***Surgical Subspecialty Experience Program: Attending Expectations***

What we are asking of you:

* Attend a one-time, one-hour, Medical Student Orientation (Date TBD).
* Allow medical students to shadow you in the OR and Clinic.
* Lead one, 1-3 hours, skills-based sessions with Residents for medical students over the **[ACADEMIC YEAR]**.

What you get in return for participating in this project:

* Each Attending will be given the title of “Contributor” to this research project.
* Attendings will also have the opportunity to become a full “Author” if they would like to become more involved.

Surgical Subspecialty Experience Program:

Summary of Expectations of Attendings Participating

1. Attend a onetime one-hour lunchtime Medical Student orientation which will last roughly
   1. Attendings are expected to attend and help encourage Resident participation in this orientation.
      1. This orientation will serve to introduce interested medical students to the Attendings who are participating in this program and the associated Residents.
2. Lead surgical skills clinics:
   1. Attendings from each surgical subspecialty will help coordinate and lead ONE surgical skills session over the academic year. The length of these sessions will vary between 1-3 hours during weekday afternoon/evenings:
   2. To coordinate and schedule the surgical skills clinics please contact:
      1. [**SURGICAL SKILLS MANAGER AT YOUR INSTITUTION]**
3. Provide opportunities for medical students to shadow in Clinical and Surgical settings:
   1. Attendings, and/or their surgical schedulers, will work with the SSEP research team to schedule available shadowing opportunities on a weekly basis.

In exchange for participating in this program each Attending will be given the title of “Contributor” to this research project with the opportunity to become a full “Author” if the they would like to become more involved.

By signing below, I acknowledge and agree to the best of my ability to participate in the “Surgical Subspecialty Experience Program” as an Attending and abide by the “Attending Expectations”, as stated above.

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Printed Name of Attending Institutional Email

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Phone number

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Signature of Attending Date