EVMS

Eastern Virginia Medical School

SURGERY CLERKSHIP

Jay Collins, M.D.
Director of Undergraduate Surgical Education

July 1 – August 23, 2013

Clerkship Manual

General Surgery
CLERKSHIP MANUAL
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SECTION 1: INTRODUCTION TO SURGERY CLERKSHIP

1.1 BEGINNING YOUR SURGERY CLERKSHIP

Your surgery clinical rotation will begin on Monday, July 1, 2013. The first day will consist of a series of introductory lectures and a suturing workshop that will occur at the times and locations indicated in the Orientation Day schedule below. Immediately following orientation, you are to report to the person(s) specified in the chart provided in section 1.3, on the following page.

Please be familiar with the entire contents of this manual prior to Orientation**.** During Orientation you will be provided one pocket-sized hard copy of this manual.

1.2 CONTACTING DEPARTMENT OF SURGERY - EDUCATION DIVISION

Clerkship Director: Jay Collins, MD
Phone: (757) 446-8950 E-mail:collinjn@evms.edu

Education Specialist: Melissa Anderson
Phone: (757) 446-8967 E-mail:andersma@evms.edu

Education Coordinator: Cecilia Mulrain
Phone: (757) 446-6107 E-mail: mulraics@evms.edu

ORIENTATION SCHEDULE FOR **JULY 1, 2013**

7:40 am **(Simulation Lab, SNGH)**	Overview of Clerkship Responsibilities Cecilia Mulrain Clerkship Coordinator
8:00 am **(Simulation Lab, SNGH)**	OR Scrub Orientation Chris Arnett and Brynja Jones SNGH Surgical Services
9:30 am **(Simulation Lab, SNGH)**	Suturing Workshop Jay Collins, MD
11:00 am **(Simulation Lab, SNGH)**	Student Expectations Michael Soult, MD Resident

1.3 STUDENT SITE ASSIGNMENTS

STUDENTS ASSIGNED TO:	**REPORT TO:**
LEIGH Bahagry, Samira Davis, Pamela Horner, Michael Mathur, Akritl Phillip, Nicole Stolle, Andrew Walck, Natalie Dong, Ray Murphy, Michael Wang, Chengxi	**Chief Resident** **Kara Friend** (Pager: 475-3300) *Students are to report to the Main OR Front Desk to check in with Laura Hadley, Team Leader for Surgical Assistants, or Lisa Rogers, Manager of Main OR, and then report to Chief Resident.
NAVY Cancian, John Lesko, Joshua Semble, Ashley Finch, Jasmine	**Dovie Loud**, Residency Coordinator/Admin. Assistant) Charette Health Care Center, Bldg. 2, 2nd Floor General Surgery Dept
SNGH Allen, Rachel Chen, Frank Nayi, Vipul Ramsdell, Geoffrey Restaino, Kathryn Thadani, Sameer Yang, Weilin Bosco, Joan Thompson, Matthew Rollins, Anika	**Chief Resident– OR Lounge Third Floor** **Bhairav Shah, MD** (Pager: 475-7644) *Students are to report to the Chief or Senior level Resident

NOTE: You will find general information for each site in section 2.1. Programmatic requirements and schedules for the respective sites are arranged in Section 3 of this manual. Familiarize yourself with all materials for your site.

SECTION 2: GENERAL INFORMATION

2.1 GENERAL SITE INFORMATION

SITE LOCATION AND CONTACT INFORMATION	
Sentara Leigh Hospital 830 Kempsville Road Norfolk, VA (757) 261-6000 Norfolk Surgical Group 880 Kempsville Road, Suite 1000 Norfolk, Virginia 23502	Site Coordinator: James Snyder, M.D. Assistant: Nancy Eleftheratos O: (757) 261-5037
Naval Medical Center 620 John Paul Jones Circle Charette Health Care Center Portsmouth, VA 23708-2197	Site Coordinator: Travis Polk, MD, FACS LCDR, MC, USN Admin. Assistant: Dovie Loud O: (757) 953-2518 F: (757) 953-0836
Sentara Norfolk General 600 Gresham Drive Norfolk, VA (757) 668-3000 EVMS Department of Surgery 825 Fairfax Ave., Ste 610 Norfolk, VA 23507	Site Coordinator: Jay Collins, M.D. Admin. Assistant: Kerry Sisson O: (757) 446-8965

2.2 General Responsibilities of Surgery Clerkship Student

Communications/ Student E-mail Accounts
All formal communications between this department and its Clerkship students will be through each student's assigned EVMS e-mail address. It is the responsibility of each student to remain up to date with his or her e-mail account, and ensure his or her respective mailbox is not full. E-mail communications will include important information such as last minute changes to didactic schedules and the administration of the SHELF examination, changes will also be placed in the Announcement sections in New Innovations.

Grand Rounds Attendance
Students must sign the attendance book for Surgery Grand Rounds (Fridays and occasional Saturdays, 8:00 am). Attendance at Grand Rounds is required on the day of your final exam.

Clerkship Didactics Attendance
Students are required to attend every didactic scheduled for their assigned site, with the limited exception of attendance at home site Small Groups during the week the student is assigned to their subspecialty rotations. Clerkship Lectures on Fridays are mandatory for all students despite their subspecialty site assignment.

Unexcused Absences
During the surgery rotation, students are expected to be active members of the medical teams caring for patients in our hospitals, offices, and clinics. In addition, students are expected to assume personal responsibility for their education and training, and therefore are expected to be present for all scheduled clinical activities, teaching conferences, lectures, examinations, etc. In the event of an emergency that requires absence from the clinical site, students should notify Dr. Collins at collinjn@evms.edu in the Department of Surgery immediately. **Students with 1-2 unexcused absences during the clerkship will only be eligible to receive a grade of Pass. Three or more unexcused absences will result in failure of the clerkship.**

Delayed Faculty
Students may not leave the location of an assigned didactic until released by the Faculty member responsible for the presentation, or by a member of the Education Division of the Department of Surgery. If a faculty member is not present within 15 minutes of a scheduled lecture or small group, please contact Cecilia Mulrain @ 446-6107.

Evaluation of Surgery Clerkship
Students are required to complete an evaluation of the clerkship. This information is used for program evaluation purposes. The Evaluation Form will be provided via New Innovations approximately one week prior to your scheduled SHELF Examination. Completed evaluations will be due from each student by the end of the last day of the Clerkship. Any student who fails to submit an evaluation will receive a grade of incomplete and be required to meet with the Clerkship director.

Night Call Activity

All students will be scheduled to take call an average of every 4th night at their respective site, beginning with the first day of the clerkship rotation. Students assigned to their subspecialty weeks (Vascular or Pediatric Surgery) are exempt from call at their site during those weeks.

Students are expected to participate in all on-call activities, including ER evaluations, operative procedures, floor calls, etc. Students will be relieved of their clinical duties by 10am. on the following day, but may choose to stay on the service to gain additional experience.

However, students are required to attend all scheduled clerkship lectures and small groups on their post-call day, regardless of the scheduled time.

2.3 General Responsibilities of Surgery PA Student

Point of contact: Dr. Timothy Novosel (PA Preceptor)
Email: novosetj@evms.edu
Secretary: Kerry Sisson Phone: 446-8965

Didactics Attendance
Students are required to attend Orientation, and every didactic scheduled for their assigned site.

Night Call Activity
All students will be scheduled to take call an average of every 4th night at their respective site, beginning with the first day of the rotation.

2.4 General Responsibilities of Surgery Housestaff

- Be familiar with clerkship objectives
- Orientation of students
  - ✓ Provide oversight of student's call schedules.
  - ✓ Explain how patients are assigned.
  - ✓ Explain how patients are to be followed and discuss student's patient care responsibility.
- Assign a variety of cases during the eight weeks of clerkship.
- Provide teaching during rounds and in the OR.

- Educational Goals
- Concepts
  - ✓ Pre-op evaluation
  - ✓ Post-op evaluation
  - ✓ Post-op fluid electrolyte management
    1. Maintenance
    2. Burns
    3. Hyperalimentation
  - ✓ Complications of surgery
  - ✓ Use of laboratory and value of specific tests

- Skills
  - ✓ H&P and progress notes
  - ✓ Case presentations
  - ✓ Orders (Admissions; pre-op/post-op; routine orders)
  - ✓ Venipuncture and cut downs
  - ✓ Blood gases
  - ✓ NG tubes and Foley catheter placement
  - ✓ Basic suture techniques
  - ✓ Dressing and drain management
  - ✓ Proctosigmoidoscopy
- Evaluations of Students (Mid-Term and Final Ward Evaluations)

2.5 WRITING PATIENT NOTES: GUIDELINES FOR STUDENTS

The following information must be included in your Pt Notes/ Reports:

Post-op day #; hospital day #; Antibiotic day #; Central line day #
Subjective Information - no extraneous information; report only what is pertinent (i.e., patients after bowel or abdominal surgery should be asked about nausea, vomiting, flatus, bowel movement)

Vital signs to include: T-max, T-current, HR, BP, RR
Is/Os (discriminate between the important things such as: output from drains, nasogastric tubes, Foley catheters). You will be asked about the character of the output from the drains or catheters (i.e., serous-sanguinous, purulent, bilious)

If pt has a chest tube, record its output and whether there is a leak.
Physical exam-should be reported from head to toe. The only time to report a neurological exam is during the initial presentation, unless it is relevant.

