

Junior Clerkship In Surgery

Syllabus for Surgery 631

Block 3

November 19, 2008 – March 1, 2009

Department of Surgery
University of Mississippi Medical Center
<http://surgery.umc.edu>

Introduction

Welcome to the Junior Clerkship in Surgery! This rotation has been designed to provide each junior medical student with a broad-based experience in the art and science of surgery, which is a very important part of the overall field of medical care.

Over the next twelve weeks you will spend time on the various General and Vascular Surgery Services at the University Medical Center and the Veterans Affairs Medical Center. In addition, you will rotate on a selection of various surgical subspecialty services (including Orthopaedic, Otolaryngology, Neurosurgery, and Urology). In general, each student should expect to spend approximately two-thirds of his/her time on general and vascular services, and approximately one-third of his/her time on subspecialty services.

Hopefully, these experiences will give you a broader perception of what a career in surgery is like, and how surgical conditions are managed.

We put forth a great amount of effort to make this rotation the very best for our students. Consequently, we really do listen to your complaints and your praises, and make changes accordingly. Please be sure to let us know how we can further improve this rotation for you.

If you have any questions before, during, or after the clerkship, or would like to discuss further options in Surgery, please do not hesitate to contact **Surgery Clerkship Director** at:

601-815-1294 (office – Dr. Vick)

or, email at

kvick@surgery.umsmed.edu

Enjoy!!

OBJECTIVES

There are four major objectives during the M3 Surgical Clerkship. Students are to:

1. Develop a fundamental knowledge-base in major disease processes for which surgery is the cornerstone of therapy.
2. Develop clinical decision-making skills and the ability to acquire, interpret, synthesize, and record clinical information required to define, understand, and manage patient problems in surgery.
3. Develop and maintain personal qualities of conduct and the integrity of a practicing physician.
4. Develop as self-directed and mentor-directed learners who will take personal responsibility for, and be committed to, acquiring current knowledge as well as becoming life-long learners. Thus, you will be held responsible for, and evaluated upon, knowledge acquired on your own through self-study outside the didactic lecture series.

We believe that involvement with faculty, residents, and patients is essential if students are to understand the role of surgeons in the diagnosis and treatment of disease and how surgeons interact with others in the clinical setting. Medicine is best learned by the active exchange of information, ideas, and experiences among faculty and students.

Residents are an integral part of the teaching and learning process. Feel free to utilize them as much as possible during call, on rounds and elsewhere.

GOALS

The goal of the surgery rotation is to impart a solid fund of knowledge to the student, with an emphasis on the principles of General Surgery.

While we strive to have every student see and experience as much as possible, we realize that each one of you will have a slightly different experience because of the variability in cases and patients. The goals described below are to introduce and help assure a degree of uniformity in your experience.

1. Abdominal Pain: The student will learn how to perform a history and physical exam, do appropriate work up, including lab tests and imaging, and manage patients presenting with abdominal pain, on **four** real or simulated patients. This can include, but is not limited to, cases of appendicitis, cholecystitis, and bowel obstruction.
2. Colorectal: The student will learn about the H & P, work up, and management of patients with colorectal disease, from interactions with **two** real or simulated patients. This will include the management of patients with inflammatory bowel disease or other small bowel problems.
3. Trauma: Students will have the opportunity to be involved with **two** cases of acute trauma during the rotation to learn about the principles of resuscitation and management according to trauma guidelines. This includes all patients presenting with acute trauma of any type.
4. In addition, specific principles of managing patients with *blunt torso injury, penetrating injury of the body, fractures of any bone, or traumatic brain injury* will be learned based on interactions with one actual or simulated patient in each category.
5. Wound management: During this rotation, students will be able to understand the principles of wound healing and management of different types of wounds by examining **two** actual patients with wounds of any type.
6. Breast: Students will be expected to learn about taking an appropriate H & P, understand the management issues and the treatment options in breast disease by participating in the care of **two** patients with breast disease. This may include interactions in the clinic, intraoperative, or post operative and will encompass both benign and malignant breast problems.
7. Cancer: The principles of cancer management, including multi modality and multi specialty involvement will be understood based on interacting with **two** cases of cancer. This can include cancers of any type, including surgical aspects of care of hematologic malignancies.
8. Hernias: This common surgical condition will be taught to the student rotating on surgery by having him/her care for **two** real or simulated patients with hernias. This includes hernias of any kind (ventral, umbilical, incisional, inguinal, etc) and in any age group (pediatric or adult). The student will understand the principles in managing patients with hernias and the therapeutic options.

To help us ensure that you are getting the best experience during this rotation, we will track your experience by having you fill out a Patient Goals list and a Procedures checklist. *A student not achieving the goals described will be presented special opportunities to do so.* Should you not turn in these forms by the end of the rotation, you will receive an "Incomplete" for the rotation. Completion and receipt of grades, after all work is turned in, will be done at the Surgery Department's convenience.

