

# **Surgery Clerkship**

**Academic Year 2025-2026**

**Department of Surgery**

**MEDMD 306**

**Clerkship Director: Luise Pernar, MD, MHPE**

**Associate Clerkship Director: Sheina Theodore, MD**

**Clerkship Coordinator: Lana Ketlere, Laura Romero Gamez**



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## Clerkship Learning Objectives

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

## Contact Information

### Clerkship Director



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**Clerkship Coordinators:**



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

## Clerkship Description

### Focus of clerkship

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

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

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

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

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

The students will also be asked to apply the skills and knowledge gained during the course of the clerkship and develop treatment plans for patients that they follow.

### Clerkship Changes Made Based on Feedback

The clerkship changes made were the development of the new Friday didactics. The didactics have been revamped in two ways: 1. topic selection and 2. format. The didactic topics were selected based on guidance from ASE (Association for Surgical Education) and ACS (American College of Surgeons) as outlined in the ACS/ASE student core curriculum. The sessions were reformatted to be more case-based as a direct result of student feedback. Finally, we give students a few hours on Friday afternoons for independent study.

### Diversity, Equity, and Inclusion Initiatives

Social determinants of health and surgical disparities are highly relevant so surgical practice, particularly for patients served at Boston Medical Center. We ask that students develop familiarity with concepts related to surgical disparities through didactics and self-study, reviewing two high-yield resources and the readings/resources suggested therein.

Manohar, K., Krusing, M., Braafladt, S. *et al.* Creating a more equitable future: development, implementation, and evaluation of a novel surgical disparities curriculum for medical students. *Global Surg Educ* 3, 38 (2024). <https://doi.org/10.1007/s44186-024-00227-8>

Torain, Maya J. BSa; Maragh-Bass, Allysha C. PhD, MPH; Dankwa-Mullen, Irene MD, MPHb; Hisam, Butool MDa, d; Kodadek, Lisa M. MDe; Lilley, Elizabeth J. MD, MPH; Najjar, Peter MD, MBAa; Changoor, Navin R. MDa; Rose, John A. Jr. MD, MPH; Zogg, Cheryl K. MSPH, MHSa; Maddox, Yvonne T. PhDc; Britt, L. D. MD, MPH, FACSf; Haider, Adil H. MD, MPH, FACSa, \*. Surgical Disparities: A Comprehensive Review and New Conceptual Framework. Journal of the American College of Surgeons 223(2):p 408-418, August 2016. | DOI: 10.1016/j.jamcollsurg.2016.04.047

This academic year we are also including a session on trauma informed care in the didactic curriculum.

### Other Recent Changes to the Clerkship

Dr. Pernar is taking over the clerkship leadership from Dr. Cooper. Dr. Theodore will remain in the associate clerkship director position. Lana Ketlere will remain in the clerkship administrator position with the assistance of Laura Romero.

Departmental changes include that Dr. Alik Farber has been appointed as the chief of surgery on a permanent basis.

There are no site changes in the upcoming year. For the upcoming academic year, students are required to deliver a 10-15minute oral presentation on a topic relevant to general, oncology, trauma, and vascular surgery. Presentation will be posted on Blackboard for review by fellow students and for grading. The oral presentation will account for 5% of the final clerkship grade.

### Clerkship Sites Boston Medical Center

One Boston Medical Center Place, Boston, MA

#### BMC – Colorectal Surgery

Clerkship Site Director: Dr. Samantha Rivard  
[samantha.rivard@bmc.org](mailto:samantha.rivard@bmc.org)

Teaching Faculty: Dr. Jennifer Davids, Section Chief  
Dr. Olga Beresneva  
Dr. Samantha Rivard

Inpatient Physician Assistants: Shannon Forlivio, PA-C  
Stephanie Redmond, PA-C

Outpatient Physician Assistants: Brenna Hobin, PA-C  
Haley Sykes, PA-C

Surgery Residents: Chief Resident (PGY-5), Intern (PGY-1)

**CLINICAL EVALUATIONS: INDIVIDUAL EVALUATIONS-** Dr. Rivard will meet with you at the midpoint through your rotation and at the end of your rotation. She will illicit feedback from Drs. Davids and Beresneva as well as all of the physician assistants and residents on service to produce a comprehensive evaluation and feedback.

**Overview:** The colorectal surgery service treats a wide variety of diseases of the colon, rectum, and anus, ranging colon and rectal cancer, inflammatory bowel disease (Crohn's/Ulcerative colitis), diverticulitis, bowel obstructions, and anorectal disease. They also treat a spectrum of general surgery diseases that are seen while

on call. Given the variety of diseases, the colorectal surgeons work at many sites across the hospital (ex. Shapiro for outpatient clinic; Moakley for endoscopy; Moakley operating rooms for outpatient surgery; Menino operating rooms for abdominal pathology either robotically, laparoscopically, or open cases). You will have a chance to participate in both outpatient and inpatient care for benign and malignant disease as well as urgent and elective problems. You will have the opportunity to get involved in both outpatient anorectal days and larger abdominal operations, as well as endoscopy day and clinic. You will also help to take care of colorectal surgery consults from the emergency room and other inpatient units. During your four weeks on service, you will be working with the entire colorectal faculty.

**Prior to Your Rotation:** Please reach out to the chief resident on service during the time of your rotation. They will tell you when rounds will be for your first morning on service. The colorectal surgery work room is in the Menino Building on the 4th Floor, Room 4176.

**Call/Weekend Schedule:** There are no call requirements on weeknights, but students are permitted to stay later for late surgeries or emergency surgeries, as long as you abide by work hours. Prior to leaving the hospital, you should always check in with your chief resident (or intern or PA on service if the chief is not available).

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

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

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

**Weekly Schedule:** Each week will vary but will include a mix of clinic, endoscopy, outpatient surgery, and larger abdominal cases requiring admission, as well as urgent operations from consults. Please see the weekly email from the chief resident for details about any specific week. Case assignments will be done by the chief resident on service. This is generally sent the weekend before each week.



You will be assigned to either clinic, OR, or endoscopy on Monday through Thursday. On Friday, there is mandatory in person attendance for the 7 - 8 am Morbidity and Mortality conference. On most weeks, there is also Grand Rounds from 8 - 9 am. These are held in the medical school in room L110. You will report for your scheduled lectures after these conferences.

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

#### **Clinical Duties:**

- Pre-round on patients you are following
- Assist interns by updating the list with information on patients you are following
- Round with team and present your patients on rounds
- Assist with dressing changes
- Assist interns/APPs with floor work
- Write progress notes on your patients
- Assist in the OR or in clinic depending on the day
- Look up and report back on topics assigned by the chief resident or attendings

**Clinic:** Located on the 6th floor of the Shapiro building near checkout 6C. In clinic, you will interview the patients, present to the attending with the HPI, assessment and general plan, do the examination together, and then write notes after the encounter. Clinic can get busy so you may have to finish notes at the end of the clinic day instead of after seeing each patient. The expectation is that these notes are completed by the end of the day. Typically, there is at least one PA in clinic to help you with any questions.

#### **How to Succeed on a Surgery Rotation:**

- Come prepared. In the operating room, you are expected to know the reason behind the operation, the patient's history, pathophysiology/diagnosis/treatment of colorectal disease, and the basic anatomy of the abdomen. On the floor, you will be expected to know what's going on with your patients, the vitals, the labs, and daily events. In clinic, you are expected to know the basics of the disease processes you are evaluating patient's for (ex. Hemorrhoids are the most frequent anorectal disease we see, please be familiar with this disease.)
- Ask (appropriate) questions. You will not be expected to know the steps of every operation or be a colorectal expert but please remain engaged and ask appropriate questions. In the operating room, be mindful of the time that you ask questions as at some points during a procedure could be high anxiety (i.e. during anastomosis, bleeding). We love to teach and will be happy to answer any questions!
- Be a team player. Patient care is a team sport. You should always be willing to help with any task that's asked of you if it helps the team run more efficiency and benefits our patients. Every member of the team should be treated with respect regardless of gender-identity, sexual orientation, age, race, ethnicity, and background. Keep in mind that team members can be exhausted and stressed and deserve your empathy. Surgery can be a very challenging field so having a team-based atmosphere is important for everyone's mental health and for high quality patient care.
- Have empathy for our patients.. We have the privilege of taking care of people during the hardest times of their lives. They are stressed, scared, and sometimes confused. Please remember that all of our patients deserve your respect and compassion.

- Be enthusiastic. Even if you do not want to go into surgery, every physician will have a patient that requires surgery some day. See every patient encounter as a learning opportunity. A positive attitude goes a long way and will open up opportunities.

