COURSE SYLLABUS

Kansas City University

College of Osteopathic Medicine

Academic Year 2025-26

Faculty

Name: **Charles B. Harper III, DO**

Role: Course Director

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Additional Faculty

Course Identification

Course Code: SURG301/302

Course Name: Core Surgery 301/302

Term:

Block:

Track:

Instructional Delivery Mode:

Instructional Format: Clinical

Program

☐ Anesthesiologist Assistant
☐ Bioethics
☐ Biomedical Sciences
☐ Biomedical Sciences Research
☐ Clinical Psychology
☐ Dental Medicine
☒ Osteopathic Medicine

Curricular Course Type: Core Requirement

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.

Days/Time/Location

Prerequisites

Engagement

Credit Hours: 8

Contact Hours:

Course Dates

Start:

End:

Required Resources

Syllabus content and language are subject to change.

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/ACOFPIMIS/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/
- Surgical Recall by Lorne Blackbourne – 8th ed.
- Dr. Pestana's Surgery Notes by Carlos Pestana – 8th ed.

Grading Scale

H (Honors) are reported when all the following are met (Core clerkships only):	• Student achieves honors score on the first attempt COMAT Exam (Core Clerkships) • Clinical Competency Assessment receives a "meets expectations" or "exceeds expectations" in all areas of the evaluation including comments • Enrollment Verification, Clerkship Reflection, Evaluation of Preceptor are completed • CANVAS requirements are successfully met (Core Clerkships)
P (Pass) is reported when:	• Student achieves a passing score on the COMAT Exam on first attempt (Core Clerkships) • Clinical Competency Assessment receives a "meets expectations" or "exceeds expectations" • Enrollment Verification, Clerkship Reflection, Evaluation of Preceptor are completed • CANVAS requirements are successfully met • Student achieves a Pass after remediating a failed clerkship

F/P (Fail/Pass of Course) is reported when the student received an F (Failure of the Course) but then passes the course upon remediation:	• Student fails COMAT once, then successfully remediates ○ This includes if you honor second attempt • Clinical Competency Assessment receives a recommended fail on first attempt of the clerkship, then successfully remediates the clerkship • Student fails same COMAT Exam twice and successfully passes the remediation of the clerkship and COMAT • Student achieves honors score on COMAT Exam, but fails the clerkship, then successfully repeats clerkship
F (Failure of Course) is reported when student fails both the course and remediation:	• Student fails clerkship remediation • Student fails the same COMAT Exam twice, then fails remediation of clerkship and/or COMAT Exam

Course Goals

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.

Learning Objectives

Please reference the Clinical Education Guidelines for:

- AOA Core Competencies
- EPA's (Core Entrustable Professional Activities)

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	• 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 patients with abdominal trauma.**(MK)** • Discuss differential between blunt –vs-penetrating abdominal trauma. **(ICS, MK)** • Ability to recognize serious trauma and provide effective patient care. **(PC)** Atlas of Trauma		**Any injury to a solid, hollow or combination can be immediately or subsequently fatal if misdiagnosed or if the diagnosis is delayed*	Assess and treat Viscerosomatic changes in post-operative patients Discuss viscero-somatic reflexes relative to post-operative ileus	1, 2, 3, 4, 5, 6	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 12
Abdominal Pain Chapter 21	• 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)**	Cholecystitis Peptic Ulcer disease Appendicitis Inflammatory Bowel disease Ovarian and Tubal disease Diverticular disease	Ruptured AAA Mesenteric ischemia Dissecting Temporal Arteritis Perforated Ulcer Pancreatitis Acute Cholangitis	Assess and treat visceral and somatic findings that are typical of chronic and acute conditions Describe the role of Viscerosomatic reflexes in chronic and acute conditions Discuss the use of OMT	1, 2, 3, 4, 5, 7	1, 2, 3, 4, 5, 6, 7, 9, 10, 12