DEPARTMENT OF SURGERY TELEPHONE NUMBERS

Dr. Marc Mitchell, Chairman		984-5105
Dr. Ken Vick, Student Clerkship Director		815-1294
Rosa H. King, Education Administrator		984-5114
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General	- Dr. Barber	984-5080
	- Dr. Lahr	815-1026
	- Dr. Vick	815-1294
	- Dr. Carroll	461-0896
Emergency Surgery/Trauma	- Dr. Bilski	984-5120
	- Dr. Porter	815-1312
	- Dr. Schmiegl	984-5120
	- Dr. Frei	815-1312
Surgery VA	- Dr. Clericuzio	319-1803
	- Dr. Snyder	319-1356
	- Dr. Nicholson	
	- Dr. Karuba	
	- Dr. Vick	319-1358
Vascular	- Dr. Mitchell	984-2680
	- Dr. Rushton	984-2680
	- Dr. McDaniel	984-2680
	- Dr. Baldwin	984-2680
Neurosurgery	- Dr. Parent	984-5702
	- Resident Pager	929-5292
ENT	- Dr. Stringer	984-5160
	- Dr. Reed	984-5160
	- Dr. Jordan	984-5160
	- Dr. Pitman	984-5160
	- Dr. Schweinfurth	984-5160
	- Dr. Eby	984-5160
	- Dr. Caron	984-5160
Orthopedics	- Dr. Haber	984-5150
Pediatrics	- Dr. Blewett	984-5050
	Dr. Sawaya	984-5050
Urology	- Dr. Pound	984-5185
	- Dr. Harmon	984-5185
	- Dr. Duncan	984-5185
	- Dr. Sawyer	984-5185
	- Dr. Seidmon	984-5185
Cardiothoracic	- Dr. Aru	984-5170
	- Dr. Creswell	984-5170

Plastics	- Dr. Angel	984-5180
	- Dr. McCraw	984-5180
	- Dr. Walkinshaw	984-5180
	Dr. Blevins	984-5180

VA Surgery Office	Dr. Snyder	319-1356
	Dr. Clericuzio	319-1803
	Dr. Vick	319-1358
	Dr. Karuba	
	Dr. Nicholson	

Clinic 2		984-4170
Operating Room (Main)		984-2440
PACU		984-2295
SICU		815-1470
Emergency Room		984-4000
Peds ER		984-2000
Batson OR		815-5437

**PLACES TO REPORT
ON THE DAY YOU BEGIN A NEW SURGERY ROTATION**

General Surgery	7:00 a.m.	Page -	Dr. Altomar Dr. Altomar Dr. Boyd Dr. Boyd	929-5215 (Nov) 929-5215 (Dec) 929-5236 (Jan) 929-5236 (Feb)
ES/Tr	7:00 a.m.	Page -	Dr. Boyd Dr. Boyd Dr. Simmons Dr. Simmons	929-5236 (Nov) 929-5236 (Dec) 929-5218 (Jan) 929-5218 (Feb)
Surgery VA	7:00 a.m.	Page -	Dr. Nicols Dr. Nicols Dr. Seetharamiah Dr. Seetharamiah	929-5216 (Nov) 929-5216 (Dec) 929-5234 (Jan) 929-5234 (Feb)
Cardiothoracic	7:00 a.m.	Page -	Dr. Berry Dr. Berry Dr. Nicols Dr. Nicols	929-5217 (Nov) 929-5217 (Dec) 929-5216 (Jan) 929-5216 (Feb)
ENT	7:00 a.m.	Call -	Mary Manasco	984-6885 (Nov-Feb)
Neurosurgery	7:00 a.m.	Page -	Dr. Nguyen Dr. Hayes Dr. Rey-Dios Dr. Rosenberg	929-5296 (Nov) 929-5198 (Dec) 929-5294 (Jan) 929-5199 (Feb)
Orthopaedics	7:00 a.m.	Call -	Cindy Ashford	984-5150 (Nov-Feb)
Pediatrics	7:00 a.m.	Page -	Dr. Ghosheh Dr. Hunt Dr. Hunt Dr. Hunt/Keller	929-5235 (Nov) 929-5239 (Dec) 929-5239 (Jan) 929-5239/5221 (Feb)
Plastics	7:00 a.m.	Page -	Dr. Ashcraft Dr. Marks Dr. Roberson Dr. Phillips	929-5232 (Nov) 929-6210 (Dec) 929-6217 (Jan) 929-5238 (Feb)
Transplant	7:00 a.m.	Page -	Dr. Picarella Dr. Hamilton Dr. Hamilton Dr. Hamilton/Ghosheh	929-5224 (Nov) 929-5220 (Dec) 929-5220 (Jan) 929-5220/5235 (Feb)

Urology	7:00 a.m.	Page –	Dr. Davenport Dr. Davenport Dr. Rutland Dr. Rutland	929-5211 (Nov) 929-5211 (Dec) 929-5212 (Jan) 929-5212 (Feb)
Vascular	7:00 a.m.	Page –	Dr. Seetharamiah Dr. Seetharamiah Dr. Altomar Dr. Altomar	929-5234 (Nov) 929-5234 (Dec) 929-5215 (Jan) 929-5215 (Feb)

When changing rotations, students are expected to know the service patients who are in the hospital as of the preceding day. You can receive your patient information from the students on the services before you.

Learning Opportunities

Lectures

A didactic lecture series is offered online through the Department of Surgery website and can be accessed at the following URL:

<http://avstream.umc.edu/mov.php?cat=00021&br=256>

Following are the lectures currently available online:

2008-2009 Academic Year	
Videos below require CastStream and Quick Time Player	
Endocrine Surgery	Karen R. Borman, M.D.
Ophthalmic Emergencies	Charles Sherwood, M.D.
Pediatric Ophthalmology	Nils Mungan, M.D.
Common Pediatric Surgical Conditions	Saleem Islam, M.D.
Videos below require Quick Time Player	
Cardiac Surgery For Students	Giorgio M. Aru, M.D.
Cardiac Surgery For Students - Part Two	Giorgio M. Aru, M.D.
Otolaryngology Overview - Part One	Christine Franzese, M.D.
Surgical Problems in the Neonatal Age Group	John R. Gosche, M.D., PhD
Practical Pediatric Regional Techniques	M. Wheaton, M.D., M.P.H.
An Overview of Anesthesiology	Claude D. Brunson, M.D.
Nutrition, Fluids & Electrolytes, Acid-Base	Christine Toevs, M.D.
Liver, Biliary System, Pancreas	Galen V. Poole, M.D.
Trauma, Part 1	Gregory Timberlake, M.D.
Trauma, Part 2	Gregory Timberlake, M.D.

