



Learning. Caring. Serving. Leading.

PAS 7600a25: Surgery

3.0 Credit Hours

Designated clinical learning site: Surgical Clinic and Surgical Suite

Course Coordinator	Office	Phone	Email
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Course Description:

The Surgery clinical rotation is designed to give students experience in the care of patients undergoing elective or acute surgical procedures. The student will perform the pre-operative history and physical; assist, when able, in the operating room; be involved in immediate post-operative care and stabilization; and assist with post-operative follow-up.

Prerequisites: PAS 5000-6480

Course goals:

The goals for this course are for students:

1. To apply the medical content and principles that define the care of surgical patients.
2. To provide opportunities for each student to develop the core PA competencies in a supervised surgical setting.
3. To expose each student to an experienced and competent medical provider role model for the care of surgical patients.

Learning Outcomes:

The learning outcomes for this course are designated as “LO” with an associated number that corresponds to a program competency (PC) required for all students of Elon PA program. By achieving the course learning outcomes, students are demonstrating progression towards meeting program competencies.

PC1: Clinical and Technical Skills (CTS) PA students will demonstrate proficiency in clinical and technical skills necessary for effective, patient-centered care, including accurate diagnosis, treatment planning, and procedural competence.

- LO1.1 Skillfully conduct personalized patient interviews, ensuring clear communication. (B2.04) (B2.06a-f) (B2.07a)
- LO1.2 Demonstrate proficiency in performing focused surgical physical examinations with thorough recording of findings to support patient-centered care. (B2.07b)
- LO1.3 Utilize diagnostic tools and technologies effectively to support clinical decision-making and enhance individualized patient surgical care. (B2.07d)
- LO1.4 Perform common medical procedures with competence and adherence to safety protocols, prioritizing patient comfort and well-being. (B2.09) (B2.16a,b,d)
- LO1.7 Accurately document patient encounters (demonstrated in this rotation with a post-op note). (B2.14b)



PC2: Clinical Reasoning and Problem Solving (CRPS) PA students will develop advanced clinical reasoning and problem-solving skills to accurately assess patient conditions and formulate effective treatment plans

- LO2.1 Integrate patient history and clinical data to formulate accurate differential diagnoses. (B2.07c)
- LO2.2 Identify and perform an appropriate problem-focused physical examination for a given differential diagnosis. (B2.05) (B2.07b)
- LO2.3 Utilize critical reasoning and problem-solving to prioritize care in surgical patients, including
 - o formulating a diagnosis, (B2.07c) (B2.05)
 - o ordering diagnostic studies, and (B2.07d) (B2.05)
 - o determining the next best steps in treatment. (B2.07e) (B2.05)
- LO2.4 Generate comprehensive surgical patient management plans to ensure effective care. (B2.07e)
- LO2.5 Refine diagnostic reasoning by interpreting and synthesizing diagnostic test results. (B2.07d)

PC3: Interpersonal Skills (IPS) PA students will cultivate strong interpersonal skills to effectively communicate and build therapeutic relationships with patients, families, and healthcare team members.

- LO3.1 Demonstrate effective communication skills to build rapport and trust with surgical patients and their families. (B2.04) (B2.06a-f)
- LO3.2 Exhibit active listening and empathy to understand and address patient concerns and needs in surgical patients. (B2.04) (B2.07a)
- LO3.3 Collaborate efficiently with healthcare team members to ensure coordinated, patient-centered surgical care. (B2.10)
- LO3.5 Exhibit cultural humility, providing respectful and individualized care to patients from diverse backgrounds. (B2.06a-f)

PC4: Medical Knowledge (MK) PA students will acquire and apply comprehensive medical knowledge to diagnose and manage a wide range of health conditions effectively.

