BCC 7160
Surgery Clerkship
2020-2021

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Campus	**Clerkship Director**
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Fort Pierce	Kenneth Bridges, MD
Orlando	Timothy Childers, MD
Pensacola	Jada Leahy, MD
Sarasota	Steven Halbreich, MD
Tallahassee	Richard Zorn, MD
Rural Program Site	**Clerkship Administrator**
Marianna	John D. Byrd, MD
Thomasville	Calvin Reams, MD

Contents

Overview

Course Description

Students will participate in this clerkship as either a 6-week block or through the Longitudinal Integrated Curriculum (LIC). The Surgery Clerkship is a clinical clerkship in the care of patients suffering from conditions that are amenable to treatment by the use of the hand (surgery; from the Greek: *cheir* [hand] and ergon [work], literally "handiwork"). Students will be assigned to an individual General Surgery clerkship faculty member who will shepherd the student experience in the operating room, outpatient clinics, and office-based practice. This contact will provide the student with an appreciation of what a practicing community surgeon does, both in the operating room and in both the inpatient and outpatient settings.

The major emphasis in this rotation will be placed upon issues and problems in General Surgery, but student familiarity with common problems in the surgical subspecialties (i.e. thoracic, cardiovascular, orthopedics, urology, otolaryngology, and neurosurgery) is also tested on the end-of-clerkship NBME Clinical Subject Examination. Students will have the opportunity to work one-half day with an anesthesiologist to learn airway management, and it is the student's responsibility to contact the Department of Anesthesia to make arrangements for this experience.

Orientation and Syllabus Review

Students **MUST** view the current orientation video on Canvas **PRIOR** to the beginning of the clerkship. In addition to review of the syllabus and video, students will meet clerkship director for a general orientation. A site-specific orientation will occur at the assigned clinical site prior to initiation of clinical activities. Students are responsible for communicating with Clerkship Faculty prior to the start date of the Clerkship.

The keys to success during this rotation lie principally in these two areas:

- Enthusiastic attendance and participation at all clinical functions. A daily text reading program covering not only the clinical encounters of the day but also that daily amount of text necessary to complete the core material by the end of the clerkship.
- Preparation for operative case participation, including anatomical review, is important to maximize the learning opportunities presented. Recommended resources include surgical atlases which are invaluable as pre-operative resources.

Longitudinal Integrated Curriculum (LIC)

General information and policy regarding the Longitudinal Integrated Curriculum (LIC) in Marianna can be found on the syllabi page of the Office of Medical Education website. The student will take the NBME Clinical Subject Examination for Surgery during the semester in which they take the clerkship, or at the end of a traditional 6-week block clerkship if that is how they are enrolled.

Scheduled Hours/On-Call

Students will take overnight calls twice per week during the clerkship and will be expected to be a part of any surgical admission or procedure occurring during their time on-call. The work-week will consist of Monday through Saturday (inclusive). During off-cycle rotations during which Doctoring 3 is not scheduled, students will work 5 or more days per week with Clerkship Faculty. Students enrolled in the LIC will participate on the schedule provided by the Clerkship Administrator at the Marianna rural training site.

Required Assignments

Required Assignment 1: Evidence-Based Controversies in Surgery Paper

The purpose of this assignment is to familiarize students with the lifelong importance of evidence-based medicine in determining best clinical practice and to assist with how and where to collect evidence-based data. The scope of the paper must identify a controversial problem in Surgery that interests the student. Students will present the pro and con of the *evidence-based* data with full references; students will form their own conclusion and justify their position. The paper will be three-pages long (double-spaced) at 1,000-words, not including references. This assignment is not intended to be a restatement of a book chapter, in which there is extensive discussion of the background of the issue and a description of the application of a surgical technique. It is insufficient to know the correct conclusion – the data presented and analysis must prove it. Evidence-Based Medicine Tutorial is an excellent review of evidence-based data, including hierarchy and validity. Students must complete the following:

1. Briefly state the nature of the controversy you have identified (one paragraph or less)
2. Collect high-level evidence-based data from the literature (not opinions)
3. Incorporate the actual data into the paper (not the summaries and conclusions of referenced authors)
4. Reach a conclusion based upon the specific data that you included in your exposition. There should be enough evidence-based data recorded in your paper to convince a third party of the validity of your conclusions.

