GW School of Medicine & Health Sciences



Passport to

SURGERY AI



2026-2027

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Clerkship Contact Information

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Team Leaders

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Adkins	Dr. Lin
CTACC	Dr. Estroff
DePalma	Dr. Serrano
Giordano	Dr. Nguyen
CRS/Thor	Dr. Khalili

CLERKSHIP LEARNING OBJECTIVES

Objectives	Experiences	Assessments
1. Explain the presentation of surgical diseases and the differential diagnosis of the presentation.	Primary Pts, Consult Pts, Trauma, Clinic, Inter-professional (IPE) rounds	Uniform Clinical Evaluation ATLS Checklist Passport Senior Seminar
2. Perform the evaluation and work-up of surgical problems as primary and consultant services.	Primary Pts, ICU Pts, Consult Pts, Trauma, Clinic, IPE, Journal Club	Uniform Clinical Evaluation ATLS Checklist Passport Senior Seminar
3. Illustrate the indications for operative management and participate in the operative procedure.	Primary Pts, Consult Pts, Trauma, Clinic, OR Cases, Skills Lab, Journal Club	Uniform Clinical Evaluation ATLS Checklist Passport Senior Seminar Skills Lab
4. Demonstrate the ability to distinguish critical illness and need for ICU management.	Primary Pts, ICU Pts, Consult Pts, Journal Club	Uniform Clinical Evaluation Passport Senior Seminar
5. Practice the initial management of the traumatically injured patient.	Trauma	Uniform Clinical Evaluation ATLS Checklist Passport
6. Perform basic surgical skills.	Trauma, OR Cases, Skills Lab	Uniform Clinical Evaluation ATLS Checklist Passport Skills Lab
7. Practice the role of an intern on the surgical team.	Primary Pts, ICU Pts, Trauma, Clinic, OR Cases, IPE, Skills Lab, Journal Club, Healthcare Economics	Uniform Clinical Evaluation ATLS Checklist Passport Reflection Rounds Skills Lab Healthcare Economics
8. Apply the medical literature to clinical practice.	Journal Club, AI Presentation	Passport Oral Presentation Healthcare Economics

INDIVIDUALIZED LEARNING PLAN

List three (3) personal learning objectives for the acting internship (separate from your course learning objectives). Please complete before your meeting with Dr. Lee.

1.
2.
3.

Meeting with Dr. Lee Date:

Objective	Status of Meeting Objective (circle one)	Strategies to meet Objective
1	Met Partially Met Not Met	
2	Met Partially Met Not Met	
3	Met Partially Met Not Met	

Objective	Why is this objective important?	How will you confirm achievement?	What have you learned? What will you do in the future?
1			
2			
3			

EPA – Inpatient Encounters

EPA 1 – Gather history and perform a physical examination
EPA 2 – Prioritize a differential diagnosis following a clinical encounter
EPA 3 – Recommend and interpret common diagnostic and screening tests
EPA 4 – Enter and discuss order and prescriptions
EPA 5 – Document a clinical encounter in the patient record
EPA 6 – Provide an oral presentation of a clinical encounter

Faculty/Residents – Please use the following scoring system

1 – Watch me do this 2 – Let's do this together 3 – I'll watch you
4 – You go ahead and I'll double check ALL findings
5 – You go ahead and I'll double check KEY findings

YOU MAY COMPLETE THIS CHART WITH ORAL OR WRITTEN WORK

	Date	Score	Note in EHR	Signature
H+P Inpt #1 Primary				
H+P Inpt #2 Primary				
H+P Inpt #3 Consult				
H+P Inpt #4 Consult				
PN Inpt #1 Primary				
PN Inpt #2 Primary				
PN Inpt #3 Critical Illness				
PN Inpt #4 Critical Illness				
PN Inpt #5 Consult				
PN Inpt #6 Consult				

