Surgery Clerkship

Department of Surgery
Course Number MS 311
2018-2019

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Surgery Clerkship Syllabus

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### Medical Education Program Objectives

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| **B - Behaves in a caring, compassionate and sensitive manner toward patients and colleagues of all cultures and backgrounds.** (Interpersonal and Professionalism) | B.1 - Apply principles of social-behavioral sciences to provision of patient care; including assessment of the impact of psychosocial and cultural influences on health, disease, care-seeking, care compliance, and barriers to and attitudes toward care. (2.5)  
B.2 - Demonstrate insight and understanding about emotions that allow one to develop and manage interpersonal interactions. (4.7)  
B.3 - Demonstrate compassion, integrity, and respect for others. (5.1)  
B.4 - Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation. (5.5) |
| **U - Uses the science of normal and abnormal states of health to prevent disease, to recognize and diagnose illness and to provide and appropriate level of care.** (Medical Knowledge and Patient Care) | U.1 - Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (1.1)  
U.2 - Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging and other tests. (1.2p)  
U.3 - Interpret laboratory data, imaging studies, and other tests required for the area of practice. (1.4)  
U.4 - Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence and clinical judgement. (1.5)  
U.5 - Develop and carry out patient management plans. (1.6)  
U.6 - Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health. (1.9)  
U.7 - Demonstrate an investigatory and analytic approach to clinical situations. (2.1)  
U.8 - Apply established and emerging bio-physical scientific principles fundamental to health care for patients and populations. (2.2)  
U.9 - Apply established and emerging principles of clinical sciences to health care for patients and populations. (2.3)  
U.10 Recognizes that ambiguity is a part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty. (8.8) |
| **C - Communicates with colleagues and patients to ensure effective interdisciplinary medical care** (Interpersonal and Communication Skills; Patient Care) | C.1 - Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging and other tests. (1.2h)  
C.2 - Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making. (1.7)  
C.3 - Participate in the education of patients, families, students, trainees, peers and other health professionals. (3.8)  
C.4 - Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds. (4.1)  
C.5 - Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health related agencies (4.2, see also 7.3)  
C.6 - Maintain comprehensive, timely, and legible medical records. (4.5)  
C.7 - Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics. (4.6)  
C.8 - Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations. (7.3) |
| A - Acts in accordance with highest ethical standards of medical practice (Professionalism) | A.1 - Demonstrate responsiveness to patient needs that supersedes self-interest. (5.2)  
A.2 - Demonstrate respect for patient privacy and autonomy. (5.3)  
A.3 - Demonstrate accountability to patients, society, and the profession. (5.4)  
A.4 - Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations. (5.6)  
A.5 - Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust. (7.1)  
A.6 - Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients. (8.5) |
|---|---|
| R - Reviews and critically appraises biomedical literature and evidence for the purpose of ongoing improvement of the practice of medicine. (Practice-Based Learning and Improvement and Medical Knowledge) | R.1 - 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. (2.4)  
R.2 - Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems. (3.6)  
R.3 - Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes. (3.10) |
| E - Exhibits commitment and aptitude for life-long learning and continuing improvement (Practice-based Learning) | E.1 - Identify strengths, deficiencies, and limits in one's knowledge and expertise. (3.1)  
E.2 - Set learning and improvement goals. (3.2)  
E.3 - Identify and perform learning activities that address one's gaps in knowledge, skills, and/or attitudes. (3.3)  
E.4 - Incorporate feedback into daily practice. (3.5)  
E.5 - Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care. (3.9)  
E.6 - Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors. (8.1)  
E.7 - Manage conflict between personal and professional responsibilities. (8.3) |
| S - Supports optimal patient care through identifying and using resources of the health care system. (Systems-Based Practice and Patient Care) | S.1 - Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes. (1.8)  
S.2 - Systematically analyze practice using quality-improvement methods and implement changes with the goal of practice improvement. (3.4)  
S.3 - Use information technology to optimize learning. (3.7)  
S.4 - Work effectively with others as a member or leader of a health care team or other professional group. (4.3, see also 7.4)  
S.5 - Work effectively in various health care delivery settings and systems relevant to one's clinical specialty. (6.1)  
S.6 - Coordinate patient care within the health care system relevant to one's clinical specialty. (6.2)  
S.7 - Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care. (6.3)  
S.8 - Advocate for quality patient care and optimal patient care systems. (6.4)  
S.9 - Use the knowledge of one’s own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served. (7.2)  
S.10 - Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable. (7.4) |
Third Year Learning Objectives
During the third-year clerkships, students will
- Demonstrate use of patient-centered interviewing and communication techniques (U.2)
- Take a clinical history that demonstrates both organization and clinical reasoning (U.7)
- Perform accurate and relevant physical exam techniques (U.2)
- Demonstrate an ability to synthesize clinical information and generate a differential diagnosis, assessment and plan (U.3, R2, U.5)
- Demonstrate a compassionate and patient-sensitive approach to history taking and physical examinations (B.3)
- Communicate well organized, accurate and synthesized oral presentations (C.1)
- Counsel and educate patients and families (C.3)
- Demonstrate timely, comprehensive and organized documentation (C.6)
- Demonstrate a fund of knowledge in the clinical discipline and apply this to patient care (U.4)
- Demonstrate an awareness of one’s own learning needs and work to address these gaps (E.1, E.3)
- Show respect and empathy for others (B.3)
- Demonstrate accountability to the responsibilities of the student’s role and expectations of a clinical clerk (S.4)
- Communicates effectively with the interprofessional team (S.9)

Surgery Clerkship Learning Objectives
(Linked to Medical Education Program Objectives in parentheses)

Upon successful completion of the surgery clerkship, each student will be able to do the following:
1. Gather a history and perform a physical for patients presenting with a variety of surgical conditions both in the elective and the emergent setting. (U.2, U.7)
2. Formulate a differential diagnosis for patients presenting with a variety of abdominal symptoms (abdominal pain, nausea/vomiting, change in bowel habits, hematemesis/hematochezia) and other surgically treated conditions (U.3, R2, U.5)
3. Recommend and interpret diagnostic tests for patients presenting with abdominal symptoms or other surgically treated conditions (U.1, U.2, U.3, U.4)
4. Document an encounter in the medical record for patients presenting with surgical disease. (C.6)
5. Provide an organized and accurate oral presentation of a patient encounter. (C.1)
6. Form clinical questions and retrieve evidence to advance patient care. (U.4, U.7, R.1-3, E.1, E.3)
7. Collaborate as a member of an interprofessional team (B.2, B.3,C.5, C.8, A.5, A.6, S.9)
8. Recognize a patient requiring urgent or emergent care and initiate evaluation and management. (U 1-10)
9. Perform general procedures expected of physicians, including venipuncture, iv placement, suturing of surgical incisions or lacerations, performing sterile technique, foley catheter placement, basic airway management, arterial blood gas (U.1)
Contact Information

Clerkship Director

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Clerkship Director
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Associate Clerkship Director

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Associate Clerkship Director
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Clerkship Coordinator

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Yvena Mera
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Office Hours: Monday-Friday, 8:00am-4:30pm
Clerkship Description

Focus of clerkship
The purpose of the 3rd year Surgery Clerkship is to provide instruction in the basic knowledge and skills specific to the field of general surgery, including emergent and nonemergent intraabdominal disease, traumatic injury, and surgically treated malignancies. Students will also have the opportunity to learn about a selection of illnesses treated by surgical subspecialists, including diseases of the head and neck, the genitourinary system, the vascular system, and the musculoskeletal system, as well as anesthesiology.

During the time on the surgical service, you will be treated as an integral part of a surgical team including attending surgeons, residents, interns, and mid-level providers, and will have the opportunity to directly impact patient care.

During this time, you will participate in a robust didactic curriculum, consisting of 20 core lectures by the surgical faculty, and will also give a brief presentation on an assigned topic to educate your peers. You will also learn many relevant skills through several workshops on sterile technique, suture closure of basic surgical and traumatic wounds, knot tying, airway management, peripheral iv placement, and arterial blood gas. While the didactic lectures and workshops provide a framework for your learning, the most critical portion of your learning will occur through self-directed and independent learning. Please make it a goal to read about and learn from every patient encounter you experience during the clerkship.

Pre-requisite knowledge and skills
Students must have completed their second year curriculum, attended the 3rd year orientation, and have taken the Step-I exam prior to taking this clerkship.

Site Information
The Surgery Clerkship is divided into one of the following Core General Surgery Rotations and two separate Subspecialty Rotations as follows:

CORE GENERAL SURGERY ROTATIONS (4 WEEKS):

BMC- Minimally Invasive Surgery (MIS)
The MIS/colorectal surgery service treats a wide variety of diseases ranging from various types of hernias, biliary disease, morbid obesity, and a wide range of general surgical procedures. 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. If they have a day with no clinical activities, this is a good 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. On the Monday of the last week of the rotation, students will be asked to present at MIS conference, and will present a recent interesting article in the literature. This is low-stress, and no ppt
presentations or handouts are allowed. You will be assigned a paper approximately one week in advance.

- **Site Director:** Dr. Luise Pernar ([Luise.Pernar@bmc.org](mailto:Luise.Pernar@bmc.org))
- **Teaching Faculty:**
  - Dr. Brian Carmine
  - Dr. Cullen Carter
  - Dr. Donald Hess (Division Chief and Residency Program Director)
  - Dr. Luise Pernar
- **PA:** Jeanne Russo, PA, Tuesday- Friday, 6am-4pm
- **Residents:** Chief, PGY-3/4, intern
- **Reporting Instructions for 1st day:** 5:30 AM, East Newton Campus, 6th Fl, Room 6108, between North and West wings. Door code: 351
- **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. Due to the disparate number of weekend days available during the first half of each medical student block and the second half of each block, your number of call days will vary based on when you are on service. If you are on in the first half of your block, you should plan to take call during 2 weekend days, and if you are on in the second half of your block, you should take one weekend day. For those on the first half- not to worry, you will take less weekend call during the second half as well. The Mozden, MIS, and Colorectal teams round together on weekends, and students on these teams should make a call schedule amongst yourselves. If there are enough students, all weekends should be covered including the “middle” clerkship weekend, and no more than two 3rd year students should be on for the same day. Students are asked to stay until all work is done, and to leave their contact information with the surgical team, so they may be called to help with interesting consults or emergency surgeries. 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:** (Please see weekly email from Chief Resident for details about any specific week. This is generally sent the weekend before each week) (nb- Bariatric clinic is on 2nd floor, Preston building; General Surgery clinic is on 3rd floor, Shapiro building).
  - **Mon**
    - 1:00-2:00- Dr. Glantz Rounds (Dowling 2S conference rm)
    - 4:30PM (4th week of rotation) - Students present at MIS conference
    - 8:30-12:00: Hess Bariatric Clinic
    - 8:30-4:30: Carmine Bariatric Clinic
  - **Tue**
    - 8:30-4:30: Carter Bariatric Clinic
  - **Wed**
    - 8:30-4:30: Carmine Bariatric Clinic
    - 8:30-4:30: Pernar Bariatric Clinic
  - **Th**
    - 1:00-2:00- Dr. Glantz Rounds (Dowling 2S conference rm)
    - 8:30-4:30- Carter general surgery clinic
    - 8:30-4:30- Pernar general surgery clinic
  - **Fr**
    - 7:00-9:00- Grand rounds/M&M, 9:00-4:30: didactics, peer ed (Students round with the team on Friday before conferences)
• Breast Surgery Clinic: Every student is expected to attend one half-day session in the breast surgery clinic in order to gain an understanding of breast disease including breast cancer. This is critically important, and is sure to come up on Shelf exams and your future board exams for multiple specialties. On this service, you will be assigned in advance to a breast clinic, and are excused from other clinical duties during this time. If this falls on Monday or Thursday afternoons, you are also excused from Glantz Rounds, but please email Dr. Glantz (Andrew.Glantz@bmc.org). Please read chapters 3-4 before attending clinic to maximize your experience.

