Surgery Clerkship

Department of Surgery
MS 311
2019-2020

Clerkship Director: Cullen Carter, MD
Associate Clerkship Directors: Tejal Brahmbhatt, MD; Patrick O’Neal, MD; Abdul Saied Calvino, MD
Clerkship Coordinator: Lana Ketlere
# Surgery Clerkship Syllabus

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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) |
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| 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:

- 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)
- 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)
- Recommend and interpret diagnostic tests for patients presenting with abdominal symptoms or other surgically treated conditions (U.1, U.2, U.3, U.4)
- Document an encounter in the medical record for patients presenting with surgical disease. (C.6)
- Provide an organized and accurate oral presentation of a patient encounter. (C.1)
- Form clinical questions and retrieve evidence to advance patient care. (U.4, U.7, R.1, R.2, R.3, E.1, E.3)
- Collaborate as a member of an interprofessional team (B.2, B.3, C.5, C.8, A.5, A.6, S.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**
**Cullen Carter, MD**
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Cell phone: (434) 989-5290
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Pager: 2227
Office: Boston Medical Center, Collamore Building, Room 501
Office Hours: Available anytime – please email to set up a time to meet

**Associate Clerkship Director**
**Tejal Brahmbhatt, MD**
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Email: Tejal.Brahmbhatt@bmc.org
Pager: 5683
Office: Boston Medical Center, Dowling Building, 2 South
Office Hours: Available anytime – please email to set up a time to meet

**Associate Clerkship Director**
**Patrick O'Neal, MD**
Telephone: (857) 203-6205
Email: Patrick.ONeal2@va.gov
Office: 1400 VFW Parkway, West Roxbury, MA 02132
Office Hours: Available anytime – please email to set up a time to meet

**Associate Clerkship Director**
**Abdul Saied Calvino, MD**
Email: Abdul.Saied@CharterCARE.org
Office: 825 Chalkstone Avenue, Providence, RI 02908
Office Hours: Available anytime – please email to set up a time to meet

**Associate Clerkship Director**
**Melanie Gainsbury, MD**
Email: Melanie.L.Gainsbury@kp.org
Office: 710 Lawrence Expy, 2nd Floor. Dept 286
Office Hours: Available anytime, please email to set up a time to meet
**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 non-emergent 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**
Site maps indicating the availability of student resources at our affiliate hospitals can be found under the Clinical Sites section of the Medical Education Office’s Student Resources page at [http://www.bumc.bu.edu/busm/education/medical-education/student-resources/#siteinfo](http://www.bumc.bu.edu/busm/education/medical-education/student-resources/#siteinfo).

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)

Site Director: Dr. Luise Pernar, Luise.Pernar@bmc.org
Teaching Faculty:
- Dr. Brian Carmine
- Dr. Cullen Carter
- Dr. Donald Hess (Division Chief and Residency Program Director)
- Dr. Luise Pernar

Physician Assistants: Stephanie Redmond
Residents: Chief, PGY-3/4 (only certain months), Intern

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.

Reporting Instructions for 1st Day: 5:30am, Menino Campus, Room 4266.

Call/Weekend Schedule: There is no call on weeknights, but students are permitted to stay later for late surgeries or emergency surgeries as long you abide by work hours. 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**
  - 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**
  - 1:00-2:00- Dr. Erica Brotschi Rounds (Dowling 2S conference rm)
  - 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. Erica Brotschi 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 may attend one half-day session in the breast surgery clinic in order to gain an understanding of breast disease including breast cancer. This is not required but is recommended, especially if you have an interest in breast disease, women’s health, surgery, or primary care. If you are interested in attending this clinic, you are excused from other clinical duties during this time. You will receive information at orientation regarding signing up for this activity. If this falls on Monday or Thursday afternoons, you are also excused from Clinical Rounds with Dr. Erica Brotschi. Please read DeVirgilio chapters 3-4 before attending clinic to maximize your experience, and please do briefly look up any patients categorized as NEW or POP (postop) in advance to enhance 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

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

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

**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**
- General surgery topics: Devirgilio, Ch. 1, 15, 16
- For a primer on bariatric surgery, watch the BMC Bariatric Surgery Patient Education Video at https://www.bmc.org/weight-loss-surgery
- Bariatric light read: https://www.nytimes.com/2016/05/02/health/biggest-loser-weight-loss.html?r=0
- For introductory information on laparoscopic equipment, please watch the following video, produced by our surgical education research fellow, Dr. Alaina Geary: https://www.youtube.com/watch?v=zb3XLfJ5xg&feature=youtu.be

*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**

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<tr>
<th>Site Director:</th>
<th>Dr. Uma Phatak</th>
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<tbody>
<tr>
<td>Teaching Faculty:</td>
<td>Dr. Jason Hall (Division Chief)</td>
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<tr>
<td></td>
<td>Dr. Uma Phatak</td>
</tr>
<tr>
<td>Physician Assistants:</td>
<td>Sandy Falcon, PA; Monday-Friday, 6am-2pm</td>
</tr>
<tr>
<td></td>
<td>Stephanie Redmond, PA; Wednesday – Friday, 6am-2pm</td>
</tr>
<tr>
<td>Residents:</td>
<td>Chief, PGY-3/4, Intern</td>
</tr>
</tbody>
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The colorectal surgery service treats a wide variety of diseases of the colon, rectum, and anus, ranging from colon/rectal cancer, inflammatory bowel disease (Crohn's/Ulcerative colitis), diverticulitis, and anorectal disease. They also treat a spectrum of general surgery diseases that are seen while on call. This is one of the busiest services in the department, and you will all have a chance to participate in patient care, evaluate new patients, and scrub in on multiple operations. 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.

**Reporting Instructions for 1st Day:** 5:30 AM, Menino Campus, Room 4176.

**Call/Weekend Schedule:** There is no call on weeknights, but students are permitted to stay later for late surgeries or emergency surgeries as long 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

- **Mon PM** - Dr. Hall Clinic (*All clinics: 3rd floor Moakley Center for Digestive Disorders clinic)
- **Tue 1:00-2:00** - Dr. Erica Brotschi Rounds (Dowling 2S conference rm)
- **Wed PM** - Dr. Phatak Clinic
- **Th AM/PM** - Dr. Hall Clinic
  - 1:00-2:00 - Dr. Erica Brotschi Rounds (Dowling 2S conference rm)
- **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 may attend one half-day session in the breast surgery clinic in order to gain an understanding of breast disease including breast cancer. This is not required but is recommended, especially if you have an interest in breast disease, women’s health, surgery, or primary care. If you are interested in attending this clinic, you are excused from other clinical duties during this time. You will receive information at orientation regarding signing up for this activity. If this falls on Tuesday or Thursday afternoons, you are also excused from Clinical Rounds with Dr. Erica Brotschi. Please read DeVirgilio chapters 3-4 before attending clinic to maximize your experience, and please do briefly look up any patients categorized as NEW or POP (postop) in advance to enhance your experience.

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

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 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)

Site Director: Dr. Teviah Sachs, Teviah.Sachs@bmc.org
Teaching Faculty: Dr. Michael Cassidy (General oncology, breast, cutaneous)
                Dr. Thurston Drake (Endocrine, general)
                Dr. David McAneny (Endocrine, General, HPB) – Dept. Vice Chair of the Department of Surgery, Chief of the section of surgical oncology
                Dr. Teviah Sachs (HPB, General surgical oncology, Cutaneous) – Associate Program Director, General Surgery residency and Site Director for Mozden Surgical Oncology Service
                Dr. Jennifer Tseng (HPB) – Chair of the Department of Surgery

PA/NP: Lauren Hartnett PA (inpatient)
       Mamie Canto, PA Kelsey Burke PA Gabrielle Keaveney RN (outpatient)
Residents: Chief, PGY-3 or 4, Intern x2

The Mozden service treats all surgical diseases of the upper gastrointestinal tract, hepatopancreaticobiliary (HPB) system, endocrine system, breast, and skin/soft tissues. Beyond these malignant and non-malignant diseases, the Mozden service also serves as a general surgery service, treating common conditions such as those of the gallbladder, hernias, and emergent operations

Reporting Instructions for 1st Day: 5:30 AM, Menino Campus, Room 4266.

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

**Clinic and Conference Locations:**

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

- **Mon** 8:00-4:00 - Dr. Drake Clinic - General Surgery  
- **Tue** 1:00-2:00 - Dr. Erica Brotschi Rounds (Dowling 2S conference rm)  
  4:00-5:00 - Mozden Conference - FGH building, 5th floor (TBD each week)  
- **Wed** 7:30-8:30 - GI/HPB tumor board - FGH building 1st floor conference room  
  8:30-12:30 - Dr. Sachs Clinic - Surgical Oncology  
  8:00-4:00 - Dr. Cassidy Clinic - Breast Surgery (see details below)  
  8:00-4:00 - Dr. Drake Clinic - Endocrine Surgery  
  8:00-4:00 - Dr. McAneny Clinic - Endocrine/surgical oncology  
- **Th** 1:00-2:00 - Dr. Erica Brotschi Rounds (Dowling 2S conference rm)  
  9:00-2:00 - Dr. Sachs Clinic - Surgical Oncology  
- **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:** Students on the Mozden service must attend the breast clinic for at least a half-day clinic session as this will be important to your education in surgical oncology. We do ask that you sign up in advance for any session you wish to attend (see instructions in orientation packet or blackboard). This is because students on other services have the option to attend breast clinic as we feel this is important for all students to have access. You will receive information at orientation regarding signing up for this activity. If this falls on Tuesday or Thursday afternoons, you are also excused from Clinical Rounds with Dr. Erica Brotschi. Please read chapters 3-4 before attending clinic to maximize your experience, and please do briefly look up any patients categorized as NEW or POP (postop) in advance to enhance 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.

