THE ESSENTIALS

A Guidebook for Administration and Coordination of the Surgery Clerkship

A collaborative national effort from surgical education programs

Message from the Committee on Coordinators of Surgical Education

The purpose of the ***Committee on Coordinators of Surgical Education*** is to provide a forum for Surgery Administrators/Coordinators to address problems common to the administration and delivery of Surgery Clerkship programs and undergraduate surgical education activities, to address the educational needs of medical students in surgery, and to share best practices with the end goal of maintaining a successful Surgery Clerkship program.

The Essentials – A Guidebook for Administration and Coordination of the Surgery Clerkship was developed to share best practices. The following Surgery Clerkship Administrators/Coordinators were the original developers of the guide and their dedication and long hours spent in gathering, reviewing, and placing the information into a resource for all Surgery Clerkship Administrators/Coordinators is still very much appreciated! The Committee on Coordinators of Surgical Education plans to continue distribution of the guide each year, updating the information as needed. We hope that it will continue to serve us for many years to come.

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I. Introduction

This handbook serves as a guide and resource for individuals responsible for the administration and coordination of surgical clerkship programs and undergraduate surgical education activities. Many titles are associated with this position such as: Curriculum Coordinator, Administrative Coordinator, Junior Clerkship Coordinator, Senior Clerkship Coordinator, Undergraduate Education Coordinator, Surgical Education Activity Coordinator, Administrative Education Coordinator, Administrator, Academic Programs Administrator, and Student Coordinator. For the purposes of this handbook, the term *'Coordinator'* will be used. Many of the ideas, tips, and suggestions presented in this guide were obtained from a variety of successful coordinators to assist our new coordinators in creating an efficient, effective, and organized program. This handbook will discuss the necessary skills and abilities needed to run a successful and enjoyable clerkship for medical students and also provide ideas on attracting and retaining students interested in surgery.

II. Medical Education Overview

Medical students are graduates of an accredited college with at least a 4-year undergraduate degree. They have taken the Medical College Admissions Test (MCAT) and have been admitted into a School of Medicine. The first two years of medical school largely consist of basic science courses (classroom and labs) intended to lay the foundation for the clinical understanding of medicine. Students receive very little clinical training until they enter into the third and fourth years of medical school. During the (M3) and (M4) years, clerkships provide students with clinical involvement in almost every aspect of medicine. Many clerkships are primarily inpatient-oriented and students function as members of patient care teams with interns, residents, and attending physicians. Emphasis is on bedside teaching and students are expected to assume responsibility of their assigned patients.

The last year of medical school is largely spent on elective and acting internship rotations to allow the student continued clinical training which is often specialized and career-focused. Students, at this level, are also able to apply for externships, often referred to as "off-campus" or "away" rotations, at accredited schools to give them the opportunity to see other programs and consider these programs for potential places for residency training. Most schools require students to apply through the "AAMC Visiting Student Learning Opportunities" (formally VSAS or GHLO). Away rotation opportunities allow the "visiting student" to rotate on a senior clerkship and demonstrate their skills and knowledge in a surgical program. Normally, a student will complete senior electives in a specialty that matches their plan for applying to a residency program. It is also a great opportunity for visiting students who have lower USMLE scores to demonstrate their willingness to work hard and learn.

After graduating from medical school, the next step in training is the first year of residency or "internship" year. Depending on the specialty, residencies can range from three to five years. A surgical residency is a minimum of five years. If a resident is interested in research, they can opt to take a year or two of research that will extend their residency years. The research years are generally done between the second and third year of residency. The final year of the residency is known as the "chief" year. The graduating resident may then choose to sub-specialize and enter into a fellowship program. These will also vary in length, depending on the specialty. At all levels of medical training, individuals must pass various exams to continue with their training and/or to be permitted to practice medicine.

III. OVERVIEW OF THE SURGERY CLERKSHIP

The Core Clerkship in Surgery covers a wide range of basic science and clinical practice under the supervision of a faculty member. It is a total immersive experience that incorporates the student in an array of clinical scenarios and learning opportunities designed to enhance their skills and knowledge. Students interact with patients and families in all aspects of surgical care including, but not limited to, hospital wards, operating rooms, outpatient clinics, and intensive care units. The common goals and objectives of most surgical clerkships are: a) to help the student understand when surgery is the most effective and efficient mode of therapy, b) to recognize when patients need referral to a surgeon, c) to understand and develop skills in managing and recognizing surgical problems, d) to understand the nature of surgical diseases and surgical intervention as a curative and/or palliative agent in patient treatment, and e) to develop independent learning skills.

The length of a surgery clerkship varies at different institutions and can be anywhere from 5 to 12 weeks. Students are assigned to various surgical services and will interact very closely with surgical residents and faculty in all activities on that particular service. General surgery is the main component that is included on all surgery clerkships. The general surgery teams are typically identified by specific names exclusive to that institution or specialty. Depending on the length of the clerkship, some institutions may offer subspecialty rotations. This exposes the students to a variety of clinical situations and provides them with an opportunity to evaluate general surgery and other surgical subspecialties as potential future career choices.

A.   Didactic Sessions

Core didactic sessions, including workshops/lectures/or online modules, must be organized by the coordinator. They may be given via live lectures, led by faculty or residents, or taken as online lectures and/or case modules, such as those found on Aquifer (Formerly WiseMD). Students are typically expected participate in or complete all core didactics clerkship sessions.

B.   Students Role

The student's responsibility on the surgery clerkship is to proactively immerse themselves in the daily activities of their team and meet the educational goals of the clerkship. Core activities include participating in Rounds, the OR, and Clinic. While on rounds students may be required to pre-round on their patients, recording vitals, and writing a note in the patient's chart. Students in the OR are expected to be prepared in advance; reading up on the disease process for which the patient is having surgery, familiarizing themselves with the risk factors associated with the disease process involved, and learning the expected benefits, risks, and pertinent anatomy of the surgery. After a case, students may be expected to write a post-operative note and assist in transferring the patient from the OR table onto the recovery room bed. Students participating in clinic (or office hours) with an attending preceptor will have the opportunity to perform History and Physical exams and may have the ability to see patients pre & post-surgery. The frequency of clinic attendance will vary, depending on the service and institution.

Students may also be expected to take call throughout the clerkship, although the length and assignments will vary at each institution. Call may be overnight, in-house, or taken from home. Coordinators may be responsible for creating the call schedule(s) and ensuring the schedule adheres to the department and school's on-call policy for students.

C.   Feedback Sessions

The Liaison Committee on Medical Education (LCME) Functions and Structures - 9.7 requires that *"A medical school ensures that each medical student is assessed and provided with formal formative feedback early enough during each required course or clerkship, four or more weeks in length, to allow sufficient time for remediation. **Formal feedback occurs at the midpoint of the course or clerkship**."*   Clerkship directors, or their designee, may meet with the students to review performance, evaluations, and progress.   During these sessions, students may be given verbal feedback on their clinical performance providing an opportunity and time to address any deficits and make improvements. These sessions also create the opportunity for the student to bring up any issues or concerns they may have encountered. The LCME does not mandate how mid-rotation feedback is provided. However, clerkships are required to document that students have received mid-rotation feedback.

