

Surgery Clerkship

Academic Year 2026-2027

**Department of Surgery
MEDMD 306**

**Clerkship Director: Luise I Pernar, MD, MHPE
Associate Clerkship Director: Sheina Theodore, MD
Clerkship Coordinator: Richard Flores
Education Program Manager: Lana Ketlere**





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Contact Information

Clerkship Director



Luise Pernar, MD, MHPE

Associate Professor

Telephone: (617) 638-8606

Email: luise.pernar@bmc.org

Pager: 2858

Office: 85 East Concord Street; 3rd Floor; 3203

Office Hours: Thursdays and Fridays (contact Dr. Pernar to schedule)

Assistant/Associate Clerkship Director



Sheina Theodore, MD

Assistant Professor

Telephone: (617) 414-6840

Email: sheina.theodore@bmc.org

Pager: 0682

Office: 850 Harrison Avenue, Dowling 2 South

Office Hours: Contact Dr. Theodore to schedule

Education Program Manager



Lana Ketlere

Telephone: (617) 638-8442

Email: lane.ketlere@bmc.org

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

Office Hours: 9:00am-4pm M-F

Clerkship Coordinator



Richard Flores

Telephone: (617) 638-8443

Email: richard.flores@bmc.org

Office: 85 East Concord Street, 3rd Floor

Office Hours: 9:00am-4pm M-F

Assistant Clerkship Directors of Affiliated Sites

Veterans Affairs (VA) Boston Healthcare System



Patrick B. O'Neal, MD.

Assistant Professor

Telephone: (857) 203-6205

Email: Patrick.Oneal2@va.gov

Office: 1400 VFW Parkway, West Roxbury, MA 02132

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

Kaiser Permanente Santa Clara



Shay Mansoor, MD.

Email: Shay.Mansoor@kp.org

Office: 700 Lawrence Expwy, Santa Clara, CA 95051

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

Roger Williams Medical Center



Steve Kwon, MD, MPH, MBA

Assistant Professor

Email: Steve.Kwon@chatercare.org

Telephone: 847-877-9821

Pager: 357-4239

Office: 825 Chalkstone Avenue, Providence, RO 02908

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

MetroWest Medical Center



Yagnik Pandya, MD

Email: Yagnik.Pandya@mwmc.com

Telephone: 216-712-9602

Office: 115 Lincoln St, Framingham, MA 01702

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

Berkshire Medical Center



Michael DiSiena, DO, FACS

Email: mdisiena@bhs1.org

Office: 725 North Street, Pittsfield, MA 01201

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

Clerkship Description

Focus of clerkship

The surgery clerkship at the Boston University Chobanian & Avedisian School of Medicine aims to equip students with the core knowledge, skills, and attitudes relevant to the care of patients with surgical conditions.

Students will participate in the care of surgical patients under supervision by residents and attending surgeons in a variety of settings at Boston Medical Center and affiliated sites. Students will be given opportunities to

1. Develop their history taking and physical examination skills.
2. Develop their oral presentation and documentation skills.
3. Apply their knowledge and skills to propose treatment plans for the patients they follow.
4. Work as part of a multi-disciplinary team, including in the operating room.

Clerkship Changes Made Based on Feedback

Student feedback is incredibly valuable to shape the educational experience offered on the surgery clerkship. The following changes, in no particular order, have been made in response to students' feedback and will be in effect for AY 2026-2027.

1. Offering optional suture practice sessions in the simulation center.
2. Inclusion of a didactic session on common conditions encountered in surgical subspecialties.
3. Offering neurosurgery as a subspecialty rotation choice.
4. Allowing students on BMC vascular surgery, colorectal surgery, and surgical oncology (Mozden) and all VA rotations, rotations that have traditionally done a single group evaluation, to also request evaluations from residents.
5. Clarified with Kaiser rotation leadership that students should not be on call Thursday evening as to allow them to fully participate in didactic activities on Fridays.
6. Made attendance at Grand Rounds elective.
7. Centralized communication about reporting instructions for affiliated-site rotations.

For additional changes that have been made, please see section 'Other Recent Changes to the Clerkship' below.

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 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 et al. 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

Principles of trauma informed care (TIC) are included in the trauma didactic and students are expected to demonstrate their mastery of TIC as part of the Observed Structured Clinical Examination (OSCE).

Other Recent Changes to the Clerkship

Orientation and Orientation Materials

We have added an operating room orientation video to Blackboard. This should help clarify some common questions students have about how to meaningfully get involved in the operating room.

The surgery clerkship orientation presentation has been revamped to include a thorough overview of expectations and grading principles.

Session led by 4th year medical students or interns added to orientation to provide near-peer insights on what to expect and how to succeed on the surgery clerkship.

Student Chiefs

A cohort of 4th year student volunteers will help with orientation activities and will be available as near-peer resources for clerkship students.

Didactics

We have expanded the topics covered in the didactic sessions. We have added sessions on lung cancer, thyroid, and an overview of subspecialty content. The latter was specifically included based on feedback from students asking for coverage of subspecialties in the curriculum.

Selected didactic content, gastro-intestinal bleeding and aspects of trauma care, have been converted to simulation-based sessions.

Faculty Development

We developed resources to familiarize faculty (residents and attending surgeons) with the clinical evaluation forms (CSEFs), provide advice for giving meaningful feedback, and how to include students in the workflow of clinic.

Clinical Evaluations (CSEFs)

Students will be permitted to request resident evaluations on BMC vascular surgery, colorectal surgery, oncology surgery (Mozden), and VA core/general, thoracic, and vascular surgery.

The language used to evaluate surgical skills has been updated to more closely align with what students are expected or may be asked to do in the operating room.

Observed Structured Clinical Examinations (OSCE)

OSCE moved to the 6th floor. Standardized scoring so that all scenarios used are scored out of 50 total points with H&P contributing equal number of points across scenarios.

Study Materials

We have added an overview of anesthesia principles to Blackboard. This overview was written by a 4th year medical student under the guidance of leadership in the anesthesia department and the dean's office. Not all students can complete an anesthesia subspecialty rotation; this overview will provide all students with a review of important principles.

We have added an overview of tubes and lines to Blackboard. This overview was written by a 4th year medical student under the guidance of surgery faculty and the dean's office. It provides students with understanding of the function and purpose of selected tubes and lines they may encounter in clinical practice.

Sites

BMC Brighton will not be used as a clerkship site this year.

Medical Education Program Objectives

A Chobanian & Avedisian School of Medicine graduate will be able to:		
INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
Establish and maintain medical knowledge necessary for the care of patients (MK)	MK.1	Demonstrate knowledge of basic, clinical, pathophysiologic, biopsychosocial, health systems sciences, and humanities, needed for clinical practice.
	MK.2	Apply foundational knowledge for clinical problem-solving, diagnostic reasoning, and decision-making to clinical scenarios.
	MK.3	Demonstrate knowledge of research design, interpretation, and application of research outcomes to clinical questions.
Demonstrate clinical skills and diagnostic reasoning needed for patient care (CSDR)	CSDR.1	Gather complete and hypothesis driven histories from patients, families, and electronic health records in an organized manner.
	CSDR.2	Conduct complete and hypothesis-driven physical exams interpreting abnormalities while maintaining patient comfort.
	CSDR.3	Develop and justify the differential diagnosis for clinical presentations by using disease and/or condition prevalence, pathophysiology, and pertinent positive and negative clinical findings.
	CSDR.4	Develop a management plan and provide an appropriate rationale.
	CSDR.5	Deliver an organized, clear, and focused oral presentation
	CSDR.6	Document patient encounters accurately, efficiently, and promptly including independent authorship for reporting of information, assessment, and plan.
	CSDR.7	Perform common procedures safely and correctly, including participating in informed consent, following universal precautions, and sterile technique while attending to patient comfort.
	CSDR.8	Identify common cognitive biases and implement mitigation strategies to reduce the impact of cognitive biases on decision making and patient care.
Effectively communicate with patients, families, colleagues and interprofessional team members (C)	C.1	Demonstrate the use of effective communication skills and patient-centered frameworks in history taking and physical examination
	C.2	Explain common diagnostic and therapeutic interventions, assessment, plan, and underlying rationale to patients, families and caregivers and provides counseling and education with attention to patient centered language and health literacy.
	C.3	Communicate clearly and effectively with colleagues within one's profession and team, consultants, and other members of the interprofessional team.
	C.4	Communicate effectively using digital technology, including EMR and telehealth, to optimize decision making and treatment of individuals and across the health care system.
	PCC.1	Demonstrate humanism, integrity, respect, honesty, compassion, accountability, cultural humility, and responsiveness

A Chobanian & Avedisian School of Medicine graduate will be able to:		
INSTITUTIONAL LEARNING OBJECTIVES	MEDICAL EDUCATION PROGRAM OBJECTIVES	
Practice relationship centered care to build therapeutic alliances with patients and caregivers (PCC)	PCC.2	Demonstrate a commitment to ethical principles pertaining to autonomy, confidentiality, justice, equity, and informed consent.
	PCC.3	Explore patient and family understanding of well-being, illness, concerns, values, and goals in order to develop goal-concordant treatment plans across settings of care.
Exhibit skills necessary for personal and professional development needed for the practice of medicine (PPD)	PPD.1	Demonstrate trustworthiness and responsible behavior needed for the care of patients, including completing duties and tasks in a timely, thorough, and reliable way.
	PPD.2	Demonstrate awareness of one's own limitations, seek additional help when needed, display professionalism and flexibility needed to manage the uncertainty inherent to the practice of medicine.
	PPD.3	Identify opportunities for growth in one's performance through informed self-assessment and reflective practice, goal setting and actively seeking and incorporating feedback to improve.
	PPD.4	Locate, critically appraise, and synthesize information to support evidence-informed, patient-centered clinical decisions while implementing new knowledge, guidelines, and technologies demonstrated to improve patient outcomes.
Demonstrate knowledge of health care delivery and systems needed to provide optimal care to patients and populations (HS)	HS.1	Work with the interprofessional team, demonstrating respect for the unique cultures, values, roles/responsibilities, and expertise of team members to address the needs of patients and coordinate patient care across healthcare systems.
	HS.2	Describe patient safety interventions and continuous quality improvement methods that enhance care for patients and populations
	HS.3	Explain how the healthcare system, health policy, economic factors, prevention efforts, health programs, and community organizations influence the health of individuals and communities.
Exhibit commitment to promoting and advancing health equity for all patients (HE)	HE.1	Demonstrate understanding of the historical and current drivers of structural inequities, their impact on healthcare, research, medical decision making and disparities in health outcomes.
	HE.2	Explain how one's own identity, lived experiences, privileges, and biases influence their perspectives of colleagues, patients, and clinical decision making.
	HE.3	Identify and explain potential strategies to reduce health disparities in patients and communities at the individual, local, community, and systems-based levels.