• 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. See every patient encounter as a learning opportunity.

• Recommended reading:
  o General surgery topics: Devirgilio, Ch. 1, 15, 16
  o For a primer on bariatric surgery, watch the BMC Bariatric Surgery Patient Education Video at https://www.bmc.org/weight-loss-surgery
  o Bariatric light read: https://www.nytimes.com/2016/05/02/health/biggest-loser-weight-loss.html?_r=0

*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.

BMC- Colorectal Surgery
The colorectal surgery service treats a wide variety of diseases of the colon, rectum, and anus, ranging colon/rectal cancer, inflammatory bowel disease (Crohns/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. 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. If they have a day with no clinical activities, this is a good opportunity to work with another attending in the group.

• Site Director: TBD
• Teaching Faculty:
  o Dr. Jason Hall (Division Chief)
  o Dr. Angela Kuhnen
  o Dr. Uma Phatak
• PA:Sandy Falcon, PA; M-F, 6am-2pm Stephanie Redmond, PA, W-F, 6am-2pm,
Residents: Chief, PGY-3/4, intern
Reporting Instructions for 1st day: 5:30 AM, East Newton Campus, 6th Fl, Room 6108, between North and West wings. Door code: 351
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. Due to the disparate number of weekend days available during the first half of each medical student block and the second half of each block, your number of call days will vary based on when you are on service. If you are on in the first half of your block, you should plan to take call during 2 weekend days, and if you are on in the second half of your block, you should take one weekend day. For those on the first half- not to worry, you will take less weekend call during the second half as well. The Mozden, MIS, and Colorectal teams round together on weekends, and students on these teams should make a call schedule amongst yourselves. If there are enough students, all weekends should be covered including the “middle” clerkship weekend, and no more than two 3rd year students should be on for the same day. Students are asked to stay until all work is done, and to leave their contact information with the surgical team, so they may be called to help with interesting consults or emergency surgeries. 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: (Please see weekly email from Chief Resident for details about any specific week. This is generally sent the weekend before each week)
  o Mon 1:00-2:00- Dr. Glantz Rounds (Dowling 2S conference rm)
     4:30PM (4th week of rotation) - Students present at MIS conference
  o Tue
  o Wed
  o Th  1:00-2:00- Dr. Glantz Rounds (Dowling 2S conference rm)
  o Fr  8:00-9:00- Grand rounds/M&M, 9:00-4:30: didactics, peer ed
     Students round with the team on Friday before conferences
Breast Surgery Clinic: Every student is expected to attend one half-day session in the breast surgery clinic in order to gain an understanding of breast disease including breast cancer. This is critically important, and is sure to come up on Shelf exams and your future board exams for multiple specialties. On this service, you will be assigned in advance to a breast clinic, and are excused from other clinical duties during this time. If this falls on Monday or Thursday afternoons, you are also excused from Glantz Rounds, but please email Dr. Glantz (Andrew.Glantz@bmc.org). Please read chapters 3-4 before attending clinic to maximize your experience.
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. See every patient encounter as a learning opportunity.

Recommended reading:
- Colorectal: Devirgilio, Ch. 19-23
- Recommend watching Dr. Kuhnen’s lecture on anorectal disease and Dr. Phatak’s lecture on colorectal cancer if you have not yet had these lectures when you are on service. These are filmed and on Blackboard.

*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.

BMC- Mozden (Surgical Oncology)
The Mozden service treats all surgical diseases of the gastrointestinal tract, hepatopancreaticobiliary system, endocrine system, breast, and skin/soft tissue. Common diagnoses treated are breast malignancies, benign and malignant thyroid & parathyroid conditions, gastric malignancies, pancreatic malignancies, hepatobiliary malignancies, sarcomas, and melanoma. Non-malignant surgical conditions are also treated by several of the surgeons on the service, including hernia, gallbladder/biliary disease, and a number of other urgent or emergent issues seen when on call.

- Site Director: Dr. Teviah Sachs, Teviah.Sachs@bmc.org
- Teaching Faculty:
  - Dr. Michael Cassidy (General oncology, breast)
  - Dr. Thurston Drake (Endocrine)
  - Dr. Maureen Kavanah (Breast)
  - Dr. David McAneny (Endocrine, General, hepatobiliary)- Vice Chair of Department and Division Chief
  - Dr. Teviah Sachs (Hepatopancreaticobiliary)
  - Dr. Jennifer Tseng (Hepatopancreaticobiliary)- Department Chair
- PA/NP: Lauren Hartnett (inpatient), Mami e Cantor (outpatient), Noreen O'Shea (outpatient breast)
- Residents: Chief, PGY-3, Intern x2
- Reporting instructions for 1st day: 5:30 AM, East Newton Campus, 6th Fl, North Wing, Rm 28.
- 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. Due to the disparate number of weekend days available during the first half of each medical student block and the second half of each block, your number of call days will vary based on when you are on service. If you are on in the first half of your block, you should plan to take call during 2 weekend days, and if you are on in the second half of your block, you should take one weekend day. For those on the first half- not to worry, you will take less weekend call during the second half as well. The
Mozden, MIS, and Colorectal teams round together on weekends, and students on these teams should make a call schedule amongst yourselves. If there are enough students, all weekends should be covered including the “middle” clerkship weekend, and no more than two 3rd year students should be on for the same day. Students are asked to stay until all work is done, and to leave their contact information with the surgical team, so they may be called to help with interesting consults or emergency surgeries. 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 (all clinics in Moakley 3rd floor except Breast Clinic which is on Moakley 1st floor)** (Please see weekly email from Chief Resident for details about any specific week. This is generally sent the weekend before each week)
  - **Mon** 1:00-2:00- Dr. Glantz Rounds (Dowling 2S conference rm)
    - 8:00-4:00- Dr. Drake Clinic
    - 8:00-12:00- Dr. McAneny Clinic
  - **Tue** 8:30-4:00- Dr. Kavanah Breast Clinic
    - 4:00-5:00- Mozden Conference- FGH building, 5th floor
  - **Wed** 7:30-8:30- GI tumor board- FGH building 4th floor
    - 8:30-12:30- Dr. Sachs GI clinic
    - 8:00-4:00- Dr. Cassidy Breast Clinic
    - 8:00-4:00- Dr. Drake clinic
    - 8:00-4:00- Dr. McAneny clinic
  - **Th** 1:00-2:00- Dr. Glantz Rounds (Dowling 2S conference rm)
    - 9:00-2:00- Dr. Sachs GI clinic
    - 8:00-12:00- Dr. Kavanah Breast Clinic
  - **Fr** 8:00-9:00- Grand rounds/M&M, 9:00-4:30: didactics, peer ed
    (Students round with the team on Friday before conferences)

- **Breast Surgery Clinic:** Every student is expected to attend one half-day session in the breast surgery clinic in order to gain an understanding of breast disease including breast cancer. This is critically important, and is sure to come up on Shelf exams and your future board exams for multiple specialties. On this service, you will be assigned in advance to a breast clinic, and are excused from other clinical duties during this time. If this falls on Monday or Thursday afternoons, you are also excused from Glantz Rounds, but please email Dr. Glantz (Andrew.Glantz@bmc.org). Please read chapters 3-4 before attending clinic to maximize your experience. **Because you are on the Mozden service, you are welcome to attend the breast clinic more than your assigned time. Please do reference the schedule before going, as only one student should attend each session.

- **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: Prepare for the OR cases and clinics by reading about disease processes and reviewing relevant anatomy. Attend clinic and especially attend breast clinic (please refer to your scheduled date) with Dr. Cassidy and Dr. Kavanah. In addition, the chief resident will send a weekly email with the cases, clinics, and conferences (Mozden conference, tumor board, breast conference) that will be helpful in planning your week.

• Recommended Reading:
  o Breast: Devirgilio 3,4
  o Hepatobiliary: Devirgilio 15-18
  o Gastric: Devirgilio 50
  o Endocrine: Devirgilio 8-11

*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.