### Recommended Reading

- Dr Pestana's Surgery Notes, Seventh Edition; Pestana
- Surgical Recall; Blackbourne
- Surgery: A Case Based Clinical Review; Devirgilio
- Current Diagnosis and Treatment Surgery, 15th Edition; Doherty

### BMC – Mozden (Surgical Oncology)

Site Director: Dr. Teviah Sachs, [Teviah.sachs@bmc.org](mailto:Teviah.sachs@bmc.org)

Teaching Faculty: Dr. Michael Cassidy, Director, Belkin Breast Center (General Surgical Oncology, Breast Cutaneous)

Dr. Thurston Drake (Endocrine)

Dr. David McAneny, Chief Medical Officer (Endocrine Surgery)

Dr. Teviah Sachs, Section Chief of Surgical Oncology, (Hepatopancreatobiliary, General Surgical Oncology)

PA/NP: Inpatient: Lauren Hartnett PA, Chief PA

Outpatient: Kayla McDonald PA, Kelsey Burke PA

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

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

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

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

**Reporting Instructions for 1<sup>st</sup> Day:** On your 1<sup>st</sup> day, please report at 5:45 AM, to Menino Campus, 4th Floor, East Wing, Room 4266.

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

On the Mozden service, you will be assigned 2-weekend call shifts during this time. This schedule will be provided at orientation. One shift will be with the "EGS/Trauma consult service," where you will assist the resident in seeing patients presenting to the ER with acute surgical disease. You will evaluate patients on your

own when possible, present them to the resident, and help to write a note on any patient you see. Please report to Menino Room 2217 “Trauma Residents Room” at the beginning of your shift to find the “4000” resident. If no one meets you there after 20 minutes, please page 4000 and ask where to meet.

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

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

**Weekly Schedule:** Please see the weekly email from Chief Resident for details about any specific week. This is generally sent the weekend before each week. Operations occur almost every day of the week and vary week to week so pay attention to your assignments for preparation.

#### Clinics & Conference Locations:

Surgical Oncology & Endocrine: Moakley 3<sup>rd</sup> floor

Breast Surgery: Moakley Ground Floor – Belkin Breast Clinic

General Surgery: Shapiro 3<sup>rd</sup> Floor

#### Schedule:

**Mon:** 8:00-4:00: CLINIC Dr. Drake

8:00-4:00: Breast Surgery

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

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

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

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

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

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

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

**Thu:** 9:00-3:30: CLINIC Dr. Sachs – Surgical Oncology

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

9:00- 3:00 pm Didactic day

## Expectations:

### 1. Overall:

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

### 2. Tips:

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

## Recommended Reading:

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

## Other sources:

Dr. Pestana's Surgery Notes

NCCN guidelines (free to register)

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

**Brief Advice on How to Succeed:** This is a learning opportunity for you and so you should always feel free to ask questions. If you find points that are confusing or questions to which you cannot find the answer when preparing for particular patients, write them down and ask to discuss the following day. We want this to be a

fantastic experience for you, and one that will further your understanding and interest in general surgery and surgical oncology.

### **BMC – Minimally Invasive Surgery (MIS) and Bariatric Surgery**

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

Residents: Chief, PGY 3 or PGY 4, Intern

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

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

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

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

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

The second call shift will be assigned as well and will be a “service specific call” with your regular 4-week service. Please note that the Colorectal/MIS/Morbid Obesity services combine on weekends and round as a group with one chief/one intern/one attending to allow some to have a weekend off. Thus, you may be working with a new group for your call day. If that is the case, you will be especially helpful as you will know your own patients better than anyone. Please confirm with your team who is rounding on your assigned day and what time, as weekend rounding time is somewhat variable. Please plan to present your patients on rounds. After

rounds, participate in any urgent surgeries that happen or help the intern with the service-work (note writing, checking on patients, dressing/wound vac changes, seeing new consults, etc). It is quite busy due to the limited workforce on weekends, and you as the student can be a great help. The length of the day varies based on how busy the day is. Occasionally if it is quiet, you may be dismissed halfway through the day, but if it is busy, you may help until 6PM signout.

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

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

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

<b>Mon</b>	8:30-12:00: Hess Bariatric Clinic 8:30-4:30: Carmine Bariatric Clinic
<b>Tue</b>	9:00-3:30: Pernar Bariatric Clinic 9:4:30: Davies General Surgery
<b>Wed</b>	8:30-4:30: Carmine Bariatric Clinic 9AM-3:30PM (1st and 3rd) Pernar Bariatric Clinic
<b>Th</b>	8:30-4:30 – Hess Bariatric Clinic 8:30AM-4PM Nudel Clinic
<b>Fri</b>	7:00-9:00- Grand rounds/M&M via Zoom 9:00-Afternoon Didactic day

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

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

**Brief advice on how to succeed:** Please prepare for your cases and clinics ahead of time by reading about the patients and the relevant disease processes. Please be enthusiastic. During clinic, try to see new patients and

practice full presentations to your attending – do not forget to provide a summarized assessment and a plan (even if your plan isn't correct)! See every patient encounter as a learning opportunity.

### Recommended reading

- General surgery topics: Devirgilio, Ch. 1, 15, 16
- For a primer on bariatric surgery, watch the BMC Bariatric Surgery Patient Education Video at <https://www.bmc.org/weight-loss-surgery>
- Bariatric light read: [https://www.nytimes.com/2016/05/02/health/biggest-loser-weight-loss.html?\\_r=0](https://www.nytimes.com/2016/05/02/health/biggest-loser-weight-loss.html?_r=0)
- Hernia anatomy and surgery video playlist: [https://www.youtube.com/playlist?list=PL0lpmHM70Rx4h86QKuUnAo\\_a7ZWZAgpAw](https://www.youtube.com/playlist?list=PL0lpmHM70Rx4h86QKuUnAo_a7ZWZAgpAw)
- For introductory information on laparoscopic equipment, please watch the following video, produced by our former surgical education research fellow, Dr. Alaina Geary: <https://www.youtube.com/watch?v=zb3XLtFj5xg&feature=youtu.be>
- MIS/Bariatric Surgery Blackboard Site- You will be given access to this site in advance of your rotation. If you do not have access, please email Luise Pernar and Joshua Davies. This site has some service-specific information, and also contains multiple narrated videos of the surgeries we most commonly perform. While the level of detail discussed is geared toward the surgical resident, they may be of interest to you if you wish to have a preview of the surgeries in which you will participate.
- “Touch Surgery” App- this is a free App you can download on your phone. Some students have found this helpful in preparing for surgeries. It is created by a medical device company, but is very high quality and help you to understand the goals of surgery and to review the relevant anatomy. Please ignore any references to brand names or equipment which is irrelevant.

### BMC – Trauma and Acute Care Surgery (TACS)

Clerkship Site Director:

Dr. Abraham Jaffe, [abraham.jaffe@bmc.org](mailto:abraham.jaffe@bmc.org)

Teaching Faculty:

Dr. Tracey Dechert

Dr. Sabrina Sanchez

Dr. Aaron Richman

Dr. Kathryn Twomey

Dr. Abraham Jaffe (TACS Clerkship Director)

Dr. Dane Scantling

Dr. Crisanto Torres

Dr. Noelle Saillant

Dr. Sheina Theodore (Associate Clerkship Director)

Dr. Megan Janeway

Dr. Danby Kang (TACS Education Champion)

Advanced Care Practitioners (PA/NP's):

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

Residents:

Chief general surgery residents, 4<sup>th</sup> and 3<sup>rd</sup> Year general surgery residents, and interns from general surgery and other surgical specialties

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

The experience 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 the management of the “acute abdomen” and the initial management of traumatic injury. We help to care for some of the sickest patients in the hospital, and we hope that you will take the time to get to know your patients and also appreciate the major ways that social elements play into their health. The TACS service can be very busy and fast paced so flexibility, adaptability, and going with the flow are keys to ensuring the best experience on the rotation.