These lectures recorded over the past year and will be updated as needed. You may access them at any time, either on or off campus. These recordings will provide easy access to the lectures while acknowledging that everyone has a different learning style and pace. It is not mandatory to view these lectures, however, doing so is **highly recommended**, as they enhance understanding of the clinical material.

It is important for us to understand how these lectures are utilized in order to improve them. A list of available lectures is noted below. Should you have any questions after viewing the lectures, please feel free to ask any of the residents or faculty. Also, most of the material will be covered during the case studies, so you should be able to get your questions answered at those times, as well.

We believe that this innovative teaching process will benefit you, so please let us know what you think. You can provide direct feedback to us by simply emailing your concerns or thoughts.

The Final Written Examination at the end of the rotation will be based on material from this lecture series, your reading assignments (aka – your textbook!), and material covered during the case study sessions.



Case Study Sessions

Case studies are designed to be an **interactive** teaching conference in which the instructor will be able to teach an approach to that patient – how to ‘work up’ that problem, what tests to order, what imaging to request, and how to manage the problem after diagnosing it. We feel that these ‘principles’ of surgery will be important for you whether you are in a surgical field in the future or not. This format has been appreciated by previous students and is being expanded based on their feedback.

These are NOT set up to be complete lectures, and the textbook, as well as the recorded lectures, are to be important complementary components. You will be able to participate in the discussion by asking or answering questions. This format will work best if you are prepared before the session by reading the textbook chapter(s), viewing the lectures, or both.

Case study sessions will be held every Monday, and Thursday at 7:00 a.m. and on Wednesday at noon (with occasional exceptions). The room will be announced via email. **Your presence is mandatory and 85% attendance is required.** Should you not meet this requirement, you will lose one quiz grade for every absence. Note that excused absences are included in this number.

We hope that these sessions will help you understand how to work up and manage patients with a variety of conditions, and that you will benefit from these experiences. Remember – this will work best when you would have done some ‘groundwork’, so try to be prepared!

Please feel free to submit your suggestions so that we can continue to improve these experiences for you.

Learning Opportunities

Conferences

An education day for the surgery residents and the students will be held every Wednesday at 7:30 to 10:00 a.m., in Room CW308 (Classroom Wing). Teaching will be partly didactic, and partly interactive. We feel that from these conferences, you will be able to pick up a lot of good points and tips. You will be expected to attend, unless your sub-specialty rotation is busy.

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ABSENCES

If at any time you have to be away, approval must be given by the Clerkship Director and Dean's Office. If you miss more than five days, excluding days off, you may be required to repeat time on that rotation. The Surgery Department will allow a total of only two weeks to be missed, before requiring that the block to be repeated.

Staff Rounds

On most services, you should expect to make ward rounds with the faculty surgeons on a weekly basis, at least. The timing and frequency of these rounds may vary somewhat due to scheduling issues.

Staff rounds are an opportunity for you to discuss patient management with experienced surgeons and to show the staff what you have learned through reading, lectures, etc. Your responsibilities during these rounds include:

- ❖ Leading the team through the hospital in an efficient and logical pattern (ask your residents for help with this)
- ❖ Presenting your patients to the staff surgeon(s) in a complete and professional manner. Be prepared to give details regarding:
 - ❖ History of present illness
 - ❖ Past medical and surgical history
 - ❖ Physical examination
 - ❖ Laboratory findings
 - ❖ Differential diagnosis
 - ❖ Disease processes
 - ❖ Plan of action
- ❖ Assisting the residents in changing wound dressings
- ❖ Answering questions and entering into discussions regarding disease processes and patient care.

Most important, don't be afraid to speak up, ask questions, and interact. Learning is a two way street, and most staff welcome and encourage questions, for they, themselves, will learn things.

Learning Opportunities

Reading

Textbook

The amount of material that one encompasses in surgery is immense, and we certainly do not expect or anticipate that you will know all of it (really, we don't!!). To that extent, there is a large number of textbooks available for reading with a different emphasis on the depth of knowledge in each one.

The recommended text book for your rotation (and the one from which your quiz questions will be taken) is

Current Surgical Diagnosis and Treatment - 12th edition (2006) – edited by Way and Doherty, and published by Lange / McGraw Hill.

You may also choose to read:

Essentials of General Surgery by Peter F. Lawrence, Richard M. Bell, Merril T. Dayton, and Mohammed I. Ahmed (Paperback - Jul 15, 2005)

Essentials of Surgical Specialties (Essentials of Surgical Specialties (Lawrence)) by Peter F. Lawrence, Richard M. Bell, and Merril T. Dayton (Paperback - Oct 6, 2006)

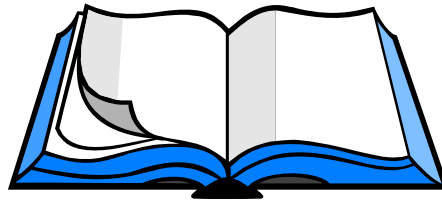
These books will cover both general surgery and the specialties.

Other commonly used references are:

1. Sabiston's Principles of Surgery
2. Schwartz Textbook of Surgery
3. Greenfield's Surgery – scientific principles and practice
4. ACS Surgery

These surgical textbooks are available for review in the Neely Library and the main Rowland Library. Materials are not to be removed from the Neely Library under any circumstances. If you wish to make limited copies of materials from any of these books, please ask someone in the Surgery Education Office to assist you.

