



**Surgery**  
**Clerkship Handbook**  
**2025-2026**

# Clerkship Faculty and Staff



## **Surgery Clerkship Director**

Eldo Frezza, MD, MBA, FACS  
Professor of Surgery  
Assistant Dean of Research  
Email: [Eldo.Frezza@cnsu.edu](mailto:Eldo.Frezza@cnsu.edu)  
Phone: (956) 357-7355



## **Clerkship Coordinator**

Rosamaria Cerezo  
Email: [Rosamaria.Cerezo@cnsu.edu](mailto:Rosamaria.Cerezo@cnsu.edu)  
Phone: (916) 686-7856



## **Clerkship Coordinator Supervisor**

Wesly Tse  
Email: [Wesly.Tse@cnsu.edu](mailto:Wesly.Tse@cnsu.edu)  
Phone: (916) 686-8516

# Introduction

Welcome to your core rotation in Surgery, an exciting, fast paced, and intellectually stimulating part of your clinical training. During this clerkship, you will participate in the diagnosis, operative and nonoperative management, and follow up care of patients with a wide range of surgical conditions. You will gain firsthand exposure to the fundamental principles and technical skills that form the foundation of surgical practice across general surgery and a variety of subspecialties.

This rotation is designed to help you:

- Understand the indications for surgical intervention
- Develop a systematic approach to evaluating surgical patients preoperatively and postoperatively
- Learn the principles of sterile technique and the basics of surgical procedures
- Participate as a valued member of the operating room, inpatient, and outpatient care teams
- Recognize surgical emergencies and initiate appropriate responses
- Communicate effectively with patients, families, and members of the perioperative team

Your educational journey will be guided by a combination of clinical immersion, hands on learning, and structured teaching. You will round on surgical inpatients, scrub in and assist with procedures, perform bedside procedures under supervision, attend teaching conferences, and complete core clerkship assignments and readings.

Surgery is a discipline where preparation, precision, and teamwork come together. You will witness and participate in high stakes decision making, often in time sensitive contexts. This clerkship will challenge you to sharpen your clinical reasoning and embrace the discipline, responsibility, and coordination required in surgical care.

Whether or not you envision a career in surgery, the critical thinking, procedural experience, and team based collaboration you develop during this clerkship will serve you in every field of medicine.

## Educational Program Objectives (EPOs) & Course Learning Objectives (CLOs)

The clerkship curriculum is structured around the six ACGME Core Competencies, ensuring alignment with nationally recognized standards for medical education. These competencies are mapped to the **Educational Program Objectives (EPOs)**, as illustrated in the table below. Student performance in each competency area is assessed through the students' final evaluation. Additionally, the **Course Learning Objectives (CLOs)** are aligned with the EPOs, providing a framework for instructional goals and evaluation criteria, as shown in the second table.

General Competency	Educational Program Objectives
PC1: Patient Care	PC1: Clinical History Taking PC2: Patient Examination PC3: Medical Notes PC4: Oral Presentations PC5: Medical Skills PC6: Patient Care Teams PC7: Patient Management PC8: Cost Effective Comparison in Treatment
MSK2: Medical and Scientific Knowledge	MSK1: Knowledge of Medical Practices MSK2: Problem Solving & Diagnosis MSK3: Medical Treatment MSK4: Life-Long Learning MSK5: Research or Knowledge Expansion
C3: Communication and Interpersonal Skills	C1: Communication Medical Team C2: Communication with Patient, Family and Community
P4: Professionalism	P1: Ethical Behavior P2: Ethical Responsibility P3: Ethical Principles and Boundaries P4: Professional Relationships
HC5: Health Care Systems	HC1: Healthcare Delivery Systems HC2: Delivery Systems Improvement
RP6: Reflective Practice and Personal Development	RP1: Personal Assessment RP2: Time Management RP3: Stress/Wellness Management RP4: Conflict Resolution