Third Year Learning Objectives

(Linked to relevant Medical Education Program Objectives in parentheses)

A third-year clerkship student will:

- Apply discipline specific knowledge within the context of clinical care (MK.2)
- Gather an organized and hypothesis driven clinical history while being attentive to the patient's needs (CSDR.1, C.1, PCC.1)

- Perform a pertinent and accurate physical examination, accurately identifying any common abnormalities while demonstrating sensitivity to the patient (CSDR.2, C.1, PCC.1)
- Analyze clinical data to formulate an assessment including a prioritized differential diagnosis supported by disease prevalence, pathophysiology, and relevant positive and negative clinical findings using strategies to minimize cognitive bias (CSDR.3, CSDR.8)
- Formulate an evidence based management plan that shows comprehension of the underlying disease process (CSDR.4)
- Deliver an accurate, well-structured, and synthesized oral presentations appropriate for the clinical setting (CSDR.5)
- Document in the medical record in an accurate, organized and timely manner (CSDR.6)
- Communicate effectively with the interprofessional healthcare team (C.3, HS.1)
- Demonstrate an ability to perform common procedures safely and correctly, including participating in informed consent, following universal precautions and sterile technique while attending to patient comfort (CSDR.7)
- Counsel and educate patients and families using patient-centered language that addresses patient concerns and clearly communicates plans of care (C.2, PCC.3)
- Elicit feedback, communicate learning needs, demonstrate self-directed learning, and take opportunities to improve knowledge and skill gaps (PPD.2, PPD.3)
- Treat all patients and team members with compassion, respect, and empathy (PCC.1)
- Display trustworthiness and an understanding of the responsibilities of a clinical student (PPD.1)
- Apply an understanding of the social and structural determinants of health to clinical care and initiate steps towards addressing the individual needs of patients (HE.1, HE.3)
- Use electronic decision support tools and point-of-care resources to apply the best available evidence in supporting and justifying clinical reasoning (PPD.4, HS.2)
- Practice inclusive and culturally responsive spoken and written communication that ensure equitable patient care (PCC.1, C.3)

Pre-requisite knowledge and skills

Students must have completed the preclerkship curriculum and the Transitional Clerkship and have taken the Step 1 exam prior to entering the core clerkship phase of the curriculum.

Clerkship Learning Objectives

The surgery clerkship at the Boston University Chobanian & Avedisian School of Medicine aims to equip students with the core knowledge, skills, and attitudes relevant to the care of patients with surgical conditions. Specific learning objectives for students are:

To this end, students will

1. Obtain a patient-centered, differential-driven history and perform a focused and sensitive physical examination for patients with surgical problems. (CSDR1, CSDR2, C1)
2. Formulate differential diagnoses and propose plans for the initial evaluation and management of patients with surgical problems, incorporating knowledge of anatomy, physiology, and pathology, avoiding common cognitive biases and diagnostic anchoring. (MK1, MK2, CSDR3, CSDR4, CSDR8)

3. Apply the knowledge base necessary to evaluate and manage patients with surgical problems using evidence-based information. (MK2, PPD4)
4. Deliver comprehensive yet concise oral presentations that communicate key clinical information to the care team or other health care providers, including an accurate history and physical exam, as well as a differential diagnosis and a plan for initial management and work up. (CSDR5, C3)
5. Explain key clinical findings, differential diagnosis, and a plan for initial management and work up to patients in a patient-centered manner, considering patients' biopsychosocial factors, values, and perspectives. (C2, PCC3)
6. Use the electronic medical record (EMR) to accurately and succinctly document clinical encounters and to communicate with members of the patient care team, tailoring the documentation to the proper clinical setting; i.e. full H&Ps for admission to the hospital from emergency room or SOAP notes for admitted, including post-operative patients. (CSDR6, C3, C4)
7. Collaborate with members of the inter-professional health care team. (HS1)
8. Demonstrate flexibility necessary to function in the uncertainty inherent to the practice of surgery. (PPD2)
9. Conduct themselves in a professional manner toward patients, family, and other members of the health care team, demonstrating honesty, reliability, commitment to confidentiality and patient autonomy, and self-improvement through soliciting and accepting feedback. (PCC1, PCC2, PPD1, PPD3)
10. Perform or observe, as appropriate, common procedures, including informed consent discussion, sterile technique, suturing, tube/line placement, and basic airway management. (CSDR7)

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 *. **Highlighted yellow** = new AY 26-27

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.

1. Obtain a focused history to evaluate a patient presenting with abdominal pain. [LO1]
2. Perform a focused physical examination of a patient presenting with abdominal pain, including advanced maneuvers as indicated, e.g. psoas sign, Murphy's sign, pelvic exam. [LO1]
3. Explain the significance of peritonitis and how it relates to the urgency of intervention when evaluating a patient with abdominal pain. [LO3]
4. Using information from the H&P and anatomic principles to generate a differential diagnosis for a patient presenting with abdominal pain. [LO2]
5. Propose a plan for the initial management of a patient presenting with abdominal pain. [LO3]
6. Start the work up of a patient presenting with abdominal pain, including ordering relevant laboratory tests and imaging studies. [LO3]
7. Propose definitive treatment plan for patients presenting with abdominal pain after laboratory testing and imaging data is available. [LO3]
8. Describe the relevant anatomy for common surgical procedures. [LO3]

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.

1. Obtain a focused history to evaluate a patient presenting with a groin mass. [LO1]
2. Perform a focused physical examination of a patient presenting with a groin mass. [LO1]
3. Generate a differential for groin masses. [LO2]
4. Name risk factors for the development of groin hernia. [LO3]
5. Describe the management options for a patient with a groin hernia. [LO3]
6. Predict the complications related to groin hernia repair. [LO3]
7. List risk factors for groin hernia recurrence after surgical repair. [LO3]
8. Explain the groin anatomy relevant to groin hernia surgery. [LO3]

Biliary Disease

The student will be able to describe the six disease entities related to gallstones (symptomatic cholelithiasis, cholecystitis, choledocholithiasis, ascending cholangitis, pancreatitis, and gallstone ileus) and discuss the diagnostic and therapeutic plan for each.

1. Name gross anatomical structures relevant to biliary disease spectrum. [LO3]
2. Explain gross anatomical and histologic bases for differences in presentation of biliary disease. [LO3]
3. Obtain a differential-driven history for a patient presenting with likely biliary disease. [LO1]
4. Perform a focused physical examination that shows an understanding of the potential signs of biliary pathology, i.e. examine for jaundice, check for Murphy's sign. [LO1]
5. Select and interpret appropriate laboratory and imaging tests. [LO3]
6. Predict likely diagnosis based on history, physical examination, laboratory, and imaging information. [LO3]
7. Choose appropriate treatment strategy for a patient presenting with biliary disease. [LO3]

Breast, Endo, Skin, and Soft Tissue

1. Describe the diagnostic approach for a patient with benign and malignant breast conditions. [LO3, LO5]
2. Develop a management plan for a patient with benign and malignant breast conditions. [LO3]
3. Describe the diagnostic approach for a patient with benign and malignant skin and soft tissue lesions. [LO3, LO5]
4. Develop a management plan for patients with benign and malignant skin and soft tissue lesions. [LO3]
5. Describe the diagnostic approach for a patient with benign and malignant endocrine surgical conditions. [LO3, LO5]
6. Develop a management plan for patients with benign and malignant endocrine surgical conditions. [LO3]

The didactic session is complemented by a breast simulator station on the day of the Observed Structured Clinical Examination. Learning objectives for the breast station are:

1. Palpate a breast abnormality when performing a thorough breast examination. [LO1]
2. Describe the location and characteristics (size, mobility, firmness) of the abnormal finding. [LO4]
3. Generate a differential diagnosis for the abnormal finding. [LO2]
4. Propose an initial work up for the abnormal finding. [LO3]

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.

