-score less than -1 will result in a grade below 73 and failure of the exam.</p> <p>Should a student fail an end-of-rotation examination, a meeting with the Coordinator of Academic Affairs will be arranged and a remediation plan will be designed. Upon completion of the remediation, a retest will be given. If a student passes the End of Rotation reassessment exam (i.e., earning 73% or higher), the student will receive a 73% for the End of Rotation Exam component regardless of grade earned on the reassessment exam. Failure of reassessment exam will result in failure of the rotation.</p>

		Students are permitted one EOR exam reassessment for the clinical year.
Mid-Rotation Evaluation	Reduction Only	Mid-way through the clinical clerkship, the student is required to sit down with the preceptor to discuss the student's performance and provided constructive feedback. This session is documented on the Mid-Rotation Evaluation Form. The blank form can be found in Canvas and should be uploaded to Assignments in Canvas once complete. This is a non-graded exercise but provides the student and program invaluable feedback on the student's progress in meeting program objectives and learning outcomes. Professionalism points will be deducted if not uploaded to Canvas by Wednesday at 11:59pm est of the third week of the clerkship.
Preceptor Evaluation	35%	Each student is evaluated by the preceptor at the end of each rotation. Preceptor evaluations are submitted via the Typhon logging system utilizing a four-point Likert scale. Typhon calculates the final percentage grade by averaging the mean of each section. The final percentage grade in Typhon will be utilized to calculate your final course grade. Any component of the preceptor evaluation which result in an "Approaches Expectations" or "Unsatisfactory", will require remediation.
Clinical Modules & Documentation Assignment	10%	Rotation specific clinical modules are located in Canvas. The modules contain extra resources and assignments related to the clinical clerkship experience that must be completed and uploaded to Canvas by 11:59pm est on Call-back Day (unless otherwise noted in Canvas). See Canvas and rubrics for details. There is no credit for late assignments.
Professionalism	Reduction only	<p>Professionalism is an expectation and non-compliance with any of the terms below will result in a 1-point deduction from your final grade. For example, if your total weighted grade ($55\% + 35\% + 10\% = 100\%$) is an 80%, a professionalism deduction would result in a 79%. One non-compliant event equals 1-point deduction per event, per rotation and can be up to 5-points per rotation.</p> <p>If professionalism points are to be deducted, you will be notified by faculty via email of the infraction. Warnings will not be given. The deduction will not be applied until the total grades are weighted and calculated. Examples of infractions:</p> <ul style="list-style-type: none"> i. Attendance and participation

		ii. Adherence to procedures and policies iii. Uploading clinical schedule to Typhon iv. Submission of complete case logs in Typhon v. Submission of clerkship paperwork as requested by the Clinical Coordinator
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Students must meet all the following standards to pass the clerkship course:

1. 73% or greater on the Preceptor Evaluation.
2. 73% or greater on the EOR Exam (see policy regarding reassessment above).
3. 73% or greater on the final course grade.

Failure of a Clinical Clerkship Course, will require the student to repeat the clerkship, resulting in a delay of graduation. Failure to meet any of the above requirements will result in an “F” for the course.

Final grades are assigned by the instructor based on the University of Bridgeport Institutional Grading Scale published in the UBPAI Student Handbook.

Final Course Grading Scale

Grade	Quality Points
A (93-100)	4.0
A- (90-92.99)	3.7
B+ (87-89.99)	3.3
B (83-86.99)	3.0
B- (80-82.99)	2.7
C+ (77-79.99)	2.3
C (73-76.99)	2.0
C- (70-72.99)	1.7
D+ (67-69.99)	1.3
D (63-66.99)	1.0
D- (60-62.99)	0.7
F (below 60)	0.0

There is no rounding up of grades.

As per the UB PAI Student handbook, the required passing grade for all PA coursework is a “C” or better.

