

Clerkship Guidelines

Academic Year 2024-2025





Clerkship Guidelines

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Medical Education Program Objectives

A Boston University Chobanian & Avedisian School of Medicine graduate will be able to:		
INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
Establish and maintain medical knowledge necessary for the care of patients (MK)	MK.1	Describe the normal development, structure, and function of the human body.
	MK.2	Recognize that a health condition may exist by differentiating normal physiology from pathophysiologic processes.
	MK.3	Describe the risk factors, structural and functional changes, and consequences of biopsychosocial pathology.
	MK.4	Select, justify, and interpret diagnostic tests and imaging.
	MK.5	Develop a management plan, incorporating risks and benefits, based on the mechanistic understanding of disease pathogenesis.
	MK.6	Articulate the pathophysiologic and pharmacologic rationales for the chosen therapy and expected outcomes.
	MK.7	Apply established and emerging principles of science to care for patients and promote health across populations.
	MK.8	Demonstrate knowledge of the biological, psychological, sociological, and behavioral changes in patients that are caused by or secondary to health inequities.
Demonstrate clinical skills and diagnostic reasoning needed for patient care (CSDR)	CSDR.1	Gather complete and hypothesis driven histories from patients, families, and electronic health records in an organized manner.
	CSDR.2	Conduct complete and hypothesis-driven physical exams interpreting abnormalities while maintaining patient comfort.
	CSDR.3	Develop and justify the differential diagnosis for clinical presentations by using disease and/or condition prevalence, pathophysiology, and pertinent positive and negative clinical findings.
	CSDR.4	Develop a management plan and provide an appropriate rationale.
	CSDR.5	Deliver an organized, clear and focused oral presentation.
	CSDR.6	Document patient encounters accurately, efficiently, and promptly including independent authorship for reporting of information, assessment, and plan.
	CSDR.7	Perform common procedures safely and correctly, including participating in informed consent, following universal precautions and sterile technique while attending to patient comfort.
	CSDR.8	Utilize electronic decision support tools and point-of-care resources to use the best available evidence to support and justify clinical reasoning.
	CSDR.9	Recognize explicit and implicit biases that can lead to diagnostic error and use mitigation strategies to reduce the impact of cognitive biases on decision making.
Effectively communicate with patients, families, colleagues and interprofessional team members (C)	C.1	Demonstrate the use of effective communication skills, patient-centered frameworks, and behavioral change techniques to achieve preventative, diagnostic, and therapeutic goals with patients.
	C.2	Clearly articulate the assessment, diagnostic rationale, and plan to patients and their caregivers.
	C.3	Effectively counsel and educate patients and their families.
	C.4	Communicate effectively with colleagues within one's profession and team, consultants, and other health professionals.
	C.5	Communicate one's role and responsibilities clearly to other health professionals.
	C.6	Demonstrate appropriate use of digital technology, including the EMR and telehealth, to effectively communicate and optimize decision making and treatment with patients, families and health care systems.

A Boston University Chobanian & Avedisian School of Medicine graduate will be able to:		
INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
	C.7	Practice inclusive and culturally responsive spoken and written communication that helps patients, families, and health care teams ensure equitable patient care.
	C.8	Communicate information with patients, families, community members, and health team members with attention to health literacy, avoiding medical jargon and discipline-specific terminology.
	C.9	Communicate effectively with peers and in small groups demonstrating effective teaching and listening skills.
Practice relationship centered care to build therapeutic alliances with patients and caregivers (PCC)	PCC.1	Demonstrate sensitivity, honesty, compassion, and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
	PCC.2	Demonstrate humanism, compassion, empathy, integrity, and respect for patients and caregivers.
	PCC.3	Demonstrate a commitment to ethical principles pertaining to autonomy, confidentiality, justice, equity, and informed consent.
	PCC.4	Show responsiveness and accountability to patient needs that supersedes self-interest.
	PCC.5	Explore patient and family understanding of well-being, illness, concerns, values, and goals in order to develop goal-concordant treatment plans across settings of care.
Exhibit skills necessary for personal and professional development needed for the practice of medicine (PPD)	PPD.1	Recognize the need for additional help or supervision and seek it accordingly.
	PPD.2	Demonstrate trustworthiness that makes colleagues feel secure when responsible for the care of patients.
	PPD.3	Demonstrate awareness of one's own emotions, attitudes, and resilience/wellness strategies for managing stressors and uncertainty inherent to the practice of medicine.
Exhibit commitment and aptitude for life-long learning and continuing improvement (LL)	LL.1	Identify strengths, deficiencies, and limits in one's knowledge and expertise.
	LL.2	Develop goals and strategies to improve performance.
	LL.3	Develop and answer questions based on personal learning needs.
	LL.4	Actively seek feedback and opportunities to improve one's knowledge and skills.
	LL.5	Locate, appraise, and assimilate evidence from scientific studies related to patients' health.
	LL.6	Actively identify, analyze, and implement new knowledge, guidelines, standards, technologies, or services that have been demonstrated to improve patient outcomes.
Demonstrate knowledge of health care delivery and systems needed to provide optimal care to patients and populations (HS)	HS.1	Identify the many factors that influence health including structural and social determinants, disease prevention, and disability in the population.
	HS.2	Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations.
	HS.3	Demonstrate respect for the unique cultures, values, roles/responsibilities, and expertise of the interprofessional team and the impact these factors can have on health outcomes.
	HS.4	Work with the interprofessional team to coordinate patient care across healthcare systems and address the needs of patients.
	HS.5	Participate in continuous improvement in a clinical setting, utilizing a systematic and team-oriented approach to improve the quality and value of care for patients and populations.
	HS.6	Initiate safety interventions aimed at reducing patient harm.

A Boston University Chobanian & Avedisian School of Medicine graduate will be able to:		
INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
	HS.7	Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care.
	HS.8	Integrate preventive interventions into the comprehensive health care of individuals.
	HS.9	Explain how different health care systems, programs and community organizations affect the health of neighborhoods and communities.
Exhibit commitment to promoting and advancing health equity for all patients (HE)	HE.1	Define health equity and describe the individual and population level differences in health outcomes and disease burden due to inequities in health care.
	HE.2	Comprehend the historical and current drivers of structural vulnerability, racism, sexism, oppression, and historical marginalization and how they create health inequity.
	HE.3	Explain how one's own identity, lived experiences, privileges, and biases influences their perspectives of colleagues, patients and clinical decision making.
	HE.4	Comprehend and identify the impact of health care inequities through medical decision making tools, interpreting medical literature and reviewing scientific research.
	HE.5	Identify factors needed to advocate for a more diverse and equitable healthcare environment at a local, community, and systems based level.

Third Year Learning Objectives

A third-year clerkship student will:

- Apply discipline specific knowledge within the context of clinical care (MK1-3)
- Gather an organized and hypothesis driven clinical history while being attentive to the patient's needs (CSDR-1)
- Perform a pertinent and accurate physical examination, accurately identifying any common abnormalities while demonstrating sensitivity to the patient. (CSDR-2)
- Analyze clinical data to formulate an assessment including a prioritized differential diagnosis supported by disease prevalence, pathophysiology, and relevant positive and negative clinical findings. (MK4-6, CSDR-3,4)
- Formulate an evidence based management plan that shows comprehension of the underlying disease process(CSDR 4)
- Deliver an accurate, well-structured, and synthesized oral presentations appropriate for the clinical setting.(CSDR-5)
- Document in the medical record in an accurate, organized and timely manner (CSDR-6)
- Communicate effectively with the interprofessional healthcare team (C4,5)
- Demonstrate an ability to perform common procedures safely and correctly, including participating in informed consent, following universal precautions and sterile technique while attending to patient comfort. (CSDR-7)
- Counsel and educate patients and families using patient-centered language that addresses patient concerns and clearly communicates plans of care. (C1-3, C7-8)
- Elicit feedback, communicate learning needs, demonstrate self-directed learning, and take opportunities to improve knowledge and skill gaps. (LL1-4, PPD-1)
- Treat all patients and team members with compassion, respect and empathy (PCC-1, 2)
- Display trustworthiness and an understanding of the responsibilities of a clinical student (PPD-2)

- Apply an understanding of the social and structural determinants of health to clinical care and initiate steps towards addressing the individual needs of patients (HE-1,2,4, MK-8)
- Use electronic decision support tools and point-of-care resources to apply the best available evidence in supporting and justifying clinical reasoning (CSDR-8, LL5-6).
- Practice inclusive and culturally responsive spoken and written communication that ensure equitable patient care (C7)

Pre-requisite knowledge and skills

Students must have completed the preclerkship curriculum and the Transitional Clerkship and have taken the Step-I exam prior to entering the core clerkship phase of the curriculum.

Site Maps

Site maps indicating the availability of student resources at our affiliate hospitals can be found under the Clinical Sites section of the Medical Education Office's Student Resources page at:

<https://www.bumc.bu.edu/camed/education/medical-education/student-resources/#siteinfo>.

Schedules

Block schedule dates for all clerkships can be located on the Medical Education website:

<https://www.bumc.bu.edu/camed/education/medical-education/academic-calendars/>

Holidays

Juneteenth: Wednesday, June 19, 2024

Thanksgiving: Wednesday, November 27, 2024 at 12PM – Sunday, December 1, 2024

Intersession: Monday, December 23, 2024 – Sunday, January 5, 2025

Other holidays that occur during specific blocks will be communicated by the clerkship director.

Holidays by Clerkship can be viewed on the Medical Education website at:

<https://www.bumc.bu.edu/camed/education/medical-education/academic-calendars/#clerkhols>

Assessment and Grading

All core clerkships and selectives use the below grading structure. **See the clerkship specific materials for each clerkship's graded components.**

HOW MUCH EACH PART OF YOUR GRADE IS WORTH:	
Clinical Grade Percentage	
Shelf/Exam Percentage	25%
"Other" Components Percentage	
HOW YOUR FINAL WORD GRADE IS CALCULATED:	
Honors	
High Pass	
Pass	Numeric Score or between 1.50-2.49 in any domain on the final CSEF
Fail	Numeric Score or <1.50 on any domain on the final CSEF or < 2.00 averaged on the final CSEF (Clinical Fail)
HOW YOUR CLINICAL GRADE IS CALCULATED WITH THE CSEF:	
Clinical Honors	>4.45
Clinical High Pass	3.45-4.44
Clinical Pass	2.00-3.44
Clinical Fail	<2.00
SHELF/EXAM GRADING	
Exam minimum passing (percentile/2 digit score)	
What is "Other" and what percentage is it worth?	
Item	
Percentage	
Other components that need to be completed in order to pass the clerkship	
Patient log	
2 FOCuS Forms – 1 Interview Technique, 1 Physical Exam*	

**Medicine Clerkship has a SOCS form and a Directly Observed H&P that replaces the FOCUS forms*

Standard Clerkship Clinical Grade Procedures/Policies

- Preceptors will provide clinical evaluations that contain the “raw data” on the student’s clinical performance. Preceptors DO NOT determine the final “word” grade. You are encouraged to regularly ask for specific behaviorally-based feedback on your clinical skills from your preceptors. However, do not ask them what word grade you will get, as that is a multifactorial process of which the clinical evaluation is one component.
- The CSEF form will be used to numerically calculate your clinical grade: 1 to 5 points (depending on which box is checked) for each domain which will be averaged to give you a final score out of 5. Categories: Needs intensive remediation (1); Needs directed coaching (2); Approaching competency (3); Competent (4) or Achieving behaviors beyond the 3rd year competency criteria (5) to get a final number in each domain. This can be rounded to the nearest number using standard rounding for the CSEF domain and this is the box that should be checked (e.g., if an average of 2.4 then the student should have needs directed coaching (2) checked off). Each CSEF will be weighted based on how long the student worked with each evaluator.

CSEF Clinical Grade Calculations should be made using the 0.01 decimal point in each domain (though the rounded number will be checked off on the final CSEF form) to give a final number.

Any average of <1.50 in any domain = an automatic fail for the clerkship

Any average of < 2.50 in any domain = an automatic pass for the clerkship and a meeting with the MEO for clinical coaching

>2.50 in all domains, standard rounding will be used

<2.00 = Clinical fail which will = a fail for the clerkship

2.00-3.44 = Clinical pass

3.45-4.44= Clinical high pass

>4.45=Clinical honors

The clinical grade will be reported in the CSEF final narrative

- The CSEF clinical score is converted to a final 2-digit percentage that is counted towards the final grade. For example, the final CSEF clinical score average of 4.45 would get converted to 90%. The Final CSEF percentage is used towards the final grade calculation, weighted as indicated in the table above as “Clinical grade percentage” (varies by clerkship).
- Primary preceptors at sites with multiple preceptors will collect evaluation data from the other clinicians with whom the student works. The primary preceptor will collate this data and submit the final clinical evaluation.

Clerkship Specific Clinical Grade Procedures/Policies

- The clinical grade will be worth x% of the final grade of the clerkship and will be calculated out of a 5-point scale from the CSEF
- The shelf is worth 25% of the final grade of the clerkship. The 2-digit score will be used to calculate the numeric score out of 100.

Professional Conduct and Expectations

Evaluation of a medical student's performance while on a clinical clerkship includes all expectations outlined in the syllabus and clerkship orientation as well as the student's professional conduct, ethical behavior, academic integrity, and interpersonal relationships with medical colleagues, department administrators, patients, and patients' families. Student expectations include those listed below in [professional comportment sections](#). If there are multiple professionalism concerns through a clerkship or a student fails to meet the administrative expectations of a clerkship, the student will not be eligible to receive honors on the clerkship. A student will be given feedback prior to receiving their final grade for the clerkship if their professional conduct is of concern. Prior to receiving a final grade, if a clerkship director determines that a student does not meet the professional conduct and expectations of the clerkship, a student will fail the clerkship. Any professionalism lapses resulting in either a clerkship fail or ineligibility

to receive honors will require narrative comments by the clerkship director in the summative comments section of the final evaluation and the student will be given feedback in advance of the final grade form submission.

Shelf Exam Failure & Remediation

If a student fails their shelf exam, they will receive an Incomplete for the clerkship and retake the exam at the end of the year. Students :

- will not receive a Fail on their transcript if they pass the reexamination.
- will not be eligible for a final grade of honors - if the final grade calculation would earn the student honors, they will receive high pass as a final grade. Students would still be eligible to receive a clinical honors.
- If a student fails the reexamination, they will have Fail on their transcript, and have to remediate the clerkship.

Clerkship Failure & Remediation

If a student fails a third- or fourth-year clerkship, the student will receive a Fail grade and will be required to repeat the clerkship. The grade for the repeated clerkship will be calculated based on the grading criteria outlined in the syllabus for Pass, High Pass, or Honors independent of the prior Fail. The original Fail grade will remain on the transcript. The original summative evaluation narrative will be included in the MSPE, in addition to the summative evaluation from the repeated clerkship.

If a student fails the remediated clerkship again and the SEPC allows for another remediation, the grade for the repeat clerkship will still be calculated based on the grading criteria outlined in the course syllabus for (Pass, High Pass, or Honors). The original two failures will remain on the transcript. The repeated course will be listed again, and the word (Repeat) will appear next to both course names.

Grade Review Policy

The School's Grade Reconsideration Policy is located in the Policies and Procedures for Evaluation, Grading and Promotion of Chobanian & Avedisian School of Medicine MD Students:

<https://www.bumc.bu.edu/camed/faculty/evaluation-grading-and-promotion-of-students/>

AME/Kaiser Core Faculty Direct Observation

During the third year, students will be directly observed by their core AME (or Kaiser) faculty three times throughout the year. They will also submit one write up in their core AME/Kaiser faculty's discipline, and one video of a session with an SP for review and feedback. At the end of the year, the core AME/Kaiser faculty will write a narrative summary describing the student's growth trajectory and competency development in the observed domains. This narrative will be included as part of the End of Third Year Assessment (in addition to the EOTYA 6 station OSCE).

Formative Assessments

The purpose of formative assessment is to improve student learning by providing feedback on how well they are learning skills and content during the clerkship. Formative assessments are not included in the calculations of students' final grades. Each clerkship has required **FOCuS (Feedback based on Observation of Clinical UME Student)** forms which must be completed by the mid/end of the clerkship. These forms will provide formative assessment through direct observation of CSEF behaviors. Each student is required to complete one interviewing technique and one physical exam FOCuS form on each clerkship.

In the Medicine Clerkship the FOCuS forms will be replaced by SOCs and a Directly Observed H&P.

Formative Assessment and Feedback Policy

Boston University Chobanian & Avedisian School of Medicine ensures that each medical student is provided with formative assessment early enough during each required course or clerkship to allow sufficient time for remediation. Formative assessment occurs at least at the midpoint of each required course or clerkship four or more weeks in length.

Full Policy: <https://www.bumc.bu.edu/camed/education/medical-education/policies/formative-assessment-and-feedback/>

Mid-Clerkship Review

You and your clerkship director, site director or primary faculty/preceptor will complete the Mid-clerkship Evaluation form at the mid clerkship point.

The purpose of this evaluation is to give the student a chance to understand both their strengths as well as opportunities to improve. The feedback received at the mid-clerkship review is intended to allow the student to improve their clinical skills in real time.

Final Summative Assessments

The final summative assessment will be based on the clerkship grading policy and include a final narrative describing your overall grade, clinical grade, based on the CSEF (Clinical Student Evaluation Form), and other assessments, depending on the clerkship. The summative narrative must include a final summative statement regarding your professionalism on the clerkship (meet expectations or did not meet expectations) per the AAMC MSPE requirements. The final grade form summative narrative appears in your MSPE and is based on aggregate comments from your individual CSEFs and is written by a site director/clerkship director and is reviewed by the clerkship director before submission.

NBME Subject Examination

Students will take the NBME Subject Examination on the last Friday of the clerkship (unless otherwise communicated by the Medical Education Office). Students are given a reading day the day before the exam. Students do not report to their clerkship site on the reading day or the day of the exam. Students will be given 2 hours and 45 minutes to complete this exam. Shelf exam dates can be found in the [3rd year google calendar](#).

Remotely administered assessments

Students are responsible for ensuring that they meet any technical needs required for remotely administered assessments (e.g., NBME Shelf Exams, OCRAs). This includes, but is not limited to, ensuring:

- computer specifications meet requirements outlined on the Alumni Medical Library website: <https://www.bumc.bu.edu/medlib/computing/busmrequirements/>
- for NBME shelf exams, the student runs the laptop certification process noted below
- a consistent and stable internet connection
- a quiet testing space where the student will not be disturbed during assessment administration

Clerkships will reserve BUMC space as an onsite testing space for any remotely administered assessments. Students who do not have an appropriate testing space or prefer to test on campus should reach out to their clerkship coordinator at least two weeks prior to the assessment to make arrangements to test on campus.

Students with technical difficulties during a remotely administered assessment who do not take their assessment at a designated campus location will not be able to submit a grade reconsideration request solely for this reason.

Shelf Exam Laptop Certification Process

Students must certify their laptops one week before the NBME Subject Exam and again on the day before the exam. Instructions are provided on the Alumni Medical Library website at:

<http://www.bumc.bu.edu/medlib/services/computing/nbme/>

If a student has technical difficulties during a shelf exam, they must report this to the clerkship coordinator. The clerkship coordinator must inform the Medical Education Office, and the student is required to have their laptop evaluated by BUMC IT before their next shelf exam.

<https://www.bumc.bu.edu/it/support/bumc-it/request/>

Exam Policies

<https://www.bumc.bu.edu/camed/education/medical-education/policies/exam-policies-for-medical-students/>

Testing Center Policies

<https://www.bumc.bu.edu/camed/education/medical-education/policies/l-11-testing-center/>

Make-Up Exams

Students needing to make up the exam or remediate only the exam portion of the clerkship must contact the Clerkship Coordinator to arrange for a make-up/remediation date. **Students may not take a make-up or remediation exam during any block they currently have a scheduled rotation.** Make-up and remediation exams will typically be scheduled at the end of the third-year blocks between mid-May and early June.

Roles and Responsibilities

Each clerkship is directed by the School's Clerkship Director who oversees all clerkship sites. Each clinical site is directed by a clerkship site director who ensures that students are appropriately supervised and faculty and residents are prepared to teach at their site. Clerkships also have multiple clinical educators that have varying degrees of exposure to students. The responsibilities of the directors and coordinators are described below more specifically. Clerkship directors are assisted by assistant clerkship directors, clerkship site directors, and clerkship coordinators.