1. Identify risk factors for development of colorectal malignancy. [LO3]
2. Know about genetic syndromes that predispose to development of colorectal malignancy. [LO3]
3. Explain the screening guidelines. [LO3, LO5]
4. Develop a diagnostic plan for patients presenting with signs and symptoms suggestive of colorectal malignancy. [LO3]
5. Propose a treatment plan for patients with colorectal malignancy. [LO3]

GI Bleeding (Now a Sim)

1. Obtain a focused history and perform a relevant physical examination for a patient presenting with a GI bleed. [LO1]
2. Recognize signs of hemorrhagic shock and hemodynamic instability and distinguish between a patient requiring urgent resuscitation versus a stable patient. [LO3]
3. Institute immediate resuscitation and stabilization. [LO3]
4. Describe risks associated with transfusions. [LO3, LO5]
5. Order appropriate initial labs and interpret these studies to assess the degree of blood loss, coagulopathy, and readiness for transfusion. [LO3]
6. Select appropriate diagnostic testing to work-up a GI bleed based on the patient's symptoms, physical exam findings, and hemodynamic stability and understand the potential results of them. [LO3]
7. Describe management of refractory acute GI bleeding and next steps following stabilization. [LO3, LO5]
8. Demonstrate effective team communication and resource utilization, through effectively assigning roles, calling for appropriate consultants, and communicating the urgency of the situation to the care team. [LO9]

Ileus and Bowel Obstruction

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

1. Define ileus and bowel obstruction, realizing that ileus is a functional problem and bowel obstruction is a mechanical problem. [LO3]
2. List possible causes of ileus. [LO3]
3. Recognize signs and symptoms suggestive of ileus and obstruction. [LO3]
4. Obtain a history for a patient presenting with signs and symptoms suggestive of ileus and obstruction. [LO1]
5. Perform a focused physical examination that includes examining for common causes of obstruction (hernias, scars indicating prior surgery) and findings that should raise suspicion for bowel compromise. [LO1]
6. Generate a differential diagnosis for patient patients presenting with bowel obstruction. [LO2]
7. Propose a plan for the initial management of a patient presenting with bowel obstruction. [LO3]
8. Start the work up of a patient presenting with bowel obstruction, including ordering relevant laboratory tests and imaging studies. [LO3]

Intraabdominal Anatomy Review

1. Describe two large organs at risk from a penetrating injury through the right fourth intercostal space in the midclavicular line. [LO3, LO5]
2. Review the locations and anatomical relationships of abdominal organs facing the greater peritoneal sac. [LO3, LO5]
3. Apply your knowledge of basic GI embryology to devise 'bloodless' surgical access to the: [LO3, LO5]
 - a. Lesser peritoneal sac.
 - b. Posterior surface of the duodenum, pancreatic head, and superior mesenteric vessels.
 - c. Retroperitoneal viscera and vessels.
4. Explain how one liver segment can be resected while maintaining blood flow and bile drainage in the remaining liver segments [LO3, LO5]
5. Explain why the proximal duodenum is typically resected during a Whipple procedure (pancreaticoduodenectomy). [LO3, LO5]
6. Describe the 'critical view of safety' for cholecystectomy [LO3, LO5]
7. Explain how the arterial supply to the colon dictates the strategy for resecting portions of the colon and the associated lymph node basin. [LO3, LO5]

Lung Cancer *

1. Generate a differential diagnosis for lung masses. [LO2]
2. Explain the diagnostic plan for patients presenting with signs and symptoms of lung masses. [LO3, LO5]
3. Propose a therapeutic plan for patients presenting with signs and symptoms of lung masses. [LO3, LO5]

Perioperative Care and Informed Consent

1. Obtain a history for a pre-operative patient that allows identification of factors that may impact the patient's peri-operative course. [LO1]
2. Perform a physical examination for a pre-operative patient that aims to uncover findings that may impact the peri-operative course. [LO1]
3. Refer patients to appropriate providers for pre-operative risk stratification and optimization. [LO3, LO7]
4. Perform a nutritional assessment and recommend intervention to improve pre-operative nutrition status, if needed. [LO1, LO3]
5. Explain benefits and risk associated with common surgical procedures and alternatives to surgery, when applicable. [LO3, LO5]
6. Define informed consent and list the key components of the informed consent. [LO3]
7. Identify common complications in the post-operative period and initiate a workup. [LO3]
8. Propose intervention for common complications in the post-operative period. [LO3]

Peripheral Artery and Aortic Disease *

1. Describe the diagnostic work-up of patients with acute and chronic limb ischemia. [LO3, LO5]
2. Begin management of patients with acute and chronic limb ischemia. [LO3]
3. Describe the diagnostic work-up of patients with diseases of the aorta. [LO3, LO5]
4. Begin management of patients with diseases of the aorta. [LO3]

Subspecialty Grab Bag *

The student will be able to discuss the work up and management of common conditions encountered in surgical subspecialties, including ENT, neurosurgery, urology, and orthopedic surgery. [LO3]

Surgical Disparities

1. Describe the concept of surgical disparities. [LO3]
2. Articulate how surgical disparities impact patients. [LO3]
3. Describe strategies to mitigate surgical inequity. [LO3]

Thyroid

1. Develop a differential diagnosis and initial management plan for a patient presenting with a neck mass. [LO2]
2. Explain the different pathologies of thyroid masses. [LO3, LO5]
3. Develop a therapeutic plan for different kinds of thyroid masses. [LO3]

Trauma (2 h lecture 1 hour Sim)

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.

1. Understand roles within a trauma team and demonstrate effective closed-loop communication. [LO7, LO8, LO9]
2. Describe and perform the steps of the primary survey (ABCDE approach) in trauma patients. [LO3]
3. Recognize life-threatening conditions. [LO3]
4. Explain the importance of rapid reassessment and prioritization. [LO3, LO5]
5. Describe and perform the components of the secondary survey. [LO3, LO5]
6. Describe and understand EFAST and basic imaging (x-ray, CT, MRI) [LO3, LO5]
7. Identify disposition (OR, IMCU, ICU, Transfer). [LO3]
8. Recognize emotional impact of trauma care and importance of debriefing. [LO3, LO7, LO8, LO9]

Wound Healing *

1. Explain the phases of wound healing. [LO3, LO5]
2. Identify factors that may prevent wound healing. [LO3]
3. Describe the diagnosis and management of patients with wound infections. [LO3]

Venous Thromboembolism (VTE)

1. Identify the major causes of non-cardiac chest pain and shortness of breath. [LO3]
2. Describe the general steps in making a diagnosis for a patient presenting with non-cardiac chest pain and shortness of breath. [LO3, LO5]
3. Describe the general treatment options for patients with VTE. [LO3]
4. Explain 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.). [LO3, LO5]

=====

ADDITIONAL BLACKBOARD RESOURCES

Intro to M3 Clerkship Anesthesia

1. Explain the general principles of anesthesia and the role of an anesthesiologist. [LO3, LO5]

2. Describe the principles of anesthesia monitoring. [LO3, LO5]
3. Explain the basic anatomy and steps for a laryngoscopy and successful intubation. [LO3, LO5]
4. Explain key differences between supraglottic airways (LMAs) and endotracheal tubes (indications, limitations) [LO3, LO5]
5. Explain the pharmacology and roles of neuromuscular blockers, inhalational anesthetics, and parenteral anesthetics in surgical anesthesia. [LO3, LO5]

Introduction to Drains

Drains:

1. Describe the purpose of surgical drains. [LO3, LO5]
2. Discuss common surgical drain types using appropriate terminology (open vs. closed, passive vs. active). [LO3, LO5]
3. Recognize common types of drains, including Blake, Jackson-Pratt (JP) and Penrose drains. [LO3]
4. Describe the negative suction mechanism of a collection bulb. [LO3, LO5]
5. Explain the steps to stripping or milking a drain. [LO3, LO5]

Nasogastric Tubes:

1. Recognize the difference between common nasogastric tubes, including Dobhoff, and Salem-Sump tubes. [LO3]
2. Recognize the indications for Salem-Sump and Dobhoff tubes. [LO3]
3. Explain the parts and function of Salem-Sump and Dobhoff tubes. [LO3, LO5]
4. Describe how to measure a nasogastric tube and explain the steps for placement. [LO3, LO5]
5. Identify correct and incorrect nasogastric tube placement on imaging. [LO3]

Urinary Catheterization:

1. Explain the most common indications and major contraindications to urinary catheterization. [LO3, LO5]
2. Recognize the parts of a urinary catheter. [LO3]
3. Describe the steps to urinary catheter placement in male and female patients. [LO3, LO5]

Clerkship Sites

<https://www.bumc.bu.edu/camed/education/medical-education/student-resources/>**Boston Medical Center**
One Boston Medical Center Place, Boston, MA

BMC – Colorectal Surgery

Site Director: Dr. Samantha Rivard, samantha.rivard@bmc.org

Teaching Faculty:

Dr. Jennifer Davids, Section Chief

Dr. Olga Beresneva

Dr. Samantha Rivard

Inpatient Physician Assistants: Shannon Forlivo, 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)

Site Description: The colorectal surgery service treats a wide variety of diseases of the colon, rectum, and anus, ranging from 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.

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.

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.

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

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.

Students should request evaluations from residents, if desired.

BMC – Minimally Invasive Surgery (MIS) and Bariatric Surgery

Site Director: Dr. Joshua Davies, Joshua.Davies@bmc.org

Teaching Faculty: Dr. Brian Carmine, Brian.Carmine@bmc.org

Dr. Donald Hess, Donald.Hess@bmc.org

Dr. Jacob Nudel, Jacob.Nudel@bmc.org

Dr. Joshua Davies, Joshua.Davies@bmc.org

Dr. Luise Pernar, Luise.Pernar@bmc.org

Residents: Chief, PGY 3 or PGY 4, Intern

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

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

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

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

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

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

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

Monday	8:30-12:00: Hess Bariatric Clinic 8:30-4:30: Carmine Bariatric Clinic
Tuesday	9:00-3:30: Pernar Bariatric Clinic 9-4:30: Davies General Surgery
Wednesday	8:30-4:30: Carmine Bariatric Clinic 9AM-3:30PM (1st and 3rd) Pernar Bariatric Clinic

Thursday	8:30-4:30 – Hess Bariatric Clinic 8:30AM-4PM Nudel Clinic
Friday	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.