**Service Specific Expectations:**

- Please dress professionally at all times. If not in the operating room, you should wear your clean, white coat at all times.
- Be prepared for all OR cases to which you have been assigned. This includes reading the patient’s chart, understanding the indications for, the risks of and the alternatives to, each operation for which you scrub.
- You should know your inpatients for rounds, and present them each day, with a formulated plan for that day.
- You should prepare for clinic patients in advance.
- You should write notes on your inpatients and also write notes in clinic, the number of which will be decided between you and your clinic attending.
You are expected to learn how to tie surgical knots and suture with surgical instruments by the end of your rotation.

If a particular topic arises that is of interest to you and the team, you may be asked to present on said topic, to the group.

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

- For INPATIENT notes, please write notes via the “Medical Student Note” section in EPIC. There is a medical student note template, or you can ask your intern/resident/PA/NP to share a template with you on the first day. When you have completed your note, please sign your name at the bottom, and hit the “PEND” button at the bottom. This will allow one of the intern/resident/PA/NP’s to review and edit your note, and they will forward to the attending who will then attest the note.

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

- Please see “Tip sheets” posted on blackboard for more information on note writing.

**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 as above. 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.

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

**Recommended Reading**
- Breast: Devirgilio 3,4
- Hepatobiliary: Devirgilio 15-18
- Gastric: Devirgilio 50
- 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)

Site Director: Dr. Tejal Brahmbhatt, Tejal.Brahmbhatt@bmc.org
Teaching Faculty: Dr. Peter Burke, Division Chief
Dr. Tracey Dechert, Director of Surgical Critical Care
Dr. Bob Schulze,
Dr. Tejal Brahmbhatt
Dr. Sabrina Sanchez
Dr. Aaron Richman
Dr. Kathryn Van-Orden

Advanced Care Practitioners: (NP): Patty Harrison, Nancy Connors, Rose Souza, Jocelyn Beals, Julianne (Jules) Allen, Robyn (Mickey) Kitchell
Residents: Chief, PGY 4, PGY 3, PGY 1 x 2-3

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.

Please note also that the TACS service cares for the small number of patients on the Pediatric Surgery service (TACS B only). This is an added bonus for students because when there is not a 4th year student on the pediatric surgery service (there are typically 4th year students on service in the summer months), you may have a chance to participate in the pediatric surgery cases and patient care.

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 Menino Campus, room 3334. Page 6074 if no one there. If assigned to team B, room 3336. Page 6077 if no one there. Arrive by 5:00 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 a day shift during 2 weekend days, and if you are on in the second half of your block, you should take one weekend shift. 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:** The Chief resident will send out a weekly schedule that will reflect the specific schedule for the week with Resident & Attending assignments. It will also reflect any additional changes for the week. Please ensure the Chief resident has your email address. Third year students are not required to attend morning report so they may prepare for cases, follow up on items from morning rounds, and complete progress notes. A typical week runs as follows:

**Mon**  Morning report at 7am
**Tue**  Morning Report at 7am
Department TACS M+M 7:30am
**Tue**  1:00-2:00- Dr. Erica Brotschi Rounds (Dowling 2S conference rm)
  9:00-12:00- TACS clinic
  9:00-4:00 Pediatric Surgery Clinic
**Wed**  *monthly* “Trauma Video Conference” jointly with the Lahey clinic in the academic calendar year as well as a joint teaching conference endearingly named “Hirsch rounds” after a former chief of the division. The exact day this will occur will be reflected in the weekly schedule. You are required to attend these conferences if you are not in the operating room. Dress attire is not required.

**Th**  1:00-2:00- Dr. Erica Brotschi Rounds (Dowling 2S conference rm)
Morning Report at 7am
**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:** Breast Surgery Clinic: Every student may attend one half-day session in the breast surgery clinic in order to gain an understanding of breast disease including breast cancer. This is not required but is recommended, especially if you have an interest in breast disease, women’s health, surgery, or primary care. If you are interested in attending this clinic, you are excused from other clinical duties during this time. You will receive information at orientation regarding signing up for this activity. If this falls on Tuesday or Thursday afternoons, you are also excused from Clinical Rounds with Dr. Erica Brotschi. Please read chapters 3-4 before attending clinic to maximize your experience, and please do briefly look up any patients categorized as NEW or POP (postop) in advance to enhance 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. Of note, students who are not otherwise occupied may still attend the initial trauma evaluation in the Trauma Bay even if not on the trauma service. Occasionally, if the room becomes too crowded, students and others may be asked to step out of the room out of the need for patient safety. Please be understanding if this happens.

**Expectations on note writing/documentation:** Students are expected to write notes daily progress notes on patients you are following as well as admission H&P notes as applicable.
  - For INPATIENT notes, please write notes via the “Medical Student Note” section in EPIC. There is a medical student note template, or you can ask your intern/resident/PA/NP to share a template with
you on the first day. When you have completed your note, please sign your name at the bottom, and hit the “PEND” button at the bottom. This will allow one of the intern/resident/PA/NP’s to review and edit your note, and they will forward to the attending who will then attest the note.

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

**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.*

**Berkshire Medical Center**
725 North Street, Pittsfield, MA 01201
Site Director: Dr. Michael DiSiena, mdisiena@bhs1.org
Site Administrator: Stephanie Wade, swade@bhs1.org
Paula Downer, pdowner@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: Tina Alibozek, Moira Brophy, Christine Korney, Jessica Lotto and Jodi Szczepaniak
Physician Assistants: Shannon Carey, Carlos Faria, Elena Fyfe, Jennifer LaChance, Gerald Langlois, Marianne Langlois, Marina O’Toole, Laurieann Quirty, Tina Schwindt and Margaret Wink
Residents (AY19-20): PGY-5: Mark Kryskow, Ross Knowles
PGY-4: Patrick Craft, Michael Iannamorelli
PGY-3: Cullen White, Jacques Townsend
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 Zoom each Friday starting at 9:00 AM until the end of the day. Students are permitted to leave Berkshire Medical Center after Grand Rounds on Fridays to do so.

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

**Call/Weekend Schedule:** 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.

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

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

Kaiser Permanente, Santa Clara
700 Lawrence Expwy, Santa Clara, CA 95051
Site Director: Dr. Melanie Gainsbury, Melanie.L.Gainsbury@kp.org
Dr. Elliot Brill, Elliot.R.Brill@kp.org
Site Administrator: Haleh Ebrahimi, Haleh.Ebrahimi-Louyeh@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 Kedington
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)
PANP: Terry Jacobs, Chad Ith, Courtney Hori, Daniela Goldenberg, Eliza Villa (proctology)
Residents: Stanford General Surgery: PGY 5, 4, 3, 2

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.

**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 weeknight/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**

<table>
<thead>
<tr>
<th>Day</th>
<th>Activity</th>
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</thead>
<tbody>
<tr>
<td>Mon</td>
<td>AM: Opportunity to “First Assist” in cases while residents are off-site</td>
</tr>
<tr>
<td>Tue</td>
<td>AM: Vascular Conference, 8:00 AM: General Surgery Conference, 4:00 PM: Weekly teaching</td>
</tr>
<tr>
<td>Wed</td>
<td>7:00 AM: Vascular Conference, 8:00 AM: General Surgery Conference, 4:00 PM: Weekly teaching</td>
</tr>
<tr>
<td>Thu</td>
<td>6:00 AM: Didactics with BU via Zoom</td>
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_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

**Expectations on note writing/documentation:**
- **Inpatient:** Students write progress notes on patients you are following. These are co-signed by the resident and attending. You also will write H&P and consult notes when you are on the hospitalist/consult service.
- **Outpatient:** Students are generally not expected to write notes.

**Brief Advice on How to Succeed:** The successful student will prepare for OR cases, will take ownership of patients and directly participate in their care, will help the surgical team, and will show interest.
**Recommended Reading:** You will see a large variety while on service, and we would recommend reading the chapters in the DeVirgilio textbook relevant to the cases you see.

