SURGERY CLERKSHIP ORIENTATION

2023-2024

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Website: https://www.uthsc.edu/surgery/education-training/surgery-clerkship.php

SURGERY OBJECTIVES

Surgery Clerkship Objectives

Conduct a focused history and physical appropriate for the particular surgical disease and accurately assess and interpret the findings.

List demographics that increase the risk of certain surgical diseases, such as breast cancer, lung cancer, hepatoma among others

Use available data, including laboratory and imaging results, to formulate appropriate management plans.

Perform basic surgical skills, including preoperative preparation and routine postoperative care, suturing and knot tying in collaboration with the healthcare team.

Describe standard procedures in surgical practice that are intended to minimize adverse outcomes, such as infections and medical errors.

Recognize altered structure and function, pathology, and pathophysiology of the body and its major organ systems as seen in common surgical diseases.

Through observation and direct involvement, learn to communicate effectively with patients and their families to empower shared decision-making. Apply these skills to diverse patient populations.

Through observation and direct participation, work effectively with the health care team to optimize patient outcomes, including consideration of tradeoffs between risks and benefits.

Conduct daily responsibilities in a manner that reflects the scope of responsibility that a surgeon assumes for patients, families, and referring physicians.

OVERVIEW OF THE CLERKSHIP

The 8-week surgical clerkship is composed of a two week Regional One Health (ROH) rotation on trauma, along with a 2-week subspecialty rotation of pediatric, cardiothoracic, thoracic, vascular, plastic surgery, burn, or transplant. The second month will be a month "general surgery" rotation at Baptist, Methodist University, Regional One Health, or the VA. Most of that time is spent on inpatient, but clinics are available, and students are expected to attend.

During the two-week rotation at ROH, students will stay with the same trauma team. The student will have at least one or two 24-hour shifts (7a-7a) or night shifts (7p-7a) during this period. However, **a total of 4 overnight shifts are required throughout the clerkship**. The additional 2-3 night shifts (7p-7a) should be completed during your "general surgery" rotation. Please do not complete night shifts on Tuesdays, the day prior to labs, or on the last day of your rotation.

Call at the other hospitals will be "prn". Let your attending/residents know if you want to be called for cases.

You will switch service after two or 4 weeks depending on your schedule. Contact the chief (or attending if there is no chief) of the next service AT LEAST ONE DAY PIOR TO STARTING. **Be aware that surgeons work weekends and your start date on a service may be a Saturday or Sunday**. Immediately after orientation the first day, contact your assigned service (see above instructions). Other than services with direct attending contacts, generally trying the chief, followed by the intern, then any other residents on the service, in that order, is the most successful. Lack of response is usually due to the contact person being scrubbed in the OR. If you cannot find someone within 10 minutes, please contact Dr. Fleming, Dr. Monroe, or Ms. Bishop.

There are several labs including suturing, knot tying and airway. There is an extensive interactive lecture series given by the faculty. In addition, students are expected to attend the Wednesday resident conferences including M&M, Grand Rounds and TWIS. All lectures and conferences are REQUIRED and take priority over clinical care.

Recommended Texts/Reading list
NMS
Sabiston Textbook of Surgery (paperback)
Schwartz's Principles of Surgery (paperback)
Greenfield's Surgery: Scientific Principles and Practice (paperback)
Dr. Pestana's Surgery Notes
Virgilio's Surgery: A Case Based Clinical Review

Oral Exam at 1:00pm on **DATES**

Clinical responsibilities end at 5pm (ish) on

Study day before shelf exam

Clerkship documents are due on by 5:00pm

Case logs and time logs are due by 5:00pm on

Shelf exam at 9:30am on

UNIVERSITY HOLIDAYS FOR M3 CLERKSHIP STUDENTS

GRADING

CLINICAL 50%

Each student is assessed by the surgical faculty and residents based upon patient management, responsibility, fund of knowledge, participation, and reliability. Students should be able to form a differential diagnosis and initiate basic workup and treatment. The professional code is also used as an assessment tool. **The student must receive a passing grade in order to pass the course.** A copy of the evaluation tool on eMedley is attached.

Each student will receive **at least** 3 clinical evaluations (general surgery, trauma, and subspecialty) with equal weighting. **However, we will request as many evaluations as possible from faculty and residents to receive the most feedback.**

Clinical scores are adjusted by how many 3rd year rotations the student has completed (by quarter). If a student starts in one block, but has to complete their clerkship in another block, the adjustment for the original block is used.

SHELF EXAM 30%

A shelf exam from the National Board of Medical Examiners will be administered only at the time and date listed. If you fail the test, you will receive an R (retake) and you must retake it after meeting with the clerkship Director UNLESS you also fail the oral exam (see below). If you fail the written test a second time, you will receive a grade of "F" for the clerkship. You must achieve at least the 50th percentile (for the comparable quarter) in order to qualify for an "A" for the entire clerkship.

Surgery		
Shelf Cutoff to Pass (5)	Shelf Cutoff for A (50)	Shelf Conversion to 89.5 (75)
57	72	78.5
59	74	80
59	74	80.2
59	74	80.2

The following link provides the NBME Surgery shelf exam content outline for your review.
https://www.nbme.org/subject-exams/clinical-science/surgery

ORAL EXAM 20%

A faculty member, fellow and/or a senior surgical resident will present 2 case studies for a focused history, physical, appropriate differential diagnosis, workup and management. If you fail the oral exam, further action will depend on the results of the written exam. If you fail both the written and the oral exams, you will receive an "F" for the course. If you pass the written test, you will be able to retake the oral exam with a different faculty member. Failing the orals twice will result in a final course grade no higher than a "B". The orals are scored by two methods. First, the examiner gives a numeric score based on their subjective impression of the student's ability to explain a focused history, physical, differential, workup and treatment. The examiners also

check off a scoring rubric to give a more objective score (similar to OSCE and the CS exams). These two scores are averaged.

Mid-rotation feedback is required midway of your 4-week general surgery rotation; failure to return will result in an incomplete. Print out the procedure and diagnoses logs that you have already completed and bring them to this session. Your mid-rotation evaluator will be discussing these with you.

Completion of 4 focused H&P cards, hours, and diagnoses logs on eMedley are also required and due on the last day of the rotation. Failure to complete any of these in a timely fashion (one week after completion of the clerkship) will result in an email from the clerkship director copied to the Assistant Dean of Student Affairs. If a student fails to complete all requirements by 4 weeks after the rotation ends, the student will fail the rotation and will receive an "F" on their transcript. Failure will require the student to repeat the rotation.

Although the Course Evaluation is not required, it is highly encouraged and is extremely useful feedback for the rotation. Please complete it through Qualtrics.

https://www.nbme.org/subject-exams/clinical-science/surgery

Surgery Subject Exam - Content Outline

Systems

Immune System (1%–5%)

Blood & Lymphoreticular System (5%–10%)

Nervous System & Special Senses (5%–10%)

Skin & Subcutaneous Tissue (1%–5%)

Musculoskeletal System (3%–7%)

Cardiovascular System (10%–15%)

Respiratory System (8%–12%)

Gastrointestinal System (20%–25%)

Renal & Urinary System (3%–7%)

Female Reproductive System & Breast (3%–7%)

Male Reproductive System (1%–5%)

Endocrine System (3%–7%)

Multisystem Processes & Disorders (5%–10%)

Social Sciences (1%–5%)

- Medical ethics and jurisprudence
- Issues related to death and dying and palliative care

Physician Task

Applying Foundational Science Concepts (8%–12%)

Diagnosis: Knowledge Pertaining to History, Exam, Diagnostic Studies, & Patient Outcomes (50%–60%)

Pharmacotherapy, Intervention & Management (30%–35%)

Site of Care

Ambulatory (35%–40%)

Emergency Department (25%–35%)

Inpatient (30%–35%)

Patient Age

Birth to 17 (8%–12%)

18 to 65 (60%–70%)

66 and older (20%–25%)

Return to faculty page

Return to examinee page

DOWNLOAD SAMPLE ITEMS

Have any Questions?

CONTACT US

NBME

3750 Market Street

Philadelphia, PA 19104-3102

M3 Surgery Clerkship Student Expectations

Daily AM
- Print list of patients.
- Write vitals, labs, and ins & outs
- Round on your two patients and prepare soap presentation
- Gather supplies for any wound changes that you anticipate will happen during morning rounds
- you should be participating in all "in room" patient care and dressing changes

Daily rounding:
- You should accompany your resident on rounds when feasible.
- You should follow one or two patients from the pre-op area through the surgery and their post-op care. Introduce yourself to the patient in the pre-op area, participate in their surgery, and round on them daily until they are discharged.
- You should know everything going on with your patient. Feel free to check on them throughout the day.
- Plan to present the patient to your resident at some point. If the morning is busy this might happen later in the day. Sometimes you will also get an opportunity to present to the attending so keep your notes handy and be prepared.

Clinic (Clinical days vary by rotation):
Tuesday – all day
- You should wear business casual, clean white coat and stethoscope to clinic unless instructed otherwise
- If you can try to get your observed H&P done in the clinic. If that is not possible you can try to do it while seeing an inpatient consult.

Wednesdays/Lecture:
- Attire: Business Casual + white coat
- The residents have conference on Wednesday. You will round at Baptist in the morning and then attend conference. After conference, you usually have lecture, so that will be your education day.
- If you have other didactics during the week just let your resident know

OR:
- Know about the surgery and the patient before you are in the OR. Read the clinic notes. If possible, ask to go over any imaging if time allows.
- No one expects you to know the steps of the surgery. You should try to understand the indications for the surgery, some information about the disease process, and the pertinent anatomy. Our attendings are great teachers but if you haven't put some effort in before the case you won't get much out of the experience.
- After meeting the patient in pre-op, stay with the patient. Text the resident when the patient is leaving pre-op to go to the OR and accompany the patient to the OR.
- When you go to the OR make sure that you introduce yourself to the circulating nurse and write your name on the board.
- Introduce yourself to the scrub tech pull your gloves to give to them. The scrub techs are your best friend in the OR and can either make you look like a rockstar or a failure - treat them (and everyone) with respect.
- Help position the patient, see what anesthesia is doing. You may spend more time watching to see how things are done initially but I encourage you to jump in as you get more comfortable.
- 1 medical student should be scrubbed and present for every case.
- Scrub last so you can help with gowning
- If you don't know, ask - it's better to not do anything than to do the wrong thing

Team Dynamics:
- This is a team sport. The more you put into the rotation, the more you will get out of it.
- Remember to always have situational awareness and appropriate timing when asking questions etc. Remember that surgery is scary for many patients.

- If you aren't assigned to scrub a specific case, you are welcome to join a case to watch and learn. Watching is often just as helpful as doing. Other options are to read for cases the next day, prepare a short 5 min presentation on a surgical topic, or to go and round on the team's patients and make sure they're doing okay. Otherwise, take the time to study - you have exams.

Unless otherwise specified, the team leaves together... Always.

Presentation
A surgery presentation is different from a medicine presentation. It should follow a SOAP note format.

Subjective:
Overnight events
Diet tolerance? Nausea? Vomiting?
Pain control?
Bowel function?
Walking in the room? In the halls?

Objective
Vitals
Physical exam – mention pertinent (surgical site exam), drain/NG output character, and anything else abnormal
I&O if its pertinent
Labs (from today only)
Diagnostic studies

Assessment and Plan:
__ year old M/F POD #__ status post __(what surgery)__ for ___

I typically think about this in a system based way – but if there is nothing pertinent in a category I omit it. Think about what we are treating and what we need to get them home

Neuro: pain meds, sedation,
CV: home antihypertensives?
Resp: CPAP? Wean oxygen?
GI: NPO? NGT? Diet?
Renal: Foley? IVF? Electrolyte replacement?
Endo: insulin? Steroids?
Heme: transfusions? Monitoring for drop in hemoglobin?
ID: any antibiotics? Following cultures?
MSK: PT?
Prophylaxis: PPI? DVT prophylaxis

Look at some previous notes or progress notes on other patients for ideas. It's okay to write your SOAP presentation down and reference it as necessary.

