

CORE SURGERY (SURG 301/302) Syllabus

Kansas City University
College of Osteopathic Medicine



COURSE DIRECTOR

Charles B. Harper III, DO

charper@asakc.com

CREDIT HOURS: 8

COURSE DESCRIPTION

This required clerkship provides students with clinical exposure, observation, and training to further develop their understanding and skills in general surgery. Students actively participate in the care of surgical patients in various stages of evaluation and treatment in the operating room, clinic, and office. These include, but are not limited to, preoperative visits, in-patient admission, operative procedures, and inpatient and outpatient recovery. Students participate as a member of a multidisciplinary team responsible for patient care.

Course Goals

[COURSE GOALS](#)

INSTRUMENT(S) OF STUDENT EVALUATION AND ASSESSMENT

- *Students will be evaluated through a combination of one or more of the following assessment modalities*
 - *Clinical Competency Assessment from Preceptor*
 - *Boards and Beyond Videos*
 - *TrueLearn Quiz*
 - *Standardized Case Log*
 - *End of Clerkship Reflections from the Student*
 - *SURGERY COMAT Exam*

This syllabus is to provide the student guidance in what may be covered and expected during the clerkship. Every effort will be made to avoid changing the clerkship requirements but the possibility exists that unforeseen events will make syllabus changes necessary. KCU reserves the right to amend, modify, add, delete, supplement and make changes as the clerkship needs arise.

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Clerkship Requirements for SURG-301 & 302

Didactic Conferences and Reading Assignments

While the focus of the clinical years is hands-on experience, didactic conferences and reading assignments are often provided as an aide to this learning process. Completion of reading assignments and attendance at didactic conferences scheduled by KCU, the Regional Assistant Deans, DMEs, the core site hospital, clerkship service or preceptor are required without exception.

Boards and Beyond Videos

Required Boards and Beyond videos have been added to core clerkship curriculum and must be completed and then acknowledged in Canvas prior to receiving a final grade and credit. The quiz associated with each required video from the playlist is highly encouraged, but not required. While students are encouraged to work through all Boards and Beyond Videos, only the following are required to be completed by the last day of the clerkship.

TrueLearn Quiz

A required 60 question TrueLearn quiz has been added to core clerkship curriculum and must be completed prior to receiving a final grade and credit. Students are encouraged to work through the TrueLearn Level 2 Combank throughout the third year to assist in preparing for COMAT's and COMLEX Level 2.

Case Log

In order to reasonably standardize the surgery experience for all KCU students across many sites, **students will be required to complete a case checklist of common acute and chronic problems, and health maintenance visits.** If a student has been unable to see a patient with a particular problem, the student can supplement their experience with content from Boards and Beyond, or receive case-based instruction about that problem or visit type from their preceptor. The preceptor will sign off the list, acknowledging that the student has completed the expected encounters, and understands the principles presented.

COMAT Exam (End of Clerkship)

Students must pass a National Board of Osteopathic Medical Examiners (NBOME) Comprehensive Osteopathic Medical Achievement Test (COMAT) upon completion of each 3rd year core discipline.

Students are expected to study for these exams with similar rigor as all other high stakes examinations.

Exam Blueprint

Students are awarded a grade of Fail, Pass or Honors for COMAT Exams based on academic year norms established by the NBOME in combination with minimum standards set by KCU. Exam scores and Examinee Performance Profiles (EPP) are made available to students within 10 business days following the Exam date through www.nbome.org. [NBOME Percentile Scores](#) provide normative information about the relative rank of test takers' performance in comparison to others who took the Examination.

When a student does not achieve a passing score on a COMAT Exam, a retake is required. The exact date and time of the remediation Exam will be communicated by the Assessment Department and students are expected to retake the Exam as scheduled.

The COMAT is not a requirement for SURG 301. Upon successful completion of SURG 301, you will receive a grade of “P” on Workday. If a grade of “H”, “F”, or “F/P” is achieved for SURG 302, Clinical Education will send a grade change form to the Registrar’s office so that your SURG 301 & 302 grades both reflect the SURG 302 grade.

End of Clerkship Reflections

Students are responsible to complete End of Clerkship Reflections through eValue at the end of every clinical experience to include:

- Evaluation of the Clerkship
- Evaluation of the Preceptor

Completion of these reflections are required prior to receiving a final grade or credit for any clerkship. Students are encouraged to provide accurate comments regarding the preceptor/clerkship experience. All information submitted in the reflections is anonymous and will be de-identified for anonymity before being released to the site or preceptor the following academic year.

Clerkship Attendance Policy

Please refer and adhere to the following sections in the Clinical Education Guidelines.

