Details: Some specific issues for each clerkship (report back to MEC by 3/10/12)

- Surgery (16-17 students x 6 cycles)
  - Assignment of students to sites (DHMC, VAMC, Concord) and teams with larger class size, how to meet capacity issue?
  - Use of new general surgery team at CPMC?
  - All students **must** take one rotation on a general surgery team
  - What other services are “acceptable” for second rotation: CT, Vascular, Pedi, others???: one rotation or splittable into two?
  - Students to continue with weekly clerkship didactic sessions regardless of rotation (as they do now)?
  - How to permit students to request or select each rotation?
  - Will students stay at same site for all 7 weeks, or move from site to site?
  - Continue to address the variety of “culture on clerkship” issues
• **Surgery (16-17 students x 6 cycles)**

• Assignment of students to sites (DHMC, VAMC, Concord) and teams with larger class size, how to meet capacity issue?

**Concord Hospital, Concord, NH:**
- General Surgery (Group A)

**DHMC, Lebanon, NH:**
- Cardiothoracic Surgery (Group B)
- Consult / Trauma (Group A)
- Colorectal/Transplant (Group A)
- Minimally Invasive Surgery (Group A)
- Pediatric Surgery (Group B)
- Surgical Oncology (Group A)
- Vascular Surgery (Group B)
- Neurosurgery (Group B)
- Orthopedic Surgery (Group B)
- Otolaryngology ENT (Group B)
- Urology (Group B)
- Community Surgery (Group B)

**VAMC, White River Junction, VT:**
- General Surgery (Group A)
### “General Surgery”
- Consult/Trauma: 2
- Colorectal / Transplant: 2
- Oncology: 2
- Minimally Invasive: 1
- Concord: 2
- VAMC-WRJ: 2

### “Specialty Surgery”
- Community Service: 1
- Cardiothoracic: 1
- Neurosurgery: 2
- Orthopedic: 1
- Otolaryngology: 2
- Pediatric: 1
- Urology: 1
- Vascular: 2

All students **must** take one rotation on a general surgery team.
• Use of new general surgery team at CPMC?
  • Not in this coming academic year
  • No impetus from a capacity perspective
  • Little educational control
- Students to continue with weekly clerkship didactic sessions regardless of rotation (as they do now)?

- Split groups for small group experience
  - Wednesday/Friday groups
    - Adds to student flexibility
  - Expand pathology experience
• Continue to address the variety of “culture on clerkship” issues

Surgery is a unique clinical experience which integrates into a day inpatient care, intervention, outpatient care and acute care decision making; now restricted by work hours

• Time flexibility
  • 4/3 rotation with weekend vs 3.5 week rotations
  • Didactic series split

• Resident / Faculty education re feedback
  • Especially negative feedback
  • Student self evaluation at mid term (clear expectations)

• Student choices
  • Addressed with more time
Details: Changes for all clerkships (report back by 4/10/12)

- Modify learning targets for essential conditions and clinical skills to adapt to new lengths
- Modify actual list of essential conditions and clinical skills if necessary (e.g. cardiology topics in medicine)
- Continue to improve the quality of each clerkship as per student suggestions (surveys, AAMC GS) and MEC recommendations during reviews this past year
- Continue to improve “comparability of educational experience” from site to site, and team to team
- Optimize educational value of 2 days of orientation, and 2 days of wrap-up
- The Wednesday between clerkships will remain either completely free, or mostly free (end by 10 AM), from DMS activities