Reading is an integral part of any surgical education program (or any rotation, for that matter!), and there is no substitute. During the Junior Surgery Clerkship, each student is expected to develop his/her own reading program to learn as much as possible.



Evaluation

Quizzes

The quizzes will consist of approximately five questions per lecture with a time limit of thirty minutes. Quiz questions will be based (mostly) on **the lectures, textbook reading assignments, and the case studies of the previous week**. It is anticipated that a total of **10 quizzes** will be administered during the rotation.

The quizzes will be given every **Wednesday at 11:30 in room CW 209**, the computer lab. Quizzes are not allowed to be taken in any place other than the computer lab. Should you miss a quiz, you will NOT be allowed to make it up except in the case of an absolute emergency.

****The seating arrangements for quizzes require students to sit in every other seat, with all books, backpacks, etc., left at the front of the room. Failure to adhere to these requirements will result in a zero for that quiz. Cell phones are not allowed.**

Final Examination

A final examination will be administered on Friday, February 27, 2009, in CW209 at 8:00 a.m. The examination will consist of approximately one hundred questions with a time limit of four hours. You will be excused from clinical duties at 5 p.m. on Wednesday, February 25, 2009.

Students who wish to dispute test items after viewing the Final Examination, must do so in writing and in the presence of the Clerkship Director. All other disputes will not be honored.

****Seating arrangements for the final exam require students to sit one seat apart, with all books, backpacks, etc., left at the front of the room. Failure to adhere to these requirements will result in a zero for the final exam. Cell phones are not allowed.**

Ward Evaluations

The faculty and chief residents on each service are expected to make written evaluations of each student with whom they interact. This evaluation is designed to assess the student's clinical abilities, knowledge base, and participation. A sample Evaluation Form is provided on the following page. This is the same form that is used for each clinical rotation here at UMMC.

There is a subjective component to this process that, unfortunately, cannot be avoided. These evaluations are based on your performance during rounds, in the O.R. or during teaching sessions. Show interest by asking questions and reading about your patients.

NBME Subject National Board Examination in Surgery

At the end of the junior year, the School of Medicine administers a series of subject National Board examinations that are provided by the National Board of Medical Examiners. These examinations consist of questions from previous USMLE Step2CK (Clinical Knowledge) examinations. Your performance on the subject National Board examination in Surgery will be included as part of your final evaluation.

Grading System

Professionalism	5%
Quizzes	10%
Ward Evaluations	35%
Final (Written) Examination	30%
Subject National Board Examination	20%

Professionalism (5 points): This is an all-or-none grade that will be added at the end of the rotation if the student completes all required tasks, has no unexcused absences, and maintains conduct expected of a physician. This is a score that will be subject to resident and faculty evaluation of student punctuality, operating room/emergency room participation, respect towards patients and teammates, and fulfillment of clinical duties. Unannounced absence from quizzes, lectures, and departmental functions, tardiness to exams, and failure to maintain timely communication with the SEO will result in forfeiture of all 5 points.

In order to pass the course, you must pass the clinical part portion, as well as the subject area National Board examination. A score of 54 or higher on the NBME's subject score scale (or a score of 300 or higher on the NBME's standard score scale) is considered by the School of Medicine to be a passing score on subject area National Board examinations.

Taking Call

Taking Call in the hospital is an important part of the clinical experience in surgery. Many patients (especially those with traumatic injuries) do not present to the hospital emergency department for evaluation until after 'regular hours'. A lot of interesting stuff happens in surgery when the sun goes down! Each student will be expected to take call with the surgery residents. Pagers are located in a locked box in the Neely Lounge. This box is clearly marked "Student Trauma Pagers" and the code to unlock it is 911. You are responsible for putting your pager back every morning. If you lose a pager, you will be required to purchase a new one for \$50. Call lasts the entire night from 4:30 p.m. – 7:00 a.m.

Responsibilities while on call include:

- ❖ Performing various tasks in the hospital at the direction of the on call resident.
- ❖ Evaluating and recording the history and physical examination on new patients admitted to the hospital.
- ❖ Scrubbing and assisting on any operative procedures.

You are responsible for contacting the on-call resident and informing him/her of how you may be reached while on call.

The call schedule will be approximately every 10th night for the entire rotation, regardless of which team or service you are assigned.

All night call activities will take place at the University hospital, and you will be an important member of the team. Surgery is a very 'team' oriented field, and taking call will help you understand the dynamics and the fun of being a part of such a team. Every student will have a similar call schedule and should have a similar experience by working at the main campus only. Those students who are assigned to other facilities will be allowed to leave the University campus at a mutually convenient and acceptable time to assume duties there.

For your use in the call rooms are UMC network computers.

While on call, plan to have your textbook with you, and feel free to take advantage of the resources of the Neely Library in the surgery lounge. You should also wear comfortable shoes.

All students on call will have access to call rooms. Room access combinations for students are:

SICU	(Room E120-12) –	234	Female
SICU	(Room E120- 9) –	153	Male

Please let us know what we can do to improve your call experience and how we can make it more educational!

Work or 'duty' Hours

As everyone is aware, there are work hour restrictions for residents working in any ACGME accredited postgraduate training program. These strict, well delineated guidelines have been designed and put in place to reduce fatigue in residents, theoretically resulting in safer patient care.