- Clinical and Educational Work Hours
- Absence from Clerkships

Evaluation & Grading

To be successful in this course the student must achieve the minimum score required in each component listed below. The final grade of Pass/Fail/Honors for the core rotation is derived from the following components:

Component	Evaluation Tool	Minimum Score Required
Clinical Competency Assessment from Preceptor	Clinical Clerkship Evaluation via eValue	Upon completion of this clerkship students should perform the behaviors outlined within the “expected” level of each competency rated on the clinical clerkship evaluation and the AACOM Osteopathic Core Competencies for Medical Students. Student evaluations with ratings of below expected for any competency may result in failure.
Standardized Case Log	Case Log via CANVAS	Upon completion of this clerkship, student is responsible for completing the case checklist in CANVAS with preceptor confirmation.
End of Clerkship Reflections <i>from the Student</i>	Evaluation of Clerkship Evaluation of Preceptor	Upon completion of this clerkship student is responsible for completing

	Via eValue	evaluations of clerkship and preceptor via eValue.
Boards and Beyond	Videos	Completion of each video
TrueLearn	Quiz	Completion of quiz
Standardized Assessment	COMAT Exam	Scaled Score of 85 or greater Honor's Score is 113 or greater

All of above items are mandatory for successful course completion. Clinical Performance is assessed by each attending with whom the student has contact. Professionalism and work habits are a significant portion of the clinical assessment. These include the student attitude, demeanor, and interaction with attendings, peers, and staff. Character qualities and behaviors such as punctuality, teachability, honesty, bedside manner, and integrity are important for your professional development.

Please note, at the discretion of the clerkship director, result in failure of rotation for non-professional student conduct, i.e. issues with attitude, absenteeism, participation.

Course Structure

Clerkships occur in various settings across the country and provide a wide variety of educational experiences giving students an opportunity to understand how context influences the diagnostic process and management decisions. Physicians routinely address complexities, including patients with multiple concerns, various psychosocial issues, and different, sometimes conflicting behaviors that influence their health and health care. Due to the breadth of care provided by physicians it is not possible to list all potential patient presentations that physicians competently manage. The required elements within the clinical curriculum are progressive and accomplished across the continuum of the required clerkships.

Students will rotate in assigned clinical settings in order to complete the required clerkships. Preceptors will specify site requirements for the clerkship and will see that students are provided with an appropriate level of clinical and didactic experience. To ensure consistency among clerkships, this standardized curriculum is provided. In order to successfully complete the required clerkships, students must fulfill requirements specified by their preceptor and complete the required elements of the standardized curriculum.

The KCU-COM standardized core curriculum has been designed for the purpose of ensuring that students understand expectations and work to achieve competency in the diagnosis and management of common illnesses. In so doing, students will gain an appreciation for appropriate utilization of a variety of treatment modalities.

Required Textbooks

[Schwartz's Principles of Surgery \(Access Surgery\)](#) – 11th ed.

[CURRENT Diagnosis & Treatment: Surgery \(Access Surgery\)](#) – 15th ed.

Recommended Resources

- U.S. Department of Health and Human Services: Agency for Healthcare Research and Quality

- (AHRQ) – National Guideline Clearinghouse <http://www.guidelines.gov/browse/bytopic.aspx>
- American College of Osteopathic Family Practice OMT examination and procedures videos: https://www.acofp.org/ACOFPIPIMIS/Acofporg/Education_Online_Learning/OMT_Resources/Acofporg/Education_Online_Learning/OMT_Resources.aspx?hkey=81b3c4e5-7db7-4877-b663-1e13602c3cf7
- The United States Preventive Services Task Force is a suggested reference source for evidence-based health promotion/disease prevention *plans*. <http://www.uspreventiveservicestaskforce.org/>
- Centers for Disease Control and Prevention <http://www.cdc.gov/>

Osteopathic Medical Education Core Competencies

The AACOM has identified competencies that all osteopathic students should develop during their training. These help ensure that students are able to demonstrate and/or develop specific skills. These overarching competencies and objectives are specifically addressed in the clinical clerkship syllabi and specific topics we anticipate students will be exposed to in this course are labeled with the corresponding competency. The competencies are:

Competency 1: Osteopathic Philosophy & Osteopathic Manipulative Medicine

Graduates are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT). The education goal is to train a skilled and competent osteopathic practitioner who remains dedicated to lifelong learning and to practice habits consistent with osteopathic principles and practices.

Competency 2: Medical Knowledge

Graduates are expected to demonstrate and apply knowledge of accepted standards of clinical medicine in their respective specialty area, remain current with new developments in medicine, and participate in lifelong learning activities, including research.

Competency 3: Patient Care

Graduates must demonstrate the ability to effectively treat patients, providing medical care that incorporates osteopathic principles and practices, empathy, awareness of behavioral issues, preventive medicine and health promotion.

Competency 4: Interpersonal & Communication Skills

Graduates are expected to demonstrate interpersonal and communication skills that enable them to establish and maintain professional relationships with patients, families and other members of health-care teams.

Competency 5: Professionalism

Graduates are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, lifelong learning, and sensitivity to diverse patient populations. Graduates should be cognizant of their own physical and mental health in order to effectively care for patients.

Competency 6: Practice-Based Learning & Improvement

Graduates must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.

Competency 7: Systems-Based Practice

Graduates are expected to demonstrate an understanding of healthcare delivery systems, provide effective and qualitative patient care with the system, and practice cost-effective medicine.

Competency 8: Health Promotion/Disease Prevention

Graduates are expected to coordinate preventive health care across providers. Collaborate within a patient-centered team and demonstrate preventive health principles by modeling a healthy lifestyle.

Competency 9: Cultural Competencies

Graduates are expected to demonstrate an understanding of the scope of culture and the elements that form and define it. Understand the public health implications of cultural competence in health care. Demonstrate familiarity with basic religious and cultural beliefs that affect patients' understanding of the etiology of their illness and/or the efficacy of their treatment.

Competency 10: Evaluation of Health Sciences Literature

Graduates are expected to utilize current technologies, e.g. websites, online search engines, PDA-based programs, information services, and journals to locate health science literature. Apply critical concepts from statistics, epidemiology, and research design to evaluate health science literature.

