Surgery Clerkship

Dr. Jeremiah Deneve, Clerkship Director
Office: 901-448-2919
email: jdeneve@uthsc.edu

Ms. Courtney Bishop, Clerkship Coordinator
office: 901-448-8370
email: cbishop@uthsc.edu

Dr. David Shibata, Chairman of Surgery

Website: http://www.uthsc.edu/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 pediatrics, cardiothoracic, thoracic, vascular or transplant. The second month will be a month general surgery rotation at Baptist, Methodist University, Methodist Germantown, or the VA. Most of that time is spend 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 two 24-hour calls during this period.

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, text me and I will facilitate that.

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

Clinical responsibilities end at 5PM ISH on	**TBA**
Clerkship documents are due on	**TBA**
Shelf exam location – remote (9:30am) on	**TBA**
Oral Exam – 910 Madison, Room 210 or remotely at 8:15am	**TBA**
UNIVERSITY HOLIDAYS	**TBA**

GRADING

CLINICAL 45%

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.

Under normal circumstances, each 2-week rotation is counted as 12.5% of the clinical grade, and the 4-week general surgery rotation is 75%. This is because evaluators that have 4 weeks with the student should have a more accurate picture of the student than 2-week subrotation evaluators. If the student only has two 4-week rotations (due to unforeseen clerkship issues), each is counted as 50% of the clinical grade.

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.

WRITTEN EXAM 40%

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.

# Core Clerkships Completed	Shelf Cutoff to Pass (5)	Shelf Cutoff for A (50)	Shelf Conversion to 89.5 (75)
0	58	73	79.2
1			
2	59	74	80.6
3			
4	61	76	81.4
5			
6	61	76	81.6

ORAL EXAM 15%

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-month feedback is required; 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-month evaluator will be discussing these with you.

Completion of NG/FAST checklist card, 4 focused H&P cards, hours and diagnoses logs on eMedley are also required. 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 Students. After four weeks, an incomplete grade will be submitted to the registrar and the student's grade will be reduced one whole letter grade. After 6 weeks, the student will receive a grade of "F" for the course. Although the Course Evaluation is not required, it is highly encouraged and is extremely useful feedback for the rotation. Please complete it through Qualtrics.

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.** Scores will be automatically adjusted to reflect the student's level of experience.

Complete Evaluation for Rubric "2020-21 EPA 02: Differential Diagnosis"

Synthesizing data into a Differential Diagnosis	Is unable to synthesize data to formulate an acceptable differential diagnosis		Constructs a differential diagnosis that is too broad, too narrow, or contains inaccuracies		Proposes a reasonable differential diagnosis, but lacks appropriate prioritization		Proposes a relevant differential diagnosis that is neither too broad nor too narrow, and demonstrates appropriate prioritization
Clinical Reasoning	Lacks basic medical knowledge to reason effectively		Demonstrates difficulty retrieving knowledge for effective reasoning		Is beginning to organize knowledge by illness scripts (patterns) to generate and support a diagnosis		Organizes knowledge into illness scripts (patterns) that generate and support a diagnosis

General Comments

Complete Evaluation for Rubric "2020-21 EPA 06: Oral presentation of clinical encounter"

Data organization and presentation skills	Presents in a disorganized or incoherent fashion, no chronology to history, often not prepared to present		Provides acceptable delineation of primary problems with occasional "holes" in characterization, chronology, and diagnostic information; overly reliant on written prompters		Presents history in an organized, chronologic fashion, but has an inadequate assessment or plan		Consistently filters, synthesizes, and prioritizes information into a well organized presentation (appropriately focused, good chronology, easy to follow, accurate) with a well-reasoned assessment and plan

Able to adjust the oral presentation to suit the situation or the audience	○ **Presents information in a condescending or patronizing manner or that frightens patient or family**	○	○ **Projects too much or too little confidence, or too closely follows a template, uses acronyms or jargon**	○	○ **When prompted can adjust presentation in length and complexity to fit the situation**	○	○ **Conveys appropriate self assurance and tailors length and complexity of presentation to situation and audience; adjusts language to communicate effectively based on audience**

General Comments

Complete Evaluation for Rubric "2020-21 EPA 09: Interprofessionalism"