- **Submission**: Students will upload this assignment as a Microsoft Word document into Student Academics by 5 pm on Friday of the LAST week of the clerkship. It is the student's responsibility to post the project to the proper area of the Student Academics site prior to the deadline. If the site is not available for any reason, then the paper needs to be emailed directly to Dr. Sweeney, the Education Director.
- **Evaluation** of this assignment is completed by the Education Director. Completion of this assignment in a satisfactory and timely manner is a clerkship requirement. If remediation is required or the assignment is submitted after the deadline, the student is no longer eligible to be considered for an "honors" grade. If remediation is required, an initial grade of "IR" will be assigned until remediation has been completed.

Required Assignment 2: Comprehensive Surgical Care

Students are **required to provide comprehensive surgical care for 3 to 6 patients** during the clerkship. Students are required to document each phase of care for their comprehensive surgical patients in ETS. Comprehensive surgical patient care is three-fold and students must:

1. Participate in pre-surgery initial consultation, gather a history and physical, assess comorbidities and surgical risk, patient education, informed consent, interprofessional communication;
2. Participate in the surgery including scrub case;
3. Participate in post-operative care and post-operative planning with patient care and discharge coordination.

- **Submission:** After completion of each comprehensive surgical care patient, students will document as an **Educational Activity in ETS "**[SURG] Completion of comprehensive surgical care patient (pre-surgery, surgery, and post-surgery participation)".

Patient Care

Patient Log Requirements using the Encounter Tracking System (ETS)

Students should enter patient encounter data into the Encounters Tracking System (ETS) on a *daily* basis. Students are required to record a minimum of **110** patient encounters during Surgery Clerkship. Students will record all clinical problems and procedures that were part of patient encounters. **All required problems must have a Perform level of participation, and all procedures must be assisted or performed.** Failure to record required patient care by 5:00 pm on the last day of the Clerkship will result in a grade of "IR" (incomplete, requires remediation); the student will therefore be ineligible for honors and additional time on the Clerkship may be required. If a student fails to meet this deadline, they risk failure of the clerkship. The table below lists the required problems and procedures for this clerkship. Those procedures marked with an asterisk* must be completed in the clinical setting and require direct patient contact.

Minimum Required	Problem/Condition	Location of Service	Level of Participation		
			Observe	Assist	Perform
40	Gastrointestinal Disease	Inpatient **or** Outpatient			x
20	General (non-GI) surgical	Inpatient **or** Outpatient			x
20	Oncology	Inpatient **or** Outpatient			x
Minimum Required	**Procedure**		**Level of Participation**		
			Observe	**Assist**	**Perform**
30	Major Surgery (operations conducted under general anesthesia)*			x	
20	General surgery			x	
10	Wound Repair or Wound Suturing*				x
3	Airway Management or Intubation*				x
2	Foley urinary catheter placement of at least one female and one male*				x

Patient Log (ETS) Monitoring Policy

Encounter data are monitored by the Clerkship Directors to assure that students are meeting clerkship requirements. If it becomes apparent that students are not encountering the required patient conditions, efforts will be made to

specifically select the needed patients for you to see. If these opportunities for specific patient encounters do not occur, the student will be exposed to the conditions/diseases secondarily through reading assignments, completion of Aquifer Cases, or discussions with the Clerkship Director.
Level of participation in patient care is determined by the student involvement during the history, physical exam, assessment and treatment plan. The complexity of these components will vary, but for the purposes of choosing a level of participation, three categories have been created, *all of which include supervision of the medical student.* The student will select the level of participation that most closely describes their involvement in the patient encounter.

- **Observe** should be selected when the student observes a clinician conducting the patient encounter.
- **Assist** should be selected when the student assists a clinician in conducting the patient encounter.
- **Perform** should be selected when the student leads or conducts the patient encounter.

Alternate Educational Experiences
Should the student be unable to complete and record a required clinical encounter or other clerkship requirement due to circumstances beyond their control, the education director will determine an appropriate alternative educational experience. The student will record as instructed in ETS. Utilization of alternative educational activities is monitored by the curriculum committee on a regular basis.

Online Curriculum

Aquifer WISE-MD Online Cases
Students are **required** to complete the **six (6) topic modules** listed below, from the Aquifer WISE-MD virtual patient online learning site. There are 22 case modules in all with 16 skills modules. Students are encouraged to complete all modules.