D.   Recommended Surgical Textbooks

It is important that the clerkship provide the students with a list of suggested surgical textbooks, reading materials, and/or on-line resources, to help them prepare for cases, lectures, and examinations.

E.   Documentation Requirements

LCME 8.6 requires that *"A medical school has in place a system with central oversight that monitors and ensures completion, by all medical students, of required clinical experiences in the medical education program and remedies any identified gaps."* Documentation includes indicating if they observed, assisted, or performed a procedure or diagnosis.   Some institutions may also require students to document whether the clinical encounter was in the OR, clinic, or at the bedside. This documentation assures the requirements of the clerkship are met by each student and builds the student's portfolio.

Clerkships must provide students with adequate exposure to a variety of learning opportunities. The clerkship must also be prepared to provide an alternate learning experience if the student is unable to meet the clinical requirement while on the clerkship.

F.   Evaluation, Assessment, and Grading

The clerkship director and coordinator manage the evaluation and assessment process for all surgery clerkship students. Most institutions use an on-line evaluation system to assess the student's performance. The on-line system may also be used for the students to evaluate the faculty, the course, and in some instances, the lectures or didactic sessions in order to provide helpful information for improving the learning environment.

If clinical evaluations are also typically used as a clerkship grading component so it is important to preserve as much evaluation objectivity as possible. Setting guidelines, such as the ones listed blow, may help insure this imperative.
- Evaluations should be completed in a timely manner.
- Evaluations should be based on school and curriculum guidelines and objectives.
- Evaluation criteria should be based on observable behaviors

Throughout the clerkship, coordinators will be responsible for delivering evaluation forms and gathering evaluation data for each student. These data points and other evaluation criteria will be used to create the grade for each student.   The specific grading rubrics will vary from institution to institution. It is important to post the grading policy in your clerkship handbook or syllabus. The policy should be reviewed with students at each clerkship orientation.

G.   Exams

Most surgery clerkships use the National Board of Medical Examiners (NBME) Surgery Subject exam, sometimes referred to as a "shelf exam". The examination is an achievement test, requiring the medical students to solve scientific and clinical problems in a case-based format. The student's test score reflects educational development resulting from the overall medical school experience. Clerkships may also use an Objective Structured Clinical Examination (OSCE) or something similar, to assess a student's clinical skills. Oral or essay exams are another option where questions are formulated from a list that consists of a broad range of topics from appendicitis to chest trauma to peripheral vascular disease.

IV. ROLE OF THE COORDINATOR

A coordinator must be dedicated to enhancing the environment for student learning. They're the students' liaison between faculty, residents, staff, other students, and health care workers. It's important to remember that students may need to speak with you confidentially. You're the first point of contact for your students and you should be their advocate. It's imperative that students know that what is said in your office stays in your office, and that you'll try your best to rectify the problem. If you feel you must go to your Clerkship Director with a situation, let the student know this. Trust is of utmost importance.

A.   Responsibilties

Coordinators may have duties that fall outside the realm of the job description, but the core responsibilities associated with maintaining a successful clerkship will be the same across the spectrum. Each coordinator has three main functions that relate to the surgical clerkship:
1. **Coordinating the surgical block**
2. **Organizing all components of the clerkship**
3. **Communication**

For many surgeons, the calendar fills up quickly, so the planning process should start a month or two in advance of the clerkship. Components of your clerkship may include the following:

- Calendar of events or activities
- Electronic tools: Many tools may be available to help manage data including ANGEL, New Innovations, One45, OASIS, and Medhub.
- Locations/sites addresses and faculty contact information the student might encounter.
- Schedules: Lectures, case discussions, service rotations, clinics
- Orientation session (The length and material will be determined by your institution).
- Formal feedback sessions: The LCME mandates that all students receive feedback at the midpoint. Your institution should have guidelines for formal feedback.
- Testing sessions may include quizzes, tests, OSCE's, Standardized Patient Encounters, and/or the NBME shelf exam.

- Some institutions utilize an educational committee. It may be your responsibility to facilitate and support the functions of this committee, i.e., organizing the meeting dates, distributing the agenda, taking minutes, and generating the supporting documents.

> The coordinator is in a key position to provide and monitor exchange of information

B.   Organizing Your Clerkship

If you are not already organized, it is imperative that you develop the tools to master this skill. Being organized will keep you on track for routine tasks and help you handle short notice requests without additional stress. You'll find that running a highly organized clerkship will benefit all parties involved.

There is no single organizational formula that works for everyone. Each individual needs to work through various options to find the one(s) that work best for them. It may be a task list, check list, template, reminder board, or an individualized composite solution. The more organized you are, the easier your job will be. Some core principles of being organized are:

- Plan Ahead - checklists may prove to be a very useful tool to keep you on track
- Focus on the small steps - develop a flow chart or time line for action items, including completion dates.
- Put checkpoints in place to help maintain your focus and direction.
- Streamline tasks – look for repetitive tasks that can be completed once a year rather than once a rotation.

Multitasking is a very important factor in the day-to-day operations of your clerkship. Realizing the impact you have on the success of the educational program, for your institution, is the first step to embracing the professional nature of your career. Taking ownership of your position and running the education office in a way that facilitates the best use of time and resources will create a strong foundation for the student's educational experience while on the surgical clerkship.

C.   Communication

Two essential attributes of good communication:

Be Approachable and Accessible

1. You can't over communicate:

Problems associated with sharing too much information are not as great as the potential risks associated with key individuals not having the information they need. **Never Assume the information has already been given!** Coordinators may have many different parties they must communicate with on a regular basis, including:

- The Director
- Students
- Faculty and Residents
- Sub-specialty contacts
- The Curriculum Office
- The Registrar
- Student Affairs

2. Take responsibility for being heard and understood:

Delivering clear and concisely stated information will help facilitate a greater understanding of objectives and expectations, and reinforce important aspects of the clerkship.

Remember: Students are given so much information during the clerkship orientation that all points may not have been received clearly. You'll help to facilitate a smooth transition for your students if you provide reminders about significant points during the clerkship. Linking vital information to knowledge already acquired will improve the retention rate of the new information. Students want to know:

- What they are supposed to learn
- How they are supposed to learn it
- How they will be evaluated
- What is due and when it is due
- Specific information on their progress

Students want information necessary to successfully complete the surgery clerkship. Good information will help the student understands how to succeed, both academically and professionally.

V.   KEY COORDINATOR TASKS:

> Remember that the stage in the year that the student encounters the surgical rotation may make a difference in the amount and type of additional information they will need from you.

A.   Orientation

Orientation is very important and sets the stage for the student's experience. It should prepare students for the rotations and ease their anxiety by providing clerkship expectations, goals, objectives, and requirements. Items in the list below may serve as a guide for the Surgery Clerkship orientation.

- Introductions
  - Contact names and numbers
- Clerkship Syllabus
- Clerkship Objectives/Teaching goals/Program expectations
- Institutional Policies:
  - Attendance, holiday, time off, etc.
  - Grading
  - Mistreatment, Professionalism,
  - Needle stick/Exposure/Universal Precautions
  - Work/duty hours

> Previous students may be able to provide some insight into the rotation for you and you can pass along these "Hints for Success" to incoming students.