School's Clerkship Director & Assistant Clerkship Director

- Oversees the clerkship curriculum's design, implementation, and administration
- Defines clerkship specific learning objectives and requirements
- Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Ensures student and faculty access to appropriate resources for medical student education
- Orients students to the overall clerkship, including defining the levels of student responsibility requirements (i.e., required diagnoses and procedures, direct observations, forms, feedback), grading structure and student schedule
- Oversees teaching methods (e.g., lectures, small groups, workshops, clinical skills sessions, and distance learning) to meet clerkship objectives
- Develops faculty involved in the clerkship and provides faculty development across sites specific to clerkship needs
- Evaluates and grades students
 - Develops and monitors assessment materials
 - Uses required methods for evaluation and grading
 - Assures timely mid-clerkship meetings at all sites with students
 - Ensures students receive timely and specific feedback on their performance
 - Submits final grade form for students via School of Medicine's evaluation system
- Evaluates clerkship, faculty, and programs via peer review and annual data from the Medical Education Office (MEO) and national organizations (AAMC, NBME, etc.)
- Supports each student's academic success and professional growth and development, including identifying students experiencing difficulties and providing timely feedback and resources
- Addresses any mistreatment and professionalism concerns in real time and communicate with MEO
- Participates in the school's clerkship Educational Quality Improvement and peer review processes with completion of action items
- Ensures LCME accreditation preparation and adherence
- Adheres to the AAMC-developed guidelines regarding Teacher-Learner Expectations

Overall Clerkship Coordinator

- Supports the clerkship director in their responsibilities above
- Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Responds within one business day to student emails and questions
- Maintains student rosters and clinical schedules
- Coordinates orientations and didactic sessions
- Liaises with site directors and administrators to coordinate student experiences across all sites and timely collection of evaluations
- Verifies completion of clerkship requirements, including midpoint and final evaluations for each student, required diagnoses, and FOCuS forms
- Monitors students' reported work hours and report any work hours violations to the clerkship director
- Coordinates and proctors clerkship exams

Clerkship Site Director

- Oversees the clerkship curriculum and administration at the site

- Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Is available and responsive to students' questions and concerns
- Ensures all faculty and residents teaching students are oriented to students' expectations, responsibilities, learning objectives, requirements, and assessments used in the clerkship
- Ensures student and faculty access to appropriate resources for medical student education
- Orients students to the clinical site when new students arrive at the site
- Reviews clerkship requirements and student expectations at site
 - Provides site specific information including, but not limited to, lockers, library, call rooms as applicable and required by LCME
 - Reviews site-specific schedule, discusses student role and responsibilities at site, supervision at site, and who to contact with questions and concerns
- Supervises students and ensures clerkship specific required observations are completed
- Meets with the student for the Mid-clerkship review
- Meets with the student for the final exit meeting
- Ensures timely and specific formative feedback based on direct observations
- Works with faculty and residents to delegate increasing levels of responsibility to students based on clerkship requirements
- Provides site didactics when applicable
- Recognizes students with academic or professionalism difficulties and communicates to Clerkship Director in a timely fashion
- Completes and ensures the accuracy of student evaluation forms, including formative and summative narratives for students at the site
 - Ensures collection of feedback and evaluation data from all physicians who work with each student by the end of the clerkship block to meet school's grading deadlines
 - Ensures that narrative data are consistent with and support numerical data
 - Evaluates students fairly, objectively, and consistently following medical school and clerkship rubrics and guidelines
- Addresses any student mistreatment concerns immediately and notifies the Clerkship Director
- Adheres to the AAMC Teacher-Learner Expectations guidelines
- Reviews site specific evaluations at mid-year and end of year and facilitates improvements based on data
- Works with School to provide faculty development for faculty and residents
- Answers Clerkship Director's questions or concerns regarding site evaluation or student concerns
- Participates in educational programming and meetings as requested by Clerkship Director or Assistant Dean for Affiliated Sites
- Adheres to LCME guidelines

Clerkship Site Coordinator

- Supports the clerkship site director in their responsibilities above
- Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students

- Responds within one business day to student emails and questions
- Sends out welcome email informing students where and when to arrive at least 72 hours before student start date
- Provides students with their contact information and remains available for questions and concerns during working days and hours
- Ensures students are oriented to clinics and hospital
- Obtains, tracks, and manages student rosters
- Obtains and maintains student information required by the site, as applicable
- Creates and distributes:
 - Student schedules to students, faculty, and staff before clerkship start date
 - Didactics/Presentation schedules, if applicable
- Schedules mid-clerkship evaluations; tracks and keeps record of completion and provides to overall Clerkship Coordinator
- Informs faculty and overall Clerkship Coordinator of student absences
- Arranges and schedules educational resources as applicable (e.g., SIM lab, EMR & Scrub training) and helps students troubleshoot
- Provides students with necessary documents and resources needed to be oriented to site
- Monitors and processes evaluations for distribution to faculty and residents
- Collects timely feedback from faculty for mid and end of clerkship evaluations to meet School's deadlines
- Collects feedback and evaluation data from all physicians who work with each student by end of clerkship block to meet School's grading deadlines
- Understands evaluation system and all site requirements
- Communicates site information changes (e.g., faculty, rotation details) to School's Clerkship Director and Clerkship Coordinator
- Maintains communication with Clerkship coordinator centrally and response within one business day
- Coordinates site specific meetings and faculty development with School

Primary Clinical Educators

- Sets and clearly communicates expectations to students
- Observes students' history taking and physical exam skills, and documents it on the FOCuS form
- Delegates increasing levels of responsibility to students based on clerkship requirements
- Maintains appropriate levels of supervision for students at site
- Creates and maintains an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Recognizes students with academic or professionalism difficulties and communicates to Clerkship Director in a timely fashion
- Gives students timely and specific formative feedback based on direct observations
- Assesses students objectively using School of Medicine's evaluation system
- Adheres to the AAMC Teacher-Learner Expectations guidelines

Supervision

Initially, the primary clinical faculty members should designate time to observe you performing: **history taking, focused physical exam, clinical problem-solving and interaction with patients and patient education.** Once the supervisor establishes the student's level of confidence and competency, the student should be delegated increasing levels of responsibility in patient care, as appropriate. Although students may initiate a

particular patient encounter on their own and without direct supervision, the faculty must at some point review the encounter with the student and inform the patient in-person that the student's assessment and management plan has been reviewed and approved by the faculty. The faculty is ultimately responsible for the evaluation, treatment, management, and documentation of patient care. If students have concerns regarding their clinical supervision, the site director and clerkship director should be immediately notified. Any supervision concerns should also be immediately submitted through the ATM link or directly to the Associate Dean of Medical Education.

Supervision and Delegating Increasing Levels of Responsibility

It is expected that the level of student responsibility and supervision will be commensurate with student's competency and level of confidence. When the student arrives to a new setting, a faculty may wish to observe you for the first session. Thereafter, you should begin to see patients on your own. In the outpatient setting, **the student should initially perform 4-5 focused visits per day in the first week, increasing to 6-12 thereafter. In the inpatient setting, the student should initially follow 1-2 patients and increased to 3-4 thereafter. This will vary slightly by clerkship.** When a student feels that they are being asked to perform beyond their level of confidence or competency, it is the responsibility of the student to promptly inform the preceptor. It is then the preceptor's responsibility to constructively address the student's concerns and appropriately restructure the teaching encounter to address the student's learning needs.

Under no circumstances should the following occur:

- Patient leaves the office/hospital without having had a direct face-to-face encounter with clinical faculty/supervising resident.
- Primary faculty gives "prior approval" for student to perform intervention (order labs, prescribe meds) without satisfactory review.
- Patient leaves office/hospital without being informed that assessment/ management plan has been directly reviewed and approved by the faculty.
- Learning in which a student is expected to perform an intervention or encounter without the prerequisite training and/or adequate supervision.
- Student note provides the only record of the visit. Although all faculty see all patients, faculty must document that they were actually the person responsible for seeing and examining the patient.

Intimate Exam Policy

Students participating in an intimate exam with a patient (which includes, pelvic, genitourinary and rectal exam) must have a chaperone with them, irrespective of the gender of the patient or the student. Permission to participate in an intimate exam must be obtained by the supervisor in advance of the examination itself. The patient has the right to decline student attendance at any examination. If a student is unable to perform any intimate exam due to patient preference, the student's evaluation will not be impacted and if necessary, the clerkship director will provide an alternative experience.

Physical Exam Demonstrations

The demonstration of the physical examination on students should not be done by any supervisor of students including residents and attending faculty. Practicing the physical examination on students places them in a position where they may feel pressure to consent to something they may not feel comfortable with.

Third Year Student

Students are expected to adhere to BU's and Chobanian & Avedisian School of Medicine's policies, provided below in the [BU Policies and Student Support Services section](#).

Professional Comportment

Students are expected to adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations, located on the Policies page, under “Academic Policies and Information”

(<https://www.bumc.bu.edu/camed/files/2015/05/AAMC-Teacher-Learner-Expectations.pdf>)

Students are expected to be aware of and follow the site expectations on professional comportment, including, but not limited to, dress code and the use of phones, pagers, and laptops. Students must arrive on time at their site and for any scheduled sessions. Any missed sessions and absences must adhere to the Attendance, Time Off, and Personal Days Policy.

Further, below are expectations for student professional conduct and behavior in the core clerkship curriculum. These include, but are not limited to:

- Treating and communicating with the clerkship team in a respectful manner.
- Engaging in the core curriculum and participating respectfully with peers and colleagues at all times.
- Arriving at clerkship didactic sessions on time and being present throughout sessions.
- Requesting faculty and resident evaluations in a timely manner.
- Reviewing and responding to e-mail requests in a timely manner.
- Returning borrowed clerkship materials on time.
- Handing in all assignments and clerkship documentation on time.
- Completing all logs and FOCuS forms by the clerkship specific deadline.
- Informing clerkship leadership and supervising faculty/residents of absences in advance of the absence.

Professional conduct will be reviewed at the mid-clerkship feedback session. Additionally, students will be given feedback prior to receiving their final grade when professionalism concerns are identified on the clerkship. If students are not meeting expectations for professional conduct and behavior in the clerkship or there are concerns, students will be made aware of the concerns noted by the clerkship directors, clerkship coordinator, faculty or residents.

Ethical Behavior for Examinations and Mandatory Sessions

- Refrain from any conversation with your peers during exams and as you leave the L-11 testing space (when applicable), including within the vending room and elevator waiting area, until you are on the elevator.
- Refrain from leaving your computer camera view at any point during the examination. Any time where a student cannot be viewed may result in failure of the examination.
- Don't seek or receive copies of the examinations
- Signing in classmates, or signing in yourself and not staying for mandatory sessions is considered cheating and violations will be referred to Medical Student Disciplinary Committee
- If you are aware of any violations of the ethical standards listed above, within the Student Disciplinary Code of Academic and Professional Conduct, or otherwise, report it to the Clerkship Director

Student Evaluation of the Clerkship

Student feedback is a highly valued, critical resource for helping us continually improve our curriculum. Evaluation of learning experiences is a requirement of the Liaison Committee on Medical Education. To ensure that we have a representative amount of data on our courses and clerkships, all students are expected to

complete an evaluation via the School of Medicine’s evaluation system, MedHub (<https://bu.medhub.com/>), for each of the courses/modules and their instructors. All evaluations are anonymous and aggregate data is only released to clerkship directors after grades have been submitted for the blocks. Please comment freely and honestly about your experience.

Blackboard

Students will have access to a Blackboard site for the clerkship. The site is listed under “My Courses” on your Blackboard landing page.

Students who have questions about the Blackboard site or find that they do not have access to the site should contact the Clerkship Coordinator for assistance.

Blackboard Learn: <https://learn.bu.edu/>

Patient Encounters/Case Logs

Across the third year, there are required patient encounters and procedures that must be logged whenever they are seen. To log the patient encounter, students must have participated in the history, physical exam, assessment and plan development of the patient.

Required Patient Encounters (The Core)

Each core clerkship has a list of patient encounters and procedures that students are required to see before the end of the rotation. Students should log every time they see any patient with the required patient encounter and continue to log throughout all clerkships.

The full list of encounters and the clerkship-specific lists are available at

<https://www.bumc.bu.edu/camed/education/medical-education/faculty-resources/>

Alternative Patient Encounters

If a student has not been able to experience all patient encounters required for the clerkship, students must address any gaps in their patient encounters through an alternative experience. Alternative experiences may be simulation, videos, etc., depending upon the clerkship requirement.

Patient Encounter Log

Students are expected to log their patient encounters in MedHub (<https://bu.medhub.com/>). Patient logs help the clerkship ensure that each student is seeing a diagnostically diverse patient population, an adequate number of patients, and performing a sufficient number of required procedures and diagnoses. Students must bring a printed copy of their patient encounter and procedure log to their mid rotation feedback meeting.

Learning Environment Expectations

Chobanian & Avedisian School of Medicine has a **ZERO** tolerance policy for medical student mistreatment. We expect students to be aware of the policy for appropriate treatment in medicine, including procedures for reporting mistreatment.

Learning more about the school’s efforts to maintain and improve the learning environment at:

<https://www.bumc.bu.edu/camed/education/medical-education/learning-environment/>

Appropriate Treatment in Medicine

Students who have experienced or witnessed mistreatment are encouraged to report it using one of the following methods:

- Contact the chair of the Appropriate Treatment in Medicine Committee (ATM), Dr. Vincent Smith, MD, directly by email (vincent.smith@bmc.org)
- Submit an online Incident Report Form through the online reporting system <https://www.bumc.bu.edu/camed/student-affairs/atm/report-an-incident-to-atm/>

These reports are sent to the ATM chair directly. Complaints will be kept confidential and addressed quickly.

Appropriate Treatment in Medicine website: <https://www.bumc.bu.edu/camed/student-affairs/atm/>

Learning Environment Oversight (LEO)

The Learning Environment Oversight group was established in June 2022 and serves as a mechanism to monitor all aspects of the learning environment and report back to the school community on a regular basis. The group is comprised of representation from the Medical Education Office, Student Affairs Office, Appropriate Treatment in Medicine Committee, and students from all curricular years.

Student Support Services

Academic Enhancement Office

The Academic Enhancement Office (AEO) supports the academic and personal success of all medical students. Recognizing that individual students have different needs in order to be successful in medical school, various programs and services are available to all current medical students. Programs are designed to help students adjust to the rigors of medical school and strive to learn balance, with more effective study habits that promote and sustain lifelong learning. Through small group sessions and individual meetings, we work with students to leverage the necessary skills to balance academic and personal growth.

<https://www.bumc.bu.edu/busm/student-affairs/office-of-academic-enhancement/>

Tutoring

Peer tutors may be requested via the Academic Enhancement Office's Peer Tutoring Program at:

<https://www.bumc.bu.edu/camed/student-affairs/office-of-academic-enhancement/academic-enhancement/peer-tutoring-program/>

Disability & Access Services

Students who wish to request accommodations for learning at Chobanian & Avedisian School of Medicine can do so through Disability & Access Services. Information about the process is available on the Academic Enhancement Office's page: <https://www.bumc.bu.edu/camed/student-affairs/office-of-academic-enhancement/accommodations-for-learning/>

Disability & Access Services' goal is to provide services and support to ensure that students are able to access and participate in the opportunities available at Boston University. In keeping with this objective, students are expected and encouraged to utilize the resources of Disability & Access Services to the degree they determine necessary. Although a significant degree of independence is expected of students, Disability & Access Services is available to assist should the need arise.

<https://www.bu.edu/disability/accommodations/>

General Student Policies

Policies and Procedures for Evaluation, Grading and Promotion of Students

This is a school-wide policy and can be located at: <https://www.bumc.bu.edu/camed/faculty/evaluation-grading-and-promotion-of-students/>

Early Identification and Feed Forward Policy

https://www.bumc.bu.edu/camed/education/medical-education/policies/early_identification_policy/

Medical Student Disciplinary Code of Academic and Professional Conduct

The School of Medicine expects all students to adhere to the high standards of behavior expected of physicians during all professional and patient care activities at the school and all of its academic affiliates. All students must uphold the standards of the medical profession. This includes, but is not limited to, being respectful of patients, staff, members of the faculty, their peers, and the community, being aware of the ways in which their conduct may affect others and conducting themselves with honesty and integrity in all interactions.

Students are also required to adhere to the highest standards of academic honesty and professional conduct in relation to their coursework.

<https://www.bumc.bu.edu/camed/about/diversity/prs/medical-student-disciplinary-code/>

Attendance Policies

On-site hours must be limited to 80 hours per week, averaged over a two-week period. Violations should be reported directly to the clerkship director or to an Associate Dean (Medical Education or Student Affairs). As part of becoming a professional, medical students should have the flexibility to address personal and professional needs at their discretion. In the clerkship year, as students transition to more of a professional work environment, they gain the responsibility of a working professional, yet do not have the agency to attend to their personal needs. As such, the Student Affairs Office and Medical Education Office have developed this personal day policy in conjunction with the clerkship directors for the core clerkship year. In addition to addressing issues of wellness and professional development, this policy will teach students the importance of time management and managing days off.

Time off requests must comply with the Attendance, Time Off, and Personal Days Policy.

- **Attendance, Time Off, and Personal Days Policy:**

- <https://www.bumc.bu.edu/camed/education/medical-education/policies/attendance-time-off-policy/>

- **3rd Year Excused Absences & Personal Days Requests:**

- <https://wwwapp.bumc.bu.edu/MedPersonalDays/home/Index>

- **Work Hours:** <https://www.bumc.bu.edu/camed/education/medical-education/policies/work-hours/>
- **Jury Service:** <http://www.bu.edu/dos/policies/lifebook/jury-service/>
- **Religious Observance:** <https://www.bu.edu/chapel/religion/religiouslifepolicies/>
- **Weather Policy:** <https://www.bumc.bu.edu/camed/education/medical-education/policies/weather-policy/>

Clerkship Specific Restricted Dates

Students may not request a personal day that falls within a clerkship's restricted days. Clerkship-specific restricted days can be found on the Attendance, Time Off, and Personal Days Policy:

<https://www.bumc.bu.edu/camed/education/medical-education/policies/attendance-time-off-policy/#restricted>

Scrubs Policy

<https://www.bumc.bu.edu/camed/education/medical-education/policies/scrubs-policy/>

Needle Sticks and Exposure Procedure

The needle sticks and exposure policy outlines the appropriate preventative measures and what to do in the case of unprotected exposure to body fluids.

<https://www.bumc.bu.edu/camed/student-affairs/additional-student-resources/needle-stickexposure/>

Boston University Sexual Misconduct/Title IX Policy

This university-wide policy can be located at: <http://www.bu.edu/safety/sexual-misconduct/title-ix-bu-policies/sexual-misconducttitle-ix-policy/>

Boston University Social Media Guidelines

This university-wide policy can be located at: <http://www.bu.edu/policies/information-security-home/social-media-guidelines/>

Using Generative AI in Coursework Guidelines

With the increased use of Generative AI, Boston University's Faculty of Computing & Data Sciences has issued guidelines around use and attribution.

<https://www.bu.edu/cds-faculty/culture-community/conduct/gaia-policy/>

School of Medicine Policies

In addition to the expectations listed above, all students are expected to adhere to Chobanian & Avedisian School of Medicine and Boston University policies.

<https://www.bumc.bu.edu/camed/education/medical-education/policies/>

Instructional Tools

MedHub

Chobanian & Avedisian School of Medicine uses MedHub for evaluation and assessment. MedHub uses Single-Sign-On with BU accounts, and contains tutorial and training resources under the "Help" tab once logged in.

Students with technical issues or in need of additional help beyond the resources provided should submit a support ticket via: <https://www.bumc.bu.edu/evaluate/medhub-support-tickets/>

Echo360/Technology

Echo360 may only be used for streaming captured lecture videos; the videos may not be downloaded. Taking smartphone or digital pictures or videos of any part of the lecture in class, or at home, is similar to downloading and is not allowed. There are a number of reasons for this, including that students and/or the University may be liable for violations of federal copyright and privacy laws as a result of the use of copied material.