Competency 11: Environmental and Occupational Medicine (OEM)

Graduates are expected to understand the policy framework and major pieces of legislation and regulations related to environmental and occupational health (i.e. regulations essential to workers' compensation, accommodation of disabilities, public health, worker safety, and environmental health and safety, etc.).

Competency 12: Public Health Systems

Graduates are expected to apply understanding of the interaction of public health and health care systems in the practice of osteopathic medicine as it affects health promotion and disease prevention. Recognize differences among public health systems, epidemiological systems, and individual systems in the utilization of resources and in the practice of osteopathic medicine.

Competency 13: Global Health

Graduates are expected to identify and treat individual patients with varying cultural beliefs regarding health, disease, and patient care. Compare and contrast differing non-U.S. health care systems.

Competency 14: Interprofessional Collaboration

Graduates are expected to respect the dignity and privacy of patients while maintaining confidentiality in the delivery of team-based care. Act with honesty and integrity in relationships with patients, families, and other team members. Engage other health professionals (appropriate to the specific care situation) in shared patient centered problem solving for effective team-base care.

[Osteopathic Core Competencies for Medical Students](#), American Association of Colleges of Osteopathic Medicine, in conjunction with all U.S. Osteopathic Medical Schools (2012)

Core Entrustable Professional Activities for Entering Residency

Just as the anticipated topics a student will see are tagged to the correlating Osteopathic Competency, we also will label the EPA associated. Over the past several years, program directors have increasingly expressed concern that some medical students are not prepared for residency. While both allopathic and osteopathic medical schools must show that their students' meet specific competencies to maintain accreditation, this alone was not ensuring that the students were able to assume the increased responsibility inherent with starting residency programs as graduates of medical or osteopathic medical schools. For this reason, in 2013 ten schools were chosen to pilot the initial institution of EPA requirements and in 2016 a report was issued by AACOM that, with the unified pathway for residency match, osteopathic schools should include EPAs in their curriculum.

Core Entrustable Professional Activities for Entering Residency are:

1. Gather a history and perform a physical examination
2. Prioritize a differential diagnosis following a clinical encounter
3. Recommend and interpret common diagnostic and screening tests
4. Enter and discuss orders and prescriptions
5. Document a clinical encounter in the patient record
6. Provide an oral presentation of a clinical encounter
7. Form clinical questions and retrieve evidence to advance patient care
8. Give or receive a patient handover to transition care responsibly
9. Collaborate as a member of a professional team
10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management
11. Obtain informed consent for tests and/or procedures
12. Perform general procedures of a physician
13. Identify system failures and contribute to a culture of safety and improvement

[Core Entrustable Professional Activities for Entering Residency: Curriculum Developers' Guide](#), American Association of Medical Colleges

Course Expectations

Students learn the fundamentals of an approach to the evaluation and management of frequently occurring, complex, concurrent, and ill-defined problems across a wide variety of acute and chronic presentations. The expectation for these required clerkships *includes progressive competency in performance of:*

- Application of basic sciences **Medical Knowledge (MK)**, including anatomy, microbiology, pharmacology, physiology, biochemistry, as well as **Osteopathic Principles and Practices (OPP)** into the diagnosis and intervention of common medical conditions in the course of **Patient Care (PC)**.
- Effective **Interpersonal and Communication Skills (ICS)** incorporating knowledge,

behaviors, critical thinking, and decision-making skills related to:

- Historical assessment
- Physical examination
- Osteopathic structural exam
 - Application of osteopathic manipulative medicine when clinically indicated
- Outlining a differential diagnosis for presenting complaints
 - Devising an evidence-based, cost-effective diagnostic approach
 - Appropriate interpretation of diagnostic studies
- Discriminating between available therapeutic modalities
- Understanding **Practice-Based Learning and Improvement (PBLI)** and the impact of epidemiology, evidenced-based medicine, best clinical practices, clinical guidelines, and the delivery of quality health care on **PBLI**.
- Appropriate use of technology (e.g., web-based, handheld computer) to support patient education and disease prevention activities.
- Demonstrating **Professionalism (P)** in upholding the highest moral and ethical standards in interactions with members of the health care team and with patients.
- Awareness of and responsiveness to **Systems-Based Practices (SBP)** in the context of the health care systems including the critical role of family physicians within the health care system, and identifying system resources to maximize the health of the individual and the community.

Course Objectives

Student Learning Objectives for Surgical Presentations

At the end of the clerkship, for each common symptom, students should be able to:

- Differentiate among common etiologies based on the presenting symptom. **(PC)**
- Elicit a focused history and perform a focused physical examination. **(ICS)**
- Recognize “don’t miss” conditions that may present with a particular symptom. **(PC)**
- Discuss the importance of a cost-effective approach to the diagnostic work-up. **(SBP)**
- Describe the initial management and surgical treatment (pre-, peri-, and post-surgical care) of common and dangerous diagnoses that present with a particular symptom. **(ICS)**

Core Presentations for Surgical Care

The student will be responsible for other potential clinical presentations within a topic presented below. Common causes are listed below.

