



Course syllabus for

## **Clinical rotation - Surgery 1, 6 credits**

Klinisk rotation - Kirurgi 1, 6 hp

This course syllabus is valid from autumn 2009.

Please note that the course syllabus is available in the following versions:

Spring2008 , Autumn2009 , Spring2019

Course code	2EE036
Course name	Clinical rotation - Surgery 1
Credits	6 credits
Form of Education	Higher Education, study regulation 2007
Main field of study	Medicine
Level	AV - Second cycle
Grading scale	Fail (F), fail (Fx), sufficient (E), satisfactory (D), good (C), very good (B) or excellent (A)
Department	Department of Clinical Science and Education, Södersjukhuset
Decided by	Programnämnden för läkarprogrammet
Decision date	2008-06-10
Revised by	Programnämnden för läkarprogrammet
Last revision	2009-08-27
Course syllabus valid from	Autumn 2009

### **Specific entry requirements**

General requirements - A very good command of English, corresponding to 550 TOEFL scores, or a very good command of Swedish, corresponding to a pass in the TISUS-test - Three years of study at a study programme in Medicine - Ability to take medical history and to perform a physical examination of a patient - Basic computer knowledge  
Specific requirements - Passed medical schools basic course in internal medicine or equivalent

### **Objectives**

By the end of the course, the student should be able to: Recognize, describe, explain and evaluate symptoms and findings in common and important diseases and trauma in the field. Know what diagnostic methods are available for imaging in this medical area. Make a plan for the diagnosis and treatment of commonly occurring problems in the field. Be familiar with the multidisciplinary and multi professional treatment of commonly occurring problems in the field. Reflect on aspects of professional development during the course.

## Content

The clinical rotation comprises 40 hours duty per week in the University Hospital in the field of General Surgery, Orthopedics, Anesthesiology or Urology, or in a combination of these specialties. An individual schedule is made with auscultation in various units within the hospital, such as in- and out-patients wards, operation theatres, intensive care units and emergency wards in general surgery, orthopaedics and urology. Time is given for studies of literature and internet searches.

## Teaching methods

The rotation includes continuous personal supervision delivered by the physicians at the department. Patient-case-related discussions with teachers will guide the student in his/her theoretical studies during the course. The course contains no formal lectures or lessons. The student should study the recommended literature.

## Examination

The supervisor will have discussions with the student on patient cases, aiming to evaluate the students knowledge base and clinical problem solving performance. The supervisor will receive reports from doctors and other teachers concerning the students clinical ability and activity. As an alternative, a log book should regularly be written by the student and has to be presented to the supervisor. The log book should include relevant information about the patients encountered. Compulsory attendance: Attendance to all clinical visits and duties is required. The student is expected to adhere to normal codes of conduct in working life (call to explain if ill or otherwise absent from work, stay until the days task are finished or else give reason a.s.o.). The supervisor decides how the student should compensate for any failure to attend.

## Other directives

A students work-based education may be ended immediately if the student demonstrates such a serious lack in terms of knowledge, skills or attitude that patient safety or patients confidence in medical care is jeopardised. If the work-based education is ended in this way, an individual action plan should be drawn up detailing the activities and knowledge checks required before the student may continue with work-based education. A student who has failed the work-based education due to such a serious lack in terms of knowledge, skills or attitude that patient safety or patients confidence in medical care is jeopardised is qualified to a new opportunity only when the individual action plan has been completed.

## Literature and other teaching aids

### Clinical surgery

*Henry, Michael M.; Thompson, Jeremy N.*

2. ed. : Edinburgh : Saunders, cop. 2005 - 806 s.

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