**MetroWest Medical Center**

115 Lincoln St, Framingham, MA 01702

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

**Site Director:** Dr. Yagnik Pandya, [Yagnik.pandya@mwmc.com](mailto:Yagnik.pandya@mwmc.com)

**Site Administrator:** Rose Doherty, [rose.doherty@mwmc.com](mailto:rose.doherty@mwmc.com)

**Teaching Faculty:** (Students will be primarily assigned to the primary teaching faculty in bold below)

- Dr. Steven Yood (Department Chair)
- Dr. Yagnik Pandya (Student Site Director)
- Dr. Bankole Samuel
- Dr. Andy Lee
- Dr. Brian Whitehouse
- Dr. Robert Canning
- Dr. Salwa Fam
- Dr. William Conners
- Dr. Raul Landa
- Dr. Timothy Anderson
- Dr. Christopher Cua
- Dr. Katherine Hein
- Dr. Shawn Liu
- Dr. Ravi Kacker
- Dr. Krishna Nirmel
- Dr. Stanley Kraus
- Dr. Michael Donovan
- Dr. Rita Sadowski
- Dr. Jean Lukanich
- **PAs:** Melissa Bowman, PA (Chief PA); Rachel Russ, PA; Victoria Aharon, PA; Jackie Gordon, PA; Johanna Geoghegan, PA; Ashley Clinger, PA; Katina Katides, PA; Joshua Lopes, PA; Moses Tran, 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 if at MetroWest for the first half of the clerkship. Each student should take one weekend call if on for the second half of the clerkship (as fewer weekends are available during the second half- not to worry- this will even out as you will have taken two separate BMC ER shifts during the first half of the clerkship). When on call, the student will
round, do ward work, go home. 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, OR +/- Clinic
- **Tue:** Rounds, OR +/- Clinic
- **Wed:** Rounds, Teaching Conference (7:30a or 12p), OR +/- Clinic
- **Thurs:** Rounds, OR +/- Clinic
- **Fri:** 9:00AM: Didactic lectures at BMC (Students do not travel to MW on Fridays)

**Attending-specific schedule**
- **Dr. Steven Yood** has clinics at FUH on Tuesday afternoon (1p-4p), Wednesday morning (9a-12p), Wednesday afternoon (1p-4p), and Friday mornings (9a-12).
- **Dr. Bankole Samuel** has clinics at FUH on Monday morning (9a-12p), Monday afternoon (1p-4p), Tuesday mornings (9a-12p) and Thursday afternoons (1p-4p).
- **Dr. Andy Lee** has clinics at FUH on Monday morning (9a-12p), Monday afternoon (1p-2p), Thursday mornings (9a-12p) and Thursday afternoons (1p-4p).
- **Dr. Yagnik Pandya** has clinic at:
  - **LMH:** Monday morning (9a-12p) and Monday afternoon (1p-4p) and the 2nd and 4th Friday of each month (9a-12p) and (1p-4p).
  - **FUH:** 2nd and 4th Thursday of month (9a-12p)

**Breast Surgery Clinic:** Breast Surgery Clinic: Every student may attend one half-day session in the breast surgery clinic at BMC in order to gain an understanding of breast disease including breast cancer. This is not required but is recommended, especially if you have an interest in breast disease, women’s health, surgery, or primary care. If you are interested in attending this clinic, you are excused from other clinical duties during this time. You will receive information at orientation regarding signing up for this activity. Please read DeVirgilio chapters 3-4 before attending clinic to maximize your experience, and please do briefly look up any patients categorized as NEW or POP (postop) in advance to enhance your experience. *MetroWest does not currently have a dedicated breast surgeon, and if one is hired this year, students will be able to attend breast clinic at MW and will not need to travel to BMC.*

**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.

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

**Responsibilities in PM:**
- Finish your progress notes
- Look up planned OR cases for the following day and read about indications, review anatomy, etc.
End of Rotation Presentation: You will present an interesting “General Surgery” case to the Surgery Department during week 3 or 4 of your rotation. Presentation should be in a PowerPoint format and be approximately 15-30 minutes in length. A Clinical Presentation Outline is provided for a guideline/helpful information should you need it.

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

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

Roger Williams Medical Center
825 Chalkstone Avenue, Providence, RI 02908
Site Director: Dr. James Koness, jkoness@chartercare.org
Site Administrator: Susan Saccoccia, ssaccocc@chartercare.org
Teaching Faculty:
Dr. James Koness, Student Site Director
Dr. Joseph Espat, Chief of Surgery
Dr. Ponandai Somasundar
Dr. Abdul Saied Calvino, Associate Clerkship Director
Dr. Steven Katz
PA/NP: None currently
Residents/Fellows: 1-2 Residents, 2 Fellows (Senior and Junior Fellow)

Students assigned to Roger Williams Medical Center will experience the variety of general surgery, with a special emphasis on surgical oncology. This is a very hands-on rotation, and students will also participate in conferences, and will have an opportunity to present a topic to the faculty as well in the form of a 20 minute presentation on a surgical topic. The faculty at Roger Williams are extremely committed to your education. Students will return to Boston on Thursday evenings to be present for didactics at BU.

Please note that RW has several clinic locations: Cranston (725 Reservoir Avenue, Suite 101, Cranston, Rhode Island 02910) and a second office is in Cumberland (2138 Mendon Road, Suite 302, Cumberland, Rhode Island 02864).

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 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 9:00 AM: Didactic lectures at BMC

Didactics with Dr. Espat and Suturing workshops with Dr. Calvino will be arranged regularly on a variable schedule.

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

Student Clinical Duties: Pre-round on your patients and be ready to round at 7:00 AM. Students are also responsible for creating the list each morning with vital signs/labs for patients on the service who you are following. Please divide this work amongst yourselves. Students also maintain the “census list” which is a document sent to the attendings nightly which gives a brief summary of the hospital course of patients on the service. Students help with dressing changes, pulling tubes/lines, etc. Students keep a basket stocked with dressings to carry on rounds to help rounds run efficiently.

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

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

Recommended Reading: You will see a large variety while on service, and we would recommend reading the chapters in the Devirgilio textbook relevant to the cases you see. Students should also focus on the surgical oncology topics in the following chapters:
- Breast: Devirgilio 3,4
- Hepatobiliary: Devirgilio 15-18
- Gastric: Devirgilio 50
- Endocrine: Devirgilio 8-11

West Roxbury Veterans Affairs Hospital
1400 VFW Parkway, West Roxbury, MA 02132
Site Director: Dr. Patrick O’Neal, (857) 203-6205, Patrick.ONeal2@va.gov
Site Administrator: Daniel McElroy, Daniel.McElroy2@va.gov
Teaching Faculty: Dr. Kamal Itani (Chief of Surgery)
Dr. Patrick O’Neal (Student Site Director and Associate Clerkship Director)
Dr. Vivian Sanchez
Dr. Edward Whang
Dr. Jason Gold
Dr. Gentian Kristo

PA/NP: Patricia Soonthornprapuet (inpatient)
Chizoba Nwosu (outpatient)
Jennifer Moseley (outpatient)

Residents: From BMC and BWH, PGY-5, PGY-4, PGY-2x4, PGY-1x4

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, including four weeks on the general surgery service two weeks on the vascular surgery service, and two weeks on the Thoracic Surgery service.

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 that is directly ahead. Knock on the door and someone will let you in.

Call/Weekend Schedule: Students are expected to take call for 2 weekend days (one entire weekend or two separate weekend days) if on service for the first half of the clerkship. If on for the second half of the clerkship, students take 1 weekend call day (this is due to disparate number of weekends between the first and second halves of the clerkship and evens out- will be discussed further at orientation). 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.

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<th>Day</th>
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<th>Activity</th>
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<tr>
<td>Mon</td>
<td>7AM</td>
<td>Morning Report – Khuri Conference Rm</td>
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<td>8AM</td>
<td>Didactic Session – Khuri Conference Rm</td>
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<td></td>
<td>1PM</td>
<td>Vascular Clinic</td>
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<td>3PM/4PM</td>
<td>Dr. O’Neal/Itani Lecture – Khuri Conference Rm</td>
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<tr>
<td>Tue</td>
<td>7AM</td>
<td>Morning Report – Khuri Conference Rm</td>
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<td>8:15AM</td>
<td>General Surgery Clinic</td>
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<td>Wed</td>
<td>7AM</td>
<td>Morning Report – Khuri Conference Rm</td>
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<td>4PM</td>
<td>M&amp;M Conference – Khuri Conference Rm</td>
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**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.

**Expectations on note writing/documentation:** Students write several full H&P notes when in clinic, which are cosigned by attendings. Students also should write progress notes on inpatients you are following.

**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**
Rotation Director:  Eva Litvak, MD [Eva.Litvak@bmc.org](mailto:Eva.Litvak@bmc.org)
Site Administrator:  Elizabeth Colston, Elizabeth.colston@bmc.org
Educational Coordinator:  Amy Thai, amy.thai@bmc.org
Teaching Faculty:  Too numerous to list here!
Residents:  You will work with CA-PGY-1, PGY-2, PGY-3

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

**Call/Weekend Schedule:** 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 3336 or Menino Room 3334 “Trauma Residents Room” at the beginning of your shift to find the “4000” resident. If no one meets you there after 20 minutes, please page 4000 and ask where to meet. 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 anesthesiology service.

**Anesthesia Skills Session:** All students on the surgical rotation will attend an anesthesia skills session, held in the Solomont Simulation Centre one Friday morning from 6:30 am - 8:30 am. The dates varies every block, with instructions will emailed once the date is determined. Students are excused from all clinical duties in order to attend the activity.

**Weekly Schedule**
- **Mon** Schedule varies, students will be assigned each day
- **Tue**
- **Wed**
- **Th**
- **Fr** 6:30 AM: Anesthesia Lecture and Grand Rounds (most Fridays). Students and then free to attend didactics at 9:00 AM.

