I. Rotation Description

The purpose of the VCOM Department of Surgery is to provide a high quality surgical educational experience. The Mission of the College is to provide medical education and research that prepares globally-minded, community-focused physicians and to improve the health of those most in need.

Third year medical student clerkships are offered by the majority of our regional hospitals. The general surgery rotation is four weeks in duration. The student acts as a surgical extern as he/she rotates with the Discipline. He/she learns how to do a surgical history, assess the patient by Goldman's criteria, provide pre-and post-op care, make rounds, write orders, and attend all conferences that are for surgical cases.
The Department of Surgery faculty believe the surgical disciplines have important roles in medical education and the provision of healthcare and that educational and healthcare advances are founded upon sound clinical and basic research.

During the third year surgery rotation, students expand their knowledge of surgical conditions and gain the ability to apply this knowledge in the clinical setting. The curriculum is taught through case modules, assigned readings, and through one-on-one student-preceptor interaction in the clinical setting. Students are expected to complete their assignments for both surgery and the longitudinal OMM course. The practice of surgery occurs in the outpatient office setting and in the inpatient setting. Due to the variety of practice opportunities and formats in surgery, students should review their specific site instructions for a more detailed description of their specific practice setting.

II. Course Goals and Objectives

A. Goals of the Course

1. Practice – The student will become familiar with the characteristics of the practice of general surgery, including the knowledge base required, manner of patient communications, intermittent patient encounters, and aspects of clinical reasoning, lifestyle considerations, and continuing education issues.
2. Surgical/Clinical Reasoning – The student will develop knowledge and skills in learning to differentiate between elective, urgent, and emergent surgical clinical problems from the perspective of clinical reasoning skills.
3. Communication – The student will develop the ability to transmit information through a concise, accurate, and timely oral presentation, as well as documenting their History and Physical and recording progress notes in the hospital chart where applicable.

B. Objectives of the Course

1. To provide a working knowledge of surgical conditions of patients a primary care physician is likely to encounter in daily practice.
2. To provide a challenging and interesting introduction to surgery as a choice to practice, recognizing the need for general surgeons in rural and underserved areas.
3. To broaden the students’ knowledge of surgical disease and procedures.
4. To provide clinical research in new techniques and surgical devices that will enhance the health of all humans.
5. To foster compassionate and altruistic care by participation in our Appalachian and International Medical Missions.
6. To promote the development of surgical technical skills in students and residents including:
   a. Basic surgical instruments, knots and ties
   b. Elementary wound closure and local anesthesia
   c. Subcutaneous and fascial closures
   d. Wound debridement, irrigation and drainage, securing tubes, Z plasties, VY plasties, rotation flaps
7. To become familiar with more complicated procedures including skin grafts, nerve, vessel and tendon repair.
8. To become familiar with the surgical specialties and how they are practiced, including:
   a. Otorhinolaryngology
   b. Ophthalmology
   c. Neurosurgery
   d. Cardiovascular Surgery
   e. Orthopedics
   f. Urology
C. Clinical Performance Objectives

While the end-of-rotation exam is derived from the didactic curriculum and objectives described above in the “Clinical Modules – Required Curriculum” section, the end-of-rotation evaluation completed by your preceptor is based on clinical core competencies. These core competencies reflect student performance in 6 key areas: communication, problem solving, clinical skills, medical knowledge, osteopathic medicine and professional and ethical considerations. Your end-of-rotation evaluation from your preceptor will be based directly on your performance in these 6 core competencies as described below.

1. **Communication** - the student should demonstrate the following clinical communication skills:
   a. Effective listening to patient, family, peers, and healthcare team
   b. Demonstrates compassion and respect in patient communications
   c. Effective investigation of chief complaint, medical and psychosocial history specific to the rotation
   d. Considers whole patient: social, spiritual & cultural concerns
   e. Efficiently prioritizes essential from non-essential information
   f. Assures patient understands instructions, consents & medications
   g. Presents cases in an accurate, concise, well organized manner

