OSS 640
CARDIO THORACIC/VASCULAR SURGICAL
Selective/Elective Clerkship Rotation Syllabus

OSTEOPATHIC SURGICAL SPECIALTIES
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MSUCOM constantly strives to improve and advance its curriculum through innovation while assuring compliance with current AOA accreditation standards. While major changes are generally instituted at the beginning of each academic year, minor changes may be implemented semester to semester.

Please be mindful of the need to read your syllabi before beginning your rotations.
**General Description**

The thoracic surgery clerkship consists of four weeks on thoracic surgery. Thoracic 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 thoracic surgery, which is consistent with a fourth-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.

THE GOALS OF THE THORACIC SURGERY CLERKSHIP ARE TO:

1. Promote the student's attainment of thoracic surgical knowledge base.
2. Introduce the student to thoracic surgical procedures.
3. Facilitate understanding of a surgical approach to clinical problem solving.
4. Promote acquisition of thoracic surgical diagnosis and management capabilities.
5. Promote the continued development of the student's professional attitudes and behavior.

Surgical fundamentals readily support osteopathic principles which regard the body as a unit which possesses self-regulatory mechanisms. Structure and function are reciprocally interrelated. Surgical therapy is based on an understanding of these basic tenets.

**OBJECTIVES**

THE THORACIC SURGERY CLERKSHIP LEARNING OBJECTIVES ENCOMPASS THREE MAIN AREAS.

- Knowledge (cognitive)
- Skills (psychomotor)
- Problem Solving & Professional Development
KNOWLEDGE

By the end of the thoracic surgery clerkship, the student is expected to have achieved an understanding of the following objectives through reading, discussion and hands-on experience. Recommended reading resources are Essentials of General Surgery by Peter F. Lawrence and Sabiston Textbook of Surgery.

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:

Chest Wall and Pleura
- Discuss the history and physical exam of the chest.
- Analyze the more common causes of abnormal findings.
- Discuss anatomical considerations in thoracic incisions.
- Describe the mechanism of thoracic outlet syndrome.
- Discuss physiologic effects of chest trauma.
- Discuss the etiology, evaluation and treatment of pleural effusions.
- Describe the types and effects pneumothorax.
- Review the evaluation and treatment of pleural malignancies.

Mediastinum
- Describe the evaluation of mediastinal masses.
- Discuss the benign and malignant tumors found within the mediastinum.

Lung
- Describe the segmental anatomy of the lungs.
- Outline the hilar anatomy of the lungs.
- Discuss pulmonary function testing and interpretation of findings.
- Discuss the evaluation of lung masses.
- Discuss the staging and types of lung malignancies.
- Describe the techniques of cricothyroidotomy and tracheostomy and their indications.
- Discuss the etiology, evaluation and treatment of pulmonary embolus.
- Review the mechanisms of Acute Respiratory Distress Syndrome.

Postoperative Complications
- Discuss common postoperative complications:
  - Fever
  - Atelectasis
  - Pneumonia
  - Empyema
  - Wound Failure
  - Site Infection
  - Air Leak
SKILLS

By the end of the clerkship, the student is expected to have satisfactorily performed the following procedures. The student is expected to understand the indications and contraindications, as well as the technique.

- Proper examination of the chest.
- Evaluation of chest X-rays.
- Review of Chest CT-scans.
- Basic interpretation of pulmonary function studies.
- Chest tube insertion with supervision.

PROBLEM SOLVING AND PROFESSIONAL DEVELOPMENT

By the end of the clerkship, the student is expected to have achieved a satisfactory level of performance and development in the areas listed on the Surgical Clinical Evaluation. Specifically, the student should demonstrate acceptable levels of achievement in his/her ability to:

1. Conduct a history and physical examination on a thoracic surgical patient.
2. Interpret clinical findings logically and concisely, to arrive at a surgical diagnosis and management plan.
3. Develop and maintain complete and concise record of patient problems, including history and physical examination reports, preoperative and postoperative orders, and progress notes.
4. Develop and give accurate and concise case presentations.
5. Follow operating room protocol.
6. Develop rapport with patients by taking in a calm, confident approach, using appropriate language, listening and showing courtesy and concern for the patient's well-being.
7. Show evidence of continued professional development by interacting effectively with peers and other health care personnel, taking responsibility for patient care, and showing a degree of self-confidence appropriate to his/her level of knowledge.
8. Show motivation for learning and achievement by taking responsibility for his/her own learning (reading and other responsibilities), being available and prepared, and showing a consistent warm and caring attitude toward patients and health care personnel.

