

## **SURGERY CLERKSHIP CASE WRITE-UP**

**Requirement:** "One written H&P turned in to the Preceptor"

**Guidelines:**

1. Write your name and the date submitted at the top of the write-up.
2. Do *not* include any identifying patient information: DOB, MRN, etc.  
**This is a HIPAA violation.**
3. Limit the entire write-up to **2 pages, MAX.**
4. State the chief complaint in the patient's own words.
5. Use generic names for all medications, and include dosages and frequency.
6. Include a Review of Systems and include only pertinent positives and negatives.
7. Tailor the extent of your physical exam to the relevant clinical problem (i.e. a full neurologic exam is not generally warranted in someone with acute appendicitis).
8. Include relevant labs and results of studies, but do not cut and paste directly from radiology reports; summarize relevant findings in your own words.
9. Include your own **plan** for the patient at the time of evaluation, even if you already know the patient's subsequent course and management (you can relate any interesting findings or events in a "Hospital Course" or "Operative Findings" section after your assessment and plan).
10. Please spell-check carefully.
11. Limit your topics to general surgery problems.
12. Submit to your preceptor in the format and by the date specified by the preceptor

Student Name: \_\_\_\_\_

Observer Name and Role:-----

Clerkship Site: -----  
Date: \_\_\_\_\_

Observed History and Physical Examination  
Evaluation Form

A student in the Major Clinical Year should be able to perform a basic history and physical exam in a respectful, organized, and succinct manner. A particular challenge in Surgery is to obtain a history that is complete, yet pertinent to the chief complaint. The physical exam should be similarly complete, yet focused. It is important to recognize that the ability to perform an elegant, thorough yet streamlined H&P comes only with extensive practice and experience. But one has to start somewhere!

At the end of the H&P, the student should formulate an appropriate differential diagnosis and be able to discuss his or her initial impressions with the patient and a faculty or senior resident observer. This evaluation rubric should be used as a tool during the observation and as a framework for a constructive feedback conversation between the student and the observer.

At the end of the encounter, please provide the student with some directed verbal and written feedback regarding his/her performance.

*This is a timed exercise.* The goal is to complete the history, examination, and wrap-up in 15 minutes. *Please note the start time here:* \_\_\_\_\_

Performance Assessment Guidelines *(Please circle the point value corresponding to the student's level of performance in each specific task).*

*Excellent (E):* The learner performs the task expertly and is able to smoothly adjust to complications; performance is well above his/her level of training.

*Very Good (VG):* The learner performs the task with skill, relative ease, and advanced understanding.

*Satisfactory (S):* The learner is able to perform the essentials of the task but misses more advanced nuances and at times struggles in his/her execution.

*Marginal/Did not do (M):* The learner either neglects the task completely or fails in its execution.

	<u>M/No</u>	<u>S</u>	<u>VG</u>	<u>E/Yes</u>
<b>Introduction and History</b>				
1. Did the student greet the patient and introduce himself/herself?	0			2
2. Does the student clarify his/her role on the team and the purpose of the current encounter?	0			2
3. Can the student elicit an accurate and thorough history of present illness?				
a. Does the student begin with open-ended questions and then progress to more specific questions?	0	1	2	3
b. Does the student use open and encouraging body language (sits when possible, maintains appropriate eye contact, avoids fidgeting, uses appropriate tone of voice)?	0	1	2	3
c. Does the student allow the patient to speak without interruption, or redirect the patient appropriately when necessary?	0	1	2	3
d. Does the student show interest and respect throughout the interview?	0	1	2	3
e. Does the student listen carefully?	0	1	2	3