2. **Problem Solving** – the student should demonstrate the following problem solving skills:
   a. Identify important questions and separate data in organized fashion organizing positives & negatives
   b. Discern major from minor patient problems
   c. Formulate a differential while identifying the most common diagnoses
   d. Identify indications for & apply findings from the most common radiographic and diagnostic tests
   e. Identify correct management plan considering contraindications & interaction

3. **Clinical Skills** - the student should demonstrate the following problem solving skills:
   a. Assesses vital signs & triage patient according to degree of illness
   b. Perform good auscultatory, palpatory & visual skills
   c. Perform a thorough physical exam pertinent to the rotation

4. **Osteopathic Manipulative Medicine** - the student should demonstrate the following skills in regards to osteopathic manipulative medicine
   a. Apply osteopathic manipulative medicine successfully when appropriate
   b. Perform and document a thorough musculoskeletal exam
   c. Utilize palpatory skills to accurately discern physical changes that occur with various clinical disorders
   d. Apply osteopathic manipulative treatments successfully

5. **Medical Knowledge** – the student should demonstrate the following in regards to medical knowledge
   a. Identify & correlate anatomy, pathology and pathophysiology related to most disease processes
   b. Demonstrate characteristics of a self-motivated learner including demonstrating interest and enthusiasm about patient cases and research of the literature
   c. Are thorough & knowledgeable in researching evidence based literature
   d. Actively seek feedback from preceptor on areas for improvement
   e. Correlate symptoms & signs with most common disease

6. **Professional and Ethical Behaviors** - the student should demonstrate the following professional and ethical behaviors and skills:
   a. Is dutiful, arrives on time & stays until all tasks are complete
   b. Consistently follows through on patient care responsibilities
c. Accepts & readily responds to feedback, is not resistant to advice

d. Assures professionalism in relationships with patients, staff, & peers

e. Displays integrity & honesty in medical ability and documentation

f. Acknowledges errors, seeks to correct errors appropriately

g. Is well prepared for and seeks to provide high quality patient care

h. Identifies the importance to care for underserved populations in a non-judgmental & altruistic manner

III. Rotation Design

A. Educational Modules

Educational modules using lectures, cases, and other forms of delivery are used for third year curriculum. Each student must complete a post-rotation exam to assure that the expected basic content or medical knowledge has been acquired during the rotation. In addition to the experiences received in the clinical training sites, students are expected to read the content of the assigned textbooks and on line materials in order to complete the entire curriculum assigned for the clinical module.

B. Formative Evaluation

Student competency based rating forms are used by the preceptor to evaluate each student’s clinical skills and the application of medical knowledge in the clinical setting. These forms are only completed by the clinical faculty member or preceptor. Performance on rotations will be evaluated by the primary clinical faculty member precepting the student. VCOM uses a competency based evaluation form which includes the osteopathic core competencies. These competencies evaluated include:

   a. Medical knowledge;
   b. Communication;
   c. Physical exam skills;
   d. Problem solving and clinical decision making;
   e. Professionalism and ethics;
   f. Osteopathic specific competencies; and
   g. Additional VCOM values.

Student competency is judged on clinical skill performance. Each skill is rated as to how often the student performs the skill appropriately (i.e. unacceptable, below expectation, meets expectation, above expectation, exceptional).

C. Logging Patient Encounters and Procedures

Students are required to maintain a log to identify the procedures performed and the number of essential patient encounters in the CREDO application. All students must review these logs with their preceptors prior to the end of the rotation period, as required by the final preceptor evaluation form. Students are encouraged to periodically review their CREDO entries with their preceptor during the rotation period.

IV. Credits

5 credit hours

V. Course Texts

A. Required Textbooks

  Baltimore, MD: Lippincott Williams & Wilkins. ISBN: 978-0781766715
  Available in electronic format on the VCOM Library – on LWW Osteopathic Medicine Collection

**B. Recommended Textbooks**


**VI. Course Grading and Requirements for Successful Completion**

**A. Requirements**

• Attendance according to VCOM and preceptor requirements as defined in the College Catalog and Student Handbook.