Identify team members roles and responsibilities and seek help from other members of the interprofessional team demonstrating mutual respect	○ **Displays little initiative to interact with interprofessional team members or does not acknowledge other members of the interdisciplinary team as important**	○	○ **Interacts with interprofessional team members but does not actively incorporate input from team members**	○	○ **Interacts with interprofessional team members and incorporates appropriate team recommendations into practice**	○	○ **Negotiates effectively with interprofessional team members in assuming some leadership responsibilities when appropriate**
Include team members, listen attentively, and adjust communication content and style to align with team member needs	○ **Dismisses input from professionals other than physicians**	○	○ **Communication is unidirectional or has limited participation in team discussions**	○	○ **Listens actively and elicits ideas and opinions from other team members and recognizes other team members' expertise**	○	○ **Works very effectively in an interprofessional team; uses an evidence-based approach to navigate disagreements and is collegial and respectful**

General Comments

Complete Evaluation for Rubric "2020-21 EPA 10: Recognize & initiate urgent care"

Recognize normal and abnormal data as they relate to potential etiologies of a patient's decompensation	○ **Fails to recognize trends or variations of vital signs or clinical status in a decompensating patient**	○	○ **Demonstrates some ability to filter, prioritize, and connect pieces of information to form a differential diagnosis in a hypothetical urgent or emergent setting**	○	○ **Given sufficient time, student demonstrates ability to form a differential diagnosis in an urgent or emergent setting**	○	○ **Quickly recognizes normal and abnormal variations of a patient's vital signs and clinical status and can filter and prioritize information related to the patient's deterioration**
Recognize severity of a patient's illness and indications for escalating care and initiate interventions and management	○ **Fails to seek help when a patient requires urgent or emergent care**	○	○ **Recognizes decompensating patient and defers appropriate emergent intervention in order to seek help**	○	○ **Recognizes decompensating patient and initiates appropriate emergent intervention but delays seeking timely help**	○	○ **Responds appropriately to clinical deterioration and seeks timely help**

General Comments

Complete Evaluation for Rubric "2020-21 EPA 12: Perform general procedures"

Demonstrates technical skills required for the procedure	○ **Lacks required basic technical understanding to perform the procedure (ex: incapable of maintaining sterility)**	○	○ **Unable to effectively assist in the procedure due to lack of preparation**	○	○ **Able to perform important aspects of the procedure with close supervision**	○	○ **Consistently performs procedure correctly**
Understands and explains the anatomy, physiology, indications, contraindications, risks, benefits, alternatives, and potential complications of the procedure	○ **Displays lack of awareness of knowledge gaps**	○	○ **Does not understand many key issues in performing procedures, such as indications, contraindications, risks, benefits, and alternatives**	○	○ **Describes most key issues in performing procedures: indications, contraindications, risks, benefits, and alternatives**	○	○ **Demonstrates and applies working knowledge of essential anatomy, physiology, indications, contraindications, risks, benefits, and alternatives for each procedure**

General Comments

General Comments

Complete Evaluation for Rubric "2020-21 CC Professionalism"

Diagnostic ambiguity and questions from the team or patient	○ Becomes defensive or belligerent when questioned	○	○ Displays discomfort with or avoids questions and challenges.	○	○ Acknowledges and is open to questions and challenges	○	○ Demonstrates flexibility in thinking; accepts questions as learning opportunities and considers other possibilities
Identify limitations and gaps in knowledge, skill and experience and seeks and incorporates feedback to improve	○ May demonstrate overconfidence by not seeking help or lacks awareness of limitations and gaps in own personal knowledge	○	○ Demonstrates limited help-seeking behavior to fill gaps in knowledge, skill, and experience; makes an effort to change with feedback but may not be successful	○	○ Open and accepting of feedback, engages in help-seeking behavior to improve knowledge, skill, and experience	○	○ Initiates help-seeking behavior and seeks feedback; recognizes limitations and integrates input from patients and other providers in a manner that places the needs of patients above one's own sense of self-interest
Professional attributes and responsibilities	○ Frequently inappropriate behavior (unavailable, not reliable, suggestive or inappropriate attire, erratic attendance, or socially aggressive)	○	○ Occasional inappropriate behavior (too intimate, poor confidentiality, poor choice of language, occasionally late)	○	○ Meets expected standards for professionalism (punctual, demonstrates mutual respect with patients and team members)	○	○ Consistently meets high professional standards (follows through on tasks, punctual, behaves ethically towards patients, families and other health care providers, maintains poise under pressure, admits mistakes and changes behavior).
Relationship with patients and team members	○ Insensitive to patient's/team members' feelings or wishes; condescending or arrogant; insensitive or disrespectful of cultural differences	○	○ Sometimes has difficulty establishing rapport with patients/team members or communicating with them	○	○ Relates well to most patients, team members and families with few exceptions; shows empathy, compassion, and respect; displays effective listening skills	○	○ Outstanding in putting patients and families at ease and appropriately communicating medical information to them; appreciates and respects cultural differences; Intimately integrated into the team (when applicable).