We recognize that medical students are fundamentally different than 'employees'. They are not involved in direct patient care, and there is a distinct emphasis on education and learning. Keeping this in mind, however, we feel that it is not appropriate for a post call medical student to stay back while a similar post call team resident is excused from duties. We feel that a tired medical student is one who will not learn much.

- All post call students will be excused from any further clinical work at 1:00 p.m. and may leave the campus.
- Call will be no more frequent than 1 in 4 days.
- All students will have an average of 1 in 7 days off, averaged over a 2 week period. Please let your senior resident know of this so that these days can be planned in advance. A weekend day should be taken, so as not to interrupt weekday educational activities.

Please report any issues or conflicts with this procedure to the course director or coordinator immediately. Also, please let us know if you have any suggestions for improving this aspect of the rotation.

Professional Conduct

All students are expected to conduct themselves in an appropriate and professional manner at all times. Misconduct of any kind will not be tolerated and will be dealt with by the Clerkship Director. If necessary, any issues of conduct will be reported to the School of Medicine Administration for further disciplinary action. Likewise, any student who feels that he/she is receiving unfair or inappropriate treatment by anyone (fellow students, faculty, or residents) should report these concerns directly to the Clerkship Director immediately.

Guidelines for professional conduct include:

I. Professional Attire

Students are expected to dress in a professional manner. Specifically, shirt and tie (or appropriate attire, for women), along with clean white coat, are to be worn at conferences, clinic sessions, and staff rounds. Allowances are made for operative days and emergencies, but students should not expect to wear surgical scrub suits as their primary attire. Any student presenting to the Medical Center in blue jeans or other casual attire will be asked to leave immediately! One should not assume that the attire of the residents is appropriate for students; residents have much greater responsibilities that, more often, require the wearing of surgical scrubs. Enforcement of this policy is reserved for the discretion of The Clerkship Director, and any questions regarding attire should be directed to him/her.

II. Punctuality

Students are expected to be on time for all aspects of the Clerkship. Chronic tardiness will not be tolerated.

III. Responsibility

Students are not expected to make independent decisions regarding patient care. However, they are expected to carry out the tasks assigned to them by the residents and staff. This will form part of the ward evaluation as well. Any concerns regarding task assignments should be directed to the Chief Resident of the service, or if necessary, to the Clerkship Director.

Routine clinical responsibilities include (but are not limited to):

- ❖ Individual work rounds on all patients followed by the student
- ❖ Changing of dressings and other patient care tasks, as assigned by the residents
- ❖ Collecting of all pertinent laboratory and radiologic data
- ❖ Presentation of patients on staff rounds as well as resident work rounds
- ❖ Writing appropriate Progress Notes in the Hospital Chart each day
- ❖ Following your patients in the SICU

IV. Politeness and Respect

Patients and physicians deserve your respect! If you treat them with the respect that they are due, they will reward you in kind. This includes speaking appropriately and without the use of vulgar language. All physicians should be called "Doctor..." when in public, especially in the presence of patients.

When visiting a patient in any setting, you should give your attention to that patient and to the physicians attending him/her. Patients need to know that they are cared for and respected. Therefore, 'private' conversations will not be tolerated.

If you should feel that a patient is treating you in a rude, disrespectful, or threatening way, leave the room immediately and report the incident to one of the residents. Likewise, if a resident or staff member treats you that way, report the incident to the Chief Resident, Staff Surgeon, and/or Clerkship Director immediately.

V. Patient Confidentiality

We must recognize that materials generated by our institution which contain information including patient names, operations, etc. are confidential. This information should not be circulated outside the institution, and should not be used for purposes other than patient care and academic pursuits. Please keep such information secure, and dispose of it when it is no longer needed. **This includes the electronic medical record.**

The issue of patient confidentiality in regards to medical information has become a prominent one with the passage of the HIPAA, and significant penalties have been imposed on physicians and students in the past for breaching this. This also includes searching medical records on patients whose care students are not involved with. We must remain diligent in our efforts to protect confidentiality in order to assure that information we may need will be readily available to us.

VI. Miscellaneous

- ❖ The materials in the Neely Library and in the Library at the Veterans' Affairs Medical Center are provided for the benefit of everyone. Therefore, removing materials is prohibited! As previously noted, you may make photocopies of materials in the Neely Library, if needed.
- ❖ The photocopy machine in the Department of Surgery is for use by the members of the Department for professional (work-related) purposes only. It is not intended for anyone's personal copying.
- ❖ The nurses in the hospitals and the office staff in the Department should be treated with respect at all times. If any problems or conflicts arise, they should be reported to the Clerkship Director.

OR Conduct

OPERATING ROOM SCRUB PROCEDURE

I. PURPOSE

- A. To remove dirt, skin oil and microbes from the hands and lower arms.
- B. To reduce the microbial count on hands and lower arms.
- C. To leave an antimicrobial residue on the skin so that the rate of growth of microbes will be decreased for several hours.

II. RATIONALE

- A. Even though sterile gloves are worn by the surgical team, holes in gloves develop during operative procedures. The surgical scrub provides some reduction in microbial flora on hands and arms in the event that glove failure does occur.

III. PROCEDURE

A. Preliminary Wash

- 1. Fingernails must be short and free of polish.
- 2. Rings and watches must be removed.
- 3. Open scrub brush, turn faucet on and adjust.
- 4. Wet hands and forearms.
- 5. Apply small amount of detergent to hands and arms.
- 6. Remove nail cleaner from brush and clean nails of both hands under running water.
- 7. Wash (without brush) for 30 seconds, adding a small amount of water and detergent.
- 8. Rinse hands and arms, always holding the arms at a 45-degree angle well away from the body. Keep hands elevated so that water runs from fingers to elbow.