Clinical
Students are expected to function with increased autonomy in patient care by doing the following:

- Scrub into all surgeries and actively engage in each procedure
- Develop and strengthen surgical technique
- Participate in clinic by seeing patients, presenting to the attending, and writing their clinic note
- Round on admitted patients with your attending when instructed
- Be available for on-call activities if your attending is scheduled to take call, including weekends

Professionalism
It is the expectation of all students enrolled at the UTHSC to maintain the highest ethical and professional standards as outlined in UTHSC's student policies and guidelines:

- Arrive on-time to all cases, clinic days, and tumor boards
- Engage with all attendings, PA's, residents, MA's, nurses, and staff with respect and a professional manor
- Incorporate and contribute to the team
- Maintain a commitment to patient well-being and be mindful that some patients may have a particularly poor prognosis requiring awareness and sensitivity regarding their stressful situation
- Learn how to participate in difficult conversations with patients

Surgical Oncology

Welcome to the surgical oncology team. As a subspecialty of general surgery, surgical oncology focuses on the surgical management of cancer. On this rotation, you will learn more about how to diagnose, stage, and treat patients with various kinds of malignancies. You will additionally gain an understanding of the multidisciplinary approach to treating many cancers by surgical oncologists, radiologists, medical oncologists, and pathologists. An exciting part of surgical oncology is that there is a wide range of possible diagnoses you will encounter, some of which may require innovative surgical approaches to treat. Some of the various diagnoses include but are not limited to the following:

- Skin cancers
    - Melanoma
    - Squamous Cell Carcinoma
    - Basal Cell Carcinoma
    - Merkel Cell Carcinoma
- Soft Tissue cancers (lipoma, liposarcoma, etc.)
- Breast cancer
- Colon and Rectal cancer
- Hepatocellular carcinoma
- Pancreatic cancer
- Thyroid and Parathyroid cancer

Below you will find the expectations for medical students on this rotation. This is to help you adjust to the rotation so that you are better prepared. Overall, students are expected to become more knowledgeable on how to care for surgical patients, especially surgical oncology patients. If you have any questions about your role as a student, be sure to clarify with the residents and/or attendings on your team. We are excited to have you on service.

M3 Student Expectations while on Surgical Oncology

Educational
Students are expected to learn about the diagnosis, preoperative workup, staging, and surgical management of various kinds of cancer by engaging in the following:

- Review anatomy, pathophysiology, pre- and post-operative management, and other relevant information prior to cases
- Learn relevant information regarding the inpatients you are following
- Attend all Wednesday morning conferences (M&M, grand rounds, etc) and surgery clerkship lectures (notify residents prior to leaving)
- Recommended resources to use throughout the rotation: NCCN guidelines, De Virgilio, Surgical Recall, & UpToDate

Clinical
M3 students are expected to expand their clinical skills and strengthen their patient care by doing the following:

- Scrub into surgeries daily and be engaged - this is where a majority of the learning happens so ask questions
- Learn principles of surgical technique
- Participate in clinic as instructed by your team by seeing patients, presenting to the attending, and writing their clinic note

- Round on patients, present your assessment/plan to the team, and be active members in their care

Professionalism
It is the expectation of all students enrolled at the UTHSC to maintain the highest ethical and professional standards as outlined in UTHSC's student policies and guidelines:

- Arrive on-time to all cases, clinic days, lectures, and Wednesday conferences
- Engage with all attendings, PA's, residents, MA's, nurses, and staff with respect and a professional manor
- Incorporate and contribute to the team
- Maintain a commitment to patient well-being and be mindful that some patients may have a particularly poor prognosis requiring awareness and sensitivity regarding their stressful situation
- Learn how to participate in difficult conversations with patients

Neurosurgery

Instructor: Dr. Madison Michael
Contacts: Drs. Jock Lilliard and Kara Parikh
Assistant: Mistina Pannell (901-522-2621 or mpannell@semmes-murphey.com)

-participate in team table rounds as well as patient rounds
-observe and scrub into surgery
-be engaged, ask questions when appropriate
-be willing to learn about neuroanatomy and neurosurgery as a surgical subspecialty

Daily rounds 0545.
OR M-F at 0730, excused for academic conferences.
Clinic requirements: ROH Tuesdays 0900, MUH Thursdays 0800.
Conferences: Monday night 1700, Wednesday mornings 0700, Journal Club 3rd Thursday of each month at 1800.
No required presentations.

Orthopedic Surgery

Instructor: Dr. Clayton Bettin
Contact: Vivian Bach (901-759-3107 or vbach@campbellclinic.com)

Clinic Days
•Be on time, Be prepared, Be polite, Be positive
•White coat and professional dress
•Introduce yourself to the physician, assistants, and ancillary personnel
•You are a guest at the Campbell Clinic and hospitals. Important patient care occurs, participate but do not interfere
•Leave your cellphone in your bag
•Bring a lunch or snack
•Residents will be your best asset/friend for knowledge and flow
•Know anatomy

Otolaryngology

Instructor: C. Burton Wood
Contact: Juanita Wallace-Keys (901-448-5886 or jkeys@uthsc.edu)

Head and Neck Surgery is a surgical subspecialty focused on the diagnosis and treatment of diseases affecting the upper aerodigestive tract and adjacent structures, including the ears, nose and skull base, and structures of the oral cavity and larynx. We additional manage disorders of the salivary and thyroid/parathyroid glands. Students rotating on this service will be exposed to a broad range of our procedures and will be expected to scrub surgeries in order to learn complex head and neck anatomy, technique for retracting as surgical assistants, and learning basic suturing technique.

Students additionally will be expected to round on inpatient services with the resident team and assist team members with daily floor work. There also will be exposure to outpatient Otolaryngology services and procedures in our clinics.

Thoracic Surgery

Instructor: Dr. Thomas Ng
(tng4@uthsc.edu)

Student will learn the fundamentals of both basic and clinical sciences of thoracic surgical disease. In addition, the student will learn the clinical presentation, diagnostic work up and treatment of both benign and malignant diseases of the lungs, esophagus, trachea, mediastinum and chest wall. Student is expected to evaluate and care for patients during office clinics, in the emergency room, and on the hospital wards. Student is also expected to spend time in the operating room, learning and assisting during thoracic surgical procedures. Time may also be spent with other specialties such as medical oncology, radiation oncology, diagnostic imaging, pulmonary medicine and pathology. The student will attend and participate at weekly thoracic teaching conference and attend weekly thoracic oncology tumor board.

Night call is optional. The student may elect to be called to evaluate and care for patients with thoracic emergencies. The student may elect to be called to assist during emergent thoracic procedures.

The student will be evaluated by the course leader, attending staff from other specialties and senior surgery residents; with the course leader coordinating the final evaluation.

Transplantation Service

Instructor: Dr. Nosratollah Nezakatgoo
Fellow: Dr. Sushruta Nagarkatti
Assistant: Jalisa Bishop (Jalisa.Bishop@mlh.org)

1) Every Monday Morning sign out meeting from 8am to 9 am in the conference room (Shorb 4th floor): Mandatory
Medical students are expected to attend liver transplant selection meeting every Monday 1:30-2:30, kidney selection meeting every Friday 1:00-2:00 pm.

2) Medical students are expected to pre-round with either PGY-3 general surgery resident or Fellow. Transplant fellows are extremely busy most of the times. If they can't find the fellow for pre-round, they have to do pre round with residents.
3) Students will write medical student's progress notes for at least 3 patients every day and submit it to either the PGY-3 MS resident or Fellow.
4) Students are expected to round with the Attending surgeon on duty (liver service and kidney service; rotating alternate week).
5) Students are expected to observe at least 2 liver transplant (scrub in and observe whole surgery), 2 kidney transplant, 2 back table preparations of the kidney, 1 hand-assisted donor nephrectomy, and 2-5 vascular excess surgery. Procurement is an option. Many students show interest to observe procurement, which is welcomed but is optional.
6) At the last week of the rotation, the medical student will meet with PGY-3 resident or a fellow for feedback.
7) We don't take an assessment/exam. There are usually no didactic classes. Dr. Nezakatgoo might ask the student to prepare and present a certain topic. It depends on his availability. We observe and guide them on a daily basis.

Leave the following blank if you are the evaluator.

I am submitting this evaluation on behalf of:

It is appropriate for me to evaluate this student (i.e. no familial, personal, doctor-patient relationship).

Yes No

Please choose the option that best describes this student. Please note that scores will be adjusted according to the individual student's level within the academic year (or 3rd year).

Complete Evaluation for Rubric "2023-24 EPA 03: Recommend & interpret tests"

	Not meeting expectations for third-year clerkships						Exceeding expectations for third-year clerkships
Provide rationale for decision to order tests, taking into account available evidence-based practices and patient preference	○ Unable to justify or recognize use of testing	○	○ Inappropriately recommends tests	○	○ Recommends mostly appropriate and patient-centered testing	○	○ Recommends consistent evidence-based and patient-centered testing
Interpret results of basic studies	○ Cannot explain clinical importance of results	○	○ Fails to recognize or react to abnormal results	○	○ Interprets and reports clinically relevant results	○	○ Distinguishes common, insignificant abnormalities from clinically important ones

Complete Evaluation for Rubric "2023-24 EPA 06: Oral presentation of clinical encounter"

	Not meeting expectations for third-year clerkships						Exceeding expectations for third-year clerkships
Data organization and presentation skills	○ Presentation is disorganized, or is often not prepared to present.	○	○ Presentation is somewhat organized, but key elements are incompletely or exhaustively addressed.	○	○ Presentation is organized and succinct but the assessment and/or plan are underdeveloped.	○	○ Presentations are consistently organized, succinct, and prioritized with a well-reasoned assessment and plan
Ability to adjust the oral presentation to the situation or the audience	○ Does not make appropriate adjustments.	○	○ Makes some appropriate adjustments, but key elements are mishandled.	○	○ Makes appropriate adjustments to length or complexity with prompting.	○	○ Consistently makes appropriate adjustments to the length and complexity depending on the clinical situation and audience.

Complete Evaluation for Rubric "2023-24 EPA 07: Evidence-based medicine"

	Not meeting expectations for third-year clerkships (5.5)	(6.75)	(7.55)	(7.85)	(8.45)	(8.85)	Exceeding expectations for third-year clerkships (10)
Develop well-formed, pertinent clinical questions (1 point)	○ Unaware of medical knowledge gaps Not actively engaged in asking questions or seeking new information	○	○ Occasionally asks relevant questions with prompting	○	○ Begins to independently form clinical questions	○	○ Develops well-formed, pertinent clinical questions and demonstrates active engagement in learning by asking questions or seeking new resources
Utilize appropriate evidence-based resources to answer clinical questions (1 point)	○ Unaware of available resources Declines to use new information technologies due to unfamiliarity or unwillingness	○	○ Uses vague or inappropriate search strategies Unable to cite primary source where information was gleaned	○	○ Routinely refers to peer reviewed resources to acquire relevant information	○	○ Interprets, articulates, and applies acquired information to clinical situation

Complete Evaluation for Rubric "2023-24 EPA 09: Interprofessionalism"

	Not meeting expectations for third-year clerkships (5.5)	(6.75)	(7.55)	(7.85)	(8.45)	(8.85)	Exceeding expectations for third-year clerkships (10)
Multidisciplinary team communication and respect (1 point)	○ Dismisses input from nonphysician members of team	○	○ Exhibits limited participation with or does not consistently incorporate input from other team members	○	○ Engages actively with other members of the team and incorporates their input	○	○ Discusses recommendations and collaborates with interprofessional team members when appropriate

Complete Evaluation for Rubric "2023-24 EPA 10: Recognize & initiate urgent care"

	Not meeting expectations for third-year clerkships (5.5)	(6.75)	(7.55)	(7.85)	(8.45)	(8.85)	Exceeding expectations for third-year clerkships (10)
Recognize severity of a patient's illness and indications for escalating care (1 point)	○ Unable to recognize medical emergencies Fails to seek help when a patient requires urgent or emergent care	○	○ Recognizes abnormal vitals and decompensating patients	○	○ Recognizes decompensating patient and initiates appropriate emergent intervention (e.g. BLS)	○	○ Responds appropriately to clinical deterioration and seeks timely help

Complete Evaluation for Rubric "2023-24 EPA 11: Informed consent"

	Not meeting expectations for third-year clerkships (5.5)	(6.75)	(7.55)	(7.85)	(8.45)	(8.85)	Exceeding expectations for third-year clerkships (10)
Describe the key elements of informed consent: indications, contraindications, risks, benefits, alternatives and	○	○	○	○	○	○	○

	Not meeting expectations for third-year clerkships (6.6)	(6.75)	(7.65)	(7.85)	(8.45)	(8.85)	Exceeding expectations for third-year clerkships (10)
potential complications of the intervention (1 point)	Unable to articulate any of the elements of informed consent		Misses multiple key elements of informed consent due to limited understanding		Describes the key elements of informed consent, but may require some prompting		Able to articulate the key elements of informed consent accurately and completely