**Evaluations:** Students must request evaluations from residents and faculty with whom they believe a meaningful interaction has occurred. Three evaluations are required for all students completing a two-week rotation. One of these evaluations must be from a faculty member. Instructions on the steps to request evaluations can be found in the orientation materials distributed prior to the start of the rotation. Please read these carefully. Responsibility for requesting evaluations rests with the medical student.

**Student Clinical Duties:** All students are expected to participate in all learning activities. Students should attend morning lectures when offered. They should make every effort to arrive as early as possible to the preoperative area to meet and interview their patients, take every opportunity to get involved in the synthesis of plans to care for patients, and develop the technical skills of airway management, iv placement, and laryngoscopy.

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

**Brief Advice on How to Succeed:** You will interact with different faculty every day. Be sure to get involved early and establish yourself as a part of the team. A good way to do this is to introduce yourself to the anesthesia attending and resident as early as possible, prepare well for your assigned cases, showcase your reading and preparation, and determine topics you wish to discuss every day. You should offer to present the case and include an anesthesia plan to the attending as time allows.
**Recommended Reading:** Clinical Anesthesia Fundamentals (1st Ed). The Department of Anesthesia will distribute a copy of the textbook to each student on rotation. These are on loan for the rotation and are expected to be returned once the two-week rotation is complete. Each textbook is accompanied by multimedia material that enhances the written chapter material. The password for this access is found on the cover of each textbook. An additional useful resource is the Anesthesia Survival Guide: a Case-Based Approach, available through the E-Books link on the BU Alumni Medical Library webpage.

**Anesthesiology – Roger Williams**

Site Director: Ata O.H. Afshar, atahafshar@gmail.com
Site Administrator: Billie Baker, bbaker@chartercare.org
Teaching Faculty: Dr. Ata O.H. Afshar, Site Director
Dr. Tim Connelly
Dr. Vijay Sudheendra
Dr. Maria Zhukov
Dr. Aznif Calikyan

Residents: You will not work with residents on this service
CRNAs: You will work with several CRNAs

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

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

**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 3336 or Menino Room 3334 “Trauma Residents Room” at the beginning of your shift to find the “4000” resident. If no one meets you there after 20 minutes, please page 4000 and ask where to meet. 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 anesthesiology service.

**Weekly Schedule**

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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.

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

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

Site Director: Dr. Tejal Brahmbhatt, Tejal.Brahmbhatt@bmc.org

Teaching Faculty: Dr. Peter Burke, Division Chief  
Dr. Tracey Dechert  
Dr. Aaron Richman  
Dr. Robert Schulze  
Dr. Tejal Brahmbhatt, Site Director  
Dr. Sabrina Sanchez  
Dr. Kathryn Twomey

Residents: 3rd Year Residents and occasionally Interns

This 2 week experience provides an introductory exposure to the various pathologies and complexities of an emergency general surgery and trauma surgical consultations. This role is assigned traditionally to a third year surgical resident whose pager number is 4000. The "4000" consult resident sees all consultations under this discipline, which will be the experience that you will all have on this rotation. The rotation is also unique in that you will work very closely with 1-2 particular residents in a very busy role. This will be a unique opportunity to refine your history taking and exam skills, and particularly to learn to recognize problems that require urgent or emergent intervention. This rotation promises to allow you to both learn and contribute greatly to patient care.

**Reporting instructions:** The student will be expected to report to the Menino Room 2217 at the beginning of your shift to find the “4000” resident. This resident is called the “4000” resident because that is the pager # for trauma and emergency general surgery consultations. If no one meets you there after 20 minutes, please page 4000 and ask where to meet.
**Schedule:** The two week experience is one week of days and one week of a night experience (traditionally the busier of the two).

**Night week experience:** Monday night-Thursday night (6PM-6AM)

*Exceptions:*
- Occasionally the clerkship starts on a Tuesday due to Holidays, etc., in which case this rotation will start on a Tuesday
- On Fridays, student on nights does not have to attend didactics on the Friday after a night shift and is free to go after M&M and Grand Rounds (if there is grand rounds). Students are expected to attend Anesthesia workshop (scheduled once during clerkship)
- 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 6am where the student will round with the consult resident on the consult inpatients and then the shift will end at 6pm. This will be from Monday- Thursday, with Friday reserved for the weekly mandatory didactics.

- Tuesdays and Thursdays: 1:00-2:00- Dr. Erica Brotschi Rounds (Dowling 2S conference rm) - you are excused for this teaching conference and please do not forget to go!

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

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

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

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

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

**Recommended Reading:** Devirgilio, chapters 1-2, 41-47
Ophthalmology – BMC

Site Director: Dr. Hyunjoo Lee, Hyunjoo.Lee@bmc.org
Site Administrator: Valerie Worrell, (617) 638-4552, Valerie.Worrell@bmc.org
Teaching Faculty:
Dr. Xuejing Chen (retina)
Dr. Stephen Christiansen (pediatrics, strabismus)
Dr. Manishi Desai (glaucoma)
Dr. Alberto Distefano (oculoplastics)
Dr. Babak Eliassi-Rad (glaucoma)
Dr. Clotilde Hainline (neuro-ophthalmology)
Dr. Haben Kefella (glaucoma) - ADD
Dr. Kara C. Lamattina (uveitis, pediatrics) - ADD
Dr. Hyunjoo Lee (cornea)
Dr. Kambiz Negahban (cornea)
Dr. Steven Ness (retina)
Dr. Crandall Peeler (neuro-ophthalmology, comprehensive)
Dr. Tony Pira (comprehensive)
Dr. Jean Ramsey (pediatrics)
Dr. Rohini Rao (cornea)
Dr. Susannah Rowe (comprehensive)
Dr. Nicole Siegel (retina, uveitis)
Dr. Manju Subramanian (retina)
Dr. Gi Yoon-Huang (pediatrics, strabismus)
Fellows
Residents

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

Reporting Instructions for 1st Day: Please report at 7am for Grand Rounds to the ophthalmology conference room, 85 E. Concord Street, 8th floor. Check 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. Note: if there is Grand Rounds for the first day, you may not yet have access to the elevator to reach the 8th floor until 7am sharp.

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

Call/Weekend Schedule: 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 3336 or Menino Room 3334 “Trauma Residents Room” at the beginning of your shift to find the “4000” resident. If no one meets you there after 20 minutes, please page 4000 and ask where to meet. 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 ophthalmology 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 attending when time and space allows, but be respectful of clinic flow. Your primary focus in attending clinics will be to learn to recognize various eye pathologies and how they are treated.

**Expectations on note writing/documentation:** As most notes are written in a separate specialized system (Kaleidoscope), students are not expected to write notes while on service.

**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**

**Site Director:** Dr. Xinning (Tiger) Li, Xinning.Li@bmc.org

**Site Administrator:** Lynnette St. Louis, Lynnette.St.Louis@bmc.org

**Teaching Faculty:**
- Dr. Paul Tornetta, Chairman, Program Director - Orthopaedic Trauma
- Dr. Desmond Brown - Pediatric Orthopaedic
- Dr. William Creevy – Orthopaedic Trauma and Sports Medicine
- Dr. David Freccero – Joint Reconstruction
- Dr. Xinning (Tiger) Li, Site Director – Sports Medicine and Shoulder Surgery
- Dr. Robert Nicoletta – Sport Medicine
- Dr. Eric Smith – Joint Reconstruction
Dr. Andrew Stein – Elbow and Hand Surgery
Dr. Chadi Tannoury – Orthopaedic Spine Surgery
Dr. Tony Tannoury – Orthopaedic Spine Surgery

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

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

**Reporting Instructions for 1st Day:** 5:45 AM for board rounds in the ortho workroom. This is on the ground floor of Dowling. From Yawkey, walk through the double doors into 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. Please email Ms. St. Louis the week prior to starting on service, and she will put you in contact the chief resident prior to arrival to confirm your time and place for the first day of rotation. The phone number for the resident work room is 617-414-3334.

**Call/Weekend Schedule:** 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 3336 or Menino Room 3334 “Trauma Residents Room” at the beginning of your shift to find the “4000” resident. If no one meets you there after 20 minutes, please page 4000 and ask where to meet. 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 with Dr. Stein or other clinic
- **Tue** 6:00am-Board Rounds; 6:15-Bioskills lab sessions or journal club; Fracture Clinic with Dr. Tornetta or Creevy or OR
- **Wed** 5:45- board rounds; 6:15- Grand rounds medical school; Sports or Reconstruction Clinic with Dr. Smith or OR
- **Th** 6:00- board rounds and masterpiece presentation Trauma presentation going over last week trauma cases; sports/Shoulder OR with Dr. Li in Menino OR
- **Fr** 6:30am AM: board rounds followed by resident education from 7 am until 10:00am. Ortho Trauma room coverage with resident or spine clinic

**Student Clinical Duties:** Help with dressing changes, see patients in clinic, participate and get involved in OR cases. Expectations on note writing/documentation: Students are not expected to write notes while on service. Student evaluations will be done online by Dr. Li.
**Please email both Dr. Li and Ms. St. Louis on the last day of your rotation to report the residents and attendings with whom you worked most closely on service. **

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

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

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

**Recommended Reading:** As above, Devirgilio Ch. 26-29. [https://www.orthobullets.com/](https://www.orthobullets.com/) is a good reference for looking up conditions and procedures quickly to review before cases. Review the relevant anatomy prior to cases. Please also review the relevant musculoskeletal exam techniques (Mosby’s Guide to Physical Examination) before attending clinic. Additionally students will be provided with some review articles from JAAOS with some common conditions that are seen in trauma, sports, medicine, adult reconstruction, hand, pediatric, and spine specialties to provide them some initial knowledge of common conditions seen in the clinic and OR.
- Carpal tunnel syndrome
- Cervical spine trauma
- Direct anterior approach for total hip arthroplasty
- Pediatric flatfoot evaluation
- Rotation ankle fractures
- Rotator cuff tears

**Orthopedic Surgery – Roger Williams**
Site Director: Dr. Braidy Shambaugh, bshambau@gmail.com
Site Administrator: Maria Cabral, maria@orthodoc.necoxmail.com
Teaching Faculty: Dr. Braidy Shambaugh, Site Director
The orthopedic surgery service treats disorders of the musculoskeletal system. Different areas of orthopedic surgery include hand surgery, shoulder/elbow surgery, joint reconstruction, pediatric orthopedic surgery, foot and ankle surgery, orthopedic oncology, and surgical sports medicine. Students on service will have the opportunity to participate in the operating room as well as the clinic/office, and will be able to choose areas that interest them.