Report CVS, pulmonary, abdominal exams as they are pertinent.
After vascular surgery, report pulses.
Incisions and wounds should be looked at every day and reported.
Report the labs of the day and compare them to the previous day. If labs are not back for rounds they should be written on the chart as soon as they are available.

Pathology reports should be included in progress notes once available.

Assessment and Plan

2.6 PROPER OPERATING ROOM ATTIRE

Sentara Norfolk General Hospital Surgical Suite Policy

Date Issued: May 1982
Submitted by: O.R. Mngmt. Cmte.
Approved by: O.R. Mngmt. Cmte, O.R. Cmte., Patient Care Cmte, And Executive Cmte.
Date Revised: June 1, 1984

PURPOSE:

1. To serve as a standard for wearing apparel of persons who work within the Surgical Suite.

2. To lessen the opportunity for persons who work within the Surgical Suite to serve as a potential source of infection for surgical patients.

3. For the purposes of this policy, the O.R. is divided into the following areas:

   A. Clean Area: Areas beyond the double doors and the hallway outside the Operating Suites.

   B. Sterile Area: the Operating Suites.

STANDARD RELATING TO OPERATING ROOM ATTIRE:

1. All persons entering the clean or sterile areas of the Surgical Suite should be attired in surgical apparel.

   A. All clothing should be comfortable, made of fabric which meets National Fire Protection Association Standards (NFPA), and should be laundered in the hospital facilities.

   B. Scrub clothing should never be worn outside the hospital.

   C. Scrub suit tops should always be tucked inside the scrub suit trousers.

   D. It is recommended that O.R. attire not be worn outside the Surgical Suite. If this is necessary, a freshly laundered knee-length lab coat, completely

fastened, should be worn. Before re-entering the suite, it is recommended that surgical attire be changed.

2. All head and facial hair (sideburns, beards, and neckline) should be covered.

   A. The surgical scrub cap or surgical hood should be clean and free of lint. Net caps are not acceptable.

   B. Surgical caps or hoods should not be worn outside the Surgical Suite.

   C. Cloth head coverings should be made of fabric which meets NFPA standards and should be laundered daily in hospital laundry facilities.

3. All persons entering the restricted area of the Surgical Suite should wear shoes designated for that area only.

   A. Shoe covers should be used to cover shoes that are worn out of the department.

   B. Shoe covers will be available for people who do not have designated shoes for the Operating Room.

4. All personnel must wear high filtration masks at all times in the sterile area.

   A. The mask should cover the mouth and nose completely and should be secured to prevent venting at the sides. In procedures which necessitate the use of endoscope, it may be necessary to place the mask under the nose to prevent fogging of the lens.

   B. Ideally, masks should be changed every thirty minutes for maximum efficiency. However, when this is not possible, they must be changed between cases.

   C. When removing the mask, only the strings should be touched to avoid hand contamination from the nasopharyngeal area.

SPECIAL CONSIDERATION:

1. Special Case Attire: The attire for septic cases is the same as for the clean cases. When the case has been completed, caps, masks, shoe covers, and gowns must be removed in the room. Caps and shoe covers will be available outside the room and must be worn until outside the clean area.

2. Jewelry: The wearing of earrings, wedding and engagement rings, neck chains and watches by persons who work in the Operating Suite is permitted but discouraged.

3. Scrub team members may not wear rings.

4. Warming Jackets: Warming jackets may be worn, but should be completely buttoned when working around sterile supplies. These should be laundered in the hospital laundry.

5. Jump Suits: Authorized persons entering the restricted areas of the O.R. Suite on short tours of business may, at the discretion of the Head Nurse or Assistant Director of Surgery, wear a jumpsuit, cap, mask and shoe covers.

6. Fingernails: Nail polish may not be worn by members of the scrub team. Fingernails should be short and clean.

2.7 GUIDELINES FOR REMOVING GLOVES AND GOWN

Sentara Norfolk General Hospital Surgical Suite Policy

Original Date: March 1996
Submitted by: June Rice
Date revised: February 2001, February 2002, October 2006, Feb2011
Revision Approved by: Policy Standardization Forum

PURPOSE:
To establish a system that promotes shielding from body fluid and microbial contamination during surgical intervention, and to prevent cross contamination.

PROCEDURE:
1. Removal of gown and gloves always takes place within the Operating Room, prior to exiting the room.

2. With gloves on, grasp gown at shoulders and pull over arms. Pull ties and fold gown so that contamination is contained internally. Discard into the designated trash bag.

3. Remove first glove using the opposite hand to grasp the outer surface at the cuff and pull off. Remove the second glove by placing fingers on the inside, pulling

off glove. Discard gloves in an appropriate trash container. Never 'pop' or propel gloves through the air into the trash container.

2.8 PROTOCOL FOR STUDENT BLOOD AND BODY FLUID EXPOSURES:

Eastern Virginia Medical School follows Centers for Disease Control and Occupational Safety and Health Administration guidelines for management of student blood and body fluid exposures. If have a blood or body fluid exposure at your practice, please follow the procedure as listed below:

1. Wash wound or skin sites with soap and water and/or flush mucous membrane exposures as soon as possible following the exposure.

2. Obtain baseline lab work on the patient source. This lab work should consist of an HIV test (stat if available), hepatitis B surface antibody, hepatitis B surface antigen, hepatitis B core antibody, and hepatitis C antibody. **Do not let the patient leave until the lab specimen has been drawn.**

3. Assess the patient's risk factors for HIV infection. Note if the patient has had an HIV test in the past, the date, and the result. Also note the patient's age, gender, diagnosis, and history of high risk behaviors (e.g. history of transfusions, IV drug use, sexual history, etc.)

4. Contact EVMS Occupational Health at 446-5870 or pagers 584-0550 as soon as possible. If the exposure has occurred after business hours during evenings, nights, weekends, or holidays, call the EVMS Exposure Pager at 669-1157.

SECTION 3: GENERAL DIDACTIC INFORMATION

3.1 EDUCATIONAL OBJECTIVES

The overall objective of the EVMS General Surgery Clerkship is to provide educational and training experience that meets the following criteria:

A. To function as a member of a health care team

B. To assume responsibility for patient care under supervision

C. To enhance clinical skills in the form of history taking and physical examination and recording of pertinent clinical information

D. To identify and solve clinical problems in a surgical environment including the synthesis and interpretation of information relevant to clinical issues

E. To develop plans for investigation and management

F. To develop an awareness of emotional, social, and economic implications of illness and utilize appropriate resources in the solutions of these problems

G. To develop the ability of self-assessment, including recognizing personal strengths and limitations

H. To recognize educational needs and utilize appropriate learning resources

I. To appreciate the psychological consequences of surgical procedures

J. To acquire an understanding of professional and ethical principles in relation to patient management and physician-patient/family relationships

K. To develop communication skills (oral case presentation, chart notes, etc.)

L. To develop professional habits consistent with the ACGME General Competencies:

PATIENT CARE
Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

MEDICAL KNOWLEDGE
Demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care.

PRACTICE-BASED LEARNING AND IMPROVEMENT
Investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.

INTERPERSONAL AND COMMUNICATION SKILLS
Demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients families, and professional associates.

PROFESSIONALISM
Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

SYSTEMS-BASED PRACTICE
Demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

II. Specific Learning Objectives

A. Students will learn basic principles of surgery, including:
1. Preoperative care
2. Postoperative care
3. Fluid and electrolyte therapy
4. Acid - Base balance
5. Surgical nutrition
6. Wound healing, wound care, wound management
7. Complications of surgery
8. Principles of asepsis
9. Shock
10. Burns
11. Priorities in multiple trauma
12. Endocrine response to trauma
13. Basic principles in surgical oncology

B. Students will learn basic concepts of common illnesses which pertain to surgery (symptoms, signs, pathophysiology, investigation, and principles of management)
   1. Acute abdomen
   2. Hernia
   3. Esophagus
   4. Stomach and duodenum
   5. Biliary tract
   6. Pancreas
   7. Intestinal obstruction
   8. Colon, rectum, and anus
   9. Peripheral artery disease
   10. Venous disease
   11. Breast
   12. Surgically treatable hypertension
   13. Surgical implications of hematologic disorders
   14. Immunologic, traumatic, and infectious implications of neoplastic disorders
   15. Endocrine system including thyroid, parathyroid, and adrenal
   16. Thoracic disease

C. Students will observe and assist in the operating room and be expected to correlate surgical pathology with clinical findings.

D. Students will be able to adequately perform the following physical examinations: breast, abdominal, rectal and hernia examinations.

E. Students will be exposed to basic suturing techniques, with the expectation that students are practicing these techniques on their own time and/or any downtime during the work day.

3.2 MANDATORY CONFERENCES & SEMINARS FOR ALL STUDENTS

Medical School Didactics

While in your Surgery Clerkship you remain an EVMS medical student. All third year medical students must attend the *Life Death and Dying – Class 2014* programs. These supersede any other coursework. Therefore, students are excused from their rotations to attend these required courses.

