Welcome to the wonderful world of Surgery!

This manual is designed to provide you with an overview of the clerkship, educational objectives, learning agendas, and evaluation parameters. The Director of Surgical Education, faculty and resident team at your individual hospital will provide you the specifics of your daily schedule and responsibilities.

We trust that you’ll find the practice of Surgery as challenging, stimulating, exciting and endearing as we have. Please contact us if you have any questions, problems or feedback.

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Surgery 531/532 Objectives

OVERALL

Students should well grounded in the scientific basis of surgical diseases and disorders and should be able to recognize and initiate appropriate management of acute surgical problems.

KNOWLEDGE

Take a focused surgical history and perform a complete physical examination with attention to the neck, chest, abdomen, extremities, and rectal examination. (C, H&P)

Demonstrate the surgical anatomy relevant to common surgical procedures. (C, PBL)

Describe basic pathological classifications and findings for common malignancies of the thyroid, breast, lung, and gastrointestinal tract. (D, PBL)

Write pre- and post-op orders and daily inpatient progress notes. (C)

Order maintenance intravenous fluids and make corrections based upon biochemical assessment. (C, D, PBL)

Write a strategy for managing acute (post-operative or traumatic) pain. (C, D, PBL)

Identify and provide an evaluation and management strategy for preoperative risk factors and co morbid disease. (C, PBL)

Outline the initial steps in diagnosis and management of a patient with:
abdominal pain
multi-system trauma
neck mass
breast mass
hernia
shock
soft tissue infection
post-operative fever
(C, D, PBL)

Identify normal and common abnormal findings on chest and abdominal x-rays and CT’s. (C, PBL)

Anticipate and recognize common post-op complications. (C, PBL)
Surgery 531/532 Objectives
(continued)

SKILLS
Perform a sterile scrub, gown and gloving and maintain sterile technique and exercise universal precautions. (C, D)

Insert Foley. (C)

Tie knots and suture simple wounds. (C, D)

Observe and/or be familiar with the conduct of key operations listed in the attached case agenda. (C)

Perform care for open and closed wounds. (C)

PROFESSIONAL
Perform self-directed learning and self-assessment. (C, PBL)

Interact in a professional manner with patients and all members of the surgical team. (C)

Outline the elements of informed consent. (C, PBL)

Maintain confidentiality, compassion and respect for patients. (C)

COMMUNICATION LEARNING OBJECTIVES INCLUDING CULTURAL COMPETENCY FOR PATIENTS/FAMILIES; PHYSICIANS/PEERS; NON-PHYSICIAN TEAM MEMBERS

1. Physician leadership role in communication
2. Power Distance Index and physician communication (Malcolm Gladwell, Outliers, Little, Brown and Co, New York, 2008) – the distance in communication power between two parties, e.g., assertive vs. non-assertive.
3. Listening/reacting without ego or bias
4. Closed loop communication

NOTE: annotations after each objective indicate what facet of the curriculum provides the greatest opportunity to achieve this objective.
C = clinical work (wards, operating room)
PBL = PBL tutorial
D = didactic sessions on Mondays and Wednesdays
H&P = directly observed history and physical
**Surgery 531/532 Responsibilities**

Your daily responsibilities and privileges will be assigned to you by the Chief Resident and/or the Director of Surgical Education (DSE) at your institution. These responsibilities shall include:

**TUTORIALS AND LECTURES**

Participation in didactic sessions is mandatory and takes precedence over clinical responsibilities. Monday and Wednesday sessions are typically in a lecture-type format. You should complete any pre-reading assignments prior to the session. Thursday afternoon tutorials will be conducted by general surgeons in the standard PBL format. Please refer to the conference schedule given to you during your orientation for specifics of dates, topics and locations. Advise UH Clerkship Secretary or Dr. Burgess immediately if no faculty member shows up within 15 minutes of the assigned start time for your lecture/tutorial.

General surgeon tutors will evaluate students on their performance in the PBL sessions and this, in combination with the Trauma Curriculum, will be weighted 25% (15% for 6L students) in determining the grade for the clerkship.

6L (532) students will attend the conferences, lectures and tutorials only during their inpatient rotation at Straub. Lectures that are missed can be viewed on videotape (contact May Maeda or UH Clerkship Secretary); PBL cases can also be reviewed (contact UH Clerkship Secretary). 6L students must contact one of the 6B (531) students before the first PBL session to be assigned a learning issue to present at the first session.

**PATIENT WORK-UPS**

Formal written patient work-ups are to be submitted to and evaluated by your DSE (and possibly your chief resident). You must submit 5 of these over the course of your clerkship, half of them must be submitted by the mid-point of the clerkship. 6L (532) students should complete 3 of these over the course of their inpatient experience and the remaining 2 during their ambulatory experience.

Each student must have at least one complete history and physical DIRECTLY OBSERVED by a faculty surgeon or chief (not junior) resident. This should be done early, before the midpoint of the clerkship. 6L (532) students should complete their H&P within the first 2 months of their ambulatory experience (for Spring blocks group) or during the first 2 weeks of their inpatient experience (for the Fall blocks group). You may perform the H&P on your trauma call night at Queen’s, as well as during any inpatient or outpatient encounter. The chief resident or faculty surgeon who observes you must fill out the feedback form (in this manual) and return to you. This, in turn, must be submitted to the Clerkship Secretary in order to receive credit for the course. Your H&P should be logged into your PDA patient log under the Category “Directly observed H&P.”

You must fulfill the patient quota for each of the eight categories (outlined below in the Case List/Learning Agenda as well as on the T-clerk website).

Try to see patients that do not already have a complete H&P, diagnosis and plan. Sources include the Emergency room (trauma, general surgery consults), in-patient consults, Queen Emma Clinic (Queen’s students only), and a surgeon’s private office.
PDA PATIENT LOG
You are required to keep a computerized patient log for all patients you have (formally or informally) worked up or performed procedures for. This should be kept in the standardized Surgery T-clerk database on your PDA, and regularly synced to your computer to upload data on to the T-clerk website (at least once per week).
You must work up a patient and/or observe an operation in each of the eight categories described in the Case List / Learning Agenda (below). Some categories (e.g. Trauma and Perioperative care) require you to have more than one patient. Each patient that you have significant contact with should be categorized into one of the 8 groups in your PDA log. Each patient should be entered only once; if the patient had multiple procedures or a readmission, pick the category that provided the most educational value to you. In order to fulfill the requirement for the category, you must have done a complete evaluation of the patient (e.g., H&P, scrubbed on case and provided perioperative care). If your contact with the patient was minimal (e.g., put Foley in) then you should designate the Category as “Minimal Contact / Other”. Do not add to or change the Category pop up list.
It is your responsibility to make sure that you fulfill the minimum quota of patients under each of the eight required categories, as well as your Directly Observed H&P. You should check your totals frequently on the T-clerk website to make sure that you can reasonably fulfill the quota by the end of the clerkship. If you are lacking patients in a particular category, advise your chief resident so that he/she can arrange a patient contact experience to enable you to reach the quota.

