

Department of Surgery Third Year Clerkship

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MSM Surgery Resident Composite

MSM Surgery Weekly Rotation Evaluation

MSM Surgery Mid-Cycle Rotation Evaluation

History and Physical Evaluation Form

Surgical Skills Checklist



October 24, 2014

Dear Students,

I am excited to welcome each of you to your 3rd year clerkship in Surgery. Without question this will be the most enjoyable 3rd year rotation that you will experience!!!!!!! (Be sure to mention that to Dr. Crawford.) It will also be your most physically demanding rotation. While on this rotation you will vacillate between many emotions. There will be periods of fun and excitement followed by hours of angst and dismay. After a grueling 12 hour case, you may start to wonder why you ever decided to come to medical school in the first place. Just when you think you have reached your physical and emotional limit, you will be uplifted knowing that while on trauma call, you participated in bringing an accident victim back from the brink of death, or you will remember the satisfaction and sense of accomplishment you felt after you helped remove a colon cancer or breast cancer from someone's mother. It is during special moments like these that you begin to realize the trust that patients have bestowed upon you, and you feel like you have played an active role in helping them conquer their illness. It is at that moment when the smile starts to arc across your face and you tell your classmate ... wow, I love Surgery.

While we have no doubt that you will enjoy this rotation, we know not everyone wants to become a surgeon. Our goal is not necessarily to get you to consider a career in surgery, but to provide you with the fundamental knowledge and experience that will enable you to provide basic wound care or basic pre-op and post op care to your patients' regardless of the specialty you choose to pursue.

Throughout your rotation with us you will be challenged, but you will enjoy it immensely and you will learn things that will benefit you throughout your career. So sit back, buckle up and enjoy the ride.

Frank K. Jones, M.D., MPH, FACS Associate Professor of Clinical Surgery Clerkship Director for Surgery



Surgery Department Faculty Demographics

Faculty	Service	Office Location	Contact number	Email
Frank Jones, MD	General Surgery	7B003	(404) 616- 3149	fjones@msm.edu
Frederick Cason, MD	General Surgery	7B019	(404) 616- 1415	fcason@msm.edu
Joel Okoli, MD	Surgical Oncology	7B015	(404) 616- 3015	jokoli@msm.edu
Alison Burkett, MD	Vascular	7B007	(404) 616- 2994	aburkett@msm.edu
Clarence Clark, MD	Colorectal	7B031	(404) 616- 2666	cclark@msm.edu
Jacqueline Turner, MD	Colorectal	7B032	(404) 616- 1440	jturner@msm.edu
Dzifa Kpodzo, MD	Plastic Surgery	7B017	(404) 616- 3251	dkpodzo@msm.edu
Omar Danner, MD	Trauma and Critical Care	7B041B	(404) 616- 4599	odanner@msm.edu
Ed W. Childs, MD	Trauma and Critical Care	7B016	(404) 616- 3562	echilds@msm.edu
Leslie Matthews, MD	Trauma and Critical Care	7B041E	(404) 616- 2391	lematthews@msm.edu



Third Year Surgery Clerkship Curriculum

I. General Surgery

- Wound healing
- o Acute cholecystitis
- o Gallstone Ileus
- Acalculous cholecystitis
- o Cholangitis
- o Gall Bladder Cancer
- Choledochal cyst
- o Esophageal Disorders
- Small Bowel Obstruction
- o U.G.I bleeding
- o Appendicitis
- o Hernias
- o Peptic Ulcer Disease
- o Pancreatitiis
- o Pancreatic Cancer
- Pancreatic Pseudocyst
- o Pediatric Surgery
 - Pyloric stenosis
 - Intussussception
 - Tracheoesophageal fistula
 - Necrotizing enterocolitis
 - Biliary Atresia
 - Intestinal Atresia
 - Abdominal Wall Disorders

II. Colorectal

- o Ulcerative colitis
- Chrohn's disease
- o Anal fissure
- Anal fistula
- Hemorrhoids
- Volvulus
- Diverticulitis
- o Hirschprung's disease
- o Carcinoid of the appendix
- Lower GI bleeding
- Colorectal cancer
- o Anal cancer
- o Pseudomembranous colitis
- Colon polyps
- o Olgilvie's Syndrome

III. Surgical Oncology

- o Thyroid cancer
- Benign Thyroid disease
- o Parathyroid disease
- Adrenal diseases
- o MEN syndromes
- o Melanoma
- o Sarcoma
- Pancreatic Cancer
- Colorectal cancer
- Anal cancer
- Gastric Cancer
- Liver Neoplasms
- Lynch syndrome
- Tumor markers
- Breast cancer
- o Benign breast disease

IV. Endocrine

- o Thyroid
- o Parathyroid
- Adrenal
- o MEN syndrome
- Thyroglossal Duct Cyst
- o Graves disease
- o Thyroiditis and Goiter
- o Thyroid cancer

V. Trauma:

- Fluid resuscitation
- ABC's of trauma
- o Penetrating neck trauma
- o Penetrating thoracic trauma
- Cardiac tamponade
- Traumatic rupture of the aorta
- Compartment syndrome
- o Penetrating Abdominal Trauma
- o Management of pancreatic, liver and splenic injuries
- Management of bowel injuries
- o Pelvic fractures
- Head injuries
- Vascular injuries
- Bleeding and coagulation
- o Burns
- Soft tissue injuries