4. Is the student able to complete all pertinent aspects of the history?				
a. HPI	1	2	4	5
b. PMH	1	2	3	4
c. Medications	0	1	2	3
d. Allergies	0	1	2	3
e. Social history (Occupation, smoking, alcohol, illicit, and any additional aspects germane to complaint)	0	1	2	3
f. Family history	0	1	2	3
g. Review of systems	0	1	2	3
5. Was the information gathered in an organized way?				
	1	2	4	5
6. Does the student attempt to clarify the patient's story by summarizing accurately?				
	1	2	3	4
Physical Exam				
1. Does the student wash his/her hands?				
	0			3
2. Is the student mindful of the patient's modesty and comfort (draping, closing curtain/door, asking others to step out of room)?				
	0	1	2	3
3. Does the student perform the pertinent aspects of the exam germane to the patient's chief complaint?				
	1	2	4	5
4. Are the exam maneuvers performed correctly?				
	1	2	4	5
5. Is the exam performed in an organized, logical, and fluid manner?				
	0	1	2	3
Differential Diagnosis and Counseling				
1. Does the student discuss his or her initial impression of the patient's problem with the patient?				
	1	2	4	5
2. Does the student use language that the patient can understand and avoid technical terms and jargon?				
	1	2	3	4
3. Is the differential diagnosis accurate, appropriate in scope, and rationally prioritized?				
	1	2	4	5
4. Does the student describe what he/she proposes as the next steps in diagnosis and management?				
	0	2	4	5
5. When appropriate, does the student provide counseling regarding modifiable risk factors or dangerous habits?				
	0	1	2	3
6. Does the student solicit, acknowledge, and respond to the patient's questions and concerns appropriately?				
	1	2	3	4
7. Does the student provide closure to the interview?				
	0	1	2	3
Timing				
1. Note the end time here:				
2. How long did the encounter take? <i>minutes</i>				
TOTAL POINTS AVAILABLE:	10	36	68	100
STUDENT SCORE:				



# MID-CLERKSHIP STUDENT SELF-ASSESSMENT AND FEEDBACK

Columbia University College of Physicians & Surgeons

In order to optimize both students' learning experience and their performance in the second half of each clerkship, we have developed and implemented a mid-clerkship feedback process centered around two documents, a student self-assessment form and a faculty formative feedback form. **It is our standard and expectation that the feedback process take place in a one-on-one, face-to-face session between the student and the teacher.** Importantly, the feedback process is intended as a tool for *learning* and *improvement*, as opposed to an *evaluation* tool; i.e., it is *not* meant to forecast, predict, or suggest a grade for the clerkship. There are steps that both students and teachers (including both faculty and residents) can take to make the process most effective.

***For students:*** Feedback is particularly helpful when you take an active role in reflective self-assessment prior to the feedback session, rather than passively receiving the feedback. Furthermore, research has shown that if you make an effort to correlate or validate your own perceptions of your performance with specific external cues and evidence from your experience, the process is more likely to be beneficial. *With these facts in mind*, please complete the following form *prior* to your mid-clerkship feedback session and share the completed form with the faculty member providing feedback.

***For teachers:*** Feedback is most helpful when it is geared to the individual student's concerns and when it offers specific, concrete, and constructive suggestions for improvement and change. *With this in mind*, please be sure to respond specifically and directly to points addressed in the student's self-assessment, and work with the student to generate an individualized and substantive plan for identifying and clarifying areas of disconnect (positive or negative) between the student's self-perception and objective performance, perpetuating progress and excellence, and establishing competence and proficiency in areas that require additional focus. Make every effort to be clear as to which aspects of feedback are prompted by the student's self-assessment, and which are originating from observations made by supervisors. *Narrative comments are most helpful.*

The **student and teacher should BOTH sign BOTH forms**, prior to ensuring that the forms are returned to **Doris Leddy (CUMC)** or your **preceptor or site coordinator (Stamford, Bassett, St. Luke's)**..

Thank you for your participation and thoughtful reflection. Please direct questions, concerns, and comments regarding the mid-clerkship feedback process to Dr. Roman Nowygrod ([RN5@columbia.edu](mailto:RN5@columbia.edu)).