Course Outline

Dates	Topic(s) Covered	Assignments/ Reading to be completed before class	Assessment Schedule
Block 1: Mar 18, 2024 –	<ul style="list-style-type: none"> Instructional Objectives 1-16 	<ul style="list-style-type: none"> Required text 	<ul style="list-style-type: none"> Friday, Apr 19, 2024

Dates	Topic(s) Covered	Assignments/ Reading to be completed before class	Assessment Schedule
April 18, 2024			
Block 2: May 6, 2024 – Jun 10, 2024	<ul style="list-style-type: none"> Instructional Objectives 1-16 	<ul style="list-style-type: none"> Required text 	<ul style="list-style-type: none"> Friday Jun 7, 2024
Block 3: Jun 10, 2024 – Jul 11, 2024	<ul style="list-style-type: none"> Instructional Objectives 1-16 	<ul style="list-style-type: none"> Required text 	<ul style="list-style-type: none"> Friday, Jul 12, 2024
Block 4: Jul 15, 2024 – Aug 15, 2024	<ul style="list-style-type: none"> Instructional Objectives 1-16 	<ul style="list-style-type: none"> Required text 	<ul style="list-style-type: none"> Friday, Aug 16, 2024
Block 5: Sept 9, 2024 – Oct 10, 2024	<ul style="list-style-type: none"> Instructional Objectives 1-16 	<ul style="list-style-type: none"> Required text 	<ul style="list-style-type: none"> Friday, Oct 11, 2024
Block 6: Oct 14, 2024 – Nov 14, 2024	<ul style="list-style-type: none"> Instructional Objectives 1-16 	<ul style="list-style-type: none"> Required text 	<ul style="list-style-type: none"> Friday, Nov 15, 2024
Block 7: Nov 18, 2024 – Dec 19, 2024	<ul style="list-style-type: none"> Instructional Objectives 1-16 	<ul style="list-style-type: none"> Required text 	<ul style="list-style-type: none"> Friday, Dec 20, 2024
Block 8: Jan 13, 2025 – Feb 13, 2025	<ul style="list-style-type: none"> Instructional Objectives 1-16 	<ul style="list-style-type: none"> Required text 	<ul style="list-style-type: none"> Friday, Feb 14, 2025
Block 9: Feb 17, 2025– Mar 20, 2025	<ul style="list-style-type: none"> Instructional Objectives 1-16 	<ul style="list-style-type: none"> Required text 	<ul style="list-style-type: none"> Friday, Mar 21, 2025

****This syllabus is subject to change at the discretion of the instructor.***

Instructional Objectives

SLO	Instructional Objective
1.	<ul style="list-style-type: none"> 1.1: Establish rapport with a patient and /or their caregiver. 1.2: Select appropriate level of history based on the chief complaint and purpose of the visit. 1.3 Collect thorough and accurate information for the pre-operative patient past surgical history and any prior surgical complications. 1.4: Collect thorough and accurate information for post-operative patients including day to day changes in status. 1.5: Include all information such as Past medical history, Family History, Social history, and Review of systems pertinent to the surgical encounter.
2.	<ul style="list-style-type: none"> 2.1: Accurately and thoroughly assess for any emergent conditions requiring immediate interventions such as presentation of an acute abdomen.