- LO4.2 Integrate knowledge of pathophysiology and disease mechanisms to manage surgical conditions effectively. (B2.02c,e)
- LO4.3 Apply principles of pharmacology to select appropriate therapeutic interventions
- LO4.4 Demonstrate comprehensive medical knowledge in all organ systems pertinent to patients across the lifespan presenting in the surgical setting. (B2.03) (B2.08a-e) (B2.11C)

PC5: Professional Behavior (PB) PA students will consistently exhibit professional behavior, including ethical practice, accountability, and adherence to the highest standards of patient care and professional conduct.

- LO5.1 Apply ethical principles in clinical decision-making, maintaining patient confidentiality and integrity in all professional activities. (B2.18)
- LO5.2 Analyze the factors that influence patient health and contribute to health disparities. (B2.06f)
- LO5.6 Maintain an appropriate balance between professional responsibilities and personal wellbeing. (B2.20a-b)

PC6: Professional Development (PD) PA students will develop the ability to create a comprehensive and personalized plan for their continued medical education, ensuring lifelong learning and professional growth beyond graduation.

- LO6.2 Engage in reflective practice to continuously evaluate and improve clinical skills and



knowledge, adjusting plans as necessary. (B2.16c) (B2.20)

Teaching Methodologies: The content of this course will be explored through hands-on supervised clinical practicums in surgical settings to include the pre-operative, intraoperative, and post-operative environment. Pre-operative learning may happen in the clinic, the ER or hospital room, or the “holding” area. Intraoperative learning happens in the OR (regardless of observation or action). Postoperative learning happens in the PACU (post anesthesia unit), the hospital “ward” (inpatient), or post operative visits in the office.

Accommodations: Students requiring academic accommodations must follow the “Academic Support” policy in the Elon University DPAS Student Handbook.

Academic Honesty: All Elon PA students acknowledged their commitment to abide by the Elon Honor Code by signing the Honor Pledge during orientation.

Use of Generative Artificial Intelligence in the Program

Becoming a PA requires consistently training one’s critical reasoning skills to problem-solve effectively. The use of generative AI in this context can impede your learning. The assignments in our program typically challenge you to develop skills that AI does not have. Our aim is to help you grow, rather than letting technology limit your capacity.

In many contexts AI-assistance can be used as a tool to support and amplify your own skills, and it can sometimes provide us with new understanding. Together we are all learning to navigate complex interactions with AI technologies as they are becoming a crucial component of practicing medicine in the 21st century.

AI-generated text should not be used as the source of content for any assignment in the PA Program unless clearly specified.

Diversity and Inclusion Statement: Elon University’s physician assistant program strives to create a learning environment where diversity, equity, and inclusion are paramount. The Program values and supports diversity of thought, perspective, and experience. Physician assistant students, no matter their race, ethnicity, gender identity, socioeconomic class, sexuality, religion, or disability, are both welcomed and valued in this program. Our goal is that all students feel included so that they may have the best learning experience and outcomes possible. To help accomplish this:

- Please let the program administrative assistant and your course directors know of your preferred name and/or pronouns if these differ from that in your official school records.
- If your performance in class is affected by outside experiences, please do not hesitate to talk with your course director. Please know that program faculty and staff are happy to be a healthy resource for you. If you prefer to speak with someone outside of the course, please contact your academic advisor, the Program Director, the Elon Health and Wellness Center, and/or CREDE office.
- We, along with many other folx, are still in the process of expanding our learning about diverse perspectives and identities. If something said in class (by anyone) makes you feel uncomfortable, please talk to your course director.
- As a participant in classroom discussions or assignments, please always strive to honor the diversity of your classmates.



- Please let your course director and/or Program Director know if you observe situations in which the above appears to not be the case.

Resources:**Required:**

1. All required first year textbooks
2. CURRENT Medical Diagnosis & Treatment: Surgery, 15e

Recommended Resources:

1. Textbooks, reference books, journals, online electronic databases.

Other Helpful Resources:

1. *Moodle and Exxat: Please check sites frequently for new announcements, updated schedules, assignments and other course communication.
2. Practicing physician assistants, physicians, allied health care providers and laboratory teaching aids.

