

# GENERAL SURGERY CLERKSHIP

## *Syllabus & Information Guide* **2014-15**

Clerkship Director:

**Carl E. Haisch, MD**

Professor of Surgery  
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East Carolina University  
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Associate Clerkship Director:

**Shannon Longshore, MD**

Clinical Assistant Professor  
Department of Surgery – Pediatric  
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*Office: 744-2832*

Assistant Clerkship Director:

**Karen M. Buckley, MD**

Assistant Professor of Surgery  
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Brody School of Medicine  
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**Claudia Goettler, MD**

Chief, Division of Clinical Effectiveness  
Director of General Surgery Residency  
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## **WELCOME:**

The Department of Surgery welcomes you to the General Surgery Clerkship. As a department we are committed to medical student education and continuously strive to improve your educational experience.

For many of you this will be your only exposure to basic surgical concepts. However, regardless of your chosen career in medicine, each of you will utilize these concepts daily.

Compared to other clerkships, your educational experience during the surgical clerkship will be unique. You will be expected to learn technical skills and to develop an intellectual knowledge base. This clerkship is also unique in that the majority of learning is interactive and occurs in a variety of clinical settings rather than during conferences.

Because of these unique characteristics many students are apprehensive about the surgical clerkship. Despite this the majority of students enjoy the rotation more than they expected and many return for advanced clerkships.

While we recognize that this rotation is physically and intellectually demanding, we hope that it is an enjoyable and educationally valuable experience.

## **MISSION STATEMENT:**

Recognizing the mission of the Brody School of Medicine is to provide primary care physicians and the fact that some students wish to pursue careers in general and subspecialty surgery; the mission of the General Surgery Clerkship is to provide the third-year medical student with a comprehensive, global surgical experience. This experience will emphasize the etiology, pathophysiology, clinical evaluation, and management of surgical problems commonly encountered in general practice. This strategy will also serve to develop a surgical knowledge base for those seeking careers in general or subspecialty surgery. In addition, it is a goal of the Department of Surgery to develop a friendly, professional, and non-threatening learning environment.

## **SURGICAL CLERKSHIP -- SUPPORT PERSONNEL:**

### **Carl E. Haisch, MD**

Professor of Surgery  
Department of Surgery - Transplant  
Director of Surgical Education  
3<sup>rd</sup> Year Surgical Clerkship Director  
Brody 4S10  
Office: 744-5069

*Dr. Haisch is board certified by the ABS. His undergraduate study was at George Fox University; his medical school was from the University of Washington, Seattle; his post graduate training as General Surgeon with Fellowships in Vascular, Trauma, and Transplant. Practiced in Vascular, Trauma and Transplant at University of Vermont, and PCMH Trauma and Transplant team.*

### **Shannon Longshore, MD**

Clinical Assistant Professor of Surgery  
Department of Surgery – Pediatric  
3<sup>rd</sup> Year Surgical Clerkship Associate Director  
MA 207A  
Office: 744-2832

*Dr. Longshore is board certified in general and pediatric surgery by the ABS. Her undergraduate degree is in Psychology with a minor in Chemistry from Southern Adventist University. She attended medical school at The University of Tennessee. Her residency training was at University of California, Davis and she completed Pediatric Surgery training at Loma Linda University Children's Hospital.*

### **Karen M. Buckley, MD**

Assistant Professor of Surgery  
Department of Surgery – Plastic  
3<sup>rd</sup> Year Surgical Clerkship Assistant Director  
Brody School of Medicine  
Office: 744-5291

*Dr. Buckley is board certified by the ABS. Her undergraduate study as at Barnard College of Columbia University in NY with a BA in Biology; her doctorate was from New York Medical College; her Plastic Surgery residency was from Cooper Hospital/University Medical Center,( Camden, NJ) UMDNJ/Robert Wood Johnson Medical School.,*