Complete Evaluation for Rubric "2023-24 EPA 12: Perform general procedures"

	Not meeting expectations for third-year clerkships (6.6)	(6.75)	(7.65)	(7.85)	(8.45)	(8.85)	Exceeding expectations for third-year clerkships (10)
Demonstrates technical skills required for the procedure (1 point)	○ Unable to perform the procedure secondary to lack of preparation or understanding.	○	○ Unable to complete procedure alone due to having only basic technical skills / understanding	○	○ Performs important aspects of the procedure with close supervision	○	○ Consistently performs procedure correctly
Understands the anatomy, physiology, indications, contraindications, risks, benefits, alternatives, and potential complications of the procedure (1 point)	○ Displays obvious knowledge gaps or unprepared for procedure	○	○ Verbalizes key procedural elements with prompting	○	○ Verbalizes key procedural elements without prompting	○	○ Verbalizes key procedural elements, anticipates complications, and considers alternatives for the procedure

Complete Evaluation for Rubric "2023-24 CC Professionalism"

	(6.6)	(6.75)	(7.65)	(7.85)	(8.45)	(8.85)	(10)
Identifies limitations and gaps in knowledge, skill and experience **Seeks and incorporates feedback to improve** (1 point)	○ May demonstrate overconfidence by not seeking help or lacks awareness of limitations May become defensive	○	○ Demonstrates limited help-seeking behavior to fill gaps in knowledge, skill, and experience	○	○ Open and accepting of feedback and makes an effort to improve	○	○ Initiates help-seeking behaviors and seeks feedback often; recognizes limitations and integrates input from others to improve
Professional attributes and responsibilities (1 point)	○ Frequently inappropriate behavior (unavailable, not reliable, inappropriate attire, erratic attendance, or socially aggressive)	○	○ Occasional lapses in professional behavior (poor confidentiality, poor choice of language, occasionally late, poor communication)	○	○ Meets expected standards for professionalism (punctual, demonstrates mutual respect with patients and team members)	○	○ Exceeds high professional standards (follows through on tasks, punctual, behaves ethically, maintains poise under pressure, admits mistakes and changes behavior).
Demonstrates duty and accountability to patients, the healthcare team, and the profession of medicine (1 point)	○ Does not fulfill obligations of seeing and reporting on assigned patients Insensitive, disrespectful, or arrogant	○	○ Fulfills basic requirements of seeing patients May have difficulty establishing rapport with patients, families, or team members	○	○ Is an active member of team going beyond basic requirements for patient care Relates well to most patients, families, and team members	○	○ Assumes true ownership of his/her patients and anticipates patient and team needs Easily establishes rapport with patients, families, and team mem-

	(5.5)	(6.75)	(7.55)	(7.85)	(8.45)	(8.95)	(10) bers

Overall Narrative Feedback

Summative Narrative Comment (not automatically included on the MSPE/Dean's letter): Please include at least 4 sentences with specific examples when possible. Please include discussion of at least 1-2 strengths and 1-2 areas for improvement. Please include a comment for any EPA marked below average.

I have provided the student verbal and/or written feedback.

◯ Yes ◯ No

GENERAL SURGERY ROTATIONS (4 WEEKS)

Surgical Oncology at Baptist (Dr. Justin Monroe)
- Residents: Intern, 5th year (contact)
- Rounds: Rounds are completed in the morning before cases. Help get the vitals and lab values for the rounding list. A lot can be learned by looking at the trends and what subtle changes turn out to be important in-patient care
- Surgery: oncology cases but also including general surgery. Read about the cases prior as much of the teaching will occur intraoperatively. Especially knowing TMN staging, workup, pathophysiology and anatomy. Work on knot tying and suturing skills for skin closure
- Clinic: see patients and write notes, work on focused H&P skills

Surgical Oncology at Regional One Health (Drs. Evan Glazer & Liz Wood)
HPB and Colorectal Surgery at ROH
- Residents: Intern, 3rd year, 5th year
- Rounds: Rounds are completed in the morning before cases. The intern and 5 round and the 3 and 5 round. Students are expected to pre-round with the residents. Help get the vitals and lab values for the rounding list. Student are expected to round with the attending.
- Surgery: oncology cases but also including complex general surgery. Read about the cases prior as much of the teaching will occur intraoperatively. Especially knowing TMN staging, workup, pathophysiology and anatomy. Work on knot tying and suturing skills for skin closure. Work on immediate post operative care.
-Inpatient: Help evaluate consultations including ED, post op patients, etc.
- Clinic: see patients and write notes, Work on focused H&P skills

VA General Surgery (Dr. Carter McDaniel)
- Residents: Intern, 2nd year, 4th year, 5th year (contact)
- Rounds: Rounds are completed in the morning before cases and conference. The PGY1 is responsible for comprehensive care of the floor patients, while the PGY2 is responsible for the ICU patients. The rounding list will be updated with labs and vitals prior to rounds.
- Surgery: General surgery cases, including colorectal, biliary, hernia, acute care, feeding access. Etc. Read about the cases prior as much of the teaching will occur intraoperatively. Work on knot tying and suturing skills for skin closure
- Clinic: see patients and write notes, work on focused H&P skills

Acute Care Surgery at Methodist University (Dr. Ben Powell)
- Residents: Intern, 2nd year, 4th year (contact)
-Rounds: Rounds are completed in the morning before cases and conference. The PGY1 is responsible for comprehensive care of the floor patients, while the PGY2 is responsible for the ICU patients. The rounding list will be updated with labs and vitals prior to rounds.
- Surgery: General surgery cases, including colorectal, biliary, hernia, acute care, feeding access. Etc. Read about the cases prior as much of the teaching will occur intraoperatively. Work on knot tying and suturing skills for skin closure
- Clinic: see patients with residents, work on focused H&P skills

Regional One Health General Surgery (Drs. Nabajit Choudhury and Nia Zalamea)
ROH General Surgery is a brand new rotation for the residents and the attending starting July 1, 2020. It will be run by Dr. Choudhury who will have an R-3 and an R-1, and will include endoscopy. No further details are available at this time

ROH GENERAL SURGERY RESPONSIBILITIES
Students will pick up at least 3 patients. The daily schedule varies depending on the day.

MONDAY-FRIDAY

1. Preround on your patients
2. Attend turnover rounds in the Trauma Training Center at 7 AM (6:30 Wednesdays)
3. Round with second and 4th year residents and present your patients
4. Scrub on OR cases
5. Round with attending and rest of team and present your patients.

SATURDAY AND SUNDAY IF ROH GENERAL SURGERY RESIDENT IS COVERING

1. Only round on one of the weekend days. If two students, one each day.
2. Arrange time to meet 4th year resident at end of rounds on Friday.
3. Preround on your patients
4. Round with 4th year resident and present your patients

SATURDAY AND SUNDAY IF ROH TRAUMA RESIDENT IS COVERING

1. Only round on one of the weekend days. If two students, one each day.
2. Preround on your patients
3. Attend turnover rounds in the Trauma Training Center at 7 AM
4. Check out your patient with the incoming trauma attending or chief **if available**. If not, OK to go home after texting same to chief

IMPORTANT CONTACTS FOR EACH ROTATION

Baptist Surgical Oncology – Page the chief resident. Please contact Julia McGowan for an Baptist ID badge at 901-226-5582 or 901-226-5520. The office is open Mon-Fri but every other Monday, so please call ahead to see if they are open.

ROH Surgical Oncology – Please contact Drs. Liz Wood or Evan Glazer preferably one week prior. You may also contact the chief resident/fellow on the first day at 7:00am. On orientation day, please contact the chief resident/fellow after orientation. Prior to your assignment date, get an ID badge from Security located on the 1st floor Chandler (Carolyn Witt 545-7700).

Regional One Health General Surgery– Please see the Resident Assignment schedule and contact the chief resident. Prior to your assignment date, get an ID badge from Security located on the 1st floor Chandler (Carolyn Witt 545-7700). Go to TTC on your first day at 7 AM.

VA General Surgery – Please contact the chief resident. Please sure to follow the instructions for VA access. You may contact the Surgery Clerkship Coordinator for this information.

Methodist University Acute Care Surgery - For a badge, please go to Security located across from the medical staff auditorium (close to the East Wing Elevators). Please contact the chief resident.

Regional One Health Trauma– Please see the Resident Assignment schedule and contact the chief resident or PGY2 of your assigned team. Prior to your assignment date, get an ID badge from Security located on the 1st floor Chandler (Carolyn Witt 545-7700). Go to TTC on your first day at 7 AM.

Cardiothoracic (CT) Baptist – Please contact Dr. Garrett at 901-524-8430 (pager) or Beverly Spain at 901-747-1249 (office). Please contact Ms. Bishop for additional contact information if you are unable to reach them. Please contact Julia McGowan for an Baptist ID badge at 901-226-5582 or 901-226-5520. The office is open Mon-Fri but every other Monday, so please call ahead to see if they are open.

Thoracic Methodist University/Baptist – Please contact Dr. Thomas Ng at tng4@uthsc.edu. For a Methodist hospital badge, please go to Security located across from the medical staff auditorium (close to the East Wing Elevators). For Baptist, please contact Julia McGowan for an Baptist ID badge at 901-226-5582 or 901-226-5520. The office is open Mon-Fri but every other Monday, so please call ahead to see if they are open.

Transplant Methodist University – Page Dr. Nezakatgoo (351-3998). For a badge, please go to Security located across from the medical staff auditorium (close to the East Wing Elevators). Please contact the chief resident.

LeBonheur Pediatric Surgery – Please contact Dr. Cory McLaughlin or Shannae Staten at 901-287-6300. Please see Shannae Staten for a badge and handbook.

Plastic Surgery (Lebonheur, ROH, VA) – Please contact Briana Hudson at janine.hudson@uthsc.edu and Dr Xiangxia Liu at xliu99@uthsc.edu on your first day. Prior to your assignment date, get a ROH ID badge from Security located on the 1st floor Chandler (Carolyn Witt 545-7700). Please sure to follow the instructions for VA access. You may contact the Surgery Clerkship Coordinator for this information.

Vascular Surgery (Lebonheur, ROH) – Please page the intern or fellow listed under the ROH Vascular Surgery service on your first day. Drs. Mitchell, Bhatt, and Rojas are the attendings. Prior to your assignment date, get an ID badge from Security located on the 1st floor Chandler (Carolyn Witt 545-7700).

Burns (ROH) - Please contact Briana Hudson at janine.hudson@uthsc.edu and Dr. Mahmoud Hassouba at mhassoub@uthsc.edu on your first day. Prior to your assignment date, get a ROH ID badge from Security located on the 1st floor Chandler (Carolyn Witt 545-7700).