Topic	Topic-Specific Objectives	Common	Emergent/ Serious	Osteopathic Clinical Skills	AOA Comp	EPA
Trauma (abdominal) Chapter 13	<ul style="list-style-type: none"> • Complete evaluation and initial assessment of the trauma patient. (PC) • Ability to prioritize care interventions. (PBLI, PC) • Recognize abdominal injuries requiring immediate operative interventions. (MK) • Understand the role and limitations of physical exam, fast scan, CT scanning and loop_interventions on 		<i>*Any injury to a solid, hollow or combination can be immediately or subsequently fatal if misdiagnosed or if the</i>	Assess and treat Viscerosomatic changes in post-operative patients Discuss viscerosomatic reflexes relative to post-operative ileus	1, 2, 3, 4, 5, 6	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12

	<p>patients with abdominal trauma. (MK)</p> <ul style="list-style-type: none"> Discuss differential between blunt –vs-penetrating abdominal trauma. (ICS, MK) Ability to recognize serious trauma and provide effective patient care. (PC) <p>Atlas of Trauma</p>		<i>diagnosis is delayed</i>			
<p>Abdominal Pain Chapter 21</p>	<ul style="list-style-type: none"> Describe and perform a complete abdominal exam pelvic and rectal examinations. (PC) Complete appropriate history and physical examination of patients presenting with acute and chronic abdominal pain. (PC) Relate etiology of pain to location and anatomical site by physical examination. (MK, PC) Relate importance of referred pain to diagnostic etiology. (ICS, PC) Understand the relationship between age and differential diagnosis of acute and chronic pain. (MK, PC) Develop a differential diagnosis based on history and physical prior to diagnostic directed imaging evaluation with an awareness of cost effective care. (SBP, PC). Describe appropriate imaging. (MK,PC) <p>Acute Abdominal Pain</p> <ul style="list-style-type: none"> Describe management of abdominal surgical wound infections including the role of selection of wound closure and placement of drains. (PC) <p>Surgical Infections Wound Healing</p>	<p>Cholecystitis</p> <p>Peptic Ulcer disease</p> <p>Appendicitis Inflammatory Bowel disease</p> <p>Ovarian and Tubal disease</p> <p>Diverticular disease</p> <p>Small and Large Bowel Obstruction</p>	<p>Ruptured AAA Mesenteric ischemia Dissecting Temporal Arteritis Perforated Ulcer Pancreatitis Acute Cholangitis</p>	<p>Assess and treat visceral and somatic findings that are typical of chronic and acute conditions</p> <p>Describe the role of Viscerosomatic reflexes in chronic and acute conditions</p> <p>Discuss the use of OMT for specific diagnoses of Abdominal Pain</p>	1, 2, 3, 4, 5, 7	1, 2, 3, 4, 5, 6, 7, 9, 10, 12
Topic	Topic-Specific Objectives	Common	Emergent/ Serious	Osteopathic Clinical Skills	AOA Comp	EPA
<p>Heartburn/ Indigestion/ Epigastric Dyspepsia Chapter 10</p>	<ul style="list-style-type: none"> Describe the symptoms considered to be dyspepsia. (MK) Understand the relationship between chest and neck pain, dyspepsia and esophageal and gastric disease. (PBLI, PC) Discuss the physiology of common stomach disorders and delayed gastric emptying. (ICS, MK) 	<p>GERD</p> <p>PUD</p> <p>Gastro esophageal neoplasms</p>	<p>Cardiac Ischemia Mesenteric Ischemia</p>	<p>Describe viscerosomatic changes for upper GI disease</p> <p>Discuss and demonstrate OMT for patients with GERD</p>	1, 2, 3, 4, 5, 6	1, 2, 3, 4, 5, 6, 7, 9, 10

	<ul style="list-style-type: none"> Develop a differential diagnosis of dyspepsia including myocardial ischemia. (PC) Discuss appropriate differential diagnostic focused endoscopic or imaging modalities. (MK) Discuss treatment and management options for common etiologies. (PC) <p>Stomach and Duodenum</p>			Gastrointestinal applications		
Anorectal Pain Chapter 31	<ul style="list-style-type: none"> Know the importance of acute and chronic onset, location and character of pain. (PBLI) Discuss symptoms associated with Anorectal pain based on diagnosis. (MK) Know risks associated with delayed diagnosis of pelvic rectal abscesses. (PC, MK) Discuss steps for a common anorectal exam. (ICS) Discuss work-up of proximal colon by age group and risk of colon cancer and cost effective care. (PC, MK, SBP) Discuss work-up of proximal colon by age group and risk of colon cancer and cost effective care (PC, MK, SBP) <p>Colon, rectum, anus</p>	Hemorrhoidal disease Fistula in Ano Superficial perianal/rectal abscess Proctitis Anusitis factitial included	Pelvic rectal abscess ischemic colitis/proctitis Anal rectal disorders	Describe the somatic findings that are typical of chronic and acute Visceral Somatic reflexes Discuss Visceral Changes Diagnosis and Treatment for the surgical patient	1, 2, 3, 4, 5, 6, 7	1, 2, 3, 4, 5, 6, 7, 9, 10
Topic	Topic-Specific Objectives	Common	Emergent/ Serious	Osteopathic Clinical Skills	AOA Comp	EPA
Hematuria Chapter 38	<ul style="list-style-type: none"> Know common symptoms and underlying causes of hematuria. (MK) Complete history and physical for patients presenting with symptoms of hematuria. (PC) Order and interpret appropriate tests. (MK, PC) Develop a differential diagnosis and plan of treatment. (PC) <p>Hematuria</p>	Blood Clots Sickle Cell Urinary Tract Infection	Cancer (kidney, bladder) Polycystic Kidney disease	Describe the Viscerosomatic considerations for renal system Renal and Urological Considerations	1, 2, 3, 4, 5	1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12
Abdominal mass	<ul style="list-style-type: none"> Be able to evaluate an abdominal mass through a focused physical exam and palpation in patients presenting with abdominal pain. (MK, PC, OPP) Discuss the characteristics of an abdominal mass found on physical examination including mobility, location and nodularity that influence diagnosis. (PC, MK) Complete appropriate patient history and physical exam, 	Retro-peritoneal/ Intraperitoneal neoplasms Abdominal aortic aneurysm Pancreatic Pseudo-cyst Ovarian/ uterine tumor		Describe the osteopathic structural exam appropriate for the general surgery patient. Discuss how structural findings are integrated in the overall workup of the patient.	1, 2, 3, 4, 5	1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12