Scoring Rubric for History and Physical – Primary – EPA 5

Student: _____ Reviewer: _____

Date: _____/_____/_____

Documentation Of Findings	Key H+P examination findings are missing or incorrect	Most key positive findings present but poorly documented, disorganized or missing	Most key positive findings well documented, organized or missing few pertinent negatives	All key info present, concise, well organized with little irrelevant info
	1	2	3	4
Differential Diagnosis (DDx)	Unreasonable DDx	Appropriate, but weakly supported or incorrect links between findings and diagnosis	Appropriate, well supported or may have few missing links or incorrect attributions that would not impact diagnosis	Excellent DDx, well supported, links to diagnoses are correct and complete
	1	2	3	4
Work-up (W/U) and Treatment	Diagnostic W/U places patient in unnecessary risk or danger or not indicated	Ineffective plan for Dx W/U, essential tests missed	Reasonable plan for Dx W/U, may have some unnecessary test	Plan for Dx W/U effective and efficient, includes all essential tests, no unnecessary tests
	1	2	3	4

Comments: _____

_____

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Scoring Rubric for History and Physical – Consult – EPA 5

Student: _____ Reviewer: _____

Date: _____/_____/_____

Documentation Of Findings	Key H+P examination findings are missing or incorrect	Most key positive findings present but poorly documented, disorganized or missing	Most key positive findings well documented, organized or missing few pertinent negatives	All key info present, concise, well organized with little irrelevant info
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Comments: _____

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Scoring Rubric for History and Physical – Primary – EPA 5

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Date: _____/_____/_____

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Comments: _____

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Scoring Rubric for History and Physical – Consult – EPA 5

Student: _____ Reviewer: _____

Date: _____/_____/_____

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	1	2	3	4

Comments: _____

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Scoring Rubric for Progress Note – Primary – EPA 5

Student: _____ Reviewer: _____

Date: _____/_____/_____

Documentation Of Findings	Components of subjective data missing or not relevant, i.e. 24 hr events, complaints that are not related to surgery or CC	Most components present but poorly documented, disorganized, missing pertinent positives and negatives	Most components well documented, organized, may miss a few pertinent positives and negatives	All key components present, concise, well organized with little irrelevant info
	1	2	3	4
Differential Diagnosis	Components of objective data missing, i.e. VS, I/O, labs, radiology	Most components present but poorly documented, disorganized, missing pertinent positives and negatives	Most components well documented, organized, may miss a few pertinent positives and negatives	All key components present, concise, well organized with little irrelevant info
	1	2	3	4
Work-up and Treatment	Diagnostic W/U and daily plan places pt at unnecessary risk or danger; Does not follow systems-based template	Ineffective plan for Dx W/U, essential tests missed, irrelevant test included Uses systems-based but disorganized	Reasonable plan for Dx W/U, may have some unnecessary tests Uses systems-based but minor disorganized	Plan for Dx W/U is effective, all essential tests, few or no unnecessary tests Uses systems-based and organized
	1	2	3	4

Comments: _____

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Scoring Rubric for Progress Note – Primary – EPA 5

Student: _____ Reviewer: _____

Date: _____/_____/_____

Documentation Of Findings	Components of subjective data missing or not relevant, i.e. 24 hr events, complaints that are not related to surgery or CC	Most components present but poorly documented, disorganized, missing pertinent positives and negatives	Most components well documented, organized, may miss a few pertinent positives and negatives	All key components present, concise, well organized with little irrelevant info
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	1	2	3	4

Comments: _____

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Scoring Rubric for Progress Note – Critical Illness – EPA 10

Student: _____ Reviewer: _____

Date: _____/_____/_____

Documentation Of Findings	Components of subjective data missing or not relevant, i.e. 24 hr events, complaints that are not related to surgery or CC	Most components present but poorly documented, disorganized, missing pertinent positives and negatives	Most components well documented, organized, may miss a few pertinent positives and negatives	All key components present, concise, well organized with little irrelevant info
	1	2	3	4
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	1	2	3	4

Comments: _____

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Scoring Rubric for Progress Note – Critical Illness – EPA 10

Student: _____ Reviewer: _____

Date: _____/_____/_____

Documentation Of Findings	Components of subjective data missing or not relevant, i.e. 24 hr events, complaints that are not related to surgery or CC	Most components present but poorly documented, disorganized, missing pertinent positives and negatives	Most components well documented, organized, may miss a few pertinent positives and negatives	All key components present, concise, well organized with little irrelevant info
	1	2	3	4
Differential Diagnosis	Components of objective data missing, i.e. VS, I/O, labs, radiology	Most components present but poorly documented, disorganized, missing pertinent positives and negatives	Most components well documented, organized, may miss a few pertinent positives and negatives	All key components present, concise, well organized with little irrelevant info
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Comments: _____