Grade Scale and Grade Points:

Percentage	Letter Grade	Grade points
89.50-100.0	A	4.0
85.50-89.49	B+	3.3
79.50-85.49	B	3.0
75.50-79.49	C+	2.3
69.50-75.49	C	2.0
Below 69.50	U	0

Note: For further information regarding academic standing in the Department of Physician Assistant Studies, please see the DPAS Student Handbook.

Grading Criteria:

1. Demonstrate acquisition of a strong basic science and medical science knowledge base as demonstrated on the written examination/quizzes.
A blueprint and topic list for the SURGERY EOR exam can be found on the course Moodle page.
2. Demonstrate satisfactory self-directed learning skills, clinical reasoning skills, commitment to patient-centered care and professionalism as evidenced by satisfactory performance on the preceptor evaluation.
3. Demonstrate a commitment to learning and professionalism by actively participating in all clinical activities and exceeding the professional behavior standards and minimum requirements for clinical rotations available in the Elon PA Student Handbook.
4. Demonstrate competency in creating written medical documents for the surgical setting as evidenced by submission of a preoperative note and procedure note.

Assessment Activities: Student progress will be assessed in a variety of ways, which include the following:

Assessment component	Outcome(s)	# per course	% each
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Rotation EOR exam	1.4, 2.1, 2.3-5, 4.2, 4.4-5, 5.2	1	35%
Preceptor Evaluation of Student	1.1-3, 2.1-5, 3.1-3, 3.5, 4.2, 4.4-5, 5.1-2, 5.6	1	55%
Rosh Review assignments	6.2	1	5%
Student site evaluation	5.4	1	0 (C/I)
Longitudinal Skills Assessment Documentation	1.4	1	2.5%
Medical Documentation assignment	1.7	1	2.5%
		TOTAL	100%

Description of Assessment Activities: End of Rotation Exams: EORs are standardized exams developed and vetted by the PA Education Association. The exams cover topics specific to each supervised clinical practicum experience. Scores are reported as a “scaled score” and converted to a grade using a “z-score” correlation which places “passing” as within 1.5 standard deviations of the national mean.

- **Preceptor Evaluation of Students:** The PES is completed by the preceptor of record or their designee. They may choose to submit it based on their singular experience with students or through gathering and reporting team feedback. The evaluation is aligned with the course learning outcomes. An overall average score is provided as well as a “program competency” score per rotation. Passing is set at 70%. Students must receive a 70% on the overall evaluation AND on each program competency average.
- **Rosh Review:** Students receive two grades on their work with the Rosh Review’s PANCE preparatory materials:
 - Mock EOR: Students complete a mock EOR exam for the rotation to which they are assigned (or a Mock EOR of their choice while on their elective rotation)
 - 200 questions: students complete an additional 200 Rosh Review questions on each 6-week rotation of the curriculum; while on the BH/WH rotation, 100 questions are completed for each.
- **Student Evaluation of Site and Preceptor:** Students complete an evaluation of their clinical site and preceptor during each rotation graded as complete or incomplete.
- **Longitudinal Skills Assessment:** A list of skills and procedures exists for students to complete during the clinical year. The Longitudinal Skills Assessment Book lists all these activities with suggested rotations for the completion of each. During each rotation, students receive a grade for either completing the LSA skills suggested for that rotation or detailing where and when they will complete the skills.
- **Medical documentation assignment:** For each rotation (except the elective), students complete a medical documentation assignment particular to that rotation which is submitted for a grade and feedback.

Late and Makeup Work: The student will contact the Director of Clinical Education to determine the content and due dates for any late or make-up work that may be required.

Exam Review: The PAEA EOR exam provides each test-taker with a summary of their performance to guide learning.