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

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

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

A typical week runs as follows:

<b>Mon:</b>	Morning Report at 7am Operations/Patient care Evening sign-out at 5pm
<b>Tue:</b>	Morning Report at 7am TACS Education Conference 7:30am Operations/Patient care Evening sign-out at 5pm
<b>Tue:</b>	Morning Report at 7am Morning Education conference 8-830am Operations/Patient care Evening sign-out at 5pm
<b>Wed:</b>	Morning Report at 7am Monthly Trauma Lahey Video Conference 8-9am Operations/Patient care Evening sign-out at 5pm
<b>Thu:</b>	Morning Report at 7am Monthly TACS/Radiology Conference 10-11am Operations/Patient care Evening sign-out at 5pm
<b>Fri:</b>	7-9am M&M/Grand Rounds <b>9am-1pm Didactics (mandatory)</b>

**Mon-Fri there are also elective OR cases, elective and TACS clinic, and minor room  
This will be assigned weekly by the chief resident on TACS**



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

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

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

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

**Student Clinical Duties:** Always ask and clarify with the senior resident as well as the APP’s on your assigned team what is expected of you during your time on TACS (a good practice for any rotation). In general, the 1<sup>st</sup> week it is expected you take on 2 patients. This will allow you to “learn” the pace of the service and the nuances of how it’s run. The remaining weeks you should be averaging 2-4 patients daily. Pre-round on patients you are following, assist interns by updating the list with information on patients you are following, round with team and present your patients on rounds, assist with dressing changes, assist interns/PAs with floor work, write progress notes on your patients, assist in the OR or clinic depending on the day, look up and report back on topics assigned by the chief resident/senior resident. Of note, students who are not otherwise occupied may still attend the initial trauma evaluation in the Trauma Bay even if not on the trauma service. Occasionally, if the room becomes too crowded, students and others may be asked to step out of the room out of the need for patient safety. Please be understanding if this happens.

**Brief Advice on How to Succeed:** Be flexible! The TACS service is sometimes chaotic given the nature of trauma and acute care surgery. It can be unpredictable, and the daily plan can change based on what comes into the ER. Most importantly, have fun! As noted above, it is always helpful to clarify expectations at the beginning of the rotation from the residents, APPs, and attendings you work with, and also to ask for feedback and areas for improvement at the mid-point, and for feedback at the end.

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

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

FOR BMC COLORECTAL, MOZDEN, MIS/BARIATRIC AND TACS:

Note writing and documentation expectations: Students are expected to write notes daily progress notes on patients they are following as well as admission H&P notes.

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

**Roger Williams Medical Center**

825 Chalkstone Avenue, Providence, RI 02908

Site Director: Dr. Steven Kwon, [steve.kwon@chartercare.org](mailto:steve.kwon@chartercare.org)

Site Administrator: Rachel Worster, [rachel.worster@chartercare.org](mailto:rachel.worster@chartercare.org)  
401-456-2484

Teaching Faculty: Dr. Steve Kwon, Student Site Director  
Dr. Ponandai Somasundar, PA students Site Director  
Dr. Abdul Saied Calvino, Associate Clerkship Director  
Dr. Mohammad Abdallat, Thoracic Surgery

PA/NP: Victoria Miller, PA  
Jack Hurley, PA

Residents/Fellows: 1-2 Residents, 2 Fellows (Senior and Junior Fellow)

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

Students assigned to Roger Williams Medical Center will experience the variety of general surgery, with a special emphasis on surgical oncology. This is a very hands-on rotation, and students will also participate in

conferences, and will have an opportunity to present a topic to the faculty as well in the form of a 20-minute presentation on a surgical topic. The faculty at Roger Williams are extremely committed to your education. Please note that the RWMC clinic site is 50 Maude St. which is walking distance from the main hospital.

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

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

### **Weekly Schedule**

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

Fri 9:00 AM- 3:00 PM: Didactic lectures at BMC (zoom)

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

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

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

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

**Brief Advice on How to Succeed:** Try to spend as much time with Dr. Koness as possible you can - his clinic days are a great way to do so. This will also satisfy the strong recommendation that students on the clerkship

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

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

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

### **Berkshire Medical Center Surgical Department**

725 North Street, Pittsfield, MA 01201

Site Director Michael DiSiena, DO, FACS, [mdisiena@bhs1.org](mailto:mdisiena@bhs1.org)

Site Administrator Stephanie Wade, [swade@bhs1.org](mailto:swade@bhs1.org)

Clerkship Coordinator Paula Downer, [pdowner@bhs1.org](mailto:pdowner@bhs1.org)

Teaching Faculty Michael DiSiena, DO, FACS, Surgery Residency Program & Clerkship Director  
Marcella Bradway, MD, FACS, FASCRS, Chief, Department of Surgery  
Adam Bowling, DO  
Soma Brahmanandam, MD  
Christian Galvez, MD  
Mark Kryskow, DO  
Andrew Lederman, MD  
Javier Perez, MD  
Clayton Peterson, MD

Nurse Practitioners Moira Brophy, Jodi Szczepaniak

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

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

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

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

**Call/Weekend Schedule:**

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

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

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

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

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

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

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

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

## Kaiser Permanente, Santa Clara

700 Lawrence Expwy, Santa Clara, CA 95051

Site Director: Dr. Shay Mansoor [Shay.Mansoor@kp.org](mailto:Shay.Mansoor@kp.org)

Site Administrator: Barbara M Rodriguez [Barbara.M.Rodriguez@kp.org](mailto:Barbara.M.Rodriguez@kp.org)

Teaching Faculty: Dr. Melanie Gainsbury  
Dr. Nancy Bitar  
Dr. Elliott Brill  
Dr. Maighan Kavanagh  
Dr. Amid Keshavarzi  
Dr. Enrico Danzer  
Dr. Shay Mansoor  
Dr. Maris Jones  
Dr. John Stevenson  
Dr. JP Lu  
Dr. Maureen Tedesco, Chair of Department of Surgery  
Dr. Judy Keddington  
Dr. Maureen Tedesco  
Dr. Justin Choi  
Dr. Lucy Kim  
Dr. Ron Ilano  
Dr. Kerry Sullivan  
Dr. Alex Moskovitz  
Dr. Nayan Sivamurthy  
Dr. Rishad Faruqi  
Dr. Bharat Pancholy (Thoracic Surgery)  
Dr. Hon Lee (Cardiac Surgery)

PA/NP: Chad Ith, Courtney Hori, Daniela Goldenberg, Eliza Villa (proctology)

Residents: Stanford General Surgery: PGY 5, 4, 3, 2

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

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

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

**Call/Weekend Schedule:**

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

**Weekly Schedule**

**Mon:**

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

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

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

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

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

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

**Expectations on note writing/documentation:**

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

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

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

**MetroWest Medical Center**

115 Lincoln St, Framingham, MA 01702

MetroWest Medical Center has a rich history involving medical student education. There is direct interaction with the attending surgeons as a second assistant on all surgeries, including General Surgery and Vascular Surgery as well as other subspecialties (Thoracic, Plastic, ENT, and Urology) when time allows. The student is

expected to prepare for surgeries by reading the day before and to follow the inpatient surgery patients postoperatively. There is 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: Gossi Jones, [Gossi.Jones@mwmc.com](mailto:Gossi.Jones@mwmc.com)  
Teaching Faculty: (Students will be primarily assigned to the primary teaching faculty in bold below)  
**Dr. Dr. Yagnik Pandya (Department Chair)**  
**Dr. Lorenzo Bucci**  
**Dr. Zachary Fang**  
**Dr. Jenna Bahadir**  
Dr. William Curran  
Dr. Katherina Calvillo  
Dr. Donald Adams  
Dr. Timothy Anderson  
Dr. Christopher Cua  
Dr. Katherine Hein  
Dr. Shawn Liu  
Dr. Ravi Kacker  
Dr. Shapur Ameri  
Dr. Krishna Nirmel  
Dr. Stanley Kraus  
Dr. Michael Donovan  
Dr. Rita Sadowski  
Dr. Zimmerman  
PA: Jaclyn Gordon - Chief PA  
Residents: None

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

**Evaluations: INDIVIDUAL EVALUATIONS - STUDENT MAY REQUEST ANY FACULTY, RESIDENT OR PA WHO YOU HAVE WORKED WITH TO EVALUATE YOU AT THE CONCLUSION OF YOUR 4 WEEK CORE ROTATION. All evaluations should be initiated in Medhub for electronic completion in Medhub.**

**Reporting instructions for 1<sup>st</sup> day:** You will receive details in an email before arrival from Ms. Gossi Jones

#### **Call/Weekend Schedule:**

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

#### **Weekly Schedule:**

**Mon:** Rounds, OR +/- Clinic  
**Tue:** Rounds, OR +/- Clinic



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

#### **Attending-specific schedule**

**Dr. Pandya** has clinics on some Mondays (1p-4p), and Tuesday (8:30a-12p).

**Dr. Lorenzo Bucci** has General Surgery Clinics on Tuesday (9a-4p), Wednesday afternoon (1p-4p), Thursday mornings (9a-12p).

**Dr. Jenna Bahadir** has General Surgery Clinics on Thursday (12p-4p), Friday mornings (9a-12p), some Mondays.

**Dr. Zachary Fang** has clinics at FUH every other Friday (8a-4p); Wellesley on Wednesday (8a-4p) and every other Friday (8p-4p).