Clerkship Learning Objectives (CLO)	Narrative	EPO	Assessment
CLO-1	Demonstrate an adequate fund of foundational knowledge in the application of relevant basic science principles and concepts to the surgical and medical problems encountered in the field of general surgery.	MSK 1-5, PC-7	NBME General Surgery Shelf and Preceptor and CD Evaluations
CLO-2	Demonstrate skill in obtaining a focused and complaint-directed medical history and physical examination in the general surgery setting and communicate both orally and in writing clear and concise presentations. Demonstrate the ability to interact with all levels of general surgery staff and consultants as a team member.	PC 1-7, C 1&2, HC 1	Preceptor and CD evaluations
CLO-3	Identify relevant clinical historical and physical findings, understand the appropriate use of diagnostic studies and formulate reasonable and logical differential diagnoses for common complaints encountered in general surgery.	PC 1,2,5,7 MSK 1-3	NBME General Surgery Shelf and Preceptor and CD Evaluations
CLO-4	Demonstrate an understanding of the effective use of surgical resources. Develop the ability to interpret commonly ordered diagnostic studies, such as laboratory tests, imaging studies (e.g., X-rays, CT scans, MRIs), and ultrasounds. Effectively utilize available technology and educational resources to manage patients efficiently, particularly in the prevention, diagnosis, and surgical management of diseases.	PC 5,7,8 MSK 1-4	NBME General Surgery Shelf and Preceptor and CD evaluations
CLO-5	Demonstrate understanding of the principles of the treatment of disease, including treatment to stabilize unstable patients, and the rationale to assess and reassess in the monitoring of patients' progress.	PC 1,2,5,7 RP 2	NBME General Surgery Shelf and Preceptor and CD evaluations
CLO-6	Demonstrate professionalism during interactions with all general surgery staff and consultants. As an active team member, participate in all aspects of patient care, and demonstrate professional, respectful, and effective patient centered communication with an understanding of the role of Human Factors in patient safety.	P 1-4, HC 1,2 RP 1,3,4	Preceptor and CD evaluations

The Preceptor Evaluation of Student Performance form, detailed in the M3 General Handbook including all 10 questions and grading rubrics, has been thoughtfully mapped to the specific Course Learning Objectives (CLOs) for each clerkship. The table below outlines how each evaluation question aligns with the relevant CLOs to ensure consistency between assessment and curricular goals.

<b>Evaluation Question</b>	<b>Primary CLO(s)</b>	<b>Secondary CLO(s)</b>
Q1. History & PE	CLO-2	CLO-3, CLO-6
Q2. Differential Dx	CLO-3	CLO-1
Q3. Management Plan	CLO-5	CLO-4, CLO-1
Q4. Documentation	CLO-2	CLO-6
Q5. Oral Presentation	CLO-2	CLO-6
Q6. Evidence-Based Practice	CLO-1, CLO-4	CLO-5
Q7. Interprofessional Teamwork	CLO-6	CLO-2
Q8. Patient/Family Communication	CLO-6	CLO-2, CLO-5
Q9. Clinical Procedures	CLO-5	CLO-6
Q10. Systems/Safety	CLO-6	CLO-4, CLO-5

# Clerkship Goals and Educational Activities

## Clerkship Goals

The overarching goals of the clerkship are for students to

- a) improve and focus history taking
- b) improve and refine the physical examination
- c) develop a reasonable differential diagnosis
- d) outline an initial diagnostic and treatment plan

We want students to meet these goals by examining patients with both acute and chronic surgical problems in both the inpatient and outpatient settings.

## Orientation

Students will be provided appropriate orientation to the rotation, expectations, and clinical facilities. Orientation may include sessions at the CNUCOM campus or online. Materials will be supplied for independent review with an on-site orientation to ensure adequate student preparation. Clerkships introduction provided by the Clerkship Director/Site Director, the Chair/Chief of that service, or his/her designee.

### A. Clerkship

- Director/Site Director and Teaching Faculty/Preceptors
- Content
- References
- Expectations (e.g., patient logs, procedures, etc.)
- Scheduled activities/calendars
- Assessment/exams
- Evaluation forms
- Grading

### B. Physical plant

- Patient rooms
- Nurses' stations
- Specialty Departments
- Ancillary services facilities (x-ray, laboratory, medical records, Etc.)
- Rest rooms and locker areas
- Conference areas
- Lounges, cafeteria or coffee shop
- Library

## Rotation Daily and Weekly Schedule

Rotation details of the daily and weekly schedule will be at the discretion of the attending physician. In general, students will work Monday through Sunday. Students on inpatient services may be required to come in one weekend day at the attending discretion. Students will not be needed to take a 24-hour call. Significant variations in the schedule are:

- The first Monday morning of the rotation will begin at the clerkship rotation site to orient at the clinical sites on Teams.
- Wednesday afternoons reserved for didactics at the CNU College of Medicine or online between 4–6 pm.
- The last Friday of the rotation is reserved for the NBME Shelf Exam.
- Students rotating through private offices will follow the schedule set by those physicians, including days when the office is not open.