	including differential diagnosis and imaging diagnostic modalities appropriate for different diagnoses. (MK, PC) . Abdominal mass	Bladder obstruction		Recognize and demonstrate how to treat Viscerosomatic changes Surgical patient		
Abdominal Hernia Chapter 32	<ul style="list-style-type: none"> Describe hernia sites and define abdominal wall and groin hernia. (ICS, MK) Discuss classic presenting symptoms of hernias. (ICS) Relate site of hernia to risk of incarceration. Contrast and differentiate between incarceration and strangulation and discuss limitations in ability to differentiate. (PC, MK, PBLI) List conditions and comorbidities associated with hernia development (MK) Cite embryological and anatomical characteristics of indirect, direct, Spigelian, epigastric and femoral hernias (MK) Discriminate anatomic differences between direct vs. indirect, groin and femoral hernias (PC, MK) 	Focal pain intermittent –vs.- protrusion of hernia	Incarcerated or Strangulated hernia Bowel Obstructions	Describe the role of somatic dysfunction and pathophysiology in abdominal hernias Demonstrate Myofascial release for abdominal wall hernias Discuss myofascial concepts and techniques	1, 2, 3, 4, 5, 6	1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12, 13
Topic	Topic-Specific Objectives	Common	Emergent/ Serious	Osteopathic Clinical Skills	AOA Comp	EPA
Abdominal distention Chapter 22	<ul style="list-style-type: none"> Recognize causes and symptoms of abdominal distention. (MK, PBLI) abdominal distention Discuss pre-, peri- and post-operative care (ICS) Understand most common post-operative complications and appropriate patient management. (PC) Peritonitis 	Adhesions Herniation Bowel Obstruction	Olgivies Syndrome Volvulus Malignancy	Describe the relationship between Viscerosomatic induced dysfunction relative to organ involvement Discuss and be able to provide treatment to the affected areas with appropriate modality (i.e. myofascial release)	1, 2, 3, 4, 5, 6	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12
Scrotal Mass Chapter 38	<ul style="list-style-type: none"> Complete appropriate history and appropriate focused physical exam of a scrotal mass. (PC) Discuss indications guiding clinical tests (ultrasound or biopsy). (MK) 	Benign masses (Varicocele, Hydrocele, Hematocele, Spermatocele) STDs	Cancer Tumors		1, 2, 3, 4, 5	1, 2, 3, 4, 5, 6, 7, 9, 10, 11
Scrotal Pain Chapter 38	<ul style="list-style-type: none"> Complete history and focused physical for patients with scrotal pain. (PC) Know different age, description of pain and sexual history. (MK, PC) Differentiate between non-traumatic and traumatic 		Testicular Torsion Fournier's gangrene		1, 2, 3, 4, 5	1, 2, 3, 4, 5, 6, 7, 9, 10

	conditions for scrotal pain. (MK, PC) Scrotal/Testicular anomalies					
Shock Chapter 12	<ul style="list-style-type: none"> Define shock. (MK) Describe clinical presentations and relate above to etiology and type. (MK, PC) <p>forms of shock</p> <ul style="list-style-type: none"> Describe steps in resuscitation and methods of monitoring effectiveness based on etiology (PC) Discuss role of vasopressors in shock management. (ICS, MK) Describe sepsis, bundle and its effectiveness. (ICS, PC) Describe refractory shock. (ICS, MK) 		<i>Delayed recognition and or inadequate treatment of shock may be fatal (i.e. refractory shock)</i>		1, 2, 3, 4, 5	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13
Topic	Topic-Specific Objectives	Common	Emergent/ Serious	Osteopathic Clinical Skills	AOA Comp	EPA
Abscess Chapter 8	<ul style="list-style-type: none"> Discuss different types of common abscesses and causes including bacterial, parasitic, and fungal origin Differentiate primary and secondary abscesses. Know evaluation and treatment of abscesses. Know the common surgical and non-surgical approaches to treatment/management Differentiate between perirectal abscess, hemorrhoidal disease, anal fissures, and fistulas Know common sources and etiologies for intra-abdominal abscesses. Explain the management of acute appendicitis, including the management of an appendiceal abscess. <p>Abscess Treatments</p>	<p><i>Delayed recognition and or inadequate treatment of abscesses can be serious or fatal.</i></p> <p>Pyogenic abscess</p> <p>Rectal abscess</p> <p>Perirectal abscess</p> <p>Appendiceal abscess</p>	<p>Subdural Empyema and Epidural Abscess</p> <p>Retroperitoneal & Retrofascial Abscesses</p> <p>Intra-abdominal abscess</p> <p>Peritonsillar abscess</p> <p>Lung Abscess</p> <p>Hepatic Abscess</p>	Describe the osteopathic structural exam appropriate for the general surgery patient, and how structural findings are integrated in the overall workup of the patient. Foundations Chapter 34 Recognize and know how to treat Viscerosomatic changes	1, 2, 3, 4, 5	1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12
Blood in Stool Hematemesis/ Hematochezia Chapter 1	<ul style="list-style-type: none"> Discuss difference between asymptomatic versus symptomatic patients including patient presentations Describe pertinent history and critical aspects of physical examination List differential diagnosis and diagnostic tests based on endoscopic or imaging choices Describe when capsular imaging is indicated <p>Hematemesis/Hematochezia</p>	Gastritis PUD Disease Hemorrhoids	<p>Massive Upper GI bleed</p> <p>or</p> <p>Lower GI bleed</p>	Correlate Viscerosomatic induced dysfunction relative to organ involvement be able to provide treatment to dysfunctions with appropriate modality (i.e. myofascial release)	1, 2, 3, 4, 5	1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12