If you experience any technical problems, please report the issue in one of the following ways to generate an IT ticket:

- **Echo360 Related Issues:** Create a ticket on the Ed Media site (<http://www.bumc.bu.edu/bumc-emc/instructional-services/echo360/>): sign in and provide pertinent information that will enable an effective response. Have a link to the problematic video ready to copy/paste into this form.
- **Educational Technology Related Issues:** For assistance with technology supported by BUMC's Educational Media (e.g., ExamSoft), tickets can be created via their website at: <http://www.bumc.bu.edu/bumc-emc/instructional-services/report-an-educational-technology-issue/>
- **Other Technology Related Issues:** For assistance with BU-wide technology, such as Blackboard, email an example (e.g., picture or very brief phone video) to ithelp@bu.edu with a descriptive subject line and give as many details as possible on the what, where, how you are using the service and what type of computer, browser, etc. along with type of student (i.e. M3). Always include link(s) to or screen shots of where the issue is occurring.
- **School's Policy on Recordings:** <https://www.bumc.bu.edu/camed/education/medical-education/policies/classroom-recordings/>

Surgery Clerkship

Academic Year 2024-2025

Department of Surgery

MEDMD 306

2024-2025

Clerkship Director: Jeffrey Cooper, MD

Associate Clerkship Director: Sheina Theodore, MD

Clerkship Coordinator: Lana Ketlere

Clerkship Learning Objectives

(Linked to Medical Education Program Objectives in parentheses)

1. H&P with variety of surgical conditions in both elective and emergency settings
2. Formulate differential diagnosis for variety of surgical conditions
3. Recommend and interpret diagnostic tests for surgical conditions.
4. Document encounter in medical record
5. Provide an organized and accurate oral presentation
6. Form clinical questions and retrieve evidence to advance patient care
7. Collaborate as member of inter-professional team
8. Recognize patient requiring emergency care and initiate evaluation/management
9. Perform general procedures: venipuncture, IV placement, suturing incisions/lacerations, performing sterile technique, Foley catheter placement, basic airway }

Contact Information



Clerkship Director

Jeffrey Cooper, MD

Chief, Division of Transplant Surgery,
Surgery Clerkship Director

Telephone: 617-638-8436

Email: Jeffrey.Cooper@bmc.org

Pager: 8041

Office: Boston Medical Center, 85 East Concord Street, 2nd floor

Assistant/Associate Clerkship Director



Sheina Theodore, MD

Associate Clerkship Director

Telephone: (617) 414-6840

Email: sheina.theodore@bmc.org

Pager: 0682

Office: Boston Medical Center, 850 Harrison Avenue, Dowling 2 South

Office Hours: please email to set up appointment



Patrick O'Neal, MD

Associate Clerkship Director

Telephone: (857) 203-6205

Email: Patrick.Oneal2@va.gov

Pager: n/a

Office: 1400 VFW Parkway, West Roxbury, MA 02132

Office Hours: Available anytime – please email to set up a time to meet



Abdul Saied Calvino, MD

Associate Clerkship Director

Email: Abdul.Saied@CharterCARE.org

Pager: n/a

Office: 825 Chalkstone Avenue, Providence, RI 02908

Office Hours: Available anytime – please email to set up a time to meet

Clerkship Coordinator



Lana Ketlere

Clerkship Coordinator, Surgical Education Office

Telephone: (617) 638-8442

Email: ana.ketlere@bmc.org

Office: 85 East Concord Street, 3rd floor, 3113

Office Hours: 8:30am-4:00pm

Clerkship Description

Focus of clerkship

The surgical clerkship at the Boston University School of Medicine has been designed to achieve the following goals:

The clerkship will provide the individual student with clinical exposure to the most common surgical problems encountered in the academic and the community hospital setting. This will occur in the hospital wards, operating rooms, and outpatient clinics at Boston Medical Center and its affiliated sites.

The students will receive direct teaching via a didactic program that is engaged and interactive. This will give them the opportunity to increase their fund of knowledge related to surgical diseases, as assessed by the Shelf exam. The students will also be taught surgical technique, including instrument handling, suturing, and knot tying.

The students will also be allowed to participate in the care of surgical patients in a supervised manner, so that they can develop their clinical skills. One of the skills that should be developed in the clinical setting is being able to work as a member of a multi-disciplinary team.

In addition, as part of their clinical work, the students will be given the opportunity to develop their physical examination skills, particularly those aspects of the physical exam most related to the care of surgical patients. The students will also be given the opportunity to present cases to other team members, to help them to develop the qualities of concision and focus.

The students must also be given the opportunity to apply all of the skills and knowledge gained during the course of the clerkship, and development treatment plans for those patients that they follow.

Clerkship Changes Made Based on Feedback

We have increased the amount of time at orientation, to include more time to practice knot tying and suturing. Many of our student evaluations over the past year had alluded to the fact that this session seemed rather rushed. This session includes the entire morning, rather than a simple one hour session.

In addition, we have elected to give more introductory, orienting lectures at the beginning of the rotation. One of the common student complaints was that many of the more basic topics were covered at the end, rather than at the beginning, of the rotation. To remedy this problem, we have elected to devote the didactic session of the first Friday of the clerkship to an on-hands trauma simulation; a lecture on tubes, drains and lines; as well as a session devoted to oral presentations in the surgical realm, as well as note writing.

Thirdly, we have elected to convert our present virtual OSCE format to an in-person format. This was based on both student and surgical attending feedback. Our new format will include the use of actors and anatomic simulators. By doing this, we revert back to the system that existed pre-covid, and which was highly rated.

Diversity, Equity, and Inclusion Initiatives

- We are implementing IU curriculum, presented for each clerkship block (group). The plan for now is to have the following people at a session: M4 near-peer teacher, resident moderator, faculty moderator. The M4 will be responsible for creating/updating the clinical vignette for the session, to be reviewed and approved by the resident and faculty moderator prior to the session. The M3 students will be provided with the pre-session materials at least a week ahead of time.
- This will be one 1h session for each block.
- Every session starts with the same powerpoint overview of surgical disparities, including the American College of Surgeons surgical disparities framework. The session is one hour long, with the goal of spending the first 30 minutes going through the powerpoint introduction and clinical vignette, and the last 30 minutes with a guided discussion (the second half of the powerpoint, tying in pre-session materials). There is a pre- and post-session survey hosted by IU, which we would only use after IRB approval. It gauges knowledge, satisfaction, and confidence with identifying and intervening on surgical disparities.
- Objectives of the initiative are as follows:
 - Exhibit commitment to promoting and advancing health equity for all patients.
 - Define health equity and describe the individual and population level differences in health outcomes and disease burden to inequities in health care
 - Comprehend the historical and current drivers of structural vulnerability, racism, sexism, oppression, and historical marginalization and how they create health inequity
 - Explain how one's own identity, lived experiences, privileges and biases influences their perspective of colleagues, patients and clinical decision making
 - Comprehend and identify the impact of health care inequities through medical decision making tools, interpreting medical literature and reviewed scientific research
 - Identify factors needed to advocate for a more diverse and equitable healthcare environment at a local, community and systems based level

Recent Changes to the Clerkship

Major changes that have occurred in the clerkship over the latter part of the academic year include a change of clerkship leadership, in that myself, Jeff Cooper, took over for Joanne Favuzza as clerkship director. Previously, I had served as associate clerkship director. Sheina Theodore has assumed the role of associate clerkship director as well. Lana Ketlere remains in her long-term role of clerkship administrator. More generally, in the department as a whole, Jennifer Tseng stepped down as chief of surgery, and her position has been filled, at least on a provisional basis, by Alik Farber, who has had a long-term leadership role in the department as vice-chairman of surgery.

In addition to leadership changes, MetroWest Medical Center will also begin receiving students once again, after a brief hiatus. There are no other changes planned for any of our outside teaching sites.

From the curricular standpoint, we continue to alter our current lecture-based format to a more interactive one. It is believed that this may take the course of this year to achieve this goal fully.

Clerkship Sites

Boston Medical Center

One Boston Medical Center Place, Boston, MA

BMC – Colorectal Surgery

Site Director: Olga Beresneva, MD , olga.beresneva@bmc.org

Teaching Faculty: Dr. Jennifer Davids

Physician Assistants: Stephanie Redmond, PA

Residents: Chief, PGY-3/4, Intern

CLINICAL EVALUATIONS: INDIVIDUAL EVALUATIONS- YOU MAY REQUEST ANY FACULTY, RESIDENT OR PA WHO YOU HAVE WORKED WITH TO EVALUATE YOU AT THE CONCLUSION OF THIS ROTATION.

The colorectal surgery service treats a wide variety of diseases of the colon, rectum, and anus, ranging from colon/rectal cancer, inflammatory bowel disease (Crohn's/Ulcerative colitis), diverticulitis, and anorectal disease. They also treat a spectrum of general surgery diseases that are seen while on call. This is one of the busiest services in the department, and you will all have a chance to participate in patient care, evaluate new patients, and scrub in on multiple operations. During your four weeks on service, you will be working with the entire colorectal faculty.

Reporting Instructions for 1st Day: 5:45 AM, Menino Campus, Room 4176.

Call/Weekend Schedule: There is no call on weeknights, but students are permitted to stay later for late surgeries or emergency surgeries as long as you abide by work hours.

On the Colorectal service, you will be assigned 2 weekend call shifts during this time. This schedule will be provided prior to orientation. One shift will be with the "ER/Trauma consult service," where you will assist the resident in seeing patients presenting to the ER with acute surgical disease. You will evaluate patients on your own when possible, present them to the resident, and help to write a note on any patient you see. Please report to Menino Room 2217 "Trauma Residents Room" at the beginning of your shift to find the "4000" resident. If no one meets you there after 20 minutes, please page 4000 and ask where to meet.

The second call shift will be assigned as well, and will be a "service specific call" with your regular 4-week service. Please note that the Colorectal/MIS/Mozden services combine on weekends and round as a group with one chief/one intern/one attending to allow some to have a weekend off. Thus, you may be working with a new group for your call day. If that is the case, you will be especially helpful as you will know your own patients better than anyone. Please confirm with your team who is rounding on your assigned day and what time, as weekend rounding time is somewhat variable. Please plan to present your patients on rounds. After rounds, participate in any urgent surgeries that happen or help the intern with the service-work (note writing, checking on patients, dressing/wound vac changes, seeing new consults, etc). It is quite busy due to the limited workforce on weekends, and you as the student can be a great help. The length of the day varies based on how busy the day is. Occasionally if it is quiet, you may be dismissed halfway through the day, but if it is busy, you may help until 6PM signout.

Please note that if you were previously assigned to the "EGS/trauma consult service" for your 2-week rotation, you may be assigned 2 service-specific calls instead of 1 service-specific call and 1 EGS trauma consult call- this assignment will be made based on availability.

Weekly Schedule: Please see the weekly email from Chief Resident for details about any specific week. This is generally sent the weekend before each week.

You will be assigned to either clinic, OR, or endoscopy on Monday through Thursday. On Friday there is 7:00-9:00- Grand rounds/M&M conference via Zoom (students to round with team beforehand as usual). 9:00-3:00 pm Didactic day

On alternating Wednesdays and Thursdays, the surgical residents have resident educational conference from 7AM-9AM. On those days, rounds may be rushed, and then the residents will disappear. This is a great opportunity to really be of help by either first-assisting in the operating room or helping the APP (PA/NP) staff on the floor.

All clinics: Shapiro 6th floor

Student All clinics: Shapiro 6th floor

Mon

All Day- Davids
Menino OR- Dr. Beresneva

Tue

Menino OR – Dr. Davids
Moakley OR or endoscopy- Dr. Beresneva

Wed

Menino OR- Dr. Beresneva

Thu

AM/PM clinic-
PM Moakley Endoscopy- Dr. Beresneva

Fri

7:00-9:00- Grand rounds/M&M conference via Zoom (students to round with team beforehand as usual)
9:00- 3:00 pm Didactic day

On alternating Wednesdays and Thursdays, the surgical residents have resident educational conference from 7AM-9AM. On those days, rounds may be rushed, and then the residents will disappear. This is a great opportunity to really be of help by either first-assisting in the operating room or helping the APP (PA/NP) staff on the floor.

Clinical Duties: Pre-round on patients you are following, assist interns by updating the list with information on patients you are following, round with team and present your patients on rounds, assist with dressing changes, assist interns/APPs with floor work, write progress notes on your patients, assist in the OR or in clinic depending on the day, look up and report back on topics assigned by the chief resident/senior resident

Brief advice on how to succeed: Please prepare for your cases and clinics ahead of time by reading about the patients and the relevant disease processes. Please be enthusiastic. See every patient encounter as a learning opportunity.

Recommended reading

- Colorectal: Devirgilio, Ch. 19-23

BMC – Mozden (Surgical Oncology)

Site Director: Dr. Teviah Sachs, Chief, Section of Surgical Oncology
Teaching Faculty: Dr. Michael Cassidy, Director, Belkin Breast Center (General Surgical Oncology, Breast Cutaneous)
Dr. Thurston Drake (Endocrine)
Dr. David McAneny, Chief Medical Officer (Endocrine Surgery)
Dr. Teviah Sachs, Section Chief of Surgical Oncology, (Hepatopancreatobiliary, General Surgical Oncology)
PA/NP: Inpatient: Lauren Hartnett PA, Chief PA

Outpatient: Kayla McDonald PA, Kelsey Burke PA

Outpatient (Breast only): Karimot Makinde, NP and Nora Carr, NP
Residents: Chief, Mid-Level Resident, 1 Intern

CLINICAL EVALUATIONS: GROUP EVALUATIONS WILL BE PERFORMED- NO NEED TO REQUEST

The Mozden Surgical Oncology service treats a broad number of malignant and non-malignant surgical diseases of the Upper Gastrointestinal Tract, Hepatopancreaticobiliary (HPB) system, Endocrine system, as well as those of the Breast and the Skin & Soft Tissues.

Beyond the malignant and non-malignant diseases described above, the Mozden service also serves as a general surgery service, treating common conditions such as those of the gallbladder, hernias, and emergent operations.

Reporting Instructions for 1st Day: On your 1st day, please report at 5:45 AM, to Menino Campus, 5th Floor, East Wing, Room 4266.

Call/Weekend schedule: There is no call on weeknights, but students are permitted to stay later for late surgeries or emergency surgeries as long you abide by work hours. A weekend call is required. If you stay late and duty hours are to be impacted, you should coordinate with your chief resident on when to return to the hospital the following day.

On the Mozden service, you will be assigned 2-weekend call shifts during this time. This schedule will be provided at orientation. One shift will be with the “EGS/Trauma consult service,” where you will assist the resident in seeing patients presenting to the ER with acute surgical disease. You will evaluate patients on your own when possible, present them to the resident, and help to write a note on any patient you see. Please report to Menino Room 2217 “Trauma Residents Room” at the beginning of your shift to find the “4000” resident. If no one meets you there after 20 minutes, please page 4000 and ask where to meet.

The second call shift will be assigned as well and will be a “service-specific call” with your regular 4-week service. Please note that the Colorectal/MIS/Mozden services combine on weekends and round as a group with one chief/one intern/one attending to allow some to have a weekend off. Thus, you may be working with a new group for your call day. If that is the case, you will be especially helpful as you will know your own patients better than anyone. Please confirm with your team who is rounding on your assigned day and what time, as weekend rounding time is somewhat variable. Please plan to present your patients on rounds. After rounds, participate in any urgent surgeries that happen or help the intern with the service-work (note writing, checking on patients, dressing/wound vac changes, seeing new consults, etc). It is quite busy due to the limited workforce on weekends, and you as the student can be a great help. The length of the day varies based on how busy the day is. Occasionally if it is quiet, you may be dismissed halfway through the day, but if it is busy, you may help until 6 PM signout.

Please note that if you were previously assigned to the “EGS/trauma consult service” for your 2-week rotation, you may be assigned 2 service-specific calls instead of 1 service-specific call and 1 EGS trauma consult call- this assignment will be made based on availability.

Weekly Schedule: Please see the weekly email from Chief Resident for details about any specific week. This is generally sent the weekend before each week

Clinics & Conference Locations:

1. Surgical Oncology & Endocrine: Moakley 3rd floor
2. Breast Surgery: Moakley Ground Floor - Belkin Breast Clinic
3. General Surgery: Shapiro 3rd Floor

Schedule:

Mon: 8:00-4:00: Dr. Drake Clinic

8:00-4:00: (TBD) Breast Surgery

4:00-5:00: Breast tumor board (via Zoom)

Tue: 4:00-5:00: Mozden Conference: TBD each week

Wed: 7:30-8:30: GI/HPB tumor board (via Zoom)

8:30-12:30: Dr. Sachs - Surgical Oncology

8:00-4:00: Dr. Cassidy - Breast Surgery

8:00-4:00: Dr. Drake - Endocrine

8:00-4:00 Dr. McAneny - Endocrine

Thu: 9:00-2:00: Dr. Sachs - Surgical Oncology

Fri: 7:00-9:00- Grand Rounds/M&M (*Students Round w team beforehand*)

9:00- 3:00 pm Didactic day

Expectations:

1. Overall:

1. Please **dress professionally at all times**. If not in the operating room, you should wear your clean, white coat at all times.
2. Be prepared for all OR cases to which you have been assigned. This includes reading the patient's chart, understanding the indications for, the risks of and the alternatives to, each operation for which you scrub.
3. You should arrive early to the OR so you can introduce yourself to the patient, write your name on the board in the OR, help with the patient in the OR
4. You should know your inpatients for rounds, and present them each day, with a formulated plan for that day.
5. You should prepare for clinic patients in advance. This includes looking at the patient list for the day and reading about the diseases/conditions you will see in clinic.
6. You should write notes on your inpatients and also write notes in clinic, the number of which will be decided between you and your clinic attending.
7. You are expected to learn how to tie surgical knots and suture with surgical instruments by the end of your rotation. Please make sure to practice at home so you can be prepared to tie confidently in the OR. Hint: it helps to practice at home with gloves on!
8. If a particular topic arises that is of interest to you and the team, you may be asked to present on said topic, to the group.

2. Tips:

1. Breast Surgery Clinic: We highly recommend attending the breast surgery clinic for at least one half-day clinic session.
2. On alternating Wednesdays and Thursdays, the surgical residents on this service have resident educational conferences from 7AM-9AM. On those days, rounds may be rushed, and then the residents will disappear. This is a great opportunity to really be of help by either first-assisting in the operating room or helping the PA staff on the floor.

Recommended Reading:

3. Breast: Devirgilio 3,4
4. Hepatobiliary: Devirgilio 15-18
5. Gastric: Devirgilio 50
6. Endocrine: Devirgilio 8-11

Other sources:

Dr. Pestana's Surgery Notes

NCCN guidelines (free to register)

Annals of Surgical Oncology Landmark Series: <https://www.surgonc.org/annals/the-landmark-series/>

Brief Advice on How to Succeed: This is a learning opportunity for you and so you should always feel free to ask questions. If you find points that are confusing or questions to which you cannot find the answer when preparing for particular patients, write them down and ask to discuss the following day. We want this to be a fantastic experience for you, and one that will further your understanding and interest in general surgery and surgical oncology.

BMC – Minimally Invasive Surgery (MIS) and Bariatric Surgery

Site Director: Dr. Joshua Davies
Teaching Faculty: Dr. Brian Carmine
Dr. Donald Hess
Dr. Joshua Davies
Dr. Luise Pernar

Residents: Chief, PGY 3 or PGY 4, Intern

CLINICAL EVALUATIONS: INDIVIDUAL EVALUATIONS- YOU MAY REQUEST ANY FACULTY, RESIDENT OR PA WHO YOU HAVE WORKED WITH TO EVALUATE YOU AT THE CONCLUSION OF THIS ROTATION.

The MIS and bariatric surgery service treats a wide variety of diseases, including various types of hernias, biliary disease, and morbid obesity. This is one of the busiest services in the department, and you will all have a chance to participate in patient care, evaluate new patients, and scrub in on multiple operations. For each of your four weeks on service, you will be assigned to an individual faculty preceptor, and will participate in any clinical activities scheduled for the week. An email with details is sent out before the start of the rotation. If your faculty mentor has a day with no clinical activities, take the opportunity to work with another attending in the MIS group. You will have access to the weekly schedule that is sent out by the Chief resident the weekend before each week.

Reporting Instructions for 1st Day: 5:45am, Menino Campus, Room 4266. You can also expect an email from the chief resident.

Call/Weekend Schedule: **Call/Weekend Schedule:** There is no call on weeknights, but students are permitted to stay later for late surgeries or emergency surgeries as long you abide by work hours. Weekend call is required.