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<th>Rotation Clinical Requirements</th>
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<td><strong>Requirements</strong></td>
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<tr>
<td>Attending Evaluation of Rotation</td>
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<td><em>the determination of a satisfactory attending evaluation is governed by the University’s Policy for Retention, Promotion, and Graduation</em></td>
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<tr>
<td>Student Evaluation of Rotation</td>
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<td><em>(this link will activate on the final Monday of the rotation)</em></td>
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**Unsatisfactory Clinical Performance**

A student's clinical performance will be assessed through the Attending Evaluation. A satisfactory Attending Evaluation is required for completion of the clinical requirements for the course.

Unsatisfactory Attending Evaluations are governed by the Policy for Retention, Promotion and Graduation. Evaluations with below average scores in two or more categories defined as rankings of Needs Improvement/Unsatisfactory (on a scale of Needs Improvement/Unsatisfactory-Exceptional) or 3 and below (on a numerical scale of 1-7) will be referred to the Department Chairperson/Instructor of Record for review and grade determination.

Any student with two or more marginal evaluations will be referred to the COSE Clerkship Performance Subcommittee for review.

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**IMPORTANT NOTE:** The student will maintain an “Extended” (ET) grade until they have successfully completed all academic and clinical requirements for the course.

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**“N” Grade and Remediation**

[http://com.msu.edu/Students/Policies_and_Programs/Remediation_Policy.htm](http://com.msu.edu/Students/Policies_and_Programs/Remediation_Policy.htm)

A student who receives an “N” grade will be required to appear before the Committee on Student Evaluation (COSE) Clerkship Performance Subcommittee for review of the student's overall performance. The Subcommittee may recommend that the student who has received an "N" grade be permitted to remediate the “N” grade (see below) or academically dismissed. If a student is recommended for dismissal, the student will appear before COSE to have their status in MSUCOM determined. COSE will review the student’s academic/clinical performance; determine whether dismissal is appropriate or if the student's circumstances warrant an opportunity for continuation in the curriculum. The student's eligibility to remediate will be determined following this COSE decision.

Remediation is the method by which course objectives will be met after receiving an "N" grade. Remediation will be offered only after the student’s eligibility for remediation has been determined.

To successfully remediate an “N” grade, a student must demonstrate mastery of the course objectives. To do this the student may be required to retake the course or enroll and participate in a College directed study course demonstrating successful mastery of the course objectives.

Upon remediation of the “N” grade, the original “N” grade remains on the permanent transcript along with the grade, “P” or “N,” for the remediation experience.
MSU College of Osteopathic Medicine Standard Policies

The following are standard MSUCOM policies across all Clerkship 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.

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.
FACULTY RESPONSIBILITIES

It is the responsibility of the college faculty to specify the limits of authorized aid (including but not limited to exams, study aids, internet resources and materials from senior students) in their syllabi, and it is the responsibility of students to honor and adhere to those limits. Course instructors shall inform students at the beginning of the semester of any special criteria of academic honesty pertinent to the class or course.

It is the responsibility of the clinical faculty to provide students with ongoing feedback during rotation upon request. Clinical faculty are generally recommended (though not required) to limit student assigned duty hours from 40 to 60 hours weekly (and not exceeding 60 hours). Both faculty and students are to be treated fairly and professionally in order to maintain a proper working relationship between trainer and trainee.

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. 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

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<th>Attending/Faculty/Resident Evaluation of Student</th>
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<tr>
<td>Students are responsible for assuring that his/her clinical supervisor receives the appropriate evaluation form. Forms can be accessed via the “Attending Evaluation” link in the student’s Kobiljak online Clerkship schedule.</td>
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<tr>
<td>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.</td>
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<tr>
<td>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 COM Office of the Registrar. It is important to know that evaluations will not be accepted by the COM Office of the Registrar 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 Hearing Committee.</td>
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<tr>
<td>Grades are held until all rotation requirements, including evaluation forms, are received. Be sure you are using the correct form.</td>
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<td>Students will submit their rotation evaluations electronically at the conclusion of every rotation by accessing their online schedule through Kobiljak.</td>
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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](http://www.com.msu.edu/AP/clerkship_program/clerkship_documents/exposure.pdf). Please make yourself familiar with the procedure and the form.