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](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=PLOlpmHM70Rx4h86QKuUnAo_a7ZWZA9pAw](https://www.youtube.com/playlist?list=PLOlpmHM70Rx4h86QKuUnAo_a7ZWZA9pAw)
- [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](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 Lana Ketlere or Richard Flores. 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.

CLINICAL EVALUATIONS: INDIVIDUAL EVALUATIONS ARE COMPLETED BY MIS FACULTY (except Dr. Pernar) - STUDENTS ARE WELCOME TO REQUEST ADDITIONAL EVALUATIONS FROM ANY RESIDENT OR PA WHO THEY HAVE WORKED WITH. FACULTY EVALUATIONS ARE DISTRIBUTED BY THE SURGICAL EDUCATION OFFICE; NO ACTION IS NEEDED ON STUDENT'S END.

STUDENTS ARE RESPONSIBLE FOR INITIATING MEDHUB EVALUATION FROM RESIDENT'S OR PA'S AND DR PERMAR.

BMC – Mozden (Surgical Oncology)

Site Director:

- April – July 2026: Teviah E. Sachs, (617) 638-8654, teviah.sachs@bmc.org
- July 2026 – onward: Claire Miller, (617) 638-8654, claire.miller@bmc.org

Site Administrator: Valerie Pepi, (617) 638-8654, valerie.pepi@bmc.org

Description of Site:

Inpatient and Outpatient services:

- o Surgical Oncology: (hepatobiliary, pancreas, small intestine, sarcoma)
- o Endocrine (thyroid, parathyroid, adrenal)
- o Breast

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 the First Day of the Rotation On your 1st day, please report at 5:45 AM, to Menino Campus, 4th Floor, East Wing, Room 4266.

Student Clinical Duties:

- The Mozden Surgical Oncology service treats a broad number of malignant and non-malignant surgical diseases of the Upper Gastrointestinal Tract, Hepatopancreaticobiliary (HPB) system, Endocrine system, as well as those of the Breast and the Skin & Soft Tissues.
- Beyond the malignant and non-malignant diseases described above, the Mozden service also serves as a general surgery service, treating common conditions such as those of the gallbladder, hernias, and emergent operations.
- Reporting Instructions for 1st Day: On your 1st day, please report at 5:45 AM, to Menino Campus, 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.

Expectations:**1. Overall:**

2. Please dress professionally at all times. If not in the operating room, you should wear your clean, white coat at all times.
3. 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.
4. 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
5. You should know your inpatients for rounds, and present them each day, with a formulated plan for that day.
6. 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.
7. 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.
8. 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!
9. 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.

10. Tips:

- Breast Surgery Clinic: We highly recommend attending the breast surgery clinic for at least one half-day clinic session.
- 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 assisting in the operating room or helping the PA staff on the floor.

Expectations on Note Writing/Documentation:

- Write Notes on all patients on whom you are rounding.
- Write Notes on all patients you see in clinic

- o Prepare ahead of time if possible
- o Try to think about your note as a structured note that is the same for each patient and is concise and effective
- o Try not to fill your note with smart phrases and cut / paste.
- o Think about your note and what information is being conveyed.
- When presenting, stick to pertinent positives and negatives
- Come up with a plan, even if it is not the plan that is agreed upon in the end, you should get comfortable communicating a plan that is based on facts / evidence.
- If unsure, ask for help

Schedule:

Mon:

- 8:00-4:00: CLINIC Dr. Drake (*varies*)
- 8:00-4:00: Breast Surgery
- 4:00-5:00: Breast tumor board (via Zoom)

Tue:

- 9:00-12:00: CLINIC: Dr. Tobias – General Surgery
- 1:00-4:00: CLINIC Dr. Miller – Breast Surgery
- 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. Miller – Breast Surgery
- 8:00-4:00: CLINIC Dr. Drake – Endocrine
- 8:00-4:00: CLINIC Dr. McAneny – Endocrine
- 1:00-4:00: CLINIC: Dr. Tobias - Endocrine
- 1:00-5:00: CLINIC: Dr. Geary – Breast Surgery

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 Didactic day
- 9:30-11:30: *Preston Multi-Disciplinary Clinic (Dr. Drake) – 1st Friday of the month*
- 1:00-5:00: *CLINIC Dr. Geary – Breast Surgery*

Service Specific Recommended or Required Reading

1. Breast: Devirgilio 3,4
2. Hepatobiliary: Devirgilio 15-18

3. Gastric: Devirgilio 50
4. Endocrine: Devirgilio 8-11
5. 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/>

Evaluations - Group vs Individual

ATTENDING GROUP EVALUATIONS WILL BE PERFORMED – NO NEED TO REQUEST

Students should request evaluations from residents, if desired.

BMC – Trauma and Acute Care Surgery (TACS)

Clerkship Site Director: Dr. Abraham Jaffe, abraham.jaffe@bmc.org

Teaching Faculty:

Dr. Tracey Dechert

Dr. Sabrina Sanchez

Dr. Aaron Richman

Dr. Kathryn Twomey

Dr. 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

Dr. Edward Michael Dussom

Advanced Care Practitioners (PA/NP's):

Patty Harrison

Jocelyn Beals

Jami Pollard

Jennifer Hichborn

Elise Wardell

Residents: Chief general surgery residents, 4th and 3rd Year general surgery residents, and interns from general surgery and other surgical specialties

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

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 1st week it is expected you take on 1-2 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.

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.

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

A typical week runs as follows:

Mon:	Morning Report at 7am
	Operations/Patient care
	Evening sign-out at 5pm
Tue:	Morning Report at 7am
	TACS Education Conference 7:30am
	Operations/Patient care
	Evening sign-out at 5pm

Tue: Morning Report at 7am
Morning Education conference 8-830am
Operations/Patient care
Evening sign-out at 5pm

Wed: Morning Report at 7am
Monthly Trauma Lahey Video Conference 8-9am
Operations/Patient care
Evening sign-out at 5pm

Thu: Morning Report at 7am
Monthly TACS/Radiology Conference 10-11am
Operations/Patient care
Evening sign-out at 5pm

Fri: 7-9am M&M/Grand Rounds
9am-1pm Didactics (mandatory)

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.

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, Brahmbhatt, T. S., & Scantling, D. R. (Eds.). (2025). *Trauma Surgery Clerkship: A Guide for Senior Medical Students* (Contemporary Surgical Clerkships). Springer Cham. <https://doi.org/10.1007/978-3-032-01412-2>

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.

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.

Berkshire Medical Center Surgical Department

725 North Street, Pittsfield, MA 01201

Site Director: Michael DiSiena, DO, FACS, mdisiena@bhs1.org

Site Administrator: Stephanie Wade, swade@bhs1.org

Clerkship Coordinator: Paula Downer, pdowner@bhs1.org

Teaching Faculty:

Michael DiSiena, DO, FACS, Surgery Residency Program & Clerkship Director

Marcella Bradway, MD, FACS, FASCRS, Chief, Department of Surgery

Adam Bowling, DO

Soma Brahmanandam, MD Christian Galvez,

MD

Mark Kryskow, DO

Andrew Lederman, MD

Marguerite Ballou, MD

Clayton Peterson, MD

Brett Matthews, DO

Alex Chao, MD

Nurse Practitioners: Moira Brophy, Jodi Szczepaniak, Gina Bartolo

Physician Assistants: Stacy Shaw, Gerard Langlois, Thomas William Ong Suan Chan, Yi-Wun Chen

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

Reporting Instructions for 1st Day: Approximately one week prior to your rotation separate emails will be sent from Paula Downer and Stephanie Wade with specific, detailed instructions for your

rotation, including when and where to report on the first day of your rotation and a list of clinics and the dates they will attend them.

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.

Call/Weekend Schedule:

There is no call on weeknights, but students are permitted to stay late for late surgeries or emergency surgeries as long you abide by work hours. All students are expected to participate in weekend shifts. **Students should work with the chief resident(s) to create a shift schedule for two weekend days during their four-week rotation.** Students taking shifts 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 shift assignment must leave a number where they can be reached and must return to the hospital if called. Students should not take weekend shifts 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.

Berkshire Medical Center Grand Rounds are held every Friday at 8:00 AM, followed by M&M conference at 9:00 AM. Didactics at Boston Medical Center 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 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.

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.

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.

Midterm or Clerkship Evaluation: Students need to contact the program director to set up a time to complete the midterm or mid clerkship evaluation.

Kaiser Permanente, Santa Clara

700 Lawrence Expwy, Santa Clara, CA 95051

Site Director: Dr. Shay Mansoor, Shay.Mansoor@kp.org,

Dr. Emily Ament, Emily.E.Ament@kp.org

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

Teaching Faculty:

Dr. Melanie Gainsbury

Dr. Elliott Brill - Chief of Department of Surgery

Dr. Maighan Kavanagh

Dr. Amid Keshavarzi

Dr. Shay Mansoor

Dr. Maris Jones

Dr. JP Lu

Dr. Maureen Tedesco

Dr. Lucy Kim

Dr. Nayan Sivamurthy (Vascular)

Dr. Rishad Faruqi (Vascular)

Dr. Gaurav Sharma (Vascular)

Dr. Alex Kim (Vascular)

Dr. Hon Lee (Cardiac Surgery)

Dr. Patricia Conroy

Dr. Venilla Padmanaban

Dr. Adeel Ashfaq

Dr. Yang (Frank) Lu

Dr. Emily Ament

PA/NP: Chad Ith, Courtney Hori, Alisa Ching, Eliza Villa (proctology)

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

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

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

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.