- Student Roles /Responsibilities/Expectations
  - Scrubs vs. Professional attire
  - In Clinics, At Rounds, In OR
- Schedules
  - Didactic/Lecture sessions
  - Mid-clerkship feedback
  - Rotation/Service/Clinic
  - Exams
- On call expectations and duty hours policy
- Clerkship Grading Components
  - Evaluation form(s)
  - Examples or list of exam topics
  - Exam/OSCE requirements
- Learning requirements - written assignments and compulsory items
- Required Text(s) and/or suggested readings
- Logging Requirements/Log Book, and instructions to complete on line
- Skills labs or Practical stations – Suturing / Knot Tying/IV Placement
- Overview of the OR: Scrubbing, Gloving, Gowning, Sterile field
- Hospital Orientation including:
  Making sure students know how:
    - To access the OR, labs, x-ray and patient files
    - To access required areas of the hospital
    - To access to locker rooms
    - To access to the libraries
    - To use the hospital's information system or Electronic Medical Records (EMR)
  Or know where:
    - To report
    - Scrubs are located or access the scrub machine
    - Call rooms are located, and how to access them
    - To park
    - Clinics are held

B.   Assessments

Students will want transparent details of the grading rubric and how they'll be assessed:

- How grades are calculated
- Cut points and what they mean
- Who will evaluate them
- Consequences of unsatisfactory performance
- Evaluation point values

C.   Testing

Several modes of testing are common in medical schools across the country. For most institutions the coordinator serves as proctor for testing sessions. Basics test and exams include:

- Quizzes or Lecture based Tests
- Oral Exams
- Observed Structured Clinical Examination (OSCE)
  Each institution's OSCE may vary in degree of sophistication, delivery, and administration.
- National Board of Medical Examiners (NBME) Subject Examination
  Most often referred to as the "shelf exam." Depending on the protocols of your institution you may or may not use the shelf as a testing tool. If you do, ordering of the test may be your responsibility, or it may be a function of the Medical Dean's Office, the Office for Student Affairs, or the Office of Medical Education.

D.   OR Etiquette

The operating room can be an intimidating place, especially if someone is uncertain of his or her role in a given situation. Students need to know how to prepare and what is expected of them in:

- Trauma Bay and/or in the OR
- Introducing themselves to OR Staff (besides being courteous, it is essential in the event of an exposure or accident – staff needs to be able to contact everyone that was present)
- Sterile technique and Standard Precautions (Scrubbing, Gloving, Gowning, etc.)
- Instrumentation
- Patterns in the surgical suite

VI. School Policies

While the Clerkship Director and/or Education Committee has set performance standards for students on the surgical clerkship, the Office of the Dean of Medical Education is a good resource to stay updated on school policies. They have various committees (i.e. Curriculum, Ethics, and Promotion) that have established the policies and guidelines for both your clerkship and the students. The student body may also have an "Honor Council" to deal with student issues such as cheating. The Office of the Dean of Education offers a wealth of information for most any question or problem that may arise.

A.   Professionalism of the Medical Student

Professional behavior is a critical component in a physician's ability to provide care for the patient. Professionalism includes altruism, accountability, excellence, duty, service, honor, integrity, and respect for others.

Professionalism must be grounded in what one actually does and how one acts individually and collectively. Professionalism consists of those behaviors by which, in this case, physicians demonstrate that they are wholly deserving of the trust bestowed upon them by their patients and the public. The core of

professionalism rests in the need to create and nurture a healing relationship between physician and patient. Other elements of medical professionalism reflect broader responsibilities that the physician has to society, to the profession, to family, and to one's self.

Medical professionalism comprises a set of behaviors that:

<div style="float:right; font-style:italic">
Practice professionalism by showing:
Integrity
Pride
Respect
Loyalty
Trust
Honesty
Promptness
Diligence
Accountability
Responsibility
Manners
Confidentiality
Teamwork
</div>

- Subordinates one's self-interest to the interest of others.
- Adheres to high ethical and moral standards.
- Demonstrates a continuing commitment to excellence.
- Incorporates self-reflection about one's actions and decisions.
- Exhibits a commitment to scholarship and to advancing one's field.
- Responds to social needs.
- Reflects social contracts with communities served.
- Embodies core humanistic traits including:
  - Honesty & integrity
  - Caring & compassion
  - Altruism
  - Empathy
  - Respect for others: patients, families, staff, peers & the team
  - Trust

B.   Professional Expectations

The following outlines the professional expectations that apply to medical students:

- Exhibit the high standards of behavior toward patients, families, and other health professionals.
- Be accountable for fulfilling the contract of the physician to the patient and their family.
  (**Contract**: *To act in the patient's best interest to the best of his/her ability*)
- Demonstrate commitment to life-long learning and self improvement.
- Demonstrate a willingness to serve the needs of patients despite inconvenience, or reasonable personal risk. (i.e. be available when on-call)
- Always be fair and truthful
- Always meet commitments
- Always be respectful of patient and family: knock before entering a room, introduce yourself, ask how your patient would prefer to be addressed, "foam in-foam out".
- Always be punctual or (early), present "in the moment," involved, and eager to learn and improve

VII. Suggestions for Sparking an Interest in Surgery

Many students entering medical school have no idea what career path they'd like to follow because they've had little to no clinical experience yet. In addition, they may have all sorts of notions about what a career in either Medicine or Surgery would be like. One of our missions is to excite our students so they become interested in careers in Surgery.

Beginning with the first year of medical school, the plan is to make Surgery as exciting and attractive as possible. There are many ways to entice students into the general surgery path.

A.   Utilizing Clinical Skills and Simulation Centers

Years ago, hospital stays were much longer than they are today thereby giving medical students many opportunities to learn and fine-tune their clinical skills. The shorter stays of today make it more of a challenge for medical students to acquire essential clinical skills.

Consequently, educators needed to find other ways for medical students to learn and perfect their clinical skills. Many schools find Simulation or Clinical Skills Centers to be a solid addition to the traditional clinical training that takes place on the wards. In the simulated environment, students can learn skills such as history and physical exams, communication, basic knot tying and suturing, NG tube placement, IV placement, as well as more advanced laparoscopic procedures. Simulation centers may work with Standardized Patients that assist with OSCE exams or be equipped with state-of-the-art equipment such as training manikins, simulated intensive care units, ORs, or models of body parts. If your institution has a Simulation or Clinical Skills Center, is your Surgery clerkship taking advantage of it?

If your clerkship is not currently using your schools Simulation Center it might be time to discuss this opportunity with your Clerkship Director. By defining the essential skills 3ʳᵈ year students need to know, you can identify uses for the simulation center in the Surgery Clerkship Curriculum. If your institution doesn't have a simulation center this might be your chance to become creative. You can use pigs' feet or chicken breast to practice suturing to 'build on' teaching tools to enhance the experience of your students – or invest in reusable suture pads/kits. Active   ASE   member   may   access   Educational   Materials   on   the   ASE   Website: https://surgicaleducation.com/educational-clearinghouse/

It is important to remember that the current generation of students has grown up with computers and video games, so providing hands on clinical skills training is a fun way to encourage students on the path of a surgical career. Consider scheduling an evening clinical skills session for first and second year medical students that teaches them gowning and gloving or knot tying and suturing. Enlist the help of fourth year medical students pursuing careers in surgery to teach these sessions. If possible, invite faculty and residents from other surgical subspecialties as well. First and second year medical students really enjoy these sessions.