• Completion and submission of the clinical curriculum
  
  In addition to the learning experience in the clinical site, the clinical curriculum consists of the reading assignments and learning objectives that are included in this syllabus and clinical case modules that are derived from some, but not all, of the learning objectives. Student’s success as a physician will depend upon the learning skills they develop during this core rotation, as guided by this syllabus and clinical case modules. National boards, residency in-training examinations, and specialty board examinations require ever increasing sophistication in student’s ability to apply and manipulate medical knowledge to the clinical context.

The clinical case modules were developed by VCOM Discipline Chairs and are intended to provide an OMS 3 student with a clinical, patient-centered approach to the learning content of this rotation. The modules should not be approached as rote learning, but should provide structured, clinically-focused learning from the evidence base for this rotation. The clinical case modules must be submitted in Canvas by no later than 5 PM on the day of your end of rotation exam at: https://canvas.vcom.edu/login/ldap. Failure to do so will result in a deduction of 5 points from your end-of-rotation exam score.

The content of the end-of-rotation exams will be based upon the learning objectives and reading assignments in this syllabus and the clinical case modules and their associated references.

• Logging Patient Encounters and Procedures in CREDO:
  
  Students are required to log all patient encounters and procedures into the CREDO application. All students must review these logs with their preceptors prior to the end of the rotation period, as required by the final preceptor evaluation form. Students are encouraged to periodically review their CREDO entries with their preceptor during the rotation period. These reviews should stimulate discussions about cases and learning objectives, as well as identify curriculum areas the student may still need to complete. CREDO logs are due no later than 5 PM on the day of your end of rotation exam. CREDO can be accessed at: https://credo.education/
• **Rotation Evaluations:**
  o Student Site Evaluation: Students must complete and submit at the end of rotation. See the VCOM website at: [http://intranet.vcom.edu/clinical/Login/index.cfm?fuseaction=LoginInfo&LoginPage=ViewStudentSchedule](http://intranet.vcom.edu/clinical/Login/index.cfm?fuseaction=LoginInfo&LoginPage=ViewStudentSchedule) to access the evaluation form.
  o Third-Year Preceptor Evaluation: It is the student's responsibility to ensure that all clinical evaluation forms are completed and submitted online or turned in to the Site Coordinator or the Clinical Affairs Office at the completion of each rotation. Students should inform the Clinical Affairs Office of any difficulty in obtaining an evaluation by the preceptor at the end of that rotation. See the VCOM website at: [https://www.vcom.edu/academics/clinical-education-third-year/forms](https://www.vcom.edu/academics/clinical-education-third-year/forms) to access the evaluation form.
  o Mid-Rotation Evaluation: The mid-rotation evaluation form is not required but highly recommended. See the VCOM website at: [https://www.vcom.edu/academics/clinical-education-third-year/forms](https://www.vcom.edu/academics/clinical-education-third-year/forms) to access the mid-rotation evaluation form.

• Successful completion of the end-of-rotation written exam. The end-of-rotation exam questions will be derived directly from the specific objectives presented in each of the below modules.

### B. Grading

Students must pass both the "module" and "rotation" portions of the course. All rotations have a clinical rotation grade and clinical modules/exam grade. Failure to submit all of the Surgery case module files using the Canvas link provided above **by no later than 5 PM on the day of your end of rotation exam** will result in a deduction of 5 points from your end-of-rotation exam score. **CREDO logs are due no later than 5 PM on the day of your end of rotation exam.**

<table>
<thead>
<tr>
<th>Clinical Grading Scale and GPAs</th>
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<tbody>
<tr>
<td><strong>OMS 3 End-of-Rotation Exam Grades</strong></td>
</tr>
<tr>
<td>A</td>
</tr>
<tr>
<td>B+</td>
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<tr>
<td>B</td>
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<td>C+</td>
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<td>C</td>
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<tr>
<td>F</td>
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### C. Remediation

Students who fail one or more rotations or one or more end-of-rotation exams twice will be referred to the Promotion Board. If a student fails the professionalism and ethics portion of the evaluation he or she may be removed from the rotation and referred to the Professionalism and Ethics Standards Board. No grade will be changed unless the Office of Clinical Affairs certifies to the Registrar, in writing, that an error occurred or that the remediation results in a grade change.