**BMC- Trauma and Acute Care Surgery (TACS)**

The experience on the TACS service is truly unique. 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 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. Prior to 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

• Site Director: Dr. Tejal Brahmbhatt, tejal.brahmbhatt@bmc.org
• Teaching Faculty:
  o Dr. Peter Burke (Division Chief)
  o Dr. Tracey Dechert
  o Dr. Bob Schulze (Director of Surgical Critical Care)
  o Dr. Tejal Brahmbhatt
  o Dr. Sabrina Sanchez
• Advanced Care Practitioners (NP): Patty Harrison, Nancy Connors, Rose Souza
• Residents: Chief, PGY 4, PGY 3, PGY 1 x 2-3
• Reporting instructions for 1st day: You will be assigned to a particular team for the start of your rotation. If assigned to team A, report to 7the floor East room 7127, if team B, room 7115. Arrive by 5:30 on our first day.
• 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. Due to the disparate number of weekend days available during the first half of each medical student block and the second half of each block, your number of call days will vary based on when
you are on service. If you are on in the first half of your block, you should plan to take call during 2 weekend days, and if you are on in the second half of your block, you should take one weekend day. For those on the first half- not to worry, you will take less weekend call during the second half as well. The Team A and Team B services merge on weekends, and students on these teams should make a call schedule amongst yourselves. If there are enough students, all weekends should be covered including the “middle” clerkship weekend, and no more than two 3rd year students should be on for the same day. Students are asked to stay until all work is done, and to leave their contact information with the surgical team, so they may be called to help with interesting consults or emergency surgeries. 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:**
  - **Mon**  1:00-2:00- Dr. Glantz Rounds (Dowling 2S conference rm)
  - **Tue**  9:00-12:00- TACS clinic
  - **Wed**
  - **Th**   1:00-2:00- Dr. Glantz Rounds (Dowling 2S conference rm)
  - **Fr**   7:00-9:00- Grand rounds/M&M, 9:00-4:30: didactics, peer ed  
    (Students round with the team on Friday before conferences)

- **Breast Surgery Clinic:** Every student is expected to attend one half-day session in the breast surgery clinic in order to gain an understanding of breast disease including breast cancer. This is critically important, and is sure to come up on Shelf exams and your future board exams for multiple specialties. On this service, you will be assigned in advance to a breast clinic, and are excused from other clinical duties during this time. If this falls on Monday or Thursday afternoons, you are also excused from Glantz Rounds, but please email Dr. Glantz (Andrew.Glantz@bmc.org). Please read chapters 3-4 before attending clinic to maximize your experience.

- **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:** 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 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.*
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.

Students are expected to attend lectures at BMC via Skype each Friday starting at 10:00 AM until the end of the day. Students are permitted to leave Berkshire Medical Center after Grand Rounds on Fridays to do so.

- Site Director: Dr. Michael DiSiena, mdisiena@bhs1.org
- Site Administrator: Stephanie Wade, swade@bhs1.org
- Suzette Naylor (snaylor@bhs1.org)

Teaching Faculty:
- Michael DiSiena, DO –Surgery Residency Program & Clerkship Director
- Marcella Bradway, MD
- Michael Cohn, MD
- Eugene Curletti, MD
- Christian Galvez, MD
- Andrew Lederman, MD
- Clayton Peterson, MD
- Joseph Pfeifer, MD
- Christopher Toloukian, MD
- Elie Seeman, MD

Nurse Practitioners are: Tina Alibozek, Moira Brophy, Christine Korney, Jessica Lotto
PAs are: Brian Buxton (locums), Shannon Carey, Carlos Faria, Elena Fyfe, David Keith, Jennifer LaChance, Gerald Langlois, Marianne Langlois, Marina O’Toole, Tina Schwindt

Residents (2018-2019)
- PGY-5: Paul Stetsyuk, Brian Prattini
- PGY-4: Mark Kryskow, Ross Knowles
- PGY-3: Patrick Craft, Michael Iannamorelli
- PGY-2: Cullen White, Jacques Townsend
- PGY-1: Kelsey Baran, Alyssa Toia

Reporting instructions for 1st day: Approximately one week prior to your rotation separate emails will be sent from Suzette Naylor 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: 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 weekends 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. Grand Rounds is held every Friday at 8:00 AM, followed by M&M conference at 9:00 AM.
- **Breast Surgery Clinic:** Every student is expected to attend one half-day session in the breast surgery clinic in order to gain an understanding of breast disease including breast cancer. This is critically 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 one to attend to complete this requirement.
- **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:** 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 Devirgilio textbook relevant to the cases you see.

**Cape Cod Hospital**
27 Park Street, Hyannis, MA 02601
Students assigned to Cape Cod Hospital will work on a general surgery service under the direction of Dr. Stephen Brooks and BMC residents. Students will have a chance to learn the entire range of general surgery in this high volume center. You will also be exposed to vascular surgery and breast surgery. Former students have commented that the experience at Cape Cod allows them to participate as full members of the surgical team, and they have enjoyed the opportunity to impact patient care very directly. As noted, you will be provided housing near the hospital. Donna will send you an email with the address of the house, and when you arrive, you should go to security (near the ED), to pick up keys to the house.
• Site Director: Dr. Stephen Brooks (SBrooks@CapeCodHealth.org)
• Site Administrator: Donna Moran (DMMoran@CapeCodHealth.org)
• Teaching Faculty:
  o Dr. Stephen Brooks (Site Director)
  o Dr. Oxley (Breast Surgery)
  o Dr. Dalton (Breast Surgery)
  o Dr. Spillane
  o Dr. Novak
  o Dr. Loewen
  o Dr. Haveran
  o Dr. Fonts
  o Dr. Gorin
• Residents: BMC residents- PGY-4, PGY-3, PGY -2
• Reporting instructions for 1st day: Donna will email you several days before your arrival to set a time and a location to meet for orientation. If you do not hear from her, please send her an email on the Thursday or Friday before your arrival.
• Call/Weekend Schedule: Students participate in an on-call schedule that includes several students from other institutions (UMASS and SABA). You will work with the other students to make this schedule. The exact number of call days will depend on the number of students present. In general, during the rotation, students will have one weekend call (6:00AM-6:00AM) and two weeknight calls (starting 7:00AM and ending at 7AM the following day). Students should not take weekend call on the last weekend before the shelf exam- so please arrange the schedule with the other students at CCH so your weekend call days are completed prior to this.
• Weekly Schedule
  o Mon: Dr. Brooks Clinic; Dr. Oxley Clinic (both all day)
  o Tue:
    o Wed: Dr. Oxley Clinic (all day)
  o Th: 7:00 AM: Grand rounds OR M&M conf (Martins Conference Room- 2nd floor near library). Dr. Brooks Clinic (all day)
  o Fr: Students return to BU for didactic lectures beginning at 10:00 on Friday morning.
• Student Clinical Duties: Pre-round on patients you are following, assist the resident team as needed to ready the patient list with your patients’ information, round with team, assist with dressing changes, assist residents with floor work, assist in the OR, look up and report back on topics assigned by the senior resident
• Brief Advice on How to Succeed: Know your patients well. Ask Dr. Brooks and the residents about their expectations early in the rotation. All students should spend a minimum of one clinic day with Dr. Brooks (preferably more). Clinic starts around 9:45 AM, but please arrive at 8:15 AM to prepare. His wife, Marla, will help you get settled and show you how to navigate and read up on his patients for the day. He usually sees 25 patients during the day. Please also attend the Breast Surgery clinic with Dr. Oxley or Dr. Dalton. Dr. Oxley’s clinic is in the same building as Dr. Brooks, and you should plan to spend at least one
day in breast clinic. On the days you attend breast clinic, attend breast conference at CCH at 7AM (breakfast served!). Also, please read Devirgilio chapters 3 and 4 prior to attending breast clinic.

- 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.

**Kaiser Permanente- Santa Clara**

700 Lawrence Expwy, Santa Clara, CA 95051

Students will have 6 weeks of General Surgery, which includes time on Acute Care Surgery, General Surgery, Surgical Oncology, Pediatric Surgery, Thoracic Surgery, and Vascular surgery. Students will also spend 2 weeks on the Cardiac Surgery Service. 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.

- Site Director: Dr. Maureen Tedesco ([Maureen.Tedesco@kp.org](mailto:Maureen.Tedesco@kp.org)), and Dr. Elliot Brill ([Elliot.R.Brill@kp.org](mailto:Elliot.R.Brill@kp.org))
- Site Administrator: Melissa Eusebio ([Melissa.A.Eusebio@kp.org](mailto:Melissa.A.Eusebio@kp.org))
- Teaching Faculty:
  - Dr. Nancy Bitar
  - Dr. Elliott Brill
  - Dr. Ninad Dabadghav
  - Dr. Maighan Kavanagh
  - Dr. Amid Keshavarzi
  - Dr. John Stevenson
  - Dr. JP Lu
  - Dr. Jemmy Hwang (Chair of Department of Surgery)
  - Dr. Judy Keddington
  - Dr. Annette Chavez
  - Dr. Maureen Tedesco
  - Dr. Justin Choi
  - Dr. Lucy Kim
  - Dr. Ron Ilano
  - Dr. Kerry Sullivan
  - Dr. Grace Nicksa
  - Dr. Rick Bloom
  - Dr. Alex Moskovitz
  - Dr. Brad Hill
  - Dr. Nayan Sivamurthy
  - Dr. Owen Palmer
  - Dr. Rishad Faruqi
  - Dr. Bharat Pancholy (Thoracic Surgery)
  - Dr. Hon Lee (Cardiac Surgery)
• PA/NP: Terry Jacobs, Chad Ith, Courtney Hori, Daniela Goldenberg, Eliza Villa (proctology)
• Residents: Stanford General Surgery: PGY 5, 4, 3, 2
• Reporting instructions for 1st day: Please present to Melissa Asilo, Dept 286 at Kaiser Permanente in Santa Clara
• Call/Weekend Schedule: Students will be assigned to two weekend calls per rotation (Saturday or Sunday) and up to one week night/week. A calendar will be given to you at the start of the rotation. Students should not take weekend call on the last weekend before the shelf exam- so please arrange the schedule so your two call days are completed prior to this.
• Weekly Schedule
  o Mon:
  o Tue: AM: Opportunity to “First Assist” in cases while residents are off-site
  o Wed:
  o Th: 7:00 AM: Vascular Conference, 8:00 AM: General Surgery Conference, 4:00 PM: Weekly teaching
  o Fr: 6:00 AM: Didactics with BU via Skype
**Students will attend weekly 1 hour small group preceptor sessions with Dr. Tedesco, and will receive this schedule while on service. You are excused from clinical activities to attend these sessions.
***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 lunch time session. This schedule will be set at the beginning of the rotation, and will be the same topic you are assigned to present on BU didactic days. 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 for at least a half-day session in order to gain an understanding of breast disease including breast cancer. This is critically important, and is sure to come up on Shelf exams and your future board exams for multiple specialties. It is recommended to read the Devirgilio text chapters 3-4 before attending.
• Student Clinical Duties: The general surgery service is divided into 5 educational parts: Operating room, Wards, Clinic, Call, Teaching/conferences/presentations
• 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 either first or second assistant on all surgeries, including bread and butter General, Vascular, Thoracic, Plastic, ENT,
and Urology cases. 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. Steven Yood, Steven.Yood@mwmc.com
- **Site Administrator:** Rose Doherty, rose.doherty@mwmc.com
- **Teaching Faculty:**
  - Dr. Steve Yood, Dr. Brian Whitehouse
  - Dr. Yagnik Pandya, Dr. Rob Canning
  - Dr. Salwa Fam, Dr. Craig Donaldson
  - Dr. Raul Landa, Dr. Tim Anderson
  - Dr. Chris Cua, Dr. Katherine Hein
  - Dr. Raul Landa, Dr. Craig Donaldson, Dr. Katherine Hein,