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Scoring Rubric for Progress Note – Consult – EPA 5

Student: _____ Reviewer: _____

Date: _____/_____/_____

Documentation Of Findings	Components of subjective data missing or not relevant, i.e. 24 hr events, complaints that are not related to surgery or CC	Most components present but poorly documented, disorganized, missing pertinent positives and negatives	Most components well documented, organized, may miss a few pertinent positives and negatives	All key components present, concise, well organized with little irrelevant info
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Comments: _____

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Scoring Rubric for Progress Note – Consult – EPA 5

Student: _____ Reviewer: _____

Date: _____/_____/_____

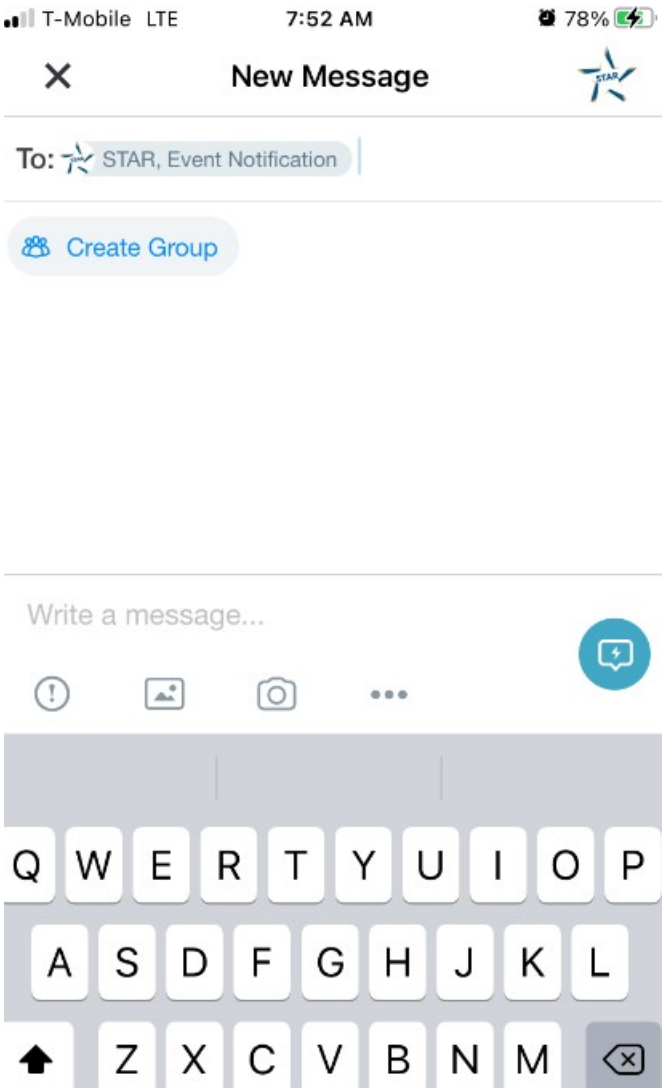
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Comments: _____

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SCREENSHOTS FROM TigerConnect



STAR REPORTING

EPA 13 – Identify system failures and contribute to a culture of safety and improvement.

The Institute of Medicine estimates that medical errors contribute to 440,000 preventable deaths in 2013 (increased from 98,000 in 1999). While these numbers are staggering, it is still felt to be an underestimation of the actual numbers an under-reporting may be a contributor to this disparity.

Patient safety is the responsibility of EVERYONE who is involved in healthcare.

The STAR system if the hospital's reporting system and is a way to report any areas of concern.

For your AI, you will be required to enter one STAR report for the month. Please see the instructions on how to use TigerConnect to enter the report.

Send a screen shot of the STAR report to Dr. Lee via TigerConnect.