• **Failure of an End-of-Rotation Exam**

Students must pass each end of rotation exam with a C (70%) or better to receive a passing grade for the clinical medical knowledge module. Students who fail an end of rotation exam but pass the clinical rotation evaluation component have a second opportunity to pass the exam within 28 days of notification. If the student passes the remediation exam, the remediated exam grade will be the grade recorded on the transcript and be GPA accountable. If the student fails the end of rotation exam a second time, the student will receive an “F” grade for the rotation and will be brought before the Promotion Board. If the student is allowed to repeat the
rotation, all components of the rotation must be repeated. In this case, the “F” grade remains
the permanent grade for the initial rotation and the student will receive a new grade for the
repeated rotation. The grade will be recorded in a manner that designates that it is a repeated
rotation (eg. R-pass).

- **Failure of a Rotation**
  If a student fails the clinical rotation evaluation the student will receive an “F” grade for the
rotation and will be brought before the Promotion Board. If the student is allowed to repeat the
rotation, all components of the rotation must be repeated. In this case, the “F” grade remains
the permanent grade for the initial rotation and the student will receive a new grade for the
repeated rotation. The grade will be recorded in a manner that designates that it is a repeated
rotation (eg. R-pass).

- **Failure to Make Academic Progress**
  Repeated poor a failing performance in a specific competency area on the evaluation form across
more than one rotation may also be a reason for a required remediation at the discretion of the
Associate Dean for Clinical Affairs in consultation with the clinical chair, the preceptor, and the
Promotion Board. In general, rotations should show a progression of improvement in clinical
performance. Those students who receive a mere “Pass” on multiple rotations and/or maintain
a “CP” on one or more rotations after final grades are received, will be counseled about overall
performance and may be required to complete an additional rotation at the end of the year. Any
additional curriculum or required remediation will be based on the performance measure. In
general, rotations should show a progression of improvement in performance. Those students
who continually score in the "unsatisfactory" category or repeated "performs some of the time,
but needs improvement" consistently and do not improve over time or who fail one or more
rotations may be deemed as not making academic progress and, as a result, may be referred to
the Promotion Board and be required to complete additional curriculum. Multiple rotation
failures may result in dismissal.

Poor ratings on the clinical rotation evaluation in the professional and ethical areas of the
assessment are addressed by the Associate Dean for Clinical Affairs. The Associate Dean may
design a remediation appropriate to correct the behavior or if needed may refer the student to
the Professionalism and Ethics Board. In the case of repeated concerns in a professional and/or
ethical area, the Associate Dean for Clinical Affairs may refer the student to the Campus Dean
for a Behavioral Board or Promotion Board hearing. The Campus Dean will act upon this
referral depending on the severity and the area of the performance measure. Poor ratings in this
area will include comments as to the exact nature of the rating. Repeated poor a failing
performance in a specific competency area on the evaluation form across more than one
rotation may also be a reason for a required remediation at the discretion of the Associate Dean
for Clinical Affairs in consultation with the clinical chair and the preceptor, and the Promotion
Board. In general, rotations should show a progression of improvement in clinical performance.

VII. **Academic Expectations**
Grading policies, academic progress, and graduation requirements may be found in the College Catalog and Student Handbook.

A. **Attendance**
Attendance for all clinical rotation days is mandatory. The clinical site will determine the assigned days
and hours to be worked within the rotation period. Students are required to attend any orientation the
clinical site sets as mandatory prior to any rotation or the clinical year. The orientation sessions vary by
site and are required to maintain assignment to the site. Although the clinical site determines the
assigned days and hours to be worked, VCOM has established the following guidelines:
• 4 week rotations may not be less than 20, eight hour days for a total of a minimum of 160 hours and often average 180 hours or greater.
  o Students may be required to work up to 24 days in a 4-week period or 25 days in a 1-month rotation, including call and weekends at the discretion of the clinical site.
  o If the clinical site requires longer daily hours or shift work, the student may complete the required hours in less than 20 days with the following specifications:
    ➢ Students should not work greater than an average of 12 out of every 14 days
    ➢ Student should not work more than 12 hours daily, exclusive of on-call assignments.
    ➢ If on-call hours are required, the student should not be on duty for greater than 30 continuous hours.
    ➢ Students may be required to work weekends but in general should have 2 weekends per month free and an average of 2 of 7 days per week free.