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

#### **Responsibilities in AM:**

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

#### **Responsibilities in PM:**

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

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

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

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

#### **St. Elizabeth’s Medical Center**

736 Cambridge Street, Brighton, MA 02135

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

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

Residents: St. Elizabeth's General Surgery Residents

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

**Reporting instructions for 1<sup>st</sup> day:**

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

**Service description**

The surgery service is organized into two surgical teams, as well as a 2 subspecialty rotations which include vascular and a thoracic surgery. As a medical student, you will play an important role in patient care and on your surgical team by participating in daily morning rounds with the residents and attending surgeons, floor work (patient care, progress notes, admission work-ups, discharges, gathering lab data on blood counts, cultures, and blood chemistries), conferences (including core curriculum surgical case studies, tumor conference, morbidity and mortality, Grand Rounds, video conferences), and operating room procedures.

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

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

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

**Call/Weekend Schedule:**

Students will be assigned to two-weekend calls per rotation (Saturday or Sunday) which will be scheduled during the first or second weekend of the 4-week general surgery block, and up to one weeknight/week. Students should not take a weekend call on the last weekend before the shelf exam. Being on call is your best opportunity to experience what a surgical intern or senior resident does at night in the hospital. It gives you a

unique chance to receive one-on-one teaching, maximizes your clinical experience, i.e., placement of intravenous lines, phlebotomy, and emergency surgery, and allows you to make a valuable contribution to patient care.

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

**Brief Advice on How to Succeed: (from [behindtheknife.org](http://behindtheknife.org)):**

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

**Recommended Reading:** Recommended Reading: You will see a large variety while on service, and we would recommend reading the chapters in the DeVirgilio textbook relevant to what you are seeing clinically. All surgical students may use the surgical library on Seton 7 East. The library is shelved with books, journals, and audiovisuals that you should find quite helpful when you prepare for conferences and operating room procedures. Note that textbooks are non-circulating and must remain in the library. This rule is strictly enforced. A copier in the library may be used to photocopy material to take out of the library.

**West Roxbury Veterans Affairs Hospital**

1400 VFW Parkway, West Roxbury, MA 02132

Site Director: Dr. Patrick O’Neal, (857) 203-6205, [Patrick.Oneal2@va.gov](mailto:Patrick.Oneal2@va.gov)

Site Administrator: Tonita Mitchell [VHABHSSurgicalServiceCredentialing@va.gov](mailto:VHABHSSurgicalServiceCredentialing@va.gov)

Teaching Faculty:

- General Surgery
  - Dr. Kamal Itani (Chief of Surgery)
  - Dr. Patrick O’Neal (Site Director and Associate Clerkship Director)
  - Dr. Jason Gold
  - Dr. Gentian Kristo
  - Dr. Ann Debord Smith
  - Dr. Edward Whang
- Vascular Surgery
  - Dr. Joseph Raffetto (Chief of Vascular Surgery)
  - Dr. Amy Felsted
  - Dr. Alex Lin
  - Dr. Michelle Martin
- Thoracic Surgery
  - Dr. Daniel Wiener (Chief of Thoracic Surgery)
  - Dr. Fatima Wilder

PA/NP: Patricia Soonthornprapuet (General Surgery - Inpatient)  
Jennifer Moseley (General Surgery - Outpatient)  
Katie Trott (General Surgery - Outpatient)  
Michael Morrison (Vascular Surgery - Inpatient)  
Suzanne Armstrong (Thoracic Surgery - Inpatient)  
Carolyn Abbanat Villafane (Thoracic Surgery - Outpatient)

Residents/Fellows: Thoracic Fellow, Vascular Fellow, PGY5, PGY4, PGY2 x 3, PGY1 x 5 (All rotating from BMC or BWH)

**CLINICAL EVALUATIONS: GROUP EVALUATIONS WILL BE COMPLETED BY DR. O'NEAL, DR. MARTIN, and DR. WIENER - NO NEED TO REQUEST.**

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

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

#### **Call/Weekend Schedule:**

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

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

<b>Mon:</b>	7AM	Morning Report – Khuri Conference Room
	8AM	Didactic Session – Khuri Conference Room
	1PM	Vascular Surgery Clinic

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

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

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

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

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

### Subspecialty Rotations (2 Weeks Each):

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

### Anesthesiology – BMC

Rotation Director:	Alexis Ramirez, MD <a href="mailto:Alexis.Ramirez@Bmc.org">Alexis.Ramirez@Bmc.org</a>
Residency Program Coordinator:	Elizabeth Colston, <a href="mailto:Elizabeth.colston@bmc.org">Elizabeth.colston@bmc.org</a>
Educational Coordinator:	Hanzhang Zhao, <a href="mailto:hanzhang.zhao@bmc.org">hanzhang.zhao@bmc.org</a>
Teaching Faculty:	Too numerous to list here!

Residents:  
Anesthetists (CRNAs)

You will work with -PGY-1, PGY-2, PGY-3 & PGY-4, Certified Nurse

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

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

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

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

### Weekly Schedule

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

**Tue** 6:30 Didactic teaching Lectures

Wed 6:30 Board Review discussion of Board examination topics

Wed. 4:00pm Junior didactic session

Thu Simulation exercises in the SIM Center

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

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

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

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

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

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

### Anesthesiology – Roger Williams

Site Director: Dr. Tim Connelly,  
Site Administrator: Julie DiPiro [jdipiro@chartercare.org](mailto:jdipiro@chartercare.org)

Teaching Faculty: Dr. Tim Connelly, Site Director  
Dr. Maxine Liang  
Dr. Maria Zhukov  
Dr. Max Bashkirov  
Residents: You will not work with residents on this service  
CRNAs: You will work with several CRNAs

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

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

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

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

### Weekly Schedule

Mon	7:00 am
Tue	7:00 am
Wed	7:00 am
Th	7:00 am
Fr	9:00 am-3:00 pm: BMC Didactics- MANDATORY

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

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

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

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

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

## Anesthesiology – St. Elizabeth's Hospital

Faculty preceptor: David Warnock, M.D. [David.Warnock@bmc.org](mailto:David.Warnock@bmc.org)

### Preoperative Objectives:

- Understand Pain Assessment strategies and adjunct modalities for pain management (epidural, peripheral nerve blockade)
- Understand how different surgical pathology relates to anesthetic management and planning
- Cardiopulmonary history and evaluation in preparation for elective surgery
- Factors involved in ASA grading of patients pre-operatively
- Indications and contraindications for regional block placements
- Understand regional anesthetic approach vs general anesthetic approach in relation to type of surgery (Spinal, Epidural, Peripheral Nerve Blockade)
- Understand applications of local anesthetics
- Understand the management of postoperative nausea and vomiting

### Intraoperative Objectives:

- Knowledge of standard ASA monitors and ideal placement of all monitors
- Identify induction agents in common use (etomidate, propofol, ketamine, midazolam)
- Understand basic ventilation strategies including volume-controlled ventilation and pressure-controlled ventilation
- Fluid management in the surgical patient; understand differences in fluid management based on type of surgical procedure
- Identify typical anesthesia maintenance agents including inhaled gases and IV agents



- Knowledge of emergence from anesthesia and extubation criteria
- Neuromuscular blockade: appropriate use of non-depolarizing and depolarizing agents, including reversal of neuromuscular blockade

#### **Postoperative Objectives:**

- Understand Pain Assessment strategies and adjunct modalities for pain management
- Epidural Analgesia
- Peripheral Nerve blockade
- Postoperative management of Respiratory Failure
- Identify risk factors for respiratory failure

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

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

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

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

Illness/Absence: In the event that you become ill during your rotation, call please email Betty Munoz at [betty.munoz@steward.org](mailto:betty.munoz@steward.org) and Lana Ketlere and Dr. Luise Pernar.

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

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

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

#### **Cardiothoracic Surgery - Kaiser Permanente, Santa Clara**

Site Director: Hon S Lee, [Hon.Lee@kp.org](mailto:Hon.Lee@kp.org)

Site Administrator: Barbara Rodriguez, [Barbara.M.Rodriguez@kp.org](mailto:Barbara.M.Rodriguez@kp.org)

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

The general topics covered in the service:

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

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

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

Beyond Mastery: How a surgeon found his own heart

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

## EGS (Emergency General Surgery) & Trauma Consults – BMC

Site Director:

Dr. Abraham Jaffe [abraham.jaffe@bmc.org](mailto:abraham.jaffe@bmc.org)

Teaching Faculty:

Dr. Tracey Dechert  
Dr. Sabrina Sanchez  
Dr. Aaron Richman  
Dr. Kathryn Twomey  
Dr. Abraham Jaffe (Site Director)  
Dr. Dane Scantling  
Dr. Crisanto Torres  
Dr. Noelle Saillant  
Dr. Sheina Theodore  
Dr. Megan Janeway  
Dr. Danby Kang

Advanced Care Practitioners (PA/NP's):

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

Residents:

Chief general surgery residents, 3rd Year general surgery residents, and interns from general surgery and other surgical specialties

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

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

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

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

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

**Student clinical duties:** See consults and trauma activations 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 daily progress notes on patients you are following as well as admission H&P/consultation notes as applicable.