B. Surgical Scrub - **scrub will be taught by the education coordinator in the operating room during orientation.**

- 1. Remove brush from wrapper and place wrapper in trash container.
- 2. Check clock for time and begin scrubbing.
- 3. Nails: 20 strokes each hand. Total 30 seconds. Scrub nails of each hand together with bristles parallel to nail tips.
- 4. Fingers: 10 strokes a plane. Scrub each finger (4 planes) following a side to back, to front, to side pattern.
- 5. Back of hand including wrist: 10 strokes a plane. Scrub hand from finger base through wrist with fingers flexed.
- 6. Palm including wrist: 10 strokes a plane. Scrub hand from finger base through wrist with fingers hyperextended.
- 7. Change hands and repeat steps 4 through 6.
- 8. Arms: 6 strokes a plane. Scrub arm with small overlapping circles from wrist to 2" above elbow.
- 9. Change brush to other hand and repeat step 8.
- 10. Discard brush and rinse fingertips to elbows, keeping hands and arms elevated and away from body.

Note: Scrub 5 minutes for each case using your choice of three kinds of brushes and soap available.

OR Conduct

HANDWASHING

Purpose

To prevent the direct or indirect spread of organisms.

General Comments

Nosocomial infections may be caused by a patient's own flora or by organisms that patients acquire from the hospital environment. Organisms transmitted on the hands of physicians, nurses, and other health personnel may cause a variety of infections in hospitalized patients. Therefore, handwashing is the most important means of preventing the spread of nosocomial infections.

Many patient care duties require minimal contact with patients. Contact with patient secretions, excretions, and blood is most likely to result in transient carriage of organisms on the hands of personnel. Such organisms are more likely to cause infection if transmitted to high risk patients (those with depressed host resistance, with catheters or other invasive devices, or newborn infants).

Personnel should wash their hands before and after patient contact. Personnel should also wash their hands before beginning work and before eating or smoking. Antiseptic agents are preferred for handwashing before surgery and other high risk invasive procedures and in the care of newborn infants. Soap and water are considered adequate for handwashing in other situations.

Procedure

While washing hands, use continuous running water, soap and friction. Use plenty of water and scrub vigorously. Keep the hands down at all times so any runoff will go into the sink, not down the arms. Avoid splashing, rinse thoroughly, and dry hands with paper towels. Discard the towel in a plastic-lined container. Use a paper towel to turn off the faucet.

Handwashing Agents

Antiseptic agents: Iodophors, hexachlorophene, tincture of iodine, chlorhexidine, and alcohol are all antiseptic solutions generally available for handwashing.

Other agents: Liquid, granule, leaflet, bar, or soap-impregnated tissues are acceptable for handwashing in situations where an antiseptic agent is not indicated.

At least two antiseptic agents should be available in the:

1. Operating Room
2. Labor and Delivery Suite
3. Newborn Nurseries

At least one antiseptic agent should be available in:

1. Intensive care units
2. Patient exam rooms or other areas where invasive procedures are performed.

Antiseptic agents are not required in patient rooms, other employee work areas, or public restrooms.

OR Conduct

DRESS CODE FOR SURGICAL SUITE

O.R. Personnel can be a major source of contamination within the O.R. environment. Skin, hair and mucous membrane are the main sources of potential pathogens and proper attire is one major facet used for environmental control of exogenous contamination to the patient.

All persons entering the restricted area, behind the swinging doors of the surgical suite, are expected to observe and comply with the following dress code:

I. SCRUB SUITS

1. Everyone entering the restricted area of the O.R. Suite must wear a freshly laundered scrub suit or dress.
2. All O.R. apparel must be laundered within the hospital laundry or approved facility.
3. Scrub suits should be worn with the blouse tucked into the pants.
4. Clothing worn from home or another hospital may not be worn in the restricted area of the O.R. Suite, whether it be scrub clothes or street clothes.
5. No jewelry should be worn in the restricted area of the O.R. Suite with the exception of pierced earring posts. This applies to entire O.R. team; surgeons, scrub technicians, and circulators.

II. HAIR COVERS

1. Hair covers must be in place before entering the restricted area.
2. Hair covers should be worn to cover all hair, including sideburns and beard.

Comment

The bouffant style nurse's cap is suitable for women and for men with short sideburns. Whichever style is chosen must be worn properly. Although it may be more stylish to have a few curls exposed or to have the cap rolled up on its edges and placed at a jaunty angle on the head, these fashions have no place in the operating room. Heavily bearded men must wear hoods.

III. FACE MASKS

1. Face masks must be worn and tied to cover mouth and nose completely, and to prevent venting at the sides and bottom.
2. Certain areas, such as the hand scrub areas, etc., have been designated as cap and mask areas. Careful attention should be given to having cap and mask on and in place when in these designated area. (Signs will be posted designating the cap and mask areas.)
3. Masks are worn at all times in the sterile supply area, operating room when opening sterile supplies, and during surgical intervention.
4. Masks must be changed between each procedure.
5. Protective eye gear should be worn at all times **during** an operation. Masks with a splash shield are to be worn even if one wears eyeglasses.

Comment

Masks are at least 95% efficient but become less efficient as time passes. Masks are either on or off and should not be saved by hanging around neck for future use. When removing the mask, touch only the strings. **Do not wear masks outside of the surgical suite.**

IV. SHOE COVERS

1. Shoe covers are optional to wear while in the restricted area.
2. After leaving the restricted area, shoe covers must be changed before re-entering.
3. Shoe covers should be changed periodically to avoid wearing holes in their bottoms.
4. **Do not wear shoe covers outside of the O.R.!**

V. SPECIAL REQUIREMENTS

1. No one is permitted to go from room to room or to lounges with dirty gowns and gloves on.
2. After scrubbing on an infectious case, gowns, gloves, masks, and shoe covers must be removed before leaving the operating room. Shoe covers or other disposable apparel soiled with potentially infectious medical waste, such as blood, should also be removed before leaving the operating room.
3. After scrubbing on an infectious case or changing a dressing in the patient areas, scrub suits must be changed before going to another case.