- **PA/NP:** Melissa Bowman, PA (Chief PA), Rachel Russ, PA; Victoria Aharon, PA; Jackie Gordon, PA; Johanna Georghegan, PA; Kevin Traina, PA
- **Residents:** None
- **Reporting instructions for 1st day:** You will receive details in an email prior to arrival from Ms. Rose Doherty
- **Call/Weekend Schedule:** There is no weekday night call. The students are responsible for making the call schedule. Each student should schedule 2 separate (24 hour) weekend calls per rotation. He/she will round, do ward work, go home, will be paged back for cases. 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**
  - Mon: Rounds and OR
  - Tue: Rounds, OR +/- Office (1-4)
  - Wed: Rounds, Teaching Conference 7:30 or 12), OR +/- Office (9-4)
  - Th: Rounds and OR
  - Fr: 10:00AM: Didactic lectures at BMC (Students do not travel to MW on Fridays)

- **Breast Surgery Clinic:** Every student is expected to attend one half-day session in the breast surgery clinic at Boston Medical Center during their time at MetroWest in order to gain an understanding of breast disease including breast cancer. This is critically important, and is sure to come up on Shelf exams and your future board exams for multiple specialties. You will be assigned in advance to a breast clinic, and are excused from other clinical duties during this time- but please do let your faculty preceptor know you will be away for the afternoon or morning when you are assigned to breast clinic. Please read chapters 3-4 before attending clinic to maximize your experience.
• Student Clinical Duties: The students should be professionally dressed (no scrubs) during rounds and in the office. Students should pre-round on patients in whose care they have participated. 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. The student is responsible for completing the case log. The student will be at BUSM on Fridays for didactic teaching.

Responsibilities in AM:
- Pre-round on your patients,
- Round with staff (exact time may vary)
- Go to the OR 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.

• 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 the cases you see.

Roger Williams Medical Center
825 Chalkstone Avenue, Providence, RI 02908
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. Students will return to Boston on Thursday evenings to be present for didactics at BU.

• Site Director: Dr. James Koness, jkoness@chartercare.org
• Site Administrator: Susan Saccoccia, ssaccocc@chartercare.org
• Teaching Faculty:
  o Dr. James Koness
  o Dr. Joseph Espat (Chief of Surgery)
  o Dr. Ponandai Somasundar
  o Dr. Abdul Saied Calvino (Associate Clerkship Director)
  o Dr. Steven Katz
• PA/NP: Janelle Bosse, PA
• Residents/Fellows: 1-2 residents, 2 fellows (Senior and Junior Fellow)
• Reporting instructions for 1st day: If you have not heard any plan for obtaining keys and first day schedule, please email Nancy Agyapon, 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:** Students are expected to work one weekend during the four week block. There is no night call on weekdays. Students should not take weekend call on the last weekend before the shelf exam- so please arrange the schedule so your weekend call days are completed prior to this.

- **Weekly Schedule**
  - **Mon:**
  - **Tue:**
  - **Wed:** 8:00 AM: discharge planning meeting (students attend but not expected to present); 4:00 PM: indications conference (students will present some of the patients scheduled for the upcoming week)
  - **Th:**
  - **Fr:** 10:00AM: Didactic lectures at BMC
  **Didactics with Dr. Espat and Suturing workshops with Dr. Calvino will be arranged regularly on a variable schedule.**

**Nancy 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. Of note, some attendings (esp Dr. Katz) do expect at least one student to be present for clinic.

- **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.

- **Brief Advice on How to Succeed:** Try to spend as much time with Dr. Koness as you can- his clinic days are a great way to do so. This will also satisfy the requirement that all students on the clerkship spend time in Breast Surgery Clinic. Also, the 20 minute presentation toward the end of your rotation is very important. 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:
West Roxbury Veterans Affairs Hospital
1400 VFW Parkway, West Roxbury, MA 02132

A student on the surgery rotation at the WRVA hospital will be exposed to a wide variety of cases in the OR, in the clinic, and on the floor. 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. Students do return to BU for the didactic series, but also receive individual lectures and case discussions from the VA faculty. There is a strong tradition of excellence in education at the WRVA, and you will undoubtedly enjoy your experience. Students assigned to the VA will spend the entire 2 months of the surgery rotation at the VA, and will all spend two weeks on the vascular surgery service, and two weeks on the urology service.

- Site Director: Dr. Patrick O’Neal (857-203-6200) (Patrick.oneal2@va.gov)
- Site Administrator: Sheila Howard, Sheila.howard@va.gov
- Teaching Faculty:
  - Dr. Kamal Itani (Chief of Surgery)
  - Dr. Patrick O’Neal
  - Dr. Vivian Sanchez
  - Dr. Edward Whang
  - Dr. Jason Gold
  - Dr. Gentian Kristo
  - Dr. Piero Fisichella
- PA/NP: Patricia Soonthornprapuet (inpatient); Chizoba Nwosu (outpatient); Jennifer Moseley (outpatient)
- Residents: From BMC and BWH, PGY 5, PGY 4, PGY 2x4, PGY 1x4
- 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 workroom which is directly ahead. Knock on the door and someone will let you in.
- Call/Weekend Schedule: Students are expected to take call for either one entire weekend or two separate weekend days while on service if in the first half of the block, and one weekend day if in the second half of the block. Students will arrive at 6:00 AM on call days and should round with the resident team and help with all work that needs to be done. Students on call should see surgical consults in the ER and on other services. Students may leave the hospital when all of the work is done, but must leave their contact number with the residents and return to assist with new consults or OR cases. Students should not take weekend call on the last weekend before the shelf exam- so please arrange the schedule so your weekend call days are completed prior to this.
• 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
8:15AM General Surgery Clinic

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
4PM    Tumor Board (1st & 3rd Thursdays of the month)

Fr:
7AM    Grand Rounds vs Morning Report
10AM   BU Didactic Sessions

• 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 on your own in clinic and present to the attendings, present at conferences as assigned.

• Brief Advice on How to Succeed: Prepare for cases, and use each clinical case as a learning opportunity. Get to know your patients and participate actively in their care.

• 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.

SUBSPECIALTY ROTATIONS (2-WEEKS EACH)

Anesthesiology- BMC
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 and attending faculty. The experience will involve the perioperative evaluation and care of the surgical patient. Students will be 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 East Newton Pavilion 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 attend the series of lectures and case conferences. These will serve to enhance their knowledge, skills, and understanding of the field. Students will also attend Departmental Grand Rounds, held most Fridays.

- Site Director: Dr. Sharma Joseph, Sharma.Joseph@bmc.org
- Site Administrator: Alicia Sorrell, Alicia.sorrell@bmc.org, 617-638-6950
- Teaching Faculty: Too numerous to list here!
- Residents: You will work with PGY 1-3 residents
- Reporting instructions for 1st day: Dr. Joseph will email you before the start of the rotation to set a time and a place for orientation.

Call/Weekend Schedule: All students on the 2 week subspecialty blocks at BMC will be assigned to one 12-hour weekend shift in the emergency department to work with the surgery resident, seeing emergency surgery consults, and evaluating trauma patients. Please report to Menino Room 1278 “Trauma Residents Room” at the beginning of your shift (in the hallway across from “Area B” of the emergency room) to find the “4000” resident. If no one meets you there after 20 minutes, please page 4000 and ask where to meet. Please note that overall, students will be assigned two call shifts if on the the two-week subspecialties during the first half of the clerkship, and if on the 2 week subspecialties during the second half of the clerkship, will only be assigned one ER call. Otherwise, there is no night or weekend call while on the anesthesiology service.

- Weekly Schedule
  - Mon:
  - Tue:
  - Wed:
  - Th:
  - Fr: 7:00 AM: Anesthesia Grand Rounds (most Fridays, check with Dr. Sharma.
  - 9:00 AM: didactics

- 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.

- 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 resident as early as possible. You should offer to present the case to the attending if time allows.

- Recommended Reading: Clinical Anesthesia Fundamentals (1st Ed). Two copies available in the medical library, 7 additional copies available in Dr. Rafael Ortega’s multimedia office that can be borrowed (East Newton Pavilion, room 2704). Also useful is the Anesthesia Survival Guide: a Case-Based Approach, available through the E-Books link on the BU Alumni Medical Library webpage.
Anesthesiology- Roger Williams

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 residents 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.

- Site Director: Ata O.H. Afshar (atahafshar@gmail.com)
- Site Administrator: Ms. Nancy Agyapon (nancy.agyapon@chartercare.org)
- Teaching Faculty:
  - Dr. Ata O.H. Afshar (Site director)
  - Dr. Tim Connelly
  - Dr. Vijay Sudheendra
- Residents: You will not work with residents on this service
- CRNAs: You will work with several CRNAs
- Reporting instructions for 1st day: You will be contacted by the anesthesiology department regarding where to meet on the first day on service.
- Call/Weekend Schedule: All students on the 2 week subspecialty blocks will be assigned to one 12-hour weekend shift in the emergency department to work with the surgery resident, seeing emergency surgery consults, and evaluating trauma patients. Please report to Menino Room 1278 “Trauma Residents Room” at the beginning of your shift (in the hallway across from “Area B” of the emergency room) to find the “4000” resident. If no one meets you there after 20 minutes, please page 4000 and ask where to meet. Please note that overall, students will be assigned two call shifts if on the the two-week subspecialties during the first half of the clerkship, and if on the 2 week subspecialties during the second half of the clerkship, will only be assigned one ER call Otherwise, there is no night or weekend call while on the anesthesiology service.
- Weekly Schedule (OK to leave blank if no specific recurring events)
  - Mon: 7.00
  - Tue: 7.00
  - Wed: 7.00
  - Th: 7.00
  - Fr: 9:00 AM-end of day: didactics at BU
- 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.
- 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 resident 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.

EGS (emergency general surgery) & Trauma Consults- BMC
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.