INPATIENT CARE
To facilitate your ability to care for your patients at Queen’s (on trauma call) and/or Straub, as well as to enrich your knowledge of the use of computerized medical information systems, all students will be trained on the Queen’s Medical Center “CareLink” and HPH “EPIC” (health information systems). If you have not already completed CareLink training during Transition to Clerkship week or on another clerkship (e.g. Medicine) you will need to arrange for training during your surgery clerkship. Students should write “pended orders” for all of their Queen’s patients which can be activated after review by a resident or attending.
The format and timing of resident team rounds are at the discretion of your chief resident. You are generally required to see at least one of your patients, preferably any critically ill ICU patient, prior to morning team rounds. You should arrive at the hospital NO EARLIER than 5:00am to start your pre-rounds. This is to help you develop the efficiency you will need to have as a resident physician (as well as for your personal safety).
You must follow all inpatients that you have worked up or scrubbed in on. You should not only collect the data for rounds, but INTERPRET your findings, formulate a PLAN, write the ORDERS, and do (or assist with) the PROCEDURES for your patient. An attending or resident should review all of your entries in the chart and co-sign all orders. Ask them for feedback about your performance.
Students must be directly supervised by a resident or attending when performing any procedure that is invasive or poses a significant risk to the patient. Such procedures include: central venous catheter or arterial catheter placement, chest tube placement and removal, nasogastric tube placement, urinary catheter (Foley) placement. Other procedures that require oversight, and possibly direct supervision, from a resident or attending include: drain (other than chest tube) removal, wound closure, and open wound care. Because of the personal and sensitive nature of female breast and pelvic examinations, all male medical students must be chaperoned by another health care practitioner when performing a breast or pelvic exam on a female patient.

**ELECTIVE SUBSPECIALTIES DURING WEEK 7**

The purpose of this rotation on the last week of the clerkship is to expose students to the surgical subspecialty of their choosing (Anesthesia, Neurosurgery, Ophthalmology, Orthopedics, Otolaryngology, Plastic Surgery, Urology, and Trauma). This is considered an introduction to the subspecialty, to assist students in choosing a career or to gain general knowledge about the specialty. As with any other rotation, outside reading will be required by your preceptor (e.g., to prepare for a surgical case).

This will only be for students who have successfully completed the necessary caseload and have performed satisfactorily in general surgery. They will make morning and afternoon rounds with their team. After morning rounds, they will be excused if they have identified a preceptor with whom they can work with in the management of surgical subspecialty patients. Faculty in the surgical subspecialties will be notified in advance about the weeks when third-year medical students will be seeking clinical experiences. Surgical subspecialty faculty can fill out evaluation forms, but this is optional. The primary grade will be based on performance in general surgery.

**QUALIFICATIONS**

1. To qualify for the rotation, you must have completed all your requirements for the General Surgery rotation and logged them appropriately. This is your responsibility to ensure this has occurred.
2. If you have not completed all General Surgery requirements and complete the subspecialty rotation, you will fail General Surgery. Since this is the last week of the rotation, you will not be able to perform additional clinical duties to make up for any deficiencies. Again, you are responsible for determining that you have fulfilled all requirement before initiating the Subspecialty Rotation.
3. If you are interested in General Surgery as a specialty or if you prefer, continue to follow your assigned team at your hospital (Queen’s or Kuakini).

**PROCEDURE**

1. During the second week of the block, the Clerkship Coordinator will email the students a list of available preceptors along with a signup sheet. The students need to make their selections and return the signup sheet to the Clerkship Coordinator by the Friday of the 2nd week of the block. If more than one student wants a particular preceptor, they need to decide among themselves who gets assigned.
2. By the end of the 3rd week, the Clerkship Coordinator will notify the preceptors and email students the preceptor’s contact information once the Preceptor confirms.
3. By the end of the 5th week, students will need to contact the preceptors to confirm in person and to get instructions on where to meet and what time to report for the first day of the rotation.

4. Should there be a schedule change with the preceptor, you will need to pick another preceptor from the list and coordinate with that office.

5. Students will need to complete a faculty evaluation on their preceptor and also have the preceptor complete a final evaluation for them. The student needs to turn in the faculty evaluation and their final evaluation to the Clerkship Coordinator on the day of the final exam (last day of the block). The evaluation will be pass/fail for attendance and performance.

**HALF DAY OFF FOR IN-SERVICE STUDY**
Students will report for rounds with their team on the last Thursday morning of their rotation. They will perform clinical duties with general surgery or a surgical subspecialty, but will be released at 12 noon from all clinical duties to permit study for the in-service examination. Students will not participate in afternoon rounds with their team; their clinical rotation is completed.

**EXCUSED ABSENCES TO ACCESS HEALTH CARE**
During each year and course of the JABSOM curriculum, students may take time away from classes and clinical responsibilities when needed to access health care without fear of academic penalty. Whenever possible, students should inform their course or clerkship director ahead of time. Should more than three days be required, the student should seek the counsel of the Director for Student Affairs.

You should treat the patient’s chart like a legal document (it is). All entries must have a time, date and legible signature (print your name below). Avoid the temptation to use acronyms and abbreviations. There are a very few permissible abbreviations, these can be found on the following websites:

The ISMP (the Institute for Safe Medical Practices) list is at: [http://www.ismp.org/PDF/ErrorProne.pdf](http://www.ismp.org/PDF/ErrorProne.pdf)
The JCAHO lists can be found on the JCAHO website at [http://www.jcaho.org/accredited+organizations/patient+safety/04+npsg/04_faq.htm##abbreviations](http://www.jcaho.org/accredited+organizations/patient+safety/04+npsg/04_faq.htm##abbreviations) - click on Questions about Goal #2 (Communication), Abbreviations questions
OUTPATIENT CARE
Students should see patients in the outpatient setting at least one half-day per week. Students at Straub will attend the outpatients. Students at Queen’s and Kuakini will attend surgeon’s private offices. Due to the limited availability of office time, these outpatient experiences in the surgeon’s private office take precedence over inpatient work (e.g., the student should miss an operation, rather than miss their weekly office experience). Surgeons and office days for the various sites are as follows:

Queen’s  Dr. Whitney Limm  Mon, Wed & Fri 9:00 am - 12:00 noon
POB III Suite 509  (only 1 student at a time)
523-5033  Call Marilyn Agliam, 15 min. prior

Queen Emma Clinic  Wed & Fri 1:30 - 4:30 pm
Dr. Fred Yost

Acute Care Surgery Clinic  Mon - Friday 9:00am - noon
POB III Suite 406, 691-8885  Check with QMC Chief Resident & call office before coming.

Kuakini  Surgical Consultants  TBA
(Drs. Mugiishi, Furumoto, et al)

OPERATING
You should scrub in on all patients you have worked up. Other elective cases will be assigned to you the evening before surgery by your chief resident. You should let your chief resident know of any particular needs and preferences in case assignments so that your personal experience is varied and fulfills the required learning agenda. You may scrub with non-general surgery attendings (e.g. orthopedic, urology) who hold a UH faculty appointment. If you scrub on an inpatient who is not followed by the resident team, then you must review that patient’s post-operative care with your chief resident on a daily basis (although the chief does not need to see the patient).

Meet and examine the patient prior to surgery (in the pre-op area, if admitted the day of surgery), know the relevant surgical anatomy, and know the general process of the operation as well as the patient’s disease. You may also scrub on additional cases as your duties permit, but try to read up on these cases in a similar fashion.

The time in the operating room prior to “cut time” can be a useful venue to learn to place foley catheters, observe/assist in intubation, and position the patient as well as to introduce yourself to the O.R. team. When scrubbed, try to 1) keep the operative field in view; 2) do whatever you can to assist: cut, suture, suction, etc.; 3) notify the attending and scrub out when you need to attend a tutorial or required conference.

NIGHT CALL
You are required to spend 2 nights overnight, in-hospital for Queen’s Trauma call (see “Trauma Call” below). An additional 8 nights (4 nights for 6L students) of “evening call” are required. The exact dates for “evening call” and “trauma call” should be determined/approved by your hospital’s general surgery
chief resident. Only one student is allowed to take call on any given evening. “Evening call” means that you will stay with your resident team for teaching rounds, interesting ward problems or emergency cases through the early evening. If it is particularly slow and you are told to go home, you should remain available by pager until 10:00 pm. You will be paged by the resident or attending to come back in to the hospital for interesting emergency and operative cases. Please be sure the on-call resident knows how to reach you before you leave the hospital. If you are not called, you may turn your pager off at 10:00 pm. If you are called back in or stay later than 10:00 pm you should stay at the hospital for the remainder of the evening and follow a “post-call” schedule the following day (see section on “Student Workload”). You are required to use the hospital’s security escort service if you will be walking to/from the parking lot in the wee hours of the night.