VI. Vascular:

- Carotid arterial disease
- o Peripheral extremity disease
- Vascular trauma
- o Aortic dissection
- o Traumatic rupture of the aorta
- Abdominal Aortic Aneurysms
- o Mesenteric ischemia
- Deep Venous Thrombosis and pulmonary embolism
- Embolic disease
- o AortoIliac disease
- CVA
- Splenic artery aneurysms
- o Infected aneurysms
- Compartment syndrome
- o Vascular access for dialysis
- Venous Disorders

VII. Critical Care:

- Classification of shock
- Types of shock
- o Fluid resuscitation
- o Hemostasis and coagulation
- DVT and PE
- ARDS
- Mechanical ventilation
- Management of increased intracranial pressure
- Acid base disorders
- o Management of arrhythmias
- o Fluids and electrolytes
- Cardiac tamponade
- o Nutrition
- o Cardiac monitoring
- Upper and lower GI bleeding
- Surgical Infections



Overview of Surgical Clerkship

Each service is run by a senior or chief resident under the direction of the service attending. The senior and chief residents are all assistant instructors who are responsible for the clinical management of the patients on the service and the academic conduct of the service. The teaching service provides both clinical experience and direct instruction in all the academic areas of surgical practice. The surgical technique, clinical assessment and management skills that are integral to daily patient care are presented by the residents. Every patient is directed by a member of the faculty who actively participates in the educational effort.

The teaching sessions are designed to provide direct contact with members of the faculty for the discussion or consideration of specific clinical topics. Participation in the various augment conferences and seminars are all designed to increase the student's cognitive knowledge.

The surgery clerkship is designed to help the student acquire the basic surgical skills needed by a physician, regardless of the student's career choice. To achieve this goal, the department has three clinical goals for this course. At the successful completion of this course each student will have (1) a fundamental knowledge of surgical disorders, (2) a recognition knowledge of those principles of diagnosis and decision making that is applicable to the patient with surgical illness, and (3) the basic clinical skills required for the intraoperative assistance and perioperative support of the surgical patient.

To achieve these clinical goals, the student will be allowed the opportunity and privilege to participate in the assessment and management of patients with surgical disorders. This includes but is not limited to perioperative assessment of the patient intraoperative participation in the patient's care, and the postoperative management of the patient's support. Each one of these is integral to the educational experience. The criteria for successful completion of the course are the mastery of all these goals.



Surgery Rotation Competencies:

A. Patient Care

- 1. Students will develop skills in preoperative patient evaluation, intra-operative management and postoperative surgical care for patients with a diversity of surgical problems.
- 2. Students will incorporate considerations of cost awareness and risk-benefit analysis in a single patient and/or population based care as appropriate.
- 3. The student will gain an appreciation for the need for a multidisciplinary approach to caring for patients.
- 4. The students will demonstrate care and respect at all times while interacting with patients and/or their families.
- 5. The student will assist in the overall care of the patient.

B. Medical Knowledge

- 1. The student will develop the ability to utilize current medical literature and practice management guidelines to help them make patient care decisions that are evidence based.
- 2. The student will be able to demonstrate the ability to utilize medical literature to form the framework for discussion when they are in clinic, on rounds, in conferences, or in the operating room
- 3. Students will begin to develop an understanding of the effects of diagnostic and therapeutic interventions and their potential complications
- 4. The student will develop the ability to gather essential and accurate information in a timely fashion.
- 5. The student will be able to perform well on in house examinations and National Board Examinations.

C. Practice-Based Learning and Improvement

- 1. Students must demonstrate the ability for self directed learning. They will learn to incorporate current evidence based medicine into their care of patients via case based discussions and problems based on learning.
- 2. The students will exhibit and recognize the importance of constant self-evaluation and lifelong learning.
- 3. The students will learn to use information technology to optimize learning and to improve patient care.

D. Interpersonal and Communication Skills

- 1. The student must communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.
- 2. The student must communicate effectively with physicians, other health care professionals, healthcare administrators, and other members of the healthcare team.
- 3. The students must learn to accurately and promptly document clinical practice activities via EMR or hand written charts.

E. Professionalism

- 1. The students will demonstrate compassion, integrity, and respect for others.
- 2. The students will show respect for patient privacy and autonomy.
- 4. The students will be on time and they will wear appropriate attire on rounds, in clinic and in the operating room.
- 5. The students will demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
- 6. The students will demonstrate that they take accountability for their actions and decisions

F. Systems-Based Practice

- 1. The students must demonstrate the ability to work effectively in various health care delivery settings and systems relevant to surgery.
- 2. The students must aid the house staff in coordinating patient care within the health care system and when necessary institutions external to the healthcare system.
- 3. The students will begin to practice cost-effective healthcare and be good stewards of resource utilization and allocation.



EDUCATIONAL OBJECTIVES

At the end of the 3rd year Surgery Clerkship Rotation each student should be able to:

- 1) Understand the pathophysiologic mechanisms of surgical diseases
- 2) Recognize and articulate the signs and symptoms of those disease processes
- 3) Perform a comprehensive history and physical exam on the patient
- 4) Utilize the appropriate labs, radiographic imaging, and other diagnostic modalities to help formulate a differential diagnosis and a working diagnosis
- 5) Use the information gathered to devise and help execute a management plan for that particular patient and their disease process
- 6) Be familiar with the potential complications that may arise from any intervention, and the management of those complications
- 7) Be able to clearly and accurately communicate pertinent information to the other members of the surgery team, to the family members of the patient, and to other involved healthcare providers

- 8) Show competency in the ability to suture, perform advanced wound care, and perform certain procedures appropriate for their level of training
- 9) Perform well on the mini board examination



Components of the General Surgery Clerkship Rotation

The General Surgery rotation is divided into three components...the *Didactic Component*, the Clinical *Component*, and the *Review Week Component*.