1. Abdominal Aortic Aneurysm
1. Carotid Stenosis
2. Pediatric Hernia
3. Thyroid Nodule
4. Trauma Resuscitation
5. Venous Thromboembolism

Course Meetings and Lectures

Each student will have weekly scheduled contacts with the Surgery Clerkship Director, who will oversee patient log entries in order to provide breadth and depth of patient experience, avoid duplication, and assure compliance with clerkship objectives. Case-based didactic sessions will be held weekly with the Clerkship Director. Review of student workhours, patient log and progress on WISE-MD cases will be part of the weekly meetings with the Clerkship Director and the mid-clerkship evaluation.

End of Clerkship Exam

On the last day of the clerkship, students will take the 100-question NBME Clinical Subject examination for Surgery. This exam does not test your knowledge of surgical technique, but instead concentrates on establishing a diagnosis, principles of management, nutritional and digestive diseases and understanding the mechanisms of disease. This exam tests the application and integration of knowledge, rather than the recall of isolated facts. For these reasons, students cannot just study isolated facts, or cram at the last minute. A schedule of programmed reading throughout the clerkship is necessary to be successful. Many students have seen only the drama of the operating room, failing to see this "medical" side of surgery, and have therefore felt that the exam is "almost all medicine". LIC students will sit for the exam according LIC policies document. There are NBME self-assessment tools available by request to your Student Support Coordinator. Contact your student support coordination for the student voucher availability policy.

Learning Resources

Institutional Resources
The Maguire Medical Library offers 24/7 remote access to online resources that support the **core clerkships.** They include Mobile Resources, Point of Care, and Subject Guides.

Required Reading

A **self-study program** has been designed to assist students in addressing the core course content from among the vast amount of surgical information available. Students may design their own learning program, adherence to this program will result in exposure to the core material and breadth of knowledge deemed necessary for this clerkship.
The textbook described below provides students with the opportunity to make the most of the surgical clerkship experience. As adult learners, students will decide how many chapters in the required text should be read each week. The suggested self-study program is designed for a student to complete the readings by the end of the clerkship. Following this program will favorably position students to take the tough end-of-clerkship NBME Clinical Subject Exam.

Surgery: A Case Based Clinical Review **Weekly Reading Schedule**	
1	Part I: Acute Care Surgery, Part XIII: Trauma, Part XII: Surgical Complications
2	Part VI: Hepatopancreaticobiliary, Part XIV: Upper Gastrointestinal, Part VII: Lower Gastrointestinal
3	Part II: Breast, Part III: Cardiothoracic, Part IV: Endocrine
4	Part V: Head and Neck, Part VIII: Neurosurgery, Part IX: Orthopedic
5	Part X: Pediatric, Part XV: Urology, Part XVI: Vascular
6	Question Sets and Answers, Exam Preparation

When the reading program is completed, the student will have achieved familiarity with those topics and subtopics listed in the table below, which constitute the core material for the clerkship. When first confronted by surgery, many students see only the technical side (i.e. the procedures done in the operating room). While the surgical technique is unquestionably important, of equal importance to the results from operative surgery are preoperative preparation (including diagnosis and workup) and postoperative care. Listed below are the **General Topics for the Core Content** for which you will be held responsible. Included within each general topic are several subtopics that have proved to be of frequent interest to test-writers. Once you have mastered the information included in the larger General Topic, make certain that you are familiar with the subtopics as well.