**Reporting Instructions for 1st Day:** Email Dr. Shambaugh prior to start of rotation ([bshambau@gmail.com](mailto:bshambau@gmail.com)) for a weekly schedule and reporting instructions.

**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 3336 or Menino Room 3334 “Trauma Residents Room” at the beginning of your shift to find the “4000” resident. If no one meets you there after 20 minutes, please page 4000 and ask where to meet. 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**
- **Mon** 7:30 am to 5:00 pm
- **Tue** 7:30 am to 5:00 pm
- **Wed** 7:30 am to 5:00 pm
- **Th** 7:30 am to 5:00 pm
- **Fr** Return to BMC for didactics.

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

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

**Brief Advice on How to Succeed:** Try to spend some consecutive time (clinic and OR) with a single attending to have some continuity.

**Recommended Reading:** Devirgilio Ch. 26-29. [https://www.orthobullets.com/](https://www.orthobullets.com/) is a good reference for looking up conditions and procedures quickly to review before cases. Please also review the relevant musculoskeletal exam techniques (Mosby’s Guide to Physical Examination) before attending clinic.
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.

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

**Call/Weekend Schedule:** 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 3336 or Menino Room 3334 “Trauma Residents Room” at the beginning of your shift to find the “4000” resident. If no one meets you there after 20 minutes, please page 4000 and ask where to meet. 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 that details the clinic and OR assignments. On Friday mornings, students should round with the resident team as usual, and then attend the otolaryngology conferences before leaving for didactics at 9:00 AM.

**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.
Expectations on note writing/documentation:

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

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

- Please see “Tip sheets” posted on blackboard for more information on note writing.

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

Site Director: Dr. Kei Suzuki, Kei.Suzuki@bmc.org
Teaching Faculty: Dr. Virginia Litle, Division Chief
Dr. Kei Suzuki
PA/NP: Amanda Meister, PA (inpatient); Nancy Paull, NP (outpatient);
Jan-Marie Ring, NP (outpatient); Meaghan Gauthier, NP (outpatient)
Residents: PGY-4, Intern

While on the thoracic service, you will see patients with benign and malignant conditions of the lung, esophagus, and mediastinum. Typical procedures performed are resection for lung cancer, including wedge resection and lobectomy. You may have the opportunity to participate in an esophagectomy 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.

Reporting Instructions for 1st Day: 5:45 AM; Menino Campus, room 3314

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 3336 or Menino Room 3334 “Trauma Residents Room” at the beginning of your shift to find the “4000” resident. If no one meets you there after 20 minutes, please page 4000 and ask where to meet. 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 thoracic surgery service.
**Weekly Schedule:** Please do not forget to excuse yourselves for Brotschi’s rounds on Tuesdays and Thursdays at 1:00 PM.

<table>
<thead>
<tr>
<th>Day</th>
<th>Events</th>
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<tbody>
<tr>
<td>Mon</td>
<td>OR cases</td>
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| Tue | OR cases (every other Tuesday)  
1:00-2:00- Dr. Erica Brotschi Rounds (Dowling 2S conference rm) |
| Wed | OR cases |
| Th  | OR cases and clinic 1-5PM (alternating each week)  
1:00-2:00- Dr. Erica Brotschi Rounds (Dowling 2S conference rm) |
| Fr  | 7:00-9:00 AM: grand rounds, M&M  
9:00 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 x-rays to identify pneumothorax. Assist with seeing inpatient and ER consults. Assist in the operating room. Look up and report back on topics assigned by the senior resident. Check on your patient again at least once before the end of the day and provide patient and family education to your patient, especially regarding ambulation and incentive spirometry.

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

- For INPATIENT notes, please write notes via the “Medical Student Note” section in EPIC. There is a medical student note template, or you can ask your intern/resident/PA/NP to share a template with you on the first day. When you have completed your note, please sign your name at the bottom, and hit the “PEND” button at the bottom. This will allow one of the intern/resident/PA/NP’s to review and edit your note, and they will forward to the attending who will then attest the note.

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

- Please see “Tip sheets” posted on blackboard for more information on note writing.

**Brief Advice on How to Succeed:** Know your patients well. Come to the OR prepared and with questions to ask the resident and attending. Take ownership of your patients. Know the tubes, lines and drains placed in the patients you are following. Review the thoracic anatomy, especially the bronchial tree, the mediastinal lymph nodes, the large vessels in the chest, and the relevant nerves (recurrent laryngeal, phrenic, vagus, etc.). If time allows, ask the resident for access to simulation center and do the bronchoscopy simulation. You will get to perform bronchoscopy during the rotation. Learn as much about this field as you possibly can because it will become relevant in almost any field of medicine you choose!
Recommended Reading: There are no thoracic topic chapters in the assigned textbook, but reading any text chapter or up-to-date chapters on lung cancer, pneumothorax, Barrett's esophagus, and esophageal cancer would be a great start. If there is a particular topic of interest, please let the residents know. On the alternating non-OR Tuesday or Thursday, we can have a lecture on topic of interest.

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.

Thoracic Surgery- VA
Site Director: Dr. Daniel Wiener, Daniel.Wiener@va.gov, office: 857-203-6155
Teaching Faculty: Dr. Daniel Wiener, division chief
Dr. Avi Lebenthal
(Likely a third surgeon will join during the 2018-19 year)
Fellow: Thoracic Fellows from Brigham and Women’s rotate for 2 months at a time
PA/NP: Clemence St. Cyr, Christine Stella
Intern: Rotating Intern

While on the thoracic service, you will see patients with benign and malignant conditions of the lung, esophagus, and mediastinum. Typical procedures performed are resection for lung cancer, including wedge resection, 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 firm understanding of the workings of chest tubes.

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. They will connect you with the thoracic team.

Call/Weekend Schedule: All students on the 2 week subspecialty blocks at all sites 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 3336 or Menino Room 3334 “Trauma Residents Room” at the beginning of your shift to find the “4000” resident. If no one meets you there after 20 minutes, please page 4000 and ask where to meet. 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 thoracic surgery service.

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
- All Day: OR Cases- Dr. Lebenthal
- 3PM/4PM Dr. O’Neal/Itani Lecture – Khuri Conference Rm
Tue:  
7AM  Morning Report – Khuri Conference Rm  
7:30 AM  Multidisciplinary pulmonary conference (radiology reading room)  
9AM-2PM  Thoracic Clinic (Dr. Wiener)  

Wed:  
7AM  Morning Report – Khuri Conference Rm  
10AM-2PM  Thoracic Clinic (Jamaica Plain Campus- Dr. Lebenthal)  
3PM  Tumor Board (1st, 3rd, 5th of each month- JP campus)  
4PM  M&M Conference – Khuri Conference Rm  

Th:  
7AM  Morning report – Khuri Conference Rm (When no didactics)  
7AM  Didactic Session – Surgical Resident Workroom  
8AM  Didactic Session – Khuri Conference Room  
All Day:  OR Cases- Dr. Wiener  

Fr:  
7AM  Grand Rounds vs Morning Report  
9AM  BU Didactic Sessions  

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

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

**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.

**Urology – BMC**  
Site Director:  Dr. Shaun Wason, Shaun.Wason@bmc.org  
Site Administrator:  Karen.Clements@bmc.org  
Teaching Faculty:  
Dr. Chai (Department Chair)  
Dr. Babayan (Emeritus Professor, Former Department Chair, Past President of the AUA)  
Dr. Oates  
Dr. Ng (Program Director)  
Dr. Katz (4th year Clerkship Director)  
Dr. Munarriz
A Urologist is a physician who specializes in diseases of the urinary tract and the male reproductive system. This can include diseases affecting the bladder, urethra, ureters, kidneys, and adrenal glands, along with the epididymis, penis, prostate, seminal vesicles and testes. Some examples of the diseases and subspecialties that our department addresses include: benign prostatic hyperplasia (BPH), kidney stones (shock wave and laser lithotripsy), endourology (including laparoscopy and robotic surgery), erectile dysfunction (ED), female urology and pelvic medicine, female sexual dysfunction, incontinence, male reproductive medicine & surgery, neurogenic bladder dysfunction, neuro-urology and urodynamics, prostate disease and urologic oncology (cancer of kidneys, ureters, bladder, prostate, urethra, testicles, adrenal glands).