Neurosurgery at Semmes-Murphey – Dr. Madison Michael, 6325 Humphreys Blvd. Please contact Mistina Pannell at 901-522-2621 or mpannell@semmes-murphey.com **right after receiving approval and before the start of your rotation. Approximately one week prior to your start date with Neurosurgery, please contact Drs. Lillard and Parikh at jlillar1@uthsc.edu and kparikh3@uthsc.edu.**

Other electives requiring approval:

Anesthesiology
Ophthalmology
Neurosurgery
ENT
Urology
Orthopedics Surgery

Wednesday Conferences

Conferences are held <u>in person</u> in the Coleman Bldg, South Auditorium

Attire: Business Casual + white coat

	Morbidity & Mortality (M&M)	**Surgery Grand Rounds (8 - 9 AM)**		**This Week In Score (TWIS) 9 :00 - 10:30 AM**	
Date	7 - 8 AM	Presenter (s)	Topic	Presenter | (Facilitator{s})	Topic

Surgery Lectures, Labs, and Professor Rounds

All are held on Wednesday afternoons

SKILLS

LAB

*	**	***
KNOT-TYING	**SUTURE**	**AIRWAY**
EASTERDAY	DELOZIER & WOOD	RANK
Time: TBA	**Time: TBA**	**Time: TBA**
Date: TBA	**Date: TBA**	**Date: TBA**

* COLEMAN BLD, Room A138

** MITCHELL RESEARCH LAB/COLEMAN E203

*** CHIPS - 26 S. DUNLAP, ROOM TBA

	Monday	Tuesday	Wednesday	Thursday	Friday
ROH TRAUMA	7:30 Trauma conference (after turnover) See ROH block calendar Trauma clinic 12:00-3:00 (once every 3 weeks)		7:00 Departmental M&M (15) weekly 8:00 Grand Rounds (15) weekly 9:00 This Week In Score (15) weekly See schedule for Professor Rounds, Lecture, and Labs (mostly from 12:30-5:00pm) 2:00 Knot Tying Lab (16) 2:00 Suture Lab (3) 1:00 Airway Lab (14)	Trauma clinic 12:00-3:00 (once every 3 weeks)	
SURGICAL ONCOLOGY AT BAPTIST			7:00 Departmental M&M (15) weekly 8:00 Grand Rounds (15) weekly 9:00 This Week In Score (15) weekly See schedule for Professor Rounds, Lecture, and Labs (mostly from 12:30-5:00pm) 2:00 Knot Tying Lab (16) 2:00 Suture Lab (3) 1:00 Airway Lab (14)		
SURGICAL ONCOLOGY AT REGIONAL ONE HEALTH			7:00 Departmental M&M (15) weekly 8:00 Grand Rounds (15) weekly 9:00 This Week In Score (15) weekly See schedule for Professor Rounds, Lecture, and Labs (mostly from 12:30-5:00pm) 2:00 Knot Tying Lab (16) 2:00 Suture Lab (3) 1:00 Airway Lab (14)		
GENERAL SURGERY REGIONAL ONE HEALTH	Clinic 8:00-5:00		7:00 Departmental M&M (15) weekly 8:00 Grand Rounds (15) weekly 9:00 This Week In Score (15) weekly See schedule for Professor Rounds, Lecture, and Labs (mostly from 12:30-5:00pm) 2:00 Knot Tying Lab (16) 2:00 Suture Lab (3) 1:00 Airway Lab (14) Clinic 1:00-5:00		

VA GENERAL SURGERY		7:00 Vascular Conf (8) (O)	7:00 Departmental M&M (15) weekly 8:00 Grand Rounds (15) weekly 9:00 This Week In Score (15) weekly See schedule for Professor Rounds, Lecture, and Labs (mostly from 12:30-5:00pm) 2:00 Knot Tying Lab (16) 2:00 Suture Lab (3) 1:00 Airway Lab (14)		

ACUTE CARE/M.I.S. METHODIST UNIVERSITY			7:00 Departmental M&M (15) weekly 8:00 Grand Rounds (15) weekly 9:00 This Week In Score (15) weekly See schedule for Professor Rounds, Lecture, and Labs (mostly from 12:30-5:00pm) 2:00 Knot Tying Lab (16) 2:00 Suture Lab (3) 1:00 Airway Lab (14)		
CT BAPTIST		7:00 Vascular Conf (12) Location changes. Please see Dr. Garrett for the location.	7:00 Departmental M&M (15) weekly 8:00 Grand Rounds (15) weekly 9:00 This Week In Score (15) weekly See schedule for Professor Rounds, Lecture, and Labs (mostly from 12:30-5:00pm) 2:00 Knot Tying Lab (16) 2:00 Suture Lab (3) 1:00 Airway Lab (14)		
THORACIC SURGERY METHODIST UNIVERSITY & BAPTIST			7:00 Departmental M&M (15) weekly 8:00 Grand Rounds (15) weekly 9:00 This Week In Score (15) weekly See schedule for Professor Rounds, Lecture, and Labs (mostly from 12:30-5:00pm) 2:00 Knot Tying Lab (16) 2:00 Suture Lab (3) 1:00 Airway Lab (14)		

TRANSPLANT METHODIST UNIVERSITY			7:00 Departmental M&M (15) weekly 8:00 Grand Rounds (15) weekly 9:00 This Week In Score (15) weekly See schedule for Professor Rounds, Lecture, and Labs (mostly from 12:30-5:00pm) 2:00 Knot Tying Lab (16) 2:00 Suture Lab (3) 1:00 Airway Lab (14)		
PEDIATRIC SURGERY LEBONHEUR		Outpatient Clinic – P.M. (9)	7:00 Departmental M&M (15) weekly 8:00 Grand Rounds (15) weekly 9:00 This Week In Score (15) weekly See schedule for Professor Rounds, Lecture, and Labs (mostly from 12:30-5:00pm) 2:00 Knot Tying Lab (16) 2:00 Suture Lab (3) 1:00 Airway Lab (14)		Outpatient Clinic – P.M. (9)
PLASTIC SURGERY	8:00-12:00 Burn Clinic (17)		7:00 Departmental M&M (15) weekly 8:00 Grand Rounds (15) weekly 9:00 This Week In Score (15) weekly See schedule for Professor Rounds, Lecture, and Labs (mostly from 12:30-5:00pm) 2:00 Knot Tying Lab (16) 2:00 Suture Lab (3) 1:00 Airway Lab (14)	8:00-12:00 Plastic Clinic (17) 1:00-5:00 Plastic Clinic (17)	
VASCULAR SURGERY	8:30-3:00 Clinic (18)	7:00 Conference (18)	7:00 Departmental M&M (15) weekly 8:00 Grand Rounds (15) weekly 9:00 This Week In Score (15) weekly See schedule for Professor Rounds, Lecture, and Labs (mostly from 12:30-5:00pm) 2:00 Knot Tying Lab (16) 2:00 Suture Lab (3) 1:00 Airway Lab (14)	7:00 Conference (18)	8:30-3:00 Clinic (18)

BURN	8:00-12:00 Burn Clinic (17)		7:00 Departmental M&M (15) weekly 8:00 Grand Rounds (15) weekly 9:00 This Week In Score (15) weekly See schedule for Professor Rounds, Lecture, and Labs (mostly from 12:30-5:00pm) 2:00 Knot Tying Lab (16) 2:00 Suture Lab (3) 1:00 Airway Lab (14)	8:00-12:00 Plastic Clinic (17) 1:00-5:00 Plastic Clinic (17)	
NEUROSURGERY SEMMES-MURPHY	Daily rounds at 0545 OR M-F at 0730 (excused for academic conferences) Neurosurgery Conference at1700	Daily rounds at 0545 OR M-F at 0730 (excused for academic conferences) ROH Clinic at 0900	7:00 Departmental M&M (15) weekly 8:00 Grand Rounds (15) weekly 9:00 This Week In Score (15) weekly See schedule for Professor Rounds, Lecture, and Labs (mostly from 12:30-5:00pm) 2:00 Knot Tying Lab (16) 2:00 Suture Lab (3) 1:00 Airway Lab (14) 9:00-2:30 Clinic Brain Tumor Conference (1st and 3rd Weds) (11)	Daily rounds at 0545 OR M-F at 0730 (excused for academic conferences) MUH Clinic at 0800 Neurosurgery Journal Club (3rd Thursday each month at 1800)	Daily rounds at 0545 OR M-F at 0730 (excused for academic conferences)

1 - MEDPLEX 4th Floor
2 – 910 Madison Conference Room, 2nd Floor, Room 210
3 – Mitchell Research Lab/Coleman E203
4 – Coleman South Aud, Room A137
5 – Coleman North Aud, Room A117
6 – Medical Education Conference Room 2 (MUH)
7 – Medical Staff Auditorium (MUH)
8 – 3rd Floor VA Conference CW345
9 – Lebonheur Children's Hospital
10 – Baptist Hospital, Suite 301
11 – 920 Madison, Suite 640
12 – 910 Madison Conference Room, 4th Floor, Room 424
13 – Chandler,6th Floor, Dept of Anesthesiology Conf Room
14 – CHIPS Building, 26 S. Dunlap, Room TBD
15 – Zoom
16 – Coleman Bldg, Room TBD
17 – 890 Madison, Suite 180
18 – 880 Madison, Vascular Institute Clinic/office
O – optional
** Attend only if General Surgery conferences are cancelled

Surgery Clerkship
Mid-Rotation Feedback on Student Performance

Student: Complete Part I (Student Self-Assessment) and Part II – Review with the Resident/Attending you spent considerable time with
Resident/Attending: Complete Part I and Part III

Student's Name:_____

Part I:

	Student's Self-Assessment		Resident's/Attending's Assessment of Student		
	Competent: At or above expected performance	**Needs Improvement**	**Competent: At or above expected performance**	**Needs Improvement**	**Unacceptable: Requires Attention**
Patient Care					
Takes an effective history and PE (EPA 1)					
Demonstrates technical skills (EPA 12)					
Generates differential diagnosis (EPA 2)					
Ability to recognize & initiate urgent care (EPA 10)					
Generates & manages treatment plan (EPA 10)					
Systems-based Practice					
Teamwork (EPA 9)					
Interpersonal/Communication Skills					
Communication with Patients/Families					
Written Communication					
Oral Presentation Skills (EPA 6)					
Professionalism & Reliability					

Part II:

Student: What am I doing well? What skills do I need to improve? What can I do to advance my performance?

Part III:

Resident/Attending: What skills does the student need to improve? What can the student do to advance his/her performance? This does not count towards the Student's overall grade but is used to identify problem areas.

In addition, I reviewed the following logged diagnoses/procedures with the student to assure participation and appropriate learning.

____ Acute abdomen	____ Hernia	____ Abd Ultrasound (FAST)	____ NG insertion
____ Bowel obstruction	____ Pancreatitis	____ Foley insertion	____ ABG/Art line insertion
____ Breast disease	____ Post-op infection	____ IV insertion	____ Wound closure
____ Gallbladder disease	____ Trauma		

Evaluator's Printed Name: _____ **Evaluator's Signature**: _____ **Date:**_____

Student's Signature: _____ **Date:**_____

Please return this form to the Surgery Clerkship Coordinator

CASE LOGS & TIME LOGS

Below is the template for completing the logs on the surgery rotation with some examples. This will likely be different than other rotations' requirements. Basically, we need enough description that it's painfully obvious that you were involved/performed the procedure:

· **Diagnosis log template**:

Select: Competency (diagnosis). **Use only one diagnosis for each patient,** so do not use "diverticular disease" and "bowel obstruction" on the same patient. In addition, the presence of an unrelated condition does not count a a diagnosis. For example, if a patient with breast cancer is involved in an MVC, you can log her as a "trauma" but not "breast disease".

Select: Level of participation as **"active participant"**. DO NOT USE "alternative experience – standardized patient" or "alternative experience – online case". You must participate in the care and/or surgical procedure of a patient with that diagnosis.

Select: Preceptor. Name of faculty or resident involved. If not found, select N/A.

Include in paragraph (about 1 sentence each):

Involved supervisor (name of faculty or resident)
Presenting signs/symptoms of patient
Pertinent exam/labs/studies
Final diagnosis/treatment plan
One thing you learned from this patient/diagnosis

For example:
Competency "gallbladder disease"
This is a 45 yo female who presented with persistent postprandial RUQ pain following ingestion of a fatty meal. My exam demonstrated a Murphy's sign. WBC was 13k with a left shift, but LFT's were normal. Ultrasound of the gallbladder revealed gallstones, a thickened gallbladder wall and pericholecystic fluid. She was admitted and scheduled for lap cholecystectomy. I scrubbed on the case with Dr. ____ and I drove the camera. We identified the cystic artery and cystic duct and were able to obtain the "critical view" prior to removal of the gallbladder, I learned the classic history of a patient with cholelithiasis and/or cholecystitis and how to examine for a Murphy's sign.

Here are the required competencies (one of each):

DX Ultrasound- Abdomen
Foley Insertion
IV Insertion
NG Insertion
Perform ABG
Would Closure
Acute Abdomen
Bowel Obstruction
Breast Disease (non-trauma)
Gall Bladder Disease
Hernia
Post-Operative Infection
Unique Condition (must be Pancreatitis or Trauma)

· **Procedure log template**:

SURGICAL SKILLS (MUST BE PERFORMED ON PATIENTS NOT MANNEQUINS)

Select: Competency (procedure) Students may use the same patient for multiple procedure/skill competencies but must have a separate paragraph for each competency.

Select: Level of participation **"PERFORMED". DO NOT USE "observed" or "assisted**". You must actually perform the procedure on a live patient, no simulation. In addition, you must be successful performing the procedure.

Select: Name of faculty, resident or job description for other health care personnel such as "respiratory therapist"

Include in paragraph:

Indication for procedure
Key steps
State level of involvement using active language (e.g. I sutured the wound, etc.)
What you learned

For example:
Competency 'wound closure"
The patient was a 25 yo male admitted after a stab wound to the abdomen with obvious peritoneal penetration. The patient had an ex lap with Dr.'s Lenart and Ferguson, in which the small bowel was repaired. After they closed the fascia, Dr. _____ and I closed the skin with staples. I learned that it is important to evert the skin edges in order to have a better cosmetic result.