## SURGICAL CLERKSHIP MANUAL

### EXPECTATIONS FOR EACH CLASS

Prior to the start of each class, students should have completed the following:

- Review the assigned material
- Review the list of procedure videos

Students are expected to discuss interesting cases during each class (30 min)

Communication Issues and Questions (30min)

### MANDATORY ASSIGNMENTS

- 2 H&P
- 2 Assessments

#### Additional Study Techniques

- Read and review 100 SHELF exam questions per week
- Write down the procedure you see in the hospital (Both the one you perform and the one you observe)

### ATTENDANCE: All sessions are mandatory

- Students are permitted two (2) absences during their Surgery rotation.
  - If you are planning to be absent, please notify your preceptor and the Clerkship Director via email and phone call.
- The weekly classes will be hosted on Teams to allow all students from various sites to attend

### CLERKSHIP WEIGHTED SCORES

Shelf Exam	30%
Preceptor Evaluation	50%
Didactic/Assignments/Class Participation	20%

### COURSE LECTURE SCHEDULE

Every Wednesday 4:00 - 6:00pm via Teams

Week 1: Perioperative Issue, Fluid

Week 5: Critical Care

Week 2: Alimentary Tract and Abdominal Surgery

Week 6: SHELF Exam (on campus)

Week 3: Breast, Endocrine, and Pancreas

Week 4: Trauma

*Dr. Eldo Frezza*

More Information :

📧 Eldo.Frezza@cnsu.edu

Eldo Frezza, MD; MBA; FACS  
Surgery Clerkship Director

THANK YOU

# Required Clinical Experiences (“Must See Cases and Procedures”)

Must See Cases: Students must maintain a log of specific diagnoses encountered during the clerkship, ensuring that a minimum of two conditions are documented from each diagnostic category via MedHub. These should also be uploaded to Assignments on Canvas.

Patient Encounter Log: Record the age, sex, and diagnosis of every patient you see during the clerkship via MedHub.

## Required Clinical Experiences (“Must See Cases”)

Experience	Level of Participation
Acute Abdomen/Abdominal Pain (e.g. perforated ulcer, acute cholecystitis, diverticulitis, bowel obstruction)	Evaluate or Assist
Trauma (e.g. gunshot wound, stab wound, motor vehicle accident)	Evaluate or Assist
Common benign abdominal pathology (e.g. biliary colic, diverticulosis, hernias, GERD, obesity)	Evaluate or Assist
Common malignant abdominal pathology (e.g. colorectal, pancreas, stomach, liver)	Evaluate or Assist
Peri-operative care of patient Undergoing Anesthesia	Evaluate or Assist
Elective common pathology (Breast disease, thoracic pathology or vascular pathology)	Evaluate or Assist

Must Do Procedures: It is preferable that students participate and/or manage the following **procedures**. In the event you are unable, or your site does not offer these procedures, it is permissible to **view approved subject matter via video resources**.

- Airway management
- Arterial blood gas
- CPR/ET intubation
- Chest tube placement
- Abdominal ultrasound
- Peripheral IV placement
- Foley catheter placement
- Nasogastric/feeding tube placement
- Rectal exam

- Skin suturing
- Wet to dry dressing change
- Abscess drainage

#### Definitions:

- **Assist:** Student presence with preceptor, other students and patient during evaluation, examination, and treatment. Student will watch the activities of the preceptor or other students on the patient and provide feedback if necessary.
- **Perform:** Student has direct active interaction with patient during evaluation, examination and treatment with final management plan proposed by student and discussed between the student and the preceptor. Continuity of care will be emphasized during the clerkship whenever possible and appropriate. For example, when a student has a role in the admission of a patient, whenever possible, the student will be expected to follow that patient throughout their treatment and hospitalization course and, upon discharge, into the outpatient setting.

## Recommended Resources

#### CHEST TUBE

- <https://www.youtube.com/watch?v=OYTXSBaMQII>

#### FLUID MANAGEMENT

- <https://www.youtube.com/watch?v=KKKdG9g7OeM>

#### INTRODUCTORY CRITICAL CARE AND SHOCKS

- [https://www.youtube.com/watch?v=kmtJiAga\\_8Q](https://www.youtube.com/watch?v=kmtJiAga_8Q)

#### HOW TO SUTURE

- [Click here](#)

#### FOLEY CATHETER INSERTION STEP (NO VIDEO)

- <https://www.choc.org/programs-services/urology/foley-catheter-insertion-instructions/>

## CENTRAL LINE PLACEMENT

- [Click here](#)

## FOREING BODY REMOVAL FROM FINGER

- <https://www.youtube.com/watch?v=8A38aofoblk>

## BURN TREATMENT AND DESCRIPTION

- <https://www.chop.edu/video/evaluating-and-treating-burn-injuries>

## RAPID SEQUENCE INTUBATION (ANIMATION)

- [Click here](#)

## NASOGASTRIC TUBE PLACEMENT

- [Click here](#)

## WET TO DRY DRESSING (ANIMATION)

- [Click here](#)

## PERIPHERAL IV PLACEMENT

- [Click here](#)

# Summary of Core Clerkship Policies and Expectations

All third-year medical students are expected to follow the policies outlined in the **M3 Clerkship General Handbook**. This guide establishes consistent standards across all core clerkships, supporting a professional, equitable, and safe learning environment. Below is a high-level summary of key policies. Students are responsible for reviewing the full handbook for details. For full policy details, grading rubrics, and institutional resources, please refer to the M3 Clerkship General Handbook.