TRAUMA CALL
All students must take trauma call two nights during the rotation. One of these nights must be on a Friday or Saturday night. If your trauma call nights are slow, you should take additional trauma call; this would be in lieu of one or more of your “evening call” nights. Trauma call runs from 6:45 pm until 8:00 am the following morning. Students at Kuakini and Queen’s should write a proposed call schedule on the first day of the rotation, keeping in mind that students must take call alone and each student must take at least one call on a Friday or Saturday night. The proposed call schedule must be submitted to the Queen’s general surgery chief resident(s) for their approval, and forwarded to the UH Clerkship Secretary who will then distribute the schedule to members of the trauma team. Students at Straub should contact the UH Clerkship Secretary no later than the first day of their rotation to be integrated into the trauma call schedule.

While on trauma call (6:45pm – 8:00am) the student must carry the Medical Student Trauma Pager (578-8640). The student on call for the evening can pick up the Medical Student Trauma pager (578-8640) which is identified by a sticker (“MED STUDENT TRAUMA PAGER”) at the QET 6th Floor General Surgery Call Room, Room #1 lock box when they are on call (6:45pm-8am). To enter the call room enter #2431 on the door keypad. The lock box is located to the right of the desk. You must enter the 5 digit code (24680) to open the box. This pager will alert you to incoming trauma patients in the emergency room (“Modified” or “Full” traumas). Any pages intended for medical students will be prefaced with 3 zeros, e.g. “0004311”. Whenever you see a page like this you must answer it immediately because this is intended for you.

Kuakini and Straub students do not need to round on the patients they care for at Queen’s during their call night, nor do they need to “pre-round” on their general surgery patients the morning following trauma call. IF YOU ARE SLEEPY AFTER CALL, DO NOT DRIVE! You may sleep in the call room, or arrange for someone to drive you home.

While on the two required nights of Trauma Call, the student’s primary responsibility is to respond to trauma resuscitations, assist in trauma procedures, and care for hospitalized trauma patients. The student should maintain close communication with the trauma resident. If the trauma service is extremely slow, the student may, if desired, assist the general surgery team, but must continue to respond to all trauma resuscitations and trauma patient care issues.

There are interactive CD-ROMs for trauma cases available to you as an optional adjunct to your trauma education. Check these out through the UH Clerkship Secretary.
TRAUMA SIMULATION CURRICULUM AT KAKA’AKO
All students will be required to participate in trauma resuscitation training which will be conducted jointly with the Telehealth staff at Kaka’ako. 6L/532 students who did not receive the introductory (Thursday) session do not have to participate in the testing (Monday) simulation session, though they must still complete the on-line written TEAM test. Instead of the simulation testing session on Monday, the 6L/532 students must complete additional trauma reading which will be given to you by the UH clerkship secretary.

INSTRUCTIONS FOR SimTiki Course material access:
1. You first need to establish an account on the SimTiki learning system.
2. Then you need to register for the “course”.

STEPS TO ESTABLISH AN ACCOUNT:
  a. www.simtiki.org
  b. SIMTIKI COURSES (on the left).
  c. Login (upper right).
  d. Create an account (bottom).
  e. Enter the requested info and “submit”.
  f. Several more info request fields will appear, only need to do these once—when you first establish an account.

STEPS TO REGISTER FOR THE SURGERY COURSE
  a. www.simtik.org
  b. SIMTIKI COURSES (left).
  c. Login or My Portfolio (both at the top).
  d. Course Catalog (top left).
  e. JABSOM MS3 Surgery Trauma Program I.
  f. Register for a class.
  g. Enter info into the requested drop down menus (Participant/10/5/06 class).

You can now view the material for the course. You must read, in its entirety, the on-line trauma manual, preferably before your first session at SimTiki. It is essential that you read the manual to do well in the trauma course and on the written trauma examination.

SURGICAL BASIC SCIENCE AND ANATOMY
These conferences are held for students only, on Wednesday mornings at Queen’s from 8:00-10:30AM (after M&M / grand rounds) except for two Wednesdays when the Intro to Laparoscopy & Camera Driving session is held from 11:00 – 12:00 pm and the Pain Management session is held from 11:00 – 12:30 pm. You should read any required material prior to each conference. All required reading material is located on JBOWS in the Surgery Clerkship folder.
CONFERENCES AND TUTORIALS
(attendance required)

Ward rounds Daily, around 5:00AM (check with your team)

Gen Surgery Lectures Mon 2:00-5:00 PM
and subspecialty sessions

General Surgery Thursday 2:00 - 5:00 PM
PBL tutor sessions

Colloquia One Friday per month, 10:30 AM – 3:30 PM

Surgery Grand Rounds University Tower 618 (food!) Wed 7:00 - 8:00 AM
or Morbidity/Mortality Do your morning rounds BEFORE this with your team

Surgical Basic Science UH Tower 620, Wed 8:00 - 9:00AM
Leave Grand Rounds / M&M at 8:00 AM (even if it’s still in progress) and go to Room 620

HOSPITAL-SPECIFIC CONFERENCES AND ROUNDS
Each hospital has their own schedule of additional conferences and attending rounds. Check with your DSE and resident team to verify location and times. Your regularly assigned lectures and tutorials (listed above and on your schedule) take precedence over the hospital-specific conferences (e.g., Queen’s Tumor Board). Attendance is mandatory at all of the former.
Surgery 531/532 Evaluation

You will be formally evaluated by three methods: Clinical performance (50% for 6B, 60% for 6L), Tutorial performance and Trauma Curriculum (25% for 531, 15% for 6L/532), NBME written exam (25%). For 6L/532 students, the grade for clinical performance will be comprised of outpatient preceptor evaluation (30% of final grade) and the Straub evaluation (30% of final grade). 6L/532 students will receive their final grade (10 units) for the entire course in the spring, the fall transcript will reflect work “in progress.” Students will receive mid-clerkship evaluations by their DSE to identify any unsatisfactory clinical performances.

Each of the course components (clinical performance, tutorial performance, trauma curriculum and written examination) must be passed in order to pass the course. In addition, the student must submit the PDA patient log which should include documentation of a directly observed history and physical. Failures of any of the components will be reviewed by the department and determine the remediation required. Generally, students who fail the written examination but who performed well in other areas will be allowed to retake the examination for a passing grade.

CLINICAL PERFORMANCE
The standard JABSOM third-year clerkship (Summary Student Evaluation) form will be used (attached). A single composite score and narrative evaluation will be submitted by the DSE from a review of all submitted evaluations from faculty and residents.

You will receive a mid-course evaluation from your DSE and chief resident, but you should ask for feedback about your performance from your attendings and residents early and repeatedly during the clerkship. If you do not receive your written mid-course evaluation by the start of the fourth week, you are responsible to obtain it from your chief resident or attending by the end of the fourth week.

TUTORIALS
Students will be evaluated by each of their general surgery PBL tutors based on the parameters outlined in the tutorial evaluation form (attached). For 6L students, the weight of each tutors’ evaluation will be dependent upon the number of tutorial sessions held with the student.