The *Didactic Component* occurs during the first week of the rotation and it consists of an orientation to the surgical clerkship, a series of faculty led problem based learning sessions, and workshops that will serve as the educational foundation for you as you rotate through the clinical blocks. These sessions and workshops will be given by the surgery faculty, the surgery residents, and a variety of invited guests. The students will all matriculate through the didactic component together.

At the end of the didactic component, you will transition to the *Clinical component*. The clinical component lasts for 6 weeks and it is comprised of two major blocks, General Surgery and Trauma. When you are on the General Surgery service you will rotate through General Surgery, Surgical Oncology/Endocrine Surgery, and Colorectal Surgery for one week each. When you are on the Trauma service you will rotate through Trauma, Vascular, and SICU for one week each. After three weeks on the Clinical Component, the teams will switch services. While

on the clinical component, you are expected to make rounds with your teams, scrub into surgical cases, participate in clinic, and attend all departmental conferences. In the afternoons, you will participate in teaching rounds, skill labs and independent study. You will be given a list of resources to assist in this.

The final week of the rotation has been designated as the *Review Week Component*. This week is designed to help you prepare to take the surgery miniboard exam. During this week you are relieved from all clinical duties except for participation in conferences. Also during this week, as part of the review process, you will have mini board review session which will be facilitated by the faculty and residents. In addition, you will also be split into small groups where you will have protected time for group study. All of this is done in an effort to improve the surgery miniboard scores.



General Surgery and Trauma Clerkship Curriculum

<u>Topic</u>	Faculty	The Surgical Review textbook Page numbers:	Schwartz Textbook of Surgery Chapter/page	Modules
General Surgery				
Wound Healing	KPODZO	3-10	9/p209	
Esophagus	TURNER	98-109	25/p803	
Stomach and small bowel	TURNER	110-125	26/p889 28/p979	
Biliary Tree and Gall Bladder	CASON	159-175	32/p1135	
Pancreas	CASON	176-192	33/p1167	16
Liver	ВЕЕСН	159-175	31/p1167	

Hernias	JONES	85-97	35/p1267 37/p1305
PUD	JONES	113-118	26/913
Colorectal			
Lower GI Bleeding	CLARK	152-153	28/p1006 29/p1022
Inflammatory Bowel Disease	CLARK	144-146	29/p1033
Benign Anal Dz	CLARK	154-155	29/p1057
Colitis	CLARK	143-144	29/p1057
Hemorrhoids	CLARK/TURNER	156-157	29/p1057
Volvulus	CLARK/TURNER	142	29/p1055
Diverticulosis	CLARK/TURNER	140-142	29/p1038
Ogilvie's syndrome	CLARK/TURNER	143	29/p1056
Hirschsprung's Disease	CLARK/TURNER	384,386	39/p1435
Appendix	CLARK/TURNER	153	30/p1073
Colon Polyps	CLARK/TURNER	146-152	29/p1041
Colorectal Cancer	CLARK/TURNER	146-152	29/p1041
Anal Cancer	CLARK/TURNER	157-158	29/p1053

Hereditary Colon Cancer	CLARK/TURNER	146-152	29/p1043	
Surgical Oncology				
Thyroid Cancer	CASON	239-242	38/p1361	
Melanoma	OKOLI	216-221	16/p414	
Sarcoma	ВЕЕСН	222-225	36/p1284	
Breast Cancer	OKOLI	255-262	17/p436	
Benign Breast Disease	OKOLI	254-255	17/p432	
Gastric Cancer	CASON	119-120	26/p926	
Pancreatic Cancer	CASON	188-191	33/p1219	
Liver Neoplasms	ВЕЕСН	172-175	31/p1121	
Tumor Markers	BEECH		10/p255	
Tumor of the Endocrine Pancreas	CASON/OKOLI	191-193	33/p1217	
Endocrine				
Thyroid	OKOLI	233-242	48/p1344	Amusis
Parathyroid	OKOLI	242-246	48/p1374	
Adrenal	OKOLI	246-251	48/p1388	
MEN Syndrome	OKOLI/CASON	191-192	48/p1367 1377,	

			1385	
Trauma				
Fluid resuscitation	DANNER	319-325	7/p135	
ABC's of Trauma	FREDRICK	319-325	7/p136	
Neck and Spine Trauma	DANNER	338-339	7/p169	
Thoracic Trauma	DANNER	339-344	7/p171	
Cardiac Tamponade	DANNER		7/p107,140- 141	
Traumatic rupture of the Aorta	JONES	342	7/p172	
Abdominal Compartment syndrome	GRIGGS		7/p188	
Fat Emboli syndrome	JONES	459		
Management of Abdominal Viscera injuries	JONES	344-351	7/p175	
Management of Bowel injuries	JONES	346-347	7/p178	
Head injuries	GRIGGS	334-337	7/p167	
Vascular injuries	BURKETT	347-349	7/p182	
Bleeding and Coagulation	JONES		7/p158	
Burns	KPODZO	352-359	8/p197	
Soft Tissue injuries	JONES	348-349	16/p407	
Orthopedic injuries	GRIGGS	445-453	7/p184	
Pelvic fractures	JONES		7/p184	