MAIN TOPIC	**SUBTOPICS**
Preoperative and Postoperative Care	nutritional assessment, immunocompetence, infection risks, factors affecting wound healing, respiratory failure
Postoperative Complications	fat embolism, aspiration, myocardial infarction, cardiac failure, gastric dilatation, wound dehiscence, geriatric problems, such as delirium, dementia, and the propensity to fall
Special Medical Problems in Surgical Patients	
a) *Endocrine Disease*	diabetes, hyperparathyroidism, hypothyroidism, adrenal insufficiency
b) *Heart Disease*	coronary artery disease
c) *Renal Disease*	renal failure
d) *Hematologic Disease*	surgery in patients with hematologic malignancies and/or receiving anticoagulants, disorders of hemostasis; coagulation factor concentrates.
Wound Healing	biochemistry of healing; factors retarding healing
Inflammation, Infection, and Antibiotics	infection risk factors, necrotizing infections, antibiotic colitis, tetanus, rabies, venomous bites
Fluid and Electrolyte Management	acid-base balance, if given values for HCO3, pH, PaCO2 you must be able to identify acidosis/alkalosis, metabolic/respiratory, compensated/uncompensated states
Surgical Metabolism and Nutrition	complications of parenteral nutrition, the desirability of enteral nutrition
Anesthesia	nerve injuries due to malpositioning, complications of anesthesia
Shock and Acute Pulmonary Failure	cardiac compressive shock, cardiogenic, neurogenic, and septic shock, ARDS, fat embolism, pulmonary embolism
Management of the Injured Patient	tension pneumothorax, flail chest, aortic rupture, arteriovenous fistula, liver/pancreas injuries
Burns and Other Thermal Injuries	burn complications, heat stroke, frostbite
Head and Neck Tumors	salivary gland tumors, squamous cell cancers
Thyroid and Parathyroid	evaluation of thyroid nodules, thyroid carcinoma, hypercalcemic crisis, secondary hyperparathyroidism
Breast	Paget's disease (including clinical appearance), carcinoma during pregnancy and lactation, non-invasive carcinoma, nipple discharge

Thoracic Wall, Pleura, Mediastinum, and Lung	chylothorax, mesothelioma, superior vena cava syndrome, solitary pulmonary nodule, myasthenia gravis
Heart	Acquired Heart Disease: valvular disease, aortic dissection Congenital Heart Disease: VSD, transposition, tetralogy, PDA, coarctation
Esophagus and Diaphragm	achalasia, scleroderma, Zenker's diverticulum, GERD, Boerhaave's syndrome, diaphragmatic hernias
The Acute Abdomen	you learned all of this when you read the Cope text
Peritoneal Cavity	pseudomyxoma, retroperitoneal fibrosis, workup of abdominal masses
Stomach and Duodenum	gastrinoma, volvulus, Mallory-Weiss, MALT tumors, GI bleeding
Liver and Portal Venous System	hepatoma, hepatic metastases, hepatic adenoma, Budd-Chiari, splenic vein thrombosis
Biliary Tract	gallstone ileus, cholangitis, emphysematous cholecystitis
Pancreas	cystic neoplasms, islet cell tumors, pancreatic ascites/effusion, adenocarcinoma
Spleen	hereditary spherocytosis, ITP, TTP, post-splenectomy sepsis, myeloid metaplasia
Small Intestine	blind loop syndrome, mesenteric occlusion, carcinoid tumors, Crohn's disease
Large Intestine	polyps, volvulus, colitis
Anorectum	rectal prolapse, rectal fissure, fistula-in-ano, pilonidal cyst
Hernias and Other Lesions of the Abdominal Wall	femoral hernia, obturator hernia
Adrenals	primary aldosteronism, pheochromocytoma, incidentalomas, Cushing's
Arteries	embolism, visceral aneurysms, thoracic outlet syndrome, renovascular hypertension, cerebrovascular disease
Veins and Lymphatics	deep vein thrombosis, thromboembolism, lymphedema
Neurosurgery and Surgery of the Pituitary	subdural and epidural hemorrhage, meningiomas, arteriovenous malformations, trigeminal neuralgia
Otolaryngology	facial nerve paralysis, vocal cord paralysis, inflammatory neck masses
Eye and Ocular Adnexa	glaucoma, retinal detachment, corneal abrasion, perforation
Urology	calculi, renal carcinoma, prostatic and testicular carcinomas
Gynecology	ectopics, cervical carcinoma, carcinomas of the uterus and ovary, molar pregnancy, endometriosis
Orthopedics	compartment syndromes, Morton's toe, hip fractures, lumbar discs
Plastic and Reconstructive Surgery	basal cell, melanoma, and squamous carcinomas
Hand Surgery	nerve injuries, hand space infections, carpal tunnel syndrome
Pediatric Surgery	thyroglossal and branchial cysts, Hirschsprung's disease, Wilms tumor, neuroblastoma, esophageal atresia, undescended testicle
Oncology	sarcomas, Hodgkin's, paraneoplastic syndromes, breast, and colon chemotherapy
Organ Transplantation	histocompatibility testing, pharmacology of immunosuppressive drugs