On the MIS service, you will be assigned 2 weekend call shifts during this time. This schedule will be provided at orientation. One shift will be with the “EGS/Trauma consult service,” where you will assist the resident in seeing patients presenting to the ER with acute surgical disease. You will evaluate patients on your own when possible, present them to the resident, and help to write a note on any patient you see. Please report to Menino Room 2217 “Trauma Residents Room” at the beginning of your shift to find the “4000” resident. If no one meets you there after 20 minutes, please page 4000 and ask where to meet.

The second call shift will be assigned as well, and will be a “service specific call” with your regular 4-week service. Please note that the Colorectal/MIS/Mozden services combine on weekends and round as a group with one chief/one intern/one attending to allow some to have a weekend off. Thus, you may be working with a new group for your call day. If that is the case, you will be especially helpful as you will know your own patients better than anyone. Please confirm with your team who is rounding on your assigned day and what time, as weekend rounding time is somewhat variable. Please plan to present your patients on rounds. After rounds, participate in any urgent surgeries that happen or help the intern with the service-work (note writing, checking on patients, dressing/wound vac changes, seeing new consults, etc). It is quite busy due to the limited workforce on weekends, and you as the student can be a great help. The length of the day varies based on how busy the day is. Occasionally if it is quiet, you may be dismissed halfway through the day, but if it is busy, you may help until 6PM signout.

Please note that if you were previously assigned to the “EGS/trauma consult service” for your 2-week rotation, you may be assigned 2 service-specific calls instead of 1 service specific call and 1 EGS trauma consult call- this assignment will be made based on availability.

Weekly Schedule: Faculty assignments are sent out before the start of the rotation. Please see weekly email from Chief Resident for details about any specific week. This email is generally sent the weekend before each week.

All clinics, bariatric surgery and general surgery, take place in the General Surgery clinic, 3rd floor, Shapiro building). Please note that some clinics are held via telemedicine, and at present, we are unable to include students in telemedicine visits. The exact timing of telemedicine clinics is not included below as the amount of telemedicine will change throughout the year as in-person visits become more safe. You will, however, be able to tell if a visit is telemedicine or in person by looking at the individual attending’s daily schedule. When possible, please don professional attire for clinics and wear your white coat.

Mon	8:30-12:00: Hess Bariatric Clinic 8:30-4:30: Carmine Bariatric Clinic
Tue	9:00-3:30: Pernar Bariatric Clinic 9:4:30: Davies General Surgery
Wed	8:30-4:30: Carmine Bariatric Clinic

Th 9:00-4:30- Pernar General Surgery Clinic
8:30-4:30 – Hess Bariatric Clinic
Fri 7:00-9:00- Grand rounds/M&M via Zoom
9:00-3:00 Didactic day

On alternating Wednesdays and Thursdays, the surgical residents on this service have resident educational conference from 7AM-9AM. On those days, rounds may be rushed, and then the residents will disappear. This is a great opportunity to really be of help by either first-assisting in the operating room or helping the PA staff on the floor.

Student Clinical Duties: Pre-round on patients you are following, assist interns by updating the list with information on patients you are following, round with team and present your patients on rounds, assist with dressing changes, assist interns/PAs with floor work, write progress notes on your patients, assist in the OR or in-clinic depending on the day, look up and report back on topics assigned by the chief resident/senior resident

Brief advice on how to succeed: Please prepare for your cases and clinics ahead of time by reading about the patients and the relevant disease processes. Please be enthusiastic. During clinic, try to see new patients and practice full presentations to your attending – do not forget to provide a summarized assessment and a plan (even if your plan isn't correct)! See every patient encounter as a learning opportunity.

Recommended reading

- General surgery topics: Devirgilio, Ch. 1, 15, 16
- For a primer on bariatric surgery, watch the BMC Bariatric Surgery Patient Education Video at <https://www.bmc.org/weight-loss-surgery>
- Bariatric light read: https://www.nytimes.com/2016/05/02/health/biggest-loser-weight-loss.html?_r=0
- Hernia anatomy and surgery video playlist: https://www.youtube.com/playlist?list=PL0lpmHM70Rx4h86QKuUnAo_a7ZWZAgpAw
- For introductory information on laparoscopic equipment, please watch the following video, produced by our former surgical education research fellow, Dr. Alaina Geary: <https://www.youtube.com/watch?v=zb3XLTfJ5xg&feature=youtu.be>
- MIS/Bariatric Surgery Blackboard Site- You will be given access to this site in advance of your rotation. If you do not have access, please email Luise Pernar and Joshua Davies. This site has some service-specific information, and also contains multiple narrated videos of the surgeries we most commonly perform. While the level of detail discussed is geared toward the surgical resident, they may be of interest to you if you wish to have a preview of the surgeries in which you will participate.
- “Touch Surgery” App- this is a free App you can download on your phone. Some students have found this helpful in preparing for surgeries. It is created by a medical device company, but is very high quality and help you to understand the goals of surgery and to review the relevant anatomy. Please ignore any references to brand names or equipment which is irrelevant.

BMC – Trauma and Acute Care Surgery (TACS)

Clerkship Site Director:

Dr. Abraham Jaffe (abraham.jaffe@bmc.org)

Teaching Faculty: Dr. Tracey Dechert
Dr. Sabrina Sanchez
Dr. Aaron Richman
Dr. Kathryn Twomey
Dr. Dane Scantling
Dr. Crisanto Torres
Dr. Noelle Saillant
Dr. Sheina Theodore
Dr. Megan Janeway
Dr. Danby Kang

Advanced Care Practitioners (PA/NP's): Patty Harrison, Rose Souza, Jocelyn Beals, Jami Pollard, Rachel Adams, Alex Oliver

Residents: Chief general surgery resident, 3rd Year general surgery residents, and occasionally general surgery interns

CLINICAL EVALUATIONS: INDIVIDUAL EVALUATIONS- YOU MAY REQUEST ANY FACULTY, RESIDENT OR APP WHO YOU HAVE WORKED WITH TO EVALUATE YOU AT THE CONCLUSION OF THIS ROTATION.

The experience of the TACS service is truly unique. Given the many new changes that have been made in light of the COVID pandemic and how it has changed clinical medical/surgical education we ask your patience and flexibility as we unroll the new version of this rotation. You will see a wide variety of acute surgical problems needing emergent management, and we hope you will leave the service with an understanding of the management of the “acute abdomen” and the initial management of traumatic injury. We help to care for some of the sickest patients in the hospital, and we hope that you will also take the time to know your patients and also appreciate the major ways that social elements play into their health.

We divide our work into two teams “A” and “B” and each team takes new consultations on alternating days. Before the rotation, you will receive an email regarding which team you will be assigned to along with a copy of the service-specific manual for medical students. You will be assigned to start on team A or team B.

Reporting Instructions for 1st Day: You will be assigned to a particular team for the start of your rotation as indicated above by the site director via a separate communication. If assigned to team A, report to Menino Building, room 3334. Page 6074 if no one there. If assigned to team B, room 3336. Page 6077 if no one there. Arrive by 5:45 on our first day in scrubs and your white coat.

Weekly Schedule: The Chief resident will send out a weekly schedule that will reflect the specific schedule for the week with Resident & Attending assignments. It will also reflect any additional changes for the week. Please ensure you have provided the Chief resident your email address on the first day. After morning resident rounds, “morning report” with faculty is held in person in the Dowling 2 South conference room.

A typical week runs as follows:

Mon: Morning Report at 7am
Operations/Patient care
Evening sign-out at 5pm

Tue: Morning Report at 7am
TACS Education Conference 7:30am
Operations/Patient care

Tue: Evening sign-out at 5pm
 Morning Report at 7am
 Operations/Patient care
 Evening sign-out at 5pm
Wed: Morning Report at 7am
 Operations/Patient care
 Evening sign-out at 5pm
Thu: Morning Report at 7am
 Operations/Patient care
 Evening sign-out at 5pm
Fri: 7-9am M&M/Grand Rounds

9am-3pm Didactics (mandatory)

Student education: Any scheduled sessions, didactics, lectures as part of the clerkship education take precedence and you are excused from clinical responsibilities (either on the wards or in the OR) to attend these. Please inform your chief/senior resident about your anticipated absence as soon as you are able, and before scrubbing into any cases.

Call/Weekend Schedule: There is no “call” on weeknights, i.e., coming in for a night shift, but students are permitted to stay later for late surgeries or emergency surgeries as long you abide by work hours. If a weekend call (day or night shift with the Trauma & EGS consult team) is required and you will be notified and assigned by the clerkship director.

For weekend attendance: On the TACS service, you are expected to take 2 weekend shifts. The Team A and Team B floor services merge on weekends, and students on these teams should make a weekend schedule amongst yourselves deciding who will come in and who will not. Only one student should come in on any given weekend day so as to maximize physical distancing and also to maximize the experience for each student. You might decide to take your call shifts when your team or your senior resident (A or B) is taking call for continuity. You can find out this schedule by asking your residents during the first week. This is up to you, and we leave you this flexibility so that you can schedule your call days based on your preferences/personal needs.

Students are asked to come in on Saturday or Sunday morning for each call day as they would for a weekday. Please plan to present your patient on rounds. After rounds, participate in any urgent surgeries that happen or help the intern with the service-work (note writing, checking on patients, dressing/wound vac changes, seeing new consults, etc.). It is quite busy due to the limited workforce on weekends, and you as the student can be a great help. The length of the day varies based on how busy the day is. Occasionally if it is quiet, you may be dismissed before the end of day, but if it is busy, you are expected to be present until 6PM sign-out. Students should not come in on the last weekend before the shelf exam as above.

Student Clinical Duties: The 1st week it is expected you take on 2 patients. This will allow you to “learn” the pace of the service and the nuances of how it’s run. The remaining weeks you should be averaging 2-4 patients daily. Pre-round on patients you are following, assist interns by updating the list with information on patients you are following, round with team and present your patients on rounds, assist with dressing changes, assist interns/PAs with floor work, write progress notes on your patients, assist in the OR or clinic depending on the day, look up and report back on topics assigned by the chief resident/senior resident. Of note, students who are not otherwise occupied may still attend the initial trauma evaluation in the Trauma Bay even if not on the trauma service. Occasionally, if the room becomes too crowded, students and others

may be asked to step out of the room out of the need for patient safety. Please be understanding if this happens.

Brief Advice on How to Succeed: Be flexible! The TACS service is sometimes chaotic given the nature of trauma and acute care surgery. It can be unpredictable, and the daily plan can change based on what comes into the ER. Most importantly, have fun!

Recommended Reading: Devirgilio, chapters 1-2, 41-47

On alternating Wednesdays and Thursdays, the surgical residents on this service have resident educational conference from 7-9am. On those days, rounds may be rushed, and then the residents will disappear. This is a great opportunity to get an experience by either first-assisting in the operating room or helping the PA staff on the floor.

FOR BMC COLORECTAL, MOZDEN, MIS/BARIATRIC AND TACS: Note writing and documentation expectations

Students are expected to write notes daily progress notes on patients they are following as well as admission H&P notes.

- For INPATIENT notes, please write notes via the “Medical Student Note” section in EPIC. There is a medical student note template, or you can ask your intern/resident/PA/NP to share a template with you on the first day. When you have completed your note, please sign your name at the bottom, and hit the “PEND” button at the bottom. This will allow one of the intern/resident/PA/NPs to review and edit your note, and they will forward to the attending who will then attest the note.
- For OUTPATIENT notes in the clinic, you will likely be working directly with your attending. Whether or not you write notes, how many notes, and in what format will be left to your attending’s discretion. Please clarify with them at the beginning of the day. Please make sure when you log into EPIC, you are in the “OUTPATIENT” setting for the medical student outpatient note system to function properly. Also, when you write notes in the clinic, you will add the attending as “cosigner” in the box at the top of the note. When finished, select “Sign on saving note” from the dropdown at the bottom of the note, and then click “Accept.” Your note will be routed to the attending for attestation and cosign. It is important to sign all notes before leaving the clinic so that the attending can “close” the encounter.

Roger Williams Medical Center

825 Chalkstone Avenue, Providence, RI 02908

Site Director: Dr. James Koness, jkoness@mac.com ; jkoness@chartercare.org

Dr. Steve Kwon, steve.kwon@chartercare.org

Site Administrator: Rachel Worster, rachel.worster@chartercare.org
401-456-2484

Teaching Faculty: Dr. James Koness, Student Site Director
Dr. Steve Kwon, Student Site Co-Director
Dr. Joseph Espat, Chief of Surgery
Dr. Ponandai Somasundar, PA students Site Director
Dr. Abdul Saied Calvino, Associate Clerkship Director

PA/NP: Victoria Miller, PA
Jack Hurley, PA
Residents/Fellows: 1-2 Residents, 2 Fellows (Senior and Junior Fellow)

CLINICAL EVALUATIONS: INDIVIDUAL EVALUATIONS- YOU MAY REQUEST ANY FACULTY, RESIDENT OR PA WHO YOU HAVE WORKED WITH TO EVALUATE YOU AT THE CONCLUSION OF THIS ROTATION.

Students assigned to Roger Williams Medical Center will experience the variety of general surgery, with a special emphasis on surgical oncology. This is a very hands-on rotation, and students will also participate in conferences, and will have an opportunity to present a topic to the faculty as well in the form of a 20-minute presentation on a surgical topic. The faculty at Roger Williams are extremely committed to your education. Please note that the RWMC clinic site is 50 Maude St. which is walking distance from the main hospital.

Reporting Instructions for 1st Day: If you have not heard any plan for obtaining keys and first day schedule, please email Rachel Worster, who will also provide details on where to present on the first day. She will provide you with keys to the “Red House,” or will arrange for you to pick them up from security if you arrive after hours.

Call/Weekend Schedule: There is no call on weeknights, but students are permitted to stay later for late surgeries or emergency surgeries as long you abide by work hours. Two weekend call days are required during your 4-week rotation. Please coordinate with your co-students to make your own schedule during the first week on service. This can be both days on one weekend, or one day on each weekend. Only one student should be present for each of the 4 available weekend days to maximize coverage and maximize the experience for each of you.

Weekly Schedule

Mon 4:00PM – 4:30PM Trainee Lecture (The administrative fellow will assign presentation to residents and students). Students will have 20-minute presentation followed by 10 minutes for Question and answers.
4:30PM – 5:00PM Surgical Indications and M&M. Discussions of surgical indications and pending issues for upcoming cases. The fellows and residents will present the cases and review imaging.
5:00PM – 5:30PM Journal Club. Articles pertaining to topics in surgical oncology will be distributed during the week for discussion at the journal club. Medical students will be assigned to discuss the papers.
Fri 9:00 AM- 3:00 PM: Didactic lectures at BMC (zoom)

**Knot tying and suturing workshops with Drs. Calvino and Kwon will be arranged regularly on a variable schedule.*

Ms. Rachel Worster will provide a weekly schedule on orientation day. This schedule is not set in stone, but more of a suggestion of how you should spend your time. You can decide amongst yourselves in advance which clinics and OR cases to attend.

Student Clinical Duties: Pre-round on your patients and be ready to round at 7:00 AM. Students are also responsible for creating the list each morning with vital signs/labs for patients on the service who you are following. Please divide this work amongst yourselves. Students also maintain the “census list” which is a

document sent to the attendings nightly which gives a brief summary of the hospital course of patients on the service. Students help with dressing changes, pulling tubes/lines, etc. Students keep a basket stocked with dressings to carry on rounds to help rounds run efficiently.

Expectations on note writing/documentation: Students write progress notes on patients you are following - at least 2 notes per day. The residents and attending then co-sign these notes and they are part of the patient record.

Brief Advice on How to Succeed: Try to spend as much time with Dr. Koness as possible you can - his clinic days are a great way to do so. This will also satisfy the strong recommendation that students on the clerkship spend time in Breast Surgery Clinic. Also, the 20-minute presentation toward the end of your rotation is a great opportunity to shine. Meet with Dr. Koness early to narrow your presentation down to a very specific topic. He will go over your presentation with you and make suggestions for improvement. The topic is assigned based on the journal club schedule, and you are encouraged to select a few interesting or important topics within your broad topic and discuss these in depth. Please strive to consolidate a large amount of information into a concise presentation. The service can be quite busy, but there are rare slower days as well. Use this time wisely by going to the library (near the cafeteria) to catch up on reading or to work on your presentation.

Recommended Reading: You will see a large variety while on service, and we would recommend reading the chapters in the Devirgilio textbook relevant to the cases you see. Students should also focus on the surgical oncology topics in the following chapters:

- Breast: Devirgilio 3,4
- Hepatobiliary: Devirgilio 15-18
- Gastric: Devirgilio 50
- Endocrine: Devirgilio 8-11

Berkshire Medical Center

Berkshire Medical Center Surgical Department

725 North Street, Pittsfield, MA 01201

Site Director	Michael DiSiena, DO, FACS, mdisiena@bhs1.org
Site Administrator	Stephanie Wade, swade@bhs1.org
Clerkship Coordinator	Paula Downer, pdowner@bhs1.org
Teaching Faculty	Michael DiSiena, DO, FACS, Surgery Residency Program & Clerkship Director Marcella Bradway, MD, FACS, FASCRS, Chair, Department of Surgery Adam Bowling, DO Soma Brahmanandam, MD Christian Galvez, MD Mark Kryskow, DO

Andrew Lederman, MD

Zachary Long, MD

Javier Perez, MD

Clayton Peterson, MD

Nurse Practitioners Tina Alibozek, Moira Brophy, Jodi Szczepaniak

Physician Assistants Gerard Langlois, Thomas William Ong Suan Chan, Yi-Wun Chen, Nicholas Coman, Jillian Luti, Emily McKalip, Laurieann Quiry, Stacy Shaw

CLINICAL EVALUATIONS: INDIVIDUAL EVALUATIONS- YOU MAY REQUEST ANY FACULTY, RESIDENT OR PA WHO YOU HAVE WORKED WITH TO EVALUATE YOU AT THE CONCLUSION OF THIS ROTATION.

Students who are assigned to Berkshire Medical Center will work on the surgery service under the direction of Michael DiSiena, DO, FACS. Students are able to scrub on multiple surgeries each day if they so choose including surgical specialties such as General, Vascular, Thoracic, Urology, ENT, Orthopedics. They can also participate in endoscopic procedures in the main BMC OR or at the Crane Center for Ambulatory Surgery, located directly across the street from BMC.

Reporting Instructions for 1st Day: Approximately one week prior to your rotation separate emails will be sent from Paula Downer and Stephanie Wade with specific, detailed instructions for your rotation, including when and where to report on the first day of your rotation.

Call/Weekend Schedule:

There is no call on weeknights, but students are permitted to stay later for late surgeries or emergency surgeries as long you abide by work hours. All students are expected to participate in weekend call. **Students should work with the chief resident(s) to create an on-call schedule, which puts each student on-call two weekend days during their four-week rotation.** Students taking call on the weekends report for morning rounds, and assist with the service's work including consults and any emergency operative cases. They may leave in the late afternoon once all the work has been completed if there are no emergencies or operative cases. Students who leave the hospital during their on-call assignment must leave a number where they can be reached, and must return to the hospital if called. Students should not take weekend call on the last weekend before the shelf exam- so please arrange the schedule so your call days are completed prior to this.

Weekly Schedule: Several teaching conferences and lectures are scheduled for each week, and a schedule will be provided to each student at the beginning of the rotation.

BMC Grand Rounds is held every Friday at 8:00 AM, followed by M&M conference at 9:00 AM. Didactics at BMC are mandatory from 9:00 am – 3:00 pm (Zoom links will be available).

Breast Surgery Clinic: It is recommended that every student attend one half-day session in the breast surgery clinic in order to gain an understanding of breast disease including breast cancer. This is very important, and is sure to come up on Shelf exams and your future board exams for multiple specialties. Dr. DiSiena's clinic would be a good clinic to attend.

Student Clinical Duties: Students will pre-round and round each morning with the surgical team. After morning rounds, students will be assigned to assist at surgery, clinic, or help care for floor patients. Students are expected

to attend outpatient clinic office hours at least one half-day per week, half of which should be with their preceptor. Students meet with their preceptor or designee a minimum of once per week. Students also give a 10-20 minute PowerPoint presentation during the last week of the rotation.

Expectations on note writing/documentation: Students should write daily progress notes on patients whom they are following.