- We expect that you will complete a minimum of two H&P or consult notes 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 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 residents/APPs 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, flexible, and helpful to the residents and APPs with whom you are working. Offer to scope out and see new consults, to help write notes, and to communicate with the ER teams. On this service, you will see a wide variety of disease processes in trauma and general surgery and patients who are range from clinically stable to critically ill. You will be able to contribute more to patient care than on almost any other service, and will therefore have the chance to learn a great deal. Do the best you can, learn what you can, and keep in mind that the service can be very busy and fast paced so flexibility, adaptability, and going with the flow are keys to ensuring the best experience on the rotation.

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

## Ophthalmology – BMC

Site Director:	Dr. Tomas Andersen, <a href="mailto:tomas.andersen@bmc.org">tomas.andersen@bmc.org</a>
Site Administrator:	Valerie Worrell, (617) 638-4552, <a href="mailto:Valerie.Worrell@bmc.org">Valerie.Worrell@bmc.org</a>
Teaching Faculty:	Dr. Xuejing Chen (Retina)

Dr. Stephen Christiansen (Pediatrics, Strabismus)  
Dr. Manishi Desai (Glaucoma)  
Dr. Kara C. Lamattina (Uveitis, Pediatrics)  
Dr. Steven Ness (Retina)  
Dr. Crandall Peeler (Neuro-ophthalmology, Comprehensive)  
Dr. Tony Pira (Comprehensive)  
Dr. Karina Lund (Comprehensive)  
Dr. Susannah Rowe (Comprehensive)  
Dr. Nicole Siegel (Retina)  
Dr. Manju Subramanian (Retina)  
Dr. Gi Yoon-Huang (Pediatrics)  
Dr. Tomas Andersen (Cornea)  
Dr. Michael Bivona (Comprehensive/Cornea)  
Dr. Catherine Choi (Pediatrics)  
Dr. Christine Ament (Cornea)  
Dr. Vasiliki Poulaki (Retina)  
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 1<sup>st</sup> Day:** Please report at 8am to the ophthalmology clinic (Yawkey ACC, 3<sup>rd</sup> floor). Detailed information and a welcome packet will also be emailed by Ms. Valerie Worrell prior to your rotation.

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

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

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

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

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

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

**Evaluations:** Please identify 3 evaluators (residents, fellows or attendings ) that you work with during the rotation and email these names to the site director by the end of the rotation. Please also nominate up to 3 residents for a teaching award, which we give out at the end of each academic year.

**Wrap-up session:** At the end of your two-week 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. If you were on a four-week rotation, you will more formally present the case with a PowerPoint and literature review.

## Orthopedic Surgery – BMC

Site Director: Dr. Xinning (Tiger) Li, [Xinning.Li@bmc.org](mailto:Xinning.Li@bmc.org)  
Site Administrator: Lynnette St. Louis, [Lynnette.St.Louis@bmc.org](mailto:Lynnette.St.Louis@bmc.org)  
Teaching Faculty: Dr. Paul Tornetta, Chairman, Program Director- Orthopaedic Trauma  
Dr. Ayesha Abdeen – Joint Reconstruction  
Dr. Ronald McCartney - Pediatric Orthopaedic  
Dr. William Creevy – Orthopaedic Trauma and Sports Medicine  
Dr. Gene Duene – Hand Surgery  
Dr. David Freccero – Joint Reconstruction  
Dr. Michael Kain – Joints/Trauma  
Dr. Nathan Olszewski – Trauma  
Dr. Xinning (Tiger) Li, Site Director – Sports Medicine and Shoulder Surgery  
Dr. Ronald McCartney – Pediatric Orthopaedic  
Dr. Robert Nicoletta – Sport Medicine  
Dr. Andrew Stein – Elbow and Hand Surgery  
Dr. Chadi Tannoury – Orthopaedic Spine Surgery  
Dr. Tony Tannoury – Orthopaedic Spine Surgery  
Dr. Mark Yakavonis – Foot & Ankle Surgery  
Residents: Multiple Residents of all levels at BMC site. In the summer months, we will have visiting 4th year away students from medical schools across the country as well as from other countries around the world.

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

**Reporting Instructions for 1<sup>st</sup> Day:** 5:30 AM at the Yawkey Elevators (next to the Dunkin' Donuts) This is on the ground floor of Dowling, Suite G004. Upon entering, go to end of hall, take a right. At the end of this hall, the Ortho room will be the last door on the left. For first day, call in to ask to be let in if locked and your ID doesn't yet work. If it doesn't work, email Ms. St. Louis. Please email Ms. St. Louis the week prior to starting on service, with your BU ID number so she can add access. She will also put you in contact the chief resident prior to arrival to confirm your time and place for the first day of rotation. The phone number for the resident work room is 617-414-3334.

**Call/Weekend Schedule:** Students do at least 2 weekend call shifts throughout their month, and they usually do 1 weekday call shift per week.

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

OR	<b>Mon</b>	6:00am-Board Rounds;
	<b>Tue</b>	6:30am-Board Rounds; 6:15-Bioskills lab sessions or journal club; Fracture Clinic with Dr. Tornetta or Creevy or OR
	<b>Wed</b>	5:30- board rounds; 6:15- Grand rounds; Sports or Reconstruction Clinic with Dr. or
	<b>Th</b>	5:45- board rounds and masterpiece presentation Trauma presentation going over last week trauma cases; Sports/Shoulder OR with Dr. Li in Menino OR
	<b>Fr</b>	6:15am AM: board rounds followed by resident education from 7 am until 10:00am. Ortho Trauma room coverage with resident or spine clinic <b>9:00 am- 3:00 pm BMC Mandatory Didactics</b>

**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 subspecialty and want to spend your entire 2 weeks on that service, please reach out to Dr. Li and he can help assign you to the right team.

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

#### **Brief Advice on How to Succeed:**

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

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

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

### Orthopedic Surgery – Roger Williams

Site Director: Dr. Braidy Shambaugh, [braidy.shambaugh@chartercare.org](mailto:braidy.shambaugh@chartercare.org)  
Site Administrator: Maria Cabral, [maria@orthodoc.necoxmail.com](mailto:maria@orthodoc.necoxmail.com)  
Teaching Faculty: Dr. Braidy Shambaugh, Site Director  
Dr. Michael P. Mariorenzi  
Dr. Louis J. Mariorenzi

PA: Tracy Evans PA-C  
Residents: None

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

**Reporting Instructions for 1<sup>st</sup> Day: Email Dr. Shambaugh before the start of rotation**  
[braidy.shambaugh@chartercare.org](mailto:braidy.shambaugh@chartercare.org) or a weekly schedule and reporting instructions.

#### Call/Weekend Schedule:

There will be call or weekend work during this 2-week rotation.

#### Weekly Schedule

**Mon:** 7:30 am to 5:00 pm  
**Tue:** 7:30 am to 5:00 pm  
**Wed:** 7:30 am to 5:00 pm  
**Thu:** 7:30 am to 5:00 pm  
**Fri:** 7:30 am to 5:00 pm

**9:00 am – 3:00 pm BMC Mandatory Didactics**

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

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

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

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

## Otolaryngology – BMC

Site Director: Dr. Jessica Levi, [Jessica.Levi@bmc.org](mailto:Jessica.Levi@bmc.org)  
Site Administrator: Janine Lipsky, (617) 638-7066, [Janine.Lipsky@bmc.org](mailto:Janine.Lipsky@bmc.org)  
Teaching Faculty: Dr. Avner Aliphas  
Dr. Michael Cohen  
Dr. Elizabeth Davis  
Dr. Anand Devaiah  
Dr. Heather Edwards  
Dr. Waleed Ezzat  
Dr. Daniel Faden  
Dr. Gregory Grillone  
Dr. Kenneth Grundfast  
Dr. Jessica Levi  
Dr. Pieter Noordzij  
Dr. Marianella Paz-Lansberg  
Dr. Michael Platt  
Dr. Jennifer Shehan  
Dr. Jeffrey Spiegel  
Dr. Lauren Tracy  
Dr. Mark Vecchiotti  
Dr. Peter Weber  
Residents: All levels of BMC Residents

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

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

### Call/Weekend Schedule:

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



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

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

**Expectations on note writing/documentation:**

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

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

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

**Thoracic Surgery – BMC**

Site Director: Dr. Christopher Digesu

Teaching Faculty:

Dr. Christopher Digesu

PA/NP: Elizabeth Manocchio PA (inpatient); Nancy Paull, NP (outpatient); Kelli West, NP (outpatient), Nina Percuka (office); Tie BARNES (Office)

Residents: PGY-4, Intern

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

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

**Call/Weekend Schedule:**

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

## Weekly Schedule:

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

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

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

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

## Thoracic Surgery – VA

Site Director: Dr. Daniel Wiener - [Daniel.Wiener@va.gov](mailto:Daniel.Wiener@va.gov)

Teaching Faculty:

Dr. Fatima Wilder  
Dr. Rian Hasson

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

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

**Call/Weekend Schedule:**

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

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

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

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

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

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

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

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

## Urology – BMC

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

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

**Reporting Instructions for 1<sup>st</sup> Day:** We will send you a preliminary schedule for the first week (cases/clinic assignments) the week prior to your start. Please let us know if there are any expected absences or conflicts

with the schedule. Please plan to meet on Monday morning at 6:30am in the Colorectal/Urology workroom on 4W. (rm 4176). Page #9000 if any questions or need help finding us that morning.