Recommended Reading

- *Surgical Recall* by Lorne H. Blackbourne, 2014
- *Current Diagnosis and Treatment: Surgery* by Gerard M. Doherty, 2015
- *Shelf-Life Surgery* by Stanley Zaslau, 2014
- *Cope's Early Diagnosis of the Acute Abdomen* by William Silen, 2010
- *Sabiston Textbook of Surgery* by Courtney M. Townsend; R. Daniel Beauchamp; B. Mark Evers; Kenneth L. Mattox, 2016
- *Essentials of General Surgery and Surgical Specialties* by Peter Lawrence, 6th Edition, 2019

Electronic Resources

- ACS/ASE Medical Students Core Curriculum: Essential Content for Surgery Clerkships https://www.facs.org/education/program/core-curriculum

Evaluation

Clerkship Specific Grading

The standardized clerkship policy can be found on the Office of Medical Education website.

1. If any remediation is required, the student is no longer eligible for honors, and will be assigned an initial grade of IR (Incomplete Remediation) until remediation has been completed
2. **Any breach in professionalism renders a student ineligible for honors**
3. Documentation of at least 110 patient encounters (pass/fail)
4. Documentation of at least 30 major surgeries (pass/fail)
5. Completion of required problems and procedures (pass/fail)
6. Documentation of care of 3 to 6 comprehensive surgical patients (pass/fail)
7. Evidence-based Controversies in Surgery paper (pass/fail)
8. Completion of the six topic modules in Aquifer Wise-MD (pass/fail)
9. Clinical performance must be exemplary to be considered for honors
10. NBME must be at 75th percentile or higher to be eligible for honors consideration and must be at the 10th percentile to pass the clerkship

Evaluation

1. *Formative.* A mid-clerkship evaluation is completed at the mid-point of the Clerkship by the Clerkship Director and will provide feedback to the student on progress in the clerkship. This will include progress toward achievement of clerkship objectives, competencies, assignments and required encounters. See the Canvas M.D. Clerkships AY 2020-2021 site for student user workflow guide.
2. *Summative.* An evaluation of student clinical performance will be completed by the assigned Clerkship Faculty at the end of the clerkship, as well as by the resident the student worked with during the sub-internship. A final summative report will be completed by the Clerkship Director at the end of the clerkship. The Education Director will review all components of the clerkship and include an assessment of each in the final grade summary.

Grade Assignment

The final grade is assigned by the Education Director and is based on all aspects of the clerkship, including clinical performance, attitude and performance during the weekly meetings with the Clerkship Director, and the results of the NBME Clinical Subject Exam. There are no grade quotas, and it is possible for any student to earn the grade of honors.

Course Objectives

The following table outlines the clerkship objectives and assessment method for each, intended to be used as a guide for student learning. Each clerkship objective is mapped to the FSU COM Educational Program Objectives (EPOs) and ACGME Core Entrustable Professional Activities (EPAs). To view the complete table and for an overview of the curricular map for the clerkship years at the Florida State University College of Medicine, please visit the syllabi page of the Office of Medical Education website.

Clerkship Objectives	**EPO**	**Assessment**						
Surgery	**Educational Program Objectives**	**End of Clerkship Exam**	**Faculty Observation**	**Clerkship Director Observation**	**Oral Presentation**	**Patient Documentation**	**Assignments**	**Online Module**
Develop familiarity with suturing wounds, bladder catheterization, and airway management.	1.1		x	x				
Recognize an acute surgical abdomen and identify its probable cause.	1.1, 2.1	x	x	x				
Demonstrate proficiency in scrubbing and maintaining sterile technique, dressing clean and contaminated wounds, wound closure with sutures/staples, drain management, wound debridement, and operative assistance.	1.1, 2.2		x	x				

Demonstrate appreciation of ethical, cultural, and public health issues in surgery including traditionally underserved populations, and oversight of surgical practice at the local, state, and federal levels.	1.1, 3.9, 4.1, 5.5, 7.1		x	x				
Effectively and respectfully communicate with colleagues, staff, patients, and families, emphasizing patient-centered care.	1.1, 1.5, 4.1, 5.1		x	x				
Conduct a focused medical history, targeted physical examination, and create a meaningful differential diagnosis for surgical conditions.	1.2, 1.3, 1.6, 2.1, 2.3	x	x	x	x	x		
Demonstrate familiarity with common anesthetic agents, their administration, recovery from their usage, and develop facility with airway management.	1.4, 2.2		x	x			x	x
Identify, evaluate quality and utilize scientific evidence to resolve a controversy in surgical care.	2.3						x	
Apply informatics to critical appraisal of surgical literature, and making evidence based surgical diagnostic and therapeutic decisions.	1.6, 2.3, 3.6, 6.2		x	x			x	x
Participate in the continuity of patient management through all phases of surgical care including pre-operative, peri-operative, intra-operative, post-operative, and post-discharge.	1.7, 4.2, 4.3		x	x				
Demonstrate familiarity with core surgical knowledge to include commonly encountered problems in orthopedics, urology, otolaryngology, thoracic/cardiovascular, and neurosurgery.	1.9, 2.1	x	x	x				
Demonstrate ability to provide concise and logical patient presentations.	2.1, 4.1		x	x	x			