Syllabus Modifications: Every attempt is made to construct a complete syllabus that provides an accurate overview of the course. However, circumstances and events may make it necessary for the instructor to modify the syllabus during the semester. This may depend, in part, on the progress, needs and experiences of the students. In special circumstances and at the discretion of the course director, assignments or the point distribution that is used to determine students' grades may be modified. In these instances, modifications must be for common benefit and thus cannot penalize any students or render evaluation (i.e., grading) more severe.

Instructional Objectives:

Instructional objectives (IO) are listed below with a mapping designation, the learning outcome (LO) they support, and the program's competency (PC) domain.

Surgery

PC1: Clinical and Technical Skills

- (LO1.1) Obtain focused preoperative histories, including surgical, anesthesia, and medication histories, in adult patients with conditions requiring surgical management. (B3.04d) (B2.08a, B2.08c, B3.03b, B3.03d))
- (LO1.1) Communicate surgical risks, benefits, and alternatives clearly and compassionately in a pre-operative or post-operative setting. (B2.04, B2.08c; B3.03d)
- (LO1.1) Assess and address patient concerns about procedures, recovery, and outcomes. (B2.04, B2.07f)
- (LO1.1) Use structured formats (e.g., AMPLE) to guide pre-operative surgical interviews. (B2.07a, B2.08c; B3.03d)
- (LO1.1) Obtain a pre-operative problem-focused history to assess optimization to reduce the risk of surgical mortality or morbidity (e.g. mitigate risk of perioperative complications, infections, etc.). (B2.07a, B2.16d)
- (LO5.3) Collaborate with surgical teams to ensure continuity and clarity of patient information. (B3.03d; B2.10c)
- (LO1.2) Conduct focused pre-operative physical exams with attention to surgical risk factors. (B2.07b, B2.08c, B3.03d)
- (LO1.2) Modify pre-operative and post-operative examination techniques based on patient age, disability status or special health care needs (B2.06a, B2.07b, B2.08c; B3.03d)
- (LO1.2) Assess surgical sites and post-operative complications (e.g., wound healing, infection). (B2.07b, B2.08c; B3.03d)
- (LO1.2) In the operating room, recognize signs or symptoms that require notification or intervention (e.g. bleeding, vital sign changes, patient movement, etc.). (B2.07b, B3.04d) (B2.08c; B3.03d)
- (LO1.2) Perform and interpret relevant system-specific exams (e.g., abdominal, vascular, musculoskeletal) in the pre-operative and post-operative setting. (B2.07b, B2.08c; B3.03d)
- (LO1.2) Recognize physical signs on pre-operative or post-operative exams that may alter surgical planning or timing. (B2.07c, B2.08c; B3.03d)
- (LO1.3) In the surgical setting, select appropriate lab and diagnostic tests. (B2.07d, B2.08c; B3.03d)
- (LO1.3) Educate patients on the purpose and implications of diagnostic tests in the outpatient setting. (B2.07f, B3.04d)
- (LO1.3) Order and interpret pre-operative and post-operative labs and imaging (e.g., coagulation panel, chest X-ray, EKG). (B2.07d, B2.08c; B3.03d)