### **Claudia Goettler, MD**

Chief, Division of Clinical Effectiveness  
Director of General Surgery Residency  
Associate Professor of surgery  
Trauma and Surgical Critical Care  
2ED 207  
(Phone: 847-0865)

*Dr. Goettler is board certified by the ABS. Her undergraduate study was at George Washington University in Chemistry and Zoology; her doctorate was from George Washington University School of Medicine; her residency was from University Hospitals of Cleveland in Cleveland, Ohio; and her specialty training in Trauma and Surgical Critical Care was completed at the Hospital of the University of Pennsylvania in Philadelphia, PA.*

**Amy Sweers**

Education Coordinator

Office of Surgical Education

Phone: 744-5262; Fax 744-3156: Pager – 383-0482

Room #Suite TA231A

*Amy is your lifeline. She will keep you on schedule and let you know of any changes that occur. She has been a valuable resource ever since taking this role and is responsible for all the smooth transitions that you will see throughout your rotation.*

**SURGICAL CLERKSHIP -- FACULTY:****GENERAL SURGERY: (GI)**

|                            |       |
|----------------------------|-------|
| Dr. Bill Chapman           | 45502 |
| Dr. Walter Pofahl          | 44748 |
| Dr. Walter Pories          | 43290 |
| Dr. John Pender            | 44251 |
| Dr. Fred Williams          | 45502 |
| Dr. Mark Manwaring         | 44748 |
| Dr. Konstantinos Spaniolas | 43969 |

**GENERAL SURGERY: (ONCOLOGY)**

|                        |       |
|------------------------|-------|
| Dr. Timothy Fitzgerald | 44110 |
| Dr. Emanuel Zervos     | 44110 |
| Dr. Jan Wong           | 44110 |
| D Nasreen Vohra        | 44110 |

**VASCULAR SURGERY:**

|                    |       |
|--------------------|-------|
| Dr. Bill Bogey     | 47630 |
| Dr. Frank Parker   | 47630 |
| Dr. Steve Powell   | 47630 |
| Dr. Dean Yamaguchi | 47630 |

**TRAUMA & SURGICAL CRITICAL CARE:**

|                      |       |
|----------------------|-------|
| Dr. Michael Bard     | 74299 |
| Dr. Claudia Goettler | 74299 |
| Dr. Mark Newell      | 74299 |
| Dr. Eric Toschlog    | 74299 |
| Dr. Brett Waibel     | 74299 |
| Dr. Brian O'Connell  | 74299 |
| Dr. Nate Poulin      | 74299 |

**PLASTIC SURGERY:**

|                   |       |
|-------------------|-------|
| Dr. Richard Zeri  | 45234 |
| Dr. Karen Buckley | 41199 |

PEDS SURGERY:

|                       |       |
|-----------------------|-------|
| Dr. David Rodeberg    | 42832 |
| Dr. Danielle Walsh    | 42832 |
| Dr. Shannon Longshore | 42832 |

TRANSPLANT:

|                    |       |
|--------------------|-------|
| Dr. Robert Harland | 45345 |
| Dr. Carl Haisch    | 43681 |
| Dr. Claire Morgan  | 40133 |

Neurosurgical and Spine:

ECU Neurosurgical and Spine Associates, Inc.  
2325 Stantonsburg Rd  
Greenville, N.C. 27834  
752-5156

Dr. Stuart Lee  
Dr. Keith Tucci  
Dr. Hilal Kanaan  
Dr. Regis Hoppenot  
Dr. Lenwood Perkins Smith, Jr

**PRIVATE PRACTICE FACULTY**

ORTHOPEDIC SURGERY:

Orthopedics East  
810 WH Smith Blvd.  
Greenville, NC  
757-2663

Dr. Chris Barsanti  
Dr. Josh Duke  
Dr. Christopher Hasty  
Dr. Phil Perdue

UROLOGY:

Eastern Urologic Associates  
275 Bethesda Drive  
Greenville, N.C. 27834  
752-5077