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: TBD

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 (M&M)

4:00 PM - Weekly teaching

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

Students will prepare a 20minute 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.

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.

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.

MetroWest Medical Center

115 Lincoln St, Framingham, MA 01702

Site Director: Dr. Yagnik Pandya
216-712-9602
Yagnik.Pandya@mwmc.com

Interim Site Administrator: Jaclyn Gordon, PA-C
508-277-0592
Jaclyn.Gordon@mwmc.com

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

Dr. Yagnik Pandya (Department Chair)

Dr. Bankole Samuel

Dr. Jenna Bahadir

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. Steven Yood

Physician Assistant: Jaclyn Gordon, PA-C (Chief Surgical PA)

Surgical Residents: None

Description of Site: 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, Orthopedics 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.

Reporting instructions for 1st day: You will receive details in an email before arrival from Jaclyn Gordon.

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.

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. If applicable, 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.

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.
- See new consults as able, present patient to attending surgeon

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 15minutes in length. A Clinical Presentation Outline is provided for a guideline/helpful information should you need it.

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: 7a – 9a BMC M&M (zoom link will be available)
9a – 3p Didactics (zoom link will be sent)

Attending-specific schedule:

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

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

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

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.

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

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

Roger Williams Medical Center
825 Chalkstone Avenue, Providence, RI 02908

- Site Director: Dr. Steve Kwon, steve.kwon@chartercare.org; 847-877-9821
- Site Administrator: Blessin Premy, blessin.premy@chartercare.org; 401-456-2484

Teaching Faculty:

- Dr. Steve Kwon, Medical Student Site Director; Assistant Surgery Clerkship Director
- Dr. Ponnandai Somasundar, Chairman of Surgery; PA Students Site Director
- Dr. Ayana Allard-Picou, CGSO Associate Fellowship Program Director
- Dr. Mohammad Abdallat, Thoracic Surgery Attending

PA/NP:

- Victoria Miller, PA
- Elizabeth Deleon Cruz, PA

Residents/Fellows:

- Senior Fellow
- Junior Fellow
- PGY-4, Boston Medical Center
- PGY-3, South Brooklyn Health

Description of Site: 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.

Your rotation will be divided into $\frac{1}{2}$ of your rotation on the Surgical Oncology team, $\frac{1}{4}$ on the anesthesia service, and $\frac{1}{4}$ on the orthopedic surgery rotation. When you are on the surgical oncology portion of the rotation, each week the CGSO fellow on the surgical oncology service will send out a weekly plan where your responsibilities/assignments for the week will be listed. Please note that the RWMC clinic site is 50 Maude St. which is walking distance from the main hospital.

Reporting Instructions for 1st Day: If you have not heard of any plan for obtaining keys and first day schedule, please email Blessin Premy, 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.

Duties/Expectations

Student Clinical Duties: Pre-round on your patients and be ready to round at the assigned time determined by the CGSO fellow on the service. 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: Students write progress notes on patients you are following. The residents and attending then co-sign these notes and they are part of the patient record.

Schedule

Wednesdays

- 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 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. Medical students may be assigned to discuss the papers.

Fridays

- 9:00 AM- 3:00 PM: Didactic lectures at BMC. Please attempt to attend in person.

****Knot tying and suturing workshops with Dr. Kwon/Allard-Picou will be arranged regularly on a variable schedule.***

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

Curriculum

Please follow the student clerkship curriculum with weekly assigned readings and video lectures from the American College of Surgeons as well as the Case Studies from de Virgilio textbook.

Brief Advice on How to Succeed: The 20-minute presentation toward the end of your rotation is a great opportunity to shine. Meet with Dr. Kwon and/or the CGSO fellow early to narrow your presentation down to a very specific topic. They 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.

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.

West Roxbury Veterans Affairs Hospital

1400 VFW Parkway, West Roxbury, MA 02132

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

Site Administrator: Tonita Mitchell VHABHSSurgicalServiceCredentialing@va.gov

Teaching Faculty: General Surgery

Dr. Kamal Itani (Chief of Surgery)

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

Dr. Jason Gold

Dr. Gentian Kristo

Dr. Zeyad Sahli

Dr. Ann Debord Smith

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)

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

Reporting Instructions for 1st Day: Report to the surgery resident workroom (Room A332 – erroneously the sign says SICU Storage) 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.

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.

Call/Weekend Schedule:

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

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

Mon:	7AM	Morning Report – Khuri Conference Room
	8AM	Didactic Session – Khuri Conference Room
	1PM	Vascular Surgery Clinic
	3PM/4PM	Dr. O’Neal / Dr. Itani Lecture – Khuri Conference Room
Tue:	7AM	Morning Report – Khuri Conference Room
	8:15AM	General Surgery Clinic
	3:30PM	Thoracic Surgery Indications Conference – Khuri Conference Room
Wed:	7AM	Morning Report – Khuri Conference Room
	9:30AM	Thoracic Surgery Clinic

	4PM	M&M Conference – TEAMS
Thu:	7AM	Morning report – Khuri Conference Room (If no didactic scheduled)
	7AM	Didactic Session – Surgical Resident Workroom
	8AM	Didactic Session – Khuri Conference Room
	9AM	Vascular Surgery Clinic
	4PM	Tumor Board 1 st & 3 rd Thursdays of the month
Fri:	7AM	VA Grand Rounds – (MANDATORY)
	9AM	Boston University Didactics
	9:30AM	Thoracic Surgery Clinic

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.

CLINICAL EVALUATIONS: ATTENDING GROUP EVALUATIONS WILL BE COMPLETED BY DR. O’NEAL, DR. LIN, and DR. WIENER- NO NEED TO REQUEST.

Students should request evaluations from residents, if desired.

Subspecialty Rotations (2 Weeks Each):

Note: All Subspecialty rotation (**except EGS**) Have group evaluations – No need to request!

Kaiser Subspecialties: Details regarding subspecialty opportunities at the Kaiser location are currently being finalized. Additional information, including available services and scheduling logistics, will be shared and posted once confirmed. We appreciate your patience and will provide updates as soon as they become available.

Anesthesia – BMC

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

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

Educational Coordinator: Hanzhang Zhao, hanzhang.zhao@bmc.org

Teaching Faculty: Too numerous to list here!

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

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

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.

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 4:00-5:00pm Didactic teaching lectures

Wed 4:00-5:00pm Junior didactic session

Thu 6:30-7:00 am Senior Simulation exercises in the SIM Center

Fri 6:30–7:15 am Didactics teaching session

7:30-8:30 am Anesthesia Grand Rounds (most Fridays).

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

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.

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

Evaluations: Group Evaluations. Dr. Ramirez submits a summary of feedback from attendings/ resident students work with.

Anesthesiology – Roger Williams

Site Director: Dr. Tim Connelly, tconnell@chartercare.org

Site Administrator: Julie DiPiro, jdipiro@chartercare.org

Teaching Faculty:

Dr. Tim Connelly, Site Director (tconnell@chartercare.org)

Dr. Kevin Hong

Dr. Maria Zhukov

Dr. Max Bashkirov

Residents: You will not work with residents on this service

CRNAs: You will work with several CRNAs, and student RNA's

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

Description of Site: 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.

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.

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

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.

Evaluation: Your evaluation is an individual evaluation, usually by Dr. Connelly.

Emergency General Surgery (EGS) & Trauma Consults - BMC

Site Director: Dr. Abraham Jaffe 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
Dr. Edward Michael Dussom

Advanced Care Practitioners (PA/NP's):

Patty Harrison
Jocelyn Beals
Jami Pollard
Jennifer Hichborn
Elise Wardell

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

Description of Site: 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.

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.

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.

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, Brahmbhatt, T. S., & Scantling, D. R. (Eds.). (2025). *Trauma Surgery Clerkship: A Guide for Senior Medical Students* (Contemporary Surgical Clerkships). Springer Cham. <https://doi.org/10.1007/978-3-032-01412-2>

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.

Ophthalmology - BMC

85 E. Concord St., Boston, MA 02118

Site Director: Dr. Tomas Andersen, (617) 414-2020, Tomas.Andersen@bmc.org

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

Description of Site: While on the ophthalmology service, you will experience a mix of outpatient clinic, inpatient consults, and operating room time caring for the patient population of Boston Medical Center. The goal is to leave the rotation with a fundamental basic knowledge about diseases of the eye and orbit and to develop basic eye exam skills.

You will have the opportunity to work with our teaching faculty, including:

Dr. Stephen Christiansen (Pediatrics)

Dr. Catherine Choi (Pediatrics)

Dr. Gi Yoon-Huang (Pediatrics)

Dr. Kara C. Lamattina (Uveitis, Pediatrics)
Dr. Manishi Desai (Glaucoma)
Dr. Steven Ness (Retina)
Dr. Xuejing Chen (Retina)
Dr. Nicole Siegel (Retina)
Dr. Manju Subramanian (Retina)
Dr. Vasiliki Poulaki (Retina)
Dr. Crandall Peeler (Neuro-ophthalmology, Comprehensive)
Dr. Tony Pira (Comprehensive)
Dr. Karina Lund (Comprehensive)
Dr. Susannah Rowe (Comprehensive)
Dr. Elli Park (Comprehensive)
Dr. Tomas Andersen (Cornea)
Dr. Jennifer Tran (Cornea)
Dr. Leyla Yavuz-Saricay (Cornea)
Dr. Christine Ament (Cornea)
Dr. Lauren Colwell (Oculoplastics)
Ophthalmology Fellows (e.g. retina service)
Ophthalmology Residents

Reporting Instructions for the First Day of the Rotation: You will receive detailed information, a syllabus, and a welcome packet prior to your rotation. You will be notified prior to your start date via email whether there is a lecture at 7 AM on the first day of your rotation located in Suite A of the ophthalmology clinic at Yawkey ACC, 3rd floor. After 7 AM lecture, clinic will start at 8 AM also in the ophthalmology clinic at Yawkey ACC, 3rd floor. Please contact our chief resident Yi Zhou (Yi.Zhou@bmc.org) with any questions.