OR Conduct

GENERAL CONDUCT IN THE SURGICAL SUITE

- I. Drinking and eating are prohibited within the restricted area of the surgical suite. These activities must be confined to the lounge areas or outside of the surgical suite.
- II. Loud talking, horseplay, etc. have no place in the surgical suite, especially in the operating rooms.
- III. Every effort should be made to keep the lounge and dressing areas as clean as possible. Studies have shown these to be the most heavily contaminated areas in the surgical suite. The tops of the lockers are not trash depositories or storage areas.
- IV. Above all, operating room personnel should remember that the dress code and rules of conduct for the surgical suite are designed to maximize the delivery of high quality health care to the patient and are not arbitrary rules to inconvenience the staff.
- V. Enforcement is per Director of O.R. or designee. Constant offenders will be reported to the Surgical and Recovery Suite Committee.
- VI. The conference room in the suite will be available for study purposes. Dress code will be adhered to in this area. Drinking and eating are prohibited in this area. Do not leave study material or trash in the conference room.

OR Conduct

UMC HOSPITAL POLICY ON INPATIENTS AND OUTPATIENTS COMING TO THE OPERATING ROOM

- I. PREOPERATIVE WORK-UP:
 - A. Outpatients undergoing local infiltration anesthesia
 1. Completed surgical consent sheet and history and physical required prior to surgery.
 2. Admission sheet showing essential information for business office and space for diagnosis and procedure performed.
 3. Local Standby goes to Level II (i.e., B).
 - B. Outpatients undergoing general or regional anesthesia.
 1. Completed surgical consent sheet (see consent policy).
 2. History and physical signed by an M.D.
 3. Chest X-ray, except in children less than 14 years of age (within past month).
 4. HGB, HCT, WBC, and differential (only when WBC is over 10,000 within past 10 days).
 5. Dipstick urinalysis (within past 10 days)
 6. Admission sheet showing essential information for business office and especially diagnosis and what procedure performed.
 - C. Inpatients undergoing surgery with local infiltration anesthesia.
 1. Consent sheet.
 2. History and physical.
 3. Chest X-ray, except in children less than 14 years of age (within past month).
 4. HGB, HCT, WBC and differential (only when WBC is over 10,000) (within past 10 days).
 5. Dipstick urinalysis (within past 10 days).
 - D. Inpatients undergoing surgery under local or regional anesthesia.
 1. Consent sheet.
 2. History and physical.
 3. Chest X-ray, except in children less than 14 years of age (within past month).
 4. HGB, HCT, WBC and differential (only when WBC is over 10,000) (within past 10 days).
 5. Urine analysis (within past 10 days).
 6. EKG inpatients 40 years of age or older, or if history of cardiac problems.
 7. Chemistry appropriate for disease of current value.
- II. Pre-anesthetic evaluations are performed by the Department of Anesthesiology each day and reviewed by a staff Anesthesiologist. To evaluate a patient thoroughly requires both the presence of the patient and a completed workup. These rounds are made each day at 4:30 p.m. To insure completeness, it will be necessary to have the lab data, etc., written in the chart, if they are not on the chart in written form. Premedication orders for B & D patients above will be written by an Anesthesiologist.

Clinic Conduct

ORIENTATION FOR MEDICAL STUDENTS IN ADULT OUTPATIENT SURGERY CLINIC 2 AT JACKSON MEDICAL MALL

- I. PATIENTS
 - A. All patients are put in rooms by the nurse in order of arrival.
 1. Temperatures, blood pressures and weights are taken on all general surgery patients with the exception of wheelchair or stretcher bound patients.
 2. Dressings are removed by the nurse, patient, or medical student.
 3. Post-op patients will be draped for exposure of operative site.
 4. Nurses and medical students remove sutures and/or staples per doctor's orders.
 5. Basic equipment and supplies for new dressings are located in the examining rooms; other supplies can be obtained from the storage cabinets in the clinic.
 - B. Diagnostic Studies
 1. By order of the physician for blood work, the patient is sent to the OPD Lab to have this done. Medical students need only to draw blood samples that are to be sent to the Blood Bank; however, when an order for blood work includes studies that are done in the Clinical Lab, the lab personnel will draw extra tube(s) of blood to avoid an additional puncture.
 2. ABG's may be obtained by the physician, medical student, respiratory therapist or registered nurse.
 3. All biopsy, culture, pap smear, blood reports, and urine reports will be on the patient's chart when he returns for his next clinic visit if at all possible.
 4. Nursing personnel will assist medical students and physicians in examination of patients when indicated. Female personnel will chaperon male medical students and male residents during examination of all female patients.
- II. BIOPSY AND PROCTOSCOPY
 - A. If a biopsy or a proctoscopy is indicated for the patient, please have patient sign a consent form and notify the nurse. The patient will then be asked to wait in the waiting area until the nurse calls him/her to be prepared for the desired procedure. These procedures require medical students to be supervised by a licensed physician.
 - B. All pathology and cytology slips are to be filled out by the medical student or resident. CT scan and MRI information forms are to be filled out at the time the test is ordered.
- III. CHARTS
 - A. Patients are placed in rooms and their charts are put in the wall holder outside the room in a vertical position. After the patient has been seen by the medical student, the chart should be placed horizontally in the wall holder until the physician sees the patient.
 - B. Patients are allowed to bring their charts out to the desk for new appointments after being examined.
 - C. In addition to the medical student's signature, charts must be signed by the physician. Signature of the physician should be obtained **before** the chart is sent to the desk.
 - D. If a patient is to be admitted to the floor, Emergency Room, or to be seen in another clinic, this must be written in your disposition, along with the reason for going to the designated area. The clerk will then follow up with this order. The doctor has to call admissions or emergency room prior to patient being sent to these areas.