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

**Call/Weekend Schedule:** 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 3336 or Menino Room 3334 “Trauma Residents Room” at the beginning of your shift to find the “4000” resident. If no one meets you there after 20 minutes, please page 4000 and ask where to meet. 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 urology service.

**Weekly Schedule**

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<tr>
<th>Day</th>
<th>Schedule</th>
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<tbody>
<tr>
<td>Mon</td>
<td>(each day varies based on individual schedule)</td>
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<tr>
<td>Tue</td>
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<tr>
<td>Wed</td>
<td>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.</td>
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<tr>
<td>Th</td>
<td>7:00-9:00 AM: Residents have education. Students are usually excused after morning rounds.</td>
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**Student Clinical Duties:** Pre-round 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).

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

- For INPATIENT notes, please write notes via the “Medical Student Note” section in EPIC. There is a medical student note template, or you can ask your intern/resident/PA/NP to share a template with
you on the first day. When you have completed your note, please sign your name at the bottom, and hit the “PEND” button at the bottom. This will allow one of the intern/resident/PA/NP’s to review and edit your note, and they will forward to the attending who will then attest the note.

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

- Please see “Tip sheets” posted on blackboard for more information on note writing.

- Please review the AUA Medical Student Core Curriculum during your rotation. These 11 topics were felt to be at a minimum of what all graduating medical students should know about urology. There are also 8 uroradiology cases that urologist encounter on a frequent basis you should become familiar with. You can even download the app (with cases) onto your smartphone for easy reference during your two weeks. Dr. Wason will plan to meet with each of you towards the end of the rotation and will select one ‘topic’ and one ‘uroradiology’ case to go over with you in mock oral board format. Hopefully, you will find this is a good framework to direct your studying.


American Urological Association - Medical Student Curriculum

www.auanet.org

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

Brief Advice on How to Succeed:

- We do ask that rotators prepare an informal 10-minute PowerPoint to present to the residents (usually given the last few days on service) on a topic of interest to you in Urology (either something random or something inspired by an experience you had on rotation). Please be sure to include some degree of literature review. You will either be presenting to Dr. Wason directly or the residents and then sending him a copy of the presentation.

- Very important to read up for cases - know the patient, relevant anatomy, the disease, the surgery, etc.

- You can wear scrubs if in the OR and you should wear clinic clothes if you are assigned clinic. Please always wear your white coat.
• Observe in the OR and try to engage – how do resident’s set up for cases, how does the team prepare patient on the OR table for the case, etc.
• **ASK QUESTIONS!**
• Try to put in at least 5 Foley catheters during your rotation.
• Please let me know if you have any questions. Page #9000 on Thursday or Friday before your Monday start if there is any confusion.

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

**Vascular Surgery (Smithwick Service) – BMC**

<table>
<thead>
<tr>
<th>Site Director:</th>
<th>Dr. Douglas Jones, <a href="mailto:Douglas.Jones@bmc.org">Douglas.Jones@bmc.org</a></th>
</tr>
</thead>
</table>
| Teaching Faculty: | Dr. Alik Farber, Division Chief  
Dr. Jeffrey Kalish  
Dr. Jeffrey Siracuse  
Dr. Douglas Jones  
Dr. Matthew Nuhn (Transplant) |
| PA/NP: | Inpatient: Jen Gonzalez, Jeanne Russo, Athena Drosos  
Outpatient: Colin Flynn, Jessica Fernandes |
| Fellows: | Brad Oriel (Senior Fellow)  
Daniel Alfson (Junior Fellow) |
| Residents: | PGY-3, PGY-1x2 |

The vascular surgery service treats patients with emergent and elective vascular conditions. Common conditions treated include aortic aneurysmal disease (open and endovascular, elective and emergent), peripheral vascular disease, carotid disease, 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 vascular surgery service.

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

**Call/Weekend Schedule:** 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 3336 or Menino Room 3334 “Trauma Residents Room” at the beginning of your shift to find the “4000” resident. If no one meets you there after 20 minutes, please page 4000 and ask where to meet. 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**

<table>
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<th>Day</th>
<th>Event</th>
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| Mon | 4 pm didactic / academic vascular conference  
5 pm case presentations |
| Tue | Dr. Farber Clinic (8AM-12PM)  
1:00-2:00 - Dr. Erica Brotschi Rounds (Dowling 2S conference rm) |
| Wed | Dr. Kalish Clinic (8AM-4PM) |
| Th  | Dr. Jones Clinic (8AM-4PM)  
1:00-2:00 - Dr. Erica Brotschi Rounds (Dowling 2S conference rm) |
| Fr  | 7:00-9:00 AM: grand rounds, M&M,  
9:00 AM: didactics for remainder of day  
(Students round with team as usual before conferences) |

**Student Clinical Duties:** pre-round 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.

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

- For INPATIENT notes, please write notes via the “Medical Student Note” section in EPIC. There is a medical student note template, or you can ask your intern/resident/PA/NP to share a template with you on the first day. When you have completed your note, please sign your name at the bottom, and hit the “PEND” button at the bottom. This will allow one of the intern/resident/PA/NP’s to review and edit your note, and they will forward to the attending who will then attest the note.

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

- Please see “Tip sheets” posted on blackboard for more information on note writing.

**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. The service also involves frequent dressing changes during rounds, so be especially prepared with dressings, tape, etc. As a student, it is very important to learn your patients’ medical history and previous vascular intervention as well as current medications, etc.

Further advice from the vascular service
• **ROUNDS**: Pick up 1 patient at first and make sure to cover patients whose surgeries you see. You should pre-round. You should arrive no earlier than 5am but you have to be back into the workroom by 6 am.

• You will do a focused history (overnight complaints, pain control) and physical exam (including pulses/motor/sensory/lungs/heart/surgical sites) and present them on rounds. You should know EVERYTHING about your 1-2 patients.
  o **PRESENTATION FORMAT**: **One liner, 24h events, subjective, objective, A&P**
    • **One liner**: Age, sex, and why we are seeing them (post-op day #1 vs consult for CLI)
    • **24h events**: changes in clinical status (febrile, delirious, pain issues) and treatment (if any). Also mention hand-off TO DO items and if completed.
    • **Subjective**: Ask patient about complaints. Ex: *pain control, dizziness, chest pain, SOB, n/v, fevers, chills, neurological or sensory/motor deficits in extremities*
    • **Objective**: Relevant Vitals, Labs (i.e. potassium >5.5 or WBC trend), Imaging/studies
      • **PE**: Always check pulses, motor/sensory exam, heart/lungs, surgical/angio sites
    • **Assessment and Plans**: What are the next steps for the patient? Rec med changes?
      o Remember SICU patients must be SYSTEMS based plans. *Neuro, CV, Resp, GI, GU, Endo, ID, IVF/Diet*

• Your job on group rounds is to help move things along. Take the BATMAN backpack and hand things for dressing changes, Doppler etc. Watch what comes off wound (we usually redress the same)!
  o Make sure your patient has appropriate dressing supplies in the room.
  o Please ask resident or PA before rounding if you’re not sure a dressing should be taken down. As a general rule of thumb, most dressings can be taken down POD#2 (most major amputation dressings are taken down POD#3)

• You should round in the afternoon on your patients, follow up on tasks supposed to be done, read all consulting services recs and update the list.
  o **BONUS**: You can pend/save orders on patients and ask a resident or PA to review and sign.

• Afternoon rounds is at ~6pm for official sign-out. You should be present for running the list.

• At end of the day you should know:
  1. What cases you will be in the next day so you can look them up
  2. Who you are following/presenting on the next morning (1-2 patients, maaaybe 3 on your second week)
  3. Which ½ day of clinic you will be going to for the week

**Recommended Reading**: Devirgilio textbook, Chapters 55-58

**Vascular Surgery – West Roxbury VA**

*Site Director:* Dr. James McPhee, [James.McPhee@va.gov](mailto:James.McPhee@va.gov)

*Site Administrator:* Sheila Howard, [Sheila.howard@va.gov](mailto:Sheila.howard@va.gov)

*Teaching Faculty:* Dr. Joseph Raffetto, Division Chief
  Dr. James McPhee
  Dr. Michelle Martin
  Dr. Sarah Carlson
  Dr. Sameer Shah (part time at VA)
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.

**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:** All students on the 2 week subspecialty blocks at all sites 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 3336 or Menino Room 3334 “Trauma Residents Room” at the beginning of your shift to find the “4000” resident. If no one meets you there after 20 minutes, please page 4000 and ask where to meet. 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 vascular surgery service.