Dr. Gregory Murphy  
Dr. Mallory Reeves  
Dr. Caroline Ryan  
Dr. Jonathan Taylor  
Dr. Nathaniel Hamilton  
Dr. Matthew Collins

**HEAD & NECK SURGERY:**

Eastern Carolina ENT Head & Neck Surgery  
850 Johns Hopkins Dr.  
Greenville, N.C. 27834  
752-5227

Dr. Marcus Albernaz  
Dr. Brad Brechtelsbauer  
Dr. Brian Brodish  
Dr. Paul Camnitz  
Dr. Eric Lindbeck  
Dr. John Workman

**EDUCATIONAL OBJECTIVES:**

The overall objective of the General Surgery Clerkship is for the student to develop an understanding of the etiologies, pathophysiology, evaluation, treatment, and follow-up care of surgical problems encountered in the general practice of medicine. This foundation is a fundamental requirement regardless of the student's future career path.

The specific objectives of this rotation are contained in the enclosed *Manual of Surgical Objectives*. The Association for Surgical Education designed this manual for students who are engaged in their first surgical rotation, the majority of which will seek non-surgical careers. This manual is written in a symptom and problem based approach that should serve as both a study guide and future resource.

In order to ensure that the student receives the benefits of a complete rotation, the student is required to accurately fill out the Brody 70 in E\*Value. This is a requirement of the Brody School of Medicine and is based upon the objectives contained in *The Manual of Surgical Objectives* will need to be turned in prior to sitting for the written exam.

## **EDUCATIONAL OUTLINE & OPERATIONAL DETAILS:**

### **ROTATION BLOCKS:**

In order to provide a broad and in depth experience, which will serve all students regardless of future career interests the following rotation schedule has been developed. This schedule design also assures that all students graduating from East Carolina University will have had a consistent general surgery experience with an opportunity to explore subsurgical specialties as electives in their fourth year.

#### **M-3 Year: (2 weeks on each of the following services)**

General/Laparoscopic surgery  
Oncologic surgery  
Trauma/Emergency General Surgery/Surgical Critical Care  
Vascular Surgery

Note: Available subspecialty elective rotations you may take as a fourth year student are defined as:

- Cardiothoracic surgery
- Plastic surgery
- Neurosurgery
- Orthopedic surgery
- Otorhinolaryngology (ENT)
- Urology

➤ **Attendance during all rotations is mandatory and will be documented.**



## **TEXT:**

The textbook for this rotation is **Essentials of General Surgery** (Ed. Lawrence P.F.). The Association for Surgical Education developed this text to be used during the third year clerkship. Overall this is a good basic text which provides educational objectives for each chapter as well as review questions. In some areas this text is less detailed and other texts may provide more in-depth information.

Other texts that may be helpful include:

- *Principles of Surgery* by S.I. Schwartz (McGraw-Hill)
- *Manuel of Common Bedside Procedures* by Chen, Sola, and Lillemore (Williams and Wilkins)
- *Surgical Anatomy and Technique* by (Skandalakis) (Springer)

## **CONFERENCE SCHEDULE:**

The medical student is expected to attend the following conferences:

- *Core Didactic Lecture Series:*

These lectures are designed specifically for medical students and cover the core general and subspecialty surgical topics. Attendance is mandatory. The lecture schedule will be provided to you at the start of the rotation.

- *Surgical Grand Rounds:* (Wednesday mornings, Vident Medical Center Auditorium)

An hour-long presentation of a surgical topic by an attending and/or resident physician. Teaching methods include case presentation and discussion or didactic lectures with integration of instructional media.

- *Surgical Morbidity and Mortality Conference:* (Wednesday mornings, Vident Medical Center Auditorium)

A one-hour discussion of all mortalities and complications that have occurred in the previous week on all surgical services. A brief case presentation by residents is followed by discussion by attending staff concerning the complications. Students may be asked to summarize patient data and/or answer questions appropriate to their level of experience.