Taking ownership of patients	○ Does not fulfill obligations of seeing and reporting on patients assigned to him/her	○	○ Fulfills basic requirements of seeing patient but does not have any additional, valuable information (passive, peripheral)	○	○ Is an active member of team going beyond basic requirements for patient care	○	○ Assumes true ownership of his/her patients and anticipates patient and team needs

General Comments

Overall Narrative Feedback

Narrative Comment (not automatically included on the MSPE/Dean's letter): Please include at least 4 sentences with specific examples when possible.

I have given the student verbal feedback consistent with this evaluation.

Yes No

IMPORTANT CONTACTS FOR EACH ROTATION

Regional One Health – Prior to 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. Resident pager is 242-9870.

Methodist University/Baptist Surgical Oncology – For a Methodist hospital badge, please go to Security located across from the medical staff auditorium (close to the East Wing Elevators). Please contact the chief resident. 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.

Methodist University Acute Care/Minimally Invasive 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.

Methodist Germantown/Baptist Surgical Oncology - For a Methodist hospital badge, please go to Security located across from the medical staff auditorium (close to the East Wing Elevators). Please contact the chief resident. 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.**VA** – See Colette Scott (523-8990, ext. 2123) room CW353, 3rd floor. Must complete mandatory online training.

Baptist General Surgery – 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.

Baptist Minimally Invasive Surgery - 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.

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.

LeBonheur – Page Peds fellow 901-269-0208. Also, contact Shannae Staten at 901-287-6300 for a badge and handbook.

Thoracic Methodist – Please contact Dr. Thomas Ng at 401-497-6795 or email 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 – 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.

Neurosurgery at Semmes-Murphey – 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.**

<u>Other Electives:</u>

Peds Le Bonheur

- Residents: Intern, 2nd year, 4th year, Fellow (contact)

Vascular at Methodist University

- Residents: Intern, 3rd year (contact)

CT surgery at Baptist

-Second

Transplant Surgery at Methodist University

- Residents: Intern, 3rd year (contact)

Neurosurgery with permission

ENT with permission

Urology with permission

Orthopedics with permission

PRS with permission

Baptist General Surgery Oncology (Dr. 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 Methodist University & Baptist (Dr. Deneve)

- Residents: Intern, 3rd year, 5th year (contact)
- Rounds: Rounds are completed in the morning before cases. The intern and 5 round and the 3 and 5 round. 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 Methodist Germantown & Baptist (Dr. Dickson)

- Residents: 3rd year, 4th year, 5th year (contact)
- Rounds: Rounds are completed in the morning before cases. The PGY3 and 5 generally round at Germantown and the 4 is at Baptist
- 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 with residents, work on focused H&P skills
- GI malignancy conference: 06:30 Tuesday morning at West Clinic

VA General Surgery

- 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

ACS at Methodist University

- 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

MIS at Baptist/Methodist Germantown (Dr. Webb/Stoikes)

- Residents: Intern, 2nd year (contact)
- Rounds: Rounds are completed in the morning before cases. The PGY1 is responsible for the floor patients and PGY2 is responsible for the ICU patients. Usually have cases and patients in the hospital at both hospitals. The rounding list will be updated with labs and vitals prior to rounds
- Surgery: General surgery cases, including colorectal, biliary, hernia, acute care, etc. Majority of cases of laparoscopic. 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 and work on focused H&P skills. Clinic is Monday-Thursday afternoons

General Surgery at Regional One Health (Dr. Nabajit Choudhury)

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

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

Below is the schedule of students presenting "Professor Rounds":