August 6, 2013 3:00-5:00p.m., McCombs Auditorium (unconfirmed)

Weekly Grand Rounds Conferences

The Department of Surgery hosts Grand Rounds and related didactics each Friday and occasional Saturday's beginning promptly at 8:00 a.m. These conferences are mandatory for all students and attendance supercedes all other duties. Each student is to plan their morning activities, duties, and travel requirements to ensure that they arrive at Grand Rounds prior to its start at 8:00 a.m.

Following the 8:00 a.m. – 9:15 a.m. Grand Rounds Session there may be one or two further didactics scheduled for presentation in the same location as the Grand Rounds session. These are mandatory for all students *unless* a student didactic session is scheduled by the Education Division of the Department of Surgery. Students should then attend their Clerkship didactic rather than the general departmental didactic.

You *must* sign the signature log that will be provided outside of the room in which the departmental didactic is presented to be considered present.

Breast Evaluation Program Schedule

SNGH students are required to spend one Friday afternoon at the Breast Evaluation Program. Students should report promptly to Suite 203 in the River Pavilion clinic by 1:30pm on the assigned date.

*Please contact Kenedra Davis at daviskl@evms.edu or **757-446-8955** the Wednesday before to confirm attendance and conference location.*

Student	**Date**
Nayi, Vipul & Yang, Weilin	Friday, July 5th
Rollins, Anika & Ramsdell, Geoffrey	Friday, July 12th
Allen, Rachel	Friday, July 19th
Chen Frank	Friday, July 26th
Thadani, Sameer	Friday, Aug 2nd
Bosco, Joan	Friday, Aug 9th
Thompson, Matthew & Restaino Kathryn	Friday, Aug 16th

Surgery Clerkship Lecture Series

The below-listed events are mandatory for all students, despite their assigned home site or present location.

Day	Date	Time	Room	Instructor	Topic
Mon	7/1	930am – 1100am	SNGH Simulation lab	Dr. Collins	Suturing Workshop
Fri	7/5	10:15am	HH 752	Dr. Collins	Pre-op Preparation
Fri	7/5	11:15am	HH 752	Dr. Collins	Breast Exam Training
Fri	7/12	1:15am	HH 752	Dr. Trzcisnki	Principles of Reconstructive and Plastic Surgery
Fri	8/2	10:15am	HH 752	Dr. Viennas	Evaluation and Management of Facial Trauma
Fri	7/26	10:30am	HH 752	Dr. Weireter	Intro to Trauma
Fri	8/9	11:15am	HH 752	Dr. Clark	Principles of Anesthesia
Fri	7/12	11:15am	HH 752	Drs. Ammar & Cuozzo	Intro to Vascular Surgery

3.3 CLERKSHIP READING MATERIALS

Required Texts:
Essentials of Surgery, Lazar J. Greenfield, Michael W. Mulholland, Keith T. Oldham, Gerald B. Zelenock, Keith D. Lillemoe, Lippincott - Raven, 1997. (Considered the minimum reading requirement of the clerkship.)

A Guide to Physical Examination and History Taking. 10th ed. / Lynn S. Bickley, Peter G. Szilagyi. Philadelphia : Wolters Kluwer Health/Lippincott Williams & Wilkins, c2009.

Supplemental Reading:

Silen. ***Cope's Early Diagnosis of the Acute Abdomen***, 22nd Ed. New York: Oxford University Press, 2010.

Polk et al. ***Basic Surgery***, 4th Ed. Norwalk, Connecticut: Appleton-Century-Crofts, 1997.

Sabiston. ***Sabiston's Essentials of Surgery,*** 2nd Ed. Philadelphia: W.B. Saunders Company, 1994.

Sabiston. ***Textbook of Surgery***, 18th Ed. Philadelphia: W.B. Saunders Company, 2008.

Schwartz. ***Principles of Surgery***, 9th Ed. New York: McGraw Hill, 2010.

Way. ***Current Surgical Diagnosis & Treatment***, 11th Ed. Norwalk, Connecticut: Appleton & Lange, 2003.

Greenfield. ***Surgery Scientific Principles and Practice***, 2nd Ed. Philadelphia, New York: Lippincott - Raven, 2011.

3.4 MANDATORY DOCUMENTATION AND EXPERIENCE LOGS

I. H & P's

- Students must submit a minimum of six H&P's by the end of their rotation
- Two of the Six H&Ps must be submitted to your site preceptor and respective chief resident for evaluation
- Students must turn in one H&P per week by 5pm on Friday to **Cecilia Mulrain mulraics@evms.edu , to fulfill your clerkship requirements. Any students who do not submit all 6 H&Ps by the end of the clerkship will only be eligible to receive a grade of Pass**

Please note: Students assigned to SLH must submit their H&Ps electronically to Dr. Snyder's Secretary Ms. Nancy Eleftheratos at nkewings@sentara.com .In addition; you should submit two H&Ps to the Chief Resident during your subspecialty week.

** *Please note: All H&Ps must be submitted on patients you actually see. All H&Ps that are turned in must be in free text, no copy & paste H&Ps. You are* ***not allowed*** *to use notes from EPIC. You must include a discussion. This discussion should cover the differential diagnosis for your patient's chief complaint, discussion of appropriate workup and therapy, pharmocologic or surgical, as well as a discussion of the pathophysiology behind the patient's disease process. Part of this exercise is for you to understand the workup of acute surgical disease, and not just regurgitating the intern's assessment and plan.*

Please do not store patient data on your hard drives. This could be a HIPPA violation.

Sample H & P

CC: 23 yo M with abdominal pain for 12 hours.
HPI: AE is a 23 yo M that had a breakfast of bacon and eggs this AM and soon after noticed burning epigastric pain. The pain was not alleviated by soda and Pepcid. Approximately 4 hours later upon standing he felt sharp sudden intense RUQ pain that caused him to double-over, the pain resolved soon after but returned 1 hour later. He had an episode of brown nonbloody emesis. Upon arrival he endorsed improvement in his pain and nausea, however has difficulty taking deep breaths due to pain. He recalls having another similar episode of epigastric pain approximately 1 month ago which resolved spontaneously. He denies fevers or change in bowel habits. Single brown BM this morning.
PMH: Eczema
PSH: Right knee arthroscopy
Medications: None
Allergy: None
FH: Both parents with cholecystectomies for cholelithiasis, no IBD or GI cancers
SH: Nonsmoker, nondrinker. Single, lives alone, works as a roofer.
ROS: Constitutional no weight loss or gain, no F/C/S; HEENT no hearing or visual problems; Chest no SOB, DOE, cough; Heart no chest pain, palpitations; Back epigastric pain does radiate to back; Abdomen as above; GU no hematuria, dysuria or trouble urinating; Rectal soft

stool daily, no diarrhea, constipation or anal pain; Extremities chronic right knee pain from football injury; Skin no rashes/lesions
Vitals: T_c 98.1 HR 73 BP 130/86 RR 18 SpO_2 98% RA
Physical exam:
Gen – well-appearing, well developed male in pain
HEENT – normocephalic, trachea midline, no scleral icterus, no conjunctivitis
Pulm – CTAB, no wheeze or rhonchi
CV – RRR, no M/R/G, peripheral pulses brisk and symmetric
GI – NBS, soft, ND, mildly TTP at midline epigastrum, no rebound tenderness, no guarding or rigidity, no palpable masses, no Murphy's sign, no inguinal hernia
GU – normal male, no testicular masses
Rectal – no external lesions, NST, no masses, brown stool
Extermities – FROM, non tender
Neuro – no focal deficits
Skin – no lesions noted
Labs:
CBC 15.0 > 17.7 / 50.6 < 216
BMP 136 / 3.3 / 99 / 28 / 13 / 1.3 < 121, Ca 9.4 (corrected 8.7 **L**)
UA **+bili**, urobili 0.2 nl, SG > 1.030, otherwise wnl
Lipase 34400 **H** (nl 7-60)
TProt 8.4 **H** (nl 6.3-8.2), Alb 4.9 **H** (nl 3.5-4.8), Tbili 4.1 **H** (nl 0.2-1.3), Dbili 3.3 **H** (nl < 0.3), AlkP 85, AST 145 **H** (nl 5-35), ALT 157 **H** (nl 7-56)
Imaging: RUQ U/S notable for multiple stones in the GB, borderline wall thickening, and positive sonographic Murphy's sign. No pericholecystic fluid or bile duct dilation.
Assessment: Mr. E is a 23 yo M with 1 day of RUQ abdominal pain a/w nausea and vomiting and confirmed cholelithiasis by U/S. Most likely items on the differential include acute gallstone pancreatitis, acute alcoholic pancreatitis, acute cholecystitis, cholangitis, and acute appendicitis. However, lipase elevated above 208 is 97% specific for acute pancreatitis (Am J Gastroenterol 1993 Dec;88(12):2051), though lipase is also elevated in hepatobiliary diseases such as acute cholecystitis or choledocolithiasis. In differentiating gallstone from alcoholic etiology, presence of gallstone by U/S strongly suggestive, as well ALT 3x normal has a 95% PPV for gallstone etiology (Am J Gastroenterol 1994 Oct;89(10):1863), in this case ALT is 2.6x normal. Elevated WBC compatible with pancreatitis, cholecystitis, and cholangitis. Hematocrit > 50% a/w severe hemoconcentration and some association with necrotizing pancreatitis (24% PPV, 88% NPV; Am J Gastroenterol 2001 Jul;96(7):2081). Hyperglycemia and hypocalcemia are both consistent with pancreatitis. Presentation, examination, labs, and imaging are all consistent with acute gallstone pancreatitis vs. other etiologies. Only 1 Ranson criteria is met for gallstone pancreatitis (WBC > 18k) so prognosis is likely to be mild with good prognosis.
Plan:
1. NPO, analgesia, bolus 1 L LR and place Foley
2. MIVF LR at 1.5 normal rate.
3. Titrate MIVF rate to maintain urine output of at least 0.5 mL/kg/hour.
4. Literature supports use of enteral nutrition in reducing infectious complications and length of hospital stay (level 2 evidence).
5. As pancreatitis is mild per Ranson criteria, imipenem is NOT likely to be of benefit.
6. Insulin infusion with glucose (reduces pain, level 2 evidence, NNT 2; Scand J Gastroenterol 1975;10(5):487).
7. Hydromorphone 0.5 mg IV q4hr prn for pain.
8. Recheck CBC, lipase and CMP tomorrow.
9. Cholecystectomy with IOC once pancreatitis resolved (recommended for gallstone pancreatitis with Ranson <= 3 and indication of biliary obstruction such as Tbili > 4; Ann Surg