• Site Director: Dr. Tejal Brahmbhatt, tejal.brahmbhatt@bmc.org
• Teaching Faculty:
  o Dr. Peter Burke (Division Chief)
  o Dr. Tracey Dechert
  o Dr. Bob Schultz
  o Dr. Tejal Brahmbhatt (Site Director)
  o Dr. Sabrina Sanchez
• Residents: 3rd year residents and occasionally interns
• Schedule: The two week experience is one week of days and one week of a night experience (traditionally the busier of the two).
• Reporting instructions: The student will be expected to report to the surgical consultation work room in the Emergency Department. This is Menino Room 1278 “Trauma Residents Room” at the beginning of your shift (in the hallway across from “Area B” of the emergency room) to find the “4000” resident. If no one meets you there after 20 minutes, please page 4000 and ask where to meet.
• Night week experience: Monday night-Thursday night (6PM-6AM)
  o Exceptions:
    ▪ Occasionally the clerkship starts on a Tuesday due to Holidays, etc., in which case this rotation will start on a Tuesday
    ▪ On Fridays, students are expected to stay for lectures until 12 noon, and are then excused
    ▪ On the week of the OSCE, students are expected to work Monday-Wednesday nights, but not Thursday night
    ▪ On the week of the shelf exam, students are expected to work Monday and Tuesday nights, but NOT Wednesday or Thursday nights.
• Day week experience: Begins Monday morning at 6a where the student will round with the consult resident on the consult inpatients and then the shift will end at 6p. This will be from Monday- Thursday, with Friday reserved for the weekly mandatory didactics.
Mondays and Thursdays: 1:00-2:00- Dr. Glantz Rounds (Dowling 2S conference rm) - you are excused for this teaching conference and please do not forget to go!

- Call/Weekend Schedule: Students during this 2 week block will not be required to take any additional Saturday or Sunday day or night shifts.
- 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
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

- Site Director: Dr. Hyunjoo Lee ([Hyunjoo.Lee@bmc.org](mailto:Hyunjoo.Lee@bmc.org))
- Site Administrator Valerie Worrell (617-638-4552) ([Valerie.Worrell@bmc.org](mailto:Valerie.Worrell@bmc.org))

- Teaching Faculty:
  - Dr. Blair Armstrong (oculoplastics)
  - Dr. Stephen Christiansen (pediatrics, strabismus)
  - Dr. Manishi Desai (glaucoma)
  - Dr. Babak Eliassi-Rad (glaucoma)
  - Dr. Clotilde Hainline (neuro-ophthalmology)
  - Dr. Hyunjoo Lee (cornea)
  - Dr. Matthew Leidl (glaucoma)
  - Dr. Kambiz Negahban (cornea)
  - Dr. Steven Ness (retina)
  - Dr. Crandall Peeler (neuro-ophthalmology, comprehensive)
  - Dr. Tony Pira (comprehensive)
  - Dr. Jean Ramsey (pediatrics)
  - Dr. Susannah Rowe (comprehensive)
  - Dr. Archana Seethala (retina)
  - Dr. Nicole Siegel (retina, uveitis)
  - Dr. Manju Subramanian (retina)
  - Dr. Gi Yoon-Huang (pediatrics, strabismus)
  - Fellows
  - Residents

- Reporting instructions for 1st day: Please report at 7am for Grand Rounds to the ophthalmology conference room, 85 E. Concord Street, 8th floor. Check [www.bu.edu/eye](http://www.bu.edu/eye) for the grand rounds/seminar schedule. If there is no Grand Rounds on the first day of your rotation, please report to the ophthalmology clinic (Yawkey ACC, 3rd floor) at 8am. Detailed information and a welcome packet will also be emailed by Ms. Valerie Worrell prior to your rotation. Also, if there is Grand Rounds for the first day, you may not yet have access to the elevator to
reach the 8th floor, so please follow the residents/fellows/attendings as they arrive.

- Call/Weekend Schedule: All students on the 2 week subspecialty blocks at BMC will be assigned to one 12-hour weekend shift in the emergency department to work with the surgery resident, seeing emergency surgery consults, and evaluating trauma patients. Please report to Menino Room 1278 “Trauma Residents Room” at the beginning of your shift (in the hallway across from “Area B” of the emergency room) to find the “4000” resident. If no one meets you there after 20 minutes, please page 4000 and ask where to meet. Please note that overall, students will be assigned two call shifts if on the the two-week subspecialties during the first half of the clerkship, and if on the 2 week subspecialties during the second half of the clerkship, will only be assigned one ER call. Otherwise, there is no night or weekend call while on the orthopedic surgery service.

- 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.

- 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 attendings 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.

- 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 evaluation forms to residents, fellows or attendings that you work with during the rotation, and have them return these forms to the site director. In order to get these returned in a timely manner, be prepared to give each evaluator your form as you work with them, rather than necessarily waiting for 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 is 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 that may have been given back to you by your evaluators.

Orthopedic Surgery- BMC
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.

- 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)
  - Dr. Desmond Brown
  - Dr. William Creevy
  - Dr. David Freccero
  - Dr. Xinning (Tiger) Li (Site Director)
  - Dr. Robert Nicoletta
  - Dr. Eric Smith
  - Dr. Andrew Stein
  - Dr. Chadi Tannoury
  - Dr. Tony Tannoury
- Residents: Multiple residents of all levels at BMC site
- Reporting instructions for 1st day: 5:45 AM for board rounds in the ortho workroom. This is on the ground floor of Dowling. From Yawkey, walk through the double doors into Dowling. The doors in the workroom are on your right. 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 on your first day with your BU ID number so she can add access.
- Call/Weekend Schedule: All students on the 2 week subspecialty blocks at BMC will be assigned to one 12-hour weekend shift in the emergency department to work with the surgery resident, seeing emergency surgery consults, and evaluating trauma patients. Please report to Menino Room 1278 “Trauma Residents Room” at the beginning of your shift (in the hallway across from “Area B” of the emergency room) to find the “4000” resident. If no one meets you there after 20 minutes, please page 4000 and ask where to meet. Please note that overall, students will be assigned two call shifts if on the two-week subspecialties during the first half of the clerkship, and if on the 2 week subspecialties during the second half of the clerkship, will only be assigned one ER call. Otherwise, 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
  - Tue: 6:00am-Board Rounds; 6:15-Bioskills lab sessions or journal club; Fracture Clinic
o Wed: 5:45- board rounds; 6:15- Grand rounds medical school; Sports or Reconstruction Clinic
o Th: 6:00- board rounds and masterpiece presentation going over last week trauma cases; Spine Clinic
o Fr: 6:30am AM: board rounds followed by resident education until 10:00am.

- Student Clinical Duties: Help with dressing changes, see patients in clinic, participate and get involved in OR cases.
- Student evaluations must be given to Dr. Tornetta or Dr. Li on the last day of rotation.
- 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. 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

**On the last Thursday AM of your rotation, please bring a paper copy of the CSEF form to Dr. Li with your name on it. If he is not present that day, please give it to Ms. St. Louis.

Orthopedic Surgery- Roger Williams

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, 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/office, and will be able to choose areas that interest them.

- Site Director: Dr. Braidy Shambaugh, bshambau@gmail.com
- Site Administrator: Maria Cabral, maria@orthodoc.necoxmail.com
- Teaching Faculty:
  - Dr. Louis J. Mariorenzi (Chief of Service) (lmariorenzi@msn.com)
  - Dr. Braidy Shambaugh (Site Director)
  - Dr. A. Louis Mariorenzi

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• Dr. Gregory J. Austin
• Dr. Michael P. Mariorenzi
• Dr. Kenneth R. Catallozzi
• Dr. Ira J. Singer
• Dr Carl DiRobbio

• Physician Assistants:
  o Tracy Evans PA-C
  o Alison Hart PA-C

• Residents: none

• Reporting instructions for 1st day: Email Maria Cabral prior to start of rotation
  (maria@orthodoc.necoxmail.com) and a meeting location at Roger Williams Medical Center will be determined. Dr. Shambaugh will also reach out to you with a weekly schedule and reporting instructions.

• Call/Weekend Schedule: Call/Weekend Schedule: All students on the 2 week subspecialty blocks at BMC will be assigned to one 12-hour weekend shift in the emergency department to work with the surgery resident, seeing emergency surgery consults, and evaluating trauma patients. Please report to Menino Room 1278 “Trauma Residents Room” at the beginning of your shift (in the hallway across from “Area B” of the emergency room) to find the “4000” resident. If no one meets you there after 20 minutes, please page 4000 and ask where to meet. Please note that overall, students will be assigned two call shifts if on the the two-week subspecialties during the first half of the clerkship, and if on the 2 week subspecialties during the second half of the clerkship, will only be assigned one ER call. Otherwise, there is no night or weekend call while on the orthopedic surgery service.

• Weekly Schedule:
  o Mon: 7:30 am to 5:00 pm
  o Tue: 7:30 am to 5:00 pm
  o Wed: 7:30 am to 5:00 pm
  o Thursday: 7:30 am to 5:00 pm
  o Friday: Return to BMC for didactics.

• Student Clinical Duties: See patients in clinic/office, participate in OR cases, round on hospital patients

• 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. 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 clinic.

Otolaryngology- BMC
While on the otolaryngology service, you will experience a mix of clinic and operating room time, and will be assigned to work in a number of 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.
Site Director: Dr. Jessica Levi (Jessica.Levi@bmc.org)
Site Administrator: Paige Strecker, 617-414-4939, Paige.Strecker@bmc.org

Teaching Faculty:
- Dr. Avner Aliphas
- Dr. Chris Brook
- Dr. Michael Cohen
- Dr. Arthur Cohn
- Dr. Anand Devaiah
- Dr. Waleed Ezzat
- Dr. Gregory Grillone
- Dr. Kenneth Grundfast
- Dr. Kikita Gupta
- Dr. Scharukh Jalisi
- Dr. Jessica Levi
- Dr. Pieter Noordzij
- Dr. Michael Platt
- Dr. Weiru Shao
- Dr. Jeffrey Spiegel
- Dr. Peter Weber

Residents: All levels of BMC residents

Reporting instructions for 1st day: You will be contacted by Ms. Paige Strecker before your first day on service with reporting instructions.

Call/Weekend Schedule: All students on the 2 week subspecialty blocks at BMC will be assigned to one 12-hour weekend shift in the emergency department to work with the surgery resident, seeing emergency surgery consults, and evaluating trauma patients. Please report to Menino Room 1278 “Trauma Residents Room” at the beginning of your shift (in the hallway across from “Area B” of the emergency room) to find the “4000” resident. If no one meets you there after 20 minutes, please page 4000 and ask where to meet. Please note that overall, students will be assigned two call shifts if on the two-week subspecialties during the first half of the clerkship, and if on the 2 week subspecialties during the second half of the clerkship, will only be assigned one ER call. Otherwise, there is no night or weekend call while on the otolaryngology service.

Weekly Schedule- All students will receive a schedule for their time on otolaryngology which 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 10:00 AM.

Student Clinical Duties: Round with the resident team in the morning, attend 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.

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 important, make a good impression and be a helpful, friendly addition to the team.