If you are completing your clerkship that started in another block, please enter all log information under the original block. You may need to "switch terms" if it was a different academic year.

If you have any questions about this, feel free to contact Dr. Fleming, Dr. Monroe, or Ms. Bishop.

Case logs and time logs must be entered in eMedley by 5:00pm on the last day of the clerkship.

NON-ROH RESPONSIBILITIES

On the first day on the service, introduce yourself to the attendings, fellows and residents. Give them your cell number and make sure you have the right ones for them. The students should obtain a list of inpatients and divide them. Each student should cover AT LEAST 3 patients. The student will scrub on all of their patients' procedures and will follow each patient for his/her whole hospitalization including the ICU. Daily progress notes should be written for all patients who are admitted.

Discuss the method of obtaining the following day's operative schedule with your team and distribute the next day's cases among the students on the team. Obviously, read about these cases and your patients. Most elective cases already have a complete history and physical performed, but students should interview their assigned operative patients and do a quick H&P of the operative site in the holding area. Again, if the patient whose case the student scrubbed on is admitted, they should also pick up that patient in addition to the others already assigned.

Emergency admission should be seen with the residents/attending and distributed among the students on the team. A focused H&P should be done by the student who sees that patient in the ER. The student should then follow that patient throughout his/her admission, including scrubbing on any cases.

Timing of rounds on every service change from day to day. Frequently the time is set the evening before after check-out rounds. Sometimes the start times will change emergently, so you may get a late PM or early AM text from your resident re: schedule changes.

ROH TRAUMA RESPONSIBILITIES

(PLEASE NOTE: Some of this information will change beginning July 2023. Please follow the ROH Trauma schedule and discuss with your residents)

All students will rotate on the ROH trauma rotation for two weeks, spending the entire time being with one of three teams. On day 1 of the team's 3-day rotation, students will join their chief for the trauma service takebacks, elective surgery, etc. This is an 8ish hour day. Day 2 students will round on the floor with their attending and chief, and present their 3 patients. They will also attend Shock Trauma's and scrub on trauma cases. This is a 24-hour day, however students will not be on 24-hour call on Tuesdays or the last day of their 2-week rotation, due to their Wednesday conferences, and their full day duties on their next rotation. Day 3 students are off (except for didactic responsibilities).

Trauma pagers should be obtained from Ms. Bishop. Instructions on how to hand off and return the pagers will be provided.

After orientation on the first day of the surgery rotation, text the chief on your team, even if a team is "off".

Turnover rounds start at 7 AM in the Trauma Training Center (TTC) **except Wednesdays when turnover rounds are at 6:30 AM**.

DAY 1 OF 3 DAY ROTATION

1. Go to turnover rounds in the TTC at 7 am (6:30 on Wednesdays due to conferences)
2. Stay with your chief to scrub on takebacks, "elective" trauma cases, etc.
3. See your 3 floor patients between cases and discuss them with your chief and/or attending
4. If all elective cases are complete, you may scrub on subspecialty cases. Let your chief know if this is planned and contact him/her when the subspecialty case is over.
5. Attend any scheduled conferences and labs.

DAY 2 OF 3 DAY ROTATION

1. Preround on your floor patients.
2. If your patient gets transferred to a SDU or ICU, do not continue to follow that patient as they are followed by different attendings and residents. Instead, pick up another floor patient, preferably one on whose case you scrubbed.
3. Go to turnover rounds in the TTC at 7 am **(6:30 on Wednesdays due to conferences)**
4. Round with your attending, chief, and floor intern
5. Present your floor patient during rounds
6. Attend all Shock Trauma 1's with your chief. Rounds will be paused.
7. Scrub on any trauma cases with your chief. Distribute these between the students on that team.
8. After the Shock Trauma or trauma case, return to rounds with your chief.
9. After rounds are complete, students may also attend Shock Trauma 2's and scrub on subspecialty cases. Let your chief know if this planned and contact him/her when the subspecialty case is over.
10. This team also covers emergency general surgery at night and during the weekend. Students should see these patients in the ER with their chief and scrub on these cases.
11. Attend any scheduled conferences and labs.

DAY 3 OF 3 DAY ROTATION

1. The team has no clinical responsibilities
2. Attend any scheduled conferences or labs

DUTIES AT SHOCK TRAUMA 1'S

1. cut off clothes
2. draw femoral vein ABG/VBG's and blood
3. start IV's
4. insert Foley catheters
5. insert NG and/or OG tubes
6. perform and interpret FAST exam
7. put in chest tubes (with significant supervision)
8. apply splints (in conjunction with orthopedics)
9. interpret labs and radiographs
10. accompany critically ill patients to CT/angio if all/part of your team is doing so
11. Scrub on emergent trauma cases

DUTIES AT SHOCK TRAUMA 2'S

1. Any above duties of Shock Trauma 1's as approved by ER physician

(CRITERIA SHOCK TRAUMA 1 - HR > 130 (> 110 for geriatric patients), HR < 50, SBP < 90 (< 100 for geriatric patients), airway compromise, all intubated patients, GCS <= 12, penetrating injury to head, neck, chest, torso, extremity trauma / amputation proximal to knees/elbows or if tourniquet is in place. Positive FAST, neurologic deficit or suspected spinal cord injury, pelvic fx, or hip dislocation, receiving blood to maintain vital signs, CCA physician judgment)

(CRITERIA SHOCK TRAUMA 2 - significant MOI (fall >10 feet, pedestrian or cyclist struck, MCC, rollover MVC), significant penetrating wound to extremity, suspected multiple fractures or open fractures, altered mental status with trauma, pregnancy > 20 weeks without other factors above, femur fracture, known TBI on anticoagulation, CCA Physician judgment)

PAGERS & LOCKERS

ROH Trauma Pagers

Please do not leave any valuables in any unprotected area in ANY hospital, which includes doctors' lounges, etc.

Lockers are available in ROH in the Trauma Training Center on the ground floor of the Jefferson building. Please remove your lock when your rotation has finished.

Pagers are available for the students at ROH and can be obtained from Courtney Bishop. Students may need to share these. DO NOT LEAVE PAGERS SOMEWHERE TO BE PICKED UP.

Pager transfer instructions will be provided near the end of your trauma rotation.

ROH will charge students a $75 fee for a lost pager.

If I cannot easily determine who lost the pager, each student who was sharing it will be assessed a $75.00 fee.

METHODIST UNIVERSITY LOCKERS

Please contact Courtney Bishop for MUH lockers.

SCRUBS

REGIONAL ONE HEALTH

After you receive a Regional One Health ID badge, please do the following to receive scrubs:

Please email Ms. Kayla Ingram at kingam2@regionalonehealth.org **at least one week prior to your start date** with the following information. Please copy Courtney Bishop to the email (cbishop@uthsc.edu).
- Name:
- Department:
- Employee ID (5#)
- Last Day of Rotation:

If you need to reach Ms. Ingram directly, please call 901-545-7960.

Thanks

Additional Scrub Access Instructions:

- You can make the request on any computer workstation at ROH.
- Access the intranet by clicking on the Internet Explorer icon next to the start menu (the page it opens to is where you can find 'laundry services')
- All of the info you need to complete the request will be on the ROH ID card. Students also need their ID#, which has its own entry field.
- Select "Trauma Bay"
- Please use cbishop@uthsc.edu as the email address. NOT your own.

If you have problems with your access code, please contact Demitri Walker at 901-545-7990.

LEBONHEUR

Call 901-287-6056 or go to the Surgery desk for scrubs.

VA MEDICAL CENTER

Please call 901-523-8990 ext.5187 or 5188 for scrub access. As a part of their clearance, scrubs must be returned to CWG 39.

BAPTIST

Students will need to present themselves to the main desk in surgery and request access to the men's or women's locker room. Scrubs must be returned at the end of the day.

METHODIST

Medical students should come dressed in street clothes, obtain their scrubs from the OR locker room, and change (leaving their soiled laundry) before leaving campus.

OVERNIGHT CALL

Students are required to complete a total of **4 overnight shifts** during the 8-week clerkship. Each student will be assigned to one or two 24-hour shifts (7a-7a) or night shifts (7p-7a) during the trauma rotation. The additional 2-3 night shifts (7p-7a) should be completed during your "general surgery" rotation. **Please do not complete night shifts on Tuesdays, the day prior to labs, or on the last day of your rotation**. Please complete the form below and email it to the Clerkship Coordinator by the last day of the clerkship.

For ROH Trauma 24-hour shifts ONLY:
There are overnight call rooms available for those assigned to 24-hour Trauma shifts only. There is no need to reserve a room for 7p-7a shifts on general surgery. To reserve an overnight call room at Regional One Health**, please contact Kayla Ingram at kingram2@regionalonehealth.org and copy Courtney Bishop at cbishop@uthsc.edu**. Please email Ms. Ingram at least **one week prior** to your overnight shift to reserve a room.

Overnight Call
General Surgery & ROH Trauma

Clerkship Student: _____

General Surgery Rotation: _____

Blocks: _____

NIGHT CALL #1

Completed overnight call **(7pm-7am or 7am-7am)** on _____
(Date)

_____ Resident/Attending: _____
Student's signature (print name)

_____
(signature)

NIGHT CALL #2

Completed overnight call **(7pm-7am or 7am-7am)** on _____
(Date)

_____ Resident/Attending: _____
Student's signature (print name)

_____
(signature)

NIGHT CALL #3

Completed overnight call **(7pm-7am or 7am-7am)** on _____
(Date)

_____ Resident/Attending: _____
Student's signature (print name)

_____
(signature)

NIGHT CALL #4

Completed overnight call **(7pm-7am or 7am-7am)** on _____
(Date)

_____ Resident/Attending: _____
Student's signature (print name)

_____
(signature)

Please email this form to the Surgery Clerkship Coordinator. Thanks

Skills

- Draw Blood
- Insert IV (must log)
- Insert NG/OG (must log)
- Perform and Interpret ABG/VBG (must log)
- Insert Foley (must log)
- Abdominal History, Exam (can submit on PE card)
- Read Chest x-ray
- Read abdominal x-ray
- Read CT - basic
- Comprehensive breast exam (can submit on PE card)
- Comprehensive vascular exam (including ABI) (can submit on PE card)
- Comprehensive rectal exam (include prostate)
- Airway management NOT DURING COVID, BUT STUDENT SHOULD KNOW HOW TO ASSESS AND TREAT
  - Oral/nasal airway
  - Orotracheal intubation
- Focused abdominal ultrasound for trauma (FAST) (must log)

Tie knots/suture simple lacerations

- Scrub, gown, and glove
- Sterile technique
- Universal precautions
- Write SOAP notes
- Remove drains, change dressings

Removal sutures, staples

Optional

- Chest tube insertion
- Central line insertion
- Bronchoscopy

STUDY GUIDE

ACUTE PANCREATITIS

- Discuss the pathophysiology and etiologies of acute pancreatitis
- What is the differential diagnosis of acute pancreatitis?
- What are the important components of treatment?
- Discuss pseudocyst formation and treatment.
- What are the indications for surgical intervention in this disease?
- Discuss hemorrhagic pancreatitis and Ransom's criteria.

APPENDICITIS

- Discuss the pathophysiology and etiologies of acute appendicitis.
- What is the differential diagnosis of acute appendicitis?
- What are the important components of treatment?
- What are the differences between somatic and visceral pain?
- What is direct/indirect rebound, psoas, and Rovsing's sign?

BREAST CANCER

- What is the differential diagnosis of a breast lump?
- What are the important questions/risk factors in the history and physical?
- What is the role of mammography/biopsy in a breast lump?
- What are the treatment modalities in breast cancer?
- What is the role of chemotherapy and radiotherapy in this disease?

GASTRIC ULCER

- Pathophysiologically, how does gastric differ from duodenal ulcer?
- Describe the medical management of gastric ulcer.
- What are the indications for surgery for gastric ulcer?
- What is the typical location for gastric ulcer and gastric cancer?

ANORECTAL DISEASE

- Describe the symptoms, signs, diagnosis, treatment, and etiology of the following:
  - Hemorrhoids
  - Anal fissure
  - Pilonidal abscess
  - Perirectal abscess/fistula

JAUNDICE

- Explain the pathophysiology of jaundice.
- Discuss the interpretation of liver function tests.
- Describe the radiology of liver diseases and jaundice.
- Tell how to perform a workup for obstructive or cellular jaundice.