2010 Apr;251(4):615; Scand J Surg 2010;99(2):81).

II. TUBES AND DRAINS

NGT = nasogastric tube; used to decompress the stomach.

Foley = catheter to drain urine from the bladder.

Tube thoracostomy/Chest tube = tube used to drain fluid from the pleural cavity and re-establish negative pleural pressure.

Jackson-Pratt (JP)/ Blake drain/ Hemovac = tubes used to drain fluid or blood from potential spaces or anastomoses that may leak.

G tube / gastrostomy tube = tube to drain stomach passively or to feed.

J tube / feeding jejunostomy = feeds jejunum distal to the duodenum.

Moss / GJ (gastrojejunostomy) tube = single tube to drain stomach and feed jejunum.

Morning report should include total volume drained from these tubes in previous 24 hours (except feeding tubes). The color and character of fluid should be included. The presence of an air leak should be noted for chest tubes.

III. Surgical Procedure Logs

Students are expected to keep a log of operative experience in New Innovations that will be reviewed periodically by the clerkship director and Education Specialist. It is now an EVMS **requirement** that students keep their Procedure Logs current in New Innovations. Failure to keep your New Innovations log current may result in an incomplete grade. All operative cases in which students actively participated must be recorded. Additionally, *students must indicate what they did in each case* (i.e., suture, dissect, retract, etc.). Students may choose to submit a copy of a handwritten log, used by the student on an ongoing basis to assist them in recording their experience in New Innovations, on the day of the SHELF exam to be placed in the student's file for verification of recorded experience

Logging Patient Encounters

You are **also** required to log *a minimum of* **100** new patient encounters, to include **5** Acute Abdominal Pain, Colon Disease/Cancer, Biliary, Bowel Obstruction, Breast Disease/Cancer, and Hernia.

Clinical Skills Assessment

A prerequisite to completing the surgery clerkship is to master certain physical diagnostic examinations and procedures, to include **5** breast, rectal, and hernia exams, **5** abdominal exams, **3** simple wound closures, **2** incision and drainage and bladder catheterizations, and **1** nasogastric tube. All exams and procedures must be correctly documented and recorded in New Innovations prior to completion of the clerkship.

IV. Work Hours Log

Students are now **required** to keep a log of their work hours. Work hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), simulation activities, administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Work hours do not include reading and preparation time spent away from the work site.

Logging of Work-Hours is a requirement, and will be monitored during the clerkship.

To log work hours within New Innovations:

1. Go to New Innovations: http://www.new-innov.com
2. Click on Client Login
3. Log in to the application using the provided credentials:
   a. Institution Name: "EVMS"
   b. Username and Password Provided
4. Go to Main > Student Work-Hours

V. Med U - Core Online Radiology Cases

As part of your surgery requirements, you will need to follow the instructions below to register for MedU. MedU is an online based medical education program which offers students the ability to improve educational approaches.

Once your registration is complete, under the course selection in the drop down menu please select CORE - Radiology cases and **complete cases 3, 5, 6, and 8.** These online modules must be completed before the end of your surgery clerkship (4/26/13) or an incomplete grade will be given. A printed copy of the completed cases must be emailed to mulraics@evms.edu.

Register for MedU Cases

1) Go to the following website: http://www.med-u.org/register
2) Click on top right hand heading "**Register**"
3) You will be directed to a webpage titled: Welcome to MedU Virtual Patient Cases! Click on the link "**Institutional Subscribers**"
4) You will be directed to webpage titled: InTIME Virtual Patient cases – Registration. Fill in your name, EVMS email address, and a self selected password. Review and accept the site user terms and conditions. After verifying the characters in the box, click send.
5) *After registering, look for an email in you EVMS account inbox from "i-intime@instruct.eu" with a subject line of "iInTIME New Account". Select the embedded link in this email.* ***You must select the embedded link in this email to complete the registration process.***

Helpful Hints:

1) *If you don't receive an email from i-intime@instruct.eu , check your spam filter.*
2) *Your login is your EVMS email address and a self selected password.*

3) *MedU offers a single sign-on interface allowing users to use one login and password for all cases to which EVMS subscribes. EVMS subscribes to the following MedU cases: CLIPP, SIMPLE, and CORE. If you have previously registered for MedU cases on a prior rotation, please do not attempt to register a second time.*

3.5 SHELF EXAM PREPARATION

I. VIDEO LIBRARY

Below you will find a list of the Video topics which you can take and discuss with your Faculty Advisors and Senior Residents. Once you decide presentation you wish to view, contact this office to check out the title. You may contact Cecilia Mulrain for this purpose at 446-6107. These videotapes/DVDs may be viewed at the hospital or home setting. Each student is responsible for returning the media within 72 hours of checking it out, and no later than the scheduled start time for the SHELF exam.

- Soft-Tissue Tumors
- Inflammatory Bowel Disease
- Endocrine Surgery
- Surgical Nutrition
- Principles of Transplant
- How to Present a Patient
- Principles of Transplantation
- Breast I
- Principles of Trauma/Hemodynamic

Students should try to view and discuss the video presentations in a group. Discuss the content as it may relate to your patients or experience in your Surgery Clerkship. Discuss the subject matter with the Chief Resident at your home site.

II. SHELF REVIEW

There will be an Optional Shelf review session given by the residents the last Wednesday of the clerkship from 5:00 - 7:00 at SNGH.

3.6 YOUR FINAL GRADE

Your final grade is determined as follows:

EVALUATION	% OF TOTAL GRADE
Ward (Clinical) Evaluation 40% Attending Evaluation (90% Medical Knowledge /Basic Medical Skills, 10% Communication /Professionalism) 60% Chief resident Evaluation (90% Medical Knowledge /Basic Medical Skills, 10% Communication /Professionalism)	50%
Written Examination	50%

Written Examination

The written exam is a standardized multiple-choice test, administered on the last day of the clerkship. **Students must score at or above the 5th percentile in the current quarter to "Pass" the subject examination. In addition, you must receive a score at or above the current rotation's group mean in order to be eligible to receive a grade of Honors.** Failure of the written exam indicates failure for the course, regardless of the ward evaluations and final combined score.

If a student fails the SHELF exam, he/she is to contact Dr. Solhaug and schedule a time/date to retake this exam. If the student successfully passes the retest, he/she will be awarded a grade no higher than 'Pass' for the course. Failure of the retest constitutes failure of the course. In such a case, four weeks of the clerkship must be repeated and a third taking of the written exam must be successfully passed.

Your final Web-based exam will be held on **Friday, August 23, 2013, in the Computer Classroom of Brickel Library at 1:30pm.** You will be allowed two hours and thirty minutes to complete the test. Please bring the following items with you:

- Any DVDs signed out to you

Ward Evaluations

The ward evaluation is designed to gauge the clinical performance of the student. The supervisory attending physician and the Chief Resident on the service will complete and submit ward evaluations for their respective Students. The scores are averaged (40% attending, 60% chief resident). **Failure of the ward evaluation is failure for the course**, regardless of the total course score.

Ward Evaluations are based on the following criteria:

Honors: Within the top 15% of students rotating through this hospital: exhaustive knowledge base; exemplary problem-solving skills; consistently well organized; and able to prioritize appropriately. Student functions at the level of a good intern.

High Pass: Within the top 35% of students rotating through this hospital: problem solving skills better than average in regard to organization, logic, and ability to prioritize; knowledge base consistently superior to that of most students; gaps occur at a more difficult level of inquiry; and basic medical skills consistently above the average student. Student is usually aware of these gaps and takes the initiative to remedy the situation with minimal direction.

Pass: The average medical student: works very hard; diligent and conscientious; presents self well; gaps in knowledge are those expected and usually encountered by students at this point in their education; problem solving skills are good and usually hampered by knowledge gaps; basic medical and interpersonal skills are on par with the majority of students.

Fail: Shows major deficits requiring remediation. Knowledge base, which is usually the limiting factor, may hamper otherwise good problem-solving skills. Student demonstrates poor clinical skills and/or interpersonal skills. Students who are graded as failing in the categories reflected on the ward evaluation must repeat the clerkship for four weeks, along with retaking the written exam.