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 allow, but be mindful 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 within Epic, 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.

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.

Service Specific Recommended (not 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. Please see the syllabus for further recommended reading.

Evaluations - Group vs Individual: 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 to one resident at the end of each academic year in recognition of teaching.

Orthopedic Surgery – BMC

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

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

Teaching Faculty:

Dr. Paul Tornetta, 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 from PGY1 – 5 at the BMC site. In the summer & fall months, we will have home & visiting 4th year away students from medical schools from across the country. There will be 5 to 6 visiting Sub-I students allowed for each block depending on rotation and overlap of block times.

Site Description: 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, trauma, and surgical sports medicine. Students on service will have the opportunity to participate in the operating room as well as the clinic and will be able to choose areas that interest them.

Reporting Instructions for 1st Day: For non-BU students, meet at 5:30 AM at the Yawkey elevators, a resident will meet the student group and bring you to board rounds. The resident lounge is located on the ground floor of the Dowling building, Suite G004. This is a badge access only area. From Yawkey, follow signs to Dowling, walk down small ramp and at first door, call into Ortho & someone will let you in. When entered, 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 BU students - 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.

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.

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

Call/Weekend Schedule: Students do at least 2 weekend call shifts throughout their month, and they usually do 1 weekday call shift per week. Students will work about 60 hours per week.

Weekly Schedule: *board rounds in 85 E. Concord Conference Room, 4th Fl at 6AM unless specified*

Monday: 6:00am - Board Rounds

Tuesday: 5:30am - Board Rounds; 6:15-Bioskills lab sessions or journal club; Fracture Clinic with Dr. Tornetta or Creevy (or per service) or OR (with other services)

Wednesday: 5:30am - Board rounds; 6:15 - Grand Rounds; Sports or Reconstruction Clinic (or per service) with Dr. or OR (with other services)

Thursday: 5:45am - Board rounds and masterpiece presentation Trauma presentation going over last week trauma cases; Sports/Shoulder OR with Dr. Li in Menino or OR (with other services)

Friday: 6:15am - Board rounds followed by resident education from 7:00am until 10:00am. Ortho Trauma room coverage with resident or spine clinic

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, ACL injuries shoulder arthroplasty, shoulder instability, etc.

Evaluations: Student evaluations will be done by faculty member student worked with primarily.

****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. ****

For BU students, you can contact Dr. Li or Ms. St. Louis on the service specialty you are interested in. For visiting students, please indicate your top 3 choices in VSLO. The resident liaison who assists in scheduling will make the assignments and try to select your first option. You will spend all four weeks on that subspecialty.

Orthopedic Surgery – Roger Williams

Site Director: Dr. Braidy Shambaugh, DO (bshambaugh@uoi.com)

Site Administrator: Stephanie Britto (sbritto@uoi.com)

Teaching Faculty:

Dr. Braidy Shambaugh, Site Director
Dr. Matthew Akelman
Dr. Michael C. Mariorenzi

Advanced practice providers:

Tracy Evans PA-C

Molly Fitch PA-C

Residents: Roger Williams podiatry residents rotate total of 4 months during academic year

Rotation Description:

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

Reporting Instructions for 1st Day: Email Dr. Shambaugh before the start of rotation

(bshambaugh@uoi.com) for a weekly schedule and reporting instructions. Given surgical cases vary each week, the schedule is typically not prepared until the weekend prior to start of the rotation.

Student Clinical Duties: See patients in clinic/office and participate in OR cases. There may be occasional rounding on hospital patients and consults with providers. Dress code for office is business casual. Scrubs may be worn in the hospital.

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

Call/Weekend Schedule: There will be call or weekend work during this 2-week rotation at BUMC. No call at Roger Williams.

Weekly Schedule (approximated as schedule changes based on surgical volume and clinic)

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

Brief Advice on How to Succeed: Try to spend some consecutive time (clinic and OR) with a single attending to have some continuity. Review musculoskeletal anatomy and physical exam prior to clinic days and surgeries.

Recommended Reading: Devirgilio Ch. 26-29, Netter's Orthopaedic Clinical Examination, and Orthobullets (<https://www.orthobullets.com/>) are good references for reviewing common orthopedic conditions and surgeries. Please also review the relevant musculoskeletal exam techniques (Mosby's Guide to Physical Examination, Netter's) before attending the clinic/office.

Otolaryngology – BMC

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

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

Teaching Faculty:

Dr. Avner Aliphas

Dr. Michael Cohen

Dr. 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. Sarah Nyirjesy

Dr. Marianella Paz-Lansberg

Dr. Michael Platt
Dr. Jennifer Shehan
Dr. Jeffrey Spiegel
Dr. Lauren Tracy
Dr. Mark Vecchiotti
Dr. Peter Weber
Facial Plastic Fellow

Residents: All levels of BMC Residents

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

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

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 the attending 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.

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.**

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.

Evaluations: Group evaluations will be performed – soliciting feedback from Faculty and Residents – **NO NEED TO REQUEST**

Thoracic Surgery – BMC

Site Director: Dr. Christopher Digesu

Teaching Faculty:

Dr. Christopher Digesu

Dr. Michael O'Connor

PA/NP: Elizabeth Manocchio PA (inpatient);

Tie BARNES (Office)

Residents: PGY-4, Intern

Description of Site: 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 assistance during cases. For senior residents who have put in considerable time on the simulator, they will have the opportunity to operate on the console in benign esophageal cases and mediastinal cases.

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

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

Expectations on Note Writing/Documentation: Students are expected to complete documentation for both inpatient encounters (notes on patients they round on) and outpatient clinic visits (patients they see).

Call/Weekend Schedule:

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

Weekly Schedule:

Mon	Clinic
Tues	OR cases (as can be added on the OR schedule)
Wed	OR cases
Thu	OR cases
Fri	7:00-9:00 AM: Grand Rounds, M&M 9:00 am – 3:00 pm Mandatory Didactic day

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.

Evaluations - Group vs Individual: Evaluations are completed in a group setting, composed of Dr. Digesu and Inpatient PA

Thoracic Surgery – VA

Site Director: Dr. Daniel Wiener - Daniel.Wiener@va.gov

Teaching Faculty: **Daniel Wiener and Fatima Wilder**

Fellow: Thoracic Fellows from BWH rotate for 2 months at a time

PA/NP: Suzanne Armstrong, Carolyn Abbanat Villafane

Intern: Rotating Intern

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

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.

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	Activity
Monday	7 am	Morning report
	8 am	Wiener OR
Tuesday	7 am	Morning report
	7:30 am	Pulmonary conference
	9-3	Free time (round, read, study, ask residents how you can help out)
Wed	7 am	Morning report
	10-2	Didactic Session
	10-2	Wilder clinic
	3 pm	Tumor board
	4 pm	Surgery M&M
Thu	7 am	Morning report
	8 am	Wilder OR
Friday	7 am	Grand rounds/faculty meeting
	8 am	Morning report
	9-3 pm	Thoracic clinic (Wiener)

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!!

Evaluations: ATTENDING Group evaluation

Students should request evaluations from residents, if desired.

Urology – BMC

Site Director: Dr. Toby Chai

Site Administrator: Emily Brunelli, Emily.brunelli@bmc.org

Teaching Faculty:

Dr. Toby Chai (Department Chair)

Dr. Mark Katz (4th year Clerkship Director)

Dr. Ricardo Munarriz (Director Sexual Medicine)

Dr. Linda Ng (Program Director)

Dr. Robert Oates

Dr. Andrew Orlando

Dr. David 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).

Site Description: While on Urology 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 urinary tract and the male reproductive system. The faculty of the Urology department take medical student education very seriously, and you will no doubt enjoy your time on service.

Reporting Instructions for 1st Day: You will be receiving a preliminary schedule for the first week (cases/clinic assignments) the week prior to your start. Please communicate to your clinical team 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 4West. (Room 4176). Page #9000 if any questions or need help finding the team that morning.

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.

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

Monday	Each day varies based on individual schedule
Tuesday	Tumor board Conference, 1 st , 3 rd , 4 th @ 4pm
Wednesday	Each day varies based on individual schedule
Thursday	Grand Rounds Conference – 7am-8am No preparation necessary unless specified by resident team.
Friday	7am-8am - Department of Surgery M & M conference 9am-3pm Didactic Day - Mandatory

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: 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 urologists 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 in-depth review/discussion with you. Hopefully, you will find this is a good framework to direct your studying.

[AUA Medical Student Curriculum:](#) 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.

<https://www.auanet.org/meetings-and-education/for-medical-students/medical-students-curriculum>

[Medical Student Resources:](#) offers library of training videos and webinars

<https://www.auanet.org/meetings-and-education/for-medical-students/medical-student-resources>

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

<https://apps.apple.com/us/app/aua-guidelines-at-a-glance/id524710214>

Evaluations: Group evaluation is completed by Dr. Toby Chai. Evaluation is distributed by the Surgical Education Office, no action is needed on student’s end.