		Taxas Sala	
Vascular			
Carotid Arterial Disease	BURKETT	290-292	23/p712
Peripheral Extremity Disease	BURKETT	292-295	23/p751
Vascular trauma	BURKETT	348	7/p182 7/p184
Retroperitoneal hematomas	BURKETT	347-348	
Aortic dissection	BURKETT	285-287	22/p684
Traumatic rupture of the Aorta	BURKETT	342	23/p172
Abdominal Aortic Aneurysms	BURKETT	295-296	23/p723
Mesenteric Ischemia	BURKETT	298-299	23/p730
Deep Venous Thrombosis and Pulmonary Embolism	BURKETT	299	24/p781 12/p332 23/p787
Embolic Disease	BURKETT		23/p752
Aortoiliac Disease	BURKETT	294	23/p742
Thoracic Anuerysms	BURKETT	290-292	22/p665
Splenic Artery Aneurysms	BURKETT	296	34/p1256
Compartment syndrome	BURKETT	349	7/p184
Vascular	BURKETT	300	

Access Dialysis				
The state of the s	Contraction of the Contraction o			
Critical Care				
Classification of Shock	DANNER	321-333	5/p89	
Types of Shock	DANNER	321-333	5/p89	
Fluid Resuscitation	DANNER	321-333	7/p136	
Homeostasis and Coagulation	DANNER		4/p67	
DVT and PE	DANNER	299-300 459	24/p781	
ARDS	MATTHEWS	57,328,459	12/332	
Mechanical Ventilation	MATTHEWS	328-330		
Management of head injuries	MATTHEWS	327-328	7/p167	
Acid Base Disorders	MATTHEWS	399	3/p58	
Management of Arrhythmias	MATTHEWS			
Fluids and Electrolytes	MATTHEWS		3/p51	
Cardiac Tamponade	MATTHEWS		7/p107,140- 141	
Nutrition	DANNER	36-46	2/p40	
Cardiac monitoring	GRIGGS	330-331	13/p344-353	
Upper and lower GI Bleeding	CLARK/TURNER		12/p333, 1006,1022	



Mandatory Course Requirements

- > Attend all scheduled lectures, workshops, and conferences
- > Attend all morning rounds as scheduled
- > Participate in specialty clinics as scheduled
- > Scrub into as many OR cases as possible
- > Attend professor rounds as scheduled
- > Complete skills checklist and Surgical Brains
- > Participate in group presentations

METHODS OF EVALUATION

5 Weekly Quizzes worth 25% of total grade

(Every Tuesday unless Post Trauma)

The lowest quiz score will be dropped

CLINICAL PERFORMANCE EVALUATIONS - 45%

Weekly evaluations after each specialty rotation

Mid-rotation evaluation – done by Chief Residents and Faculty

Final Evaluation – done by entire faculty, residents, and interns

MINIBOARD EXAM - 30% of total grade

Minimum passing score is 60 on the mini board

STUDENT GROUP PRESENTATIONS



Grading Requirements and Course Remediation Policy

To achieve a passing grade in the surgery clerkship, a student must have successfully completed all components of the clerkship. Failure in any of the clinical components of the clerkship will result in a failing grade. Failure on the NBME shelf exam (mini board) will result in a grade of "I" providing that performance in all other components of the clerkship is judged satisfactorily. Passing a re-examination will enable the "I" to be converted to the appropriate grade. If a student fails multiple components of the clerkship, remediation will be accomplished by repeating the clerkship.

A student is allowed one week following notification of final evaluation for appeals to respective staff for possible grade change. After this time period all grades will be final.

Surgery Rotation Duty Hour Policy

Students on clinical clerkships should not spend more than 80 hours per week (on average over the duration of the clerkship) in clinical and didactic learning activities. Students who are assigned to overnight call in the hospital should not have patient care responsibilities after 10:00 AM on the following day. Students will still be expected to attend mandatory didactic activities even after overnight call. You will be given a log sheet to record your duty hours.

If a student has concerns that their duty hours have been exceeded, they should contact the Clerkship Director or the Clerkship Program Manager.



Final Grading Rubric

Honors = 90

- Must have ≥ 78 mini board
- Must have ≥ 93 on clinical grade
- Must have ≥ 95 on quiz grade

$$A = 90 - 100$$

$$B = 80 - 89$$

$$C = 70 - 79$$

$$D = 60 - 69$$

$$F = <60$$

Final numeric grade may be increased if the following occurs:

Mini board ≥ 75 ----> add 2 points

Clinical grade ≥ 93
-----> add 2 points

Quiz grade ≥ 90 -----> add 1 point



Surgery Rotation Resources

TEXTBOOK: Essentials of General Surgery 5th edition

- available in Ms. Geraldine's office for check-out.

The Surgical Review: An Integrated Basic and Clinical Sciences Study Guide

POWERPOINT LECTURE PRESENTATIONS: Each lecture was uploaded unto Blackboard and made available to you prior to the beginning of the rotation.

OPERATIVE CASE VIDEOS: This list of links will be emailed to you at a later date. It will also be available on Blackboard.

SKILLS CHECKLIST: Available in back of syllabus

SAMPLE TEST QUESTIONS: Available in back of syllabus

Access Surgery Website: www.accesssurgery.com

Username: msmsurg

Password: grady1

Several textbooks and question books are available on this site. In particular Schwartz Textbook of Surgery is the preferred reference book on this site.