	• 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)** Acute Abdominal Pain • Describe management of abdominal surgical wound infections including the role of selection of wound closure and placement of drains. **(PC)** Surgical Infections Wound Healing	Small and Large Bowel Obstruction		for specific diagnoses of Abdominal Pain		
Topic	**Topic-Specific Objectives**	**Common**	**Emergent/ Serious**	**Osteopathic Clinical Skills**	**AOA Comp**	**EPA**
Heartburn/ Indigestion/ Epigastric Dyspepsia Chapter 10	• Describe the symptoms considered to be dyspepsia. **(MK)** • Understand the relationship between chest and neck pain, dyspepsia and esophageal and gastric disease. **(PBLI, PC)** • Discus the physiology of common stomach disorders and delayed gastric emptying. **(ICS, MK)** • 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)** Stomach and Duodenum	GERD PUD Gastro esophageal neoplasms	Cardiac Ischemia Mesenteric Ischemia	Describe viscerosomatic changes for upper GI disease Discuss and demonstrate OMT for patients with GERD Gastrointestinal applications	1, 2, 3, 4, 5, 6	1, 2, 3, 4, 5, 6, 7, 9, 10
Anorectal Pain Chapter 31	• 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)** Colon, rectum, anus	Hemorrhoidal disease Fistula in Ano Superficial perenial/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	• 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)** Hematuria	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	• 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, including differential diagnosis and imaging diagnostic modalities appropriate for different diagnoses. **(MK, PC).** Abdominal mass	Retro-peritoneal/ Intraperitoneal neoplasms Abdominal aortic aneurysm Pancreatic Pseudo-cyst Ovarian/ uterine tumor Bladder obstruction		Describe the osteopathic structural exam appropriate for the general surgery patient. Discuss how structural findings are integrated in the overall workup of the patient. Recognize and demonstrate how to treat Viscerosomatic changes Surgical patient	1, 2, 3, 4, 5	1, 2, 3, 4, 5, 6, 7, 9, 10, 11, 12
Abdominal Hernia Chapter 32	• 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	• 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)**	Adhesions Herniation Bowel Obstruction	Olgivies Syndrome Volvulus Malignancy	Describe the relationship between Viscero-somatic induced dysfunction relative to organ involvement Discuss and be able to provide	1, 2, 3, 4, 5, 6	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

	Peritonitis			treatment to the affected areas with appropriate modality (i.e. myofascial release)		
Scrotal Mass Chapter 38	• 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	• 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 conditions for scrotal pain. **(MK, PC)** Scrotal/Testicular anomalies		Testicular Torsion Fournier's gangrene		1, 2, 3, 4, 5	1, 2, 3, 4, 5, 6, 7, 9, 10
Shock Chapter 12	• Define shock. **(MK)** • Describe clinical presentations and relate above to etiology and type. **(MK, PC)** forms of shock • 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)** •		*Delayed recognition and or inadequate treatment of shock may be fatal (i.e. refractory shock)*		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	• 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. Abscess Treatments	*Delayed recognition and or inadequate treatment of abscesses can be serious or fatal.* Pyogenic abscess Rectal abscess Perirectal abscess Appendiceal abscess	Subdural Empyema and Epidural Abscess Retroperitoneal & Retrofascial Abscesses Intra-abdominal abscess Peritonsillar abscess Lung Abscess Hepatic Abscess	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	• 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 Hematemesis/Hematochezia	Gastritis PUD Disease Hemorrhoids	Massive Upper GI bleed or Lower GI bleed	Correlate Viscero-somatic 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
	• 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
	  • 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
	
	• Know TMN staging
	• Carcinoma of the male breast
		Fibroadenomas
		
		Cysts
		
		Fibrocystic breast disease
		
		Benign breast disorders
			Carcinoma
			
			Primary Breast lymphoma
				Correlate Viscero-somatic 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	• 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	• 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. Know when to order PSA testing, as well as the issues involved. Know the risk factors for prostate CA Prostate Cancer	BPH	Prostate Cancer	Correlate Viscero-somatic 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
Lympha denopathy/ Skin Cancer Chapter 44 Additional Resource Schwartz Chapter 16	Melanoma • 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 Basal cell/ squamous cell carcinoma • 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 Soft Tissue Malignancies Lymphoma • Describe signs and symptoms and the protocol for clinical and surgical staging of lymphomas Sarcoma • 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 Additional Resource Schwartz Chapter 25	• Compare and discuss the difference between dysphagia and odynophagia • Review the diagnostic tools used to evaluate dysphagia • Describe the typical radiographic findings in a patient with dysphagia secondary to achalasia • Understand the indication and methods of a video swallow fluoroscopic exam	Esophagitis. Esophageal tumors benign Swallowing disorders GERD Globus hystericus	Multiple sclerosis Stroke Spinal cord injury Esophageal cancer	Appraise the roles of cranial nerves V, VII, IX, X and XII for a normal swallow Discuss the importance of lifestyle change in patients with dysphagia and list common foods that	1, 2, 3, 4, 5	1, 2, 3, 4, 5, 6, 7, 9, 10, 12