TRAUMA CURRICULUM
The evaluation of student performance in the curriculum will be based upon the final trauma (TEAM) written exam score and performance on the standard simulated trauma resuscitation. 6L/532 students who do not participate in the standard simulated trauma resuscitation “testing” scenario must correctly answer questions relevant to their additional assigned trauma reading.
### NAME OF STUDENT: __________________________

### Course number: SURGERY 531

### Inclusive Dates of Clerkship: __________________________

### Location: __________________________

### FOR DIRECTOR OF SURGICAL MEDICAL STUDENT EDUCATION USE ONLY:

Grade: ______ Honors  ______ High Pass          ______ Credit ______ No Credit  _____ Incomplete

Departmental Exam Scores: ______ Written Exam  ______ Tutorial ______ PDA patient log

☐ Submission of this form certifies that I have no conflict of interest in evaluating this student. If I am unsure whether a conflict may exist, I will contact the Director of the Office of Student Affairs to discuss the matter. As Clerkship Director, I am familiar with the faculty orientation material for this clerkship.

_______________________________      _______
Lawrence P. Burgess, MD          Date

#### I. Life-Long Learning Skills

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<th>Description</th>
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<td>Searching for, critically appraising, and applying biomedical information appropriately to patient care</td>
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<td>Evaluating the knowledge base supporting good patient care and recognizing gaps between prevailing and best practice</td>
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#### II. Biological Sciences

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<td>Knowing the various causes of illness and the ways in which they operate on the body (pathogenesis)</td>
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<td>Knowing the altered structure and function (pathology and pathophysiology) of the body and its major organ systems</td>
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<td>Applying the biological sciences to diagnosis and therapy</td>
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#### III. Patient Care

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<td>Approaching each patient with an awareness and sensitivity to the nonbiological determinants of health</td>
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<td>Clinical reasoning, critical thinking, and problem-solving skills</td>
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<td>Performing a complete or focused history and physical exam</td>
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<td>Formulating a problem list and differential diagnosis</td>
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<td>Planning appropriate diagnostic tests</td>
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<td>Accurately interpreting patient responses, physical findings, and diagnostic test results</td>
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<td>Developing an appropriate therapeutic plan</td>
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<tr>
<td>Educating patients, families, and other healthcare providers about health, illness, and the prevention of disease</td>
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<td>Performing technical skills safely under appropriate supervision and at a level commensurate with training</td>
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#### IV. Oral and Written Communication Skills

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<tr>
<td>Greeting patients warmly and using rapport-building techniques</td>
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<td>Presenting cases clearly and concisely</td>
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<td>Writing legible, comprehensive progress notes and H&amp;P's</td>
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#### V. Populational and Community Health

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15
Knowing the epidemiology of common illnesses within diverse populations and approaches useful in reducing such illnesses

Knowing how the health of certain subgroups of the population and ethnic groups differs from the population at large

### VI. Professionalism

<table>
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<tr>
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<tbody>
<tr>
<td>Presenting a professional appearance and demeanor</td>
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<tr>
<td>Treating patients with compassion; respecting patient confidentiality and preserving patient dignity</td>
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<tr>
<td>Interacts with peers, patients, residents, faculty, and staff members in an ethical manner</td>
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<tr>
<td>Completing assignments and fulfilling responsibilities promptly and with a positive attitude</td>
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<tr>
<td>Working effectively with Peers</td>
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<tr>
<td>Working effectively with Nurses and Ancillary Staff</td>
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<td>Working effectively with Attending Staff</td>
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<td>Working effectively with Residents</td>
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<td>Working effectively as a member of a team</td>
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<tr>
<td>Openness to feedback</td>
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<tr>
<td>Proactivity, initiative, and motivation</td>
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</table>

**Summative Comments (To be included verbatim in the students’ MSPE):**

**Formative Comments (for student’s use only):**

☐ Submission of this form certifies that I have no conflict of interest in evaluating this student. If I am unsure whether a conflict may exist, I will contact the Director of the Office of Student Affairs to discuss the matter. I understand that it is my responsibility to be familiar with the faculty orientation material for this clerkship. My signature below attests that I have attended the clerkship faculty orientation session and/or reviewed the orientation materials, and I have contacted the clerkship director with any questions I may have had about my student supervision responsibilities.

Evaluator: __________________________

Signature: __________________________

Type or Print Name

Date: __________________________
SURGERY 531/532 MID-COURSE EVALUATION

Name ___________________________ 00-00-00 to 00-00-00

NAME ROTATION DATES LOCATION

I. Life-Long Learning Skills □ Honors □ Satisfactory □ Needs Improvement □ Unsatisfactory

COMMENTS:

II. Knowledge of Biological Sciences □ Honors □ Satisfactory □ Needs Improvement □ Unsatisfactory

COMMENTS:

III. Patient Care □ Honors □ Satisfactory □ Needs Improvement □ Unsatisfactory

COMMENTS:


b. Patient Work-ups □ Honors □ Satisfactory □ Needs Improvement □ Unsatisfactory

COMMENTS:

V. Knowledge of Populational and Community Health. □ Honors □ Satisfactory □ Needs Improvement □ Unsatisfactory

COMMENTS:

VI. Professionalism □ Honors □ Satisfactory □ Needs Improvement □ Unsatisfactory

COMMENTS:

I, ___________________________ have been counseled by Dr. ___________________________ and Dr. ___________________________ regarding my performance up to this point in the rotation. I agree with the discussion and understand what steps I need to take to improve my performance, if necessary.

_________________________________________  ____________
Name 
3rd Year Medical Student

_________________________________________  ____________
, MD
Director of Surgical Education

_________________________________________  ____________
, MD
Chief Resident

17
Tutorial Evaluation Form  
Surgery 531/532

Student’s name: ____________________________________________________

Tutor’s name: _____________________________________________________

☐ Submission of this form certifies that I have no conflict of interest in evaluating this student. If I am unsure whether a conflict may exist, I will contact the Director of the Office of Student Affairs to discuss the matter. I understand that it is my responsibility to be familiar with the faculty orientation material for this clerkship. My signature below attests that I have attended the clerkship faculty orientation session and/or reviewed the orientation materials, and I have contacted the clerkship director with any questions I may have had about my student supervision responsibilities.

Tutor’s signature: _____________________________ Date: __________

Please rate the student on each criterion using the following scale and add narrative comments as appropriate:
U = Unsatisfactory  
G = Satisfactory / Good / Above Average  
H = Outstanding / Honors

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>U</th>
<th>G</th>
<th>H</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>Attendance</td>
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<td>Participation</td>
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<tr>
<td>Problem solving and identification of learning issues</td>
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<tr>
<td>Research of learning issues</td>
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<tr>
<td>Organization and presentation of learning issues</td>
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<tr>
<td>Group facilitation and self-assessment</td>
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Other Comments: (Required: MINIMUM 2 SENTENCES)
WRITTEN EXAMINATION
The National Board of Medical Examiners two-hour and thirty minute examination in Surgery will be administered on the final Friday of your inpatient rotation. Check with the clerkship secretary for the exact time and location. Students who arrive late to the examination will have this time deducted from their allotted time to complete the exam. Students who arrive more than 30 minutes late will have to reschedule the examination at their own expense. 6L students who do their block rotations in the fall normally will take the exam in the spring at the end of the semester, however they may, upon request, take the examination prior to the end of the spring semester. To do this, you must take the exam on a regularly scheduled 6B exam date, and contact the clerkship secretary at least 8 weeks prior to the exam date.

Grades are criterion-referenced, but norm-based. In other words, the exam is not graded on a “curve”, however, the passing score is based upon nationwide scores of all students taking this examination. A failing raw score is <58 (roughly equivalent to performance below the 5th percentile of the national average). An Honors score on the exam is ≥80 (roughly equivalent to performance above the 86th percentile of the national average). Students must achieve a raw score ≥70 (approximately the 45th percentile) if they wish to earn High Pass for the rotation, and ≥80 for Honors.