- E. The patient's name and hospital number are sufficient to take to the Radiology Department to review films. (PLEASE DO NOT TAKE THE PATIENT'S MEDICAL RECORD.)
- IV. DISPOSITIONS
- A. If the patient is to have blood work or X-rays done, please specify in the disposition.
 - B. The clinical information and reason for the study (i.e., allergies, pregnancy) are to be included in the X-ray order.
 - C. On any X-rays requiring special medication prior to X-ray, please have physician sign a prescription for appropriate medicine and attach to front of the chart.
 - D. If any medication is to be given to the patient while in the clinic, please notify the nurse, and write the order in the clinic disposition.
 - E. Please order cultures that are obtained in clinic. Please include location and what is needed on the culture.
- V. INSURANCE FORMS are handled by the surgery departmental office.
- VI. SURGERY CLINIC SCHEDULE
- A. Surgery A - Tuesday and Friday morning
 - B. Surgery B - Monday morning
 - C. CVS/Thoracic - Monday morning
 - D. Trauma - Friday morning
 - E. Vascular - Tuesday morning at UMC
 - F. Breast - Thursday morning
- VII. GENERAL INFORMATION
- A. Medical students are encouraged to accompany the physician to see patients who have general surgery appointments.
 - B. Initial and return facility cost is \$42.00 for each visit.
 - C. The proctoscopy room is located in a procedure room which is located at the back of Clinics 1 and 3.

It is our desire to make your rotation through the Surgery Clinic in the Adult Outpatient Department a pleasant and enjoyable experience that is worth the time and effort spent with us. Any questions that you may have are welcomed.

-Written and revised by Adult Outpatient Department, May, 1997.

Infection Control

INFECTION CONTROL IN THE NICU

Infection control policies in the NICU are extremely important because of the close proximity of patients, numerous open wounds and venous and arterial access lines, and the marked immunologic immaturity of the patients. The data of innumerable studies is clear: bacteria are transferred from baby to baby primarily on the hands of the various individual caregivers. Fomites (any object or surface on which bacteria can reside) can also play a role following contamination. Viruses can be transmitted by hand or through the air. The following guidelines are found in the [Guidelines for Perinatal Care](#) and well recognized as essential for infection control by all official agencies.

1. Individuals should scrub to the elbows with antibacterial soap prior to entering the NICU if a baby or its station will be touched. Following the initial scrub, an individual should not touch any part of their body before touching the baby or its station. After touching a baby or its station, the caregiver must wash to the elbows again for 10 to 20 seconds prior to touching another baby or its station. The initial 2-3 minute scrub may be omitted if one has been done in the OR prior to visiting the NICU, although the 10-20 second scrub should always be done. The nails must be cleaned on the initial scrub.
2. A gown should be worn and pulled to the elbows when seeing patients in the NICU. A gown is not needed if the individual is simply walking through the NICU and only touching bedside chairs.
3. If an infant is picked up, a gown must be worn and then discarded following that patient visit.
4. A patient with a draining wound, contaminated with a virulent bacteria or contaminated with a resistant bacteria such as vancomycin-resistant Staphylococcus or Enterococcus is considered to be in isolation and individuals must wear a gown and gloves. This gown should be worn to the wrist and then discarded upon leaving that patient.

Reminder: a) it is crucial not to touch any part of one's body during the examination of an infant. This includes the nose, glasses or hair. If this happens, then a new scrub should be performed; b) outside coats are not to be worn in the NICU if any patient is to be touched; c) most people find it easier to gown upon entering the NICU regardless of whether they think they are going to touch an infant or not, but this is not absolutely necessary if no infant or its station is to be touched (excluding the chart).

Infection control in the NICU is just as important as that during surgery. It is the nurse's job to help monitor infection control policies just as it is in the surgery suite when any of us visit there. All the infection control policies are hospital and medical center policies and are derived from national standards. Strict adherence has been shown time and again to decrease nosocomial infection in the NICU.

Thank you for your help.

References

Some reference textbooks have been listed in the textbook section of the syllabus. These are available for you in the Neely Surgery library as well as the main Rowland Library in the learning resource center.

In addition to these books, we rely on journals to provide us specific and up to date information. You should be familiar with (or become familiar with!) literature searches and using journal articles when looking up more obscure or rare topics. Reading a recent review of a common topic from a good journal will often be very beneficial as well. Some commonly used journals for general surgery are:

Annals of Surgery
Archives of Surgery
British Journal of Surgery
Journal of the American College of Surgeons
New England Journal of Medicine
Surgery

Each subspecialty has its own set of journals as well.

We encourage you to take advantage of our online resources also. These are quite comprehensive and easy to access. We provide you with access to textbooks, educational websites with videos and other teaching materials, and electronic journals. There are also links for literature searches via PubMed and Ovid. Please use these at the following website:

<http://surgery.umc.edu/> - click on the tab for Learning Resources and then Online Resources.

Let us know how we can improve these for you, or how we can add further educational links to this web page!!