Breast disorders Breast Lump Nipple Discharge Gynecomastia Chapter 17	<ul style="list-style-type: none"> • Know the anatomy of the breast, areola and lymphatic system of the breast. • Be able to perform a breast exam • Discuss evaluation and management of <ul style="list-style-type: none"> • new onset breast mass • malignant mass • Lymphedema • Be able to develop a differential diagnosis of breast disorders • Know the surgical indications for benign and malignant nodules/masses • Know incidence and risk factors for breast cancer <ul style="list-style-type: none"> • Know TMN staging • Carcinoma of the male breast 	Fibroadenomas Cysts Fibrocystic breast disease Benign breast disorders	Carcinoma Primary Breast lymphoma	Correlate Viscerosomatic induced dysfunction relative to organ involvement be able to provide treatment to dysfunctions with appropriate modality (i.e. myofascial release)	1, 2, 3, 4, 5	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13
Topic	Topic-Specific Objectives	Common	Emergent/Serious	Osteopathic Clinical Skills	AOA Comp	EPA
Neck Mass Chapter 16 Chapter 15 (head and Neck cancer) Additional resource Schwartz Chapter 18	<ul style="list-style-type: none"> • Describe anatomy of the neck • Complete initial evaluation. • Discuss management of Benign thyroid disease, Hashimoto's, Goiter/Multi nodular goiter • Discuss diagnosis and management of malignant thyroid disease • Know evaluation and management for MEN I and MEN II syndromes • Discuss evaluation and management of parathyroid nodule/adenoma for benign and malignant diagnoses. • Discuss evaluation and management of cervical adenopathy for benign and malignant diagnoses. • Identify and treat benign soft tissue masses including (lipoma ---cysts) • Identify and treat malignant soft tissue masses including (metastatic disease, sarcoma, lymphoma) Thyroid and Parathyroid	Benign thyroid disease Hashimoto's thyroiditis Goiter	Malignant Thyroid disease Malignant metastatic disease, sarcoma , lymphoma	Identify and treat Viscerosomatic findings at the cervical level associated with primary etiology	1, 2, 3, 4, 5	1, 2, 3, 4, 5, 6, 7, 9, 10, 12

Prostatic Cancer Chapter 38	<ul style="list-style-type: none"> Discuss common signs and symptoms Know the TMN staging Complete an appropriate history and physical, order and interpret labs. Develop a differential diagnosis and plan of treatment. <p>Know when to order PSA testing, as well as the issues involved. Know the risk factors for prostate CA</p> <p>Prostate Cancer</p>	BPH	Prostate Cancer	Correlate Viscerosomatic induced dysfunction relative to organ involvement be able to provide treatment to dysfunctions with appropriate modality (i.e. myofascial release)	1, 2, 3, 4, 5	1, 2, 3, 4, 5, 6, 7, 9, 12, 13
Lymphadenopathy/ Skin Cancer Chapter 44 Additional Resource Schwartz Chapter 16	<p>Melanoma</p> <ul style="list-style-type: none"> Be able to accurately classify and stage melanoma (Breslow's depth, etc.) List the predisposing factors Identify categories of melanoma Outline steps for diagnosing malignant melanoma Discuss indications for local, regional, and systemic therapy <p>Basal cell/ squamous cell carcinoma</p> <ul style="list-style-type: none"> Cite predisposing factors and discriminate between typical appearances for Basal and Squamous cell carcinomas Outline ways to confirm diagnosis of basal and squamous cell carcinomas Review indications for medical and surgical therapy <p><u>Soft Tissue Malignancies</u> Lymphoma</p> <ul style="list-style-type: none"> Describe signs and symptoms and the protocol for clinical and surgical staging of lymphomas <p>Sarcoma</p> <ul style="list-style-type: none"> Specify different types of sarcomas, and cite differences between sarcomas and carcinomas Outline diagnostic approaches to sarcomas Identify indications/benefits/risks for medical and surgical treatment of sarcomas 				1, 2, 3, 4, 5	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 13
Topic	Topic-Specific Objectives	Common	Emergent/ Serious	Osteopathic Clinical Skills	AOA Comp	EPA
Dysphagia Difficulty Swallowing Chapter 20	<ul style="list-style-type: none"> Compare and discuss the difference between dysphagia and odynophagia Review the diagnostic tools used to evaluate dysphagia 	<p>Esophagitis.</p> <p>Esophageal tumors benign</p>	Multiple sclerosis Stroke	Appraise the roles of cranial nerves V, VII, IX, X and XII for a normal swallow	1, 2, 3, 4, 5	1, 2, 3, 4, 5, 6, 7, 9, 10, 12