If you would like to review and download the Subject Examination Content Outlines and Sample Items booklet please go to the NBME website at http://www.nbme.org/programs-services/medical-schools/subject-examinations/index.html. A form for recording answers to compare them to the answer key is also available. These practice items may be helpful to you as you prepare to take the exam.

FINAL GRADES
Students will be assigned a final grade of Honors (approximately top 10-20%), High Pass (approximately top 30-40%), Credit, No Credit, or Incomplete. High Pass grades do not appear on the transcript, but will be noted in the summative narrative comments.

Final grade for the clerkship will be given generally within four weeks after conclusion of the rotation when we have received results of your written examination. You will be notified by e-mail when your grade has been assigned. Students who wish to contest their evaluations or grade have seven days after the time of notification to appeal their grade or evaluations. See the Third-year Education Handbook for details.

Dr. Burgess would be delighted to personally review your evaluations with you. Please contact him to make an appointment if you wish to do this. You may also review your file and evaluations during Department of Surgery office hours by contacting the UH clerkship secretary.

STUDENT EVALUATION OF FACULTY
You are required (and requested) to submit anonymous written evaluations of your clinical teachers, tutors, and the clerkship at the conclusion of the rotation. These will be distributed to you on your first day. Evaluations are due at the time of your written exam. The faculty will have access to the class’ composite scores of your USMLE Step 2 as well as your NBME written examinations to help improve teaching methods and set objectives.
HARASSMENT POLICY
The Department of Surgery maintains a zero-tolerance policy for harassment and mistreatment. We are committed to handling your concerns in a confidential manner. Please report any instances of mistreatment or harassment immediately to one of the following individuals: Lawrence Burgess (581-2233), Susan Steinemann (586-2922), Richard Smerz (692-1000), or the Dean of Students, Alan Yang (956-3290).

EDUCATIONAL MATERIALS
Each hospital has a medical library, ask your DSE / residents / support staff for details.

There are student-specific references in the 6th floor call room at Queen’s, including texts and a CD-ROM version of ACS Surgery. This is accessible 24 hours a day, ask the Queen’s residents for access.

TECHNICAL TRAINING
In addition to the introductory suturing and knot-tying class he provides, Dr. Don Parsa is willing to give individualized instruction on Monday, Tuesday, Thursday or Friday afternoons. Please call his office (526-0303) to arrange.

STUDENT WORKLOAD
It is recognized that students require adequate rest and study time to optimize their learning. In-hospital duties and work hours are limited to provide for this need. While recognizing that individual preferences and learning styles differ, the following are guidelines:

1. Students will be given at least one 24 hour period off every seven days free of patient care responsibilities. This is your protected study time. This day is in addition to any post-call days “off” (see #2, below)
2. On-call or post-call hours will be limited in order to allow students to learn effectively the following day. Students work no more than 4 hours following a night of in-hospital call. These 4 hours includes all scheduled didactic sessions and lectures as well as patient care.
3. Work hours will be limited to 80 hours/week, averaged over the duration of the clerkship.
4. Students who are sleepy should not drive! Nap in the call room, or arrange for alternate transportation. Overly fatigued students should be excused from clinical duties.
5. Clinical experiences for the students should be viewed primarily in terms of their educational value. Certain experiences (e.g. long operative cases, late evening sign-out rounds) may have less value for the student than independent study, and in these cases the clinical experience should be limited or omitted to provide for study time.
6. Conferences and other student teaching sessions will take precedence over other experience.

* All experiences, including clinical responsibilities, will be reviewed periodically to determine its educational value.
Students are required to submit, every Monday, a “Work Hours Log” to their chief resident. The chief resident and the student will work together to ensure that the student’s work hours fall within the guidelines (<80 hours/week, <4 hours post-call, 1 day off per week). Chief residents will forward to Dr. Burgess any work hours log that transgresses these guidelines.

There are no routine “holidays” on the surgery clerkship. (Patients continue to be admitted and operated upon every day of the year, and we continue to take care of them). Students should plan on continuing their clinical duties up through the penultimate day of the rotation. On the last day (written exam day) you do not need to round or perform any clinical duties.

**DESIGNATED STUDY TIME**

Adequate time will be allocated specifically for independent study and reading. Students have one full day per week free of any patient care responsibilities. Wednesdays from 9:00-11:00am, while the residents are in conference, is also designated study time. Students should supplement this by arranging their own flexible study time around daily clinical duties, and in the evenings.

If you feel that your clinical duties are precluding adequate time for independent study, please discuss this with your chief resident, DSE and/or Dr. Burgess.

**INTERESTED IN A SURGICAL CAREER?**

Students interested in pursuing a career in general surgery or one of the surgical subspecialties should make their faculty attendings and resident team aware of this. These surgeons can be an invaluable source of advice (and, knowing of your interest facilitates writing a letter of recommendation).

You should strongly consider joining the Medical Student Surgery Interest Group if you are not already a member; ask Dr. Burgess for details. You should also consider becoming a student member of the American College of Surgeons, and you should definitely peruse the American College of Surgeons’ website and specifically the online resource: “So You Want To Be a Surgeon…A Medical Student Guide to Finding, and Matching with, the Best Possible Surgery Residency” at [http://www.facs.org/residencysearch/index.html](http://www.facs.org/residencysearch/index.html).

Make appointments to meet with a specialty advisor; for general surgery these are Dr. Lawrence Burgess or Dr. Nancy Furumoto. Other surgical specialty advisors and their contact information is distributed at the colloquium “Choosing A Residency”, and is also available through the UH Clerkship Secretary. Students should also endeavor to meet at least once with the Chairman of Surgery, Dr. Kenric Murayama, as well as any other faculty members who might provide a letter of recommendation.
STORING PERSONAL BELONGINGS
When you are in the Operating Room, please be sure to store your personal belongings in a safe and secure place.

The following hospitals offer places where you can put your belongings when you are in the operating room:

Queen’s Medical Center: The OR Department can issue you a temporary locker token or you can store your things in the call room lockers but you need to provide your own lock.

Kuakini Medical Center: You can use the conference room.

Straub Clinic & Hospital: They have small lockers but you need to bring your own lock.

However, because things may change at the different hospitals, it is best to check with the hospital staff ahead of time on where you can safely secure your belongings.

JABSOM GUIDELINES FOR APPROPRIATE APPEARANCE AND ATTIRE
These guidelines are intended to contribute to your overall professional development as students in training to become physicians. JABSOM expects students to appear and dress in a professional manner. Although you are not yet a physician, you will nonetheless be expected to conduct yourself in a manner expected of physicians. Some things, such as your appearance and attire, which may have been acceptable in college, may no longer be appropriate in medical school. Your appearance and attire should show respect to faculty, staff, classmates, patients and the general public.

It is recognized that different attire will be necessary for different settings, depending on factors such as student activities and responsibilities, clinical sites, patient and public contact. Student attire should always be appropriate and not interfere with the activities and responsibilities expected of students.

General Guidelines for All Students:
- Students should maintain an optimum level of personal hygiene and grooming.
- Strong perfume or cologne should not be worn.
- Clothes, hair, fingernails and footwear should be clean and neat.
- Clothing should not be suggestive, revealing or tight-fitting.
- Clothing should not have offensive images or language.

In addition to the General Guidelines for All Students, for students at clinical sites (inpatient or ambulatory):
- Students should adhere to the dress code/policy in place at the site.
- Students should wear:
  - JABSOM photo ID
  - Short white medical coat
  - Closed-toe footwear
General Guidelines for All Students, for students in laboratories or operating rooms:
  - Students should adhere to the dress code/policy in place at the site.