HOW TO SUBMIT A STAR REPORT

1. Open your TigerConnect app and create a new message
2. Type "STAR" in the name field and you should see "STAR, Events Notification" appear
3. Once selected, type out the event you would like to report:
    a. Always include the 4 Ws: who, what, when, where
    b. Example: Pt John Smith, MRN 123456, received the wrong dose of insulin (10 units instead of 5 units) on 5 South on 7/14/2020
    c. You may also choose to include a category such as, medication event or fall or equipment failure.
4. The Risk Management Department will receive the STAR report and file it for you. This department may also text you back with follow up questions or information for loop closure.

PATIENT COMMUNICATION AND COUNSELING

EPA 12 – Perform general procedures of a physician

Communicate with the patient and family to ensure they understand pre- and post-procedural activities

Faculty/Residents – Please complete the following chart. Please use the following scoring system

1 – Uses inaccurate language, disregards patient's and family's wishes
2 – Uses jargon or ineffective communication, does not engage the patient in shared decision-making
3 – Conversations generally free of jargon and respectful
4 – Patient-centered, conversation free of jargon, participates in shared decision-making

In the Comments/Dx section, please indicate if the student Observed, Assisted or Performed the communication and patient counseling.

Pre-operative Surgical Indications, Risks and Benefits - #1

Date	Score	Comments/Dx	Signature

Pre-operative Surgical Indications, Risks and Benefits - #2

Date	Score	Comments/Dx	Signature

Discharge Instructions, Follow-up Care - #1

Date	Score	Comments/Dx	Signature

Discharge Instructions, Follow-up Care - #2

Date	Score	Comments/Dx	Signature

INTERPROFESSIONAL COMMUNICATIONS

EPA 9 – Collaborate as a member of an interprofessional team

Identify team members' roles and responsibilities and seek help from other members of the team to optimize health care delivery

Faculty/Residents/Staff – Please complete the following chart. Please use the following scoring system.

Please evaluate the student's performance during discharge rounds.

1 – Does not acknowledge other members of the interdisciplinary team as important
2 – Identifies roles of other team members but does not know how or when to use them
3 – Interacts with other team members, seeks their counsel, actively listens to their recommendations, and incorporates these recommendations into practice
4 – Actively engages with the patient and other team members to coordinate care and provide for seamless care transition

In the Comments/Dx section, please indicate if the student Observed, Assisted or Performed the communication with the interprofessional team.

Discharge rounds - #1

Date	Score	Comments/Dx	Signature

Discharge rounds - #2

Date	Score	Comments/Dx	Signature

Discharge rounds - #3

Date	Score	Comments/Dx	Signature

FORMATIVE FEEDBACK – MID-MONTH
Mandatory Completion – Complete halfway through the month

Evaluation of: _____

Evaluator: _____ Date: _____/_____/_____

Enter the score in the box next to the categories below

Scoring: 1 – unacceptable performance
2 - marginal performance
3 – meeting expectations
4 – often exceeds expectations
5 – consistently exceed expectations, even in complex situations

Please write N/A if you are not able to assess/evaluate.

Category	Self Assessment	Faculty/ Resident
MEDICAL KNOWEDGE: Demonstrates a solid fund of knowledge, good understanding of health, pathophysiology, diagnosis and treatment, and usually sees logical relationships between data.		
PATIENT CARE (History, Exam, Procedures): Takes a complete, organized history, using sensitivity, building rapport, detecting hidden agendas, including important information. Performs thorough exams, eliciting major findings with minor omissions. Exhibits proficient and appropriate skills relevant to this clerkship, minimizing patient discomfort and risk.		
PATIENT CARE (Assessment & Plan): Uses clinical reasoning to reach a logical assessment and differential diagnosis, develops a logical care plan with an awareness of most common treatment and diagnostic interventions, critically appraising interventions and potential approaches to disease prevention.		
COMMUNICATION (oral, written, patient): Provides organized oral and written presentations with a clear summary and data to support a working assessment and plan. Communicates effectively with patients and families with sensitivity to patient literacy, beliefs, culture, emotional and cognitive state, including risk/benefit info, employing shared decision-making, obtaining informed consent, describing strategies for engaging in difficult conversations.		
PRACTICE-BASED LEARNING & IMPROVEMENT: Accesses biomedical resources necessary to inform care, demonstrates knowledge of evidence-based medicine principles, identifies info gaps.		
SYSTEMS-BASED PRACTICE: Identifies principles of cost-effective care and ways to enhance patient safety and quality, advocates for patients, optimizes outcomes and minimizes disparities in the healthcare system.		
PROFESSIONALISM: Demonstrates truthfulness, ethical behavior, responsibility, teamwork, leadership, empathy, respect, and compassion.		