Policies

Absence and Attendance Policy

The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course schedules. See FSUCOM Student Handbook for details of attendance policy, notice of absences and remediation. Students must use the absence request form that is located on Student Academics.

Extended absences from the clerkship are not permitted. Any absence from the clerkship must be **pre-approved by the regional Campus Dean** prior to the beginning of the clerkship, using the student absence request form. Even with an excused absence, the student will complete the scheduled work as outlined.

The Clerkship Faculty, Clerkship Director and Education Director must be notified of any absence in advance by the student. In the case of illness or other unavoidable absence, follow the same procedure outlined above, and notify everyone as soon as possible. **Unapproved absences during the clerkship will result in a grade of "incomplete" until remediated, and may result in a grade of "fail" for the clerkship.**

Academic Honor Policy

The Florida State University Academic Honor Policy outlines the University's expectations for the integrity of students' academic work, the procedures for resolving alleged violations of those expectations, and the rights and responsibilities of students and faculty members throughout the process. Students are responsible for reading the Academic Honor Policy and for living up to their pledge to "...be honest and truthful and...[to] strive for personal and institutional integrity at Florida State University." (Florida State University Academic Honor Policy, found at http://fda.fsu.edu/academic-resources/academic-integrity-and-grievances/academic-honor-policy.

Americans with Disabilities Act

Students with disabilities needing academic accommodation should: (1) register with and provide documentation to the Office of Accessibility Services; and (2) bring a letter to the instructor indicating the need for accommodation and what type. Please note that instructors are not allowed to provide classroom accommodation to a student until appropriate verification from the Office of Accessibility Services has been provided. This syllabus and other class materials are available in alternative format upon request. For more information about services available to FSU students with

disabilities, contact the:

Office of Accessibility Services
874 Traditions Way
108 Student Services Building
Tallahassee, FL 32306-4167
(850) 644-9566 (voice)
(850) 644-8504 (TDD)
Email: oas@fsu.edu
https://dsst.fsu.edu/oas

College of Medicine Student Disability Resources

Candidates for the M.D. degree must be able to fully and promptly perform the essential functions in each of the following categories: Observation, Communication, Motor, Intellectual, and Behavioral/Social. However, it is recognized that degrees of ability vary widely between individuals. Individuals are encouraged to discuss their disabilities with the College of Medicine's Director of Student Counseling Services and the FSU Student Disability Resource Center to determine whether they might be eligible to receive accommodations needed in order to train and function effectively as a physician. The Florida State University College of Medicine is committed to enabling its students by any reasonable means or accommodations to complete the course of study leading to the medical degree.

Student Mistreatment Policy

If you feel you are being mistreated, please refer to the Student Mistreatment Policy in the FSUCOM Student Handbook and report the incident as soon as possible.

Student Work Hours Policy

The FSU College of Medicine adheres to the ACGME requirements regarding clinical work and education. This includes working no more than 80 hours per week and no more than 24 hours continuously, except an additional 4 hours may be added to the 24 to perform activities related to patient safety, such as transitions of care or education. Additional patient care responsibilities must not be assigned during this time. Students will have at least one out of every 7 days off, completely free from clinical and educational duties, when averaged over 4 weeks.

Documentation of work hours: Students will use ETS to document by self-report their daily work hours. Students must enter daily work hours that includes both clinical experience and educational activities. Failure to report work hours is considered a breach of professionalism.

- Clinical care, including documentation in medical record
- Required educational meetings (i.e. Doctoring 3, clerkship meetings, educational meetings at residency programs)

Hours that should not be included in self-reported work hours include reading about patient conditions and procedures, self-directed study for clerkships/courses, work completed for assignments, learning modules and assigned reading.