Vascular Surgery (Smithwick) – BMC

Site Director: Dr. Stephanie Talutis

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

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

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.

Expectations on Note Writing/Documentation: Students are expected to complete patient notes during clinic sessions.

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

Weekly Schedule:

Mon: Dr. Talutis Clinic (8:30AM – 12PM)

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

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
 1. ▪ One liner: Age, sex, and why we are seeing them (post-op day #1 from fem-pop bypass vs consult for CLI)
 2. Also mention hand-off TO DO Items and if completed.
 3. Ex: pain control, dizziness, chest pain, SOB, n/v, fevers, chills, neurological or sensory/motor deficits in extremities
 4. e. potassium >5.5 or WBC trend), Imaging/studies
- **PE:** Always check pulses, motor/sensory exam, heart/lungs, surgical/angio access sites
 1. ▪ **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)

CLINICAL EVALUATIONS: Attending Group evaluations completed by Vascular Faculty - Students are welcome to request additional evaluations from any resident or PA they have worked with. Faculty evaluations are distributed by the Surgical Education Office, no action is needed on student's end. Students are responsible for initiating Medhub evaluations from Resident's or PA's.

Vascular Surgery – VA

Site Director: Dr. Alex Lin

Site Administrator: Tonita Mitchell VHABHSSurgicalServiceCredentialing@va.gov

Teaching Faculty:

Dr. Joseph Raffetto, Division Chief

Dr. Michelle Martin

Dr. Amy Felsted

Dr Alex Lin

Residents: Vascular Surgery Fellow from BMC, PGY-2, PGY-1

Description of Site: The Vascular Surgery rotation at the VA Boston Healthcare System provides third-year medical students with a comprehensive, clinically immersive experience in the evaluation and management of vascular disease within a veteran population. Students participate in a structured combination of inpatient care, outpatient clinics, noninvasive vascular laboratory interpretation, and operative procedures, working closely with vascular surgery faculty, fellows, and residents. The rotation offers exposure to a broad spectrum of pathology, including peripheral artery disease and chronic limb-threatening ischemia, carotid artery stenosis, abdominal aortic aneurysms, venous thromboembolic disease, chronic venous insufficiency, and dialysis access-related conditions. Given the high prevalence of comorbidities such as diabetes, tobacco use, chronic kidney disease, and coronary artery disease,

students frequently encounter advanced and complex presentations requiring multidisciplinary management.

Reporting Instructions for 1st Day: 6:00 AM, third floor Resident Lounge (“Spinal Cord Injury”/building 2), which is the building farthest to the right as you face the front entrance to the hospital. Code is 234. Please e-mail alex.lin2@va.gov to get contact for the vascular surgery fellow on service.

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 vascular surgery fellow. All students are required to attend clinic on Monday (1-3pm) and Thursday (9-4pm). Students are encouraged to join in the operating room whenever they are available to scrub in.

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.

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
	9-12PM	OR cases
	1-3PM	Vascular Clinic
	3PM/4PM	Dr. O’Neal/Itani Lecture – Khuri Conference Rm
	4PM	Multi-disciplinary Vascular Conference
Tue	7AM	Morning Report – Khuri Conference Rm
	8-4PM	OR Cases
Wed	7AM	Morning Report – Khuri Conference Rm
	8-4PM	OR Cases
	4PM	M&M Conference – Teams

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-4PM	Vascular Clinic
	4pm	Vascular Case Conference
Fri	7AM	Grand Rounds vs Morning Report
	9-3 pm	Mandatory Didactic day at BUSM

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 the Microsoft shared drive at the VA. The fellow or PA will direct you to the document on your first day.

Evaluations: Attending Group Evaluations – No Need to request.

Students should request evaluations from residents, if desired. Clerkship Schedules

Schedules

Block schedule dates for all clerkships can be located on the Medical Education website:
<https://www.bumc.bu.edu/camed/education/medical-education/academic-calendars/>

Holidays

- Juneteenth: Thursday, June 19, 2026
- Thanksgiving: Wednesday, November 25, 2026 at 12PM – Sunday, November 29, 2026
- Intersession: Monday, December 21, 2026 – Sunday, January 3, 2027

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

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

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

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. A lecture schedule specific to each Block will be sent out.

Call Schedule

There is no call on weeknights, but students are permitted to stay later for late surgeries or emergency surgeries as long you abide by work hours. Weekend call is required. During the 4-week general surgery block, students will take a total of 2 MANDATORY weekend call shifts. There will be no call during the 2-week subspecialty rotations. There is no call the weekend prior to shelf exam.

Clerkship Grading

ASSESSMENT OF LEARNING	
Clinical Grade Percentage	60%
Shelf/Exam Percentage	25%
Observed Structured Clinical Examination (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 th percentile (57)
FINAL GRADE	
Honors	90-100
High Pass	80-89.99
Pass	60-79.99 or between 1.5-2.249 in ANY domain on FINAL CSEF
Fail	<59.99 or <1.5 on ANY domain or <2 average for all domains on FINAL CSEF
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/SOCS forms by the last Sunday of the clerkship block.	
Completing all clerkship assignments by due date 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:
Complete onboarding paperwork for all clerkship sites in a timely fashion, by deadlines provided by site	
Arriving at clerkship obligations on time (e.g. clinical shifts, didactics, orientation, OSCEs, meetings etc)	
Requesting supervisor (CSEF of and by faculty, resident etc.) evaluations from all evaluators must be completed by clerkship specified deadlines	
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). Absences should be reported to course directors & coordinators, supervisors <u>and</u> in the absence portal.	
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.	
80% of all assigned evaluations to students in MedHub must be completed by 2 weeks* after clerkship ends	
Professional Conduct and Expectations	
Evaluation of a medical student's performance while on a clinical clerkship includes all expectations outlined in the syllabus and clerkship orientation as well as the student's professional conduct, ethical behavior, academic integrity, and interpersonal relationships with medical colleagues, department administrators, patients, and patients' families. Student expectations include those listed above in professional comportment sections. If there are no professionalism concerns, students will receive the following statement in their summative statement: "This student MET the administrative and clinical professionalism expectations of the clerkship." 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: 1. This student did not meet the administrative professionalism expectations (SPECIFICS PROVIDED FROM LIST OF ADMINISTRATIVE PROFESSIONALISM BEHAVIORS) and was/was not responsive to feedback. 2. This student did not meet the clinical professionalism expectations, (SPECIFICS PROVIDE FROM CSEF DOMAIN BEHAVIORS) and was/was not responsive to feedback. 3. This student did not meet the clinical and administrative professionalism expectations, (SPECIFICS PROVIDE FROM CSEF DOMAIN BEHAVIORS) and was/was not responsive to feedback. If there are professionalism concerns as detailed in the assessment of learning, assessment of professionalism, or in the CSEF, 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.	

Sample Email Example

Helvetica 12

B I U S

To:

Cc:

Subject:

From: Sonia Ananthakrishnan – sonia.ananthakrishnan@bmc.org

Message Size: 161 KB

Signature: None

Image Size: Medium

This is the current material we have turned in by each student, using BU ID. Please let us know if this information is not correct. If you still have to turn in outstanding material, please do so by designated deadlines.

	Md/Clerk	Passport	First Half Preceptor	Final Preceptor Lo	Patient Encounter Lo	Score Code	Grading Policy	EVAL	Pager
JUN	X	X	X	X	X	X	X	X	X
	X	X	X	X	X	X	X	X	X
	X	X	X	X	X	X	X	X	X
	X	X	X	X	X	X	X	X	X
	X	X	X	X	X	X	X	X	X
	X	X	X	X	X	X	X	X	X
	X	X	X	X	X	X	X	X	X
	X	X	X	X	X	X	X	X	X
	X	X	X	X	X	X	X	X	X
	X	X	X	X	X	X	X	X	X
	X	X	X	X	X	X	X	X	X
	X	X	X	X	X	X	X	X	X
	X	X	X	X	X	X	X	X	X
	X	X	X	X	X	X	X	X	X
	X	X	X	X	X	X	X	X	X
	X	X	X	X	X	X	X	X	X
	Backboard	Physical Copy		Backboard	Medfob - Procedure	Backboard	Backboard		Physical

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).
3. 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/>

Objective Standardized Clinical Examination (OSCE)

You will be assigned a time to complete an in-person OSCE. Typically, this is done the second to last Friday of the clerkship. On OSCE day you are EXCUSED from clinical activities.

The examination will take place in the simulation center of the School of Medicine.

OSCE will use trained actors who have been carefully prepared to represent patients who suffer from common surgical problems. You will be observed by a surgeon, who will be located in the video room of the simulation center. You will be graded based on your ability to perform the steps below. A detailed check list is used. The exam is scored out of 50 points. An in-person discussion of your performance will take place at the end of your session.

Remember, for the purposes of this encounter, you are an integral member of the surgery team evaluating a patient presenting to the emergency room with an acute complaint. Remember to approach each encounter with trauma informed lens. Please be sure to review OSCE video and TIC (trauma informed care) reading on blackboard prior to OSCE day.

1. You should elicit the history of the presenting 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 your differential.
2. You will also be expected to take 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. You should perform a **FULL** thorough physical examination on the actor portraying the patient. The actors have been trained to mimic the pertinent physical exam findings.
4. After you complete the history and physical examination, you will be asked to develop a differential diagnosis based on your findings and develop a plan for the work up. Explain your thinking and plan to the actor as you would explain them to a patient in the clinical setting.
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 a differential diagnosis and the details of your work-up related to your differential diagnosis
6. You will be provided the results of relevant tests and based on these, you should arrive at a clinical diagnosis. Based on the clinical diagnosis, you will describe your initial (but detailed) treatment plan, including NPO status, IV fluids, antibiotics, etc.
7. You will then be given a variety of clinical scenarios related to the initial diagnosis and will be asked to provide the details of more guided therapy (e.g. going to the OR, percutaneous drainage, etc.)
8. You will also be graded on your ability to perform in this encounter in a trauma informed manner using the principles of trauma informed care outlined in the mandatory pre-OSCE reading.