Recommended Introductory Reading: Devirgilio 12-14
Thoracic Surgery - BMC
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, lobectomy, or pneumonectomy. You may have the opportunity to participate in an esophagectomy surgery, one of the largest procedures done, or a thymectomy or mediastinal mass removal. You will also learn about pneumothorax, and will leave the service with a solid understanding of the workings of chest tubes.

- Site Director: Dr. Kei Suzuki, Kei.Suzuki@bmc.org
- Teaching Faculty:
  - Dr. Virginia Little (Division Chief)
  - Dr. Kei Suzuki
- PA/NP: Amanda Meister, PA (inpatient); Nancy Paull, NP (outpatient), Mary Hulse, NP (outpatient), Meaghan Gauthier, NP (outpatient)
- Residents: PGY-4, intern
- Reporting instructions for 1st day: -5:45 AM; East Newton Campus, 6th floor, room 6101 --> 6102B (enter 6101 from across main elevators, then down hallway, 2nd door on the left, code 1+2 together, 3-4-5). The Intern pager is #5878. The room phones are x85728 (PA's desk) and x85948 (intern desk).
- Call/Weekend Schedule: All students on the 2 week subspecialty blocks at BMC will be assigned to one 12-hour weekend shift in the emergency department to work with the surgery resident, seeing emergency surgery consults, and evaluating trauma patients. Please report to Menino Room 1278 "Trauma Residents Room" at the beginning of your shift (in the hallway across from "Area B" of the emergency room) to find the "4000" resident. If no one meets you there after 20 minutes, please page 4000 and ask where to meet. Please note that overall, students will be assigned two call shifts if on the the two-week subspecialties during the first half of the clerkship, and if on the 2 week subspecialties during the second half of the clerkship, will only be assigned one ER call. Otherwise, there is no night or weekend call while on the thoracic surgery service.
- Weekly Schedule (Please do not forget to excuse yourselves for Glantz rounds on Mondays and Thursdays at 1:00 PM.
  - Mon: OR cases
    - 1:00-2:00- Dr. Glantz Rounds (Dowling 2S conference rm)
  - Tue: OR cases
  - Wed: OR cases
  - Th: OR cases and clinic 1-5PM
    - 1:00-2:00- Dr. Glantz Rounds (Dowling 2S conference rm)
  - Fr: 7:00-9:00 AM: grand rounds, M&M, 10:00 AM: didactics for remainder of the day (students round with team as usual before conferences)
- 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 xrays 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, 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, barretts esophagus, and esophageal cancer would be a great start.

*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.*

**Urology- BMC**

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 specifically in men. Some examples of the diseases and subspecialties that our department addresses include: benign prostatic hypertrophy (BPH), endourology (including laparoscopy, shock wave lithotripsy and laser surgery), erectile Dysfunction (ED) or impotence, Female urology, female sexual dysfunction, impotence, kidney stones, incontinence, male reproductive medicine & surgery, neurogenic bladder dysfunction, neuro-urology and urodynamics, prostate diseases, including cancer, urologic oncology (cancer of kidneys, ureters, bladder, prostate, urethra, testicles, adrenal glands)

- **Site Director:** Dr. Shaun Wason, shaun.wason@bmc.org
- **Site Administrator:** Karen Clements, karen.clements@bmc.org
- **Teaching Faculty:**
  - Dr. Katz
  - Dr. Babayan (Department Chair)
  - Dr. Oates
  - Dr. Ng
  - Dr. Munarriz
  - Dr. Wang
  - Dr. Wason (Site director)
  - Dr. Barbosa
- **Residents:** varies by time of year
• 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 at the Urology workroom, ENC 8 West hallway between unit 8 West and 8 North. Page #9000 if any questions or need help finding us that morning.

• Call/Weekend Schedule: All students on the 2 week subspecialty blocks at BMC will be assigned to one 12-hour weekend shift in the emergency department to work with the surgery resident, seeing emergency surgery consults, and evaluating trauma patients. Please report to Menino Room 1278 “Trauma Residents Room” at the beginning of your shift (in the hallway across from “Area B” of the emergency room) to find the “4000” resident. If no one meets you there after 20 minutes, please page 4000 and ask where to meet. Please note that overall, students will be assigned two call shifts if on the the two-week subspecialties during the first half of the clerkship, and if on the 2 week subspecialties during the second half of the clerkship, will only be assigned one ER call. Otherwise, there is no night or weekend call while on the urology service.

• Weekly Schedule
  o Mon:
  o Tue:
  o Wed:
  o Th: 7:30-9:30AM at JP VA. Residents will drive you over after rounds at BMC. Please wear clinic clothes/white coat. No preparation necessary unless specified by resident team.
  o Fr: 7:00-9:00 AM: Residents have education. Students are usually excused after morning rounds.

• Student Clinical Duties: Preround on patients you are following, round with team, assist with dressing changes, assist intern or 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 looking of the patient’s information, the case – such as relevant anatomy, techniques).

• Brief Advice on How to Succeed:
  o 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 either be presenting to Dr. Katz directly or the residents and then sending him a copy of the presentation.
  o Very important to read up for cases - know the patient, relevant anatomy, the disease, the surgery, etc.
  o 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.
  o 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 me know if you have any questions. Page #9000 on Thursday or Friday before your Monday start if there is any confusion.

- Recommended Reading: Devirgilio 52-54. For more detailed reading geared toward students, the AUA has produced a “Urology Student Curriculum” 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.”

**Urology- West Roxbury VA**

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 specifically in men. Some examples of the diseases and subspecialties that our department addresses include: benign prostatic hypertrophy (BPH), endourology (including laparoscopy, shock wave lithotripsy and laser surgery), erectile Dysfunction (ED) or impotence, Female urology, female sexual dysfunction, impotence, kidney stones, incontinence, male reproductive medicine & surgery, neurogenic bladder dysfunction, neuro-urology and urodynamics, prostate diseases, including cancer, urologic oncology (cancer of kidneys, ureters, bladder, prostate, urethra, testicles, adrenal glands)

- 1400 VFW Parkway, West Roxbury, MA 02132
  - Site Director: Dr. Lori Lerner
  - Teaching Faculty:
    - Dr. Lori Lerner (Department Chair, Site Director)
    - Dr. Ralph Orlando
    - Dr. Jerilyn Latini
    - Dr. Ruslan Koretz
    - Dr. Price Kerfoot
  - Residents: varies by time of year
  - Reporting instructions for 1st day: TBD
  - Call/Weekend Schedule: All students on the 2 week subspecialty blocks at BMC will be assigned to one 12-hour weekend shift in the emergency department to work with the surgery resident, seeing emergency surgery consults, and evaluating trauma patients. Please report to Menino Room 1278 “Trauma Residents Room” at the beginning of your shift (in the hallway across from “Area B” of the emergency room) to find the “4000” resident. If no one meets you there after 20 minutes, please page 4000 and ask where to meet. Please note that overall, students will be assigned two call shifts if on the the two-week subspecialties during the first half of the clerkship, and if on the 2 week subspecialties during the second half of the clerkship, will only be assigned one ER call. Otherwise, there is no night or weekend call while on the urology service. Please also note that if you are assigned to Urology for the last two weeks of the rotation, you will not participate in call as there is no call the weekend prior to the shelf exam.
• Weekly Schedule
  o Mon:  8AM      Didactic Session – Khuri Conference Rm
            3PM/4PM    Dr. O’Neal/Itani Lecture – Khuri Conference Rm
  o Tue:       
  o Wed:       
  o Th:   7:30-9:30AM at JP VA. Residents will drive you over after rounds.
            Please wear clinic clothes/white coat. No preparation necessary unless
            specified by resident team.
  o Fr: :  7AM    Grand Rounds vs Morning Report
              10AM    BU Didactic Sessions
• Student Clinical Duties: Preround on patients you are following, round with team,
  assist with dressing changes, assist intern or with floor work, assist in the
  operating room, look up and report back on topics assigned by chief
  resident/senior resident. Prepare for operating room (by looking of the patient’s
  information, the case – such as relevant anatomy, techniques).
• Brief Advice on How to Succeed:
  o Very important to read up for cases - know the patient, relevant anatomy,
    the disease, the surgery, etc.
  o 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.
  o 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.
  o Ask Questions!
  o Try to put in at least 5 Foley catheters during your rotation.
• Recommended Reading: Devirgilio 52-54. For more detailed reading geared
  toward students, the AUA has produced a “Urology Student Curriculum” 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
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,
venous disease, and many other diseases. We also perform AV fistula operations
for patients requiring dialysis. In addition, we also 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 thoracic surgery service.
• Site Director: Dr. Douglas Jones
• Teaching Faculty:
  o Dr. Alik Farber (Division Chief)
  o Dr. Jeffrey Kalish
  o Dr. Jeffrey Siracuse
  o Dr. Douglas Jones
  o Dr. Amitabh Gautam (Transplant)
- Dr. Matthew Nuhn (Transplant)
- PA/NP: Jen Gonzalez, Connor Westfall, Athena Drosos
- Fellows: Senior and Junior Fellows change yearly
- Residents: PGY 3, PGY 1 x2
- Reporting instructions for 1st day: 5:30 AM, East Newton 6th floor, North wing, room 26 (Smithwick workroom)
- Call/Weekend Schedule: All students on the 2 week subspecialty blocks at BMC will be assigned to one 12-hour weekend shift in the emergency department to work with the surgery resident, seeing emergency surgery consults, and evaluating trauma patients. Please report to Menino Room 1278 “Trauma Residents Room” at the beginning of your shift (in the hallway across from “Area B” of the emergency room) to find the “4000” resident. If no one meets you there after 20 minutes, please page 4000 and ask where to meet. Please note that overall, students will be assigned two call shifts if on the two-week subspecialties during the first half of the clerkship, and if on the 2 week subspecialties during the second half of the clerkship, will only be assigned one ER call. Otherwise, there is no night or weekend call while on the Smithwick service.

- Weekly Schedule
  - Mon:
    - 1:00-2:00- Dr. Glantz Rounds (Dowling 2S conference rm)
    - 4 pm didactic / academic vascular conference and 5 pm case presentations – Assistance to this conference is mandatory for the vascular team members including students
  - Tue: Dr. Farber Clinic (8AM-12PM)
  - Wed: Dr. Kalish Clinic (8AM-4PM)
  - Th: Dr. Jones Clinic (8AM-4PM)
    - 1:00-2:00- Dr. Glantz Rounds (Dowling 2S conference rm)
  - Fr: 7:00-9:00 AM: grand rounds, M&M, 10:00 AM: didactics for remainder of day (students round with team as usual before conferences)

- Student Clinical Duties: preround on patients you are following (do a vascular exam!), 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), very important to review vascular anatomy and become familiarized with procedures. 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 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: Devigilio textbook, Chapters 55-58

Vascular Surgery - West Roxbury VA
Site Director: Dr. James McPhee (James.McPhee@va.gov)
Site Administrator: Sheila Howard, Sheila.howard@va.gov

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, venous disease, and many other diseases. We also perform AV fistula operations for patients requiring dialysis. In addition, we also perform many endovascular procedures including angioplasty and stenting of vessels as well as diagnostic angiograms.