Brief Advice on How to Succeed: Be proactive. One will get out of this rotation what they are willing to put into it. While there is a fair amount of structure to the rotation, there is also quite a bit of freedom for the individual student to be able to shape the layout of their day beyond didactics and we wholeheartedly encourage them to do so. Our students who excel the most during their surgery rotations are the ones who scrub in on as many cases as possible, attend office hours in the outpatient clinic, ask questions, and read while on rotation.

Recommended Reading: You will see a large variety while on service, and we would recommend reading the chapters in the de Virgilio textbook relevant to the cases you see.

Kaiser Permanente, Santa Clara

700 Lawrence Expwy, Santa Clara, CA 95051

Site Director: Dr. Elliot Brill, Elliot.R.Brill@kp.org
Site Administrator: Jesenia Fulton, Jesenia.M.Fulton@kp.org
Teaching Faculty: Dr. Melanie Gainsbury
Dr. Nancy Bitar
Dr. Elliott Brill
Dr. Maighan Kavanagh
Dr. Amid Keshavarzi
Dr. Enrico Danzer
Dr. Shay Mansoor
Dr. Maris Jones
Dr. John Stevenson
Dr. JP Lu
Dr. Maureen Tedesco, Chair of Department of Surgery
Dr. Judy Keddington
Dr. Maureen Tedesco
Dr. Justin Choi
Dr. Lucy Kim
Dr. Ron Ilano
Dr. Kerry Sullivan
Dr. Alex Moskovitz
Dr. Nayan Sivamurthy
Dr. Rishad Faruqi
Dr. Bharat Pancholy (Thoracic Surgery)
Dr. Hon Lee (Cardiac Surgery)
PA/NP: Chad Ith, Courtney Hori, Daniela Goldenberg, Eliza Villa (proctology)
Residents: Stanford General Surgery: PGY 5, 4, 3, 2

Students will have a two-week subspecialty block which consists of either “Acute Care Surgery” or “Cardiac surgery.” This will be followed by 4 weeks of General Surgery, which includes time on Acute Care Surgery, General Surgery, Surgical Oncology, Pediatric Surgery, Thoracic Surgery, and Vascular Surgery. All students will be assigned to spend one full week in the surgery clinics to ensure you have the chance to see patients in the outpatient setting and learn appropriate diagnostic and physical exam skills. Prior students have enjoyed the variety of cases seen as well as the hands-on nature of the service.

CLINICAL EVALUATIONS: INDIVIDUAL EVALUATIONS - YOU MAY REQUEST ANY FACULTY, RESIDENT OR PA WHO YOU HAVE WORKED WITH TO EVALUATE YOU AT THE CONCLUSION OF YOUR 4 WEEK CORE ROTATION and 2 WEEK ACUTE CARE SURGERY ROTATION. DR. LEE WILL COMPLETE GROUP EVALUATION FROM 2 WEEK CARDIAC SURGERY ROTATION.

Reporting Instructions for 1st Day: Please present to Jesenia Fulton, Dept. 286 at Kaiser Permanente in Santa Clara

Call/Weekend Schedule:

Students will be assigned to two-weekend calls per rotation (Saturday or Sunday) which will be scheduled during the first or second weekend of the 4-week general surgery block, and up to one weeknight/week. A calendar will be given to you at the start of the rotation. Students should not take a weekend call on the last weekend before the shelf exam.

Weekly Schedule

Mon:

Tue: AM: Opportunity to “First Assist” in cases while residents are off-site

Thu: 7:00 AM - Vascular Conference
8:00 AM - General Surgery Conference
4:00 PM - Weekly teaching

Fri: 9:00-3:00 Didactics (EST)- zoom link will be provided

Students will prepare a 20-22 minute presentation on a case-related topic, and will present to an audience of residents, attendings, and students at a lunchtime session. This schedule will be set at the beginning of the rotation. You may also be asked to present at Vascular Conference.

Breast Clinic: During your time in the clinics, please make sure you attend the Breast Surgery Clinic session to gain an understanding of multidisciplinary breast cancer care. This is critically important and is sure to come upon Shelf exams and your future board exams for multiple specialties.

Student Clinical Duties: The general surgery service is divided into 5 educational parts: Operating room, Wards, Clinic, Call, Teaching/conferences/presentations

Expectations on note writing/documentation:

- Inpatient: Students write progress notes on patients you are following. These are co-signed by the resident and attending. You also will write H&P and consult notes when you are on the hospitalist/consult service.

- Outpatient: Students are generally not expected to write notes.

Brief Advice on How to Succeed: The successful student will prepare for OR cases, will take ownership of patients, and directly participate in their care, will help the surgical team, and will show interest.

Recommended Reading: You will see a large variety while on service, and we would recommend reading the chapters in the Devirgilio textbook relevant to the cases you see.

MetroWest Medical Center

115 Lincoln St, Framingham, MA 01702

MetroWest Medical Center has a rich history involving medical student education. There is direct interaction with the attending surgeons as a second assistant on all surgeries, including General Surgery and Vascular Surgery as well as other subspecialties (Thoracic, Plastic, ENT, and Urology) when time allows. The student is expected to prepare for surgeries by reading the day before and to follow the inpatient surgery patients postoperatively. There is ample opportunity to see patients in the clinic setting on the Framingham campus.

Site Director: Dr. Lorenzo Bucci, lorenzo.bucci@mwmc.com
 Site Administrator: Gossi Jones, gossi.jones@mwmc.com
 Teaching Faculty: (Students will be primarily assigned to the primary teaching faculty in bold below)
Dr. Lorenzo Bucci (Department Chair)
Dr. Lorenzo Bucci (Student Site Director)
Dr. Andrew Gordon
Dr. Zachary Fang
 Dr. William Curran
 Dr. Katherina Calvillo
 Dr. Donald Adams
 Dr. Raul Landa
 Dr. Timothy Anderson
 Dr. Christopher Cua
 Dr. Katherine Hein
 Dr. Shawn Liu
 Dr. Ravi Kacker
 Dr. Shapur Ameri
 Dr. Krishna Nirmel
 Dr. Stanley Kraus
 Dr. Michael Donovan
 Dr. Rita Sadowski
 Dr. Bankole Samuel
 Dr. Zimmerman
 PAs: Victoria Aharon, PA-C; Wendy Berry, PA-C; Dana Cavedon, PA-C; Jaclyn Gordon, PA-C;
 Sarah Henry, PA-C; Debra Levine, NP; Morgan Rudnick, PA-C; Ashley Souza, PA-C;
 Residents: None

CLINICAL EVALUATIONS: INDIVIDUAL EVALUATIONS- YOU MAY REQUEST ANY FACULTY, RESIDENT OR PA WHO YOU HAVE WORKED WITH TO EVALUATE YOU AT THE CONCLUSION OF THIS ROTATION.

Evaluations: Per agreement with the MetroWest faculty, students will print an abbreviated version of the CSEF (posted on the Blackboard site under MetroWest information), and give a physical copy to the primary teaching faculty (listed in Bold above) with whom you have worked most closely. Only faculty with whom you have worked most closely should perform an evaluation. The faculty member will either complete it at that time and give it back to you so you can bring it to Ms. Rose Doherty. Alternatively, the faculty may keep it and send it to Ms. Doherty or Dr. Pandya. There is no need to give a paper copy to Dr. Pandya- his evaluations will be completed online.

Reporting instructions for 1st day: You will receive details in an email before arrival from Ms. Rose Doherty

Call/Weekend Schedule:

There is no call on weeknights, but students are permitted to stay later for late surgeries or emergency surgeries as long you abide by work hours. **You are required 2 weekend call days during your 4 week rotation. Please coordinate a schedule with your co-students during the first week of the rotation.** Students should not take weekend calls on the last weekend before the shelf exam- so please arrange the schedule so your call days are completed before this.

Weekly Schedule:

Mon: Rounds, OR +/- Clinic
Tue: Rounds, OR +/- Clinic
Wed: Rounds, Teaching Conference (7:30a or 12p), OR +/- Clinic
Thu: Rounds, OR +/- Clinic
Fri: 7:00-9:00 BMC M&M and Grand Rounds (zoom link will be available)
9:00- 3:00 Didactics (zoom link will be sent)

Attending-specific schedule

Dr. Lorenzo Bucci has General Surgery Clinic on Tuesdays (9a-4p), Wednesday afternoons (1pm-4pm) and Thursday mornings (9a-12p).

Dr. Andrew Gordon has General Surgery Clinic on Mondays (9a-4p), Thursday afternoons (1p-4p) and Friday mornings (9a-12p).

Dr. Zachary Fang has Vascular Clinic at FUH on Tuesday afternoons (12p-3:45p), Thursday afternoons (1p-3:45p); Wellesley on Wednesdays (8a-3:45p) and Friday afternoons (1p-3:45p).

Student Clinical Duties: The students should be professionally dressed (no scrubs) during clinics. Scrubs are acceptable for rounding. Students should pre-round on patients whose care they have participated in. Students will then either help with work rounds or go to the operating room or the outpatient office. Students are responsible for writing at least 1 complete H&P per week and daily progress notes. The student should give a 10-minute case review presentation at least 2 times per rotation.

Responsibilities in AM:

- Pre-round on your patients
- Round with staff (exact time may vary)
- Go to the OR/Clinic

Responsibilities in PM:

- Finish your progress notes
- Look up planned OR cases for the following day and read about indications, review anatomy, etc.

End of Rotation Presentation: You will present an interesting “*General Surgery*” case to the Surgery Department during week 3 or 4 of your rotation. The presentation should be in a PowerPoint format and be approximately 15-30 minutes in length. A Clinical Presentation Outline is provided for a guideline/helpful information should you need it.

Brief Advice on How to Succeed: Show enthusiasm, be prepared for your cases, and be helpful to the surgical team.

Recommended Reading: Recommended Reading: You will see a large variety while on service, and we would recommend reading the chapters in the DeVirgilio textbook relevant to what you are seeing clinically.

St. Elizabeth’s Hospital

736 Cambridge Street, Brighton, MA 02135

SEMC is the tertiary referral center for the Steward Network; and is a major affiliate of Chobanian & Avedisian School of Medicine. During your eight weeks on the surgical service, you will rotate through the surgical service. Our primary goal is to provide you with a comprehensive background in surgical disease and its management.

Site Director: Eduardo A Vega, MD, Eduardo.vega@steward.org
Site Administrator: Betty Munoz, betty.munoz@steward.org
Teaching Faculty: Dr. Nicole Pecquex
Dr. Matthew Lemaitre
Dr. John Friel (Colorectal)
Dr. Virginia Little (Thoracic)
Dr. Nam Heui Kim
Dr. Peter Mowschenson (Endocrine)
Dr. Eduardo Vega

Residents: St. Elizabeth’s General Surgery Residents

CLINICAL EVALUATIONS: INDIVIDUAL EVALUATIONS- YOU MAY REQUEST ANY FACULTY, RESIDENT OR PA WHO YOU HAVE WORKED WITH TO EVALUATE YOU AT THE CONCLUSION OF THIS ROTATION.

Reporting instructions for 1st day:

Approximately one week prior to your rotation separate emails will be sent from Betty Munoz with specific, detailed instructions for your rotation, including when and where to report on the first day of your rotation.

Service description

The surgery service is organized into two surgical teams, as well as a 2 subspecialty rotations which include vascular and a thoracic surgery As a medical student, you will play an important role in patient care and on

your surgical team by participating in daily morning rounds with the residents and attending surgeons, floor work (patient care, progress notes, admission work-ups, discharges, gathering lab data on blood counts, cultures, and blood chemistries), conferences (including core curriculum surgical case studies, tumor conference, morbidity and mortality, Grand Rounds, video conferences), and operating room procedures.

The residents will oversee the specifics of your rotations. You will have the opportunity to go out with the consulting residents to see new consults. If the census allows, we will offer a week's rotation to select students who may have an interest.

You will be expected to present a talk of your choice at some point. Dr. Vega will help you with your subject choice and development of your talk.

In setting priorities for your daily activities, the Department of Surgery used the following guidelines. Remember that you are, first of all a student. Your student conferences and case presentations have top priority. Attend them faithfully and be on time. Your next priority is the operative cases to which you are assigned. This is followed by rounds with your surgical team and conferences other than your student conferences. Clinic attendance is next and last, but certainly not least, is floor work. When you are not otherwise assigned, you should be helping your surgical team with floor work.

Call/Weekend Schedule:

Students will be assigned to two-weekend calls per rotation (Saturday or Sunday) which will be scheduled during the first or second weekend of the 4-week general surgery block, and up to one weeknight/week. Students should not take a weekend call on the last weekend before the shelf exam. Being on call is your best opportunity to experience what a surgical intern or senior resident does at night in the hospital. It gives you a unique chance to receive one-on-one teaching, maximizes your clinical experience, i.e., placement of intravenous lines, phlebotomy, and emergency surgery, and allows you to make a valuable contribution to patient care.

Weekly Schedule:

Student Clinical Duties: Students will pre-round and round each morning with the surgical team. After morning rounds, students will be assigned to assist at surgery, clinic, or help care for floor patients. Students are expected to attend outpatient clinic office hours at least one half-day per week, half of which should be with their preceptor. Students meet with their preceptor or designee a minimum of once per week. Students also give a 10-20 minute PowerPoint presentation during the last week of the rotation.

Brief Advice on How to Succeed: (from behindtheknife.org):

- Be prepared.
- Take a proactive role in your education.
- Show enthusiasm and be engaged.
- Give quality presentations with thoughtful assessments and plans.
- Seek out feedback and incorporate it into what you do

Recommended Reading: Recommended Reading: You will see a large variety while on service, and we would recommend reading the chapters in the DeVirgilio textbook relevant to what you are seeing clinically. All surgical students may use the surgical library on Seton 7 East. The library is shelved with books, journals, and audiovisuals that you should find quite helpful when you prepare for conferences and operating room

procedures. Note that textbooks are non-circulating and must remain in the library. This rule is strictly enforced. A copier in the library may be used to photocopy material to take out of the library.

West Roxbury Veterans Affairs Hospital

1400 VFW Parkway, West Roxbury, MA 02132

Site Director: Dr. Patrick O'Neal, (857) 203-6205, Patrick.Oneal2@va.gov

Site Administrator: Tonita Mitchell VHABHSSurgicalServiceCredentialing@va.gov

Teaching Faculty: General Surgery

Dr. Kamal Itani (Chief of Surgery)

Dr. Patrick O'Neal (Student Site Director and Associate Clerkship Director)

Dr. Jason Gold

Dr. Gentian Kristo

Dr. Ann Debord Smith

Dr. Edward Whang

Vascular Surgery

Dr. Joseph Raffetto (Chief of Vascular Surgery)

Dr. Sarah Carlson

Dr. Michelle Martin

Dr. James McPhee

Thoracic Surgery

Dr. Daniel Wiener (Chief of Thoracic Surgery)

Dr. Fatima Wilder

Dr. John Young

PA/NP: Patricia Soonthornprapuet (inpatient)

Michael Morrison (inpatient)

Jennifer Moseley (outpatient)

Katie Trott (outpatient)

Residents/Fellows: Thoracic Fellow, Vascular Fellow, PGY-5, PGY-4, PGY-2x3, PGY-1x5 (All rotating from BMC or BWH)

CLINICAL EVALUATIONS: GROUP EVALUATIONS WILL BE COMPLETED BY DR. O'NEAL- NO NEED TO REQUEST.

As students on the surgery rotation at the West Roxbury VA hospital, you will be exposed to a wide variety of cases in the OR, in the clinic, on the floor, and in the ER. The veterans have traditionally viewed students as a part of the surgical team and are happy to have you participate in their care. Please take that responsibility seriously and rise to their expectations. You will spend the entire eight-week surgery rotation at the VA including **four weeks on general surgery, two weeks on vascular surgery, and two weeks on thoracic surgery**. You will participate in the Boston University surgery didactic curriculum with the rest of your class. While on rotation at the VA, you will also participate in individual lectures and case discussions from the VA faculty. There is a strong tradition of excellence in education at the West Roxbury VA, and you will undoubtedly enjoy your experience.

Reporting Instructions for 1st Day: Report to the surgery resident workroom (Room A332 – erroneously the sign says SICU Storage) at 6:00 AM on the third floor of Building 2 which is the part of the complex farthest to the right as you face the front of the hospital. You may have to enter the complex at the main entrance to building 3 which is the part of the building farthest to the left as you face the front of the hospital. Please note: Buildings 1, 2, and 3 are all contiguous with Building 3 on the left, Building 1 in the middle, and Building 2 on the right as you face the front.

Call/Weekend Schedule:

There is no call on weeknights, but students are permitted to stay late for late cases or emergency cases as long they abide by work hours. Weekend call is required. You are expected to take call two weekend days (one entire weekend or two separate weekend days) during your rotation. Please arrange the call schedule with your colleagues. On your call days, you should arrive at 6:00 AM to round with the resident team and assist with the daily duties. While on call, you should see surgical consults and cover any operative cases. You may leave the hospital when the day's work is done but must leave a contact number with the residents so that you are prompted to return to assist with new consults or emergency cases. Students should not take call on the weekend before a shelf exam.

Weekly Schedule: This is a rough schedule that combines general, thoracic, and vascular activities. Your teams will help direct you each day.

Mon:	7AM	Morning Report – Khuri Conference Room
	8AM	Didactic Session – Khuri Conference Room
	1PM	Vascular Surgery Clinic
	3PM/4PM	Dr. O’Neal / Dr. Itani Lecture – Khuri Conference Room
Tue:	7AM	Morning Report – Khuri Conference Room
	8:15AM	General Surgery Clinic
	9AM	Thoracic Surgery Clinic
	3:30PM	Thoracic Surgery Indications Conference – Khuri Conference Room
Wed:	7AM	Morning Report – Khuri Conference Room
	4PM	M&M Conference – TEAMS
Thu:	7AM	Morning report – Khuri Conference Room (If no didactic scheduled)
	7AM	Didactic Session – Surgical Resident Workroom
	8AM	Didactic Session – Khuri Conference Room
	9AM	Vascular Surgery Clinic
	4PM	Tumor Board 1 st & 3 rd Thursdays of the month
Fri:	7AM	VA Grand Rounds – (MANDATORY)
	9AM	Boston University Didactics

Student Clinical Duties: Pre-round on patients you are following, round with team and present your patients, assist with dressing changes, assist interns/PAs with floor work, write progress notes on your patients, assist in the OR, see patients in the ER with consult resident, see patients on your own in the clinic and present to the attendings, present at conferences as assigned.

Expectations on note writing/documentation: You will write full History and Physical notes when in the clinic. These will be addended/cosigned by the attending surgeons. Different surgeons prefer to have these submitted in different ways. So, please ask about preferences before completing them. You should write progress notes on the inpatients that you are following. You should do this in the presence of our P.A., Ms. Patricia Soonthornprapuet, or one of the interns so that you can get real-time feedback on your documentation. Please ask them to cosign the notes at that time.

Brief Advice on How to Succeed: Read and prepare for operative cases and didactic sessions before participating and use each clinical case as a learning opportunity. Get to know your patients and participate actively in their care.

Recommended Reading: We recommend reading the chapters in the Devirgilio textbook relevant to the cases you see. You will also be exposed to multiple adjunct resources while on service.

Subspecialty Rotations (2 Weeks Each):

ALL SUBSPECIALTY ROTATIONS (except Kaiser, Acute Care) HAVE GROUP EVALUATIONS - NO NEED TO REQUEST.

Anesthesiology - BMC

Rotation Director: Alexis Ramirez, MD Alexis.Ramirez@Bmc.org

Residency Program Coordinator: Elizabeth Colston, Elizabeth.colston@bmc.org

Educational Coordinator: Neil Ray, neil.ray@bmc.org

Teaching Faculty: Too numerous to list here!

Residents:
Anesthetists (CRNAs) You will work with -PGY-1, PGY-2, PGY-3 & PGY-4, Certified Nurse

The primary objective of the clerkship in anesthesiology is to provide students with an insight into the principles of anesthesia. Learning will primarily occur in the Boston University Medical Center operating rooms, where medical students will be paired with residents, CRNAs and attending faculty. The experience will involve the perioperative evaluation and care of the surgical patient. Students will participate in the management of patients undergoing general surgery, head and neck surgery, neurosurgery, thoracic and cardiac surgery, obstetrics and gynecology procedures, orthopedic surgery, pediatric surgery, urologic procedures, and vascular surgery. Additional educational sites include the Surgical ICU, the Pain Clinic, Pre-admission Testing, and the Endoscopy Suite.