Assignments

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 12-15minutes. We ask that you record your presentation in Zoom and then post your presentation to Blackboard. Presentation needs to be posted in TWO (2) places, one for review by your colleagues (DISCUSSION BOARD) and one for grading. The presentation should be posted in the appropriate locations at the end of Friday (11:59pm) of week 4 of the 8-week surgery block.

Kaiser students can use this presentation also for the presentation required at Kaiser.

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

CONTENT		Developing (0)	Proficient (1)	Exemplary (2)
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PRESENTATION	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 of relevant information presented in mostly organized manner	Clearly organized and flowed well
	Visuals	Too much or too little text. Misspellings. Poor quality or irrelevant images. Slides too busy or hard to read	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:

- Hyperparathyroidism - Carcinoid - SIRS and Sepsis - Splenomegaly - Adrenal disorders - Pneumo-, chylo-, and hemothorax - Peptic and duodenal ulcers - Reflux - IBD - Crohn's - IBD - Ulcerative colitis - Hemorrhoids and rectal prolapse - Anorectal abscess and fistula - Diaphragmatic hernias (congenital and adult) - Achalasia and pseudo-achalasia - Stomach masses - Liver masses	- Functional endocrine pancreatic tumors - Pancreatic cancer - Lung cancer - Small bowel masses - Normal coagulation and anticoagulation - Pancreatitis - Platelet disorders - Arterial aneurysms - Necrotizing fasciitis - Primary and secondary bacterial peritonitis - Electrolytes (hypo- and hyper K, Na, Ca, Mg) - Metabolic acidosis and alkalosis - Nutrition and nutrition support - Renal failure - Thyroid nodule - Multiple endocrine neoplasia syndromes
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Patient Encounters/Case Logs

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

Required Patient Encounters (The Core)

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

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

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

Alternative Patient Encounters

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

Patient Encounter Log

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

Recommended Texts

- **REQUIRED**

- Available From Medical Library
 - De Virgilio Surgery A Case-Based Review 2nd Ed 2020
 - Cameron's Current Surgical Therapy 14th Edition, 2023.
 - Chapter on Necrotizing Skin and Soft Tissue Infections
 - Manohar 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 et al. 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
- Online – access is free even though it will look as though you are making a purchase
 - ACS/ASE Medical Student Core Curriculum
 - <https://www.facs.org/for-medical-professionals/education/programs/acsase-medical-student-core-curriculum/>

- **OPTIONAL**

- Available from Medical Library
 - Surgery Recall
 - Primary literature (PubMed)

- PodCatcher of your choice
 - Surgery 101 Podcasts
 - Behind the Knife
- **OPTIONAL for SHELF Prep**
 - Dr. Pestana's Surgery Notes
 - PreTest Surgery
 - NBME site for practice exams (\$\$\$)
 - <https://www.nbme.org/examinees/nbme-self-assessments/clinical-science-mastery-series>

Didactic Topics and Readings

Please read below materials to prepare for your didactic sessions. All reading is required unless otherwise indicated. Topics are listed in alphabetical order. Please refer to your schedule for when information will be presented to plan your reading accordingly. **Some sessions require less reading than others, so you may want to have a reading plan that spreads out the reading assignments.**

Abdominal Pain

1. ACS/ASE Curriculum:
Abdominal Pain: Goals and Objectives AND Content
2. De Virgilio :
 - a. Chapter 18 – Postprandial RUQ pain
 - b. Chapter 19 – RUQ pain, fever, nausea, and vomiting
 - c. Chapter 20 – Severe epigastric pain with nausea and vomiting
 - d. Chapter 23 – RLQ abdominal pain
 - e. Chapter 26 – LLQ pain and fever

Abdominal Wall and Groin Hernia

1. ACS/ASE Curriculum:
Abdominal Wall and Groin Masses: Goals and Objectives AND Content
2. De Virgilio:
 - a. Chapter 2 – Nausea, vomiting, and left groin mass
 - b. Chapter 37 – Infant born with abdominal wall defect

Biliary Disease

1. ACS/ASE Curriculum:
Jaundice: Goals and Objectives AND Content
2. De Virgilio :
 - a. Chapter 18 – Postprandial RUQ pain
 - b. Chapter 19 – RUQ pain, fever, nausea, and vomiting

- c. Chapter 20 – Severe epigastric pain with nausea and vomiting

Breast, Endo, Skin, and Soft Tissue (THYROID will also be covered in another didactic)

1. ACS/ASE Curriculum:

- a. Breast Problems: Goals and Objectives AND Content
- b. Skin and Soft Tissue Lesions: Goals and Objectives AND Content
- c. Endocrine Disease: Goals and Objectives AND Content

2. De Virgilio:

- a. Chapter 5 - Abnormal screening mammogram
- b. Chapter 6 - New palpable mass in the right breast
- c. Chapter 7 - Recently changed skin lesion
- d. Chapter 12 - Fatigue, constipation, and depressed mood
- e. Chapter 14 - Neck mass that moves with swallowing
- f. Chapter 47 - Burns to the face, trunk, and extremities

Colorectal Malignancy

1. ACS/ASE Curriculum: Review sections relevant to colorectal malignancy

GI Hemorrhage: Goals and Objectives AND Content

2. De Virgilio :

- a. Chapter 24 – Pencil-thin stools and intermittent constipation

GI Bleeding (Sim)

1. ACS/ASE Curriculum:

- a. Gastrointestinal Hemorrhage: Goals and Objectives AND Content

2. De Virgilio:

- a. Chapter 22 - Bright red blood per rectum
- b. Chapter 49 - Bloody emesis

Ileus and SBO

1. ACS Curriculum:

- a. Vomiting, Diarrhea, Constipation: Goals and Objectives AND Content

2. De Virgilio:

- a. Chapter 3 – Abdominal pain, nausea and vomiting
- b. Chapter 25 – Chronic constipation presenting with severe abdominal pain

Intraabdominal Anatomy Review

No assigned reading

Recommend that you review anatomy atlas or textbook with focus on anatomy of the abdomen

Lung Cancer

1. ACS Curriculum:

- a. N/A

2. De Virgilio:
 - a. Chapter 10 – Hemoptysis, Cough, and Weight Loss

Perioperative Care and Informed Consent

1. ACS Curriculum:
 - a. Peri-operative care: Goals and Objectives AND Content
 - b. Post-operative care: Goals and Objectives AND Content
 - c. Informed Consent: Goals and Objectives AND Content
2. De Virgilio:
 - a. Chapter 39 - Postoperative bleeding
 - b. Chapter 40 - Postoperative decreased urine output
 - c. Chapter 41 - Shortness of breath 5 days after surgery

Peripheral Artery and Aortic Disease

1. ACS Curriculum:

N/A
2. De Virgilio:
 - a. Chapter 57 – Right calf pain with walking
 - b. Chapter 58 – Sudden onset severe left-sided abdominal pain
 - c. Chapter 59 – Cold, painful right lower extremity

Surgical Disparities

1. 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>
2. Torain, Maya J. BSa; Maragh-Bass, Allysha C. PhD, MPH; Dankwa-Mullen, Irene MD, MPH; Hisam, Butool MDa, d; Kodadek, Lisa M. MDe; Lilley, Elizabeth J. MD, MPH; Najjar, Peter MD, MBA; 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

Subspecialty Grab Bag (READINGS ARE OPTIONAL)

1. ACS Curriculum:

N/A
2. De Virgilio:
 - a. Section VIII Neurosurgery
 - b. Section IX Orthopedic
 - c. Section XIV Urology

Thyroid (Closer Look)

1. ACS Curriculum:
 - a. Endocrine Disease: Goals and Objectives AND Content

2. De Virgilio:
 - a. Chapter 14 - Neck mass that moves with swallowing

Trauma (Didactic and Sim)

1. ACS Curriculum:
 - a. Trauma I: Initial Trauma Evaluation: Goals and Objectives AND Content
 - b. Trauma II: Diagnosis and Management: Goals and Objectives AND Content
2. De Virgilio:
 - a. Section XII Trauma ; Chapters 42-48

OPTIONAL if interested

3. Brahmbhatt, T. S., & Scantling, D. R. (Eds.). (2025). *Trauma Surgery Clerkship: A Guide for Senior Medical Students* (Contemporary Surgical Clerkships). Springer Cham. <https://doi.org/10.1007/978-3-032-01412-2>

Wound Healing

1. Cameron's Current Surgical Therapy 14th Edition, 2023.
Necrotizing Skin and Soft Tissue Infections

OPTIONAL but encouraged

2. ACS Curriculum:
 - a. Non-healing Wounds: Goals and Objectives AND Content
 - b. Nutrition: Goals and Objectives AND Content
3. De Virgilio:
N/A

Venous Thromboembolism (VTE)

1. ACS Curriculum:
 - a. Non-cardiac Chest Pain and Shortness of Breath: Goals and Objectives AND Content
2. De Virgilio:
 - a. Chapter 41 - Shortness of breath 5 days after surgery

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ADDITIONAL BLACKBOARD RESOURCES

Intro to M3 Clerkship Anesthesia

Introduction to Drains