> *"The more one puts into it, the more one gets out of it"*

B.   Surgery Club or Interest Group

If your institution does not have a Surgery Interest Group (SIG) there are resources, such as the ASE web site, available to assist you in starting one. It includes information on leadership, finances, event suggestions, & other SIG resources. http://www.surgicaleducation.com.

Some event suggestions include:

1 - Hold a symposium, on campus, for the first and second year medical students, surgery faculty, and residents. This is a fun way to get information about the Surgery program out to the students. They will have the chance to get to know the faculty and residents not only as teachers, but also as future colleagues. If possible, sessions can be held in the beginning and at the end of the academic year.

2 - A Shadowing Program is also a good way to spark students' interest in surgery. Check your institution's policies to assure a successful experience. Always be sure students are not missing any academic responsibilities, lectures, or labs. Below are some variations on Shadowing:

- Option #1: Pair a first year medical student with a fourth year medical student on a General Surgery rotation for a half day. Make a list of fourth year students who volunteer to be shadowed. Give the list to the Surgery Interest Group. They can post the Shadowing Program and pair the students.

- Option #2: First year students shadow senior residents in the OR for one day. This can be posted via email or flyer. The first year students interested in shadowing can contact you. Work with the resident to determine the best day for shadowing, and schedule the student to meet with the resident.

- Option #3: First year students shadow faculty for one day in either the OR or in an outpatient setting.

- Option #4: Hold resident/student get-togethers so students have the opportunity to ask questions and learn more.

- Option #5: Create electives for first and second year students that can be done throughout the year, i.e. Intro to Surgery, Research, etc.

C.   Organ Procurement Program

Discuss the possibility of having an Organ Procurement Program with the Director of Transplant Surgery (if you have a Transplant Surgery Division). This also works for Cardiac Surgery.

If possible, identify yourself as the contact person for the Student Organ Procurement Program. Make a list of all students interested on a first-come first-served basis. Schedule each student for two weeks and place them on a "call list" during that time. If the student goes on a procurement he/she turns the call list over to the next student, whether his/her two weeks are up or not. Having a designated pager for the student on-call serves this system well. Students can then pass the pager onto the next student along with the call list.

VIII.   Visiting Medical Students

Most LCME accredited schools use the Visiting Student Application Service (VSLO) scheduling system, through the AAMC, to track visiting students. Visiting students who have identified their interest in coming to your institution, will need information on the application process.
Many visiting medical students are at your institution because they are interested in your residency program.

Consider the logistics of your clerkship that visiting student needed to know such as:
- Where can they park? Is there a cost?
- Is housing available? Is there a cost?
- When/where/and to whom do they report on their first day (with directions).
- Where are the operating rooms and how do they gain access?
- Are there maps of the hospital that will help them get around?
  (Send an electronic map. Don't expect them to know the campus and find things themselves.)
- Do they need an ID badge? How do they obtain an ID badge?

- Where are the locker rooms?
- How do they gain access to scrubs?
- How do they obtain access to patient medical records (Electronic Medical Records (EMR) training)
- How does the telephone system work?
- How does the dictation system work?
- How does the paging system work?
- Where are the overnight on call sleeping rooms?
- What to do in the event of a blood-borne pathogens exposure?

Visiting medical students will appreciate your assistance as they prepare for these important rotations. Providing them with logistical information prior to their start date will help them to feel a little more at ease allowing them to focus on the important aspects of the clinical care and working with the team. It is helpful to communicate with them two-to-four weeks prior to their arrival, and perhaps, arranging a short orientation with each new visiting student.

IX. Coordinator Professional Development

While coordinator titles and salaries may vary, the position requires a specific skill set and expertise to ensure a successful surgical clerkship. Coordinator must be knowledgeable about the medical education process and the intricacies of the departmental curriculum or have a willingness to learn. Successful coordinators must possess a broad proficiency in computer-based applications as well as outstanding communication, organization, time management, and problem-solving skills. The position requires a high level of self motivation and flexibility. Additionally, coordinators must have the ability to multitask, prioritize and work independently and collaboratively. Maturity, patience, and trustworthiness are all necessary personality traits as coordinators are expected to be advocates and facilitators. The role of the coordinator is, without a doubt, unique and multifaceted.

A.   Leadership

While the coordinator may not be in a management position, leadership skills are often needed to mobilize others and accomplish goals. The coordinator will be the go to person for project implementation and completion of tasks. There are numerous books and a multitude of information available on the internet regarding leadership. If you have not already done so, it is worthwhile to learn about your personal leadership style. It is also beneficial to understand other leadership styles, and how they impact your work.

B.   Professionalism

Students will look to the coordinator for direction throughout the clerkship. This provides an opportunity to model profession behaviors such as timeliness, respect, confidentiality, and preparedness. Because coordinators serve as advocates for our students, we're in a position to encourage and promote professional development for them. But, being the student's advocate should not be confused with being their friend or accommodating their every wish. Sometimes, as the coordinator, it is in the student's best interest to tell them "No."

Always seek new ideas that will help you grow!

C.   Opportunities at Home Institution

Most universities offer professional development courses through their Human Resources (or other) office. Many are low cost or no cost to university employees. Check the web site and request information on what interests you. In most cases, you will need to advocate for yourself in this situation. Feed your intellectual curiosity. The possibilities are endless.

X.   Personal/Professional Development Plans

Whether you are interested in enhancing your skill set or advancing your career, it is essential that you develop a plan to address your professional development goals and needs. It's important to document your plan in detail, including your results and accomplishments. There are several ways to do this and each has its strengths. The key is to find a template/tool that works for you.

A.   SMART - Professional Development Action Plan Template
http://www.goal-setting-guide.com/smart-goals.html
Specific, **M**easurable, **A**ttainable, **R**ealistic and within a specific **T**imeframe

Goal: _____

Relevance – how will this goal help me: _____

What are the steps or strategies I will take?	What is the realistic timeframe to accomplish the step or strategy?	How will I evaluate each step or strategy?	How will I know the step or strategy has been accomplished?
Take a public workshop on presentation skills.	Complete the workshop within six months.	After the workshop, I will test my knowledge in the fundamentals of public speaking.	Upon course completion.
Read at least two intermediate-level books on presentation skills.	By July 1st.	After reading the books, I will measure my knowledge on more advanced presentation techniques.	The two books identified will have been informative and helpful in educating me on more advanced presentation skills.
Seek out opportunities to practice my newly acquired presentation skills.	Within the next three months.	I will measure progress by soliciting feedback from team members; pursue certification.	Through frequent practice, my skill level should improve. At a minimum, I will become more proficient in preparing for presentations and reducing anxiety.
Seek out new opportunities to present information and reports in a team setting.	Immediately.	I will measure progress by soliciting feedback from team members and my manager.	By giving at least one oral presentation per month at staff meetings.

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B. Steps to Developing a Professional Development Plan

Step 1: Find out if your school/institution has a planning format and/requirements you should follow.

Step 2: Review the components of good professional development – Ensure it addresses individual needs to improve practice and balances the needs of the school/institution and it reflects current initiatives in your school/dept.

Step 3: Ask yourself these questions to clarify your goals and begin planning:
- How can I improve or strengthen my skills?
- What are my weaknesses?
- How the goals of my department/school impact my goals?
- How can I work with others to address my goals?