- *Service Conferences:*

The particular service you are assigned to may have specific conferences. As a member of that team you should attend those conferences.

The following conferences are optional:

- Tumor Board is a weekly multi-specialty hospital conference where topics related to cancer diagnosis and management are discussed.
- GI Conference is a monthly presentation by medical and surgical gastroenterologists on topics concerning the gastrointestinal tract.
- Vascular/Radiology Conference is a weekly meeting between the vascular radiologists, vascular surgeons, and residents who discuss vascular disease, diagnosis, and treatment.

### **TECHNICAL SKILLS LAB:**

During the orientation week of the course, there is one four-hour session introducing the student to the technical aspects of surgery. The experience includes handling of instruments, learning how to place central venous lines, chest tubes, foley catheters and how to perform a cricothyroidotomy. There will be a knot tying/suture lab and time permitting we will attempt to use Stan (the life-like mannequin) to refresh memories on the procedures learned. There will also be Laparoscopic training on how to run the camera.

### **LOCKERS & BEEPERS:**

The Office of Students Affairs will assign lockers and beepers.

### **SCRUBS:**

Students will learn how to get scrubs during the OR orientation.

Scrubs should be worn while on call and while doing procedures, at other times professional attire is appropriate. Do not wear scrubs out of the hospital. It is proper to wear a lab coat over your scrubs.

### **PATIENT CONTACT:**

The principal goal of the surgery clerkship is to expose you to surgical problems that you may encounter during your practice. Exposure to patients with these problems is the most important component of your education. (While many students equate education with reading text, most physicians equate learning with clinical experience). For the student, this clinical experience must be balanced against the appropriate amount of time for reading, time to reflect, and time to rest. Your assigned patients should have a variety of pathologies to enhance your exposure to surgical problems. Should your assigned patient have only limited active issues, ask your resident to be assigned to one with more active clinical problems.

The rules for patient assignment are as follows:

- The student should be responsible for no more than four patients.
- The student will only follow one ICU patient
- The student is expected to demonstrate ownership of the assigned patient. This entails a detailed understanding of history, physical findings, laboratory and radiographic data, as well as the diagnostic and therapeutic plan.
- Students will write a succinct, pertinent daily progress note on each of their assigned patients and be prepared to present this data on rounds.
- Students are expected to have a working knowledge of the other patients on the service.

### **OPERATING ROOM:**

The operating room is a place unique to the surgery clerkship. You should make use of the OR to enhance your understanding of clinically important anatomy and pathophysiology. You should make every attempt to scrub in on the case of the patient that you are following. It is also important to see a variety of cases. Therefore it is expected that you may need to scrub in on cases performed on other services, provided that your presence does not interfere with the student assigned to that rotation.

Proper preparation for the OR is important for all involved in the case, including the attending surgeon. Prior to the procedure you need to understand the indications for the operation, pertinent anatomy and physiology, brief understanding of the planned procedure, potential complications, and long term outcome. This preparation will also serve you well as means of preparing for your exam. In addition, please use your time in the OR wisely. It is a poor use of time to stand for hours watching an operation when you cannot see anything. If you cannot see (and it is appropriate), use this time to ask questions to expand your knowledge base.

If you have seen a particular procedure several times your education would be better served by observing a different procedure, even if this requires you to scrub in on an off-service case.

### **CLINIC:**

Each service has a clinic. It is expected that the student will take an active role in the clinic of his or her assigned service. Participation in these outpatient clinics is a good opportunity to understand the initial evaluation and follow-up care of basic surgical disease states. Skills gained in this setting will be useful to you regardless of your future career path. Please wear business type clothing to clinic.

## **CALL:**

Call is an integral part of the surgical experience. On certain services, such as Trauma, the majority of patients are admitted during off-hours. This is also the time when most surgical emergencies occur. Therefore the student is required to take overnight call throughout the rotation.