Overall Feedback: This is intended to provide formative feedback in order to identify areas to work on during the remainder of the clerkship. Student's performance may vary over time. The final clinical evaluation will reflect the student's summative performance and overall grading will be in accordance with the clerkship syllabus.

FORMATIVE FEEDBACK – MID-MONTH
Mandatory Completion – Complete halfway through the month

CURRENT ASSESSMENT OF STUDENT PERFORMANCE

[] Not Meeting Expectations	[] Meeting Expectations	[] Exceeding Expectations

Does the student feel they will be able to complete all REQUIRED CLINICAL ENCOUNTERS and clerkship requirements within the remaining time? If no, student should connect promptly with course director to discuss how they can meet requirements. [] YES [] NO

Areas of Strength:

_____
_____
_____
_____

Areas for Improvement/Action Items:

_____
_____
_____
_____

The P-RIME framework can be helpful in ongoing formative feedback and summative assessment. P-RIME is a stepwise framework to help distinguish between basic and advanced levels of competency. It is synthetic and integrates student performance rather than separating out knowledge from skills and behaviors. Reaching subsequent levels implies competence at previous levels. This is adapted from Dr. Louis Pangaro's original description of RIME, also known as PRIME with the P for professional, meaning this student functions with truthfulness, ethical behavior, responsibility, empathy, respect, and compassion. This student contributes to the interprofessional team and where appropriate, is a leader.

Reporter: • Student accurately gathers and clearly communicates clinical facts on their patients. • Has ability to do a history and physical examination and knows what to look for. • Sense of responsibility for patients. • Achieves consistency in "bedside" skills communicating with patients and families.
Interpreter: • Basic interpreter: student prioritizes among problems identified. • Next step: offers a differential diagnosis, including providing a rationale for those most likely. • Interprets test results (such as labs) in the clinical context. • Sees themselves as active participant in patient care.
Manager: • Student decides when action needs to be taken for patient. • Proposes and selects among possible management options- doesn't need to be correct, but should provide a reasoned and supported diagnostic and therapeutic plan. • An effective manager tailors the plan to the patient's specific circumstances and preferences.
Educator: • Student goes beyond the required basics to read deeply, and to share new learning with others in the context of the assessment and plan. • Has insight to define important questions to research in more depth, the drive to look for evidence on which clinical practice can be based, and the skill to critically evaluate the evidence and apply it to a given patient.

MID-MONTH REVIEW with AI DIRECTOR

[] Review of team evaluation

[] Review of clinical experiences – primary, ICU, consult

[] Review of duty hours

[] Mistreatment

[] Supervision

[] Review of Individual Learning Plan (ILP)

[] Examples of exemplary care and/or teaching

[] Other learning opportunities

[] Plans for second two weeks

Comments:

No signature is needed if meeting was conducted virtually.

Signature: _____ Date: _____/_____/_____

TRAUMA TEAM EVALUATION

Trauma Patient #1

[] Primary Survey: _____

_____

[] Secondary Survey: _____

_____

[] CXR: _____

[] FAST: _____

[] CT recommendations: _____

_____

[] Other Imaging: _____

[] AMPLE: _____

[] Consultants: _____

[] Disposition: _____

[] Trauma Informed Care: _____

Reviewed and Feedback By: _____

Date: _____/_____/_____

Trauma Patient #2

[] Primary Survey: _____

_____

[] Secondary Survey: _____

_____

[] CXR: _____

[] FAST: _____

[] CT recommendations: _____

_____

[] Other Imaging: _____

[] AMPLE: _____

[] Consultants: _____

[] Disposition: _____

[] Trauma Informed Care: _____

Reviewed and Feedback By: _____

Date: _____/_____/_____

JOURNAL CLUB

EPA 7 - Form clinical questions and retrieve evidence to advance patient care

[] Problem/Research question(s)
[] Study design
[] Statistics
[] Results/Findings
[] Conclusion
[] Critique and limitations
[] Application to patient care