It should be noted that preceptors will have final determination of the distribution of hours, which may vary from this policy but should not in general be less than 160 hours for a 4 week rotation. The institution’s DSME and assigned clinical faculty determine clinical duty hours. Students are responsible to the assigned clinical faculty and are expected to comply with the general rules and regulations established by the assigned clinical faculty, and/or the core hospital(s), or facility associated with the rotation.

The average student clinical day begins at 7 am and ends at 7 pm. Students are expected to work if their assigned clinical faculty is working. Some rotations assign students to shifts and in such cases the student may be required to work evening or night hours. If on-call hours are required, the student must take the call; however, the student should not be on duty for greater than 30 continuous hours. Students may be required to work weekends, but in general should have two weekends per month free and two of seven days per week free. Student holidays are determined by the clinical site and follow those of other students and/or residents from the clinical site. Students must be prompt and on time for the clinical rotation.

Students are expected to arrive on time to all clinical rotations. If a student is late, he or she must notify the site coordinator and the preceptor prior to or at the time they are scheduled arrive. Students must have a reason for being late such as illness or vehicle issues and it is not anticipated that this would occur more than one occasion AND it is important the student call in prior to being late. Repeated tardiness is considered as unprofessional behavior and is a reason for dismissal from a rotation. Students with repeated tardiness will be referred to the PESB. Tardiness is defined as more than 5 minutes after the scheduled time the preceptor designates as the expected arrival time.

The Office of Clinical Affairs requires that the medical student complete and submit an Excused Absence Clinical Rotations Approval form for any time "away" from clinical rotations. Forms are available at: [https://www.vcom.edu/academics/clinical-education-third-year/forms](https://www.vcom.edu/academics/clinical-education-third-year/forms). The student must have this form signed by their preceptor and others designated on the form to obtain an excused absence and must be provided to the DSME and the Office of Clinical Affairs through the site coordinator. The form must be completed prior to the beginning of the leave. If an emergency does not allow the student to submit this prior to the absence, the “Excused Absence Clinical Rotations Approval” form must be submitted as soon as the student is physically able to complete the form. In addition to completion of the form, students must contact the Department of Clinical Affairs, the Site Coordinator, and the preceptor’s office by 8:30 AM of the day they will be absent due to an illness or emergency. No excused absence will be granted after the fact, except in emergencies as verified by the Associate Dean for Clinical Affairs.

Regardless of an excused absence, students must still complete a minimum of 160 hours for a 4 week rotation in order to pass the rotation. Any time missed must be remediated during the course of the
rotation for credit to be issued. Students may remediate up to four missed days or 48 hours missed during any rotation period by working on normal days off. OMS 3 students who have any unexcused absences will be referred to the PESB.

VIII. Professionalism and Ethics
It is advised that students review and adhere to all behavioral policies including attendance, plagiarism, dress code, and other aspects of professionalism. Behavioral policies may be found in the College Catalog and Student Handbook.

A. VCOM Honor Code
The VCOM Honor Code is based on the fundamental belief that every student is worthy of trust and that trusting a student is an integral component in making them worthy of trust. Consistent with honor code policy, by beginning this exam, I certify that I have neither given nor received any unauthorized assistance on this assignment, where “unauthorized assistance” is as defined by the Honor Code Committee. By beginning and submitting this exam, I am confirming adherence to the VCOM Honor Code. A full description of the VCOM Honor Code can be found in the College Catalog and Student Handbook.

IX. Syllabus and Rotation Schedule
Please use this syllabus as a guide, paying particular attention to the learning objectives as an outline of what you are expected to know for each topic/module. Refer to the rotation calendar for specific dates of exams.

The faculty of the course will make every effort to adhere to the syllabus and rotation schedule; however, the Office of Clinical Affairs reserves the right to make changes to the syllabus; including changes to examinations, quizzes, modules, homework or other assignments; and/or the schedule with as much advance notice as possible. These changes will be communicated to the students in writing via Canvas or email.

X. Pre-requisites to a Successful Clerkship
Prior to beginning the rotation it would be advisable to review the Video on Surgery Scrubbing Technique found on VCOM-TV.