Step 4: Use a template to develop your plan. See sample below.

Step 5: Decide on the activities or strategies you will include in your plan to accomplish your goals. According to research, a professional development plan should be continuous and on-going and include evaluation. Research also indicates that working with others will enhance your learning and promote lasting improvement and change.

Step 6: Evaluate your plan. Are your goals clear? Does your plan include reflection on outcomes and appropriate adjustment?

Step 7: Reflect early and often. Don't wait until you have finished all the activities in your plan to reflect. Consider keeping a log or journal.

Step 8: Create a portfolio of your accomplishments. You will benefit from keeping evidence of the training and activities you have participated in. Your portfolio might include: certificates of attendance/completion, PowerPoint and other presentations, committee work, published articles, and other accomplishments within your Department/School.

Goal: _____

Objective: _____

Steps/Strategies: _____

Time frame for each step: _____

Evaluation for each step: _____

Documentation for each step: _____

Source: www.nsta.org/pdfs/pd_steps.pdf

C.   Steps to Developing a Personal Development Plan

Plan Basics:
The personal development plan is written and saved for personal reference. It is a tool used to focus, evaluate and prioritize professional development activities. Elements may include:

- A description of aspirations and goals.
- A description of interests and activities.
- A log of previously completed professional development activities (in order to keep the information all in one place).
- A timeline for the future (2-5 years) outlining activities and interests.
- A collection of brochures, emails, or web links of specific potential professional development.
- Activities that may fit the interests and goals of the plan.

Why create a personal development plan?

- It provides an opportunity to assess current professional development needs and plan for future needs.
- It can be used as a tool to evaluate professional development activities and identify those that meet your professional development needs.
- Allows for planning so resources can be used toward those activities that best meet your professional needs.
- May provide greater justification to your CD/Dept. for approving your participation and granting financial assistance for particular activities already identified in your plan.

How to Develop a Plan:
Begin by writing down all the tasks you are currently responsible for, areas you must be knowledgeable about the skills you need to possess. Also consider changes that are likely to occur in the next two years (additional responsibilities).

Seriously consider short and long term goals you might have for developing or adapting your career. Be realistic about your ambitions and about the time needed to achieve them. Write down ideas about your continuing education needs, prioritize them and then list your priorities for the next two years.

Don't limit yourself by only thinking about your current professional responsibilities. Think about your career overall and its development. Then consider whether this is a time to strengthen existing skills, develop new skills, or broaden your understanding overall. Remember your personal professional development plan is a flexible document. You should review this every few months to reassess it, add new ideas, and revise what may no longer apply.

Source: http://www.planning.org/cm/pdf/profdevplan.pdf

XI. Networking - Internal and External

Networking is work. You have to meet people and have people meet you. It takes time to make contacts, but once you have made them, they can be very valuable for your professional development. Networking is about making connections, building long-term beneficial relationships, and developing knowledge resources in your line of work. You need to take advantage of networking for the opportunities it provides. Have you ever had a situation come up with a student and wanted to see how another coordinator would have handled it? Or have you ever needed to find an easier way to grade student performance evaluations because your grading system just isn't working? Then networking is for you.

Always exchange your contact information and/or business cards with those you meet.

Your networking should be both internal and external. Coordinators are encouraged to attend meetings and join committees within areas of their clerkship, department, school/institution, or nationally through the ASE www.surgicaleducation.com and the ASE Committee on Coordinators of Surgical Education (CCSE). Become familiar with the ASE website and in particular the CCSE page.
See pages 21-23 for more information on the ASE and CCSE.

Committee participation provides great opportunities to work collaboratively and learn from others. Internally, be visible – don't hide out in your office. Volunteer for projects and make yourself available. Externally, your networking should cut across the geographical boundaries to get the most diverse input. As you attend meetings, you will be recognized by more people and get to know more people who have the same role as you.

It is a good idea to start and maintain a database of the contacts in your network. You should continue adding to this database as you make new contacts, but remember to make it a point to keep in touch with your established contacts, sharing any appropriate news, questions, or possibly pass along an article of interest.

There is no better time than now to strengthen or build your network. It is all about relationships. Build them and keep them strong. A solid network will serve you well for years to come.

XII. The Association of Surgical Education (ASE)

The Association for Surgical Education (ASE) was formed in 1980. Its 850 members represent over 190 medical schools and institutions throughout the United States and Canada. The mission of the Association for Surgical Education is to promote, recognize, and reward excellence, innovation and scholarship in surgical education.

A.   Surgical Education Week (SEW)

The ASE annual **Surgical Education Week** (SEW) is held each spring. It provides professional development opportunities focused specifically on medical education. The ASE holds its annual meeting during SEW, in conjunction with the Association for Program Directors in Surgery (APDS), the Association for Residency Coordinators in Surgery (ARCS) and most recently, the Association for Program Directors in Vascular Surgery. Clerkship coordinators are encouraged to become involved in the ASE and attend the annual conference during SEW.

B.   Troubleshooting Your Clerkship

In 2013, coordinators and clerkship directors came together for a joint conference to discuss topics of interest to both groups.   The evaluation comments received for the joint conference quickly identified the session as a success. In 2014, the conference expanded to a full day with presentations from both groups. The following link contain presentations topics/slides from each conference: Troubleshooting Workshop Resources

XIII. Committee on Coordinators of Surgical Education (CCSE)

The **Committee on Coordinators of Surgical Education** (Coordinators/Administrators Committee) became a standing committee of the ASE in 1998 at the annual meeting in Vancouver. The Coordinators Committee meets during the ASE portion of the Surgical Education Week (SEW) and conducts their annual meeting in conjunction with a career development program. The Coordinators also have social/networking opportunities during surgical education week, and all Coordinators are welcome to attend, registration is required. This programming track has grown from an afternoon session to 4-days of Coordinator specific programming.

In 2014, ASE membership became a requirement for all ASE committee members including the CCSE. (**Clerkship Coordinator Membership Form**.) Joining the ASE provides opportunities to network with other ASE members on issues surrounding medical student education.

A.   CCSE Officer Positions

The Coordinators Committee has two executive officer positions; chair and vice chair. Each serves a two-year term and promotes to the next position (vice chair to chair).

Current CCSE Officers:
Chair: **Lindsay Gluf Magar**, Michigan State University - College of Human Medicine, lgm@msu.edu (517-267-2485)
Vice Chair: **Megan Rendina**, Indiana, mrendina@iupui.edu

The following Coordinators have devoted their time and talents as Chair of the Committee on Coordinators of Surgical Education:

1998-1999:	Janet Felts,	*University of Kentucky*
1999-2001:	Janie Boyer,	*Medical College of Ohio*
2001-2002:	Ann O'Hearn,	*Jefferson Medical College*
2002-2004:	Rhonda Peavy,	*Creighton University*
2004-2005:	Tracy Milkowski,	*Medical College of Wisconsin*
2005-2007:	Doris Leddy,	*Columbia University*
2007-2009:	Sherry Weitz,	*Jefferson University*
2009-2011:	Christie Legler,	*University of Wisconsin*
2011-2013:	Trisha Arbella,	*Johns Hopkins University*
2013-2015:	Terri MacDougall,	*Western University (Canada)*
2015-2017:	Lureye Myers,	*Penn State University*
2017-2019:	Cate Unruh,	*University of Iowa*
2019-Present:	Lindsay Gluf-Magar,	*Michigan State University*

B.   Sub-Committees

In addition, the committee has six sub-committees. Coordinators are encouraged to join a subcommittee. It is a good way to network and participate in the next year's conference programs.   The Chair, Vice Chair, and Sub-Committee Chairs comprise the ASEs CCSE Executive Planning Committee; the committee which plans the ASE CCSE Annual Meeting each year.