PEARLS FOR DOING WELL ON SURGERYROTATION

- Be aggressive it will be rewarded in Surgery
- 2) READ, READ, READ
- 3) Do lots of practice questions
- 4) Try to answer questions even if you are not sure
- 5) Know everything about your patients and other patients on the service
- 6) Scrub in on as many cases in the O.R. as possible
- 7) Go to clinic and be an active participant
- 8) Get to know the residents and interns well. Make them teach you.
- 9) Study in groups of at least 2 or more
- 10) Go the extra mile even if you do not want to go into Surgery

Student - Mentor List

Surgery Clerkship Rotation III

(10/27/2014 - 12/19/2014)

<u>Students</u>	Faculty Mentors
Joshua Budhu	Dr. Okoli
Maria A. Gozo	Dr. Jones
Cascillas Guy	Dr. Clark
Alexandra Havlik	Dr. Burkett
Adetayo Lawal	Dr. Turner
Monique Merritt	Dr. Danner
Clayton Naddell	Dr. Kpodzo
Whitney Nwagbara	Dr. Cason
Syed Rizvi	Dr. Danner
Rohan Shah	Dr. Okoli
Joshua Budhu	Dr. Jones

Maria A. Gozo	Dr. Cason

PRACTICE TEST/QUIZ QUESTIONS

- A 25 year old male is s/p posterior dislocation of his left knee secondary to a motorcycle accident.
 The next most important step in management should be:
 - A) Casting of his knee
 - B) Evaluation of the contralateral knee
 - C) LLE fasciotomy
 - D) CT angiogram or duplex of the LLE to evaluate the popliteal artery
- 2) A 70 year old man in the SICU is diagnosed with acalculous cholecystitis and he is in septic shock. The next best step in his management is:
 - A) Laparoscopic cholecystectomy under local anesthesia
 - B) ERCP to evaluate his ducts prior to surgery
 - C) HIDA scan
 - D) Percutaneous drainage of the gall bladder
- 3) A 65 year old patient had blood drawn this morning. Her Potassium level was 5.9. A repeat potassium level showed the same value. What is the next step in management?
 - A) IV fluid bolus
 - B) Give an amp of calcium gluconate
 - C) Emergent dialysis
 - D) 40 mg of IV Lasix



Afternoon Teaching Rounds and Case Presentations Schedule

Days	Time	Topics
Mondays	4pm	Faculty/Residents Rounds
Tuesdays	4pm	PWP
Wednesdays	1pm 4pm	Densler Rounds

M-3 Surgery On call schedule Rotation III October 27, 2014 – December 19, 2014

			October/Novem	ber		
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
26 October	27	Lecti	res/Works	shops	31	1 November
2	Gen Surg Budhu Lawal	4 Gen Surg Guy	5 TRAUMA Gen Surg Havlik	6 Gen Surg Gozo	7 Gen Surg Merritt	8
9 TRAUMA	Gen Surg Merritt	11 Gen Surg Gozo	Gen Surg Guy	13 TRAUMA Gen Surg Havlik	14 Gen Surg Budhu Lawal	15
16	17 TRAUMA Gen Surg Gozo	18 Gen Surg Budhu Lawal	19 Gen Surg Merritt	Gen Surg Guy	21 TRAUMA Gen Surg Havlik	22
Joshua Bu	dhu Maria A. C	Gozo Caso	illas Guy Alex	andra Havlik A	detayo Lawal	Monique Merritt

Clayton Nadde	Whitney	Nwagbara Sye	d Rizvi	Roha	an Shah		
		1	November/De	cemb	er		
Sunday	Monday	Tuesday	Wednesd	ay	Thursday	Friday	Saturday
23	24	25	26		27	28	29
Team Switch	Gen Surg Naddell	Gen Surg	Presenta Topic		Gen Surg Shah	Gen Surg Rizvi	TRAUMA
		Nwagbabra Mid-Cycle	Due		Thanksgiving Break		
		Evaluations Due	Gen Sui Rizvi	rg			
30	1 December	2	3 TRAUM	Δ	4	5	6
	December	Gen Surg	TIONOIII		Gen Surg	Gen Surg	
	Gen Surg Nwagbara	Naddell	Gen Su i Shah	rg	Rizvi Nwagbara	Shah	
	History &						
	Physical						
	Evaluations Due						
7	8	9	10		11 TRAUMA	12	13
TRAUMA	Gen Surg				IRAUWA	Gen Surg	
	Rizvi	Gen Surg				Naddell	
		Shah	Gen Su	-			
	Surgical checklist &		Naddel		Gen Surg Nwagbara		
	Surgical or		Group Presentat		ittiagbaic		
			Trescutat	10113			

M-3 Surgery On call schedule Rotation III October 27, 2014 – December 19, 2014

14	15 Review Session	16 Review Session	17 Review Session	18	19 Mini Board Exam	20
	3 10700	his week stude atients.	nts will attend conf	erences only a	nd not see	



Duty Hours Log Form

Day	Time In	Time Out	Hours
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Total Hours =

Week 2

Saturday

Name:

Day	Time In	Time Out	Hours
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
		Total Hours =	

Week 3

Day	Time In	Time Out	Hours
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
		Total Hours =	

Week 4

Day	Time In	Time Out	Hours
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
		Total Hours =	

Week 5

Time In	Time Out	Hours
	Total Hours =	
	Time In	

Week 6

Day	Time In	Time Out	Hours
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday		_	
		Total Hours =	