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

<table>
<thead>
<tr>
<th>Day</th>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mon</td>
<td>7AM</td>
<td>Morning Report – Khuri Conference Rm</td>
</tr>
<tr>
<td></td>
<td>8AM</td>
<td>Didactic Session – Khuri Conference Rm</td>
</tr>
<tr>
<td></td>
<td>1PM</td>
<td>Vascular Clinic</td>
</tr>
<tr>
<td></td>
<td>3PM/4PM</td>
<td>Dr. O’Neal/Itani Lecture – Khuri Conference Rm</td>
</tr>
<tr>
<td>Tue</td>
<td>7AM</td>
<td>Morning Report – Khuri Conference Rm</td>
</tr>
<tr>
<td>Wed</td>
<td>7AM</td>
<td>Morning Report – Khuri Conference Rm</td>
</tr>
<tr>
<td></td>
<td>4PM</td>
<td>M&amp;M Conference – Khuri Conference Rm</td>
</tr>
<tr>
<td>Th</td>
<td>7AM</td>
<td>Morning report – Khuri Conference Rm (When no didactic session scheduled)</td>
</tr>
<tr>
<td></td>
<td>7AM</td>
<td>Didactic Session – Surgical Resident Workroom</td>
</tr>
<tr>
<td></td>
<td>8AM</td>
<td>Didactic Session – Khuri Conference Room</td>
</tr>
<tr>
<td></td>
<td>9AM</td>
<td>Vascular Clinic</td>
</tr>
<tr>
<td>Fr</td>
<td>7AM</td>
<td>Grand Rounds vs Morning Report</td>
</tr>
<tr>
<td></td>
<td>9AM</td>
<td>BU Didactic Sessions</td>
</tr>
</tbody>
</table>

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

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

**Recommended Reading:** Devirgilio textbook, Chapters 55-58

**Clerkship Schedules**

**Block Schedule**
Block schedule dates for all clerkships can be located on the Medical Education website: http://www.bumc.bu.edu/bsm/education/medical-education/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
12. Introduction to Anesthesiology
   – No assigned reading

13. Lung cancer
   – No assigned reading

14. Pancreatic cancer
   – Devirgilio 17 (175-190), 18 (191-202)

15. Peripheral arterial disease
   – Devirgilio, Ch. 56 (559-570), 58 (581-590)

16. Preoperative/postoperative care
   – No assigned reading

17. Shock
   – No assigned reading

18. Stomach/Duodenum
   – Devirgilio, Ch. 49 (493-500), 50 (501-510)

19. Thyroid/Parathyroid
   – Devirgilio, Ch. 9 (87-100), 11 (111-126)

20. Wound healing/surgical infections
   – No assigned reading

*Students at Berkshire Medical Center and Kaiser Permanente will participate in the didactic series via Zoom, 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. You will be assigned to these blocks, and please see the schedule in your orientation packet or on Blackboard to check your assigned shifts. 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. When on 2-week subspecialty blocks, students will be assigned to one 12-hour weekend shift in the emergency department at BMC to work with the surgery resident, seeing emergency surgery consults, and evaluating trauma patients. Please report to Menino Room 3336 or Menino Room 3334 “Trauma Residents Room” at the beginning of your shift to find the “4000” resident. If no one meets you there after 20 minutes, please page 4000 and ask where to meet. 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. 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.
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 27, 2019 at 12PM – Sun, Dec 1, 2019
Intercession: Fri, Dec 20, 2019 – Wed, Jan 1, 2020

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

Holidays by Clerkship can be viewed on the Medical Education website at:
http://www.bumc.bu.edu/busm/education/medical-education/academic-calendars/#clerkhols

**Assessment and Grading**

**Clerkship Grading Policy**

<table>
<thead>
<tr>
<th>HOW MUCH EACH PART OF YOUR GRADE IS WORTH:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Grade Percentage</td>
<td>55%</td>
</tr>
<tr>
<td>Shelf/Exam Percentage</td>
<td>30%</td>
</tr>
<tr>
<td>“Other” Components Percentage</td>
<td>15%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOW YOUR FINAL WORD GRADE IS CALCULATED:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Honors</td>
<td>87-100</td>
</tr>
<tr>
<td>High Pass</td>
<td>77-86.99</td>
</tr>
<tr>
<td>Pass</td>
<td>60-76.99</td>
</tr>
<tr>
<td>Fail</td>
<td>&lt;60 or &lt;58 on shelf exam</td>
</tr>
</tbody>
</table>

**SHELF/EXAM GRADING**

Exam minimum passing (percentile/2 digit score) 5th/58
Exam minimum score to qualify for honors (percentile total year using 2017-2018 academic year norms/2 digit score) 50th/75

**What is “Other” and what percentage is it worth?**

| OSCE                                      | 10% |
| Oral Presentation                         | 5%  |

**Other components that need to be completed in order to pass the clerkship**

| Patient log and required procedures       |
| FOCuS Forms                              |
| Duty Hour logs                           |
| Required physical exams                  |
| Required Feedback Signatures             |

**Standard Clerkship Clinical Grade Procedures/Policies**

- Preceptors will provide clinical evaluations that contain the “raw data” on the student’s clinical performance. Preceptors DO NOT determine the final “word” grade. You are encouraged to regularly ask for specific behaviorally-based feedback on your clinical skills from your preceptors. However, do not ask them what word grade you will get, as that is a multifactorial process of which the clinical evaluation is one component.
The CSEF form will be used to numerically calculate your clinical grade: 1 to 4 points (depending on which box is checked) for each of the 13 items for a total of 52 possible points. Each CSEF will be weighted based on how long the student worked with each evaluator.

Primary preceptors at sites with multiple preceptors will collect evaluation data from the other clinicians with whom the student works. The primary preceptor will collate this data, and submit the final clinical evaluation.

Clerkship Specific Clinical Grade Procedures/Policies

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:

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Weightage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total clinical evaluation</td>
<td>55%</td>
</tr>
<tr>
<td>Core rotation</td>
<td>30%</td>
</tr>
<tr>
<td>Two week rotation</td>
<td>12.5%</td>
</tr>
<tr>
<td>Two week rotation</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

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

BUSM’s Grade Reconsideration Policy is located in section 2.2 of the Policies and Procedures for Evaluation, Grading and Promotion of Boston University School of Medicine MD Students: http://www.bumc.bu.edu/busm/faculty/evaluation-grading-and-promotion-of-students/

OSCE (Objective Structured Clinical Exam)

Every student on the Surgery Clerkship will undergo an OSCE exam during the clerkship, which will typically occur on the Friday before the SHELF examination. Students will interview and examine a trained standardized patient presenting with a surgical problem. Students will be graded based on standard criteria on how they perform the interview, the physical examination, patient education, as well as the ability to form a differential diagnosis and treatment plan. Please see the Blackboard website under the “OSCE” section for further details.

Formative Assessments

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

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 eValue. 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 Medical Education Office). Students are given a reading day the day before the exam. Students do not report to their clerkship site on the reading day or the day of the exam. Students will be given 2 hours and 45 minutes to complete this exam.

**Shelf Exam Laptop Certification Process**
Students must certify their laptops one week before the NBME Subject Exam and again on the day before the exam. Instructions are provided on the Alumni Medical Library website at: [http://www.bumc.bu.edu/medlib/services/computing/nbme/](http://www.bumc.bu.edu/medlib/services/computing/nbme/)

Exam Policies

Testing Center Policies

**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 eValue
- 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
- Orient 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, duty hours logs, and seeking feedback
- 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](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 eValue ([www.e-value.net](http://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 19-20 on your Blackboard landing page.

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 side only, 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 Lana Ketlere (Lana.Ketlere@bmc.org) by the morning of the day of your presentation.

The presentation will be evaluated using the following categories
- Content
- Organization
- Delivery
- Discussion
- Handout

**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 eValue

**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 eValue
- 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, residents, advanced care practitioners (NP/Pas) sign off on their “Passport” card that they have been observed performing an abdominal exam and a groin/hernia/GU exam.

**Required Feedback Solicitation**: In order to improve, it is very important to receive feedback. We ask that you share this responsibility by seeking feedback. A good time to ask for feedback is at the end of a week spent with a particular faculty member or resident on a service, or after a day of clinic with a faculty member. Please politely ask for feedback, and ask that the Faculty/Resident/PA/NP sign one of the “feedback signature” lines on your “Passport” card to document that you have been given feedback. We ask that you obtain at
least 6 “feedback signatures” during your clerkship. Any faculty/resident/PA/NP can sign, but we recommend prioritizing obtaining signatures from faculty and senior residents (as applicable).

**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 eValue (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/medical-education/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 eValue. 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. We encourage you to do other cases as well!

**Patient Encounter Log**
Students are expected to log their patient encounters in eValue (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
http://www.bumc.bu.edu/busm/faculty/evaluation-grading-and-promotion-of-students/

Collaborative Student Assessment System
http://www.bumc.bu.edu/busm/education/academic-affairs/policies/collaborative-student-assessment-system/

Student Disciplinary Code of Academic and Professional Conduct
http://www.bumc.bu.edu/busm/faculty/medical-student-disciplinary-code/

Attendance Policies
On-site hours must be limited to 80 hours per week, averaged over a two-week period. Violations should be reported directly to the clerkship director or to an Associate Dean (Medical Education or Student Affairs). Time off requests must comply with the Attendance & Time Off Policy.

  - Time Off Request Form: http://www.bumc.bu.edu/busm/files/2017/06/Time-Off-Request-Form.doc
- Work Hours: http://www.bumc.bu.edu/busm/education/medical-education/policies/work-hours/

Personal Day Policies
http://www.bumc.bu.edu/busm/education/medical-education/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/education/medical-education/policies/scrubs-policy/

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/medical-education/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 lecture series has been revised
- The syllabus has been revised
- Thoracic surgery has been added as a rotation at the West Roxbury VA
- The OSCE has been added to each clerkship block

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, 5th ed. A collection of common cases. This is a less comprehensive alternative to the de Virgilio textbook above. You can also access this through the BU Alumni Medical Library by following the same steps as above for “PreTest.”