Sub-Committees:
1. Certification Sub-Committee: Chair: Cate Unruh cate-unruh@uiowa.edu
2. Clerkship 101   Chair: Karla Robinson zinn@umich.edu
3. Communications Sub-Committee: Chair: Angelique Redmond angelique.redmond@inova.org
4. Handbook Sub-Committee: Chair: Rebecca Bellini bellinir@upstate.edu
5. Membership Sub-Committee: Chair: Megan Rendina marabie@tulane.edu
6. Networking Planning Sub-Committee: Chair: Laura Yale lauranne@uw.edu

C.   ASE Committee Communication

The CCSE communicates via the following methods:
- Conference Calls: Typically conducted quarterly (October, January, March, August)
- Facebook: Join at Association for Surgical Education – Coordinators of Surgical Education

XIV. Coordinator Support and Recognition

Since 1998, development of resources that support, educate, and inspire coordinators with opportunities to be more widely recognized for their role in surgical education has been a CCSE top priority.

A.   ASE Clerkship Coordinator Recognition Award

This award recognizes one coordinator, each year, who "best exemplifies excellence in the support and management of the Surgery Clerkship Program at their institution."   *ASE Clerkship Coordinator Recognition Award.*

Recognition Award Winners:
2015: Amy Leisten
2016: Karen Cockerill
2017: Elizabeth Bingman
2018: Cate Unruh
2019: Douglas Brown, PhD

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B. Academic Program Administrator Certification in Surgery (APACS)

Undergraduate Academic Program Administrators must collaborate extensively with both the Surgery Clerkship Directors and undergraduate medical students, which directly impacts not only the efficiency of day-to-day operations of the undergraduate surgical education programs, but also the student experience while on the surgical clerkship. In an effort to identify individuals who embody the professionalism of this crucial academic position, the ASE Academic Program Administrator Certification in Surgery (APACS) was created to recognize the value and expertise of Surgical Academic Program Administrators at the national level. The first call for APACS application is in early December. The deadline for submission is typically the third Sunday in January.

APACS Certification		
2017 Inductees	**2018 Inductees**	**2019 Inductees**
Rebecca Bellini	Debbie R. Sherrow	Sarah Larson
Douglas Brown	Gertrude Steward	Maria Ragas
Lindsay Gluf-Magar	Megan Rendina	
Khalilah Harmon		
Doris Leddy		
Katherine Newsum		
Dellene Stonehocker		
Catherine Unruh		

C. Coordinator Mentor Program

The Coordinator Mentoring Program was implemented to provide coordinators with the necessary tools to effectively navigate their clerkships and programs through mentorship, as well as, act as a resource for all coordinators. New Coordinators are identified through email sent from the Membership committee. As new coordinators are identified; we will actively reach out to them and make them aware of the ASE Committee of Coordinators and its subcommittees. Our expectations are to have continued and increased communication amongst our peers throughout the year and to provide opportunities to build our shared resources and long-lasting relationships. We plan to accomplish this through member introductions on our ASE Facebook page and encouraging them to join our private Facebook group. The private group is a safe space for coordinators to highlight any triumphs and to share any difficulties with others who may have experienced similar situations and can offer sound advice. https://www.facebook.com/groups/184901438742332/

At this time, we are following a group mentoring format. We are a diverse group of individuals with various backgrounds and areas of expertise and it is helpful to us all to be able to learn from one another and succeed.

XV. Acronyms and Glossary of Terms

Acronym	Glossary of Terms	Website
AACE	American Association of Clinical Endocrinologists.	www.aace.com
AACOM	American Association of Colleges of Osteopathic Medicine.	www.aacom.org
AAFPRS	American Academy of Facial Plastic and Reconstructive Surgery.	www.facial-plasticsurgery.org
AAMC	Association of American Medical Colleges.	www.aamc.org
AAN	American Academy of Neurology.	www.aan.com
AAO	American Academy of Ophthalmology.	www.aao.org
AAO	American Academy of Otolaryngology.	www.entnet.org
AAOS	American Academy of Orthopaedic Surgeons.	www.aaos.org
AAPM&R	American Academy of Physical Medicine and Rehabilitation.	www.aapmr.org
AAPS	American Association of Plastic Surgeons	www.aaps1921.org
AAST	American Association for the Surgery of Trauma	www.AAST.org
AATS	American Association for Thoracic Surgery.	www.aats.org
ABMS	American Board of Medical Specialties is a not-for-profit organization comprising 24 medical specialty Member Boards, is the pre-eminent entity overseeing the certification of physician specialists in the United States.	www.abms.org
ABPMR	American Board of Physical Medicine & Rehabilitation.	www.abpmr.org/index.html
ABNS	American Board of Neurological Surgery.	www.abns.org/content/default.asp
ABOP	American Board of Ophthalmology.	www.abop.org/index1.asp
ABOS	American Board of Orthopaedic Surgery.	www.abos.org
ABOTO	American Board of Otolaryngology.	www.aboto.org
ABPS	American Board of Plastic Surgery.	www.abplsurg.org
ABS	American Board of Surgery.	www.absurgery.org
ABTS	American Board of Thoracic Surgery.	www.abts.org
ABU	American Board of Urology	www.abu.org
ACCME	The Accreditation Council for Continuing Medical Education (ACCME)'s mission is the identification, development, and promotion of standards for quality continuing medical education (CME) utilized by physicians in their maintenance of competence and incorporation of new knowledge to improve quality medical care for patients and their communities.	www.accme.org
ACGME	Accreditation Council for Graduate Medical Education (ACGME) is responsible for the accreditation of post-MD medical training programs within the United States.	www.acgme.org
ACGME Fellow	A physician who is participating in the accredited program to become board-eligible in his or her chosen specialty. The formal ACGME program may be one to three years in length, depending on the medical specialty and consists of clinical and research rotations.	www.acgme.org
ACS	American College of Surgeons.	www.facs.org
ACSM	American College of Sports Medicine.	www.acsm.org
AMA	American Medical Association AMA is a partnership of physicians and their professional associations dedicated to promoting the art and science of medicine and the betterment of public health.	www.ama-assn.org
AMCAS	The American Medical College Application Service (AMCAS) is a non-profit, centralized application processing service for applicants to the first-year entering classes at participating U.S. medical schools.	www.aamc.org
AMSA	American Medical Student Association.	www.amsa.org
AMWA	American Medical Women's Association.	www.amwa-doc.org
AOA	Alpha Omega Alpha. Medical honor society.	alphaomegaalpha.org
AOA	American Osteopathic Association.	aoa-net.org
AOFAS	American Orthopaedic Foot & Ankle Society.	aofas.org
APACS	Academic Programs Administration Certification in Surgery	
APDS	Association for Program Directors in Surgery	apds.org
ASC	Ambulatory Surgery Center. ASC is a distinct entity that operates exclusively for	