Date	Student Presenter	Student Presenter	Attending
TBA	TBA	TBA	TBA

SKILLS LAB

LOCATION	*	*	**	**	***
	KNOT-TYING	**KNOT-TYING**	**SUTURE**	**SUTURE**	**AIRWAY**
	WOOD	WOOD	DENEVE	DENEVE	RANK/FERRANTE
	Time: TBA	**Time: TBA**	**Time: TBA**	**Time: TBA**	**Time: TBA**
	Group A	Group B	Group A	Group B	Groups A&B
	Date: TBA	**Date: TBA**	**Date: TBA**	**Date: TBA**	**Date: TBA**

* Coleman Bldg, Room TBA

** MITCHELL RESEARCH LAB/COLEMAN E203

*** CHIPS - 26 S. Dunlap, Room TBA

Group A	**Group B**

	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)	4:00 Conference (15)	7:00 Departmental M&M (15) weekly 8:00 Grand Rounds (15) weekly 9:00 This Week In Score (15) weekly 11:00 lecture (15) See schedule 12:00 Wed "Professor Rounds" (see schedule) 1:00 Airway Lab Groups A&B (Date TBA) (14)	Suture Lab Group A (TBA) (3) Suture Lab Group B (TBA) (3) Trauma clinic 12:00-3:00 (once every 3 weeks) 4:00 Conference (15)	2:00 Knot Tying Group A (Date TBA) (16) 3:15 Knot Tying Group B (3/4/22) (16)
GENERAL SURGERY BAPTIST		4:00 Conference (15)	7:00 Departmental M&M (15) weekly 8:00 Grand Rounds (15) weekly 9:00 This Week In Score (15) weekly 11:00 lecture (15) See schedule 12:00 Wed "Professor Rounds" (see schedule) 1:00 Airway Lab Groups A&B (Date TBA) (14)	Suture Lab Group A (TBA) (3) Suture Lab Group B (TBA) (3) 4:00 Conference (15)	2:00 Knot Tying Group A (Date TBA) (16) 3:15 Knot Tying Group B (Date TBA) (16)
GENERAL SURGERY REGIONAL ONE HEALTH	Clinic 8:00-5:00	4:00 Conference (15)	7:00 Departmental M&M (15) weekly 8:00 Grand Rounds (15) weekly 9:00 This Week In Score (15) weekly 11:00 lecture (15) See schedule 12:00 Wed "Professor Rounds" (see schedule) 1:00 Airway Lab Groups A&B (Date TBA) (14) Clinic 1:00-5:00	Suture Lab Group A (TBA) (3) Suture Lab Group B (TBA) (3) 4:00 Conference (15)	2:00 Knot Tying Group A (Date TBA) (16) 3:15 Knot Tying Group B (Date TBA) (16)
SURGICAL ONCOLOGY METHODIST UNIVERISTY & BAPTIST		4:00 Conference (15)	7:00 Departmental M&M (15) weekly 8:00 Grand Rounds (15) weekly 9:00 This Week In Score (15) weekly 11:00 lecture (15) See schedule 12:00 Wed "Professor Rounds" (see schedule) 1:00 Airway Lab Groups A&B (Date TBA) (14)	Suture Lab Group A (TBA) (3) Suture Lab Group B (TBA) (3) 4:00 Conference (15)	2:00 Knot Tying Group A (Date TBA) (16) 3:15 Knot Tying Group B (Date TBA) (16)
SURGICAL ONCOLOGY METHODIST GERMANTOWN & BAPTIST		4:00 Conference (15)	7:00 Departmental M&M (15) weekly 8:00 Grand Rounds (15) weekly 9:00 This Week In Score (15) weekly 11:00 lecture (15) See schedule 12:00 Wed "Professor Rounds" (see schedule) 1:00 Airway Lab Groups A&B (Date TBA) (14)	Suture Lab Group A (TBA) (3) Suture Lab Group B (TBA) (3) 4:00 Conference (15)	2:00 Knot Tying Group A (Date TBA) (16) 3:15 Knot Tying Group B (Date TBA) (16)
VA GENERAL SURGERY		7:00 Vascular Conf (8) (O) 4:00 Conference (15)	7:00 Departmental M&M (15) weekly 8:00 Grand Rounds (15) weekly 9:00 This Week In Score (15) weekly 11:00 lecture (15) See schedule 12:00 Wed "Professor Rounds" (see schedule) 1:00 Airway Lab Groups A&B (Date TBA) (14)	Suture Lab Group A (TBA) (3) Suture Lab Group B (TBA) (3) 4:00 Conference (15)	2:00 Knot Tying Group A (Date TBA) (16) 3:15 Knot Tying Group B (Date TBA) (16)