XI. Clinical Curriculum
In addition to the topics below with reading references and learning objectives, students must also complete the assigned clinical cases. The content of the end-of-rotation exams will be based upon the learning objectives and reading assignments in this syllabus and the clinical case modules and their associated references. The clinical case modules must be submitted in Canvas at: https://canvas.vcom.edu/login/ldap

1. Acute Abdomen
   **Reading Assignment:** Sabiston Textbook of Surgery, pages 1120-1136
   **Learning Objectives:**
   i. Define what is meant by Acute Abdomen
   ii. Discuss the anatomy of the region
   iii. Describe the investigative studies used in the workup of the acute abdomen
   iv. Discuss the role of laparoscopy
   v. Develop a differential diagnosis for a patient with an acute abdomen
   vi. Describe the algorithm for management of the acute abdomen
   vii. Describe the indications and preparation for surgical exploration
   viii. Discuss pre-operative management
   ix. Discuss the preparation for emergency surgery
2. Adrenal Masses  
**Reading Assignment:** Sabiston Textbook of Surgery, pages 963-994, 996  
**Learning Objectives:**

i. Define the work-up of an adrenal mass noted incidentally (incidentaloma) on a CT scan  
ii. Define the basic physiology of aldosterone secreting tumors (Conn syndrome)  
iii. Define the basic physiology of pheochromocytoma. Understand the basic diagnostic work-up. Learn the rule of 10's as a mnemonic tool (10% malignant, 10% bilateral, 10% extra-adrenal, 10% familial p980). Define which MEN syndrome is related to pheochromocytoma  
iv. Define glucocorticoid physiology and the difference between Cushing syndrome and Cushing disease  
v. Identify the characteristics of adrenal cortical carcinomas (size, symptoms, CT appearance)  
vi. Identify the indications for, and the risks and benefits of, biopsy of an adrenal mass  
vii. Compare open versus laparoscopic adrenalectomy and define the major complications of adrenal surgery and the anatomy of the region

3. Anorectal Disease  
**Reading Assignment:** Sabiston Textbook of Surgery, pages 1394-1415  
**Learning Objectives:**

i. Identify the important anatomical landmarks of the anorectal area  
ii. Define the causes and treatment of pelvic floor disorders, including incontinence  
iii. Define the causes and treatment of pelvic floor disorders, including:
   a. urinary obstruction  
   b. rectal prolapse  
iv. List a differential diagnosis for a patient with perianal pain  
v. Identify the signs, symptoms and treatment plan, including non-operative intervention and timing, for the following conditions. Discuss the characteristic history including, character and duration of complaint, presence or absence of associated bleeding and relationship of complaint to defecation. Indicate in which part of exam (external, digital, anoscopic, or proctoscopic) these findings are identified.
   a. Hemorrhoids  
   b. Anal fissures  
   c. Perianal fistulas  
   d. Perianal abscess  
   e. Pilonidal disease  
   f. Hidradenitis  
   g. Perianal condyloma  
   h. Crohn’s Disease  
i. Anal tumors

4. Appendicitis  
**Reading Assignment:** Sabiston Textbook of Surgery, pages 348, 1296-1309  
**Learning Objectives:**

i. Describe the anatomy of the appendix and its relation to other abdominal and retroperitoneal structures  
ii. Describe the pathophysiology and clinical presentation of acute appendicitis. Discuss its diagnosis and differential diagnosis (be specific regarding different age groups and male vs. female)  
iii. Describe the diagnostic algorithm for appendicitis  
iv. Describe the management of uncomplicated appendicitis  
v. Discuss perforated appendix and an appendiceal abscess
vi. Discuss chronic or recurring appendicitis
vii. Describe appendicitis occurring in the elderly.
viii. Describe the diagnosis and treatment of appendiceal cancer.
ix. Recognize the special physical signs that are relevant to appendicitis:
   a. McBurney’s Point tenderness
   b. Positive Rovsing’s Sign
   c. Positive Psoas Sign