The following rules apply to the call schedule:

- There is no switching of call nights.
- Call is only Friday, Saturday, Sunday, or Monday night
  
- If you miss a call night due to illness or emergency, you will be expected to make up the call night on the seventh week of the rotation.
  
- All students are excused from call the night before the clinical exam until after the written exam.

## **WEEKENDS:**

You are only expected to be here on weekend days when you are on call (i.e. Friday night call means you will be here on Saturday morning and you will leave after morning rounds and not return until Monday morning. Saturday night call means you will be there from Saturday morning until after morning rounds on Sunday morning. Sunday call means you are not to come in on Saturday but will be there from Sunday morning until Monday morning after morning rounds and are responsible for returning for all lectures on Monday. If you are not on call on Friday, Saturday or Sunday, you are not to come in on those weekends.

## **MEDICAL STUDENT WORK HOURS:**

In compliance with new LCME guidelines medical students will not work longer hours than the resident staff. Therefore students may leave the hospital after call when the post-call residents go home.

**Students are required to return for student lectures. Professional attire is required for the students returning for these lectures.**

**Students are excused from all clinical responsibilities the day before the written exam.**

## **HISTORIES / PHYSICALS & MENTORING SESSIONS:**

Obtaining a complete history and physical exam is integral to the diagnosis and treatment of all patients. The surgical patient is no exception. The student is required to perform **eight** complete histories and physicals during the rotation. These may be obtained in any appropriate clinical setting including the Emergency Department, clinic, or hospital. The required components include a

complete history, a careful physical exam, diagnostic data, a detailed impression and development of a therapeutic plan.

Your assigned faculty mentor will review each of these histories and physicals and provide you with detailed feedback. In addition these sessions will allow you an opportunity for one-on-one interaction with a member of the surgical faculty.

The following rules apply to the performance of histories & physicals:

- The student is responsible to contact the assigned faculty mentor and arrange to meet at a mutually agreed upon time and place. **The first of these meeting must be scheduled within the first two weeks of the rotation.**
  - The student must complete eight histories and physicals, averaging one per week.
  - The complete H&P will not be more than 2 pages.
  - The required components consist of:
    - History of present illness
    - Past medical / surgical history
    - Medications & Allergies
    - Social history
    - Appropriate family history
    - Review of systems
    - Complete physical exam
    - Laboratory, radiographic, or other diagnostic data
    - A detailed impression (unifying the historical findings, physical exam findings, and diagnostic studies with the differential diagnosis)
    - Develop a therapeutics plan.
    - Of the eight-H&Ps, five must be of different general surgical problems and one each of a breast, vascular, and trauma patient.
    - These must be handed in at several intervals during the rotation and will not be accepted if all are turned in on the last day.
- **The emphasis in grading will be placed on the detailed assessment incorporating important elements of the history, physical exam and investigative studies to the diagnosis.**
- **Emphasis will also be placed on the development of a therapeutic plan. This plan should include risks, benefits, and alternatives to the proposed treatment.**

## **CLINICAL SKILLS, PROCEDURE, & Brody 70:**

The Brody School of Medicine Curriculum Committees have defined the Brody 70 conditions and procedures as essential components of your medical education. Completion of the clerkship specific Brody 70 conditions and procedures is a requirement for successful completion of this rotation. Each student must maintain an updated Brody 70 log that will be reviewed at the Mid-rotation feedback session. You must provide an up to date log at the completion of your clerkship in order to receive a grade. Failure to comply will result in an incomplete grade and is eligible for review as lack of adherence to professional conduct by the Promotion and Review Committee. As a clerkship, we are committed to helping you identify conditions and procedures needed to fulfill this requirement. If you are having difficulty identifying patients with the required Brody 70 conditions, please ask faculty to assist you.