- (LO1.3) Use diagnostic imaging (e.g., CT, MRI, ultrasound) to support surgical planning. (B2.07d, B2.08c; B3.03d)
- (LO2.6) Monitor post-operative labs and imaging to detect complications. (B2.07d, B2.08c; B3.03d)
- (LO1.3) Participate in intraoperative diagnostic imaging or use intraoperative tools (e.g., fluoroscopy, laparoscopic imaging) under supervision. (B2.07d, B2.08c; B3.03d, B3.04d)
- (LO1.3) Document diagnostic findings and their implications for surgical care. (B2.08c; B2.14b, B3.03d)
- (LO1.4) Maintain a sterile field using proper surgical aseptic technique and infection control protocols in the operating room. (B3.04d) (B2.08c; B2.09, B3.03d)
- (LO1.4) In the operating room, participate in the surgical time-out process by verifying patient identity, procedure, site, and consent in accordance with institutional safety standards. (B3.04d) (B2.08c; B2.09, B3.03d)
- LO1.4) Obtain and document informed consent for minor procedures, clearly explaining the risks, benefits, alternatives, and expected outcomes. (B2.08c; B2.14b, B2.18, B3.03d)
- (LO1.5) Educate patients and families about surgical procedures, risks, benefits, and alternatives. (B2.07f, B2.08c; B3.03d)
- (LO1.5) Address cultural, socioeconomic, and personal factors that influence health behaviors in the surgical setting. (B2.06f, B2.12b)
- (LO1.5) Provide pre- and post-operative instructions in both verbal and written formats. (B2.07f)
- (LO1.5) Support perioperative informed consent by ensuring patient understanding and addressing concerns. (B2.18, B2.08c; B3.03d)
- (LO1.5) Recognize developmental and cognitive differences that may affect surgical decision-making, consent, and recovery, and adapt communication strategies to meet patient needs. (B2.04, B2.11c)
- (LO1.5) Counsel patients on wound care, activity restrictions, and signs of complications in the pre-operative and post-operative setting. (B2.07f, B2.08c, B2.12a, B3.03d)
- (LO1.5) Demonstrate compassionate communication with patients and families facing terminal diagnoses and poor surgical outcomes (B2.04, B2.11a)
- Participate in discussions about death, dying and loss including code status and palliative options. (B2.04, B2.11a)
- (LO1.5) provide respectful, inclusive, and nonjudgmental care to patients of all sexual orientations and gender identities, particularly in preoperative and postoperative discussions involving reproductive or sexual health. (B2.04, B2.11b)
- (LO1.5) Assess and address the emotional and psychological responses of patients undergoing surgery, including fear, anxiety, denial, and anger, and provide empathetic support throughout the surgical experience. (B2.11d)
- (LO1.5) Demonstrate trauma-informed care principles when interacting with patients experiencing high levels of stress related to surgery, hospitalization, or prior medical trauma. (B2.121e)
- (LO1.5) Involve care givers of surgical patients in discharge planning and recovery support. (B2.07f, B2.08c; B2.12a, B3.03d)
- (LO1.5) Screen for substance use disorders in preoperative assessments, recognize signs of withdrawal or misuse, and collaborate with the surgical team to ensure safe perioperative management. (B2.11f)
- (LO1.5) Screen for signs of interpersonal violence, elder abuse, or trauma-related injuries during surgical evaluations, and follow institutional protocols for reporting and referral. (B2.11g)



- (LO1.7) Accurately document pre-operative evaluations, including surgical history and risk assessment. (B2.14b, B2.08c; B3.03d)
- (LO1.7) Record intraoperative participation and post-operative assessments. (B2.08c; B2.14b, B3.03d) (B3.04d)
- (LO1.7) Document findings in a concise, structured format suitable for surgical handoffs. (B2.08c, B2.14b, B3.03d)
- (LO1.7) Document a post-operative encounter, to include the post-operative day, pain status, wound assessments, drain status, and post-operative complications clearly. (B2.08c, B2.14b, B3.03d)
- (LO1.7) Use concise, structured formats for perioperative progress notes and handoffs. (B2.08c; B2.14b, B32.16d, B3.03d)
- (LO1.7) Ensure procedural notes include indication, technique, findings, and patient response. (B2.14b)