Teaching Faculty:
- Dr. Joseph Raffetto (Division Chief)
- Dr. James McPhee
- Dr. Michelle Martin
- Dr. Sameer Shah (part time at VA)
- Dr. Edwin Gravereaux (part time at VA)

PA/NP:
Resident: Fellow from BMC (half of year); PGY 4 or 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: Each student is expected to work 1 weekend day during the two weeks on vascular surgery at the VA. The exception to this is if you are on Vascular for the last 2 weeks of the rotation, as no students take call the weekend prior to the shelf exam.

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

Fr: 7AM Grand Rounds vs Morning Report
    10AM BU Didactic Sessions

Student Clinical Duties: preround 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.

- 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

Clerkship Schedules

Block Schedule
Block schedule dates for all clerkships can be located on the Office of Academic Affairs website: http://www.bumc.bu.edu/busm/education/academic-affairs/academic-calendars/

Didactic Schedule
All students in all blocks will receive the same set of didactic lectures. They will not always be in the same order due to the teaching faculty members’ clinical schedules, and a schedule will be posted on blackboard and also emailed out at the beginning of each week. In addition, most of the lectures will have assigned readings, which will be posted on blackboard. One lecture space in each block will be used as part of the Resiliency Curriculum which is an initiative across clerkships. The lectures, in alphabetical order are:

1. Abdominal anatomy review
   - No assigned reading
2. Acute abdomen and Appendicitis
   - Devirgilio, Ch. 20 (213-224)
3. Anorectal disease
   - No assigned reading
4. Aortic disease
   - Devirgilio, Ch. 57 (571-580)
5. Biliary disease
   - Devirgilio, Ch. 15 (153-167), 16 (167-174)
6. Breast cancer
   - Devirgilio, Ch. 3 (25-36), 4 (37-46)
7. Burns
-Devirgilio, Ch. 46 (463-472)
8. Colorectal cancer
  -Devirgilio, Ch. 21 (225-236)
9. Fluids and electrolytes
  -No assigned reading
10. GI bleeding
  -Devirgilio, Ch. 19 (203-212), Ch. 48 (481-492)
11. Hernias
  -Devirgilio, 1 (3-14)
12. Intraabdominal Anatomy Review- Dr. Trudy Van Houten
  -No assigned reading
13. Introduction to Anesthesiology and the preoperative evaluation
  -No assigned reading
14. Lung cancer
  -No assigned reading
15. Pancreatic cancer and pancreatitis
  -Devirgilio 17 (175-190), 18 (191-202)
16. Peripheral arterial disease
  Devirgilio, Ch. 56 (559-570), 58 (581-590)
17. Preoperative/postoperative care
  -No assigned reading
18. Shock
  -No assigned reading
19. Stomach/Duodenum
  -Devirgilio, Ch. 49 (493-500), 50 (501-510)
20. Thyroid/Parathyroid
  -Devirgilio, Ch. 9 (87-100), 11 (111-126)
21. Wound healing/surgical infections
  -No assigned reading

*Students at Berkshires Medical Center and Kaiser Permanente will participate in the didactic series via Skype, and will receive instructions on how to do this.

**Call Schedule**

Taking call is an important part of the experience on the Surgery Clerkship. The call expectations vary slightly depending on your assigned sites and specialties, and these expectations are outlined above under “Site Information.” In general, during the 4 week surgery core rotation, it is expected that students will take at least 1-2 days of weekend call, and during this time will round with the surgical team, help with any work that needs to be done, and see any new consults called from the medical service or the emergency room.

In addition, most students who are on 2 week subspecialties will spend 1-2 12 hour shifts in the ER per 2-week subspecialty block. This will allow students to learn to evaluate acute abdominal pain, trauma, and a number of other conditions, and will also teach you to recognize a patient who needs urgent or emergent intervention. All of these are critical skills to learn during your surgery clerkship. Please report to Menino
Room 1278 “Trauma Residents Room” at the beginning of your shift (in the hallway across from “Area B” of the emergency room) to find the “4000” resident. If no one meets you there after 20 minutes, please page 4000 and ask where to meet. If a patient you see does require an emergency operation, please feel free to go to the operation. This call schedule will be given to you at the beginning of the rotation. If you need to make changes to the call schedule, please trade with one of your classmates, and email Yvena Mera regarding the change. All students will be required to submit one written History and Physical exam on a patient you saw. Please submit by email to Ms. Yvena Mera by 9:00 AM the Monday morning after your call. This will not be graded, but will go into your file.

Please note that there are fewer call weekends in the second 4-weeks of the clerkship than the first, as no students take call the weekend before or immediately following the shelf. Thus, you will generally take two call shifts during the first 4-weeks of the clerkship and only 1 call during the second half of the clerkship, regardless of whether you are on a 4-week general surgery rotation or 2-week subspecialty rotations.

Holidays
Thanksgiving: Wed, Nov 21, 2018 at 12PM – Sun, Nov 25, 2018
Intercession: Fri, Dec 21, 2018 at 5PM – Tue, Jan 1, 2019

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

Assessment and Grading
Clerkship Grading Policy

<table>
<thead>
<tr>
<th>HOW MUCH EACH PART OF YOUR GRADE IS WORTH:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Clinical Grade Percentage</td>
<td>50%</td>
</tr>
<tr>
<td>Shelf/Exam Percentage</td>
<td>30%</td>
</tr>
<tr>
<td>“Other” Components Percentage</td>
<td>20%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>HOW YOUR FINAL WORD GRADE IS CALCULATED:</th>
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<tbody>
<tr>
<td>Honors</td>
<td>86-100</td>
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<tr>
<td>High Pass</td>
<td>76-85.99</td>
</tr>
<tr>
<td>Pass</td>
<td>60-75.99</td>
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<tr>
<td>Fail</td>
<td>&lt;60 or &lt;58</td>
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<table>
<thead>
<tr>
<th>SHELF/EXAM GRADING</th>
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<tbody>
<tr>
<td>Exam minimum passing (percentile first quarter using 2016-2017 academic year norms/2 digit score)</td>
<td>5th/58</td>
</tr>
<tr>
<td>Exam minimum score to qualify for honors (percentile total year using 2016-2017 academic year norms/2 digit score)</td>
<td>50th/74</td>
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</tbody>
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<table>
<thead>
<tr>
<th>What is “Other” and what percentage is it worth?</th>
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<tbody>
<tr>
<td>OSCE</td>
<td>15%</td>
</tr>
<tr>
<td>Oral Presentation</td>
<td>5%</td>
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</table>
### Other components that need to be completed in order to pass the clerkship

<table>
<thead>
<tr>
<th>Component</th>
</tr>
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<tbody>
<tr>
<td>Patient log and required procedures</td>
</tr>
<tr>
<td>FOCuS Forms</td>
</tr>
<tr>
<td>Duty Hour logs</td>
</tr>
</tbody>
</table>

### Clerkship Specific Clinical Grade Procedures/Policies

A CSEF evaluation form is completed by the site director or preceptor in charge of each individual rotation. This is a composite evaluation which is completed after seeking feedback from all members of the team including faculty and residents as applicable. Each student will complete a 4-week “core” rotation as well as two separate two week rotations. The evaluations from all of your rotations are weighted and incorporated into your final grade as follows:

- Total clinical evaluation: 50% of final grade:
  - Core rotation: 30% of final grade
  - Two week rotation: 10% of final grade
  - Two week rotation: 10% of final grade

### Professionalism

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. Any lapses in professionalism may result in a loss of up to 3% of the total possible clerkship points regardless of performance in other areas of the clerkship. Any professionalism lapses resulting in a loss of clerkship points will require narrative comments by the clerkship director in the professionalism comment section of the final evaluation.

### Clerkship-Specific Failure and Remediation Policies/Procedures

### BUSM Grade Review Policy


### 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 FO CuS (Feedback based on Observation of Clinical 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.

FOCuS forms during the Surgery Clerkship are: **Interview, physical exam, documentation, and patient education.** Students can locate the forms in their orientation packet. Forms are also posted on Surgery blackboard. Students are required to have the forms completed by their faculty/resident and then will upload to e-value. Students are expected to complete at least 2 forms before mid-rotation and bring to mid-clerkship meeting so feedback can be reviewed and discussed with student. The Clerkship coordinator will monitor students’ compliance.

**Formative Assessment and Feedback Policy**
Boston University School of Medicine (BUSM) 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.


**Mid-Clerkship Review**
You and your clerkship director, site director or primary preceptor will complete the BUSM 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 clinical performance grade with the CSEF (Clinical Student Evaluation Form), a NBME performance grade, and other assessments depending on the clerkship.

**NBME Subject Examination**
Students will take the Surgery NBME Subject Examination on the last Friday of the clerkship (unless otherwise communicated by the Office of Academic Affairs). 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 45 minutes to complete this exam.

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://medlib.bu.edu/computing/nbmelaptopcertification.php](http://medlib.bu.edu/computing/nbmelaptopcertification.php)

Exam Policies
[http://www.bumc.bu.edu/busm/education/academic-affairs/policies/exam-policies-for-medical-students/](http://www.bumc.bu.edu/busm/education/academic-affairs/policies/exam-policies-for-medical-students/)
Testing Center Policies
http://www.bumc.bu.edu/busm/education/academic-affairs/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-ups and remediation exams will typically be scheduled at the end of the third year blocks between mid-May and early June.