The following conditions and procedures are required Brody 70 elements for the Surgery Clerkship:

- ❑ Abscess incision/drain
- ❑ Digital rectal examination w/hemocult
- ❑ Nasogastric/oralgastric intubation
- ❑ Peripheral IV
- ❑ Suturing (removal of skin staples/sutures)
- ❑ Urethral catheterization
- ❑ Ventilation/bag-valve-mask
- ❑ Abdominal pain/acute
- ❑ Breast mass/evaluation
- ❑ Trauma/blunt
- ❑ Trauma/penetrating
- ❑ Performing appropriate wound care

A copy of the clinical skills and operative log is enclosed in the miscellaneous section of this booklet.

## **STUDENT EVALUATION & GRADING:**

Both objective and subjective evaluations of student performance are obtained during the eight-week rotation. The following scheme outlines the grading categories and percentage weight:

- 40% written examination
- 25% clinical evaluation by surgical house staff and faculty
- 15% history and physical grades
- 20% clinical practice exam grade

**Students must successfully pass each aspect of the course listed above to pass the overall course. Failing to pass one of the parts of the course results in a grade of “In Progress” pending successful completion of the part in question. Failing to pass two or more parts of the course results in failing the entire course, and the entire course will need to be repeated for remediation.**

**“If two different evaluators in three different categories of Professionalism mark “Definitely a Problem” the highest grade you will be able to receive will be a C. If you feel this is inaccurate it can be reviewed.”**

### **CLINICAL EVALUATION:**

Every faculty member and surgical resident who works with the student during his or her surgical rotation will receive an evaluation form for that student. This form contains the student's name and photograph, lists various grading criteria in the evaluation, and states the level of contact each evaluator has had with that student. Data included on this form indicate the student's: level of basic surgical knowledge, performance of technical skills, index of interpersonal skills, demonstration of professionalism, and clinical patient management skills. The grade will be scaled according to the level of contact with the student. A copy of this evaluation form is provided in the miscellaneous information section.

### **HISTORY AND PHYSICAL EXAMINATIONS:**

The student is required to complete and submit the write-ups of eight history and physical exams. These write-ups must include five different general surgical problems and one breast, one vascular, and one trauma case. The student is required to submit each of these write-ups to the assigned faculty mentor. The mentor will provide direct feedback to the student and be responsible for grading each write-up.

### **MID-COURSE EVALUATIONS:**

At the end of the first four weeks of the course, an abbreviated evaluation form is given to each mentor. This form indicates whether or not the student is performing at an acceptable level. Overall attendance, patient contact, and service interaction is taken into consideration. The evaluation is indicated as "no obvious problem" or "problem". Timeliness of histories and physicals and their quality is also indicated as "satisfactory" or "unsatisfactory". The purpose of this brief evaluation is to identify students having difficulties in the course early enough to provide counseling and tutoring. The evaluation is not intended to indicate that the student has successfully passed or failed the first half of the course. This evaluation report is not used in preparing the final grade.

In addition to the above mid-term evaluation, the student will have a practice OSCE exam at the mid-point of the rotation. This will serve as a practice exam and will not be incorporated into the grade. The clerkship director or assistant clerkship director will go review your performance, in an effort to document your progress and to provide feedback to improve your clinical skills.

## **WRITTEN EXAMINATION:**

The written examination is an objective test from the National Board of Medical Examiners (NBME). It consists of approximately 100 multiple choice questions that are scored by the NBME. The test score for each student along with averages for ECU students and the overall mean for the nation are submitted to the course director. A letter grade is then assigned according to the following Grading system:

| <u>Percentile</u> | <u>Grade</u>  |
|-------------------|---------------|
| 80 - 99           | = A           |
| 50 - 79           | = B           |
| 12 - 49           | = C           |
| 0 - 11            | = In Progress |

## **CLINICAL PRACTICE EXAMINATION:**

A clinical practice examination, consisting of standardized patients and scenarios, will be administered to each third year student as part of the surgery curriculum. Students will be graded on their history and physical examination skills, the development of a differential diagnosis, and development of a treatment plan appropriate to the patient's illness. This exam will be graded using a flat numerical grading system; the minimum passing grade is 70.