ACUTE CARE/M.I.S. METHODIST UNIVERSITY		4:00 Conference (15)	7:00 Departmental M&M (15) weekly 8:00 Grand Rounds (15) weekly 9:00 This Week In Score (15) weekly 11:00 lecture (15) See schedule 12:00 Wed "Professor Rounds" (see schedule) 1:00 Airway Lab Groups A&B (Date TBA) (14)	Suture Lab Group A (TBA) (3) Suture Lab Group B (TBA) (3) 4:00 Conference (15)	2:00 Knot Tying Group A (Date TBA) (16) 3:15 Knot Tying Group B (Date TBA) (16)
MINIMALLY INVASIVE SURGERY BAPTIST		4:00 Conference (15)	7:00 Departmental M&M (15) weekly 8:00 Grand Rounds (15) weekly 9:00 This Week In Score (15) weekly 11:00 lecture (15) See schedule 12:00 Wed "Professor Rounds" (see schedule) 1:00 Airway Lab Groups A&B (Date TBA) (14)	Suture Lab Group A (TBA) (3) Suture Lab Group B (TBA) (3) 4:00 Conference (15)	2:00 Knot Tying Group A (Date TBA) (16) 3:15 Knot Tying Group B (Date TBA) (16)
CT BAPTIST		7:00 Vascular Conf (12) Location changes. Please see Dr. Garrett for the location. 4:00 Conference (15)	7:00 Departmental M&M (15) weekly 8:00 Grand Rounds (15) weekly 9:00 This Week In Score (15) weekly 11:00 lecture (15) See schedule 12:00 Wed "Professor Rounds" (see schedule) 1:00 Airway Lab Groups A&B (Date TBA) (14)	Suture Lab Group A (TBA) (3) Suture Lab Group B (TBA) (3) 4:00 Conference (15)	2:00 Knot Tying Group A (Date TBA) (16) 3:15 Knot Tying Group B (Date TBA) (16)
THORACIC SURGERY METHODIST UNIVERSITY & BAPTIST		4:00 Conference (15)	7:00 Departmental M&M (15) weekly 8:00 Grand Rounds (15) weekly 9:00 This Week In Score (15) weekly 11:00 lecture (15) See schedule 12:00 Wed "Professor Rounds" (see schedule) 1:00 Airway Lab Groups A&B (Date TBA) (14)	Suture Lab Group A (TBA) (3) Suture Lab Group B (TBA) (3) 4:00 Conference (15)	2:00 Knot Tying Group A (Date TBA) (16) 3:15 Knot Tying Group B (Date TBA) (16)
TRANSPLANT METHODIST UNIVERSITY		4:00 Conference (15)	7:00 Departmental M&M (15) weekly 8:00 Grand Rounds (15) weekly 9:00 This Week In Score (15) weekly 11:00 lecture (15) See schedule 12:00 Wed "Professor Rounds" (see schedule) 1:00 Airway Lab Groups A&B (Date TBA) (14)	Suture Lab Group A (TBA) (3) Suture Lab Group B (TBA) (3) 4:00 Conference (15)	2:00 Knot Tying Group A (Date TBA) (16) 3:15 Knot Tying Group B (Date TBA) (16)
PEDIATRIC SURGERY LEBONHEUR		Outpatient Clinic – P.M. (9) 4:00 Conference (15)	7:00 Departmental M&M (15) weekly 8:00 Grand Rounds (15) weekly 9:00 This Week In Score (15) weekly 11:00 lecture (15) See schedule 12:00 Wed "Professor Rounds" (see schedule) 1:00 Airway Lab Groups A&B (Date TBA) (14)	Suture Lab Group A (TBA) (3) Suture Lab Group B (TBA) (3) 4:00 Conference (15)	2:00 Knot Tying Group A (Date TBA) (16) 3:15 Knot Tying Group B (Date TBA) (16) Outpatient Clinic – P.M. (9)
NEUROSURGERY SEMMES-MURPHY	9:00-2:30 Clinic	4:00 Conference (15)	7:00 Departmental M&M (15) weekly 8:00 Grand Rounds (15) weekly 9:00 This Week In Score (15) weekly 11:00 lecture (15) See schedule	Suture Lab Group A (TBA) (3) Suture Lab Group B (TBA) (3)	2:00 Knot Tying Group A (Date TBA) (16) 3:15 Knot Tying Group B (Date TBA) (16)