	<ul style="list-style-type: none"> • 2.2: Identify pertinent anatomy and localization of symptoms found in common conditions requiring surgery in the pre-operative patient. • 2.3: Recognize and identify normal progress and stages of healing in the post-operative patient.
3.	<ul style="list-style-type: none"> • 3.1: Confidently and concisely report applicable demographic information, chief complaint, HPI, past medical history, and pertinent ROS. • 3.2: Identify and report pertinent physical exam findings including the presence and absence of clinically significant signs based on presenting features. • 3.3: Communicate all pertinent normal and abnormal physical examination findings using appropriate medical terminology.
4.	<ul style="list-style-type: none"> • 4.1: Confidently and concisely report applicable demographic information, chief complaint, HPI, past medical history, and pertinent ROS. • 4.2: Identify and report pertinent physical exam findings including the presence and absence of clinically significant signs based on presenting features. • 4.3: Document all pertinent normal and abnormal physical examination findings using appropriate medical terminology. • 4.4: Identify and document the pertinent components in common patient encounters in the pre-operative, intra-operative and post-operative settings. • 4.5: Identify common ICD-10 and CPT codes used in patient encounter documentation.
5.	<ul style="list-style-type: none"> • 5.1: Differentiate the pathophysiologic process of the development of the conditions commonly seen in the pre-operative, intra-operative and post-operative setting (see Conditions list). • 5.2: Identify risk factors and demographics at highest risk to develop conditions typically seen in the general surgery setting. • 5.3: Recognize the clinical presentation of the conditions typically seen in the surgical setting. • 5.4: Apply knowledge of pathophysiology to diagnosis and management of the conditions typically seen in the surgical setting.
6.	<ul style="list-style-type: none"> • 6.1: Correlate medical history findings with the reported symptoms. • 6.2: Correlate normal and abnormal findings of physical examination with the reported symptoms. • 6.3: Integrate the information collected during medical history and physical examination to formulate the initial list of differential diagnoses. • 6.4: Discriminate between the conditions on the differential diagnoses list by explaining similarities and key differences. • 6.5: Discuss the differential diagnosis for post-operative infections based on presentation and timing of symptoms. • 6.6: Differentiate between direct and indirect hernias based on physical exam and imaging. • 6.7: List the differential diagnosis of a breast mass based on patient age, risk factors and findings on mammography.
7.	<ul style="list-style-type: none"> • 7.1: Understand the indications for and interpretation of pre-operative laboratory testing including CBC, CMP, blood typing, and coagulation studies. • 7.2: Correctly interpret post-operative laboratory studies as an indication of patient status and progress. • 7.3: Identify pathologic process such as appendicitis and cholecystitis on diagnostic imaging
8.	<ul style="list-style-type: none"> • 8.1: Discuss surgical and non-surgical options with patients with attention and sensitivity to belief systems, access to care and health literacy. • 8.2: Identify the specific concerns and needs of the pos-operative patient and assist with referrals to services and support as indicated. • 8.3: Involve patients and caregivers in the treatment planning process with sensitivity to cultural beliefs, patient preferences, cost effectiveness, and patient's ability to access care.

9.	<ul style="list-style-type: none"> • 9.1: Discuss the indications, risks, and benefits of surgical and non-surgical options in the pre-operative patient. • 9.2: Provide patient-centered post-operative instructions with attention to health literacy level and ability to access care. • 9.3: Provide instructions for wound care, timing of suture or staple removal, and frequency of post-operative visits.
10.	<ul style="list-style-type: none"> • 10.1: Identify the investigations and studies necessary to assess and narrow down the differential diagnoses list. • 10.2: Integrate laboratory and diagnostic studies results with history and physical examination data to establish the most likely diagnosis. • 10.3: Analyze available care options for the conditions commonly seen in the surgical setting and determine their applicability in each individual case. • 10.4: Differentiate between emergent and non-emergent surgical presentations and discuss appropriate triage and management.
11.	<ul style="list-style-type: none"> • 11.1: Assess patient's readiness to adhere to suggested treatment options and provide respectful support for patient's decision making. • 11.2: Engage in active listening techniques during communication with patients and their families in the internal medicine setting. • 11.3: Identify need for enhanced communication options such as involvement of interpreters • 11.4: Incorporate patient's health literacy level and cultural beliefs when providing care
12.	<ul style="list-style-type: none"> • 12.1: Demonstrate professional demeanor in all interactions in an internal medicine setting: with staff, medical providers, patients, and their family members. • 12.2: Adhere to ethical, legal, regulatory, and behavioral norms at all times. • 12.3: Demonstrate punctuality, consistency, and reliability in relating to the internal medicine team and patients.
13.	<ul style="list-style-type: none"> • 13.1: Differentiate among the roles of the PA, surgical residents and attending physician in the surgical setting. • 13.2: Understand the role of specialized providers such as the scrub nurse, circulating nurse, and surgical technologist in the surgical setting.
14.	<ul style="list-style-type: none"> • 14.1: Identify the possible pathologic process based on abdominal quadrant • 14.2: Incorporate presence or absence of specific findings such as Murphy's sign, obturator sign and McBurney's point tenderness in establishing a differential. • 14.3: Accurately describe the anatomy of the abdomen incorporating muscle layers, organs, and vasculature • 14.4: Differentiate between emergent and non-emergent abdominal presentations. • 14.5: Describe both typical and atypical presentations of common acute abdomen diagnoses
15.	<ul style="list-style-type: none"> • 15.1: Demonstrate proficiency in scrubbing, gowning, and gloving in the operating room setting. • 15.2: Understand the component of the sterile surgical field.
16.	<ul style="list-style-type: none"> • 16.1: Identify and utilize correct suture material for different surgical wound closures. • 16.2: Correctly perform specific suturing techniques including interrupted, continuous, sub-cuticular and mattress sutures. • 16.3: Demonstrate proficiency in surgical knot tying including two handed and instrument ties. • 16.4: Identify the indication for suture versus surgical staple use.