	the purpose of furnishing outpatient surgical services to patients.	
ASE	Association for Surgical Education	surgicaleducation.com
ASSH	American Society for Surgery of the Hand.	www.assh.org
AST	American Society of Transplantation.	www.myast.org
ASTS	American Society of Transplant Surgeons.	www.asts.org
ATA	American Thyroid Association.	www.thyroid.org
BME	Biomedical Engineering. BME is a discipline advancing knowledge in engineering, biology, and medicine that improves human health through cross-disciplinary activities that integrate the engineering sciences with the biomedical sciences and clinical practice.	
BOD	Board of Directors. The primary governing body of a managed care organization, university, corporation, or other major entity.	
BX / Bx / Biopsy	The removal and examination of tissue, cells, or fluids from the living body.	
CABG	Coronary Artery Bypass Graft. Heart bypass surgery, in which a damaged cardiac vessel is bypassed to continue blood flow and heart function.	
CBT	Computer-Based Training. Generic term used for the wide range of software and services offering education and training on the computer.	aka: CBL (Computer-Based Learning)
CC / Chief Complaint	A concise statement describing the symptom, problem, condition, diagnosis, physician-recommended return, or other reason for patient visit.	
CCC / Comprehensive Cancer Center	Federal (NCI) designation and funding via application and review process. CCCs integrate research activities across three major areas: laboratory, clinical, and population-based research.	http://cancercenters.cancer.gov/
CCSE	Committee on Coordinators of Surgical Education	https://surgicaleducation.com/committee-on-coordinators-of-surgical-education
CCU	Critical Care Unit or Cardiac Care Unit. Intensive care nursing units.	
CDC	Center for Disease Control.	www.cdc.gov
CEO	Chief Executive Officer. The executive responsible for a company's or hospital's operations, usually the president or the chair of the board.	
CEU	Continuing Education Units. CEU consists of educational activities to develop & maintain knowledge, skills, & professional performance. CE & CME may be required to maintain professional certification or licensure.	
CMA	Canadian Medical Association.	www.cma.ca
CME	Continuing Medical Education	
CMO	Chief Medical Officer. Physician executive with ultimate responsibility for a hospital/health care facility. The CMO works closely with the president and CEO on matters affecting physician affairs, the provision of physician support services, and the hospital's strategic direction, operational matters, and educational and research activities.	
CMS	Center for Medicare & Medicaid Services. The federal service center for Centers for Medicare and Medicaid Services (HCFA prior to July 1, 2001).	www.cms.hhs.gov/
COGME	Council on Graduate Medical Education	
COMLEXUSA	Comprehensive Osteopathic Medical Licensing Examination.	www.nbome.org
Co-PI / Co-Principal Investigator.	The co-PI is the individual who co-signs documents related to a sponsored project or who may be designated as a co-PI in grant-related documents. This person has decision-making power with regard to the conduct of the research. The co-PI reports to the PI, who is ultimately responsible for the conduct of the research.	
COTH	Council of Teaching Hospitals.	
CSA	Clinical Skills Assessment.	
CSERD	Criteria for selection, evaluation, remediation, and dismissal (of residents).	
CXR	Chest X-Ray. Radiograph of the chest.	
DO	Doctor of Osteopathy. A DO degree requires four academic years of study. The American Osteopathic Association (AOA) Bureau of Professional Education accredits colleges of osteopathic medicine in the United States that grant the DO degree.	
DOS	Date of Service. Date on which health care services were provided to the covered person or the date on which such services started if the service required multiple days, such as a facility admission.	

DrPH	Doctor of Public Health.	
DX / Dx	Diagnosis.	
EBM	Evidence-Based Medicine. The judicious use of the best current evidence in making decisions about the care of the individual patient. Evidence-based medicine (EBM) is mean to integrate clinical expertise with the best available research evidence and patient	
ECFMG	Educational Commission for Foreign Medical Graduates. Through its program of certification, the ECFMG assesses the readiness of IMGs to enter residency or fellowship programs in the United States that are accredited by ACGME.	www.ecfmg.org
EDs (Educational Directives)	LCME Accreditation standards covering Educational Programs for the M.D. Degree.	
EMR	Electronic Medical Record. Computerized system providing real-time data access and evaluation in medical care.	
EMS	Emergency Medical Services. Those services needed to evaluate or stabilize an acute medical condition.	
ENT	Ear, nose, and throat medicine. Also called Otolaryngology.	
EPC	Evidence-Based Practice Center. An EPC practices evidence-based medicine based on the premise that clinical decisions are based on the best evidence, either from the research literature or clinical expertise, and improves the quality of care and the patient's quality of life.	
ERAS	Electronic Residency Application Service. ERAS is produced by AAMC to transmit residency applications, letters of recommendation, Dean's Letters, transcripts, and other supporting documents to residency program directors via the Internet.	
FACS	Fellow of the American College of Surgeons.	
FAQ	Frequently Asked Questions.	
FBR	Foundation for Biomedical Research.	www.fbresearch.org
FERPA	Family Educational Rights and Privacy Act. Protects the privacy of student educational records, gives the right to students to review their educational records, the right to request amendment to the records they believe to be inaccurate, and the right to limit disclosure from those records (even to parents). An institution's failure to comply with FERPA could result in the withdrawal of federal funds by the Department of Education	www.ed.gov/policy/gen/guid/fpco/ferpa/index.html
FMG	Foreign Medical Graduate. Physician who completed medical school at a non-US accredited program.	
FMGEMS	Foreign Medical Graduate Examination in the Medical Sciences. A two-day exam developed cooperatively by NBME and ECFMG, which is administered semi-annually and includes testing in the basic medical and clinical sciences.	
FNIH	Foundation for the National Institutes of Health.	www.fnih.org
FREIDA	Fellow and Residency Electronic Interactive Database. FREIDA Online is a database with more than 8,600 graduate medical education programs accredited by ACGME as well as more than 200 combined specialty programs.	
FSMB	The Federation of State Medical Boards (FSMB) is a national non-profit organization representing the 70 medical boards of the United States and its territories.	www.fsmb.org
GME	Graduate Medical Education. An office sponsoring and managing residency and fellowship programs accredited by the ACGME.	
HIPAA	Health Insurance Portability and Accountability Act of 1996. Provides for the privacy for patients of Protected Health Information, covering both physical and electronic security; specifies the right of patients to approve the access and/or use of their medical information, to amend their medical record and to receive notification of a breach of unsecured PHI; requires reasonable and appropriate safeguards; and provides a tiered penalty structure.	http://www.cms.hhs.gov/HIPAAGenInfo/
ICU	Intensive Care Unit. A hospital inpatient unit in which seriously ill patients are closely monitored.	
IMG	International Medical Graduate.	
IOM	Institute of Medicine. IOM's mission is to advance and disseminate scientific knowledge to improve human health. IOM provides objective, timely, authoritative information and advice concerning health and science policy to government, the corporate sector, the professions, and the public.	www.iom.edu