New Innovations Requirements

As mentioned previously, EVMS requires students to maintain records of their experience through New Innovations software. All of your logs and Skills Assessment records must be entered into New Innovations and must be current and complete ***no later than midnight*** on Sunday following your SHELF examination.

Any student whose records with New Innovations do not satisfy the program requirements, or does not complete their New Innovations records at the end of their rotation, they will fail the course and be required to repeat their General Surgery Clerkship. In the event the student had supplied the written copies of all logs, he or she will be permitted to schedule up to two days of access into the New Innovations account for this clerkship, during which time all records must be entered to satisfy program requirements. Students in this situation will not be able to get higher than a "Pass" in their Clerkship, despite their SHELF or Ward Evaluation scores

Grading Scale

HONORS=	86 and above
HIGH PASS=	80 – 85%
PASS=	60 – 79%

Exit Interview

An exit interview with the attending staff is available upon request. The student is responsible for scheduling this review with the attending surgeon at his/her hospital site.

Students may review their files, which are located in the Department of Surgery, once all the final grades have been released. Please make an appointment with Melissa Anderson, Education Specialist, at (757) 446-8967.

Completing your General Surgery Clerkship:

You will be relieved of clinical duties as of 5:00 pm on Wednesday, Aug. 21, 2013.Your SHELF exam will be administered on Friday, August 23, 2013. All New Innovations records must be entered ***no later than midnight*** on Sunday following your SHELF examination**.**

Professionalism Evaluation

Medical Student Professionalism and Physicianship Assessment & Evaluation Policy

All students in M3 and M4 clinical rotations will have been awarded 10 Professionalism Points for each rotation automatically. Students who maintain behaviors expected of physicians and professionals during their clerkships and clinical electives will be have grades based solely on their assignments and clinical performance. The professionalism point score will be included in the clerkship narrative summary of the student.

Students who do not maintain behaviors expected by EVMS faculty, the public and/or the profession will have Professionalism Points deducted that can lower their assessed grade. The specifics of the point loss can be included in the student's evaluative narrative summaries.

Students with professionalism point deductions will receive a maximum final grade as outlined below for the clerkship.

- Honors = 9-10 points
- High Pass = 8 points
- Pass = 7 points
- Not meeting minimal standards (Fail) = $\leq$6 points

Professional Point Assessment Policies are as follows:

- Only a Clerkship Director can remove points based on responsibility and behavioral concerns. Clinical responsibility, behavioral concerns from faculty, residents, patients, clerkship coordinators and patterns of performance in the clerkship will be reviewed by the Clerkship Director on a case-by-case basis.
- Clerkship directors can assign up to 4 point value depending on severity of concern or persistence in documented pattern of concerning behavior. Any single behavior or pattern of behavior that rates 3 or higher point reductions will be referred to the Associate Dean for Medical Education for review and possible Student Progress Committee review. Students may be summarily removed from the rotation or elective with a fail grade if 4 or more points are lost.
- Students may lose 1 point without prior approval by Clerkship Directors by clerkship coordinators for: late write-ups, inadequate patient log entry, unapproved absences, missing evaluations, missing structured observation forms, incomplete or missing clinical skills forms.
- Additional points can be lost as tardy time accrues.

Students will have the option of a written appeal through the clerkship directors.

As this process is new this academic year, clerkship directors will consult with each other on point reductions, so as to standardize the process as much as possible.

With reported significant clinical responsibility and behavioral concerns, Clerkship directors will meet with the student to gather information, assess for mitigating circumstances and work with students to improve performance. Meetings with students will be documented, and if the issues reviewed are of a sufficiently-low level nature and not repeated, the professionalism issue may not be included in clerkship narrative evaluation.

The clerkship coordinator will keep track of each student's professionalism points.

Whenever a student loses a point, the clerkship director notifies the student and updates/remind them about the process, how many points they currently have, and that they are available for questions clarifications and a written appeal.

Below are example anchors for professionalism and physicianship Professionalism Point reductions:

- 1 point reduction: unexcused absence, tardy logging or assignments, tardy for clinical duties.
- 2 point reduction: lack of respect to faculty, residents, peers, staff, and patients; lying/cover up, unable to accept constructive criticism; HIPPA/EHR violations; behavior toxic to team based care (explosive, manipulating, undermining, demeaning, narcissistic); repeat persistent behaviors noted after initial intervention, including repeat unexcused absence, tardy assignments or tardy for clinical duties
- 3 point reduction: any behavior that puts patients at risk or significantly impairs the student's ability to work in a team (abandonment of patient care team, flagrant verbal abuse)
- 4 to 5 point reduction: behavior that puts patients at risk or significantly impairs student's ability to work in a team including intoxication on duty, physical abuse of others, flagrant patient abandonment, explosive behavior.

SECTION 4: SITE INFORMATION AND SCHEDULES

4.1 SENTARA NORFOLK GENERAL HOSPITAL

Small Group Series for SNGH Students only

Day	Date	Time	Room	Instructor	Topic
Tues	7/9	3:30	Colorectal Cancer	Dr. Feliberti	HH 758
Tues	7/9	**1:00**	Upper/Lower GI Bleeding	Dr. Collins	HH 757
Wed	8/1	10:00	Acute Abdomen/ Appendicitis	Dr. Novosel	HH 758
Fri	7/12	10:00	Fluids and Electrolytes	Dr. Weireter	HH 752
Tues	7/16	10am – 12pm	Breast Cancer	Dr. Bleznak	HH 752
Wed	7/17	Between Cases	Thyroid/ Parathyroid	Dr. Britt	SNGH OR
Wed	7/17	Between Cases	Infections in Surgery	Dr. Britt	SNGH OR
Fri	7/19	10:00	GERD/Achalasia	Dr. R. Britt	HH 752
Tues	7/30	3:30	Melanoma/ Sarcoma	Dr. Feliberti	HH 757
Wed	7/31	1:30	Esophageal/Gastric Cancer	Dr. Perry	HH 758
Thur	8/15	10:00	Hernia	Dr. Novosel	HH 752
Tues	8/6	**1:00**	Small/Large Bowel Obstruction	Dr. Collins	HH 757
Fri	8/9	**10:15**	Colon/ Rectal Malignant/ Non-Malignant	Dr. Weireter	HH 752
Wed	8/14	Between Cases	Liver/Spleen	Dr. Britt	SNGH OR
Wed	8/14	Between Cases	Pancreas/Biliary Tract	Dr. Britt	SNGH OR

*****Preparation for Dr. Weireter's Small Groups*****

Prior to Dr. Weireter's small group sessions, SNGH students must review the case-based problems located in the Appendix of this booklet and be prepared to answer/discuss the problems

Preceptors
Students assigned to SNGH have designated preceptors. Under the "Office Hours" heading is a list of the students and the surgeon they are assigned to. Please introduce yourself to your preceptor within the first week of the clerkship. This is the attending responsible for completing your mid-term and final evaluation, so it is important to make yourself known early in the clerkship.

Office Hours
Students assigned to SNGH are *required* to participate in surgeons' office hours for one half-day during their rotation. Students are responsible for contacting the assigned surgeon's assistant to schedule their half-day.

When scheduling your half-day session, please keep the following in mind:

- Do not schedule during educational lectures and small groups.
- Do not schedule during MONDAY and THURSDAY afternoon ambulatory care clinics.
- Do not schedule during your vascular or pediatric surgery week.
- Students are ***not*** to attend office hours together; this is to be an individual experience with the assigned surgeon.

Student	Surgeon	Assistant
Allen, Rachel	Dr. Perry	Kerry Sisson (446-8965)
Chen, Fank	Dr. Feliberti	Kerry Sisson (446-8965)
Nayi, Vipul	Dr. R. Britt	Kerry Sisson (446-8965)
Ramsdell, Geoffrey	Dr. Collins	Kerry Sisson (446-8965)
Restiano, Kathryn	Dr. Weireter	Kerry Sisson (446-8965)
Thadani, Sameer	Dr. Perry	Kerry Sisson (446-8965)
Yang, Weilin	Dr. Novosel	Kerry Sisson (446-8965)
Bosco, Joan	Dr. Collins	Kerry Sisson (446-8965)
Thompson, Matthew	Dr. R. Britt	Kerry Sisson (446-8965)
Rollins, Anika	Dr. Novosel	Kerry Sisson (446-8965)

SNGH Call Schedules & the Acute Care Surgery service
The student on call is expected to round with, operate with, and see consults with the Acute Care Surgery team all day. There are no clinic responsibilities. Both the on call and post call student will round with the ACS team every morning. Always call/text the post call student every morning to find out when rounds start. If you cannot reach the post call student you should then call the ACS phone(. The post call student should be ready to present at least one or two new patients from the call night before. The phone number for the ACS resident is 475-3728 and the ACS student pager is 475-6429.