PC2: Clinical Reasoning and Problem-Solving Skills

- (LO2.1) Integrate surgical history, physical exam, and imaging to identify conditions requiring surgical management. (B2.05, B2.07c, B2.08c; B3.03d)
- (LO2.1) Differentiate between surgical and non-surgical causes of acute symptoms (e.g., abdominal pain). (B2.05, B2.07c, B2.08c; B3.03d)
- (LO2.1) Recognize post-operative complications and include them in differential diagnoses. (B2.07c, B2.08c; B3.03d)
- (LO2.1) Utilize pre-operative labs and imaging to assess surgical risk and mitigate risk. (B2.07d, B2.08c; B3.03d) (B2.16d)
- (LO2.1) Collaborate with surgical teams to confirm and communicate diagnostic impressions. (B2.08c; B2.10c, B3.03d)
- (LO2.3) Evaluate surgical and non-surgical causes of symptoms using focused history and physical exam. (B2.07c, B2.08c; B3.03d)
- (LO2.3) Order and interpret preoperative diagnostics to assess surgical candidacy and risk. (B2.07d, B2.08c; B3.03d)
- (LO2.3) Prioritize surgical emergencies and coordinate timely intervention. (B2.05, B2.07c, B2.08c; B3.03d)
- (LO2.3) Develop perioperative care plans that include pain management, infection prevention, and complication monitoring. (B2.07e, B2.08c; B3.03d)
- (LO2.3) Collaborate with surgical teams to determine operative vs. conservative management. (B2.08c; B3.03d) (B2.10c)
- (LO2.4) Develop perioperative management plans, including pre-operative optimization and post-operative recovery protocols. (B2.07f, B2.08c; B3.03d)
- (LO2.4) Address acute surgical conditions with timely intervention and appropriate follow-up. (B2.07f, B2.08b, B2.08c; B3.03d)
- (LO2.4) Monitor for and manage post-operative complications as part of ongoing care. (B2.07b, B2.08c; B3.03d)
- (LO5.3) Coordinate with primary care and specialty teams for long-term management of surgical patients. (B2.07f, B2.08c; B3.03d)(B2.10c)
- (LO2.4) Educate patients and families on surgical recovery expectations and self-care strategies. (B2.07f, B2.08c; B2.12a, B2.12c, B3.03d)
- (LO2.5) Interpret preoperative labs and imaging to assess surgical risk and readiness. (B2.07d, B2.08c; B3.03d)



- (LO2.5) Synthesize diagnostic findings (e.g., CT abdomen, vascular studies) to support surgical decision-making. (B2.07d, B2.08c; B3.03d)
- (LO2.5) Monitor post-operative labs (e.g., CBC, electrolytes) for signs of complications. (B2.07d, B2.08c; B3.03d)
- (LO2.5) Recognize abnormal findings that may alter surgical plans or require urgent intervention. (B2.07d, B2.08c; B3.03d)

PC3: Interpersonal Skills

- (LO3.1) Explain surgical procedures, risks, and post-operative expectations in a clear and compassionate manner. (B2.04, B2.07f, B2.08c; B3.03d)
- (LO3.1) Demonstrate empathy and respect when discussing sensitive topics involving lifestyle as encountered in the outpatient setting (e.g. the impact of disability status or special health care needs, ethnicity/race, gender identity, religion/spirituality, sexual orientation, and social determinants of health on lifestyle change). (B2.06a, B2.06b, B2.06c, B2.06d, B2.06e, B2.06f; B3.04d)
- (LO3.1) Engage patients in shared decision-making by exploring their values and preferences as they relate to ethnicity/race, culture, or religion/spirituality (B2.06b, B2.06d).
- (LO3.1) Build trust with patients and families during pre-operative consultations. (B2.04, B2.08c; B3.03d)
- (LO3.1) With the support of the preceptor, address pre-operative patient concerns about pain, recovery, and outcomes with honesty and reassurance. (B2.07f, B2.08c; B3.03d)
- (LO3.1) Collaborate with surgical team members to ensure consistent messaging to patients. (B2.08c; B2.10c, B3.03d)
- (LO3.2) Listen carefully to patient concerns about surgical risks, outcomes, and recovery. (B2.04, B2.08c; B3.03d)
- (LO3.2) Show empathy when discussing pre-operative anxiety or post-operative pain and limitations. (B2.04, B2.08c; B3.03d)
- (LO3.2) Address family questions and concerns with patience and clarity during perioperative care. (B2.04, B2.08c; B3.03d)
- (LO3.2) Recognize and respond to emotional cues that may indicate fear, confusion, or mistrust. (2.04)
- (LO3.3) Communicate diagnostic interpretations effectively within the surgical team. (B2.08c; B2.10c, B3.03d)
- (LO3.3) Coordinate with surgical teams, anesthesiologists, and perioperative nurses to ensure patient safety and readiness. (B2.08c; B3.03d) (B2.10b, B2.10c)
- (LO3.3) Communicate clearly during pre-operative and post-operative briefings and rounds. (B2.04, B2.08c; B3.03d)
- (LO3.3) Collaborate with physical therapists, nutritionists, and case managers for post-surgical recovery planning. (B2.10b)
- (LO3.3) Ensure accurate and timely documentation to support team-based care transitions. (B2.10c, B2.14b, B2.16b, B2.16d)
- (LO3.5) Discuss surgical risks, benefits, and alternatives in a culturally sensitive manner. (B2.06b, B2.08c; B3.03d)
- (LO3.5) Respect cultural and religious/spiritual beliefs regarding bodily integrity, consent, and post-operative care. (B2.08c; B3.03d) (B2.06b, B2.06d)
- (LO3.5) Collaborate with interpreters and cultural liaisons to ensure pre-operative informed consent is truly informed. (B2.08c; B3.03d) (B2.10c, B2.18)