**MID-CLERKSHIP STUDENT SELF-ASSESSMENT**

Columbia University College of Physicians & Surgeons

Student \_\_\_\_\_  
Clerkship \_\_\_\_\_

Date \_\_\_\_\_  
Site \_\_\_\_\_

**Student:** Please complete this form *prior* to your mid-clerkship formative feedback session and share the completed form with the faculty member providing feedback. After the feedback session, the **Student and Faculty** should both sign this form and return it along with the MID-CLERKSHIP FORMATIVE FEEDBACK FORM to **Doris Leddy (CUMC)** or your **preceptor (Stamfort, Bassett, St. Luke's)**.

1) **What do you think are some of your strengths in this clerkship, and why? (list at least 3)**

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2) **What areas do you think you need to focus on for improvement in this clerkship, and why? (list at least 3)**

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3) **What would you like explicit feedback about? (list at least 3 questions or areas of concern)**

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\_\_\_\_\_  
Student Signature

**I acknowledge I have read and responded to the above:**

\_\_\_\_\_  
Faculty Signature (required)

**MID-CLERKSHIP FORMATIVE FEEDBACK**  
Columbia University College of Physicians & Surgeons

Student \_\_\_\_\_ Faculty/House Officer \_\_\_\_\_

Clerkship \_\_\_\_\_ Site \_\_\_\_\_ Date \_\_\_\_\_

Each student is required to receive explicit feedback midway through the clerkship. Prior to receiving feedback, the student must complete a self-assessment, which should be shared with the faculty member and used to direct feedback. **Please not only check the appropriate boxes, but also complete the narrative comments at the end of the form, since these are most helpful.** The student and faculty member should both sign the form prior to turning it in as follows, *before the end of the third week*: **CUMC Medical Students → Doris Leddy; Bassett, Stamford & SLR → Preceptors**

**For student:** Do you know the goals and objectives of this clerkship and your role? Yes  No

**For faculty member:** Did you provide direct feedback in response to the student's self-assessment? Yes  No

MUST ADDRESS THE SIX COMPETENCIES WITH THE MEDICAL STUDENT:

- 1) Medical Knowledge
- 2) Patient Care
- 3) Practice-Based Learning and Improvement
- 4) Interpersonal and Communication Skills
- 5) Professionalism
- 6) Systems-Based Practice

<b>1. Medical Knowledge: <i>Understanding of the scientific basis for the practice of medicine.</i></b>				
	Area for Focus		Progressing Adequately	Area of Particular Strength
Overall Assessment				
Case Write-up				
<b>2. Patient Care: <i>Clinical skills and clinical reasoning/problem solving.</i></b>				
	Area for Focus		Progressing Adequately	Area of Particular Strength
Histories and Physical Examinations				
Case Presentation				
	Reporter	Interpreter	Manager	Expert
Management Skills				
<b>3. Interpersonal and Communication skills: <i>Effective information exchange and rapport with patients.</i></b>				
	Area for Focus		Progressing Adequately	Area of Particular Strength
Communication with patient and family				
Communication with attending				
Communication with team members				
<b>4. Professionalism: <i>Commitment to the highest standards of professional responsibility, adherence to ethical principles, and sensitivity in all interactions.</i></b>				
	Area for Focus		Progressing Adequately	Area of Particular Strength
Reliability and professional responsibility in the completion and fulfillment of tasks and duties				
Adaptability and openness to feedback, self-improvement, and self-directed learning				

<b>5. Practice-based Learning:</b> <i>Examination and evaluation of patient care practices, and appraisal and assimilation of scientific evidence to improve abilities.</i>			
	Area for Focus	Progressing Adequately	Area of Particular Strength
Independent reading			
Accepting Feedback			
Presentation on a Topic			
Time Management Skills			
<b>6. Systems-based Practice:</b> <i>Knowledge of and responsiveness to the larger context of health care.</i>			
	Area for Focus	Progressing Adequately	Area of Particular Strength
Efficient application and use of system resources			
Working effectively as member of health care team			

**Please provide *specific* comments addressing each of the following areas (*required*):**

**1) Areas of particular strength:**

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**2) Improvement goals for this clerkship:**

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**3) Specific strategies for improvement:**

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**I acknowledge I have read the above:**

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Student Signature (MUST SIGN)

Faculty Signature

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