Class Policies

- **Attendance policy:** Please refer to the student handbook and clinical handbook for the program policy on attendance.
- **Late assignments policy:** Late work is not accepted, and students will receive a zero for the assignment.
- **Course failure policy:** Please refer to the student handbook and clinical handbook for the program policy on course failure.
- **Professionalism:** Please refer to the student handbook and clinical handbook for the program policy on Disciplinary Action for Professional and Behavioral Issues and professionalism.
- **E-mail policy:** Please refer to the student handbook for the program policy on e-mail.
- **Exam and Remediation policy:** Please refer to the student handbook and clinical handbook.
- **Academic Integrity:** Please refer to the student handbook.
- **Student Accessibility Accommodations:** Please refer to the student handbook.

UNIVERSITY OF BRIDGEPORT POLICES AND STUDENT SERVICES

This course adheres to all policies outlined in the catalog and in the Key to UB.

General academic policies of the University of Bridgeport can be found on the University website and in the University catalog at <https://catalog.bridgeport.edu/>.

Student services information may be found on the University of Bridgeport website at <https://www.bridgeport.edu/heckman-center/academic-success/> and in the Key to UB at <https://www.bridgeport.edu/key-to-ub/>.

ACADEMIC HONESTY STANDARDS

The University of Bridgeport is committed to fostering an environment of academic integrity, mutual respect and individual responsibility. We are a community that values the voice of students in their pursuit of academic excellence and personal growth. By choosing to be a member of this community, each student demonstrates respect for the core values of trust, honesty and ethical behavior and commits to upholding these standards.

Please refer to the *Student Handbook (Chapter 2 of “Key to UB”* (<https://www.bridgeport.edu/key-to-ub/chapter-2-academic-standards#integrity>) to become familiar with the academic honesty standards expected of all students, including a definition of plagiarism. Claiming ignorance will not be considered a valid defense. All types of academic dishonesty (including but not limited to plagiarism, the use of illicit aid or internet resources during the examinations, giving or receiving aid on any examination, copying another student’s work, utilizing unauthorized web-based services to complete assignments, providing a false excuse for missing a test) are inexcusable and will result in a report to the Provost’s Office and appropriate disciplinary action.

The number of violations accrues to each student during total time as a University of Bridgeport student at any level.

STUDENT ACCESSIBILITY SERVICES

<https://www.bridgeport.edu/student-accessibility/>

In compliance with Section 504 of the Rehabilitation Act of 1973, as amended, the Americans with Disabilities Act, and Connecticut State Laws, Student Accessibility Services (SAS) at UB provides reasonable accommodations to reduce the impact of disabilities on academic functioning or other life activities in the University setting.

Student Accessibility Services (SAS) offers a private and confidential atmosphere for students to talk about their disabilities and accommodations requests. In order to begin the process of requesting accommodations, students can contact Student Accessibility Services (SAS) at (203) 576-4104 or email accessibilityservices@bridgeport.edu.

A list of student resources can be found on the UB website, under Student Affairs:

<https://www.bridgeport.edu/student-affairs/>