Specialty Schedule per Week

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
	(November $2^{nd} - 8^{th}$)	(November $9^{th} - 15^{th}$)	(November 16 th – 22 nd)	(November 23 rd – 29 th)	(November 30 th – December 6 th)	(December 7 th – 13 th)
GENERAL SURGERY	Joshua Budhu Adetayo Lawal	Maria Gozo Cascillas Guy	Alexandra Havlik Monique Merritt	Clayton Naddell Whitney Nwagbara	Syed Rizvi	Rohan Shah
COLORECTAL	Maria Gozo Cascillas Guy	Alexandra Havlik Monique Merritt	Joshua Budhu Adetayo Lawal	Syed Rizvi	Rohan Shah	Clayton Naddell Whitney Nwagbara
ONCOLOGY	Alexandra Havlik Monique Merritt	Joshua Budhu Adetayo Lawal	Maria Gozo Cascillas Guy	Rohan Shah	Clayton Naddell Whitney Nwagbara	Syed Rizvi
TRAUMA	Clayton Naddell Whitney Nwagbara	Rohan Shah	Syed Rizvi	Alexandra Havlik Monique Merritt	Joshua Budhu Adetayo Lawal	Maria Gozo Cascillas Guy
ICU	Rohan Shah	Syed Rizvi	Clayton Naddell Whitney Nwagbara	Maria Gozo Cascillas Guy	Alexandra Havlik Monique Merritt	Joshua Budhu Adetayo Lawal
VASCULAR	Syed Rizvi	Clayton Naddell Whitney Nwagbara	Rohan Shah	Joshua Budhu Adetayo Lawal	Maria Gozo Cascillas Guy	Alexandra Havlik Monique Merritt

Morehouse Surgery On-Call Schedule October 2014

Date	FLOOR 6AM-6PM	FLOOR 6PM- 6AM	SICU 6AM-6PM	CONSULTS	SICU	SICU NICHT	TRAUMA	TRAUMA	GS	TR	TR Floor ATTENTING	VASC ATT	Residents	Pagers
Oct-01 Wed	Hill	Ezeuka	Thomas	Gordon	Jones	Adeshuko			Okoli		Childs	Етогу	L. Bacon PGY 5	770-201-1814
Oct-02 Thu	McGarity	Ezeuka	Thomas	Lewis	Jones	Adeshuko			Okoli		Childs	Emory	L. Gordon PGY 5	770-201-1816
Oct-03 Fri	Hawkins	Ezeuka	Griggs	Esiobu	Jones	Adeshuko			Jones		Childs	Emory	P. Esiobu PGY 4	770-201-1809
Oct-04 Sat	Williams	Hill	Moore	Bacon	Jones	Kwayisi	Quinones	Jones	Jones	Matthews	Matthews	Emory	L. Quiñones PGY 4	770-201-1808
Oct-05 Sun	Hawkins	McGarity	Moore	Burbank	Jones	Adeshuko			Jones		Matthews	Emory	R. Burbank PGY 3	770-201-1810
Oct-06 Mon	Ezeuka	McGarity	Griggs	Moore	Matthews	Adeshuko			Cason		Matthews	Burkett	C. Lokko PGY 3	770-201-1811
Oct-07 Tue	HIII	McGarity	Thomas	Gordon	Matthews	Adeshuko			Cason		Matthews	Burkett	C. Moore PGY 2	770-201-1815
Oct-08 Wed	Williams	HIII	Thomas	Bacon	Jones	Kwayisi	Quinones	Clark	Clark	Danner	Danner	Burkett	F. Adeshuko PGY 2	770-201-1819
Oct-09 Thu	McGarity	Hawkins	Thomas	Lewis	Matthews	Adeshuko			Okol		Danner	Burkett	D. Hill PGY 1	770-201-1813
Oct-10 Fri	Ezeuka	Hawkins	Griggs/Kwayisi	Esiobu	Childs	Adeshuko			0koli		Danner	Burkett	G. Kwayisi PGY 1	770-201-0760
Oct-11 Sat	Hill	Hawkins	Kwayisi	Burbank	Matthews	Adeshuko			Okoli		Danner	Burkett	B. Black PGY 1	770-201-1817
Oct-12 Sun	Williams	Hill	Moore	Bacon	Matthews	Kwayisi	Quinones	Okoli	Okoli	Matthews	Matthews	Burkett	R. Garling PGY 1	770-201-1824
Oct-13 Mon	McGarity	Williams	Moore	Gordon	Matthews	Adeshuko			Cason		Matthews	Burkett	C. Ezeuka PGY 1	770-201-1820
Oct-14 Tue	McGarity	Williams	Thomas	Lewis	Childs	Adeshuko			Cason		Matthews	Burkett	D. McGarity PGY 1	770-201-1804
Oct-15 Wed	Ezeuka	Williams	Thomas	Esiobu	Matthews	Adeshuko			Turner		Matthews	Burkett	S. Onyeabor PGY 1	770-201-1818
Oct-16 Thu	HIII	Williams	Thomas	Bacon	Childs	Kwayisi	Quinones	Cason	Cason	Childs	Childs	Burkett	M. Williams PGY 1	770-201-1807
Oct-17 Fri	McGarity	Ezeuka	Griggs/Kwayisi	Мооге	Childs	Adeshuko			Turner		Childs	Burkett	Attendings	Pagers
Oct-18 Sat	Williams	Ezeuka	Kwayisi	Burbank	Matthews	Adeshuko			Turner		Jones	Burkett	Dr. D. Beech	404-387-2336
Oct-19 Sun	Williams	Ezeuka	Kwayisi	Lewis	Matthews	Adeshuko			Turner		Matthews	Burkett	Dr. A. Burkett	770-201-0396
Oct-20 Mon	Williams	McGarity	Griggs/Kwayisi	Bacon	Danner	Kwayisi	Quinones	Turner	Turner	Danner	Danner	Burkett	Dr. F. Cason	770-201-1835
Oct-21 Tue	Ezeuka	McGarity	Thomas	Gordon	Danner	Adeshuko			Clark		Danner	Burkett	Dr. E. Childs	254-563-6800
Oct-22 Wed	Ezeuka	McGarity	Thomas	Esiobu	Danner	Adeshuko			Clark		Danner	Burkett	Dr. C. Clark	770-201-1812
Oct-23 Thu	Hawkins	McGarity	Thomas	Burbank	Danner	Adeshuko			Jones		Danner	Burkett	Dr. O. Danner	770-201-1828
Oct-24 Fri	Williams	Hill	Griggs	Bacon	Danner	Kwayisi	Quinones	Clark	Clark	Danner	Danner	Burkett	Dr. F. Jones	770-201-1831
Oct-25 Sat	Ezeuka	Hawkins	Moore	Moore	Danner	Adeshuko			Clark		Danner	Burkett	Dr. D. Kpodzo	770-201-1838
Oct-26 Sun	Hill	Hawkins	Kwayisi	Esiobu	Danner	Adeshuko			Clark		Danner	Burkett	Dr. R. Matthews	770-201-1832
Oct-27 Mon	McGarity	Hawkins	Griggs	Lewis	Danner	Adeshuko			Turner		Danner	Burkett	Dr. J. Okoli	770-201-1825
Oct-28 Tue	Williams	Hill	Thomas	Quinones	Jones	Kwayisi	Burbank	Jones	Jones	Childs	Childs	Burkett	Dr. J. Turner	770-201-1836
Oct-29 Wed	Ezeuka	Williams	Thomas	Lewis	Jones	Adeshuko			Turner		Childs	Burkett		
Oct-30 Thu	Hawkins	Williams	Thomas	Burbank	Matthews	Adeshuko			Jones		Childs	Burkett		
Oct-31 Fri	McGarity	Williams	Griggs	Gordon	Danner	Adeshuko			Cason		Childs	Burkett		
H.O. PAGERS	CONSULTS	770-201-1800	FLOOR	770-201-1801	SICU	770-201-1802	TRAUMA		770-201-1821				Allied Health Professionals	rofessionals
ASIC LAS	Bacon (T)	Gordon (G)	Esiobu (G)	Quinones (T)	Lokko	Burbank(G)	Moore (T)		Adeshuko (S)					
SANOIS RO	10, 11,26-30	18, 26-30	4,11,18,19	18,19	Peds	4,11,12,19	18-24		0,4				Diane Dennis-Griggs	770-201-1803
>	HIII(T)			Onyeabor	Ezeuka (G)	McGanty (G)	Black	Hawkins	Williams (V)				Cal Of THORIS	770-201-1827
	17-23			Kadiology	4,5,11,26	12,18,19,25	Anestnesia	4,12,13-19	07,62,11,6			No.		