## **DETERMINATION OF STUDENT GRADES:**

All the above evaluative material is submitted to the chairman of the Department of Surgery, and grades computed as outlined above. The M3 course director produces a verbal summary describing the student's performance. The student's letter grade and summary are then reviewed by the Chairman before being submitted to the Dean of Student Affairs.

## **DETERMINATION OF HONORS GRADE:**

The criteria for an Honors grade to be received: A student **must receive** an **A** in all **four** areas of the Surgery Rotation.

- Clinical Evaluation
- History and Physical Examination
- Written Examination
- Clinical Practice Examination



## **FAILURE:**

The grade of failure means that the student has not satisfactorily completed two or more portions of the surgical course and is not eligible for a routine remediation solution as described below. The decision to allow the student to repeat the entire course will rest with the Surgical Education Committee.

## **REMEDIATION:**

Files of students not receiving a passing grade are reviewed by the chairman of the Department of Surgery and the M-3 course director. Students failing one of the course components are given a grade of "In Progress" pending successful remediation of the component as described below. Students failing two or more components of the course receive a grade of "F" and remediate by repeating the entire course, as described below, at the discretion of the Surgical Education Committee and the Chairman of the Department of Surgery.

## **IN PROGRESS:**

The grade of "In Progress" means that the student has successfully completed most of the surgical course, but is deficient in a single area.

- Those deficient in clinical evaluation will remediate by performing an additional four weeks of acceptable floor service under the supervision of the surgical faculty.
- Those deficient in performance on the patient history and physical examinations will remediate by providing four additional acceptable history and physical examinations (each graded at C or higher by the student's mentor or the M3 Course director).
- Those students deficient on the written examination will receive a grade of in progress and will be required to take the written examination again before or during the four required weeks of general surgery in the fourth year. The final grade for the surgery course will be determined utilizing the above formula, calculated with the grade received on the second exam. If the second exam is failed then the entire clerkship must be repeated.
- Those deficient in performance on the clinical practice examination will remediate by repetition of the examination until a passing grade is achieved, under the guidelines established by the Office of Clinical Skills Assessment and Education, and will carry a grade of "In Progress" until this remediation has been accomplished.

Should a student require remediation in any area (clinical performance, H&Ps, clinical examination, or written examination) the calculated final grade for the surgery course will be dropped one-letter grade, unless that grade is a "C" in which case the "C" grade will stand.

## **LECTURE EVALUATIONS:**

At the conclusion of each lecture hour the student will evaluate the effectiveness of the speaker and content of the lecture.

## **MID-POINT CLERKSHIP EVALUATION:**

At the mid-point of the clerkship each student is invited to participate in an open discussion with the clerkship director and other members of the surgical education committee. The minutes from this meeting are recorded and reviewed by the surgical education committee in an attempt to continue our improvement of this clerkship.

## **END OF CLERKSHIP EVALUATION:**

At the conclusion of the clerkship the student is required to provide a written evaluation of the clerkship. These forms do not carry the student's name and are not opened until the final grades have been calculated.

## **MISCELLANEOUS INFORMATION:**

### **INJURY WHILE ON CLERKSHIP AND/OR BLOOD OR BODY FLUID EXPOSURE:**

During regular working hours, medical students should immediately report an exposure incident to the Office of Prospective Health/Employee Health at 847-2070. If exposure occurs after regular working hours or during a weekend or holiday, please call the Exposure Hotline at 816-8500. The hotline provides a recorded message with instruction on what to do. For injury, please report to the Emergency Department. Also inform the Office of Employee Health of the incident and nature of the injury. Please also be sure to inform the Clerkship Director of an exposure incident and/or injury.