On the first day, students will receive an orientation from the clerkship director. While on rotation, medical students will have the opportunity to attend a series of lectures and case conferences that serve to enhance their knowledge, skills, and understanding of the field. Students will also attend departmental Grand Rounds, held most Fridays. Information for these lectures will be forwarded to the medical students by Neil Ray. Please contact Neil if you do not receive these emails. Similarly, access to Blackboard is a central location for educational assets and medical student related information. Questions regarding access can be directed to Neil Ray.

Reporting Instructions for 1st Day: Dr. Ramirez will email you with orientation materials and instructions before the start of the rotation to confirm the time and place for orientation.

Call/Weekend Schedule: There will be no call or weekend work during this 2-week rotation.

Weekly Schedule

Mon Schedule varies, students will be assigned each day. Individual preferences will try to be honored to the best of the schedulers' ability

Tue 6:30 Didactic teaching Lectures

Wed 6:30 Board Review discussion of Board examination topics

Wed. 4:00pm Junior didactic session

Thu Simulation exercises in the SIM Center

Fri 6:30 AM: Anesthesia Lecture and Grand Rounds (most Fridays).

Student Learning Activities: All students are expected to participate in all learning activities. Students should attend morning lectures and other opportunities when offered.

Student Clinical Duties: They should make every effort to arrive as early as possible to the preoperative area to meet and interview their patients, take every opportunity to get involved in the synthesis of plans to care for patients, and practice the technical skills of airway management, intravenous line placement, and laryngoscopy.

Expectations on note writing/documentation: Students are not expected to write notes while on service.

Brief Advice on How to Succeed: You will interact with different faculty every day. Be sure to get involved early and establish yourself as a part of the team. A good way to do this is to introduce yourself to the anesthesia attending and resident as early as possible, prepare well for your assigned cases, showcase your reading and preparation, and determine topics you wish to discuss every day. You should offer to present the case and include an anesthesia plan to the attending as time allows.

Recommended Reading: Clinical Anesthesia Fundamentals (1st Ed). The Department of Anesthesia will distribute a copy of the textbook to each student on rotation. These are on loan for the rotation and are expected to be returned once the two-week rotation is complete. Each textbook is accompanied by multimedia material that enhances the written chapter material. The password for this access is found on the cover of each textbook. An additional useful resource is the Anesthesia Survival Guide: a Case-Based Approach, available through the E-Books link on the BU Alumni Medical Library webpage. In addition, please take some time to review the lecture "Introduction to Anesthesiology." The link to the Zoom video can be found on Blackboard.

Anesthesiology – Roger Williams

Site Director: Dr. Tim Connelly,
Site Administrator: Julie Cotter jcotter@chartercare.org

Teaching Faculty: Dr. Tim Connelly, Site Director

Dr. Maxine Liang

Dr. Maria Zhukov

Dr. Max Bashkirov

Residents: You will not work with residents on this service

CRNAs: You will work with several CRNAs

***Students are asked to email Dr. Connelly before joining in the service for up-to-date reporting instructions

The primary objective of the clerkship in anesthesiology is to provide students with an insight into the principles of anesthesia. Learning will primarily occur in the Roger Williams ORs, where medical students will be paired with attending faculty and CRNAs. The experience will involve the perioperative evaluation and care of the surgical patient. Students will participate in the management of patients undergoing general surgery, oncologic surgery, bariatric surgery, head and neck surgery, neurosurgery, thoracic surgery, and gynecology procedures, orthopedic surgery, pediatric surgery, urologic procedures, and vascular surgery.

Reporting Instructions for 1st Day: On the first day, report to the OR main desk and ask for Dr. Connelly. You will be paired with him or with one of the other teaching faculty and will go on a brief tour of the OR and will discuss the rotation objectives and expectations. Occasionally, if Dr. Connelly is post-call on your start day, you will be paired with another attending anesthesiologist for the first day.

Call/Weekend Schedule: There is no night or weekend call while on the anesthesiology service.

Weekly Schedule

Mon 7:00 am

Tue 7:00 am

Wed 7:00 am

Th 7:00 am

Fr 9:00 am-3:00 pm: BMC Didactics- MANDATORY

Student Clinical Duties: Attend morning lectures when offered. Arrive as early as possible to the preoperative area to meet the patient. Take every opportunity to get involved in airway management, IV placement, laryngoscopy, etc.

Expectations on note writing/documentation: Students are not generally required to write notes while on service. However, the anesthesia team uses a template to perform a preoperative History and Physical for each patient on paper prior to surgery. Students may use this template to perform an H&P, and may then use the template to present to faculty. If your H&P is complete and legible, Dr. Connelly and other faculty may cosign the H&P.

Brief Advice on How to Succeed: You will interact with different faculty every day. Be sure to get involved early and establish yourself as a part of the team. A good way to do this is to prepare well for your assigned cases, and introduce yourself to the anesthesia attending and CRNA as early as possible. You should offer to present the case to the attending if time allows.

Recommended Reading: "Anesthesia Student Survival Guide: a Case-Based Approach", available through the E-Books link on the BU Alumni Medical Library webpage.

A small booklet is available ("Anesthesia Made Easy"), a copy of which is usually floating around in the student housing, or Dr. Connelly can give you a copy.

Anesthesiology – St. Elizabeth’s Hospital

Faculty preceptor: David Warnock, M.D. david.warnock@steward.org

Preoperative Objectives:

1. Understand the airway evaluation including predictors of difficult intubation
2. Understand airway evaluation including predictors of difficult mask ventilation
3. Understand difficult airway algorithm and its application to difficult airway cases
4. Understand how different surgical pathology relates to anesthetic management and planning
5. Cardiopulmonary history and evaluation in preparation for elective surgery
6. Factors involved in ASA grading of patients pre-operatively
7. Indications and contraindications for regional block placements
8. Understand regional anesthetic approach vs general anesthetic approach in relation to type of surgery (Spinal, Epidural, Peripheral Nerve Blockade)
9. Understand applications of local anesthetics

Intraoperative Objectives:

1. Knowledge of standard ASA monitors and ideal placement of all monitors
2. Identify induction agents in common use (etomidate, propofol, ketamine, midazolam)

3. Understand basic ventilation strategies including volume-controlled ventilation and pressure-controlled ventilation
4. Fluid management in the surgical patient; understand differences in fluid management based on type of surgical procedure
5. Identify typical anesthesia maintenance agents including inhaled gases and IV agents
6. Knowledge of emergence from anesthesia and extubation criteria
7. Neuromuscular blockade: appropriate use of non-depolarizing and depolarizing agents, including reversal of neuromuscular blockade

Postoperative Objectives:

1. Understand Pain Assessment strategies and adjunct modalities for pain management
2. Epidural Analgesia
3. Peripheral Nerve blockade
4. Postoperative management of Respiratory Failure
5. Identify risk factors for respiratory failure

Important Points: On your first day please report to the main desk in the OR (Betty Munoz will show this during the St. Elizabeth orientation). In addition, will email/print you the paperwork for this rotation and it will be provided in the St. Elizabeth orientation packet created by Betty Munoz.

ID badges for the rotation will given by Betty Munoz to allow access to the OR, Locker rooms and scrub machines.

Please be prompt. You will be expected in the O.R. by 7:00 am.

You are expected to attend Grand Rounds during your rotation each Thursday morning.

Illness/Absence: In the event that you become ill during your rotation, call please email Betty Munoz at

betty.munoz@steward.org and Lana Kettle and Dr. Cooper.

The O.R. day starts at 7:30 am every day except Thursday, when it starts at 9:00 am to accommodate Grand Rounds. A list of the next day's schedule is available at the operating room front desk) at approximately 2:30 pm each afternoon.

Check O.R. schedule for next day. If any of your patients are in hospital the day before, do a preoperative visit on the floor and try to touch base with the staff you are scheduled to work with next.

There is a library on CMP-2, Room #204 the keypunch code for entry to this room is 12345. There is also a kitchen located on CMP- the code is 5566. Locker rooms are also located on CMP-2 as well as the scrub machines.

Acute Care - Kaiser Permanente, Santa Clara

CLINICAL EVALUATIONS: INDIVIDUAL EVALUATIONS - YOU MAY REQUEST ANY FACULTY, RESIDENT OR PA WHO YOU HAVE WORKED WITH TO EVALUATE YOU AT THE CONCLUSION OF YOUR 4 WEEK CORE ROTATION, and 2 WEEK ACUTE CARE SURGERY ROTATION.

Cardiothoracic Surgery - Kaiser Permanente, Santa Clara

Site Director: Hon S Lee, Hon.Lee@kp.org

Site Administrator: Barbara Rodriguez, Barbara.M.Rodriguez@kp.org

CLINICAL EVALUATIONS: GROUP EVALUATIONS WILL BE COMPLETED BY DR. LEE - NO NEED TO REQUEST.

The general topics covered in the service:

1. Large data as it pertains to AI and how the STS were forerunners in using online risk calculator.
2. Perfusion as a defining heart surgery component which launches to point 3.
3. Mechanical cardiac support, IABP, impella, ECMO, ventricular assist.
4. The different aspects of addressing end of life.
5. Different options for coronary disease and aortic valve disease with sessions in the cath lab.
6. Performance improvement in the health care system.

There are times when I will point them to you tube sessions: Heart surgery: standing on the shoulder of giants: <https://www.youtube.com/watch?v=rICyRtZUAe0&list=PLG54-c7op1rlf057iCZZf9IVs0TmKryQX&index=14>

I see dead people: <https://www.youtube.com/watch?v=rbnBe-vXGQM&list=PLG54-c7op1rlf057iCZZf9IVs0TmKryQX&index=15>

Beyond Mastery: How a surgeon found his own heart

<https://www.youtube.com/watch?v=XTPp7LcH8TE&list=PLG54-c7op1rlf057iCZZf9IVs0TmKryQX&index=16>

EGS (Emergency General Surgery) & Trauma Consults – BMC

Site Director:

Dr. Abraham Jaffe (abraham.jaffe@bmc.org)

Teaching Faculty:

Dr. Tracey Dechert (TACS Division Chief)

Dr. Sabrina Sanchez

Dr. Aaron Richman

Dr. Kathryn Twomey

Dr. Dane Scantling

Dr. Crisanto Torres

Dr. Noelle Saillant

Dr. Sheina Theodore

Dr. Megan Janeway

Dr. Danby Kang

Advanced Care Practitioners (PA/NP's):

Patty Harrison, Rose Souza, Jocelyn Beals, Jami Pollard, Rachel Adams, Alex Oliver

Residents:

Chief general surgery residents, 3rd Year general surgery residents, and occasionally general surgery interns

This 2 week experience provides an introductory exposure to the various pathologies and complexities of an emergency general surgery and trauma surgical consultations. This role is assigned traditionally to a third year surgical resident whose pager number is 4000. The "4000" consult resident sees all consultations under this discipline, which will be the experience that you will all have on this rotation. The rotation is also unique in that you will work very closely with 1-2 particular residents in a very busy role. This will be a unique opportunity to refine your history taking and exam skills, and particularly to learn to recognize problems that require urgent or emergent intervention. This rotation promises to allow you to both learn and contribute greatly to patient care. Given the many new changes that have been made following the COVID pandemic and the busy and unpredictable nature of emergency patient care, patience and flexibility are necessary on this rotation. Please email the site director if any issues or questions arise.

Reporting instructions: The student will be expected to report to the Menino Room 2217 at the beginning of your shift to find the "4000" resident. This resident is called the "4000" resident because that is the pager # for trauma and emergency general surgery consultations. If no one meets you there after 20 minutes, please page 4000 and ask where to meet.

Schedule: The two week experience is one week of days and one week of a night experience (traditionally the busier of the two).

- Day week experience: Begins Monday morning at 6am where the student will round with the consult resident on the consult inpatients and then the shift will end at 6pm. This will be from Monday - Thursday.
 - If orientation is the first day of your rotation then please plan to come to orientation then go meet your team to start your first clinical day.
- Night week experience: Sunday night-Wednesday night (6pm-6am)
 - If orientation is the first day of your rotation then please plan to come to orientation then return that evening at 6pm; for all others, you are expected to start Sunday night at 6pm.
 - When on your week of nights, you are expected to attend all Friday didactics.

Student clinical duties: See consults with your resident and ideally see consult patients on your own, report to your resident, and help with note-writing.

Call/Weekend Schedule: As students on the EGS/Trauma Consults service already take night call during the week, they will not be required to take any additional weekend call on either this or their other assigned 2-week rotation.

Expectations on note writing/documentation:

Students are expected to write notes daily progress notes on patients you are following as well as admission H&P/consultation notes as applicable.

- We request that you complete a minimum of two H&P or consult note per shift, ideally more. Please write notes via the "Medical Student Note" section in EPIC. There is a medical student note template, or you can ask your intern/resident to share a template with you on the first day. When you have completed your note, please sign your name at the bottom, and hit the "PEND" button at the bottom. This will allow one of the intern/resident/PA/NP's to review and edit your note, and they will forward to the attending who will then attest the note.

Advice on how to succeed: Be enthusiastic, eager to learn, and helpful to your resident. Offer to scope out new consults, to help write notes, and to communicate with the ER teams. On this service, you will be able to contribute more to patient care than on any other service, and will learn so much. Do the best you can, and learn what you can. There will likely be some down time, especially in the morning, so please use this time wisely to read.

Recommended Reading: Devirgilio, chapters 1-2, 41-47

Ophthalmology – BMC

Site Director: Dr. Nicole Siegel, Nicole.siegel@bmc.org

Site Administrator: Valerie Worrell, (617) 638-4552, Valerie.Worrell@bmc.org

Teaching Faculty:

- Dr. Xuejing Chen (retina)
- Dr. Stephen Christiansen (pediatrics, strabismus)
- Dr. Manishi Desai (glaucoma)
- Dr. Kara C. Lamattina (uveitis, pediatrics)
- Dr. Steven Ness (retina)
- Dr. Crandall Peeler (neuro-ophthalmology, comprehensive)
- Dr. Tony Pira (comprehensive)
- Dr. Karina Lund (Comprehensive)
- Dr. Susannah Rowe (comprehensive)
- Dr. Nicole Siegel (retina, uveitis)
- Dr. Manju Subramanian (retina)
- Dr. Gi Yoon-Huang (pediatrics, strabismus)
- Dr. Anna Kupcha (Oculoplastics)
- Dr. Jiawwei Zhao (Oculoplastics)
- Dr. Christine Ament (Cornea)

Fellows

Residents

While on the ophthalmology service, you will experience a mix of clinic, consult and operating room time. The goal is to leave the rotation with a fundamental basic knowledge about diseases of the eye and orbit, and develop basic eye exam skills

Reporting Instructions for 1st Day: Please report at 8am to the ophthalmology clinic (Yawkey ACC, 3rd floor). Detailed information and a welcome packet will also be emailed by Ms. Valerie Worrell prior to your rotation.

Schedule: All students will receive a schedule for their time on ophthalmology which details the clinic and OR assignments. If there is particular interest in tailoring the experience to an individual student's interests, this can be arranged with the site director.

Call/Weekend Schedule: There is no call or weekend duties.

Student Clinical Duties: During triage and consult services, learn all aspects of the eye exam, take histories and physical exams, and report to the triage or consult resident. During other assigned clinics, seek opportunities to interview and examine patients, and report your findings to the attending when time and space allows, but be respectful of clinic flow. Your primary focus in attending clinics will be to learn to recognize various eye pathologies and how they are treated. There will be a checklist of different topics and exam skills to have practiced or reviewed by the end of your rotation.

Expectations on note writing/documentation: You will get access to Kaleidoscope, which is specific to ophthalmology notes. You will be expected to document your findings (HPI, ROS, exam) to the extent possible for patients you have seen independently.

Brief Advice on How to Succeed: Be thorough and prepared when coming to an OR case- research conditions and procedures beforehand. Utilize the residents, and ask them questions about physicians and how to best work with all staff members throughout the day. Strive to be a helpful, friendly addition to the team. Utilize every chance you get to practice the eye exam.

Required Reading: Basic Ophthalmology Essentials for Medical Students, American Academy of Ophthalmology, chapters 1-5, 7, 9; all other chapters are suggested reading. Eyewiki.org is a website sponsored by the American Academy of Ophthalmology that provides good background on multiple conditions.

Evaluations: Please give at least 2 evaluations forms to residents, fellows or attendings that you work with during the rotation, and return these to the site director by the end of the rotation. Please consider nominating up to 3 residents (in rank order) for a teaching award, which we give out at the end of each academic year. There will be a nomination form in your packet.

Wrap-up session: At the end of your rotation, you will meet with the site director for about 15 minutes, during which time you will be asked to verbally present a case you were involved with during your rotation, including a brief discussion about the condition encountered. There will also be a brief quiz, and you will receive details about this in your handout at the beginning of the rotation. During this session, please be prepared to turn in your checklist, and any evaluation forms you may have received from your evaluators.

Orthopedic Surgery – BMC

Site Director: Dr. Xinning (Tiger) Li, Xinning.Li@bmc.org
Site Administrator: Lynnette St. Louis, Lynnette.St.Louis@bmc.org
Teaching Faculty: Dr. Paul Tornetta, Chairman, Program Director- Orthopaedic Trauma
Dr. Ayesha Abdeen – Joint Reconstruction
Dr. - Pediatric Orthopaedic
Dr. William Creevy – Orthopaedic Trauma and Sports Medicine
Dr. Gene Duene – Hand Surgery
Dr. David Freccero – Joint Reconstruction
Dr. Xinning (Tiger) Li, Site Director – Sports Medicine and Shoulder Surgery
Dr. Ronald McCartney – Pediatric Orthopaedic
Dr. Robert Nicoletta – Sport Medicine

Dr. Andrew Stein – Elbow and Hand Surgery
Dr. Chadi Tannoury – Orthopaedic Spine Surgery
Dr. Tony Tannoury – Orthopaedic Spine Surgery
Dr. Mark Yakavonis – Foot & Ankle Surgery

Residents: Multiple Residents of all levels at BMC site. In the summer months, we will have visiting 4th year away students from medical schools across the country as well as from other countries around the world.

The orthopedic surgery service treats all disorders of the musculoskeletal system. Different areas of orthopedic surgery include hand surgery, shoulder/elbow surgery, joint reconstruction, pediatric orthopedic surgery, foot and ankle surgery, spine surgery, orthopedic oncology, and surgical sports medicine. Students on service will have the opportunity to participate in the operating room as well as the clinic, and will be able to choose areas that interest them.

Reporting Instructions for 1st Day: 5:45 AM for board rounds in the ortho workroom. This is on the ground floor of Dowling, Suite G004. Upon entering, go to end of hall, take a right. At the end of this hall, the Ortho room will be the last door on the left. For first day, call in to ask to be let in if locked and your ID doesn't yet work. If it doesn't work, email Ms. St. Louis. Please email Ms. St. Louis the week prior to starting on service, with your BU ID number so she can add access. She will also put you in contact the chief resident prior to arrival to confirm your time and place for the first day of rotation. The phone number for the resident work room is 617-414-3334.

Call/Weekend Schedule: There is no night or weekend call while on the orthopedic surgery service.

Weekly Schedule: *board rounds in workroom at 6AM unless specified*

Mon 6:00am-Board Rounds; Hand Clinic with Dr. Stein or other clinic

Tue 6:00am-Board Rounds; 6:15-Bioskills lab sessions or journal club; Fracture Clinic with Dr. Tornetta or Creevy or OR

Wed 5:45- board rounds; 6:15- Grand rounds; Sports or Reconstruction Clinic with Dr. or OR

Th 6:00- board rounds and masterpiece presentation Trauma presentation going over last week trauma cases; Sports/Shoulder OR with Dr. Li in Menino OR

Fr 6:30am AM: board rounds followed by resident education from 7 am until 10:00am. Ortho Trauma room coverage with resident or spine clinic

9:00 am- 3:00 pm BMC Mandatory Didactics

Student Clinical Duties: Help with dressing changes, see patients in clinic, participate and get involved in OR cases. Expectations on note writing/documentation: Students are not expected to write notes while on service. Student evaluations will be done online by Dr. Li.