### **Call/Weekend Schedule:**

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

### **Weekly Schedule**

**Mon:** Each day varies based on individual schedule

**Tue:** Tumor board Conference, 1<sup>st</sup>, 3<sup>rd</sup>, 4<sup>th</sup> @ 4pm

**Wed:** Each day varies based on individual schedule

**Thurs:** Grand Rounds Conference – 7am-8am No preparation necessary unless specified by resident team.

**Fri:** 8am-9am - Resident education

9am-3pm Didactic Day - Mandatory

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

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

- For INPATIENT notes, please write notes via the “Medical Student Note” section in EPIC. There is a medical student note template, or you can ask your intern/resident/PA to share a template with you on the first day. When you have completed your note, please sign your name at the bottom, and hit the “PEND” button at the bottom. This will allow one of the intern/resident/PA’s to review and edit your note, and they will forward to the attending who will then attest the note.
- For OUTPATIENT notes in clinic, you will likely be working directly with your attending. Whether or not you write notes, how many notes, and in what format will be left to your attending’s discretion. Please clarify with her/him at the beginning of the day. Please make sure when you log into EPIC, you are in the “OUTPATIENT” setting for the medical student outpatient note system to function properly. Also, when you write notes in clinic, you will add the attending as “cosigner” in the box at the top of the note. When finished, select “Sign on saving not” from the dropdown at the bottom of the note, and then click “Accept.” Your note will be routed to the attending for attestation and cosign. It is important to sign all notes prior to leaving clinic so that the attending is able to “close” the encounter. **Please spend at least one half-day in the office with Dr. Chai during your rotation.**
- Please review the **AUA Medical Student Core Curriculum** during your rotation. These 11 topics were felt to be at a minimum of what all graduating medical students should know about urology. There are also 8 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. Chai 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 for an indepth review/discussion with you. . Hopefully, you will find this is a good framework to direct your studying.

- AUA Medical Student Curriculum: <https://www.auanet.org/education/auauniversity/education-and-career-resources/for-medical-students>
- Medical Student Resources: <https://www.auanet.org/education/auauniversity/for-medical-students/medical-student-resources>
- AUA Guidelines App: <https://apps.apple.com/us/app/aua-guidelines-at-a-glance/id524710214>

American Urological Association - Medical Student Curriculum

[www.auanet.org](http://www.auanet.org)

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

#### **Brief Advice on How to Succeed:**

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

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

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

Site Director: Dr. Elizabeth King

Teaching Faculty: Dr. Alik Farber, Chief of Surgery  
Dr. Jeffrey Kalish  
Dr. Jeffrey Siracuse, Division Chief  
Dr. Elizabeth King

Dr. Stephanie Talutis

PA/NP: Inpatient: Jen Gonzalez, Jillian Hamlin, Jessica Neves  
Outpatient: Colin Flynn, Katherine Worhach

Residents: PGY-3, PGY-1x2

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

peripheral vascular disease, carotid disease and venous disease. We also create AV fistulas/grafts for patients requiring dialysis. In addition, we perform many endovascular procedures including angioplasty and stenting of vessels as well as diagnostic angiograms. Students may also have the opportunity to care for renal transplant patients as they are cared for by the Smithwick residents and inpatient PAs.

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

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

**Weekly Schedule:**

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

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

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

Further advice from the vascular service

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

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

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

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

## Vascular Surgery – VA

Site Director: Dr. Michelle Martin,

Site Administrator: Tonita Mitchell [VHABHSSurgicalServiceCredentialing@va.gov](mailto:VHABHSSurgicalServiceCredentialing@va.gov)

Teaching Faculty: Dr. Joseph Raffetto, Division Chief

Dr. Michelle Martin

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

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

### Call/Weekend Schedule:

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

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



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

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

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

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

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

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

### Vascular Surgery - St. Elizabeth’s Medical Center

**Site Director:** Dr. Katie Shean, [Katie.Shean@bmc.org](mailto:Katie.Shean@bmc.org)  
**Site Administrator:** **Betty Munoz**, [Betty.Munoz.bmc.org](mailto:Betty.Munoz.bmc.org)  
**Teaching Faculty:** Dr. Scott Prushik  
Dr. Mark Conrad  
Dr. Katie Shean

**Service description:** The Vascular service will consist of a team with a vascular fellow, a senior and an intern. There is a weekly vascular conference on Friday mornings after rounds (should the students not be in their required teaching at the medical school). The two-week rotation will be an intensive immersion in world-class

vascular procedures and interventions. Weekly cases can often change dramatically, pending what emergencies come in. On any given week, there are both endovascular and open cases. Students should plan to observe both types of cases to get a full picture of vascular surgery. Additionally, each attending has a day of clinic per week, and students should attend a clinic day, pending cases in the operating room. Students will be expected to follow patients they have been assigned and write notes to follow along their clinical course. They will also receive a lower-extremity vascular refresher lecture to be given by one the resident on the service. The best advice to give for preparation for this rotation is to know the vascular anatomy!

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

**Call/Weekend Schedule:**

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

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

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

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

**Brief Advice on How to Succeed:**

- Know expectations
- Become part of the team
- Prepare yourself
  - Review anatomy
  - Review physiology
  - Read about diseases
- Include thoughtful assessments and plans in your presentations
- Ask for ways to improve
- Be flexible

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

## Clerkship Schedules

### Didactic Schedule

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

### Call Schedule

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

## Clerkship Grading

ASSESSMENT OF LEARNING	
Clinical Grade Percentage	60%
Shelf/Exam Percentage	25%
OSCE	10%
Presentation	5%
CLINICAL GRADE	
Clinical Honors	>4.45
Clinical High Pass	3.45-4.44
Clinical Pass	2.00-3.44
Clinical Fail	<2.00
SHELF EXAM	
Minimum score to pass	5 <sup>th</sup> percentile (57)
FINAL GRADE	
Honors	90-100
High Pass	80-98.99
Pass	60-79.99 or between 1.50-2.49 in any domain on the final CSEF
Fail	<59.99 or <1.50 on any domain on the final CSEF or < 2.00 averaged on the final CSEF (Clinical Fail)
ASSESSMENT FOR LEARNING	These items must be done by the deadlines provided at orientation to be eligible to receive final grade of honors. Students will receive one standard all-clerkship email reminder. Email sample shown below.
Completing patient encounter logs by the last Sunday of the clerkship block.	
Completing all FOCuS forms by the last Sunday of the clerkship block.	
Completing all clerkship assignments by last Sunday of the clerkship block.	
Completing mid-clerkship form in advance of the meeting at mid-clerkship, and submitting the form by the final Sunday of the clerkship block	
Requesting supervisor (faculty, resident etc.) evaluations from all evaluators must be completed by the last Sunday of the clerkship block.	
ASSESSMENT OF PROFESSIONALISM	To meet professionalism expectations students must meet the following expectations listed below:

Arriving at clerkship didactic sessions on time and participating in all sessions
Posting the presentation to Blackboard by end of day Friday of week 4.
Evaluations are requested by the last Sunday of the clerkship block.
Completing all 'other' requirements of the clerkship and posting form to Blackboard
Reviewing and responding to e-mail requests from clerkship administration within 2 business days
Returning borrowed clerkship materials (e.g. pager) by the last business day of the clerkship block.
Informing clerkship leadership and supervising faculty/residents of absences in advance of the absence (barring extenuating circumstances).
The following are also expectations of the clerkship and repeated patterns of behavior (after feedback with faculty) will be factored into the professionalism conduct component of the clerkship performance:
Treating and communicating in a respectful manner with all members of the clerkship team, including clinical and administrative faculty and staff.
Engaging in the core curriculum and participating respectfully with peers and colleagues at all times.
<b>Professional Conduct and Expectations</b>
<p>Evaluation of a medical student's performance while on a clinical clerkship includes all expectations outlined in the syllabus and clerkship orientation as well as the student's professional conduct, ethical behavior, academic integrity, and interpersonal relationships with medical colleagues, department administrators, patients, and patients' families. Student expectations include those listed above in <a href="#">professional comportment sections</a>.</p> <p>If there are no professionalism concerns, students will receive the following statement in their summative statement: <b>"This student MET the administrative and clinical professionalism expectations of the clerkship."</b></p> <p>A <u>pattern of behavior</u> as reflected (e.g. in more than one narrative comment) in faculty/resident CSEF (clinical professionalism) and/or events noted by clerkship faculty/administration (administrative professionalism) in one or multiple areas, after providing feedback to student, will result in one of the following statements in the final clerkship evaluation:</p> <ol style="list-style-type: none"> <li>1. This student did not meet the <b>administrative professionalism</b> expectations (SPECIFICS PROVIDED FROM LIST OF ADMINISTRATIVE PROFESSIONALISM BEHAVIORS) and was/was not responsive to feedback.</li> <li>2. This student did not meet the <b>clinical professionalism expectations</b>, (SPECIFICS PROVIDE FROM CSEF DOMAIN BEHAVIORS) and was/was not responsive to feedback.</li> <li>3. This student did not meet the <b>clinical and administrative professionalism expectations</b>, (SPECIFICS PROVIDE FROM CSEF DOMAIN BEHAVIORS) and was/was not responsive to feedback.</li> </ol> <p>If there are professionalism concerns as detailed in the assessment of learning, assessment of professionalism, or in the CSEF, <b>the student's final grade will be adjusted down to next grade level (e.g. a student who earns a High Pass will receive the final grade of Pass, or if a student earns a Pass, they will receive the final grade of Fail). In addition, a student with administrative and/or clinical professionalism concerns will not be eligible to receive final grade honors. An email exchange will be provided to document the professionalism concern and feedback exchanged before a summative statement is placed in the final grade. SAO dean will be cc'd to provide ongoing support.</b></p>

### Email Example

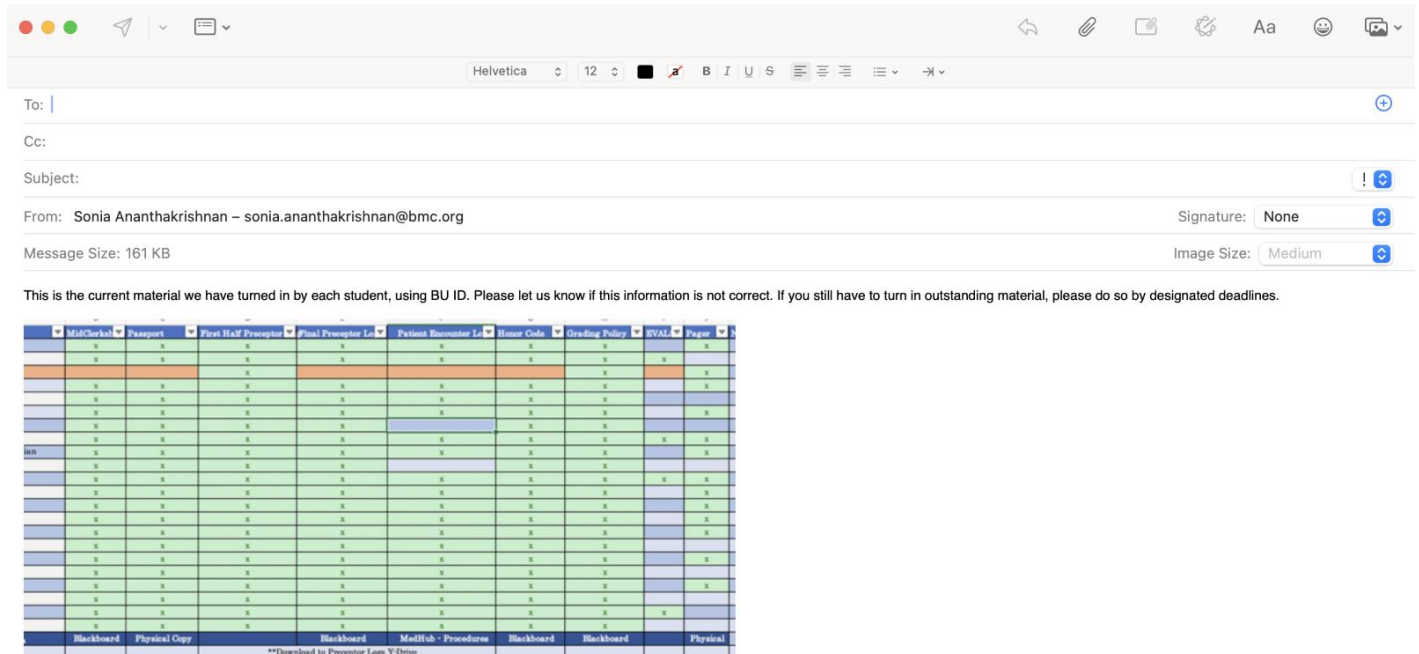
Representative email below. Dates pertain to Block F AY 24-25. Email you receive in your block will have dates pertaining to your Block.

Dear All,

Hope you all enjoyed Surgery clerkship. Please refer to reminders/to do below.

As a kindly reminder, all required diagnosis and procedure logs (including observation only) should be logged in MedHub.

- **Evaluations-** please remember to initiate evaluations from preceptors you worked with on the following services:  
Any core- 4 week rotation, except Mozden and VA  
2 week rotation- EGS trauma (BMC) and Acute Care Surgery (Kaiser). All other 2 week rotations have designated evaluators in place, evaluations are sent to them by Surgical Education office.  
Please note: All evaluations will be due in Medhub on **Thursday, April 17th.** **No evaluations will be accepted after final clerkship grade is released.**
- Please refer to email below on **BB uploads.**  
Please note to email preceptor **log** (attached) after evaluations have been initiated in Medhub. Completed preceptor log helps us to keep track of completed evaluations and needed f/ups with evaluators.  
If preceptor is not found in Medhub, please use link below to request profile creation. **NO ACTION IS required for students who have emailed their preceptor log after core rotation in the first half. (unless there is an update)**



## Standard Clerkship Clinical Grade Procedures/Policies

### Clinical Evaluation Procedures

Preceptors will provide clinical evaluations that contain the “raw data” on the student’s clinical performance. 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. Preceptors DO NOT determine the final “word” grade.

1. The CSEF form will be used to numerically calculate your clinical grade: 1 to 5 points (depending on which box is checked) for each domain which will be averaged to give you a final score out of 5. Categories: Needs intensive remediation (1); Needs directed coaching (2); Approaching competency (3); Competent (4) or Achieving behaviors beyond the 3rd year competency criteria (5) to get a final number in each domain. This can be rounded to the nearest number using standard rounding for the CSEF domain and this is the box that should be checked (e.g., if an average of 2.4 then the student should have needs directed coaching (2) checked off). Each CSEF will be weighted based on how long the student worked with each evaluator.

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

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

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

>2.50 in all domains, standard rounding will be used

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

2.00-3.44 = Clinical pass

3.45-4.44 = Clinical high pass

>4.45 = Clinical honors

The clinical grade will be reported in the CSEF final narrative

2. The CSEF clinical score is converted to a final 2-digit percentage that is counted towards the final grade. For example, the final CSEF clinical score average of 4.45 would get converted to 90%. The Final CSEF percentage is used towards the final grade calculation, weighted as indicated in the table above as “Clinical grade percentage” (varies by clerkship).

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

### Shelf Exam Failure & Remediation

If a student fails their shelf exam, they will receive an **Incomplete** for the clerkship and retake the exam at the end of the year during the remediation dates.

Students:

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

### Clerkship Failure & Remediation

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

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

#### Grade Review Policy

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

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

## Assignments

### Oral Presentation

You will be required to prepare and present an oral presentation with supporting Power Point slides on one of 32 topics. A sign-up sheet will be circulated. Topic selection is on first-come, first-served basis. The presentation should be focused and relevant. The presentation should be between 12-15 minutes. We ask that you record your presentation in Zoom and then post your presentation to Blackboard for review by your colleagues and for grading. The presentation should be posted at the end of Friday of week 4 of the 8-week surgery block.

Grading will be done by the clerkship directors. The presentation score will make up 5% of your total grade. The evaluation rubric is as follows:

Max score 10 points

		Developing (0)	Proficient (1)	Exemplary (2)
Content	Subject Knowledge	Incorrect or irrelevant information presented.	Shows some understanding of the topic.	Thorough understanding of the topic.
	Organization	No clear flow. Information is disjointed.	Summary relevant information.	Clearly organized and flowed well.
Presentation	Visuals	Too much or too little text. Misspellings. Poor quality or irrelevant images.	Some text is well presented. Images are adequate.	Text is well presented. Images are high-quality and relevant.
	Delivery	Difficult to follow. Distracting body language.	Spoke understandably but pace or volume were not appropriate.	Spoke clearly and at appropriate volume. Used inflection to emphasize key points
Sources		Sources not cited. Inappropriate sources were used.	Sources acknowledged. Sources adequate but not high-quality.	High-quality sources. Proper citations.