Morehouse School of Medicine Surgery Clinic Schedule

	8AM-12PM	1PM-4PM
Monday	Jones (General) [Trauma] Okoli (Howell Mill) Kpodzo (Howell Mill)	Turner (Colorectal)
Tuesday	Wilson – (General) Beech- (Cancer Center) Clark- (Cancer Center) Cason (General)	Clark (Endoscopy) Cason (General)
Wednesday	Clark (Colorectal) Jones (General) Burkett- (Vascular) Kpodzo (Howell Mill)	Jones (General) Burkett- (Vascular) Clark – (Cancer Center) Turner (Colorectal) Okoli (Howell Mill) Kpodzo (Howell Mill)
Thursday	Burkett-Vascular	Clark (Colorectal) Burkett-Vascular
Friday	Jones (General) Okoli- (Cancer Center) Kpodzo (Howell Mill)	Okoli- (Cancer Center) Turner (Colorectal) Kpodzo (Howell Mill)

^{*} Trauma- Wilson, Danner, Matthews, Jones, Childs

PRIORITY KEY:



Surgery Clerkship Rotation Daily Clinic/OR schedule

Specialty	Faculty	Clinic	OR Cases
General Surgery	Dr. Jones	Mon, Wed, Fri 8am – noon (Surgery Clinic 1K) Wed 1pm – 4:30pm (Surgery Clinic 1K)	Tuesdays AM/PM Thursdays AM/PM
	Dr. Cason	Tuesdays 8am – noon (Surgery Clinic 1K)	Mondays AM/PM Tuesdays PM Wednesdays AM/PM Fridays AM/PM
Colorectal	Dr. Clark	Tuesdays 8am – noon (Cancer Center) Tuesdays 1pm – 4:30pm (Endoscopy Suite) Wednesdays 8am – noon (Colorectal Surgery) Wednesdays	Fridays AM/PM

		1pm – 4:30pm (Cancer Center) Thursdays 1pm – 4:30pm (Colorectal Surgery)	
	Dr. Turner	Mondays 1pm – 4:30pm (Surgery Clinic 1K) Tuesdays 8am – noon (Endoscopy Suite) Tuesdays 1pm – 4:30pm (Cancer Center) Wednesdays 1pm – 4:30pm (Surgery Clinic 1K) Fridays 8am – noon (Surgery Clinic 1K)	Mondays AM/PM Thursdays AM/PM
Surgical Oncology	Dr. Okoli	Wednesdays 1pm – 4:30pm (Howard Mill) Fridays 8am – noon (Cancer Center) Fridays 1pm – 4:30pm (Cancer Center)	Tuesdays AM/PM
	Dr. Beech	Wednesdays 8am – noon (Cancer Center)	Mondays AM
Trauma	Dr. Childs	Mondays 8am – noon (Surgery Clinic IK)	N/A

