

Prescribed Clinical Experiences*

SURGERY

*Preceptor: Develop Plan to facilitate student's exposure to prescribed experience

*Student: Complete T-Res upon exposure to the experience

(M=Mandatory R=Recommended)

www.t-res.net

EXPERIENCE STUDENT RESPONSIBILITY

EXPERIENCE	STUDENT RESPONSIBILITY
1. Gastrointestinal Tract Malignancy	<input type="checkbox"/> independent Hx/Px with discussion/documentation (M) <input type="checkbox"/> management plan including diagnostic and therapeutic plan with documentation (M) <input type="checkbox"/> reassessment (M) <input type="checkbox"/> management plan changes (M) <input type="checkbox"/> transfer of care activities and documentation (R)
2. Undifferentiated Abdominal Pain	<input type="checkbox"/> independent Hx/Px with discussion/documentation (M) <input type="checkbox"/> management plan including diagnostic and therapeutic plan with documentation (M) <input type="checkbox"/> reassessment (M) <input type="checkbox"/> management plan changes (M) <input type="checkbox"/> transfer of care activities and documentation (R)
3. Trauma	<input type="checkbox"/> independent Hx/Px with discussion/documentation (M) <input type="checkbox"/> management plan including diagnostic and therapeutic plan with documentation (M) <input type="checkbox"/> transfer of care activities and documentation (R)
4. Breast Lump	<input type="checkbox"/> independent Hx/Px with discussion/documentation (M) <input type="checkbox"/> management plan including diagnostic and therapeutic plan with documentation (M) <input type="checkbox"/> transfer of care activities and documentation (R)
5. Biliary Tract Disease	<input type="checkbox"/> independent Hx/Px with discussion/documentation (M) <input type="checkbox"/> management plan including diagnostic and therapeutic plan with documentation (M) <input type="checkbox"/> transfer of care activities and documentation (R)
6. Abdominal Wall and Groin Mass	<input type="checkbox"/> independent Hx/Px with discussion/documentation (M) <input type="checkbox"/> management plan including diagnostic and therapeutic plan with documentation (M) <input type="checkbox"/> transfer of care activities and documentation (R)
7. Peripheral Vascular Disease	<input type="checkbox"/> independent Hx/Px with discussion/documentation (M) <input type="checkbox"/> management plan including diagnostic and therapeutic plan with documentation (M) <input type="checkbox"/> transfer of care activities and documentation (R)

EXPERIENCE**STUDENT RESPONSIBILITY**

8. Skin/Soft Tissue Disorder	<input type="checkbox"/> independent Hx/Px with discussion/documentation (M) <input type="checkbox"/> management plan including diagnostic and therapeutic plan with documentation (M) <input type="checkbox"/> transfer of care activities and documentation (R)
9. Pre-operative Assessment	<input type="checkbox"/> independent Hx/Px with discussion/documentation (M) <input type="checkbox"/> management plan including diagnostic and therapeutic plan with documentation (M) <input type="checkbox"/> transfer of care activities and documentation (R)
10. Peri-operative Assessment	<input type="checkbox"/> independent Hx/Px with discussion/documentation (M) <input type="checkbox"/> management plan including diagnostic and therapeutic plan with documentation (M) <input type="checkbox"/> reassessment (M) <input type="checkbox"/> management plan changes (M) <input type="checkbox"/> transfer of care activities and documentation (R)
11. Ankle or Wrist Fracture Assessment	<input type="checkbox"/> independent Hx/Px with discussion/documentation (M) <input type="checkbox"/> management plan including diagnostic and therapeutic plan with documentation (M) <input type="checkbox"/> reassessment (M) <input type="checkbox"/> management plan changes (M) <input type="checkbox"/> transfer of care activities and documentation (R)
12. Back Pain Assessment	<input type="checkbox"/> independent Hx/Px with discussion/documentation (M) <input type="checkbox"/> management plan including diagnostic and therapeutic plan with documentation (M) <input type="checkbox"/> reassessment (M) <input type="checkbox"/> management plan changes (M) <input type="checkbox"/> transfer of care activities and documentation (R)
13. Hip and Knee Osteoarthritis Assessment	<input type="checkbox"/> independent Hx/Px with discussion/documentation (M) <input type="checkbox"/> management plan including diagnostic and therapeutic plan with documentation (M) <input type="checkbox"/> reassessment (M) <input type="checkbox"/> management plan changes (M) <input type="checkbox"/> transfer of care activities and documentation (R)
14. Hip Fracture Assessment	<input type="checkbox"/> independent Hx/Px with discussion/documentation (M) <input type="checkbox"/> management plan including diagnostic and therapeutic plan with documentation (M) <input type="checkbox"/> reassessment (M) <input type="checkbox"/> management plan changes (M) <input type="checkbox"/> transfer of care activities and documentation (R)
15. Neurovascular Exam of the Upper and Lower Extremities	<input type="checkbox"/> independent Hx/Px with discussion/documentation (M) <input type="checkbox"/> management plan including diagnostic and therapeutic plan with documentation (M) <input type="checkbox"/> reassessment (M) <input type="checkbox"/> management plan changes (M) <input type="checkbox"/> transfer of care activities and documentation (R)
16. Open Fracture Assessment and Treatment	<input type="checkbox"/> independent Hx/Px with discussion/documentation (M) <input type="checkbox"/> management plan including diagnostic and therapeutic plan with documentation (M) <input type="checkbox"/> reassessment (M) <input type="checkbox"/> management plan changes (M) <input type="checkbox"/> transfer of care activities and documentation (R)