For each day the presentation is late, 2 points will be subtracted and failure to post presentation within 5 days of the deadline will result in grade of 0 and a comment in professionalism section of the final evaluation.

List of topics:

1. Hyperparathyroidism
2. Carcinoid
3. Large bowel obstruction
4. Small bowel obstruction
5. Adrenal disorders
6. Pneumo-, chylo-, and hemothorax
7. Peptic and duodenal ulcers
8. Reflux
9. IBD - Crohn's
10. IBD - Ulcerative colitis
11. Hemorrhoids and rectal prolapse
12. Anorectal abscess and fistula
13. Diaphragmatic hernias (congenital and adult)
14. Achalasia and pseudo-achalasia
15. Stomach masses
16. Liver masses
17. Functional endocrine pancreatic tumors
18. Pancreatic cancer
19. Lung cancer
20. Small bowel masses
21. Normal coagulation
22. Normal anticoagulated
23. Platelet disorders
24. Gallstones and gallstone ileus
25. Necrotizing fasciitis
26. Primary and secondary bacterial peritonitis
27. Electrolytes (hypo-and hyper K, Na, Ca, Mg)
28. Metabolic acidosis and alkalosis
29. Nutrition
30. Renal failure
31. Thyroid nodule
32. Multiple endocrine neoplasia syndromes

### **Objective Standardized Clinical Examination (OSCE)**

You will be assigned a time to complete an in-person OSCE. These will occur via the use of trained actors who have been carefully prepared to represent patients who suffer from common surgical problems, and the examination will take place in the simulation center of the School of Medicine.

1. During this encounter, you will be tasked with eliciting the history of the principal illness, including those details and symptoms most important to establishing a differential diagnosis. Our expectation is that the history is differential-driven, and the questions asked will allow you to narrow that differential.



2. In addition to the HPI, you will be expected to do a complete history of the patient, including eliciting a past medical history, past surgical history, medications and allergies, as well as a family and social history.
3. The physical examination will be done using the actors themselves. The actors have been trained to mimic the pertinent physical exam findings.
4. Once the examination has been completed, you will be asked to provide a differential diagnosis based on your findings. At first, this will take the form of relating to the actor what you think are the most likely diagnoses, as well as what the initial stages of the workup will be.
5. Once you have finished speaking to the patient, you will be directed to the computer, to answer a series of questions related to the case. This will include providing the details of your work-up related to your differential diagnosis, as well as the differential itself. The workup should include all relevant laboratory and radiologic testing. You will then be given the results of those tests, to further narrow down your diagnosis.
6. Having established a diagnosis, you will be asked to describe your initial treatment plans, including NPO status, IV fluids, antibiotics, etc.
7. Having completed these steps, you will be given a variety of clinical scenarios, now that the diagnosis has been established, and provide the details of more guided therapy (e.g. going to the OR, percutaneous drainage, etc.)
8. You will be observed during this process by a surgeon, who will be located in the video room of the simulation center, and who will be grading you based on your ability to do the simulated history and exam, as well as provide appropriate answers on the quiz following your examination of the patient.

An in-person discussion of your performance will take place at the conclusion of your session, to review your performance in all parts of the exam.

You will be observed during this process by a surgeon remotely and who will be grading you based on your ability to do steps 1-8.

## Recommended Texts

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

- Surgery: A Case Based Clinical Review. De Virgilio, 2020 (second ed.). Available through Surgery Blackboard site (Please note that only an older version is available through the library, so it's best to download from blackboard). This is an excellent and comprehensive textbook that is geared toward medical students and comes with questions for each chapter at the end of the textbook. Readings required for preparation for didactics come from this textbook.
- Surgery: PreTest Self-Assessment and Review. Kao, Lee, 13<sup>th</sup> Ed. This is a collection of 500 questions arranged by subcategories. This is available through the BU Alumni Medical Library under an electronic format. You can sign up for an account for free, and this will make tests for you and track your progress. To find this book, choose "e-books" → "Access Surgery" → "Clerkship" (from the bar at the top).

- Case Files: Surgery. Toy, 5<sup>th</sup> ed. A collection of common cases. This is a less comprehensive alternative to the de Virgilio textbook above. You can also access this through the BU Alumni Medical Library by following the same steps as above for “PreTest.”
- Dr. Pestana’s Surgery Notes. Pestana, 3<sup>rd</sup> ed (2017). This is a very short review book that is highly recommended by students as a SHELF preparation tool. It also comes with 180 high yield questions at the end of the book. Available on Amazon.

#### Other Resources:

- ACS/ASE Student Core Curriculum. Source of readings required to prepare for didactics.
- NBME practice tests: <https://nsas.nbme.org/home>. The NBME offers 4 practice tests (40 questions each) and will provide you with a score which others have said is highly predictive of your shelf score. Students have also said they encountered multiple questions on the actual shelf which were quite similar to practice questions. We highly recommend taking all four practice tests at intervals throughout the clerkship. To access these, go to the above website, and log in or create a new account. Then, from the drop-down menu choose “Clinical Science Mastery Series.” There is a fee for this service, each exam costing \$20.

## Session Learning Objectives and Notes

Our contents follows the ACS/ASE Core Medical Student Curriculum; its goals for selected topics are listed below. Content not specifically in the ACS/ASE curriculum are marked with an \*.

### Abdominal Pain

The student will be able to describe the initial evaluation, differential diagnosis, and management of a patient with abdominal pain, and determine when emergent intervention is required.

### Abdominal Wall and Groin Hernia

The student will be able to describe the diagnosis and management of a patient with an abdominal wall or groin mass.

### Biliary Disease

The student will be able to describe how to differentiate medical and surgical causes of jaundice, discuss the management of surgical jaundice including the diagnostic and therapeutic plan.

### Breast, Endo, Skin, and Soft Tissue

The student will be able to describe the diagnosis and management of a patient with benign and malignant breast conditions.

The student will be able to describe the management of a patient with benign and malignant skin and soft tissue lesions, and develop a diagnostic and treatment plan for each.

The student will be able to describe the diagnosis and management of a patient with benign and malignant endocrine surgical conditions.

### **Colorectal Malignancy \***

The student will be able to describe the diagnosis and management of patients with colorectal malignancy and will be able to propose a post-treatment surveillance plan.

### **GI Bleeding**

The student will be able to describe the initial management of a patient with acute upper and lower GI hemorrhage. The student will be able to name the major causes of GI hemorrhage and develop a diagnostic and treatment plan for each.

### **Ileus and SBO**

The student will be able to describe the initial management of a patient with vomiting, diarrhea, or constipation. The student will be able to name the major causes of vomiting, diarrhea, or constipation that are relevant to surgery, and develop a diagnostic and treatment plan for each.

### **Perioperative Case and Informed Consent**

The student will be able to describe the important issues related to perioperative care of surgical patients. In addition, the student will understand the risks and potential complications associated with a surgical intervention.

The student will be able to describe the postoperative care of patients including the identification and management of complications.

The student will be able to define informed consent and list the key components of the informed consent.

### **Peripheral Artery and Aortic Disease \***

The student will be able to describe the diagnosis and management of patients with acute and chronic limb ischemia. The student will be able to describe the diagnosis and management of patients with diseases of the aorta.

### **Trauma**

The student will be able to formulate the initial evaluation, assessment, and management of a trauma patient.

The student will be able to describe the diagnosis and management of the most common blunt and penetrating trauma injuries.

### **Wound Healing \***

The student will be able to explain the phases of wound healing. The student will be able to identify factors that may prevent wound healing. The student will be able to describe the diagnosis and management of patients with wound infections.

### **Venous Thromboembolism (VTE)**

The student will be able to identify the major causes of non-cardiac chest pain and shortness of breath, and will describe the general steps in making a diagnosis and describe the general treatment options for these illnesses. The student will recognize that the diagnosis and treatment of surgical (non-medical) chest pain and/or shortness of breath is done while or after ruling out medical causes of such symptoms (acute myocardial infarction, pneumonia, etc.).

**Medical Knowledge:**

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

**Clinical Skills:**

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

**Critical Thinking and Problem-Solving:**

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

**Systems-Based Practice:**

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

**Cultural Competence and Diversity:**

- Demonstrate how cultural, socioeconomic, and religious factors that may influence surgical care.
- Teach students how to provide trauma informed patient care.