5. Anesthesia
Reading Assignment: Sabiston Textbook of Surgery, pages 368-384
Learning Objectives:
i. Describe preoperative evaluation for the patient undergoing anesthesia
ii. Describe airway assessment
iii. Describe assessment of physical status using the ASA classification
iv. Recognize the risks of death or major complications with anesthesia
v. Discuss the pharmacology and risks of local anesthetics
vi. Describe the factors behind selection of anesthetic techniques.
vii. Identify the benefits and risks among the regional anesthetic techniques including local, spinal, epidural and peripheral blocks.
viii. Describe “Conscious Sedation”, its benefits and risks.
ix. Recognize malignant hyperthermia and its treatment
x. Recognize potential complications in post-anesthesia care:
   a. respiratory complications
   b. nausea and vomiting
   c. hypothermia
   d. circulatory complications

6. Bowel Obstruction
Learning Objectives:
i. Describe the pathophysiology behind SBO and its typical etiologies
ii. Discuss the clinical manifestations and diagnosis of SBO including:
   a. history
   b. physical examination
   c. radiologic and laboratory studies
iii. Describe the causes of and the terms used to describe ileus and postoperative bowel obstruction
iv. Discuss the nuances of simple versus strangulated obstruction
v. Describe diagnostic modalities for diagnosing SBO.
vi. Discuss treatment of SBO to include:
   a. fluid resuscitation and antibiotics
   b. tube decompression
   c. operative management
vii. Describe the unique aspects of etiology, diagnosis, and treatment of SBO in the geriatric population.
viii. Discuss the presentation of patients with postoperative small bowel obstruction (SBO)
ix. Discuss management of specific SBO issues including:
   a. recurrent intestinal obstruction
   b. acute postoperative obstruction
   c. ileus
x. Discuss the classification, diagnosis and treatment of Large Bowel Obstruction (LBO) and pseudo obstruction
xi. Describe Ogilvie’s Syndrome
xii. Discuss the diagnosis and treatment of LBO.

7. Breast Disorders and Breast Cancer

Reading Assignment: Sabiston Textbook of Surgery, pages 820-861

Learning Objectives:

i. Recognize the anatomy of the breast and its lymphatic drainage

ii. Describe breast development and physiology, both normal and abnormal

iii. Describe the diagnosis of breast disease (breast cancer, fibro-adenoma, breast cysts, fibrocystic change, papilloma) and the use of radiographic-guided needle biopsy techniques for diagnosis

iv. Describe breast imaging (mammography, ultrasonography, MRI) and the limitations of each modality.

v. Describe the current recommendations for screening management both for low risk and high risk patients regarding breast cancer.

vi. Identify and manage high-risk breast patients
   a. Describe the Gail model and how it is useful to primary care physicians.
   b. Describe the more common genetic aberrations that lead to an increase in risk for development of breast cancer

vii. Describe benign breast tumors and related diseases with attention to diagnosis and treatment
   a. Recognize breast pain vs. chest wall pain and the differential diagnosis and treatment
   b. Describe treatment options for cyclical breast pain
   c. Define pathologic nipple discharge and its work-up and treatment

viii. Describe staging systems (TNM) used in breast cancer and the more common pathologic types

ix. Discuss the surgical treatment issues in breast cancer
   a. Breast preservation vs. mastectomy
   b. Sentinel node biopsy
   c. Post-mastectomy reconstruction

x. Describe the modern concept of breast cancer classification using molecular markers.

xi. Discuss adjuvant chemo- and radio- therapies

xii. Describe recognition and treatment of special conditions including:
   a. Disease in the elderly
   b. Chronic subareolar breast abscesses
   c. Paget’s disease
   d. Breast cancer in men

8. Burn Management

Reading Assignment: Sabiston Textbook of Surgery, pages 505-529

Learning Objectives:

i. Describe the more common types of burns and the most common types of burns and their mechanisms of injury.

ii. Recognize the role of education and prevention.

iii. Recognize the difference between chemical, electrical and thermal injuries

iv. Define first, second, and third degree burns

v. Define emergency care of first and uncomplicated second degree burns

vi. Define the rule of Nines for burn assessment

vii. Define criteria for transfer to a major burn center

viii. Recognize the rationale for burn resuscitation for major burns

ix. Recognize the Parkland and similar formulas and recognize the magnitude of fluid that may be required to manage a major burn

x. Recognize inhalational injury - the importance of careful assessment of patients burned in closed spaces (apartments, garages, etc.)