	Difficulty swallowing Dysphagia • 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			produce dysphagia in patients with obstructing esophageal masses)		
Topic	**Topic-Specific Objectives**	**Common**	**Emergent/ Serious**	**Osteopathic Clinical Skills**	**AOA Comp**	**EPA**
Urinary Obstruction Chapter 38	• 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. Obstructive Uropathy Clinical Manifestations (Obstructive Uropathy)	Renal colic Upper Urinary Tract Obstruction Lower Urinary Tract Obstruction UTI	Pyelonephritis		1, 2, 3, 4, 5	1, 2, 3, 4, 5, 6, 7, 9, 10, 12

Burns
 	
Chapter 14
	• Describe types of burns and detail associated tissue injury sustained
	• Explain pathophysiology for different types of burns
	• State potential complications
	
	Burn Injuries
	
	• Cite management principles for a burn patient including the role and details of:
	  • 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**)

derstand 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.

Assessments

The final grade Pass/Fail/Honors for the core clerkship is derived from the following components:

Component	Evaluation Tool	Minimum Score Required
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.
Standardized Assessment	COMAT Exam	Scaled Score of 95 or greater Honor's Score is 113 or greater
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.
End of Clerkship Evaluations from the Student	Evaluation of Clerkship Evaluation of Preceptor Via eValue	Upon completion of this clerkship student is responsible for completing evaluations of clerkship and preceptor via eValue.

All of above items are mandatory for successful course completion. Professionalism and work habits are a significant portion of the clinical assessment. These include the student's demonstration of respectful behavior towards others, respect for patient privacy, accountability, and integrity. Please note that professional behaviors which are below expectations, at the discretion of the clerkship director, may result in failure of rotation for non-professional student conduct. Be punctual, be prepared, and represent KCU well.

Course Schedule

Based on the individual core-site location.

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.

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 AMBOSS, 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.

POLICIES

Program policies are available in the University Catalog & Student Handbook:

- College of Osteopathic Medicine

Additional course policies may be displayed below:

Class Attendance and Absences

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

- Clinical and Educational Work Hours
- Absence from Clerkships

Assistance

Course	Technical	Comprehension	Health and Wellness
Your instructor is the first line of support for course-related questions. Contact them by KCU email, KCU phone, or Canvas Inbox messaging.	IT Helpdesk helpdesk@kansascity.edu 816-654-7700 Library Services (KC) library@kansascity.edu 816-654-7260 Library Services (Joplin) dawsonlibrary@kansascity.edu 417-208-0686	Learning Enhancement https://bit.ly/KCU-AcademicSupport Tutoring Services Student.Success@kansascity.edu Academic Accommodations accommodations@kansascity.edu	Counseling Services https://bit.ly/KCU-CounselingResources Counseling Services (Distance Education) https://timelycare.com/KCU New Users Click "Get Registered" Student Affairs (KC) KCStuAffairs@kansascity.edu Student Affairs (Joplin) JoplinStuAffairs@kansascity.edu

UNIVERSITY POLICIES

All KCU courses adhere to policies and procedures within KCU's University Catalog & Student Handbook for the respective academic year, available online at https://catalog.kansascity.edu/. References to a selection of these policies are found below:

Health and Wellness

KCU is committed to student wellness. Through student leadership and support from the University's administration, programming on and off campus is designed to encourage self-care, resilience, and personal growth to address the health of the body, mind, and spirit. Reference: Student Health & Wellness

Academic Integrity, Honesty, and Plagiarism

The University holds its students to the highest intellectual and professional integrity standards. Therefore, the attempt of any student to pass an assessment by improper means, present work that the student has not performed, or aid and abet a student in any dishonest act will result in disciplinary action, which may include dismissal. Reference: Academic Dishonesty

Grievances

KCU is committed to treating all university community members fairly regarding their personal and professional concerns. The student grievance policy ensures that concerns are promptly dealt with and resolutions are reached fairly and justly. The University's grievance procedure enables students to bring complaints and problems to the

attention of the University's administration. KCU forbids retaliatory action against students presenting concerns and complaints in good faith. Reference: Student Grievances

Accommodations

KCU is committed to non-discrimination based on disability and allowing equal access to programs, services, and activities following applicable federal, state, and local laws. Reference: Student Disability Services & Resources

Equity, Diversity, and Inclusion

KCU is deeply committed to cultivating diversity and inclusion on its campuses and challenging our students to embrace cultural proficiency and adeptness. Reference: Diversity & Inclusion

Emergency Procedures

KCU has instituted certain security measures for student safety. To reach the Office of Safety & Emergency Management, call 816.654.7911 (Kansas City) or 417-208-0800 (Joplin). Reference: Campus Security & Facilities

ADDENDUMS

Addendum 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