COLON CANCER

What is the difference in presentation between left and right sided colon cancer?
What is the significance of villous and adenomatous polyps to cancer?
Describe the Dukes' Classification and prognosis.
How does colon cancer spread? What operation is done for cecal cancer? sigmoid cancer?
What is the role of chemotherapy and radiotherapy in colon cancer?

PULMONARY INFECTIONS

Describe the physiologic mechanisms involved in movement of fluid from the parietal to the visceral pleura and explain the pathologic and physiologic changes that result in excessive accumulation of pleural fluid.
List the stages of empyema formation.
Correlate the type of surgical treatment of empyema with the stage of disease.
Contrast medical versus surgical infection utilizing pneumonia and empyema as an example.

ESOPHAGUS

Describe the basic anatomy and functional physiology of the esophagus.
Correlate esophageal symptoms with their abnormal physiologic state.
Explain the pathophysiology of esophageal motor disorders.
Describe the work up for esophageal motor disorders
Explain the medical and surgical treatment of motor disorders.
Describe the presentation, work up and treatment of benign neoplasms of the esophagus
Describe the presentation and workup of esophageal cancer
Describe staging of esophageal cancer
Describe multimodality treatment for esophageal cancer

INFLAMMATORY BOWEL DISEASE

Contrast mucosal colitis with transmural colitis.
Discuss the diagnosis and treatment of fulminating colitis.
Compare the alternatives in the surgical treatment of mucosal colitis.
Discuss the diagnosis and treatment of small bowel Crohn's Disease.
Contrast the medical treatment of ulcerative colitis with that of Crohn's.

VENOUS DISEASE

Define DVT and tell why it occurs in the surgical patient.
Relate pathophysiology to symptoms of DVT/PE.
Identify high-risk patient categories.
Relate etiology to prevention.
Describe the diagnostic methodology used for venous disease, DVT, and PE.
Describe and justify the therapies currently used for these conditions.

PORTAL HYPERTENSION

Name the most common cause of portal hypertension in the USA.
Describe the pathophysiology of portal hypertension.
List the clinical manifestations of portal hypertension.
Tell how you would manage a patient with variceal bleeding.
Describe the difference between a total and a selective shunt.
Describe the Child's classification of functional hepatic reserve.
Explain the medical and surgical treatment of ascites.

BURNS

Clinically differentiate first, second, third and fourth degree burns.
Describe fluid replacement for significant burns.
What is the significance of myoglobinuria and how is it treated?
What is the indication for escharotomy?
Describe signs and symptoms of an airway burn.

PEDIATRIC SURGERY

Know the signs and symptoms of some of the major pediatric surgical conditions:
-esophageal atresia tracheoesophageal fistula
-congenital diaphragmatic hernia
-atresias
-abdominal wall defects
-pyloric stenosis
Know some of the key imaging studies available to diagnosis pediatric surgical conditions
Understand the process of malrotation and volvulus and how it is diagnosed and treated

SURGICAL INFECTIONS

Importance of host, bacterial colonization, and nutritional media for producing surgical infections.
Name those risk factors that are immunosuppressive and predispose a patient toward sepsis.
Explain the microbiology of surgical infection.
List and justify the principles of prophylactic use of antibiotics.
Describe the rationale for empiric antibiotic therapy in the management of surgical sepsis.
The importance of surgical debridement and abscess drainage in the management of surgical sepsis.

SEPSIS/SEPTIC SHOCK

Relate pulmonary artery occlusion pressure to left ventricular and diastolic volume.
Tell how septic shock changes cardiac output and systemic vascular resistance.
Define and differentiate "infection," "sepsis," and "septic shock."
List and define the types of shock.
Describe and justify the therapy for septic shock.

PEPTIC ULCER DISEASE

Identify the causes of peptic ulcer disease
Recognize the complications of PUD
Describe the medical, interventional, and surgical treatments
Explain the common complications of surgical treatment and their management

TRAUMA AND SHOCK

Be able to describe the 1° and 2· assessment.
Know the signs, symptoms, and Rx for immediate life threatening injuries
Cardiac tamponade
Tension pneumothorax
Ruptured aorta
Open pneumothorax
Be able to discuss the 4 types of shock and resuscitation for each
Hypovolemic
Cardiogenic

Neurogenic
Septic

Be able to describe the 4 classes of hemorrhagic shock.

SURGICAL NUTRITION

Be able to discuss the metabolism of stress and starvation.

Understand the following principles:

Caloric and protein needs for stressed and/or malnourished patients
Refeeding syndrome

Discuss the benefits of enteral versus parenteral feeding.

PERIPHERAL VASCULAR DISEASE

Appreciate history of vascular surgery.

Understand signs and symptoms that suggest peripheral arterial disease (both obstructive and aneurysmal).

Understand the noninvasive evaluation of the vascular patient.

Understand the basic operative procedures in peripheral vascular surgery.

ACQUIRED HEART DISEASE

Understand the pathophysiology of acquired heart disease, which mnay lead to mechanical complications, which require surgery.

Know the pathophysiology of cardiac tamponade, its signs and diagnosis by:

Physical examination
Echocardiography
Intracardiac pressure measurements

Know the techniques for relief of cardiac tamponade:

Outside the hospital
In the emergency department
Definitively

Know the general "indications for surgery" and "risk: benefit ratios" for valvular and atherosclerotic heart disease and cardiac transplantation.

CUTANEOUS LESIONS

Be able to recognize and describe the natural history for the skin keratoses including actinic keratoses, seborrheic keratoses, and keratoacanthoma.

Describe the appearance, natural history, and management of cutaneous squamous cell carcinomas and basal cell carcinomas.

Describe the appearance of the warning signs for melanoma; understand the histological staging of melanoma and its significance for prognosis; outline the surgical management of melanoma.

TRANSPLANTATION

Understand the success rate of the major solid organ transplants.

Explain the facts regarding brain death and the associated pathophysiological abnormalities.

Explain the facts regarding the process of identification and consent for organ donation.

Explain the clinical and technical variations in the anatomy of organs that would affect procurement procedures.

Explain the long-term outcome of transplantation procedures.

Understanding of basic mechanisms of action of immunosuppressants.

HERNIA

Understand the embryology, anatomy and pathophysiology of hernia development.
Understand the rationale for the repair of inguinal and ventral hernias.
Be able to formulate a differential diagnosis of a groin or scrotal mass.
Be able to discuss the meaning of direct vs. indirect hernias and incarceration vs. strangulation.
Be familiar with the most common types of hernia repairs and the etiology of recurrences.

WOUND HEALING

Principles of primary wound closure/suturing to optimize healing/wound strength and minimize scar.
Contraindications to wound closure.
Name 3 disease states which automatically result in increased wound healing complications and why.
What amount of bacteria in a wound (to the nearest log of 10) produces wound infection?

VA Medical Center Memphis
1030 Jefferson Ave.
Memphis, TN 38104

VALU
VA LEARNING UNIVERSITY

Dear VA Health Professions Trainee,

You have been selected, through an affiliation agreement between the school you are attending and Department of Veterans Affairs, to receive an appointment in a Health Professions training program at the VA Medical Center Memphis.

VHA Mandatory Training for Trainees
In order for you to train, interact with patients and be granted access to our information systems you are required to complete a mandatory training item using the VA Talent Management System (TMS 2.0) The item is titled VHA Mandatory Training for Trainees and if you are in a multi-year program, this training must be completed every 364 days to remain compliant.

VA TMS 2.0 is on the internet and works best when accessed using Chrome and MS Edge. Give yourself some time because there is a 20 minute delay while your profile is created. After enrolling you will need to wait 20 minutes before you can log in and complete the training.

VA TMS 2.0 can be found at

https://www.tms.va.gov/secureauth35/.

Using the information below follow the steps on the subsequent pages to **create your profile**, launch the mandatory training item and complete the content prior to beginning your clinical training.

If you experience any difficulty creating a profile or completing the mandatory content, contact the VA Contact the Enterprise Service Desk via phone at **1(855) 673-4357**.

Sincerely,

Elston Howard
Management & Program Anaylst
GME/Associated Health Programs
901.577.7395

U.S. Department of Veterans Affairs

1.1 Already Have a TMS Account? Contact the Enterprise Service Desk via phone at **1(855) 673-4357**

1.2 Step-by-Step Instructions for Managed Self Enrollment (First Time Users)

From a computer, launch a web browser and navigate to https://www.tms.va.gov/secureauth35/

Please feel free to contact me with any questions.

1. Click the [Create New User] link.
2. Select the radio button for ⊙**Veterans Health Administration (VHA)**
   Click the [**Next**] button
3. Select the radio button for ⊙**Health Professions Trainee** **(DO NOT SELECT WOC)**
   Click the [**Next**] button
4. Complete all required fields, indicated by asterisk* and any non-required fields if possible.
   My Account Information:
   - Create Password*
   - Re-enter Password*
   - Social Security Number* *(If you do not have a Social Security Number, follow the on-screen instructions when registering.)* and Re-enter Social Security Number*
   - Date of Birth*
   - Legal First Name*
   - Legal Last Name* Middle Name is optional, but helpful
   - Your e-mail Address* *(Enter your personal email address. Do not use a School email address. This address will be used as your UserID when you login)*
   - Re-enter your e-mail address*
   - Phone Number *(Enter a number where you can be reached by VA staff if issues arise with this self-enrollment process or in other circumstances)*
   - *Time Zone ID**

   My Job Information:
   - VA Location Code* ***MEM***
   - Trainee Type* ***(Medical School or Physcian Residency/Fellowship, etc.)***
   - Specialty/Discipline* ***(Your specialty)***
   - VA Point of Contact First Name* ***(Elston)***
   - VA Point of Contact Last Name****(Howard)***
   - VA Point of Contact Email****(elston.howard@va.gov)***
   - Point of Contact Phone Number* ***(901-523-8990., ext. 7395)***
   - School/University*
   - School/University Start Date*
   - Estimated School/University Completion Date*

   Click the [**SUBMIT**] button when all required fields are completed.

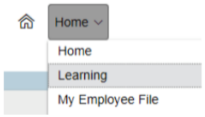
5. You should now see the Congratulations! Screen. Take note of your Username/Email Address.

WAIT 20 MINUTES

6. **After 20 minutes**, please return to https://www.tms.va.gov/SecureAuth35/
7. On the TMS 2.0 Login Screen enter your Username/Email Address and click the [**SUBMIT**] button
8. An email will be sent to your Username/Email Address containing a one-time-passcode enter it using your keyboard or the on-screen number pad and click the [**SUBMIT**] button
9. During this first time log in you will be asked to select and answer two security questions. These will be used to reset your TMS password.
10. Select questions, enter response, confirm response.
11. Click the [**Save**] button.
12. You have now completed your TMS User Profile.

1.1 Launching and Completing the Content

1. Log into TMS using Username and one time Passcode
2. Click on the Home dropdown and select Learning



3. Click on the the Start Course button next to *VHA Mandatory Training for Trainees*

Pop-Up blockers MUST BE TURNED OFF

4. Complete all of the item content following the on-screen instructions.
5. Exit the item as instructed to accurately record your effort.
6. To print a Certification of Completion, click on My History and View All

1.2 Trouble-shooting and Assistance

Need TMS Assistance? Locate Your Local Administrator | TMS 2.0 Resources Site

If you need assistance with the VA Talent Management System (TMS 2.0) contact the Enterprise Service Desk by going to the yourIT Services website or via phone at 1(855) 673-4357. Minimum screen resolution for optimal use is 1024 x 768.

Access information on the new Help Desk phone tree here

The VA Talent Management System (TMS 2.0) web site is intended for employees and staff of the Department of Veterans Affairs. Veteran-related information about education, benefits, and other services are available on the **VA Home Page**.

** Your SSN is used only as a unique identifier in the system to ensure users do not create multiple profiles. The SSN is stored in a Private Data Table that cannot be accessed anywhere via the VA TMS interface. It is securely transferred to a VA database table inside the VA firewall where it can be confirmed, if necessary, by appropriately vested system administrators and/or Help Desk staff.*

Contacts
VA Medical Center

Education	Elston Howard	577-7395	Elston.Howard@va.gov
	Pamela Armstrong	523-8990 5045	Pamela.Armstrong2@va.gov
Surgery	Colette Scott	523-8990 2123	Colette.Scott@va.gov
	Carolean Bolden	523-8990 5020	Carolean.bolden@va.gov

Excused Absence & Wellness Day Limited Leave Request
College of Medicine

For anticipated events, this form must be submitted for approval no later than 30 days prior to the start of the class or rotation. For emergent events (acute illness or emergency wellness day), submit the form within 24 hours after returning. For details, please refer to the COM Policy-106 Excused Absences and Wellness Days.