- (LO3.5) Recognize and accommodate cultural and religious/spiritual preferences in perioperative and recovery planning. (B2.08c; B3.03d) (B2.06d)

PC4: Medical Knowledge

- (LO4.2) Understand the pathophysiology of surgical conditions from the provided topic list (e.g., appendicitis, hernias, bowel obstruction) to inform preoperative and postoperative care. (B2.02b, B2.08c, B3.03d, B3.04d)
- (LO4.2) Explain how genetic and molecular mechanisms contribute to the pathogenesis of surgical diseases (e.g., BRCA mutations in breast cancer, familial adenomatous polyposis, MEN syndromes). (B2.02e)
- (LO4.2) Anticipate and manage post-operative complications (e.g. wound infection, dehiscence, seroma, hematoma, etc.) based on knowledge of anatomy, pathophysiology, tissue healing, infection, and inflammation. (B2.02b, B2.02c, B2.07e)
- (LO4.2) Integrate anatomy and disease mechanisms to assist in intraoperative decision-making. (B2.02a, B2.02b, B2.05) (B3.04d)
- (LO4.2) Monitor for signs of post-operative deterioration and intervene based on underlying pathophysiology. (B2.08c; B3.03d)
- (LO4.3) Demonstrate knowledge of pharmacologic agents used in the provision of care for patients with acute or chronic pain and substance use disorders. (B2.02d, B2.07e)
- (LO4.4) Demonstrate medical knowledge about conditions requiring surgical intervention from the following surgical fields: gastrointestinal, cardiovascular, pulmonary/thoracic, breast, dermatologic, renal/genitourinary, trauma, neurologic, and endocrine (see also, the topic list) (B2.07c, B2.08c; B3.03d)
- (LO4.4) Demonstrate knowledge of pre-operative evaluation and risk stratification across organ systems. (B2.05, B2.16d)
- (LO4.4) Identify surgical indications and contraindications for common bedside and surgical procedures as identified in the topic list. (B2.07e, B2.08c, B3.03d) (B2.08a, B3.03d)
- (LO4.4) Recognize and manage post-operative complications (e.g., infection, bleeding, DVT/PE). (B2.05, B2.07e)
- (LO4.4) Understand anatomy and pathophysiology relevant to surgical conditions. (B3.0d) (B2.02a, B2.02c)
- (LO4.4) Interpret perioperative labs and imaging to guide surgical decision-making related to the topic list. (B2.07d, B2.08c; B3.03d)
- (LO4.5) Conduct pre-operative risk assessments and optimize modifiable risk factors (e.g., smoking cessation, glycemic control). (B2.08c; B3.03d)
- (LO4.5) Educate patients on postoperative preventive strategies (e.g., DVT prophylaxis, wound care). (B2.12a, B2.12b, B3.04d, B2.08c, B3.03d)
- (LO4.5) Identify surgical candidates who may benefit from lifestyle interventions prior to elective procedures. (B2.12b)
- (LO4.5) Promote cancer screening and surveillance in patients with surgical diagnoses (e.g., colorectal cancer). (B2.15a)