4.2 SENTARA LEIGH HOSPITAL

Small Groups Series for Leigh students only

Day	Date	Time	Topic	Lecturer	Location
Mon	7/8	7:30am	Acute Abdomen	Dr. Snyder	SLH Library
Tues	7/9	7:45am	Liver & Pancreas	Dr. Schneider	SLH Library
Wed	7/10	12:00pm	Thyroid & Parathyroid	Dr. Gould	SLH Library
Mon	7/15	7:30am	Hernia	Dr. Snyder	SLH Library
Tue	7/16	7:45am	Fluids & Electrolytes	Dr. Schneider	SLH Library
Mon	7/22	7:30am	Esophagus	Dr. Hubbard	SLH Library
Thur	7/25	7:30am	Biliary Tract	Dr. Boustany	SLH Library
Mon	7/22	4:00pm	Colon & Rectum	Dr. Sayles	SLH Library
Wed	7/31	7:30am	Lung	Dr. Tan	SLH Library
Tue	8/13	7:30am	Thromboembolism	Dr. Gould	SLH Library
Wed	8/14	7:30am	Infections	Dr. Brooks	SLH Library

Additional Weekly Small Group

Beginning the second week of your Surgery Clerkship, Dr. Weireter will meet with students each Tuesday at 4:30 PM, Burn Trauma Unit Conference Room, SNGH.

A. Office Hours

Students assigned to SLH will do office hours with Norfolk Surgical Group**.**

Students assigned to SLH are required to participate in surgeons' office hours for three -half days during their rotation. **Office hours schedule is listed on the following page.** Students are responsible for contacting Dr. Snyder's assistant, Nancy Eleftheratos, at 261-5037, if you have any questions regarding your SLH office hours schedule**.**

When scheduling your half-day session, please keep the following in mind:

- Office hours are to be scheduled Monday through Thursday.
- Do not schedule during educational lectures and small groups.
- Do not schedule during the last two days of the clerkship rotation.
- Do not schedule during your vascular or pediatric week.
- Students are ***not*** to attend office hours together; this is to be an individual experience with the assigned surgeon
- Do not wear scubs during office hours, students should dress professionally with white lab coat and ID badge.

Office hours may be scheduled with any of the partners in the group.

During your time in the office, you are to carefully document your hours and procedural experiences for entry into the appropriate New Innovations logs. It is also recommended that you submit these handwritten notes at the time of the SHELF examination. These will be filed and provide you security in the event technical error causes your electronic records to be lost.

B. SLH Office Hours

MEDICAL STUDENT OFFICE HOURS
July 1 – August 23

Samira Bahagry
- 07/17 – 9:00 Hubbard
- 07/22 – 9:00 Boustany - Chesapeake
- 07/24 – 9:00 Brooks

Nicole Phillip
- 07/18 – 9:00 Snyder – Chesapeake
- 07/23 – 9:00 Schneider
- 07/25 – 9:00 Gould

Pamela Davis
- 07/08 – 9:00 Brooks
- 07/09 – 9:00 Schneider
- 08/07 – 9:00 Gould

Ray Dong
- 07/08 – 1:00 Snyder
- 07/29 – 9:00 Hubbard
- 07/30 – 1:30 Sayles

Andrew Stolle
- 08/08 – 9:00 Snyder – Chesapeake
- 08/13 – 9:00 Gould
- 08/15 – 9:00 Schneider

Michael Horner
- 07/08 – 9:00 Snyder
- 07/16 – 9:00 Gould
- 07/18 – 9:00 Schneider

Michael Murphy
- 07/09 – 9:00 Sayles
- 07/16 – 9:00 Schneider
- 07/23 – 9:00 Gould

Akritl Mathur
- 07/11 – 9:00 Gould
- 07/15 – 9:00 Boustany – Chesapeake
- 07/22 – 9:00 Brooks

Natalie Walck
- 07/17 – 9:00 Brooks
- 07/24 – 9:00 Hubbard
- 08/05 – 9:00 Boustany – Chesapeake

Chengxi Wang
- 07/29 – 9:00 Snyder
- 07/31 – 9:00 Brooks
- 08/05 – 9:00 Hubbard

Note: Office hours location is always at the Kempsville location, unless specified otherwise.

Office Locations

880 Kempsville Road, Suite 1000
Norfolk, Virginia 23502

725 Volvo Parkway, Suite 210
Chesapeake, Virginia 23320

4.4
Naval Medical Center – Portsmouth

Student Noon Lectures

All lectures are presented in the General Surgery Small Conference Room.

Specific dates and times will be assigned. A complete schedule will be distributed to you on the first day of your clerkship. Here is a list of subjects that will be covered through the Navy didactics.

Fluids & Electrolytes
Appendix/Small Bowel
Ulcer Disease/UGI Bleed
Biliary Tract
Pancreas
Liver/Spleen
Colon/Rectum Benign
Colon/Rectum Malignant
Bowel Obstruction
Esophagus
Breast
Thyroid/Parathyroid
Melanoma/Wound Healing
Acute Abdomen
Infections in Surgery
Lower GI Bleed
Hernias
Burns
Shock/Trauma
Surgical Nutrition
Vascular
Critical Care/ Mechanical
Ventilation
Thoracic
Portal Htn
Surgical Oncology
Pediatric Surgery
Reflux Disease
Radiology
Rectal Incontinence
Skin Lesions
Transplant I & II
Anal/Rectal Disease
Blast Wounds

Beginning your Navy Rotation

All Medical Students assigned to the Navy for their Surgery Clerkship should check into the GME Office (Bldg 3, 3rd floor) at 1pm on the first day of the clerkship. You will be given a check-in sheet, and Sylvanna Clark will make sure you get a badge, decals, scrub card, and CHCS access. You will also visit the library.

Medical students on active-duty orders will get a military check-in sheet, and the last stop is Statistics in Bldg 272. They also go to PSD to get their pay straight.

Medical students doing a civilian rotation (whether they are HPSP or not) will get a civilian check-in sheet. They will go to the same stops as the member on orders except they will not visit PSD or Statistics. They will sign a Medical Student Agreement. Ms. Clark will check in all students.

Department of Surgery Didactics

Students assigned to the Navy rotation are required to attend all of the general Clerkship Lecture Series activities. Additionally, students assigned to navy must attend the EVMS Department of Surgery Grand Rounds and other departmental didactics on Fridays and Saturday mornings. Your attendance will be recorded by your signing the signature log provided at these weekly departmental didactics.

4.5 PEDIATRIC SURGERY AT CHKD

Student Assignments

The students listed in the chart below should page the PGY 4 Chief Resident on Friday afternoon prior to the beginning of the rotation block. The chief resident will direct you to where you should report your first morning on the service.

Student	Date	Home Site
Bahagry, Samira Philip, Nicole	7/1- 7/12	SLH SLH
Stolle, Andrew	7/15 – 7/26	SLH
Rollins, Anika Thompson, Matthew	7/29 – 8/9	SNGH SNGH
Walck, Natalie	8/12 – 8/23	SLH

Security Access Card

Immediately following Surgery Grand Rounds didactics on the Friday afternoon prior to the beginning of your Pediatric Surgery rotation, you are to report to the CHKD Security Desk to receive your CHKD security access card. This card is required to enter any area of the site during your week there. You will need to have your student ID with you when you report to the Security Desk, located at the front entrance of the hospital.

Additional Information

Because this subspecialty is a special rotation, students should take care to read the additional information beginning on the following page.

Department of Surgery
Division of Pediatric Surgery
Eastern Virginia Medical School

Welcome to Your Medical Student Clerkship in Pediatric Surgery

Although your time with us will be short, we hope that this brief exposure to our surgical subspecialty will serve you well in your experience as a surgical student. As you participate in the peri-operative care of pediatric surgical patients, there are a few principles to bear in mind. First, there are congenital anomalies that require surgery in children that have no counterpart in the adult population. Second, young patients should not be viewed as merely "smaller adults." In fact, physiologically speaking, pediatric patients are unique. They have both particular metabolic demands and a tremendous resilience. Lastly, pediatric surgical patients and their families have special emotional needs. It is important to remember this in your interactions with your patients and their families.

Who We Are

The six pediatric surgery attendings are Drs. Nuss, Kelly, Goretsky, Obermeyer, Frantz and Kuhn. There are three EVMS General Surgery Residents: a PGY-4 chief & two junior residents (PGY-1 or 2) **475-5390**. The nurse practitioners are Beth Bonifas **456-6887** and Melia Panilo **456-6037**. Everyone is available for questions. The pediatric surgery office (Children's Surgical Specialty Group) is on the 5th floor **668-7703.**

How it Works

Please call the chief resident, as previously discussed, at 0600 on Monday, for patient assignments. You will not take call the Sunday prior to your assigned block and are expected to use this time to read about the core topics. You will be exempt from call duties at your assigned site for the duration of the block to allow a full experience. However, you will return to your general surgery site on the Saturday following the Peds rotation.

What You Will Do

You will ***not*** be expected to write notes on the first Monday morning. You will be assigned patients and expected to follow those patients through the week (see them in morning and evening; follow up on labs and studies). Cases will be assigned in advance as much as possible to allow for reading and preparation. Keep these in mind as you read the key pathophysiology, diagnostic studies, *and indication for*

operation. A pre-operative exam, even if brief and in the holding area, is a necessity. A post-operative visit is also required. Morning report occurs M-F with the attendings and other staff at 0700 SHARP in the 7C classroom. Given the time constraints in the morning, students will not be expected to present. Cases start at 0730 in the operating rooms on the 3rd floor. We usually have several cases daily, but note that as time permits, you are welcome to observe other operations (ENT, Operation Smile, urology, etc). There will also be formal case presentations and informal teaching sessions with housestaff and attendings. Occasionally there will be scheduled meetings during your week such as tumor board or journal club which you will attend. You will also be required to spend one half-day in clinic. Please bring your calendars with you the first day of the rotation, and instructions will be provided to assist in arranging the scheduling of that half-day session.