Affected Class/Rotation Title and Code:_____
Affected Class/Rotation Location_____**Date(s) Taken or Requested Off:** _____

Reason:

- ☐ Funeral
- ☐ Acute illness/urgent medical care appointment (Documentation required if absent more than 2 days)
- ☐ Preventative or routine health care appointment (Include documentation of visit)
- ☐ Religious observance/Holy Day
- ☐ Jury duty or other legal obligation (Include documentation)
- ☐ Step 2CK/CS*
- ☐ Residency Interview* (Include a copy of the interview invitation)
- ☐ Attendance at professional meeting (Include title and authors if presenting, or meeting name if a COM delegate)
- ☐ Wellness Day (Link to anonymous MSEC survey: https://goo.gl/forms/ZEEn3UlBsq7RSJek1)
- ☐ Other (briefly describe)

*Taking CK is not allowed during required M3 clerkships or Junior Internships (JI). CS may be taken during M3 clerkships or JIs if scheduled for a Monday but must not be scheduled during clerkship orientations or shelf exams.

Optional: Additional information regarding absence (e.g., name of religious holiday; relationship to person gettingmarried, or for funeral; location where Step 2CS is being taken; etc.)

Student Name:_____**Signature & Date:** _____

Clerkship/Course Director: (Required prior to Excused Absence Approval by Supervisor)

Name:_____**Signature & Date:** _____

Supervising Attending:

Name:_____**Signature & Date:** _____

For clinical rotations, if approved by the Clerkship Director, Course Director or Instructor or Record, but not signed by the Supervising Attending; the Clerkship Director, Course Director/Instructor or Record assumes responsibility for communicating approved leave requests to the Attending and other team members.

Send approved forms to Ke'Nosha Anderson: kande110@uthsc.edu

Received in Office of Medical Education (Signature & Date): _____

Approved by CUME: 02/18/2019, Revised 10/21/2019

POLICIES

The following policies can be found on **OLSEN** or **MERL**:

https://www.uthsc.edu/medicine/medical-education/olsen.php
https://www.uthsc.edu/medicine/medical-education/merl.php

Appearance Code
Clinical Supervision
Drug and Alcohol Policy
Excused Absences & Wellness Days
Grading Policy for MD Curriculum
Inclement Weather
Infection Control, Environmental Exposures, Needlesticks
Mistreatment Policy & Reporting form
Professionalism Policy & Reporting form
Religious accommodations
Sexual harassment
Student feedback and Course evaluation completion
Work hours

INJURIES & EXPOSURES TO BLOOD/BODY FLUIDS

https://www.uthsc.edu/student-health-services/injuries-exposures.php

What should I do if I am exposed?

If you are exposed to someone's blood, body fluids or other potentially infectious materials -- DO NOT IGNORE THIS EXPOSURE!!

Here are the steps you should take:

1. Take appropriate first aid measures (clean wound with soap and water; flush mucous membranes with water/saline for 15 minutes)
2. Get the name, medical record number and location of exposure source
3. Notify your supervisor/preceptor so he/she can complete the Tennessee First Report of Injury and mail it to Risk Management within 48 hours
4. Report, in person, to University Health Services ® 910 Madison Ave, Suite 922.
5. If exposure occurs after hours, call 901-448-5630 to get the provider on call. It is very important that you are seen at University Health Services if possible, to prevent any charges from other facilities.

OVERNIGHT SHUTTLE SERVICE

Shuttle available for medical students on call.

The GME shuttle is available from 6:00 pm to 6:00 am seven days a week to transport residents, medical students, and COM faculty within the Medical Center which includes the Pauline Garage, the MED, VA, Lebonheur, and Methodist University.

There will be a minivan that is stationed outside of the Pauline Garage. When exiting the garage, please show your UT ID, and the driver will take you to one of the four hospitals. **When you need to be picked up and taken to the garage or another hospital, call Campus Police at 448-4444 and state that you are requesting the GME Shuttle.** You must be at one of the designated areas listed at the bottom of the email. The driver will come to the location you specified, check your ID, and then take you back to the garage or other hospital location. Three guards were hired for the shuttle, and they will be dressed in uniform with UT logos. The names of the drivers are Marilyn Ivory, LaShone McLemore, and Nocomis Jones.

This shuttle is separate from the escort service that is provided by Campus Police.

Predetermined Pickup Locations:

Pauline Garage Entrance
Lebonheur-Main Entrance on Dunlap and Emergency Room Entrance
ROH-Emergency Room Entrance and Rout Delivery Entrance
VA-Main Entrance and Emergency Room Entrance
Methodist University-Emergency Room Entrance

H&P form

(Please complete 4 during the clerkship and email to cbishop@uthsc.edu)

Observed FOCUSED History and Physical Exam (EPA 1)

Student:

Evaluator (Print & Sign):

Location:

Date:

Obtain a FOCUSED and accurate history in an organized fashion			
Gathers insufficient or overly exhaustive information	Gathers some information or occasionally too much information	Obtains an acceptable history in a mostly organized fashion.	Obtains a complete and accurate history in an organized fashion.
Comments:			

Demonstrate clinical reasoning in gathering FOCUSED information relevant to a patient's care.			
Fails to recognize patient's central problem.	Recognizes patient's central problem but does not prioritize or filter information.	Is able to filter signs and symptoms into pertinent positives and negatives.	Consistently filters data into pertinent positives and negatives, and incorporates secondary data into medical reasoning.
Comments:			

Perform a clinically relevant, appropriately FOCUSED physical exam pertinent to the setting and purpose of the patient visit			
Incorrectly performs basic exam maneuvers or does not examine relevant areas of the patient for the presenting problem.	Performs basic maneuvers correctly but does not demonstrate organization or ability to prioritize portions of the exam.	Targets the exam to areas necessary for the encounter and performs exam correctly in a mostly organized manner.	Consistently performs an accurate complete or targeted exam in a logical and fluid sequence.
Comments:			

Identify, describe and document normal and abnormal physical exam findings.			
Misses key findings.	Identifies, describes, and documents normal findings.	Identifies, describes, and documents normal and abnormal findings.	Routinely identifies, describes, and documents normal and abnormal physical exam findings and is able to link to possible differential diagnoses.
Comments:			

Uses appropriate questioning to sort the differential to avoid premature decision making.			
May jump to conclusions without first asking probing questions	Questions reflect a narrow differential diagnosis.	Questions are purposefully used to clarify patient's issues.	Demonstrates astute clinical reasoning through targeted hypothesis-driven questioning.
Comments:			

Demonstrate patient-centered interview skills (attentive to verbal and nonverbal cues, cultural competency, active listening).		
Is disrespectful, condescending, or arrogant in interactions with patients; disregards patient privacy and autonomy; or insensitive of cultural differences.	Communicates unidirectionally, may not respond to patient verbal and nonverbal cues, or has difficulty establishing rapport.	Relates well to most patients and families with few exceptions, demonstrates effective communication skills (silence, open-ended questions, body language, listening, and avoids jargon) that put families at ease, and appreciates cultural differences.
Comments:		

Summarize your impression of the student's current ability in performing an H&P (Indicate level of entrustment by checking the appropriate box)	
	Can perform only as coactivity with supervisor
	Can perform with coaching and supervisor ready to intervene
	Can perform without coaching but with ALL findings double-checked
	Can perform without coaching and only KEY findings double-checked

SURGERY CLINICAL SITES – Studying, lounging, storage, etc.

BAPTIST

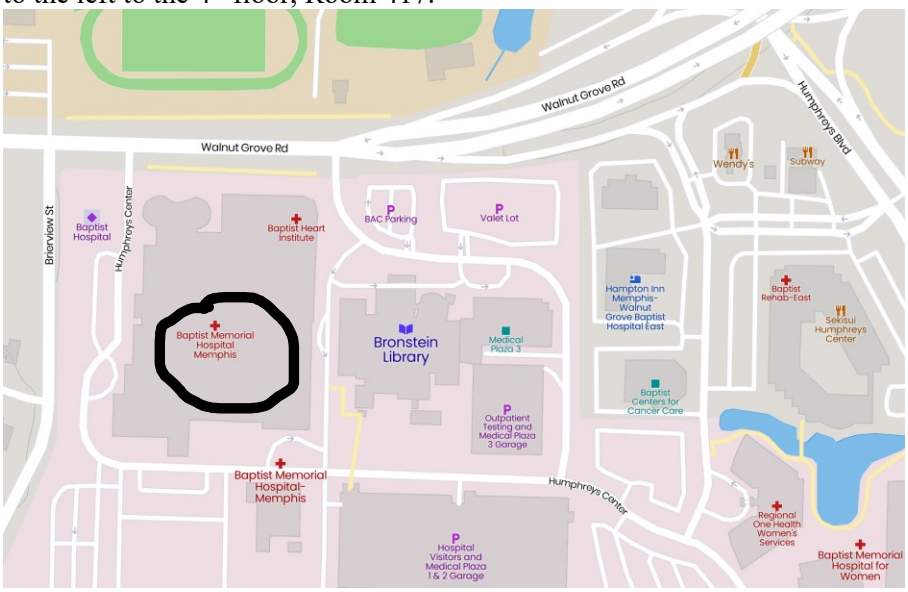
Graduate Medical Education office

6025 Walnut Grove, Suite 417

This area can be used for lunch (microwave/fridge), studying, computer use, phone use, taking a break (tv, couch, etc).

From the main hospital, walk across the crosswalk into the 6025 building , take the elevators to the 4th floor, Room 417.

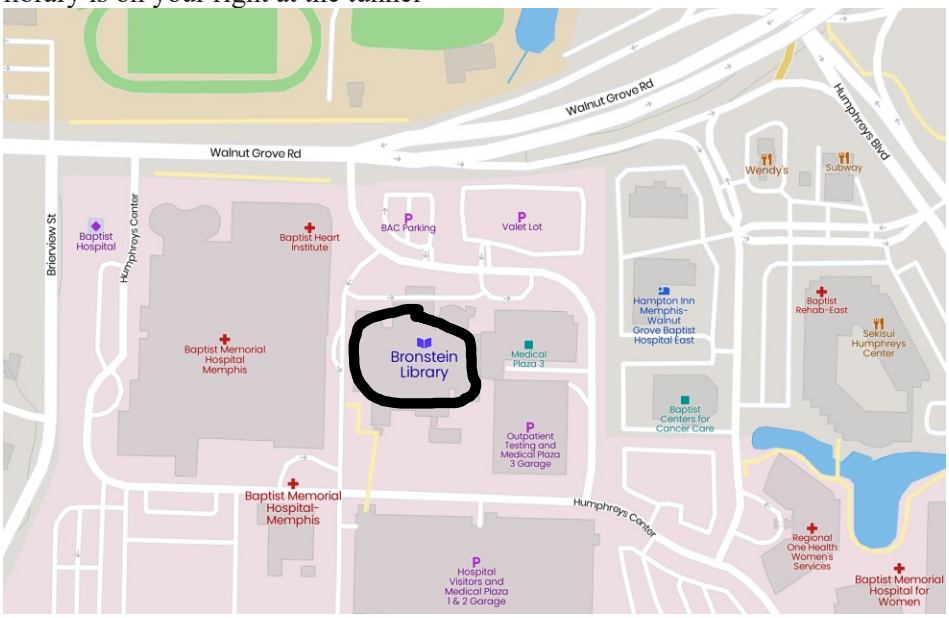
From the parking garage, walk across the green bridge and walk across the breezeway. Take the elevators to the left to the 4th floor, Room 417.