ADDRESSING PATIENTS
When you see a patient, introduce yourself as a part of the health care team and as “Medical Student __________.” Occasionally, patients object to being examined by students. Don’t be insulted. Be friendly and tell the patients you understand and courteously depart. Patients are often scared and nervous. You can help immensely by being understanding and reassuring.

JABSOM GUIDELINES FOR SUPERVISION OF MEDICAL STUDENTS DURING CLINICAL ACTIVITIES
JABSOM ensures that medical students providing health care are supervised at all times to protect the safety of the student, patient, and other health care workers. The level of responsibility delegated to the student must be appropriate to his or her level of training, and the activities supervised must be within the scope of practice of the supervising health professional. This guideline outlines the requirements and procedures to be followed by faculty, residents, and other health care providers who supervise JABSOM medical students and other visiting medical students under the auspices of JABSOM, in the clinical setting. It is the shared responsibility of the department chair in conjunction with the respective clerkship or course director, site coordinators, and supervising faculty members to assure that the specifications of this statement are followed. Residents and medical students are expected to adhere to these guidelines as well.

- Supervisors for medical students in hospitals and clinics may be physicians, residents, and other health care providers appropriately certified and working within the scope of their professions.
- Supervisors of medical students must be aware of their student’s level of training and the learning objectives of the course or clerkship.
- Supervisors should either have a faculty appointment or be guided by a physician with a faculty appointment at the school of medicine.
- While obtaining a patient history or conducting a physical examination, a supervisor must be either physically present with the medical student or readily available so that they may take over the provision of care if necessary.
- A clinical supervisor must be physically present at all times and carefully supervise any procedure performed by medical students. The supervising physician must have privileges or authorization to perform the procedures they supervise.
- Students may only participate in procedures when they are judged to be ready and prepared by their clinical supervisor.
- The principles and practice of informed consent must be followed at all times and patients shall be made aware when the individual performing a procedure is a student.
- Medical students are not allowed to provide any health care services to patients in the intensive care unit unless under the direct supervision of a clinical supervisor physically present in the room.
- Medical students are allowed to document findings in the medical record and enter physician orders under the supervision of residents and faculty.
- Student entries into the medical record should be reviewed within 24 hours by clinical supervisors for accuracy and may be corrected or amended.
• Medical orders may not be entered by medical students unless they have been discussed thoroughly with their clinical supervisors. No order entered by a student may be acted upon until a resident or faculty member “co-signs” the order. Clinical supervisors should notify the clerkship or course director if they identify significant concerns about academic readiness or professionalism of students.

• Students are encouraged to voice any concern to their clerkship directors or the director of student affairs, about the adequacy of their clinical supervision. They should not perform aspects of a history, physical examination, or a procedural skill that they believe they are not prepared to perform, even in the presence of faculty. Students may only provide health care or perform procedures that have been thoroughly discussed and agreed upon by their clinical supervisors.

• Medical students should not be asked to deliver patient care or perform procedures in the case of fatigue, especially when they are post-call.

• Medical students should not be involved in the care of other medical students. Exceptions may include the delivery of influenza vaccines or a PPD through school sponsored activities.

• Faculty should not supervise medical students who are also their patients, members of their family, or someone with whom they have had a close relationship with in the past to avoid potential conflicts of interest. If a potential conflict of interest exists, it should be discussed and resolved with the help of the clerkship director and/or director of the Office of Student Affairs.

• This guideline shall be distributed annually to all medical student supervisors in the clinical setting.

JABSM GUIDELINES FOR NON-PARTICIPATION IN HEALTH CARE (AVOIDING CONFLICTS OF INTEREST)

Faculty should not provide health care (psychological counseling, medical care or psychiatric care) to medical students they are supervising or may supervise in their faculty roles. Exceptions include but are not limited to situations where the faculty member is the only physician or one of a limited number of physicians with expertise in the medical student’s illness. In addition, faculty should not evaluate students who are family members or close associates. Should faculty or other supervisors find themselves in a situation where their contribution to a summative evaluation or decision on academic standing or promotion of a student represents a conflict of interest, that faculty member will recuse themselves from any discussions regarding the student. Medical students are encouraged to raise any concern they have about a conflict of interest in their evaluation with course and clerkship directors or the Director of the Office of Student Affairs.

In order to ensure that providers of health and/or psychiatric/psychological services to a medical student has no involvement in the academic assessment of, or in decisions about, promotion of that student, this statement will be shared with medical students, residents, and faculty. In addition, each evaluation form will include the statement, “Submission of this form certifies that I have no conflict of interest in evaluating this student. If I am unsure whether a conflict may exist, I will contact the Director of the Office of Student Affairs do discuss the matter.” Course and clerkship directors are also encouraged to contact the Director of the Office of Student Affairs to resolve potential conflicts of interest in student evaluations.
JABSOM GUIDELINES FOR REQUESTING AN ALTERNATIVE SITE ASSIGNMENT FOR CLERKSHIPS

Under rare circumstances, JABSOM will consider requests from medical students with an appropriate rationale for an alternative assignment. Such requests must be submitted within one week of the date of student notification of site assignment and before the start of that clerkship. Students should understand that it is their responsibility to report to their assigned sites, unless a change is granted. For third-year courses, the authority for site assignment rests with clerkship directors.

Clerkship directors use the following criteria when evaluating a request for a change in assignment site.

- Will the assignment site directly impact the health of student?
- Will the assignment place the student under the supervision of or in close working proximity to a faculty member who is also a member of the student’s family, a close family friend, or a physician treating this student?

Students wishing to submit a request for an assignment change should notify their clerkship director via e-mail, phone, or in a scheduled face-to-face meeting and be prepared with a written explanation including:

- Which of the two criteria listed above is applicable to their request.
- An estimate of the perceived impact on themselves should a change not be made
- Alternative assignment sites that would alleviate the conflict.

In making their decision, the clerkship director may consult the Director of the Office of Medical Education and the Director of the Office for Student Affairs.

JABSOM faculty respect the confidentiality required for student health issues. Direct requests for assignment changes based on the above criteria may also be brought to the Director for Student Affairs or a counselor at the student’s discretion. The Director for Student Affairs may communicate a clear recommendation directly to clerkship directors after meeting with the student or discussing the issue with a student counselor without the need for further explanation. Clerkship directors will follow these recommendations.

Should students encounter a change in their circumstances related to the three criteria above during a course, they may use the listed mechanisms to request a change in assignment.

Students are not allowed to negotiate switches in assignment sites with other students at any time before or during a required course.

SAFETY IN NUMBERS

All students are strongly advised to carpool to all clinical sites and to walk to and from the hospitals and clinics in groups, especially during the early morning hours when lighting is not ideal. It may be wise to bring a flashlight with you if it would help to illuminate your pathway. If you are unable to carpool, consider arranging for a drop-off and pick-up by family or friends.
Surgery 531 Case List/Learning Agenda

You should work up a patient or observe a procedure from each of the following 8 categories. Some categories require more than one case to fulfill, the number of cases required in each category is listed in parentheses at the end of the category title.

Topics in the left column include patient diagnoses in each category and are useful as a general guide to reading in each category.

Discuss your case needs and any special interests with your chief resident and/or DSE so that you are assigned appropriate cases.