## Professionalism Expectations

Students must demonstrate integrity, accountability, respect, and ethical behavior at all times. Professional lapses—such as tardiness, dishonesty, or unprofessional conduct—may result in grade penalties, formal remediation, or referral to the Student Promotions Committee.

### **Patient Confidentiality & HIPAA Compliance**

Students must strictly protect patient privacy. This includes not accessing unauthorized records, avoiding discussions in public areas, and never storing PHI on personal devices. Violations may result in disciplinary action or dismissal from clinical duties.

### **Preceptor Responsibilities**

Preceptors are responsible for daily supervision, direct observation, clinical teaching, and timely feedback. They must complete mid-clerkship and final evaluations (including narrative comments on strengths and areas for growth) within three weeks of the rotation's end. Narrative comments may support grade adjustments in borderline cases. Preceptors may not medically treat students under their supervision. Best practices include encouraging independent patient encounters, assigning focused tasks, and using brief debriefings and readings to enhance learning.

### **Clerkship Clinical Supervision**

All patient care activities must occur under the supervision of licensed professionals. Students are expected to work within their level of training and seek guidance when needed. Preceptors are responsible for real-time oversight and feedback.

### **Formative Feedback and Mid-Clerkship Evaluations**

Students are expected to seek and respond to regular feedback throughout the rotation. Preceptors will provide ongoing feedback on clinical skills, professionalism, and communication. A formal mid-clerkship evaluation is required to assess progress and set goals for improvement. Feedback plays a critical role in student development and contributes to the final evaluation.

### **Attendance and Absences**

Full attendance and punctual arrival is expected. Excused absences may be granted for illness, emergencies, or approved events, with advance notice and documentation. Excessive or unexcused absences must be made up and may impact your professionalism evaluation.

### **Clinical Rotation Duty Hours**

Students must not exceed **80 hours per week** of clinical duties (averaged over four weeks). Students must have **10 hours off between shifts, 1 full day off per 7-day week**, and are limited in the frequency of overnight call. These guidelines protect wellness and patient safety.

### **Immunization and Screening Requirements**

Students must maintain up-to-date immunizations, including annual TB testing and a tetanus-diphtheria booster every 10 years. Site-specific immunizations may also be required. All documentation must be

complete at least one month before third- and fourth-year clinical coursework. Incomplete records may delay rotations or graduation. A background check and drug screening are required before clinical work; random or for-cause screenings may occur throughout enrollment.

### **Workplace Injuries & Needlestick Protocols**

Students must report all workplace exposures immediately, follow proper first-aid procedures, and seek medical care at designated facilities. CNUCOM students are covered under **Workers' Compensation** for clinical-related injuries.

### **Mistreatment and Harassment**

Any behavior that undermines student dignity or creates a hostile learning environment is strictly prohibited. This includes verbal abuse, discrimination, or exclusion. Concerns can be reported confidentially to the Clerkship Director, Clinical Education, or Student Affairs.

### **Clerkship Grading**

Final clerkship grades are based on a combination of:

- **NBME Shelf Exam performance** (nationally standardized exam)
- **Clinical evaluations** by preceptors and Clerkship Directors
- **Didactic participation and assignments** Grades may be adjusted based on clinical performance and professionalism. A “Y” grade may be issued for incomplete or remediated components.

### **Preceptor Evaluation of Student Performance Form**

Preceptors must complete student evaluations within three weeks post-rotation using a standardized rubric across ten domains (e.g., history-taking, clinical reasoning, communication, professionalism). Ratings range from “Fail” to “Honors,” with “Insufficient Contact” as an option when applicable. Be sure to review the actual questions in the **M3 Clerkship General Handbook**.

### **Student Evaluation of Clinical Experiences**

At the end of each clerkship, students must complete evaluations of their preceptor, clinical site, and overall rotation. These evaluations are submitted through a secure online system and are reviewed only after a threshold is met to ensure anonymity. Honest, constructive feedback is essential for improving the quality of clinical education.

**For full policy details, grading rubrics, and access to institutional support, please consult the M3 Clerkship General Handbook.**