[] Satisfactory completion

Reviewed and Feedback By: _____
Date: _____/_____/_____

SENIOR SEMINAR

Session	Satisfactory Completion	Signature
Airway and Ventilation		
Shock and Vasopressors		
Nutrition		

AI PRESENTATION

EPA 7 - Form clinical questions and retrieve evidence to advance patient care

Topic: _____
_____

Presentation Rubric Reviewed and Feedback By:
_____
Date: _____/_____/_____

HANDOFF/TRANSITIONS OF CARE

EPA 8 – Give or receive a patient handover to transition care responsibility

Checklist items:
[] SIGNOUT tool use
[] Written and oral communication
[] Up to date information
[] Read back and close loop communication
[] Relevant patient information
[] Interruptions minimized/limited

Reviewed and Feedback By: _____
Date: _____/_____/_____

REFLECTION ROUNDS

You will be assigned a time for a small group session.

The issues of burnout, emotional exhaustion, anxiety, isolation, and depression have been prominent areas of concern in the medical work force and have only been heightened during the COVID-19 pandemic. It has been suggested that to avoid burnout, one must identify what brings meaning to your professional and personal life, ensure that these things are aligned with your values, and to devote time to them, which would translate into a personal strategy.

In the AMA's recent article about "Caring for health care workers during crisis," various types of injuries were identified.

Life threat	Loss	Inner conflict	Wear and tear
A *traumatic* injury	**A *grief* injury**	**A *moral* injury**	**A *fatigue* injury**
Due to the experience of or exposure to intense injury, horrific or gruesome experiences, or death	Due to the loss of people, things or parts of oneself	Due to behaviors or the witnessing of behaviors that violate moral values	Due to the accumulation of stress from all sources over time without sufficient rest and recovery

Through a practice of reflection of the impact of your experiences during the clerkship, you can recognize the common challenges we all face as physicians. You will have one session during the rotation; these sessions will be led by physician-chaplain pairs.

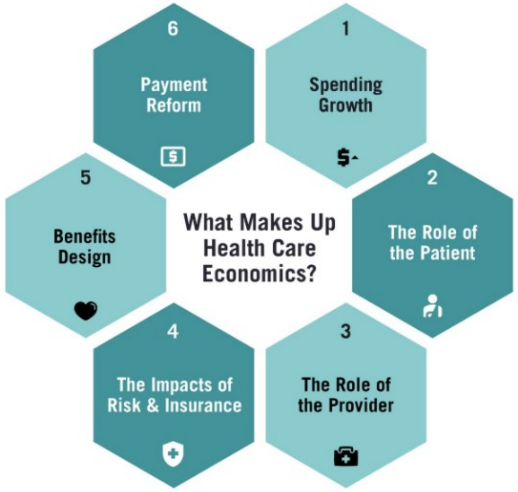
At the small group sessions, we will ask you to share a reflection. For the reflection, you can prepare ahead of time but we will also use a spontaneous format where we will ask you to think of a patient or colleague you recently interacted with.

Here are suggested questions for reflection:

- Why did you bring up that particular person?
- What have you learned from the interaction with this person?
- How did the person affect you emotionally? personally? spiritually or humanistically?
- Is there anything you are doing differently in your work as a result of this interaction?

HEALTHCARE ECONOMICS

Healthcare economics is a term used to describe the various factors that converge to influence the health care industry's costs and spending. As a field of study, healthcare economics seeks to understand the role that individuals, health care providers, insurers, government agencies, and public and private organizations play in driving these costs.



It is essential for physicians and other healthcare professionals to understand these economic issues.
To complete the following form, you will choose one patient who was admitted for more than 24 hours. Document the labs and radiologic studies that you ordered and write the indication for the test and how the test impacted patient care.
Refer to the following links and review the material there:
https://online.hbs.edu/blog/post/what-is-healthcare-economics
https://www.techtarget.com/revcyclemanagement/feature/What-Is-Value-Based-Care-What-It-Means-for-Providers