IRB	Institutional Review Board. Established by research institutions to ensure the protection of rights and welfare of human research subjects participating in research conducted under their auspices.	
J-1 VISA	Foreign national physicians seeking entry into US training programs must obtain an appropriate visa that permits clinical training activities. One visa commonly used by foreign national physicians is the J-1, a temporary nonimmigrant visa reserved for participants in the Exchange Visitor Program. As a public diplomacy initiative of the Department of State, the Exchange Visitor Program was established to enhance international exchange and mutual understanding between the people of the United States and other nations. In keeping with the program's goals for international education, J-1 exchange visitor physicians are required to return home for at least two years following their training before being eligible for other US visas.	
JAMA	Journal of the American Medical Association.	jama.ama-assn.org/
JOINT COMMISSION/ JCAHO	Joint Commission on Accreditation of Healthcare Organizations: Evaluates and accredits nearly 17,000 health care organizations and programs in the United States. An independent, nonprofit organization, the Joint Commission is the nation's predominant standards-setting and accrediting body in health care.	www.jcaho.org
LCME	Liaison Committee on Medical Education. LCME is the national body that certifies medical schools.	lcme.org
LCSB	Liaison Committee for Specialty Boards.	
LDLT	Living Donor Liver Transplantation. A procedure in which a healthy, living person donates a portion of his or her liver to another person.	
MATCH (The Match / Match Day)	Conducted annually by the NRMP, the Match uses a computer algorithm, designed to produce favorable results for applicants, that aligns the preferences of applicants (graduating medical students) with the preferences of residency programs in order to fill the thousands of training positions available at U.S. teaching hospitals. There are four categories of programs participating in the Match: Categorical - programs that begin in the PGY-1 year and provide the training required for board certification in medical specialties. Advanced - programs that begin in the PGY-2 year after a year of prerequisite training. Preliminary - one-year programs beginning in the PGY-1 year that provide prerequisite training for advanced programs. Physician - programs that are reserved for physicians who have had prior graduate medical education. Physician programs are not available to senior U.S. medical students.	
MCAT	Medical College Admissions Test. Admissions test for medical schools.	www.aamc.org/students/mcat/start.htm
MD	Doctor of Medicine.	
MD/PhD	Doctor of Medicine/Doctor of Philosophy. Someone who has received both an MD and a PhD degree.	
MEDICAL SCHOOL AFFILIATION	A formal relationship between a medical school and a sponsoring institution.	
MEDLINEPLUS	Online medical encyclopedia.	www.nlm.nih.gov/medlineplus/encyclopedia.html
MPH	Master of Public Health. A graduate degree in public health.	
MSPE	Medical Student Performance Evaluation.	
MSTP	Medical Scientist Training Program	
NABR	National Association for Biomedical Research.	www.nabr.org
NAPH	National Association of Public Hospitals and Health Systems.	www.naph.org
NASS	North American Spine Society.	www.spine.org
NBME	National Board of Medical Examiners. Responsible for USMLE and Subject Examinations (aka: Shelf Exams)	www.nbme.org
NEJM	The New England Journal of Medicine.	www.nejm.org
NIH	NIH is the steward of medical and behavioral research for the Nation. Its mission is science in pursuit of fundamental knowledge about the nature and behavior of living systems and the application of that knowledge to extend healthy life and	www.nih.gov

	reduce the burdens of illness and disability.	
NRMP	National Resident Matching Program. National process to match all medical students and other applicants with hospitals to obtain internships and residencies. Applicants submit a confidential list to the NRMP ranking their desired place of residency. Participating hospitals also enter a confidential list of those most desired applicants. On a uniform date (mid-March), all of the applicants and hospitals are informed of the results of the match.	www.nrmp.org
O, O-1 Visa O Visa	For highly skilled and accomplished physicians and scientists who are not US citizens and who have job offers at medical or scientific research institutions, hospitals, and other organizations requiring the services of a highly skilled individual.	www.mdgreencard.com
ORD	Office of Rare Diseases.	http://rarediseases.info.nih.gov/
OSCE	Objective Structured Clinical Examination is a type of examination often used in health sciences (e.g. medicine, physical therapy, nursing, pharmacy, dentistry) to test clinical skill performance and competence in skills such as communication, clinical examination, medical procedures / prescription, exercise prescription, joint mobilization / manipulation techniques, and interpretation of results.	
PHI	Protected Health Information. Individually identifiable health information that is created or received by a health care provider, health plan, employer, or health care clearinghouse and that relates to the mental or physical health of the individual, the provision of health care to the individual, or payment for the provision of health care to the individual. PHI does not include education records covered by the Family Educational Rights and Privacy Act (FERPA) or employment records held by a covered entity in its role as employer.	
PI	Principal Investigator. Responsible for ensuring that all laboratory personnel, including part-time students and visiting scientists, are properly trained and informed of the safety regulations as required by the university's health and safety policy and by various government regulatory agencies.	
PICU	Pediatric Intensive Care Unit.	
POSTDOC	Postdoctoral Fellow.	
PROGRAM DIRECTOR	The one physician designated with authority and accountability for the operation of the residency/fellowship program.	
PUBMED	The National Library of Medicine's electronic catalog of medical literature. Includes information abstracted from journal articles including author names, journal source, publication date, and medical subject heading.	www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=PubMed
RCPSC	Royal College of Physicians and Surgeons of Canada.	http://rcpsc.medical.org/
RRC	Residency Review Committee. RRCs review and accredit GME programs and are part of the ACGME.	
SAGES	Society of American Gastrointestinal and Endoscopic Surgeons.	www.sages.org
SEW	Surgical Education Week	https://surgicaleducation.com/annual-meeting-information
SOAP, (formerly, SCRAMBLE ("The Scramble")	Supplemental Offer and Acceptance Program: Unmatched and partially matched applicants may participate in SOAP to try to obtain an unfilled residency position. Applicants who do not match to a residency position participate in "the scramble". During this process, the locations of remaining unfilled residency positions are released to unmatched applicants, who then have the opportunity to contact the programs directly to express interest in the open positions.	
STS	Society of Thoracic Surgeons.	www.sts.org
TES	The Endocrine Society.	www.endo-society.org
TOEFL	Test of English as a Foreign Language. Required examination for graduate school applicants whose native language is not English.	www.ets.org/toefl
TRANSITIONAL YEAR PROGRAM	A one-year educational experience in graduate medical education, which is structured to provide a program of multiple clinical disciplines; its design to facilitate the choice of and/or preparation for a specialty. The transitional year is not a complete graduate education program in preparation for the practice of	

	medicine.	
UHC	The University Health System Consortium (UHC) is an alliance of 104 academic medical centers and 220 of their affiliated hospitals representing approximately 90% of the nation's non-profit academic medical centers.	www.uhc.edu
UNOS	United Network for Organ Sharing.	www.unos.org
UPIN	Unique Physician Identification Number. The Medicare billing and identification number specific to individual providers (follows the provider for life of career).	
USIMG	United States International Medical Graduate.	
USMG	United States Medical Graduate.	
USMLE	United States Medical Licensing Examination. Sponsored by Federation of State Medical Boards (FSMB) and National Board of Medical Examiners (NBME). USMLE's three steps assess a physician's ability to apply knowledge, concepts, and principles that are important in health and disease and that constitute the basis of safe and effective patient care.	www.usmle.org
VSLO (Formerly VSAS)	The Visiting Student Application Service (**VSAS**) is an AAMC web-based application designed to streamline the application process for senior "away" electives at U.S. medical institutions.	https://students-residents.aamc.org/attending-medical-school/article/about-vsas/

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