<table>
<tr><td></td><td></td><td></td><td>12:00 Wed “Professor Rounds” (see schedule)

9:00-2:30 Clinic
Brain Tumor Conference (1st and 3rd Weds) (11)

1:00 Airway Lab Groups A&B (Date TBA) (14)</td><td>4:00 Conference (15)</td><td></td></tr>
<tr><td colspan="6">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 A138/140
O – optional
** Attend only if General Surgery conferences are cancelled</td></tr>
</table>

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

Below is the template for completing the logs on the surgery rotation with some examples. This will likely to be different than other rotations' requirements. Basically, I 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.'s Magnotti and Zickler 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.

· **Procedure log template**:

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. Ferguson 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. Deneve or Ms. Bishop.

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

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)

ROH LOCKERS AND 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, in room 214, 910 Madison. Students may need to share these. DO NOT LEAVE PAGERS SOMEWHERE TO BE PICKED UP.

Pagers must be checked out and returned to Ms Bishop, not turned over to the next team.

Failure to return pagers to Ms Bishop will result in a fine of $50.00 (donated to the ROH Foundation).

If I cannot easily determine who lost the pager, each student who was sharing it will be assessed a $50.00 fine.

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:

- Go to ROH intranet
- Under departmental, select Laundry Services
- Then complete the scrub request
- For the expiration date, please use the last date of your assignment.
- Be sure to use cbishop@uthsc.edu as the email address. NOT your own.

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 Brenda Wells or 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.

SURGICAL SKILLS (MUST BE PERFORMED ON PATIENTS NOT MANNEQUINS)

Required 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

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.

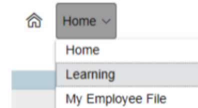
5. You should now see the Congratulations! Screen. Take note of your Username/Email Address.

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

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 getting married, 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: Trisha Armstrong Email: patricia.armstrong@uthsc.edu | **Fax:** 901-448-1488

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

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

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.

POLICIES

https://www.uthsc.edu/medicine/student-affairs/policies.php

Professional Behavior/Code of conduct
Work hours
Mistreatment
Religious Accommodation
Scrubs
Accessing VA computers
Security
Overnight shuttle service
Inclement weather
Injuries and exposure to blood and body fluids
Duty hours/ patient logs
Lockers/pagers

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
MED-Emergency Room Entrance and Rout Delivery Entrance
VA-Main Entrance and Emergency Room Entrance
Methodist University-Emergency Room Entrance

Clerkship Inclement Weather Policy

–

The administration of each campus decides when that campus is closed due to inclement weather.
Closure indicates that classes and scheduled meetings are cancelled.
In the event that the school is closed, faculty and students with clinical responsibilities are professionally obligated to provide that care even during inclement weather. Students on clinical services are expected to continue to provide care for their patients, provided traveling would not place the student at serious risk of injury.
Students should consult with their resident and physician supervisors to determine the risks/benefits involving travel during these periods. Students who are unable to travel to the rotation sites should contact the clerkship director and the team as soon as possible to advise them of the individual situation and whether the student could reach the site later in the day.

ROTATION	FROM	THRU
PERIOD 1	DATE TBA	DATE TBA
PERIOD 2	DATE TBA	DATE TBA
PERIOD 3	DATE TBA	DATE TBA
PERIOD 4	DATE TBA	DATE TBA

STUDENT	General Surgery Baptist [2]	General Surgery ROH [2]	Surg Onc Methodist University & Baptist [3]	Surg Onc Methodist Germantown & Baptist [2]	VA General Surgery [2]	Acute Care/ M.I.S. Methodist University [2]	M.I.S. Baptist [2]	Trauma Regional One Health	CT Baptist [2]	Approved rotations (Neuro, Ortho, ENT, etc.)	Transplant Methodist [2+]	Pediatric Surgery Lebonheur [2]	Thoracic Surgery MUH & Baptist [1]	ROH Trauma #	LAB GROUP