<p>| PERI-OPERATIVE MANAGEMENT AND TRAUMA (3) |</p>
<table>
<thead>
<tr>
<th>Topics in General Surgery</th>
<th>Common Procedures</th>
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<tbody>
<tr>
<td>➢ TPN and nutritional support</td>
<td>➢ Major abdominal operations performed on elderly patients or patients with significant co-morbid disease and/or in the ICU</td>
</tr>
<tr>
<td>➢ Pre-operative assessment of CV, pulmonary, renal, neurologic, and metabolic systems</td>
<td>➢ Central line placement</td>
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<tr>
<td>➢ Wound healing and management</td>
<td>➢ Exploratory laparotomy for trauma</td>
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<tr>
<td>➢ Fluid and electrolytes</td>
<td>➢ Focused abdominal ultrasound examination for trauma</td>
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<tr>
<td>➢ Pain management</td>
<td>➢ Wound debridement and repair</td>
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<td>➢ Post-operative fever</td>
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<tr>
<td>➢ Venous thromboembolism</td>
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<tr>
<td>➢ ABCs of initial resuscitation</td>
<td></td>
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<tr>
<td>➢ Blunt thoracoabdominal trauma evaluation</td>
<td></td>
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<tr>
<td>➢ Penetrating trauma</td>
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<tr>
<td>➢ Burns</td>
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</table>

<p>| HEAD, NECK AND ENDOCRINE (1) |</p>
<table>
<thead>
<tr>
<th>Topics in General Surgery</th>
<th>Common Procedures</th>
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</thead>
<tbody>
<tr>
<td>➢ Carcinoma of oropharyngeal region</td>
<td>➢ Cervical lymph node biopsy</td>
</tr>
<tr>
<td>➢ Parotid tumors</td>
<td>➢ Radical neck dissection</td>
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<tr>
<td>➢ Cervical lymphadenopathy</td>
<td>➢ Thyroidectomy</td>
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<tr>
<td>➢ Thyroid nodules</td>
<td>➢ Fine needle aspiration</td>
</tr>
<tr>
<td>➢ Surgical management of hyperthyroidism</td>
<td>➢ Subtotal thyroidectomy</td>
</tr>
<tr>
<td>➢ Hyperparathyroidism</td>
<td>➢ Parathyroidectomy</td>
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### ESOPHAGUS, STOMACH, SMALL INTESTINE (1)

**Topics in General Surgery**
- Esophageal carcinoma
- Esophageal varices
- UGI hemorrhage
- Dysmotility
- Gastroesophageal reflux disease
- Peptic ulcer disease
- Gastric Carcinoma
- Acute mesenteric ischemia
- Small bowel obstruction
- Short bowel syndrome

**Common Procedures**
- Esophagectomy
- Porto-systemic shunt procedures
- Fundoplication (open or laparoscopic)
- Gastrostomy
- Vagotomy & antrectomy
- Subtotal or total gastrectomy
- Lysis of adhesions
- Small bowel resection
- Gastric bypass (for obesity)

### LIVER, PANCREAS & BILIARY TRACT (2)

**Topics in General Surgery**
- Liver abscess
- Cancer, metastatic and primary
- Surgical management of ascites
- Cholelithiasis/cholecystitis (acute/chronic)
- Cholangitis
- Carcinoma
- Choledocholithiasis
- Obstructive jaundice
- Acute pancreatitis
- Pancreatic carcinoma
- Chronic pancreatitis
- Pancreatic insufficiency

**Common Procedures**
- Liver biopsy
- Segmental resection
- Denver shunt
- Liver transplant
- Pancreas transplant
- Debridement of pancreas
- Pancreaticoduodenectomy (Whipple)
- Pancreaticojejunostomy
- Cystgastrostomy
- Open Cholecystectomy
- Laparoscopic cholecystectomy
- Common duct exploration
- Choledochojejunostomy

### COLORECTAL AND ANAL (2)

**Topics in General Surgery**
- Diverticular disease
- Ischemic colitis
- Carcinoma of the colon
- Colonic Volvulus
- Inflammatory bowel disease
- Appendicitis
- Colorectal polyps
- Hemorrhoids
- Fissure
- Fistula
- Perirectal abscess

**Common Procedures**
- Appendectomy
- Colectomy
- Low anterior resection
- Abdominal perineal resection
- Colostomy
- Takedown of colostomy
- Banding of hemorrhoids
- Hemorrhoidectomy
- Lateral internal sphincterotomy
- Fistulectomy
- Incision and drainage of perirectal abscess
### RENAL, VASCULAR AND CARDIOTHORACIC (1)

**Topics in General Surgery**
- Abdominal aortic aneurysm
- Occlusive peripheral vascular disease
- Carotid artery disease
- Coronary artery disease
- Venous thromboembolism
- Venous insufficiency
- Adrenal adenomas, pheochromocytomas, carcinomas
- Renal tumors
- Renal failure
- Pneumothorax
- Mediastinal mass
- Pulmonary nodules and lung cancer
- Coronary artery disease
- Valvular heart disease

**Common Procedures**
- Abdominal aortic aneurysmectomy
- Fem-pop/fem-posterior tibial by-pass
- Vein stripping
- Carotid endarterectomy
- Arterio-venous graft / fistula
- Nephrectomy
- Renal transplant
- Adrenalectomy
- Coronary artery bypass graft
- Chest tube placement
- Lung resections
- Thymectomy
- Coronary artery bypass graft
- Valve replacement

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### HERNIA (1)

**Topics in General Surgery**
- Inguinal
- Ventral
- Femoral

**Common Procedures**
- Inguinal hernia repair (open anterior, preperitoneal, and/or laparoscopic)
- Ventral hernia repair (includes umbilical, incisional)

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### SOFT TISSUES AND BREAST (1)

**Topics in General Surgery**
- Soft tissue sarcoma
- Melanomas
- Evaluation of breast mass
- Management of breast carcinoma
- Mammography
- Nipple discharge
- Benign mastopathy

**Common Procedures**
- Wide excision of skin tumor
- Sentinel lymph node dissection
- Debridement of necrotic soft tissue / necrotizing fascitis
- Breast or soft-tissue reconstruction
- Skin graft
- Excisional biopsy
- Partial Mastectomy with axillary dissection
- Sentinel lymph node dissection
- Modified radical mastectomy
Surgery 531 Reference List

REQUIRED TEXTS:

1. TEAM
   “Trauma Evaluation and Management”, 2nd ed.: Early care of the injured patient, a program for medical
   students and multidisciplinary team members. Published by the American College of Surgeons.
   Provided for the course. You may purchase a copy to keep for $6.

In addition, you must obtain one of the following required texts:

   Well organized, comprehensive catalog of surgical disease.

   Published by Lippincott Williams & Wilkins (2006). A very readable text, written by surgical
   educators.

2c. Surgery: A Competency-based Companion Barry D. Mann
   Published by Saunders, 2009. A small, portable text, organized in a problem-oriented, competency-
   based format. Available online and in print.

Suggested references for additional reading:

Cope’s Early Diagnosis of the Acute Abdomen Silen
A classic treatise on the diagnosis of abdominal pain

Selected Readings in General Surgery (SRGS)
Published by the American College of Surgeons division of education, available on CD-ROM and in
paperback book format. A compilation of current articles on specific surgical topics, provided in
monthly issues, updated on a rotating schedule every seven years. Excellent starting point for
researching learning issues and in-depth review of specific topics. Available in certain surgeons’ offices
(Steinemann, Robert Oishi) and hospital libraries.

Essentials of Surgical Specialties Peter F. Lawrence
Similar to the required text (see details above), focusing on the surgical subspecialties

American College of Surgeons SURGERY Wilmore, et al
acssurgery.com. An excellent, readable online text, frequently updated. Good chapters with algorithms
on trauma management. Nicely illustrated chapters on operative technique.

Textbook of Surgery Sabiston
A classic textbook and a worthwhile investment if you plan on a career in surgery. Available online
through Hawaii Medical Library (hml.org)
Principles of Surgery  Schwartz
The other textbook, for those who dislike Sabiston. Available online through Hawaii Medical Library (hml.org)

Advanced Trauma Life Support  Student Course Manual
Published by the American College of Surgeons for physician training in advanced trauma management (the “grown-up” version of TEAM). Useful algorithms and interventional skills for anyone involved in trauma triage and initial resuscitation.