**Please email both Dr. Li and Ms. St. Louis on the last day of your rotation to report the residents and attendings with whom you worked most closely on service. **

If you have any special interest in a particular orthopaedic subspeciality and want to spend your entire 2 weeks on that service, please reach out to Dr. Li and he can help assign you to the right team.

Expectations on note writing/documentation: Students are not expected to write notes while on service.

Brief Advice on How to Succeed:

- Try to spend some consecutive time (clinic and OR) with a single attending to have some continuity. If the opportunity presents itself, spend time with the consult resident.
- Recommended Reading: Devirgilio Ch. 26-29. <https://www.orthobullets.com/> is a good reference for looking up conditions and procedures quickly to review before cases. Review the relevant anatomy prior to cases.
- Please also review the relevant musculoskeletal exam techniques (Mosby's Guide to Physical Examination) before attending clinic. Additionally students should search out review articles from JAAOS with some common conditions that are seen in trauma, sports, medicine, adult reconstruction, hand, pediatric, and spine specialties to provide them some initial knowledge of common conditions seen in the clinic and OR.
- Please find review articles pertinent to the OR cases from JBJS current Concepts, JAAOS, and other subspecialty journals. Read read read.
- Very important to know the anatomy and approach to the surgical case.
- Know your patients for the OR.
- Don't be late for rounds.
- Ask questions if you need help. Be Proactive.

Recommended Reading: As above, Devirgilio Ch. 26-29. <https://www.orthobullets.com/> is a good reference for looking up conditions and procedures quickly to review before cases. Review the relevant anatomy prior to cases. Please also review the relevant musculoskeletal exam techniques (Mosby's Guide to Physical Examination) before attending clinic. Additionally students will be provided with some review articles from JAAOS with some common conditions that are seen in trauma, sports, medicine, adult reconstruction, hand, pediatric, and spine specialties to provide them some initial knowledge of common conditions seen in the clinic and OR.

- Carpal tunnel syndrome
- Cervical spine trauma
- Direct anterior approach for total hip arthroplasty
- Pediatric flatfoot evaluation
- Rotation ankle fractures
- Rotator cuff tears

Orthopedic Surgery – Roger Williams

- Site Director: Dr. Braidy Shambaugh, bshambau@gmail.com
- Site Administrator: Maria Cabral, maria@orthodoc.necoxmail.com

- Teaching Faculty: Dr. Braidy Shambaugh, Site Director
Dr. Gregory J. Austin
Dr. Michael P. Mariorenzi
Dr. Louis J. Mariorenzi
Dr. Peter Pizzarello
Dr. Kenneth R. Catalozzi
Dr. Ira J. Singer
Dr. Travis Blood
Dr. Brian Cohen
- PA: Tracy Evans PA-C
- Abbigail Boomhover PA-C
- Residents: None
-
- The orthopedic surgery service treats disorders of the musculoskeletal system. Different areas of orthopedic surgery include hand surgery, shoulder/elbow surgery, joint reconstruction, pediatric orthopedic surgery, foot and ankle surgery, orthopedic oncology, and surgical sports medicine. Students on service will have the opportunity to participate in the operating room as well as the clinic/office and will be able to choose areas that interest them.
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- **Reporting Instructions for 1st Day: Email Dr. Shambaugh before the start of rotation (bshambau@gmail.com) for a weekly schedule and reporting instructions.**
-
- **Call/Weekend Schedule:**
- There will be call or weekend work during this 2-week rotation.
-
- **Weekly Schedule**
- **Mon:** 7:30 am to 5:00 pm
- **Tue:** 7:30 am to 5:00 pm
- **Wed:** 7:30 am to 5:00 pm
- **Thu:** 7:30 am to 5:00 pm
- **Fri:** 7:30 am to 5:00 pm
- **9:00 am – 3:00 pm BMC Mandatory Didactics**
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- **Student Clinical Duties:** See patients in clinic/office, participate in OR cases, round on hospital patients
-
- **Expectations on note writing/documentation:** Students are not expected to write notes while on service.
-
- **Brief Advice on How to Succeed:** Try to spend some consecutive time (clinic and OR) with a single attending to have some continuity.
-
- **Recommended Reading:** Devirgilio Ch. 26-29. <https://www.orthobullets.com/> is a good reference for looking up conditions and procedures quickly to review before cases. Please also review the relevant musculoskeletal exam techniques (Mosby's Guide to Physical Examination) before attending the clinic.

Otolaryngology – BMC

Site Director: Dr. Jessica Levi, Jessica.Levi@bmc.org

Site Administrator: Janine Lipsky, (617) 638-7066, Janine.Lipsky@bmc.org

Teaching Faculty: Dr. Avner Aliphas

Dr. Michael Cohen
Dr. Anand Devaiah
Dr. Heather Edwards
Dr. Waleed Ezzat
Dr. Daniel Faden
Dr. Gregory Grillone
Dr. Kenneth Grundfast
Dr. Jessica Levi
Dr. Pieter Noordzij
Dr. Michael Platt
Dr. Jeffrey Spiegel
Dr. Lauren Tracy
Dr. Peter Weber

Residents: All levels of BMC Residents

While on the otolaryngology service, you will experience a mix of clinic and operating room time and will be assigned to work in several settings. The goal is to leave the rotation with a fundamental basic knowledge about diseases of the head and neck and develop excellent physical exam skills. The faculty of the otolaryngology department take medical student education very seriously, and you will no doubt enjoy your time on service.

Reporting Instructions for 1st Day: You will be contacted by Ms. Janine Lipsky before your first day on service with reporting instructions.

Call/Weekend Schedule:

There will be no call or weekend work during this 2-week rotation.

Weekly Schedule: All students will receive a schedule for their time on otolaryngology that details the clinic and OR assignments. On Friday mornings, students should round with the resident team as usual, and then attend the otolaryngology conferences before leaving for didactics at 9:00 AM. **Didactics are from 9:00 am to 3:00 pm every Friday.**

Student Clinical Duties: Round with the resident team in the morning, attend the clinic and OR as assigned as an active participant. Use the OSCAR card as a tool to stimulate your learning and seek feedback from faculty.

Expectations on note writing/documentation:

INPATIENT notes- Students are not expected to write inpatient notes while on service.

OUTPATIENT notes in the clinic, you will likely be working directly with your attending. Whether or not you write notes, how many notes, and in what format will be left to your attending's discretion. Please clarify with her/him at the beginning of the day. Please make sure when you log into EPIC, you are in the "OUTPATIENT" setting for the medical student outpatient note system to function properly. Also, when you write notes in the clinic, you will add the attending as "cosigner" in the box at the top of the note. When finished, select "Sign on saving note" from the dropdown at the bottom of the note, and then click "Accept." Your note will be routed to the attending for attestation and cosign. It is important to sign all notes before leaving the clinic so that the attending can "close" the encounter.

Brief Advice on How to Succeed: Be thorough and prepared when coming to an OR case- research conditions and procedures beforehand. Utilize the residents and ask them questions about physicians and how to best work with all staff members throughout the day. Most importantly, make a good impression and be a helpful, friendly addition to the team.

Thoracic Surgery – BMC

Site Director: Dr. Laurence Brinckerhoff, Laurence.Brinckerhoff@bmc.org
Teaching Faculty: Dr. Laurence Brinckerhoff
PA/NP: Elizabeth Manocchio PA (inpatient); Nancy Paull, NP (outpatient); Kelli West, NP (outpatient), Nina Percuka (office); Tie BARNES (Office)
Residents: PGY-4, Intern

While on the thoracic service, you will see patients with benign and malignant conditions of the lung, esophagus, and mediastinum. Typical procedures performed are resection for lung cancer, including wedge resection and lobectomy. You may have the opportunity to participate in an esophagectomy or a thymectomy. You will also learn about pneumothorax and will leave the service with a solid understanding of the workings of chest tubes. For those interested in robotic surgery, the residents will get exposure to bedside assisting during cases. For senior residents who have put in considerable time on the simulator, they will have the opportunity to operate on the console in benign esophageal cases and mediastinal cases.

Reporting Instructions for 1st Day: 5:45 AM; Menino Campus 3W, room 3314 (please contact current chief resident as time varies according to census)

Call/Weekend Schedule:

There will be call or weekend work during this 4-week rotation.

Weekly Schedule:

Mon	Clinic
Tues	OR cases (as can be added on the OR schedule)
Wed	OR cases
Thu	OR cases and clinic 1-5PM (alternating each week)
Fri	7:00-9:00 AM: grand rounds, M&M 9:00 am – 3:00 pm Mandatory Didactic day

Student Clinical Duties: Pre-round on the patients you are following. On rounds, assist with dressing changes, chest tube management, performing physical exams, and communicating with RN as needed. Assist the thoracic PA and intern with floor work as needed- this is a great opportunity to learn to remove chest tubes and to read chest x-rays to identify pneumothorax. Assist with seeing inpatient and ER consults. Assist in the operating room. Look up and report back on topics assigned by the senior resident. Check on your patient again at least once before the end of the day and provide patient and family education to your patient, especially regarding ambulation and incentive spirometry.

Brief Advice on How to Succeed: Know your patients well. Come to the OR prepared and with questions to ask the resident and attending. Take ownership of your patients. Know the tubes, lines and drains placed in the patients you are following. Review the thoracic anatomy, especially the bronchial tree, the mediastinal lymph nodes, the large vessels in the chest, and the relevant nerves (recurrent laryngeal, phrenic, vagus, etc.). You will get to perform bronchoscopy during the rotation. Learn as much about this field as you possibly can because it will become relevant in almost any field of medicine you choose!

Recommended Reading: There are no thoracic topic chapters in the assigned textbook, but reading any text chapter or up-to-date chapters on lung cancer, pneumothorax, Barrett's esophagus, and esophageal cancer would be a great start. If there is a particular topic of interest, please let the residents know. We usually have a pre-operative conference on Tuesday afternoons. There is a Thoracic Handbook on the shared folder that the residents may share with you.

Thoracic Surgery - VA

Site Director: Dr. John Young
JYOUNG0@BWH.HARVARD.EDU

Teaching Faculty: Dr. Daniel Wiener, Division Chief
Dr. Fatima Wilder
Dr. John Young

Fellow: Thoracic Fellows from Brigham and Women's rotate for 2 months at a time
PA/NP: Suzanne Armstrong, Carolyn Abbanat Villafane
Intern: Rotating Intern

Reporting instructions for 1st day: 6:00 AM, third floor of the "Spinal Cord Injury" (also called building 2) building, which is the building farthest to the right as you face the front entrance to the hospital. Take the elevator to the third floor, turn left and go to the resident's workroom which is directly ahead. Knock on the door and someone will let you in. They will connect you with the thoracic team.

Call/Weekend Schedule:

There will be no call or weekend duties during this 2-week rotation.

Weekly Schedule (lecture times vary by week, but will be sent in advance)

Day	Time	Meeting
Monday	7 am	Morning Report

	8 am	Didactic Session
	9-12	Thoracic Clinic (Young)
	3 pm / 4 pm	O'Neal/Itani Lecture
Tuesday	7 am	Morning report
	7:30 am	Pulmonary conference
	9-2	Thoracic clinic (Wiener)
	2:30 pm	TMIC (Thoracic conference)
Wed	7 am	Morning report
	10-2	Thoracic clinic (Wilder)
	10-5	Thoracic OR (variable)
	3 pm (1, 3, 5 th Wed)	Thoracic Tumor Board
	4 pm	QI/M&M conference
Thu	7 am	Morning report If no Didactic Session scheduled
	8 am	Didactic Session
	7:45-5 pm	Thoracic OR
Friday	7 am	Grand rounds / Staff meeting
	8:45 am	Thoracic OR
	9-3 pm	Boston University Didactics- Mandatory

Student Clinical Duties: Pre-round on the patients you are following. On rounds, assist with dressing changes, chest tube management, performing physical exams, and communicating with RN as needed. Assist the thoracic PA and intern with floor work as needed- this is a great opportunity to learn to remove chest tubes and to read chest X-rays to identify pneumothorax. Assist with seeing inpatient and ER consults. Assist in the operating room. Look up and report back on topics assigned by the senior resident/fellow. Check on your patient again at least once before the end of the day and provide patient and family education to your patient, especially regarding ambulation and incentive spirometry.

Expectations on note writing/documentation: Students are expected to write daily progress notes on patients you are following as well as clinic notes and admission H&P notes as applicable. Dr. Wiener requests that students put together a short 5-10 min presentation during their second week on the rotation that is derived from some patient / clinical encounter. The topic can be anything from cancer staging to ethics to technology to pathophysiology.

Brief Advice on How to Succeed: Know your patients well. Come to the OR prepared and with questions to ask the resident and attending. Take ownership of your patients. Know the tubes, lines, and drains placed in the patients you are following. Review the thoracic anatomy, especially the bronchial tree, the mediastinal lymph nodes, the large vessels in the chest, and the relevant nerves (recurrent laryngeal, vagus, etc.). Learn as much about this field as you possibly can because it will become relevant in almost any field of medicine you choose!

Recommended Reading: There are no thoracic topic chapters in the assigned textbook, but reading any text chapter or up-to-date chapters on lung cancer, pneumothorax, pleural effusions, mediastinal tumors, Barrett's esophagus, and esophageal cancer would be a great start.

*** Ask resident / fellow to put you on the VHABHS THORACIC SURGERY Microsoft TEAM for access to WIKI pages with useful information!!

Urology – BMC

Site Director: Dr Toby Chai
Site Administrator: Karen Clements, Karen.Clements@bmc.org
Teaching Faculty: Dr. Toby Chai (Department Chair)
Dr. Robert Oates (Vice-Chair)
Dr. Linda Ng (Program Director)
Dr. Mark Katz (4th year Clerkship Director)
Dr. Munarriz (Director Sexual Medicine)
Dr. Wang (Medical Director)
Residents (10): Varies by time of year
Physician Assistant: Cecilia Liu, PA-C
Katherine Williams, PA-C

A Urologist is a physician who specializes in diseases of the urinary tract and the male reproductive system. This can include diseases affecting the bladder, urethra, ureters, kidneys, and adrenal glands, along with the epididymis, penis, prostate, seminal vesicles and testes. Some examples of the diseases and subspecialties that our department addresses include: benign prostatic hyperplasia (BPH), kidney stones (shock wave and laser lithotripsy), endourology (including laparoscopy and robotic surgery), erectile dysfunction (ED), urogynecology and reconstructive pelvic surgery, urinary incontinence, male reproductive medicine & surgery, neurogenic bladder dysfunction, neuro-urology and urodynamics, prostate disease and urologic oncology (cancer of kidneys, ureters, bladder, prostate, urethra, testicles, adrenal glands).

Reporting Instructions for 1st Day: We will send you a preliminary schedule for the first week (cases/clinic assignments) the week prior to your start. Please let us know if there are any expected absences or conflicts with the schedule. Please plan to meet on Monday morning at 6:30am in the Colorectal/Urology workroom on 4W. (rm 4176). Page #9000 if any questions or need help finding us that morning.

Call/Weekend Schedule:

There will be no call or weekend work during this 2-week rotation unless time needs to be made up for missed days during the week. Please notify the site director/site administrator early if there will be expected absences.

Weekly Schedule

- Mon:** Each day varies based on individual schedule
Tue: Tumor board Conference, 1st, 3rd, 4th @ 4pm
Wed: Each day varies based on individual schedule
Thurs: Each day varies based on individual schedule
Fri: Grand Rounds Conference - 7:00-8:00. No preparation necessary unless specified by resident team.
9am-3pm Didactic Day - Mandatory

Student Clinical Duties: Pre-round on patients you are following, round with team, assist with dressing changes, assist intern with floor work and readying the list in the morning, assist in the operating room, look up and report back on topics assigned by chief resident/senior resident. Prepare for operating room (by reviewing chart, the case – such as relevant anatomy, techniques, meeting patient).

Expectations on note writing/documentation: Students are expected to write daily progress notes on patients you are following as well as admission H&P notes as applicable.

- For INPATIENT notes, please write notes via the “Medical Student Note” section in EPIC. There is a medical student note template, or you can ask your intern/resident/PA to share a template with you on the first day. When you have completed your note, please sign your name at the bottom, and hit the “PEND” button at the bottom. This will allow one of the intern/resident/PA’s to review and edit your note, and they will forward to the attending who will then attest the note.
- For OUTPATIENT notes in clinic, you will likely be working directly with your attending. Whether or not you write notes, how many notes, and in what format will be left to your attending’s discretion. Please clarify with her/him at the beginning of the day. Please make sure when you log into EPIC, you are in the “OUTPATIENT” setting for the medical student outpatient note system to function properly. Also, when you write notes in clinic, you will add the attending as “cosigner” in the box at the top of the note. When finished, select “Sign on saving not” from the dropdown at the bottom of the note, and then click “Accept.” Your note will be routed to the attending for attestation and cosign. It is important to sign all notes prior to leaving clinic so that the attending is able to “close” the encounter. **Please spend at least one half-day in the office with Dr. Chai during your rotation.**
- Please review the **AUA Medical Student Core Curriculum** during your rotation. These 11 topics were felt to be at a minimum of what all graduating medical students should know about urology. There are also 8 urology cases that urologist encounter on a frequent basis you should become familiar with. You can even download the app (with cases) onto your smartphone for easy reference during your two weeks. Dr. Chai will plan to meet with each of you towards the end of the rotation and will select one 'topic' and one 'urology' case to go over with you for an indepth review/discussion with you. . Hopefully, you will find this is a good framework to direct your studying.
- AUA Medical Student Curriculum: <https://www.auanet.org//education/auauniversity/education-and-career-resources/for-medical-students>
- Medical Student Resources: <https://www.auanet.org/education/auauniversity/for-medical-students/medical-student-resources>
- AUA Guidelines App: <https://apps.apple.com/us/app/aua-guidelines-at-a-glance/id524710214>

[American Urological Association - Medical Student Curriculum](#)

www.auanet.org

Through this innovative, standardized curriculum, it is the hope of this society that all students will learn the core principles and practices in urology that are important for every practicing physician to know and apply throughout their medical careers, regardless of their career path.

Brief Advice on How to Succeed:

- We do ask that rotators prepare an informal 10-minute PowerPoint to present to the residents (usually given the last few days on service) on a topic of interest to you in Urology (either something random or something inspired by an experience you had on rotation). Please be sure to include some degree of literature review. You will be presenting to residents and possibly Dr. Chai. Plan to send Dr Chai a copy of the presentation.
- Very important to read up for cases - know the patient, relevant anatomy, the disease, the surgery, etc.
- You can wear scrubs if in the OR and you should wear clinic clothes if you are assigned clinic. Please always wear your white coat.
- Observe in the OR and try to engage – how do resident’s set up for cases, how does the team prepare patient on the OR table for the case, etc.
- ASK QUESTIONS!
- Try to put in at least 5 Foley catheters during your rotation.
- Please let us know if you have any questions. Page #9000 on Thursday or Friday before your Monday start if there is any confusion.

Recommended Reading: See above regarding the AUA student curriculum, which is available as an app on your phone. To find this search for “Student Curriculum” and the AUA app will come up as the 5th option in white and blue. There are multiple helpful videos and several brief chapters on key topics under “Core Content.”

Vascular Surgery (Smithwick Service) – BMC

Site Director: Dr. Elizabeth King

Teaching Faculty: Dr. Alik Farber, Division Chief

Dr. Jeffrey Kalish

Dr. Jeffrey Siracuse

Dr. Elizabeth King

PA/NP: Inpatient: Jen Gonzalez, Jeanne Russo, Athena Drosos

Outpatient: Colin Flynn, Jessica Fernandes

Residents: PGY-3, PGY-1x2

The vascular surgery service treats patients with emergent and elective vascular conditions. Common conditions treated include aortic aneurysmal disease (open and endovascular, elective and emergent), peripheral vascular disease, carotid disease and venous disease. We also create AV fistulas/grfts for patients

requiring dialysis. In addition, we perform many endovascular procedures including angioplasty and stenting of vessels as well as diagnostic angiograms. Students may also have the opportunity to care for renal transplant patients as they are cared for by the Smithwick residents and inpatient PAs.

Reporting Instructions for 1st Day: 5:30 AM, Menino Campus, room 4255 (Smithwick workroom). This is next to the nursing station. Please introduce yourself to the team and ask the fellow and PA's to kindly add you to the email lists as well as the appropriate EPIC lists.

Call/Weekend Schedule: There will be no call or weekend work during this 2-week rotation.