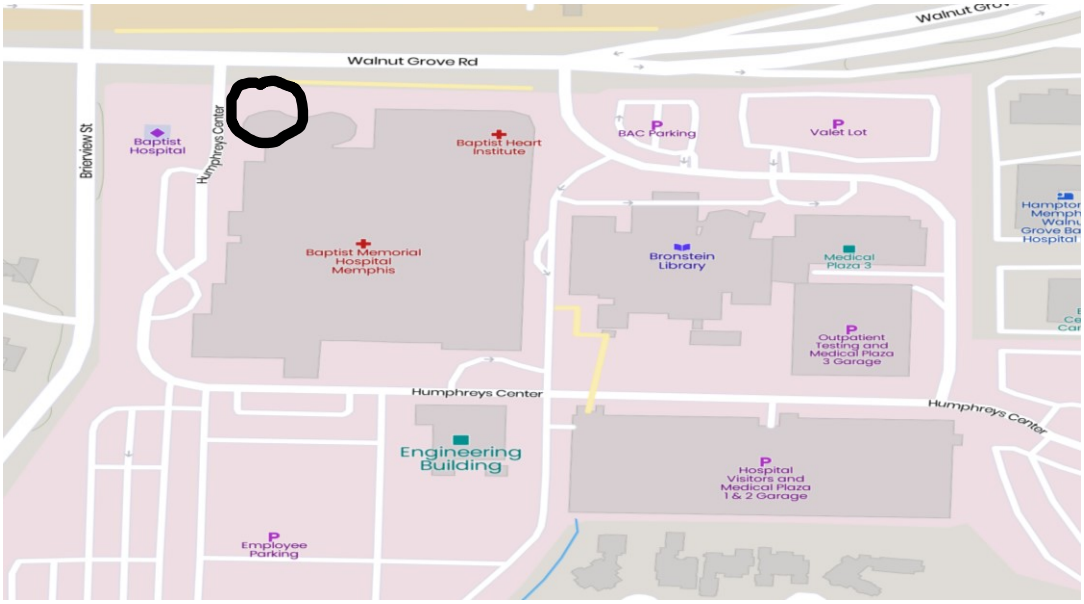
Bronstein Library

6025 Walnut Grove, Medical Plaza 1

Walk into the 6025 building, go down the stairs, turn right take another right at dead end wall and the library is on your right at the tunnel



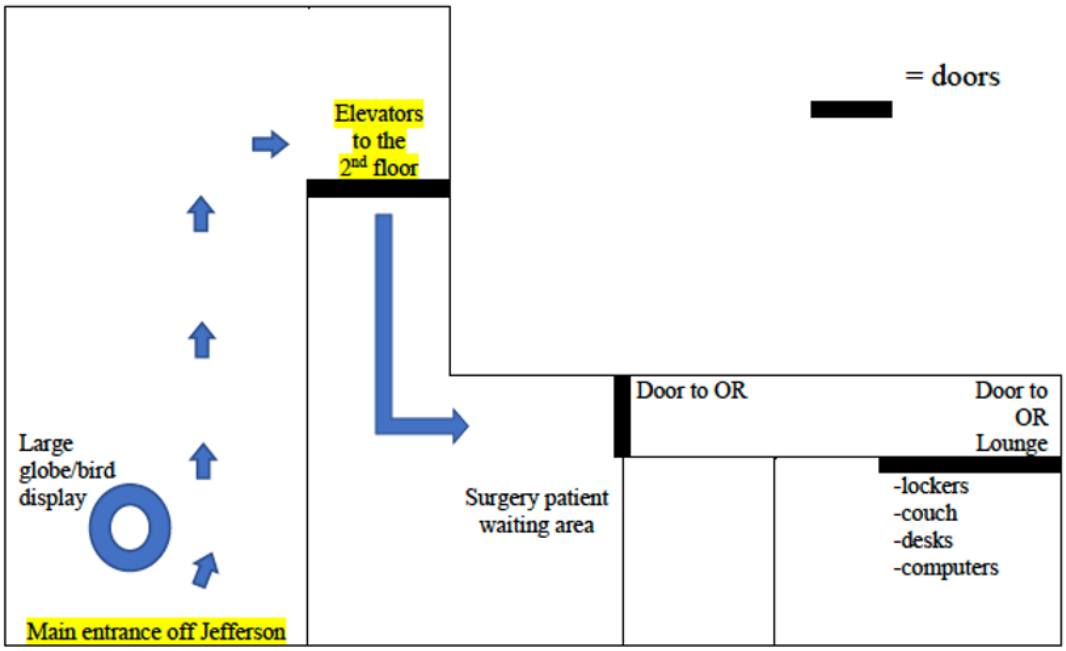
Physicians' Lounge
6019 Walnut Grove
From the main entrance of the hospital, take the elevators to C. The Physicians' Lounge is across from elevators on the concourse level.



LEBONHEUR

For Pediatric Surgery students, OR Lounge. From the main entrance on Jefferson, take the elevators to the 2nd floor. Go left and walk down to the double doors at the end of the hallway (badge entrance only). The area should be labeled as "Faculty Lounge" on the right. There are storage areas inside the OR.

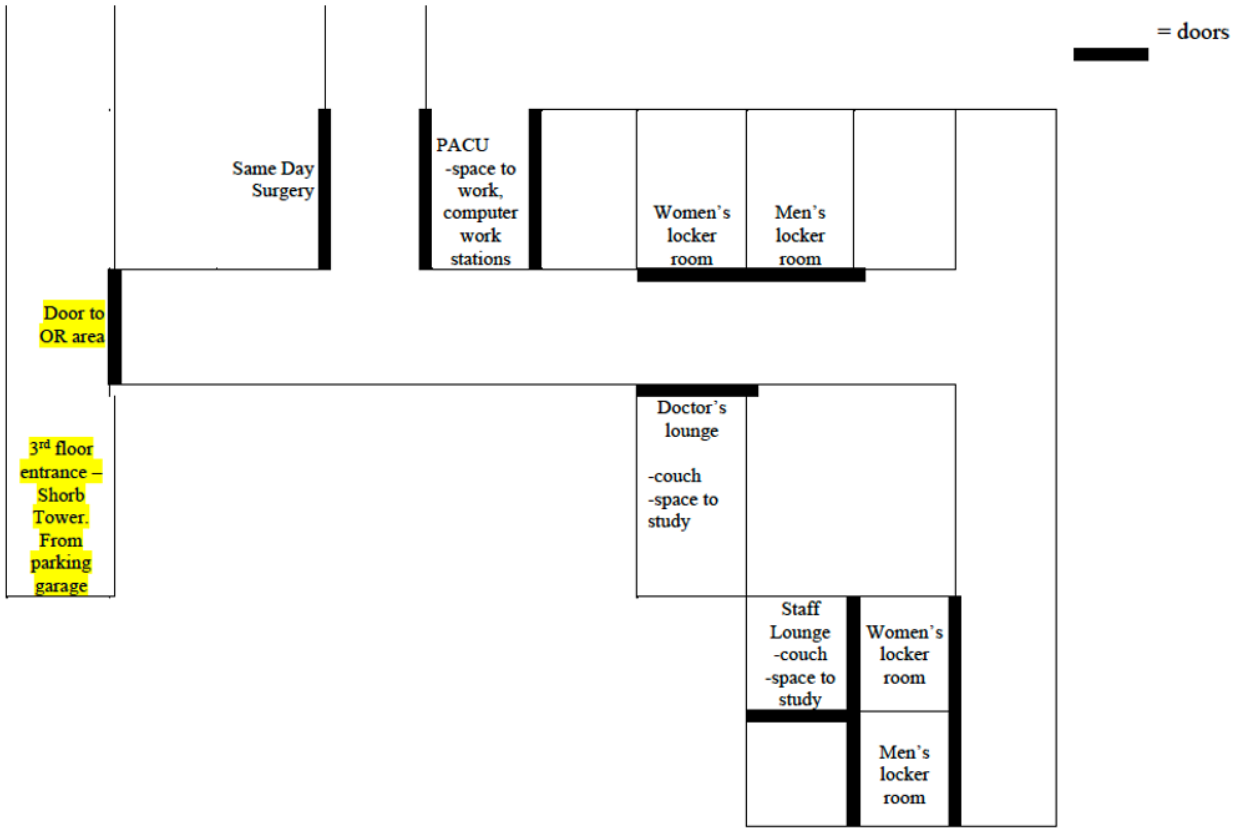
Lebonheur
2nd floor Surgery Lounge



METHODIST UNIVERSITY

Female Lockers: CV Hall staff locker room
Male Lockers: SHORB staff locker room (not the same as the surgeon/resident locker room)
Lockers and codes are issued by Courtney Bishop for Surgery Clerkship students only.
MUH- lockers for storage, and lounges for study, as described in map. All on 3rd floor of Shorb tower

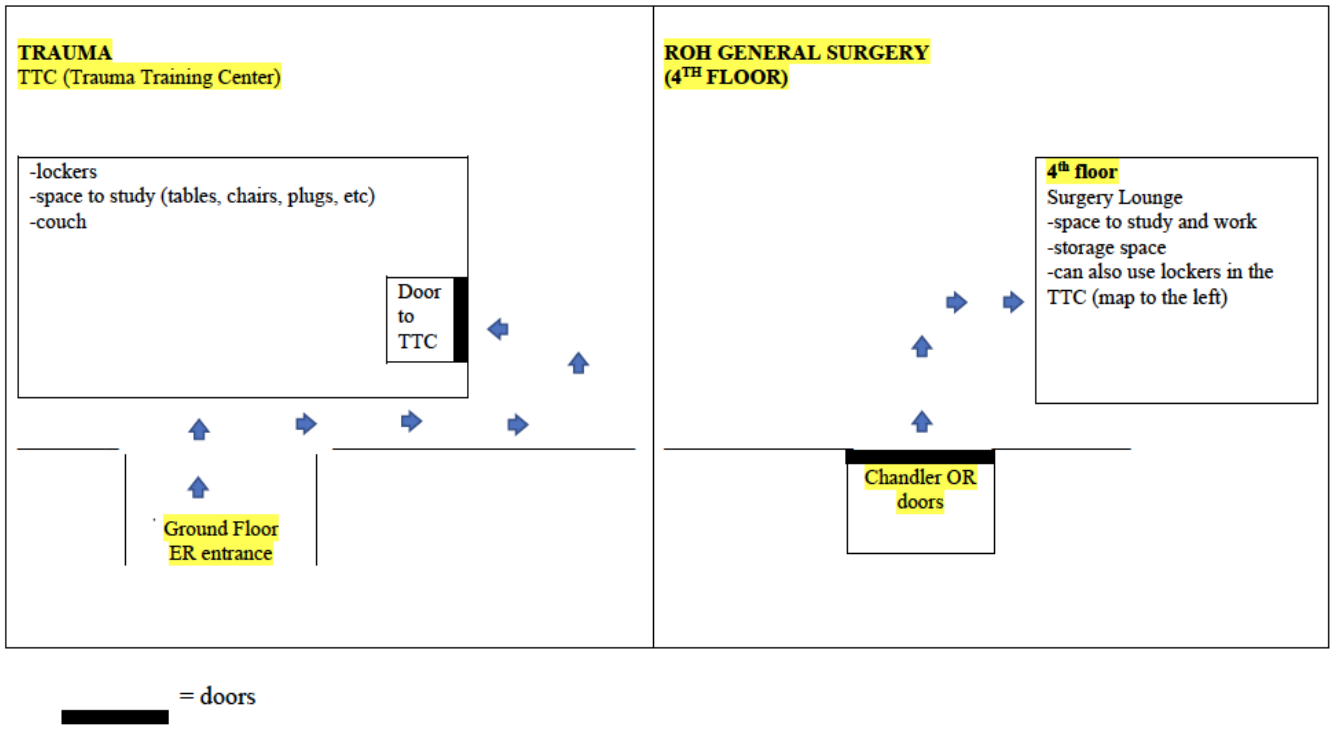
Methodist University Shorb Building
3rd floor



REGIONAL ONE HEALTH

The "Breakroom" is located in CCA, Ground floor, Jefferson Building.
For Trauma, the study spaces, workspaces and storage are all in the Trauma Training Center (TTC). Located on the ground floor. The "main elevators" in the map below are located right by the CCA, by the Jefferson Emergency Department entrance.
For General Surgery, 4th floor Chandler OR lounge. Students may also store items in the TTC. The "main elevators" in the map below are located right by the CCA, by the Jefferson Emergency Department entrance.

Regional One Health
Trauma and General Surgery



ROH Overnight Call Rooms
Location: Adams Building 4th and 6th floors
Contact for reservations: Kayla Ingram at kingram2@regionalonehealth.org or 901-545-7960. Please contact Ms. Ingram at least one week prior for a reservation.
Directions: From 877 Jefferson, take the elevators to the 2nd floor. Once on the 2nd floor take the breezeway over to the Adams building. Use your ROH ID badge for access through the double doors. Once through the double doors, make a right and take the elevators to the 4th floor of the Adams building. On the 4th floor, sleep rooms (use badge for access) are located through the double doors to the right of the Adams elevators near the stairwell.

VA MEDICAL CENTER

VA Medical Center located at 1030 Jefferson

3rd floor lounge for all the needs. The lounge is locked with a key code that the students on service are given.