PC5: Professional Behaviors

- (LO5.1) Ensure informed consent includes discussion of risks, benefits, and alternatives to surgery. (B2.18)
- (LO5.1) Maintain patient dignity and confidentiality in the operating room and perioperative care. (B2.18)



- (LO5.1) Address ethical concerns related to surgical complications, errors, or unexpected findings in the pre-operative, intraoperative, or post-operative setting. (B2.18) (B2.16b) (B2.16c) (B2.16d) (B2.08c; B3.03d)
- (LO5.1) Collaborate respectfully with the surgical team, upholding professional conduct. (B2.10c)
- (LO5.1) Recognize limitations of one's role in the perioperative setting and seek supervision appropriately. (B2.08c; B3.03d)
- (LO5.2) Assess how socioeconomic and geographic factors influence access to surgical care and outcomes. (B2.06f)
- (LO5.2) Recognize disparities in post-operative recovery and follow-up adherence. (B2.06f)
- (LO5.2) Identify patients at risk for poor surgical outcomes due to malnutrition, housing instability, or lack of support. (B2.06f, B2.08c; B3.03d) (B2.16a, B2.15d)
- (LO5.2) Advocate for equitable access to elective and preventive surgical procedures. (B2.08c; B2.15c, B3.03d)
- (LO5.2) Collaborate with interprofessional teams encountered in the management of surgical conditions to address social barriers to perioperative care. (B2.10c) (B2.08c; B3.03d)
- (LO5.3) Collaborate with primary care to ensure continuity of preventive care post-operatively. (B2.08c; B3.03d) (B2.07f, B2.10c)
- (LO5.6) Manage physical and mental stamina during long procedures (intra-operative) and demanding schedules. (B2.20b, B3.04d)
- (LO5.6) Recognize the importance of breaks and rest in maintaining surgical focus and safety. (B2.16a, B2.16b, B2.20a)
- (LO5.6) Reflect on the emotional impact of surgical complications or patient outcomes. (B2.20b)
- (LO5.6) Seek mentorship to navigate the hierarchical and high-pressure surgical environment. (B2.20b)
- (LO5.6) Balance assertiveness and humility when participating in surgical teams. (B2.04, B3.04d)

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- (LO6.2) Reflect on intra-operative technical skills and procedural performance, identifying specific areas for improvement. (B2.16c, B3.04d)
- (LO6.2) Seek feedback on pre-operative, intra-operative, and post-operative decision-making and integrate it into future practice. (B2.08c; B2.16c, B3.03d) (B3.04d)
- (LO6.2) Utilize previous personal performance data related to topics commonly encountered in the surgical setting (e.g. the "gap map", EOR feedback reports, PACKRAT feedback report) to self-direct study using approved resources (i.e. Rosh Review, Access Medicine, textbooks, etc.). (B2.13e, B2.16c, B3.04d) (B2.08c; B3.03d)
- (LO6.2) Evaluate patient outcomes and complications to inform surgical judgment and planning. (B2.08c; B2.16c, B3.03d)
- (LO6.2) Adjust communication strategies with patients and surgical teams based on observed effectiveness. (B2.10c) (B2.08c; B3.03d)
- (LO6.2) Engage in self-assessment following surgical cases to refine clinical and technical competencies. (B2.08c; B2.16c, B3.03d)
- (LO6.2) Participate in surgical case discussions or debriefings to refine clinical reasoning. ((B2.08c; B2.16c, B3.03d)