**Roles and Responsibilities**

**Clerkship Director**
- Oversee the design, implementation, and administration of the curriculum for the clerkship
- Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Ensure student and faculty access to appropriate resources for medical student education
- Orient students to the clerkship, including defining the levels of student responsibility necessary for required diagnoses and procedures
- Oversee teaching methods (e.g. lectures, small groups, workshops, clinical skills sessions, and distance learning)
- Develop faculty involved in the clerkship
- Evaluate and grade students
  - Develop and monitor assessment materials
  - Use required methods for evaluation and grading
  - Assure mid-clerkship meetings and discussion with students
  - Ensure students are provided with feedback on their performance
  - Submit final evaluations for students via E*Value
- Evaluate faculty and programs via peer review and reports from the Office of Medical Education and national reports
- Support each student’s academic success and professional growth and development, including working with students experiencing difficulties
- Participate in the BUSM clerkship peer review process
- Ensure LCME accreditation preparation and adherence
- Adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations

**Clerkship Coordinator**
- Support the clerkship director in the responsibilities provided above
- Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Maintain student rosters and clinical schedules
- Coordinate orientations and didactic sessions
- Liaise with site directors and administrators to coordinate student experiences across all sites
- Verify completion of clerkship midpoint and final evaluations for each student
- Monitor students’ reported work hours and report any work hours violations to the clerkship director
- Coordinate and proctor clerkship exams

**Site Directors**
- Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Orients students to the clinical site
- Sets student expectations for clinical encounters and discusses student role and responsibilities
- Supervises students by observing history taking, physical exam skills and clerkship specific required observations.
- Ensures formative feedback in an appropriate and timely fashion
- Delegates increasing levels of responsibility
- Meets with the student for the Mid-clerkship review
- Meets with the student for the final exit meeting
- Recognize students who have academic or professional difficulties and communicate this to clerkship leadership
- Collects feedback and evaluation data from all physicians who work with the student
- Evaluates students fairly, objectively and consistently following medical school and department rubrics and guidelines
- Ensure student and faculty access to appropriate resources for medical student education
- Adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations

**Primary Clinical Faculty/Preceptors/Trainees**
- Set and clearly communicate expectations to students
- Supervise students by observing history taking and physical exam skills, and document it on the FOCuS form
- Delegate increasing levels of responsibility to the student within clerkship expectations
- Maintain appropriate levels of supervision for students at site.
- Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Recognize student learning or professional difficulties and communicate to clerkship director directly in real time in person or via email or phone
- Give students appropriate and timely formative feedback
- Assess students objectively using the CSEF form
- Adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations

**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.

**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. When a student feels that he or she is being asked to perform beyond his or her 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 with never 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.

**Third Year Student**

- Prepare for and attend all required lectures and teaching sessions
- Prepare for clinical activities such as operating room cases and surgical clinics
- Complete documentation for required activities including Required Encounters Required Procedures, FOCuS Forms, required observed physical exams, and duty hours logs
- Maintain an appropriate learning environment by modeling respectful and professional behaviors toward colleagues, patients, residents, faculty, and staff
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” (http://www.bumc.bu.edu/busm/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 Clinical Student Time Off Policy.

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

- Treating the clerkship team in a professional and respectful manner
- Engaging in the core curriculum and participating respectfully at all times
- Arriving at clerkship didactic sessions on time
- 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 on time
- Completing all logs and FOCuS forms by the clerkship specific deadline
- Inform clerkship leadership and supervising faculty/residents of absences

Feedback on professionalism will be given to students during the mid-clerkship meeting so students will be made aware of any concerns noted by the clerkship directors, clerkship coordinator, faculty or residents.

Positive and constructive comments on professionalism will be included in the narrative of the final clerkship evaluation for each student. Any lapses in professionalism may result in a loss of up to 3% of the total possible clerkship points.

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, including within the vending room and elevator waiting area, until you are on the elevator.
- 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 E*Value (www.e-value.net) 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” as MS 311 Third Year Surgical Clerkship 18-19 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.

The surgery blackboard site contains a wealth of information regarding your clinical sites and rotations, as well as learning resource to assist with preparing for your clinical work, the didactic lecture series, and the SHELF exam.

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/](https://learn.bu.edu/)

**Assignments**

- Oral presentation: Each student will give a 10 minute presentation on an assigned topic. The purpose of this assignment is to learn how to present scientific information succinctly and effectively and to educate your colleagues on several interesting topics not otherwise covered during the lecture series. These topics also frequently come up on the SHELF exam.

  The presentation should not exceed 10 minutes, and will be followed by 5 minutes for questions and discussion. The presentation should be organized using the following format:
  - Case presentation
  - Epidemiology
  - Presenting signs and symptoms
  - Diagnosis
  - Treatment
  - Outcomes
  - Future directions
  - Key Points

  Each student will also make a handout for the other students which is not to exceed 1 sheet of paper, front and back, summarizing the key concepts of the presentation. Please bring this handout with you on the day of your presentation, and also please email it to Yvena Mera (Yvena.Mera@bmc.org) by the morning of the day of your presentation.

  The presentation will be evaluated using the following categories
FOCuS forms: See full explanation above. Students must upload all four completed FOCuS forms.

Required Patient Encounters: Please see next section for details regarding the required encounters and logging these encounters in E-Value.

Required Skills- You will leave the clerkship with a host of skills that will serve you well in almost any medical specialty! We ask that you document the following skills by logging them in E-Value:
- Suturing
- Scrubbing and sterile gowning/gloving
- IV insertion (simulated)
- Epidural/Spinal placement (simulated)
- Bag valve mask ventilation (simulated)
- Intubation (simulated)
- Participate in a code (simulated)

Required observed Exams: Students are required to have faculty or residents sign off on their “Passport” card that they have been observed performing an abdominal exam and a groin/hernia/GU exam.

Logging Duty hours: Students are required to log the length of time (Duty hours) spent on a given task during a rotation and at a particular site in E-Value. (please refer to step by step instructions available on Blackboard)

Reading Assignments: Most of the faculty lectures come with assigned readings in the form of PDF documents, which are found under the “Course Documents” tab on the Blackboard site. Please do prepare for the lectures by reading the relevant chapters in order to maximize your learning!

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
http://www.bumc.bu.edu/busm/education/academic-affairs/faculty-resources/
Surgery Clerkship core required patient conditions are listed below:
- Breast Lump
- The hospitalized patient with abdominal/pelvic pain
• Vomiting
• Blood in stool
• Groin pain/swelling
• Extremity pain/swelling
• The pre-operative patient
• The peri-operative patient
• The post-operative patient

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. In this clerkship, the alternative experiences are performing the online “Case Files” case, and logging this as an “alternative experience” in e-value. To access “Case Files,” go to the BU Medical Center Alumni Library website, click on “E books,” choose “Access Surgery,” then choose the “Clerkship” tab at the top of the page, and then select “Case Files.” This will allow you to quickly set up a free account which will keep track of your progress through the cases. Please choose any relevant case for the purposes of satisfying this requirement. I encourage you do other cases as well!

Patient Encounter Log
Students are expected to log their patient encounters in E*Value (www.e-value.net). 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. The directions on how to log patient encounters can be found on the E value help page http://www.bumc.bu.edu/evalue/students/. Students must bring a printed copy of their patient encounter and procedure log to their mid rotation feedback meeting.

Policies and Procedures for Evaluation, Grading and Promotion of Boston University School of Medicine MD Students

Collaborative Student Assessment System
http://www.bumc.bu.edu/busm/files/2016/03/OAA_Collaborative_Student_Assessment_System.pdf

Student Disciplinary Code of Academic and Professional Conduct

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 (Academic Affairs or Student Affairs). Time off requests must comply with the Attendance & Time Off Policy.
  - Time Off Request Form: www.bumc.bu.edu/busm/files/2015/06/Time-off-Request-Form.doc
- Work Hours: http://www.bumc.bu.edu/busm/education/academic-affairs/policies/work-hours/

**Personal Day Policies**
http://www.bumc.bu.edu/busm/education/academic-affairs/policies/personal-days-policy/

**Clerkship Specific Blackout Dates**
- The First day at any site or new service (2 or 4 week) cannot be requested as a personal day.
- Students may not take a personal day the last week of the clerkship as all students will have the Thursday (day before the Shelf) off as a reading day to study for the Shelf.

**Scrubs Policy**
http://www.bumc.bu.edu/busm/files/2015/06/Scrubs-Policy.pdf

**BUSM Policies**
In addition to the expectations listed above, all students are expected to adhere to BUSM and Boston University policies.
http://www.bumc.bu.edu/busm/education/academic-affairs/policies/

**BU Policies and Student Support Services**

**Appropriate Treatment in Medicine**
Boston University School of Medicine (BUSM) is committed to providing a work and educational environment that is conducive to teaching and learning, research, the practice of medicine and patient care. This includes a shared commitment among all members of the BUSM community to respect each person’s worth and dignity, and to contribute to a positive learning environment where medical students are enabled and encouraged to excel.

BUSM has a **ZERO** tolerance policy for medical student mistreatment.

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. Robert Vinci, MD, directly by email (bob.vinci@bmc.org).


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


**Needle Sticks and Exposure Procedure**

**Boston University Sexual Misconduct/Title IX Policy**

**Boston University Social Media Guidelines**

**Recent Changes to the Clerkship**
- The Blackboard site has been reformatted and streamlined
- The lecture series has been revised
- The syllabus has been revised
- Berkshires Medical Center has been added as a new site
- Urology at WRVA, and Orthopedic surgery and anesthesiology at RW were added as new 2-week rotations

**Learning Strategies and Tools**

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

- **Surgery: A Case Based Clinical Review.** De Virgilio, 2015. Available through the BU Alumni Medical Library (search for de Virgilio under “e books”). This can be downloaded as a PDF of the entire book or individual chapters. It 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. I do not expect you to read the entire book, but would highly recommend reading the chapters relevant to your lecture series as well as those relevant to your current rotation.

- **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, 5<sup>th</sup> 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, 3<sup>rd</sup> ed. 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. The 3<sup>rd</sup> edition is brand new as of the spring of 2017. Available on Amazon.

**Other Resources:**

- **NBME practice tests:** [https://nsas.nbme.org/home](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. I would 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.

**E*Value Student Resources**

[http://www.bumc.bu.edu/evalue/students/](http://www.bumc.bu.edu/evalue/students/)

**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/](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-](http://www.bumc.bu.edu/bumc-emc/instructional-services/report-an-educational-).
• **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. BUSM III). Always include link(s) to or screen shots of where the issue is occurring.


**Tutoring**
Peer tutors may be requested via the Office of Academic Enhancement’s Peer Tutoring Program at: [https://www.bumc.bu.edu/busm/student-life/professional-development/academic-enhancement/peer-tutoring-program/](https://www.bumc.bu.edu/busm/student-life/professional-development/academic-enhancement/peer-tutoring-program/)

**Office of Disability Services**
Boston University is committed to providing equal and integrated access for individuals with disabilities. The Office of Disability Services provides services and support to ensure that students are able to access and participate in the opportunities available at Boston University. [http://www.bu.edu/disability/policies-procedures/academic-accommodations/](http://www.bu.edu/disability/policies-procedures/academic-accommodations/)