• **Dr. Pestana’s Surgery Notes.** Pestana, 3rd ed. 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 3rd 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.

**eValue Student Resources**
[http://www.bumc.edu/evalue/students/](http://www.bumc.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.edu/bumc-emc/instructional-services/echo360/](http://www.bumc.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.edu/bumc-emc/instructional-services/report-an-educational-technology-](http://www.bumc.edu/bumc-emc/instructional-services/report-an-educational-technology-)

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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/

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/

Session Learning Objectives and Notes
Acute Abdomen and Appendicitis
At the conclusion of this lecture, participants will be able to:
- Understand diagnosis and treatment of Acute Abdomen and Appendicitis
- Form a differential diagnosis for abdominal pain within each abdominal quadrant.
- Understand typical and atypical presentations of appendicitis.
- Understand appropriate laboratory and imaging workup for abdominal pathology in each of the four quadrants.
- Understand reasonable management strategies for appendicitis and when to pursue each.
  - Appropriate antibiotics for appendicitis
  - Antibiotics alone vs surgery
  - Interval appendectomy
- Understand definitions of acute abdomen, focal peritonitis, diffuse peritonitis and understand nuances of physical examination and diagnostic workup that help to reach this diagnosis.

Anorectal Disease
At the conclusion of this lecture, participants will be able to:
- Form a differential diagnosis for perianal/perirectal pain
- Discuss the indications for diagnostic testing such as anoscopy, flexible endoscopy
- Discuss a treatment plan for common perianal pathologies such as:
  - Hemorrhoids
  - Fissure
  - Abscess
- Condylomatous disease
- Anal cancer

Aortic Disease
At the conclusion of this lecture, participants will be able to:
- Understand diagnosis and treatment of Aortic Disease
- Discuss definitions and pathophysiology of abdominal aortic aneurysms
- Form an understanding how to diagnose and treat ruptured AAA
- Create an understanding of open and endovascular strategies to treat AAA

Biliary Disease
At the conclusion of this lecture, participants will be able to:
- Name relevant gross anatomical structures of the biliary system
- Explain gross anatomical and histological bases for differences in presentation of biliary disease
- Plan an encounter for a patient presenting with biliary disease
- Select and interpret appropriate laboratory and imaging tests for patients presenting with biliary disease
- Predict the most likely diagnosis for patients presenting with biliary diseases
- Choose an appropriate treatment strategy for patients presenting with a variety of biliary diseases

Intraabdominal Anatomy Review
At the conclusion of this lecture, participants will be able to:
- Identify intraabdominal structures and tissue planes
- Briefly explain the embryonic development, rotation, and blood supply of the gastrointestinal tract.
- Explain how visceral rotation maneuvers allow surgical access to the duodenum, pancreas, and spleen and to retroperitoneal visceral and vascular structures.
- Explain the anatomical thinking basic to key open surgical procedures:
  - Describe the anatomy of the cystohepatic triangle. Explain why the ‘critical view of safety’ is important in cholecystectomy.
  - Describe the ‘typical’ anatomical position of the appendix and other places it can wander. Briefly explain how pain from an inflamed appendix might present, based on the position of the appendix, and why.
  - Describe the blood supply of the right, transverse, and left colon. Explain the importance of a vascular ‘watershed’. Explain how the position a tumor in the ascending colon might dictate strategy for its resection.
  - Describe the anatomical relationships of the duodenum. Explain why a patient with a large tumor in the head of the pancreas might present with jaundice. Explain why a surgeon performing a Whipple procedure would remove the duodenum as well as the head of the pancreas.

Breast Cancer
At the conclusion of this lecture, participants will be able to:
- Understand diagnosis and treatment of Breast Cancer
Burns
At the conclusion of this lecture, participants will be able to:
- Understand diagnosis and treatment of Burns
- Be able to classify the stages of burn injuries based on histological findings
- Identify physiological changes that occur after sustaining burn injury
- Basic principles of burn injury management – open versus closed therapy

Colorectal Cancer
At the conclusion of this lecture, participants will be able to:
- Understand diagnosis and treatment of Colorectal Cancer
- Identify risk factors for development of colorectal cancer
- Know the differences in staging of colon cancer versus rectal cancer
- Understand the staging of colorectal cancer
- Know about familial syndromes that predispose to development of colorectal cancer

Fluids
At the conclusion of this lecture, participants will be able to:
- Understand the rationale behind different types of fluids and their administration
- Describe the electrolytes in the different intra/extravascular spaces and intra/extracellular spaces

GI Bleeding
At the conclusion of this lecture, participants will be able to:
- Understand diagnosis and treatment of GI Bleeding
- Form a differential diagnosis for UGIB and LGIB
- Discuss the work up for an UGIB and LGIB from time of arrival to the ED to performance of the gold-standard diagnostic test and the management of the most common findings
- Discuss the management of patients in which EGD/colonoscopy are non-diagnostic for their UGIB/LGIB
- Describe the pathophysiology of ischemic colitis as it relates to mesenteric ischemia

Hernias
At the conclusion of this lecture, participants will be able to:
- Understand diagnosis and treatment of Hernias
- Understand the abdominal wall surgical anatomy
- Discuss etiology and differential diagnosis of abdominal wall hernias
- Recognize the clinical symptoms and signs of abdominal wall hernias
- Discuss the surgical treatment of abdominal wall hernias such as:
  - Inguinal hernias
  - Femoral hernias
  - Other common ventral hernias

Introduction to Anesthesiology
At the conclusion of this lecture, participants will be able to:
- Understand the basics of anesthesiology
- Understand the scope of anesthesia practice and the responsibilities involved in being a perioperative specialist
• Review the procedures and skills required of anesthesiologists
• Be able to perform an anesthesia-focused patient history and physical exam
• Understand fundamentals of anesthesia preparation and equipment
• Review commonly used medications
• Review the general types of anesthetic plans
• Understand how to formulate an anesthetic plan
• How to be successful and get the most out of your anesthesia rotation

Lung Cancer
At the conclusion of this lecture, participants will be able to:
• Understand diagnosis and treatment of Lung Cancer
• Know who should get screened for lung cancer
• Know the work-up of patients with lung nodules
• Know the treatment options for stage I lung cancer patients
• Know the surgical candidacy work-up of stage I lung cancer patients

Pancreatic Cancer/Pancreatitis
At the conclusion of this lecture, participants will be able to:
• Understand the anatomic considerations that surround the pancreas and pancreatic operations.
• Form a differential diagnosis for pancreatic neoplasms
• Understand the difference between cystic neoplasm and solid neoplasms as it relates to risk of malignancy as well as clinical approach to care.
• Understand the difference between endocrine and exocrine malignancies.
• Understand the operations associated with pancreatic neoplasms and the risks and benefits of each.
• Recognize the indications for observation versus resection

Peripheral Arterial Disease
At the conclusion of this lecture, participants will be able to:
• Understand diagnosis and treatment of Peripheral Arterial Disease
• Understand epidemiology of PAD and CLI
• Learn about the management options in PAD and CLI
• Consider organization of a randomized CLI

Preoperative/Postoperative Care
At the conclusion of this lecture, participants will be able to:
• Understand the basics of Preoperative/Postoperative Care

Shock
At the conclusion of this lecture, participants will be able to:
• Understand diagnosis and treatment of Shock
• Define the shock state and understand the factors that determine the degree of shock
• Know the various etiologies of shock - neurogenic, cardiogenic and sepsis
• Understand how to approach a patient in suspected shock using a systematic approach considering airway, breathing and circulation
• Know resources available to assist with management of an unstable patient
Stomach/Duodenum
At the conclusion of this lecture, participants will be able to:
- Understand diagnosis and treatment of diseases of the stomach/duodenum
- Develop a differential diagnosis for epigastric pain
- Understand the indications for endoscopy (especially ALARM symptoms)
- Understand the indications for operating on peptic ulcer disease
- Understand the general workup and staging as well as treatment for gastric cancer
- Understand the treatment options for morbid obesity and the risks/benefits of bariatric surgery

Thyroid/Parathyroid
At the conclusion of this lecture, participants will be able to:
- Understand diagnosis and treatment of Thyroid/Parathyroid disease

Wound Healing/Infections
At the conclusion of this lecture, participants will be able to:
- Understand diagnosis and treatment of wound healing and infections
- Discuss the stages of wound healing, what cells are involved, and what their functions are.
- Understand difference between healing by primary vs secondary intention and why to pursue each
- Understand methods of speeding up wound healing, how they work, and pros/cons of each
  - Moist to dry dressings
  - Wound vac
  - Split thickness vs full thickness skin grafts
  - Hyperbaric oxygen
- Understand surgical classification of wounds
  - Clean
  - Clean-contaminated
  - Contaminated
  - Infected
- Discuss presentation of necrotizing wound infection
  - Exam findings
  - LRINEC score
  - Pitfalls of imaging
- Understand urgency of operative management of necrotizing wound infection
- Understand adjunct management needs of necrotizing wound infection including appropriate antibiotic regimen