Weekly Schedule:

- Mon:** 4 pm didactic / academic vascular conference
5 pm case presentations
- Tue:** Dr. Farber Clinic (8AM-12PM)
- Wed:** Dr. Kalish Clinic (8AM-4PM)
- Thu:** Dr. King Clinic (8AM-4PM)
- Fri:** 7:00-9:00 AM: grand rounds, M&M
9:00 am – 3:00 pm Didactic day- Mandatory

Student Clinical Duties: pre-round on patients you are following, round with team and present your patients, assist with dressing changes, pulse examination, assist intern or PAs with floor work, assist in the operating room, look up and report back on topics assigned by Fellow/senior resident. Please go to clinic at least one day per week. Also, if you round with the “on call” attending, please speak up and ask to present your patients when you get to them.

Brief Advice on How to Succeed: In order to be successful in the vascular surgery service it is very important to pay attention to details, specifically pulse exam (either Doppler signals or palpable pulses) and very important to review vascular anatomy. The service also involves frequent dressing changes during rounds, so be especially prepared with dressings, tape, etc. As a student, it is very important to learn your patients' medical history and previous vascular intervention as well as current medications, etc.

Further advice from the vascular service

- **ROUNDS:** Pick up 1 patient at first and make sure to cover patients whose surgeries you see. You should pre-round. You should arrive no earlier than 5am but you have to be back into the workroom by 6 am.
- You will do a focused history (overnight complaints, pain control) and physical exam (including pulses/motor/sensory/lungs/heart/surgical sites) and present them on rounds. You should know EVERYTHING about your 1-2 patients.
 - PRESENTATION FORMAT: **One liner, 24h events, subjective, objective, A&P**
 - **One liner:** Age, sex, and why we are seeing them (post-op day #1 from fem-pop bypass vs consult for CLI)
 - **24h events:** changes in clinical status (febrile, delirious, pain issues) and treatment (if any). Also mention hand-off TO DO Items and if completed.
 - **Subjective:** Ask patient about complaints. Ex: *pain control, dizziness, chest pain, SOB, n/v, fevers, chills, neurological or sensory/motor deficits in extremities*
 - **Objective:** Relevant Vitals, Labs (i.e. potassium >5.5 or WBC trend), Imaging/studies

- **PE:** Always check pulses, motor/sensory exam, heart/lungs, surgical/angio access sites
 - **Assessment and Plans:** What are the next steps for the patient? Rec med changes?
 - Remember SICU patients must be SYSTEMS based plans. *Neuro, CV, Resp, GI, GU, Endo, ID, IVF/Diet*
- Your job on group rounds is to help move things along. Take the BATMAN backpack and hand things for dressing changes, Doppler etc. Watch what comes off wound (we usually redress the same)!
 - Make sure your patient has appropriate dressing supplies in the room.
 - Please ask resident or PA before rounding if you're not sure a dressing should be taken down. As a general rule of thumb, most dressings can be taken down POD#2 (most major amputation dressings are taken down POD#3)
- You should round in the afternoon on your patients, follow up on tasks supposed to be done, read all consulting services recs and update the list.
 - BONUS: You can pend/save orders on patients and ask a resident or PA to review and sign.
- Afternoon rounds is at ~6pm for official sign-out. You should be present for running the list.
- At end of the day you should know:
 1. What cases you will be in the next day so you can look them up
 2. Who you are following/presenting on the next morning (1-2 patients, maybe 3 on your second week)
 3. Which ½ day of clinic you will be going to for the week

Recommended Reading: Devirgilio textbook, Chapters 55-58

Lawrence, P. "Essentials of General Surgery and Surgical Subspecialties, 6E, Chapter 26 (available online through BU Library website)

Vascular Surgery – VA

Site Director: Dr. James McPhee, James.McPhee@va.gov

Site Administrator: Tonita Mitchell VHABHSSurgicalServiceCredentialing@va.gov

Teaching Faculty: Dr. Joseph Raffetto, Division Chief

Dr. James McPhee

Dr. Michelle Martin

Dr. Sarah Carlson

Residents: Fellow from BMC, PGY-4 or PGY-5; PGY-3; PGY-1

Reporting Instructions for 1st Day: 6:00 AM, third floor of the "Spinal Cord Injury" (also called building 2) building, which is the building farthest to the right as you face the front entrance to the hospital.

Call/Weekend Schedule:

There will be no call or weekend work during this 2-week rotation.

Weekly Schedule: Lecture times vary by week, but will be sent in advance

Mon	7AM	Morning Report – Khuri Conference Rm
	8AM	Didactic Session – Khuri Conference Rm
	1PM	Vascular Clinic
	3PM/4PM	Dr. O’Neal/Itani Lecture – Khuri Conference Rm
Tue	7AM	Morning Report – Khuri Conference Rm
Wed	7AM	Morning Report – Khuri Conference Rm
	4PM	M&M Conference – Khuri Conference Rm
Th	7AM	Morning report – Khuri Conference Rm (When no didactic session scheduled)
	7AM	Didactic Session – Surgical Resident Workroom
	8AM	Didactic Session – Khuri Conference Room
	9AM	Vascular Clinic
	3pm	Vascular Teaching Rounds
Fr	7AM	Grand Rounds vs Morning Report
	9-3 pm	Mandatory Didactic day

Student Clinical Duties: Pre-round on patients you are following, round with team, assist with dressing changes, pulse examination, assist intern or Pas with floor work, assist in the operating room, look up and report back on topics assigned by Fellow/senior resident.

Expectations on note writing/documentation: Students are expected to write daily progress notes on patients you are following as well as clinic notes and admission H&P notes as applicable.

Brief Advice on How to Succeed: In order to be successful in the vascular surgery service it is very important to pay attention to details, specifically pulse exam (either Doppler signals or palpable pulses), very important to review vascular anatomy and become familiarized with procedures. As a student, it is very important to learn the patient’s medical history and previous vascular intervention as well as current medication reconciliation status. Last, it would be advisable to spend a day at the vascular lab on your second week of rotation to learn how we perform noninvasive studies and correlate that with our patients’ presentation and subsequent interventions.

Recommended Reading: Devirgilio textbook, Chapters 55-58

Brief vascular surgery guide for students is also available on Blackboard (see course information, hospital specific documents, West Roxbury VA)

Vascular Surgery- St. Elizabeth’s Medical Center

Site Director: Dr. Katie Shean, katie.shean@steward.org
Site Administrator: **Betty Munoz**, betty.munoz@steward.org
Teaching Faculty: Dr. Frank Pomposelli
Dr. Scott Prushik
Dr. Richard Cambria
Dr. Mark Conrad
Dr. Katie Shean

Service description: The Vascular service will consist of a team with a vascular fellow, a senior and an intern. During the angio- cases, a seasoned PA named Bill Capasso, will also be present. Students will participate in the weekly vascular conference on Friday mornings after rounds. (if students are required to present, they will be notified well in advance). The two-week rotation will be an intensive immersion in world-class vascular procedures and interventions. At least 2 days will be dedicated to observing procedures in the angio-suite, and another 2 days for participating in the vascular clinic. The rest of the time will be spent in the Operating room as this service is one of the busiest in the hospital. Students will be expected to follow patients they have been assigned and write notes to follow along their clinical course. They will also receive a lower-extremity vascular refresher lecture to be given by one the resident on the service. The best advice to give for preparation for this rotation is to know the vascular anatomy.

Reporting Instructions for 1st Day: Approximately one week prior to your rotation separate emails will be sent from Betty Munoz with specific, detailed instructions for your rotation, including when and where to report on the first day of your rotation

Call/Weekend Schedule:

There will be no call or weekend work during this 2-week rotation unless time needs to be made up for missed days during the week. Please notify the site director early if there will be expected absences.

Weekly Schedule refer to General Surgery- St. Elizabeth's

Student Clinical Duties: Students will pre-round and round each morning with the surgical team. After morning rounds, students will be assigned to assist at surgery, clinic, or help care for floor patients. Students are expected to attend outpatient clinic office hours at least one half-day per week, half of which should be with their preceptor. Students meet with their preceptor or designee a minimum of once per week. Students also give a 10-20 minute PowerPoint presentation during the last week of the rotation.

Expectations on note writing/documentation: Students should write daily progress notes on patients whom they are following.

1. **Brief Advice on How to Succeed:** Be prepared.
2. Take a proactive role in your education.
3. Show enthusiasm and be engaged.
4. Give quality presentations with thoughtful assessments and plans.
5. Seek out feedback and incorporate it into what you do

Recommended Reading: You will see a large variety while on service, and we would recommend reading the chapters in the de Virgilio textbook relevant to the cases you see.

Clerkship schedules

Block Schedule

Block schedule dates for all clerkships can be located on the Medical Education website:

<http://www.bumc.bu.edu/busm/education/medical-education/academic-calendars/>

Didactic Schedule

Didactics lectures are scheduled weekly on Fridays. Lectures are set to begin at 9am, immediately after Department of Surgery weekly M & M and GR conferences. Lectures take place in the Instructional Building of BUCASM.

Call Schedule

There is no call on weeknights, but students are permitted to stay later for late surgeries or emergency surgeries as long you abide by work hours. Weekend call is required. During the 4-week general surgery block, students will take a total of **2 MANDATORY weekend call shifts**. These should happen during the weekends after week 1 and week 2 of the 4-week block, as the weekend after week 3 is reserved as a reading weekend prior to the shelf exam. See your individual 4-week service above for further details. **There will be no call during the 2 week subspecialty rotations.**

Clerkship Grading

HOW MUCH EACH PART OF YOUR GRADE IS WORTH:	
Clinical Grade Percentage	65%
Shelf/Exam Percentage	25%
OSCE	10%
HOW YOUR FINAL WORD GRADE IS CALCULATED:	
Honors	90-100
High Pass	80-90
Pass	60-80 or between 1.50-2.49 in any domain on the final CSEF
Fail	<60 or <1.50 on any domain on the final CSEF or < 2.00 averaged on the final CSEF (Clinical Fail)
HOW YOUR CLINICAL GRADE IS CALCULATED WITH THE CSEF:	
Clinical Honors	>4.45
Clinical High Pass	3.45-4.44
Clinical Pass	2.00-3.44
Clinical Fail	<2.00
SHELF/EXAM GRADING	
Exam minimum passing (percentile/2 digit score)	5 th percentile/58
What is "Other" and what percentage is it worth?	
OSCE	
Percentage	10%
Other components that need to be completed in order to pass the clerkship	
Patient log	
2 FOCuS Forms – 1 Interview Technique, 1 Physical Exam*	
<i>*Medicine Clerkship has a SOCS form and a Directly Observed H&P that replaces the FOCUS forms</i>	
Standard Clerkship Clinical Grade Procedures/Policies	

- Preceptors will provide clinical evaluations that contain the “raw data” on the student’s clinical performance. Preceptors DO NOT determine the final “word” grade. You are encouraged to regularly ask for specific behaviorally-based feedback on your clinical skills from your preceptors. However, do not ask them what word grade you will get, as that is a multifactorial process of which the clinical evaluation is one component.
- The CSEF form will be used to numerically calculate your clinical grade: 1 to 5 points (depending on which box is checked) for each domain which will be averaged to give you a final score out of 5. Categories: Needs intensive remediation (1); Needs directed coaching (2); Approaching competency (3); Competent (4) or Achieving behaviors beyond the 3rd year competency criteria (5) to get a final number in each domain. This can be rounded to the nearest number using standard rounding for the CSEF domain and this is the box that should be checked (e.g., if an average of 2.4 then the student should have needs directed coaching (2) checked off). Each CSEF will be weighted based on how long the student worked with each evaluator.

CSEF Clinical Grade Calculations should be made using the 0.01 decimal point in each domain (though the rounded number will be checked off on the final CSEF form) to give a final number.

Any average of <1.50 in any domain = an automatic fail for the clerkship

Any average of < 2.50 in any domain = an automatic pass for the clerkship and a meeting with the MEO for clinical coaching

>2.50 in all domains, standard rounding will be used

<2.00 = Clinical fail which will = a fail for the clerkship

2.00-3.44 = Clinical pass

3.45-4.44= Clinical high pass

>4.45=Clinical honors

The clinical grade will be reported in the CSEF final narrative

- The CSEF clinical score is converted to a final 2-digit percentage that is counted towards the final grade. For example, the final CSEF clinical score average of 4.45 would get converted to 90%. The Final CSEF percentage is used towards the final grade calculation, weighted as indicated in the table above as “Clinical grade percentage” (varies by clerkship).
- Primary preceptors at sites with multiple preceptors will collect evaluation data from the other clinicians with whom the student works. The primary preceptor will collate this data and submit the final clinical evaluation.

Clerkship Specific Clinical Grade Procedures/Policies

- The clinical grade will be worth 65% of the final grade of the clerkship and will be calculated out of a 5-point scale from the CSEF
- The shelf is worth 25% of the final grade of the clerkship. The 2-digit score will be used to calculate the numeric score out of 100.

Professional Conduct and Expectations

Evaluation of a medical student's performance while on a clinical clerkship includes all expectations outlined in the syllabus and clerkship orientation as well as the student's professional conduct, ethical behavior, academic integrity, and interpersonal relationships with medical colleagues, department administrators, patients, and patients' families. Student expectations include those listed below in [professional comportment sections](#). If there are multiple

professionalism concerns through a clerkship or a student fails to meet the administrative expectations of a clerkship, the student will not be eligible to receive honors on the clerkship. A student will be given feedback prior to receiving their final grade for the clerkship if their professional conduct is of concern. Prior to receiving a final grade, if a clerkship director determines that a student does not meet the professional conduct and expectations of the clerkship, a student will fail the clerkship. Any professionalism lapses resulting in either a clerkship fail or ineligibility to receive honors will require narrative comments by the clerkship director in the summative comments section of the final evaluation and the student will be given feedback in advance of the final grade form submission.

Shelf Exam Failure & Remediation

If a student fails their shelf exam, they will receive an Incomplete for the clerkship and retake the exam at the end of the year. Students :

- will not receive a Fail on their transcript if they pass the reexamination.
- will not be eligible for a final grade of honors - if the final grade calculation would earn the student honors, they will receive high pass as a final grade. Students would still be eligible to receive a clinical honors.
- If a student fails the reexamination, they will have Fail on their transcript, and have to remediate the clerkship.

Clerkship Failure & Remediation

If a student fails a third- or fourth-year clerkship, the student will receive a Fail grade and will be required to repeat the clerkship. The grade for the repeated clerkship will be calculated based on the grading criteria outlined in the syllabus for Pass, High Pass, or Honors independent of the prior Fail. The original Fail grade will remain on the transcript. The original summative evaluation narrative will be included in the MSPE, in addition to the summative evaluation from the repeated clerkship.

If a student fails the remediated clerkship again and the SEPC allows for another remediation, the grade for the repeat clerkship will still be calculated based on the grading criteria outlined in the course syllabus for (Pass, High Pass, or Honors). The original two failures will remain on the transcript. The repeated course will be listed again, and the word (Repeat) will appear next to both course names.

Grade Review Policy

The School's Grade Reconsideration Policy is located in the Policies and Procedures for Evaluation, Grading and Promotion of Chobanian & Avedisian School of Medicine MD Students:

<https://www.bumc.bu.edu/camed/faculty/evaluation-grading-and-promotion-of-students/>

Assignments

1. OSCE: You will be assigned a time to complete an in-person ~~Virtu~~ OSCE (Objective Standardized C.linical Examination.. These will occur via the use of trained actors who have been carefully prepared to represent patients who suffer from common surgical problems, and the examination will take place in the simulation center of the Boston University School of Medicine.
2. During this encounter, you will be tasked with eliciting the history of the principal illness, including those details and symptoms most important to establishing a differential diagnosis. Our expectation is that the history is differential-driven, and the questions asked will allow you to narrow that differential.
3. In addition to the HPI, you will be expected to do a complete history of the patient, including eliciting a past medical history, past surgical history, medications and allergies, as well as a family and social history.

4. The physical examination portion of the examination will be done using trainers, and will not involve the actors themselves. You will be told the pertinent positives related to the physical examination.
5. Once the examination has been completed, you will be asked to provide a differential diagnosis based on your findings, having completed a history and physical examination.
6. You will then be asked to provide the details of your work-up, related to your differential diagnosis. This should include all relevant laboratory and radiologic testing. You will be given the results of those tests, to further narrow down your diagnosis.
7. Having established a diagnosis, you will be asked to describe your initial treatment plans, including NPO status, IV fluids, antibiotics, etc.
8. Having completed these steps, you will be given a final scenario, now that the diagnosis has been established, and provide the details of more guided therapy (e.g. going to the OR, percutaneous drainage, etc.)
9. You will be observed during this process by a surgeon remotely, who will be located in the video room of the simulation center, and who will be grading you based on your ability to do steps 1-8.
10. An in-person discussion of your performance will take place at the conclusion of your session, to include the observer and the student.

The OSCE score will make up 10% of your total grade

Recommended Texts

Multiple sources are available to match different learning styles. Based on input from students during prior academic years, we recommend the following books or resources:

- Surgery: A Case Based Clinical Review. De Virgilio, 2020 (second ed.). Available through Surgery Blackboard site (Please note that only an older version is available through the library, so it's best to download from blackboard). This is an excellent and comprehensive textbook that is geared toward medical students, and comes with questions for each chapter at the end of the textbook. Some students do try to read most of the textbook and have found this an effective studying strategy. This may not be realistic for everyone, but we highly recommend reading as much of this book as is feasible, prioritizing those chapters relevant to what you are seeing clinically on your service.
- Surgery: PreTest Self-Assessment and Review. Kao, Lee, 13th Ed. This is a collection of 500 questions arranged by subcategories. This is available through the BU Alumni Medical Library under an electronic format. You can sign up for an account for free, and this will make tests for you and track your progress. To find this book, choose "e-books" → "Access Surgery" → "Clerkship" (from the bar at the top).
- Case Files: Surgery. Toy, 5th ed. A collection of common cases. This is a less comprehensive alternative to the de Virgilio textbook above. You can also access this through the BU Alumni Medical Library by following the same steps as above for "PreTest."
- Dr. Pestana's Surgery Notes. Pestana, 3rd ed (2017). This is a very short review book that is highly recommended by students as a SHELF preparation tool. It also comes with 180 high yield questions at the end of the book. Available on Amazon.

Other Resources:

- NBME practice tests: <https://nsas.nbme.org/home>. The NBME offers 4 practice tests (40 questions each), and will provide you with a score which others have said is highly predictive of your shelf score. Students have also said they encountered multiple questions on the actual shelf which were quite similar to practice questions. We highly recommend taking all four practice tests at intervals throughout the clerkship. To access these, go to the above website, and log in or create a new account.

Then, from the drop-down menu choose “Clinical Science Mastery Series.” There is a fee for this service, each exam costing \$20.

Session Learning Objectives and Notes

1. **Medical Knowledge:**

- Understand the anatomy and physiology relevant to surgical procedures.
Acquire knowledge of common surgical conditions, their etiology, pathophysiology, and treatment options.
Explain the principles of preoperative, intraoperative, and postoperative care.
Identify indications, contraindications, and potential complications of surgical procedures.
Recognize surgical emergencies and appropriate management strategies.

2.

Clinical Skills:

Interpret diagnostic tests including laboratory results, imaging studies, and biopsies.
Gain proficiency in basic surgical techniques such as suturing and knot tying, via simulation.
Understand how case presentations should be done in the surgical setting, and to give the students the opportunity to practice those skills in a supervised setting.

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2. **Critical Thinking and Problem-Solving:**

Teach the students how surgeons analyze and synthesize clinical data to formulate differential diagnoses and treatment plans, and give the students the opportunity to formulate differential diagnoses and treatment plans themselves .
Give an idea of how surgeons evaluate the risks and benefits of surgical interventions, considering patient-specific factors and preferences.
Teach the students how to manage potential complications during the perioperative period.
Show students how to apply evidence-based medicine principles to inform clinical decision-making in surgical practice.

3.

Systems-Based Practice:

Give the students how the delivery of surgical services is performed within healthcare systems.
Recognize the roles and responsibilities of various healthcare professionals in the perioperative care team.
Understand how quality improvement and patient safety initiatives in surgical care delivery are developed.

4.

Cultural Competence and Diversity:

Demonstrate how cultural, socioeconomic, and religious factors that may influence surgical care.