<p>Additional Resource Schwartz Chapter 25</p>	<ul style="list-style-type: none"> Describe the typical radiographic findings in a patient with dysphagia secondary to achalasia Understand the indication and methods of a video swallow fluoroscopic exam <p>Difficulty swallowing</p> <p>Dysphagia</p> <ul style="list-style-type: none"> Contrast the symptoms of oropharyngeal dysphagia and esophageal dysphagia Identify the pattern of progressive dysphagia with and without cough Recognize the importance of dysphagia and accompanying putrefied breath Understand the variety of etiologies that lead to esophageal narrowing or obstruction Evaluate the difference between primary esophageal motility disorders as they relate to clinical pathophysiology Name the clinical signs of dysphagia associated with esophageal injury/perforation for both the cervical and thoracic esophagus Evaluate, diagnose, stage and discuss the medical and surgical approaches for esophageal cancer 	<p>Swallowing disorders</p> <p>GERD</p> <p>Globus hystericus</p>	<p>Spinal cord injury</p> <p>Esophageal cancer</p>	<p>Discuss the importance of lifestyle change in patients with dysphagia and list common foods that produce dysphagia in patients with obstructing esophageal masses)</p>		
Topic	Topic-Specific Objectives	Common	Emergent/ Serious	Osteopathic Clinical Skills	AOA Comp	EPA
<p>Urinary Obstruction</p> <p>Chapter 38</p>	<ul style="list-style-type: none"> Evaluate and manage patients with urinary obstruction Be able to develop a differential diagnosis from patient history, evaluation and clinical signs and symptoms for urinary obstruction Discuss how the site of obstruction, the degree of obstruction influences the presence of absence of pain in Urinary tract obstructions (UTOs). Explain how urinary obstruction, reflux, and the presence of catheters increase the likelihood of Urinary Tract Infections (UTIs). Explain mechanism of urinary tract calculi formation, complications, and manifestations of urinary tract obstruction. Discuss risks of kidney damage and renal decompensation for chronic urinary obstruction. 	<p>Renal colic</p> <p>Upper Urinary Tract Obstruction</p> <p>Lower Urinary Tract Obstruction</p> <p>UTI</p>	<p>Pyelonephritis</p>		<p>1, 2, 3, 4, 5</p>	<p>1, 2, 3, 4, 5, 6, 7, 9, 10, 12</p>

	Obstructive Uropathy Clinical Manifestations (Obstructive Uropathy)					
Burns Chapter 14	<ul style="list-style-type: none"> Describe types of burns and detail associated tissue injury sustained Explain pathophysiology for different types of burns State potential complications Burn Injuries <ul style="list-style-type: none"> Cite management principles for a burn patient including the role and details of: <ul style="list-style-type: none"> Percent of body involved Intravenous therapy Placement of topical dressings Antibiotics Tissue grafting and splinting for both partial and full-thickness burns. Understand and discuss early vs. late excision. Understand the difference in treatment for circumferential burns. Discuss the indications for escharotomy and/or fasciotomy and describe the appropriate anatomy List factors which promote or impair normal healing State usual time course for wound healing Know indications for use of common suture materials (absorbable vs. non-absorbable and why) Recognize and describe physical signs and symptoms heralding wound dehiscence Outline emergency steps that should be taken when dehiscence occurs Nutritional Support-Burns Burns and Thermal Injuries				1, 2, 3, 4, 5	1, 2, 3, 4, 5, 6, 7, 9, 10, 12, 13

Additional acute care measures that may be encountered can be found in course syllabi FMED 301, IMED 301, OBGY 301, PEDS 301, and PSYC 301.

Student Learning Objectives for Preventive Care Presentations

At the end of the clerkship, for preventive care measures, students should be able to:

- Identify risks for specific illnesses that affect screening and treatment strategies. **(PBL)**
- For women: elicit a full menstrual, gynecological, and obstetric history. **(ICS)**
- For men: identify issues and risks related to sexual function and prostate health. **(PC)**
- Encourage lifestyle changes to support wellness (weight loss, smoking cessation, safe sexual practices, exercise, activity, nutrition, diet). **(PBL)**
- Find and apply the current guidelines for wound care and patient safety. **(PBL, SBP)**
 Understand the importance and know how to access databases such as the CDC surgical site infection surveillance. **(PBL)**
- Develop evidence-based health promotion/disease prevention plans for patients of any age or gender. **(PBLI, SBL)**

Topics for Preventive Care

Each patient will have a unique combination of primary, secondary, and possibly tertiary prevention recommendations based on his/her risk factors and current diseases. In addition, patient preferences, time constraints, and variability in insurance coverage limit the ability to provide all recommended clinical prevention services for every patient.

Creating an individualized health promotion plan requires a preventive medicine knowledge base and skills in negotiation and patient education. Surgeons are skilled in prioritization and must partner with patients to determine which preventive services are appropriate, important, and affordable. Surgeons must also work as an effective member of a health care team. It should be stressed that clinical prevention can be included in every office visit. Learning to “juggle,” i.e., prioritize or co-manage, acute, chronic, and prevention agendas, is an advanced skill.