## **PERSONAL EMERGENCY:**

Should a personal or family emergency occur please inform the clerkship director as soon as possible.

## **WEB SITES OF INTEREST:**

- Principles of Surgery  
<http://phl.vet.upenn.edu/cal95/surgery/index.html>  
(video demonstrations)
- [www.surgery.ecu.edu](http://www.surgery.ecu.edu)
- Sutures - From the Beginning

[http://www.bar.ncsu.edu/courses/bac465/1995\\_projects/bake/fowler/project1.html](http://www.bar.ncsu.edu/courses/bac465/1995_projects/bake/fowler/project1.html)

- First Aid Book: Square Knot  
[http://www.medaccess.com/first\\_aid/fa\\_06\\_16.html](http://www.medaccess.com/first_aid/fa_06_16.html)
- Deitch - Tools of the Trade and Rules of the Road: A Surgical Guide.  
<http://www.lrpublish.com/books/b5602.html>
- So you want to be a surgeon--A medical student guide to finding and matching with the best possible surgery residency.  
[www.facs.org/residencysearch/index.html](http://www.facs.org/residencysearch/index.html)

### **IMPORTANT & USEFUL NUMBERS:**

|                    |       |                       |       |
|--------------------|-------|-----------------------|-------|
| <b>Dr. Haisch:</b> | 45069 | <b>Dr. Longshore:</b> | 42832 |
| <b>Amy Sweers:</b> | 45262 |                       |       |
| NSICU:             | 74290 | OR Desk:              | 74501 |
| TICU:              | 7288  | Room 1:               | 75301 |
| SICU:              | 74159 | Room 2:               | 75302 |
| SIU:               | 77375 | Room 3:               | 76939 |
| PICU:              | 74984 | Room 4:               | 76941 |
| Peds               | 74979 | Room 6:               | 75304 |
| 2 East:            | 74575 | Room 7:               | 75312 |
| 1 South:           | 74965 | Room 8:               | 75311 |
| Pharmacy:          | 74586 | Room 9:               | 75310 |
| ED Side A:         | 74461 | Room 10:              | 75309 |
| ED Side B:         | 74295 | Room 11:              | 75308 |
| ED Side C:         | 76292 | Room 12:              | 76704 |
| ED Triage:         | 74942 | Room 14:              | 76705 |
| Anesthesia:        | 74522 | Room 15:              | 76709 |
| PreOp Hold:        | 75369 | Room 16:              | 76207 |
| PACU:              | 74548 | Room 17:              | 76206 |
| Interpreter:       | 74290 | Room 18:              | 76205 |
| Labs:              | 74467 | Room 19:              | 76201 |
| CT                 | 74460 | Room 20:              | 76204 |
| Film Library       | 74654 | Room 21:              | 76711 |
| Bed Control        | 74543 | Room 22:              | 76702 |
|                    |       | Room 23:              | 76701 |
|                    |       | Room 24:              | 71581 |
|                    |       | Room 25:              | 71582 |
|                    |       | Room 26:              | 71583 |

## **Social Justice Statement:**

“East Carolina University is committed to social justice. The course director and other course leaders concur with that commitment and expect to maintain a positive learning environment based upon open communication, mutual respect, and non-discrimination. We do not discriminate on the basis of race, gender identity and expression, age disability, veteran’s status, religion, sexual orientation, color, creed, genetic information, political affiliation, or national origin. Any suggestions as to how to further such a positive and open environment in this course will be appreciated and given serious consideration. Initial suggestions first should be delivered to the course director; if a satisfactory resolution is not accomplished, concerned students then may direct suggestions to the BSOM Office of Student Affairs.”

Additionally, as noted in the BSOM’s Office of Student Affairs Policies and Procedures, students requesting disability accommodations must first self-identify to the Office of Disability Support Services on the East Carolina University main campus, who will advise the Office of Student Affairs at Brody School of Medicine concerning recommended accommodations.”