Current Surgical Therapy  Cameron
A good “How I do it” compilation by prominent surgeons, focusing on operative management.

Trauma  Mattox, Feliciano, Moore
Comprehensive text of trauma management.

Civetta, Taylor and Kirby’s Critical Care  Gabrielli, Layon, Mihae Yu

Principles of Surgical Technique  Wind & Rich
Simple line drawings with minimal text outlining suturing, knot tying, and simple procedures.

Maginot’s Abdominal Operations  Zinner, et al
Detailed descriptions of abdominal operations and pertinent anatomy. Consider purchasing if you plan on a career in general surgery.

Eastern Association for the Surgery of Trauma
www.east.org/tpg.html. Evidence-based practice guidelines for trauma management

The Sanford Guide to Antimicrobial Therapy  Gilbert, et al
For $9 (or free at a drug rep-sponsored lunch) you, too, can be an infectious disease specialist. “Antibiotics are the clay of Surgery”. Also available on the Web.
**Tips from the Residents: How to shine on your surgery rotation**

**Inpatient Care:**
Students should generally carry 2-5 inpatients, depending upon student experience and patient acuity. These are YOUR patients, you (or your designated colleague on your day off) should be intimately aware of all that goes on with your patient and make sure the plans of the morning get carried out, e.g. follow up on attending notes, imaging and labs.

Preround on your patient before your resident does. This is easier if you ask your resident what order he/she sees patients, and/or ask your resident to round on your patient last. You should be able to complete your pre-rounds in 15 minutes for ward patients, and 30 minutes for ICU patients.

Things you should know for morning rounds include: vital signs and trend, drain output, I’s and O’s, glucometer. Advise resident immediately of any significant abnormal findings. Review orders and medication lists at least daily.

Write admit orders and pre-op and post-op notes on your patients.

Know how the surgical team presents patients (i.e., what is pertinent, what’s not). You should strive for a succinct presentation in under 2 minutes. Most impressive if you can present the patient from memory.

Interpret the data and formulate your own plan for rounds.

Learn to do all the simple procedures and perform them daily as needed for your patient: dressing changes, staple/suture removal, chest tube removal.

Be present for patient discussions and conferences: informed consent for procedures, post-op discussions, explanations of the pathology report, etc.

Ask the residents about key faculty surgeons and their idiosyncrasies.

Keep a running list of “learning issues” relevant to the clinical cases you are seeing, and research these during your study hours.

Ask the residents frequently, “How am I doing?” “How can I improve?” and, always appreciated, “What can I do to help (the team)?” Hang around with the resident team. Show you are interested!

**Operating room**
Remember that more practice → more privileges. Practice your suturing and knot tying before you go into the O.R.

See the patient prior to surgery. Know the anatomy and the operative indications (rationale for surgery).


Introduce yourself to the O.R. team. Write your name on the board. Get your own gown and gloves.

Ask the surgeon(s) where you should stand.

Take every opportunity to assist: operate the suction, cut suture, adjust the lights (ask before moving the lights, however).

Pay attention to the instruments and ask for them by name (“toothed Adsons” “Army/Navy retractor”)—you’ll get what you want, and you’ll do a better job.
EXPOSURE TO BLOOD/BODY FLUIDS PROTOCOL

1. IMMEDIATELY following the exposure:
   a. Flush the exposed skin or mucous membrane with water or saline.
      If exposure to the eyes has occurred, use wash station or nearest sink to flush eyes with water for at
      least 5 minutes.
   b. Wash any needle stick, puncture, cut or abrasion with soap and water.

2. Initiate the host agency protocol for hazardous exposure to blood/body fluids by following the instructions
   outlined in the table below.

3. If the exposure is in a non-hospital setting (for example, ambulatory site not associated with a hospital, in a
   JABSOM lab, class, or other non-hospital-based exposure), you or your preceptor/supervisor can call Queens
   ED (547-4311) to review current protocol for immediate needs in such a circumstance, and begin the process,
   (AFTER #1). You may go to an Emergency Department, or during open hours, contact the University Health
   Services (Manoa Campus) 956-8965, and ask for immediate attention.

<table>
<thead>
<tr>
<th>FACILITY</th>
<th>CONTACT or GO TO</th>
<th>PHONE</th>
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<tbody>
<tr>
<td>Castle Medical Center</td>
<td>Report incident to supervisor. Obtain care from Employee Health Coordinator or hospital supervisor who will assist in filing incident report. Contact JABSOM OSA to report incident.</td>
<td>263-5159 or hospital supervisor 263-5329 (5 pm-8 am)</td>
</tr>
<tr>
<td>HOME Clinic</td>
<td>Notify attending physician and complete incident report. Call Dr. Jill Omori to report exposure.</td>
<td>221-0685</td>
</tr>
<tr>
<td>Kaiser Permanente Medical Center</td>
<td>Report incident within 2 hours of exposure. Call operator in house “0” and ask for infection control personnel on duty.</td>
<td>432-0000</td>
</tr>
<tr>
<td>Kapiolani Medical Center</td>
<td>Report to Employee Health. Go to Emergency Dept, if EH closed, also call on-call Employee Health Coordinator, 983-6000)</td>
<td>983-8525</td>
</tr>
<tr>
<td>Kuakini Medical Center</td>
<td>Occupational Health Services. When closed, go to ED, and also notify Nursing Supervisor (through Operator, dial “O”).</td>
<td>547-9531</td>
</tr>
<tr>
<td>Pali Momi Medical Center</td>
<td>Employee Health during regular work hours or Emergency Department when exposure occurs after hours. Notify supervisor. Report incident Work Injury Line.</td>
<td>535-7200</td>
</tr>
<tr>
<td>The Queen’s Medical Center</td>
<td>Employee Health/PEP Team.</td>
<td>691-4004</td>
</tr>
<tr>
<td>Straub Clinic and Hospital</td>
<td>Employee Health during business hours, go directly to ED after business hours.</td>
<td>522-3481</td>
</tr>
<tr>
<td>Tripler Army Medical Center</td>
<td>Let care team know of exposure. Report to the ER. Report exposure to, or go to, Occupational Health the next business day.</td>
<td>433-6235</td>
</tr>
<tr>
<td>VA Clinic</td>
<td>Contact EHU during business hours. Go to TAMC ER after hours.</td>
<td>433-0091</td>
</tr>
<tr>
<td>Wahiawa General Hospital</td>
<td>Go to ER; also notify Nursing Supervisor (through operator) of exposure.</td>
<td>621-4230</td>
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You may also seek care and information from University Health Services (956-8965), your personal physician, or any
emergency department, but seek immediate evaluation and counseling. All follow-up care after immediate evaluation
services are the responsibility of the student.

4. Report exposure to:
   a. Your supervising faculty member and course/clerkship director
   b. Medical School Office of Student Affairs @ 692-1000;
   c. For URGENT after hours needs, call 692-0912, ask for Dr Smerz or Administrator on-call

5. Students should be knowledgeable about their health insurance coverage, and should know what their plan will
   cover related to occupational exposures. Remind anyone billing for follow-up that it is NOT an Occupational
   Exposure, but medical follow-up, or the insurer may not want to pay for services.

JABSOM’s Affiliation Agreement with Health Care Facilities (HCF) state:
“Environmental exposure. In the event a medical student is exposed to an infectious, environmental, or occupational hazard
at the HCF, the HCF shall be responsible for providing immediate evaluation and counseling as with employees of the HCF.
Follow-up after the initial evaluation and counseling will not be the responsibility of the HCF, and will proceed according to
University student health policies.”