	Dr. Danner	Mondays 8am – noon (Surgery Clinic IK)	N/A
	Dr. Matthews	Mondays 8am – noon (Surgery Clinic IK)	N/A
Critical Care	Dr. Childs	N/A	N/A
	Dr. Danner	N/A	N/A
	Dr. Matthews	N/A	N/A
Vascular	Dr. Burkett	Mondays 8am - noon (Surgery Clinic 1K) Mondays 1pm - 4:30pm (Surgery Clinic 1K) Thursdays 8am - noon (Surgery Clinic 1K) Thursdays 1pm - 4:30pm (Surgery Clinic 1K)	Tuesdays AM/PM Fridays AM/PM

*** PWP Conference – Mon, Tues, Wed at 4pm ***

Schedule subject to change



Department of Surgery Residents 2014-2015





Louise Bacon, MD 770-201-1814



LaTiffany Gordon, MD 770-201-1816





770-201-1819



Carl Lokko, MD

Ruben Burbank, MD

Luis Quinones, MD

770-201-1808 PGY-IV

770-201-1811 PGY-III

770-201-1810

Carolyn Moore, MD

770-201-1815



Sunny Onyeabor, MD Michael Williams, MD

770-201-1818







Prince Esiobu, MD

PGY-IV

770-201-1809





Domonic Hill, MD 770-201-1813

* I-YDd



Brendan Black, MD 770-201-1817



Collins Ezeuka, MD PGY-I 770-201-1820





DeAnna McGarity, MD 770-201-1804



770-201-1807

MOREHOUSE SCHOOL OF MEDICINE SURGERY DEPARTMENT CLERKSHIP WEEKLY ROTATION EVALUATION

Student's Name:

Dates:

	SUPERIOR	GOOD	AVERAGE	BELOW AVERAGE	NO OPPORTUNITY TO OBSERVE
ACADEMIC PERFORMANCE					
Knowledge of subject		-			
AN 1990 V 1998 - 1 - 1 - 1					
Ability to utilize relevant basic	2	\			
science knowledge					
Ability for deductive reasoning	V				
CLINICAL PERFORMANCE					
Ability to obtain an accurate					
history	7	ē	-		
Ability to perform a competent					
physical examination					
Ability to formulate a sound					
differential diagnosis					
Ability to maintain good,					
accurate, written records					
Responsibility in performing					
assigned duties					
Treatment and management of					
patients under supervision					
Knowledge of and when to order					
appropriate lab adjuncts					====
** *					
Interest in patients					
PERSONAL QUALITIES					
Appearance		V	s		
Maturity		·	·		
Initiative and enthusiasm		=	:=X		
Dependability		-	9		
Punctuality					
	100-90	89-80	79-70	69-60	
Additional Comments:					
Numerical Grade:					
Evaluator's Signature:					
Student's Signature:					

MOREHOUSE SCHOOL OF MEDICINE SURGERY DEPARTMENT CLERKSHIP MID-ROTATION EVALUATION

Page 41

Student's Name:

Dates:

	SUPERIOR	GOOD	AVERAGE	BELOW AVERAGE	NO OPPORTUNITY TO OBSERVE
ACADEMIC PERFORMANCE					
Knowledge of subject					
Ability to utilize relevant basic					
science knowledge					
Ability for deductive reasoning			-		
CLINICAL PERFORMANCE					
Ability to obtain an accurate					
history	·	·——	(<u></u>		2
Ability to perform a competent					
physical examination	V		·		
Ability to formulate a sound					
differential diagnosis	0		A 		
Ability to maintain good,					
accurate, written records	8 11		-		
Responsibility in performing					
assigned duties	// <u></u> \		-		
Treatment and management of patients under supervision	3		-		
Knowledge of and when to order					
appropriate lab adjuncts					
** *					
Interest in patients	R—————————————————————————————————————				
PERSONAL QUALITIES					
Appearance					
Maturity					
Initiative and enthusiasm					
Dependability					
Punctuality					4
	100-90	89-80	79-70	69-60	
Additional Comments:					
-					
Numerical Grade:					
Evaluator's Signature:					
Student's Signature:					



Department of Surgery Clerkship - History and Physical Completion and Evaluation

This letter is to verify that student,			
has completed his/her History and Physical exam in accordance with the			
Surgery Clerkship MS3 rotation requirements on			
	≕		
History and Physical Note was:			
☐ Satisfactory			
☐ Satisfactory, but require revision	ns		
Unsatisfactory			
☐ I have received my mid-cycle ev	valuation.		
FACULTY	STUDENT		
Print:	Print:		
Signature:	Signature:		
Date:	Date:		

Surgical Skills Checklist 1 of 2

Name: I.D. Number:

How Many?	Pt's Initial	Resident Signature	Attending Signature
1			
		Many? 1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 9 10 1 2 3 4 5 6 7 8 9 9 10 1 2 3 4 5 6 7 8 9 9	Many? Signature 1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 10 1 2 3 4 5 6 7 8 9 9

Chest Tube	1		
Insertion/Removal	2		
miscration/ Kemovar			
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		
Peripheral IV Insertion	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
0	10		
Suturing	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		
Wound VAC Placement	1		
Would Vite I labellion	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		

Operation Cases 2 of 2

Name:	I.D. Number:
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Specialty	MRN	Diagnosis	Procedure	Attending
General	1			
Surgery	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			
Colorectal	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			
Trauma	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			

	9	•	
	10		
Critical Care	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		
Surgical	1		
Surgical Oncology	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		
Vascular	1		
	2		
	3		
	4		
	5		
	6		
	7		
	8		
	9		
	10		
Total Cases			
		···	·