*****While on the PEDS rotation you should submit two H&Ps to your chief resident by the end of the block***

Where to Go

You will want to pick up a new patient list in the mornings. After the main CHKD entrance, take the first left past the coffee booth, pass through the double doors (sign says "general pediatric medicine"), pass through 2nd double doors, and take freight elevators to 3rd floor. Make a right through double doors (sign says "SPD Decontam), which are not locked, and take first right to surgery residents' call suite. Code **5-1-4-2-3.** You will also need a CHKD photo ID badge from the security office on the 1st floor by the ED.

What to Read

The pediatric surgery chapter of any major surgery textbook should suffice. *The Essentials of Surgical Subspecialties,* by Lawrence, has a good chapter and is specifically written for 3rd and 4th year clerkship students. Consider photocopying the chapter of your choice and folding it in your pocket for easy reference during the week. The surgery residents' call room will have several textbooks available for your reference. The following are main topics you should read:

- Fluid & Electrolytes nutrition
- Congenital Diaphragmatic Hernia
- Tracheoesophageal Fistula and Esophageal Atresia
- Pyloric Stenosis
- Duodenal and Intestinal Atresia
- Midgut Volvulus
- Meconium Ileus & Plug
- Pediatric Solid Tumors (Nephroblastoma, Neuroblastoma)
- Intussusception
- Meckel's Diverticulum
- Hirschsprung's Disease
- Anorectal Malformations
- Biliary Atresia & Choledochal Cyst
- Inguinal & Umbilical Hernia; Hydrocele
- Appendicitis
- Necrotizing Enterocolitis
- Omphalocele and Gastroschisis
- GERD
- Neck Masses

- Undescended Testes
- Pectus Excavatum (Nuss Procedure)

4.6 VASCULAR SURGERY AT SNGH & HEART HOSPITAL

Beginning your Vascular Rotation

The below-listed students are to report to the Norfolk General Hospital Peri-Op Conference Room adjacent to the 3rd Floor Endovascular/Angio Suite at 7:00am on the Monday of their assigned block to attend the Vascular Conferences. The Fellows and Chief Resident will then discuss your responsibilities for the block.

Student	Date	
Restaino, Kathryn Thadani, Sameer	7/1 – 7/12	SNGH SNGH
Nayi, Vipul Davis, Pamela	7/15 – 7/26	SNGH SLH
Allen, Rachel Horner, Michael	7/29 – 8/9	SNGH SLH
Yang, Weilin Mathur, Natalie Wang, Chengxi	8/12 – 8/23	SNGH SLH SLH

Sr. Vascular Fellows: Tareq M. Massimi, MD, Richard E. Redlinger, MD, and Navalkishor R Udgiri, MD
Jr. Vascular Fellows: Chad Ammar, MD and Francis Cuozzo, MD

Preparing for your Vascular Service

These are just some of the tips we have received over time to help you have a good experience:

- Residents: Contact one of the vascular residents/fellows on Friday preceding your week. Best time is at/after Grand Rounds.

- Reading: Try to get a head start on reading the weekend before. Lawrence has a great vascular chapter. Some of the major topics include **carotid stenosis** (when to treat/post-op complications, signs to look for on the post-op exam, etc.), **abdominal aortic aneurysm** (when to treat, open repair vs. endovascular repair, major post-op complications), **PVD** (risk factors and pathophysiology), **lower extremity claudication** ("the 6 p's," risks, treatment/surgical options) and **acute vs. chronic ischemia** (how to differentiate).

- Duties/Expectations: Rounds start at 07:00 in the VICU (4th floor, rooms 1401-09). On Monday, we have Vascular Conference in the 1st floor Heart Hospital Conference Room. Also, at 07:00 on Thursdays students must report to the vascular peri_op conference room on the 3rd floor of SNGH next to the Angio Suite for conference. You will not be expected to write notes on your first Monday. You will be expected to round on the patients on whom you scrub. Some of these patients will be in the VICU post-operatively and will need an ICU note. We will help you and teach you about these. You are also expected to post-op your patients when applicable (i.e. only if they are admitted, and not if it requires staying past a reasonable hour--18:00). You should also pre-op patients and write a focused, pertinent note (i.e. if it's a carotid endarterectomy, what did the pre-op ultrasound duplex PVL show?) Also, for your own learning, you should always perform a pre-op physical exam, even if it's quick and in the holding area. This way, especially for lower extremity cases, you can appreciate the post-op exam in someone who might have had non-palpable pulses pre-intervention.

- Operative Cases: There are printed schedules in a folder at the main OR desk. These schedules are also listed on magnet strips by room number on a large board by the desk. Add-ons will be on yellow strips and will not appear on the schedule. Check the board during the day because vascular frequently has add-ons. The endovascular suite is just opposite the hall from the PACU door. There is a hand- written schedule taped onto a printer at the right just inside the door. There are also add-ons sometimes. At the end of the afternoon, you can grab a "pre-lim" list from the main OR desk and divide the cases between yourselves so you have at least one case which you can read and for which you can prepare. In

the mornings, it's helpful if someone can grab a copy of the main OR schedule and jot down or copy the endovascular schedule so that we can plan the day.

Attendings: There are many vascular attendings to look for on the OR schedule: Gayle, Glickman, Panneton, Parent, Stout, and Stokes.

Vascular Office Hours

In order to provide students with a better understanding of the vascular processes, students assigned to SLH, SPA, and SNGH will spend two half days (or one full day) seeing patients with one of the Vascular surgeons on duty, you will be assigned to either the Norfolk General or Virginia Beach Office. Please contact Latisha Yancey to set up your office hours.

Norfolk Office:	**Virginia Beach Office:**
600 Gresham Drive Suite 8620 6th Floor Heart Hospital Norfolk, VA 23507 622-2649	397 Little Neck Road Suite 120 3300 South Building Virginia Beach, VA 23452 470-5570

Contact person:
Latisha Yancey, 622-2649

4.7 SUB-SPECIALTY: ORTHOPEDICS SURGERY

Orthopedics

This is an M-F rotation and you are expected to round with Dr. Jamali or Iiams in the mornings, shadow him in the OR and see patients in the office. You are not required to take call during your subspecialty rotation. On Fridays, you would attend our didactic sessions here in the department and any other clerkship lectures that may be assigned. During your rotation you are required to submit one H&P. No evaluation is required however the expectation is that you would show up each day prepared, be enthusiastic and actively participate.

Rotation Schedule

Student	Date	Site
Dong, Ray (Dr. Jamali)	7/15 – 7/26	SLH
Semble, Ashley (Dr. Jamali) Cancian, John (Dr. Iiams)	8/12 – 8/23	NMCP NMCP

Contact Person:

Dr. Alireza Jamali
Admin Assistant: Gina Evans, 757-548-0301
200 Medical Pkwy Suite 111 Chesapeake, VA 23320

Dr. Gordon Iiams
Admin Assistant: Elizabeth, 757-547-5145
100 Wimbledon Sq Chesapeake, VA 23320

4.8 SUB-SPECIALTY CONT.

This is an M-F rotation and you are expected to round in the mornings, shadow in the OR and see patients in the office. You are not required to take call during your subspecialty rotation. On Fridays, you would attend our didactic sessions here in the department and any other clerkship lectures that may be assigned. During your rotation you are required to submit one H&P. No evaluation is required however the expectation is that you would show up each day prepared, be enthusiastic and actively participate.

Rotation Schedule

Student	Date	Site
Bosco, Joan (ENT)	7/1 – 7/12	SNGH
Ramsdell, Geoffrey (ANES)	7/15 – 7/26	SNGH
Murphy, Michael (ENT)	7/29 – 8/9	SLH
Lesko, Johsua (ANES) Chen, Frank (ENT)	8/12 – 8/23	NMCP SNGH

APPENDIX I

MATERIALS REQUIRED FOR
SENTARA NORFOLK GENERAL
STUDENTS ONLY**

NOTE: While only required for SNGH students, it is strongly advised that all students review and discuss these questions in preparation for the SHELF exam.

SNGH students are to review these questions and be prepared to discuss during the following Small group sessions with Dr. Leonard J. Weireter:

- Fluid and Electrolytes
- Gastrointestinal Tract
- Biliary Tract

Fluid and Electrolytes:

A 70 kg male, 10 days post operative from a major GI resection. He is hemodynamically stable, his intake equaled output yesterday and his electrolytes were normal yesterday. He has several drains and wounds with output as follows:

NG Tube	2500 ml
Enterocutaneous fistula	2000 mil
Pancreatic fistula	1500 ml

Write today's IV orders for this patient.
How would you feed this patient?
How would you write a feeding prescription?

Gastrointestinal Problems:

1) A 28-year-old man presents to the emergency department with 36 hours of severe throbbing in his rectum. He denies any rectal bleeding and history of previous difficulties in the area.

What are the common differential diagnosis items?
Develop a strategy for diagnosis based on visual examination.
Elaborate a treatment plan for each diagnosis.