Topics/Prevention (P, PBLI, SBP)	Recommended Resources
Professionalism Communication and Systems-based Practice (P, ICS, SBP)	Chapter 2
Prostate Cancer Screening (PBLI)	CDC Screening Education
Surgical Site Infection (PBLI, SBP)	Surveillance -CDC Cutaneous Abscess video (Clinical Key)
Wound Care procedures (PBLI, PC)	Wound Care Management video (Clinical Key)
Nutritional Management (PBLI, PC)	Nutritional management (Clinical Key)

Health Promotion (PBLI/SBP)	Recommended Resources
Colorectal Cancer Screening (PBLI)	https://www.cdc.gov/cancer/colorectal/basic_info/screening/tests.htm
Breast Cancer Screening (PBLI)	http://www.cancer.gov/cancertopics/screening/breast

Additional preventative care measures that may be encountered can be found in course syllabi FMED 301, IMED 301, OBGY 301, PEDS 301, and PSYC 301.

Programmatic and Course Research

As a part of the ongoing mission of Kansas City University to improve teaching excellence, there may be research conducted in this class in regards to student study strategies, student views on learning, and the efficacy of classroom pedagogy. Other activities for which performance will be measured (i.e., assignments and exams) are no different from those that would be completed by students in a class where research was not being conducted. Any pedagogical interventions used in this class as a part of the research study will be consistent with professional standards for responsible teaching practices. Throughout the research process student data will be collected anonymously and securely. Final data values will not contain personal identifiers. Upon request, student data can be withheld from the research study.

Policies & Procedures

Students are expected to present and conduct themselves in a professional manner at all times. Students are required to read, understand, and adhere to all the policies and procedures as outlined in the [Clinical Education Guidelines](#).

Department of Clinical Education Contacts

Contact information for faculty and staff of the Department of Clinical Education can be accessed [here](#).

ADDENDUM Curriculum B

DO not complete Curriculum B unless notified by a member of the Clinical Education Department.

Curriculum B provides both an in-person and online component. It is given when a clerkship is shortened due to unforeseen circumstances. This scenario will include two-weeks of online curriculum and two-weeks of an in-person clerkship.

In the event a student is assigned to Curriculum B, the following are the additional clerkship requirements:

ADDITIONAL CURRICULUM B REQUIREMENTS

- *Students will be required to complete the additional components listed below*
 - *Completion of Case Presentation 1*
 - *Completion of Case Presentation 2*
 - *Completion of PowerPoint Presentation*

Completion of Case Presentation 1

The student shall develop **one [1] case** considering a given scenario. The student will record themselves doing the presentation and submit in Canvas for faculty review. Accepted file types include .mov, .mp4, pptx, and .wmv. Other file types may not be accepted if they cannot be opened by the grader. Professional dress and white coat is required.

A **complete** history and physical exam will be prepared in the Power Point presentation (as it would be documented in the patient's medical record, including the osteopathic structural exam). The students should record themselves presenting the case as they would present the case to their attending physician.

Presentation must include the History and Physical, the clinical, laboratory, and diagnostic findings. A differential diagnosis and a plan for workup and treatment. Discharge and/or follow-up planning will be presented as well as preventive and long-term goals.

Student Last Name Begins with A-I:

1. Crohn Disease vs Ulcerative Colitis
2. Spontaneous Pneumothorax

Student Last Name Begins with J-P:

1. Abdominal Perforation
2. Coronary Artery Stenosis

Student Last Name Begins with Q-Z:

1. Morbid Obesity
2. Gallbladder Disease vs Pancreatitis

Completion of Case Presentation 2

The student shall develop **one [1] case** considering a given scenario. The student will record themselves doing the presentation and submit in Canvas for faculty review. Accepted file types include .mov, .mp4, pptx, and .wmv. Other file types may not be accepted if they cannot be opened by the grader. Professional dress and white coat is required.

A **complete** history and physical exam will be prepared in the Power Point presentation (as it would be documented in the patient's medical record, including the osteopathic structural exam). The students should record themselves presenting the case as they would present the case to their attending physician.

Presentation must include the History and Physical, the clinical, laboratory, and diagnostic findings. A differential diagnosis and a plan for workup and treatment. Discharge and/or follow-up planning will be presented as well as preventive and long-term goals.

Student Last Name Begins with Q-Z:

3. Crohn Disease vs Ulcerative Colitis
4. Spontaneous Pneumothorax

Student Last Name Begins with A-I:

3. Abdominal Perforation
4. Coronary Artery Stenosis

Student Last Name Begins with J-P:

3. Morbid Obesity
4. Gallbladder Disease vs Pancreatitis

Completion of PowerPoint Presentation

The student shall develop **one [1] PowerPoint** presentation on one of the following Surgery topics:

1. Aortic Aneurysm
2. Renal Failure

Presentation must be a minimum of 10 slides and submitted in canvas course.

Evaluation & Grading for Curriculum B

To be successful in Curriculum B the student must complete the additional components listed below.

Component	Evaluation Tool	Minimum Score Required
Case Presentation 1	Canvas – Curriculum B	Completion of presentation
Case Presentation 2	Canvas – Curriculum B	Completion of presentation
PowerPoint Presentation	Canvas – Curriculum B	Completion of PowerPoint