2) An 82-year-old, active, independent retired banker collapses in his apartment and is discovered in an incoherent state by his daughter the next day. He is brought to the emergency room, where he is noted to be pale, diaphoretic, mildly disoriented and with BP 90/40 mm Hg, P 102 and irregular, R 22 and T 39.5 C (103 F). Crystalloid infusions are begun.

Examination of the abdomen reveals a tender mass in the left lower quadrant. Chest and abdominal x-rays are all negative. ECG is notable for atrial fibrillation.

Develop a diagnostic algorithm and therapy plan for this patient.

3) A 66-year-old man is seen in the office with a 3-week history of intermittent rectal bleeding. There has been no change in bowel habits and no weight loss or other constitutional symptoms. The bleeding is mild and intermitted, is dark red and usually occurs just after his bowel movements. There is no diarrhea or mucus in the stool.

Examination in the office is essentially unremarkable. There are no abdominal masses and no tenderness. Rectal examination shows no palpable masses: stool is 3-guaiac positive.

What is/are the most likely diagnosis?
How do you counsel this patient about the best way to proceed?
Develop an appropriate diagnostic and treatment algorithm for this patient.

4) A 65-year-old woman is brought to the emergency room because of progressive weakness and episode of near syncope 1 hour ago. Physical examination reveals a pale, moderately ill appearing elderly woman in no acute distress with BP 120/70 mm Hg, P 90 and regular. Abdominal examination shows a vague mass in the right lower quadrant (RLQ) and the stool is guaiac 2+. For the past 6 months she has been on pills for anemia prescribed by her personal physician. Her hematocrit is 20%.

Develop an appropriate strategy for diagnosis and treatment.
Has an error been made in her care to date?

5) An 83-year-old female patient on the medical service develops gradual abdominal distention. When you see her she is markedly distended, tympanitic and tender. An acute abdominal series show what appears to be a cutoff of gas at the sigmoid level. A nasogastric tube is passed and appropriate fluids are administered.

What is your diagnostic strategy?
How do you explain her presenting symptoms?
What is your treatment plan?
What are the risks of your treatment plan?

6) A 43-year-old, thin, married woman with four children is brought to the emergency department by ambulance with a 48-hour history of crampy abdominal pain, nausea, vomiting and abdominal distention. Her last bowel movement was yesterday morning. During the past several months, she has noted intermittent abdominal cramps with some diarrhea, anorexia and a 10 pound weight loss. Her past history is negative except for an appendectomy at age 11. In the emergency department, you are asked to examine her.

What is your diagnostic strategy?
How do you explain her presenting symptoms?
What is your treatment plan?

Biliary Tract

1) A 63-year-old man with a past medical history of angina pectoris presents to the emergency room with severe upper abdominal pain radiating to the right scapula. The pain has been continuous for approximately 3 hours and has been associated with one episode of bilious vomiting.

On physical examination, the patient is diaphoretic, sitting up in bed and has right upper quadrant tenderness without rebound. His temperature is 38.4C (101.F) orally and his pulse is 100.

2) A 37-year-old woman presents to the emergency room with her first episode ever of severe right sided upper abdominal pain without fever, nausea, vomiting or other GI dysfunction. Her past medical history is entirely normal. While she is waiting to be seen, the pain gradually subsides. The physical examination reveals only minimal residual right upper quadrant tenderness.

Compare and contrast the pathophysiology in cases (1) and (2). How is your diagnostic and therapeutic algorithm different for these cases?

3) A 67-year-old healthy man comes to you complaining of heartburn for 1week. The EGD performed showed no abnormalities in the esophagus, stomach or duodenum. Five 1 cm gallstones were seen on a recent ultrasound examination. The patient has come to your office for the report and your advice.

4) A 75-year-old man who had undergone an uncomplicated cholecystectomy and common duct exploration 15 years prior to this admission now presents with deep jaundice, weight loss and anorexia.

Develop a strategy for diagnosis.
What are the possible diagnoses?
What treatment options exist?

APPENDIX II

Notes Forms

Daily Medical Progress Note

MS III HD#_____/POD# Abx#_____ CVL#_____
PN _____

S: Pt. Comments/Complaints: e.q. PAIN, N/V, F/BM

O: VS Tc___ Tm___ HR_____ BP_ RR___
___ __ ____ __

I = cc O = cc (v.o = ____; NGT = ____; Drains = ____)

Pulm:

CV:

ABD:

Wounds:

Pulses: (Vascular Pts) >—< +++

Lab: Cx's

Path =

A: 1)

2)

3)

P: 1)

2)

3)

Operative Note:

MSIII Op Note:

Pre-Op Dx:

Post-Op Dx:

Procedure

Surgeons:

Anesthesia:

EBL:_____ IVF:_____ UO:_____

Specimen:

Findings:

Complications

Transferred to _____ in _____ condition.

Pre-operative Note:

MSIII Pre-op Note:

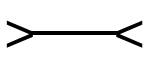
Pre-op Dx:

Planned Procedure

Indication

Surgeon:

Anesthesia:

Labs:  

EKG:

CXR:

Blood:

Antibiotics:

Consent:

APPENDIX III

Policy Regarding Absence from Clerkship Responsibilities:

During the M3 year, you will begin intensive education in the practice of clinical medicine. As clinical clerks, you are expected to be active members of the medical teams caring for patients in our hospitals, offices, and clinics. As clinical clerks, students are expected to meet the same standards of professional behavior as are expected of house staff and attending physicians. Accordingly, you are expected to be present for all scheduled clinical activities, teaching conferences, lectures, examinations, etc. Some of your responsibilities will sometimes require that you be present on holidays, at night, and on weekends. In addition, you may well be required to be present at times that will conflict with family events and other personal obligations and preferences.

EVMS recognizes that the M3 year can be physically and personally demanding, and substantial scheduled vacation is provided. You are encouraged to utilize this time for family gatherings, personal business, etc. EVMS also recognizes that circumstances might sometimes require that clerks be absent from their assigned duties. Necessary absences from clerkship responsibilities may be approved (excused) by EVMS as described in this policy. Some absences, by their nature, cannot be anticipated ("emergency absences"), while others can be planned and approved in advance.

Emergency Absences

Emergency absences will be approved only under the following circumstances:

1. Serious personal illness. If illness requires that you be absent for more than one day, a physician's note may be required at the discretion of the clerkship director.
2. Death or serious illness of a close family member (e.g. parents, spouse, children, siblings, grandparents).

In such cases, the clerkship director (or his/her designee) should be notified (by email or telephone) as soon as possible of the nature of the emergency

and of your expected date of return. It is your responsibility to notify the appropriate person (the clerkship director will tell you whom to call) — do not call your fellow students or your residents and ask them to "pass the word."

Planned Absences

Planned absences may be excused at the discretion of the clerkship director and the Associate Dean for Medical Education. Such absences will be excused only for compelling reasons. Acceptable reasons for such absences may include:

1. Presentations at medical or scientific meetings. Absences for attendance at medical and scientific meetings will ordinarily not be approved.
2. Scheduled medical appointments
3. Personal day – all students will be have one excused absence during the clinical clerkship year for personal reasons (significant life event, observation of religious holiday, etc).

No policy can enumerate all possible reasons for which an approved absence might be granted; each request will be considered on a case-by-case basis.

It is part of your professional responsibility to request planned absences well in advance Requests for planned absences must be submitted to clerkship directors at least six (6) weeks prior to the beginning of the appropriate clerkship. Exceptions will only be considered in extraordinary circumstances. If approved by the clerkship director, the request will be forwarded to the Associate Dean of Medical Education.

Unexcused Absences

Any absence not explicitly approved as outlined above will be considered unexcused. Unexcused absences will have a negative effect of a student's clerkship evaluation. Unexcused absences of more than three days will result in an automatic failing grade for the clerkship.

Remediation

Students may be required to make up any time missed as a result of absence, whether
excused or not, at the sole discretion of the clerkship director.

EVMS
Eastern Virginia Medical School

Eastern Virginia Medical School
P.O. Box 1980
Norfolk, VA 23501-1980

Leave Request Form

Leave Information		
Student's Name, Contact # Leave Address		
Clerkship	Surgery	
Clerkship Director Name	Jay Collins	
Request leave for personal day		
☐ Personal Leave ☐ Others – Please Specify: _____		
Date of Absence	From : _____	To : _____
Reason for Absence:		
You must seek approvals for your personal leave day, other than sick leave, 6 weeks prior to day of absence		
_____ Student's Signature		Date :

Clerkship Director's Approval	
☐ Approved ☐ Rejected	
Comments:	
_____ Clerkship Director's Signature	Date:

Office of Medical Education Approval	
☐ Approved ☐ Rejected	
Comments:	
_____ Associate Dean for Medical Education Signature	Date:

Medical Student Resources for students interested in a career in surgery

Medical student resources available from the Association of Women Surgeons (AWS) which may be helpful to your surgery clerkship students or any medical student interested in pursuing a career in surgery. In particular, we have enclosed:
:

- Information poster about the benefits of AWS student membership
- Ideas for Surgery Interest Group activities
- A chapter excerpt from the AWS Pocket Mentor to assist medical students as they complete their core surgery rotation

AWS Annual Meeting

AWS Medical Student Committee