xi. Recognize the necessity of tetanus prophylaxis in burns

xii. Recognize the basics of treatment of chemical burns in the emergency setting
9. Cholecystitis and Biliary System Disease  
**Reading Assignment:** Sabiston Textbook of Surgery, pages 1482-1512  
**Learning Objectives:**  
   i. Describe the anatomical arrangement of the hepatobiliary system  
   ii. Discuss the general considerations of biliary tree disease, including:  
       a. biliary colic  
       b. fever  
       c. jaundice  
       d. cholangitis  
   iii. Identify pertinent historical and physical examination facts related to gallbladder disease, including:  
       a. gallstones  
       b. acute and chronic cholecystitis  
       c. emphysematous cholecystitis  
       d. gallstone ileus  
       e. bacterial cholangitis  
       f. choledocholithiasis  
       g. biliary dyskinesia  
       h. Sphincter of Oddi dysfunction  
   iv. Differentiate among the various diagnostic modalities used to diagnose hepatobiliary disease (ultrasonography, CT scan, HIDA scan, MRCP)  
   v. Describe treatment options for the above hepatobiliary disorders including laparoscopic or open cholecystectomy and ERCP  
   vi. Describe the indications for selective cholangiography  
   vii. Discuss the complications in dealing with these disorders, including:  
       a. bile duct injury  
       b. lost stones  
       c. postcholecystectomy pain  
       d. retained biliary stones  
       e. biliary leak  
   viii. Describe the recognition and treatment of post cholecystectomy syndromes  
   ix. Discuss noncalculous biliary disease, its diagnosis and management

10. Colon Cancer  
**Reading Assignment:** Sabiston Textbook of Surgery, pages 348-350, 1359-1381  
**Learning Objectives:**  
   i. Discuss colorectal cancer genetics and specific genetic mutations  
       a. Describe what is meant by “mismatch repair genes”  
       b. Discuss the adenoma-carcinoma sequence  
       c. Discuss Lynch syndrome  
   ii. Describe Colorectal polyps, their diagnosis and management  
   iii. Describe the epidemiology of colorectal cancer regarding prevalence in different parts of the colon, age at diagnosis, gender predilection (if any), frequency of hereditary versus sporadic.  
   iv. Discuss the importance of screening colonoscopy as a way to decrease colorectal cancer mortality  
   v. Describe the preoperative workup (staging) for a patient diagnosed with colorectal cancer  
   vi. Discuss the surgical management of colon cancer with respect to the location in the colon.  
   vii. Discuss the role of chemotherapy in colorectal cancer and the role of radiotherapy for colorectal cancer  
   viii. Describe the main postoperative complications for colon resections for colorectal carcinoma  
   ix. Describe the indications for temporary and permanent colostomy, including rectal cancer, Hartmann’s Procedure, large bowel obstruction (diverting colostomy)
11. Diverticulitis  
**Reading Assignment:** Sabiston Textbook of Surgery, pages 1330-1334  
**Learning Objectives:**

i. Define diverticular disease  
ii. Discuss the anatomy and pathogenesis of diverticular disease.  
iii. Describe the Hinchey Classification used to assess severity of disease.  
iv. Compare the diagnosis and treatment of uncomplicated and complicated diverticulitis.  
v. Define a treatment algorithm based on pathology (perforated vs. nonperforated, abscess vs. no abscess etc.)  
vi. Define the impact of patient condition, physical findings such as localized or generalized peritonitis, and CT findings on your treatment plan  
vii. Identify the appropriate antibiotics for treatment of diverticulitis  
viii. Identify which patients require interventional radiology for abscess drainage  
ix. Define which patients require urgent surgical intervention  
x. Define which patients require a colostomy  
xi. Describe the surgical technique for primary anastomosis and Hartmann’s procedure  
xii. Describe the management of patients with recurrent diverticulitis  
xiii. Discuss the diagnosis and treatment of complications of diverticulitis including abscess, fistula, generalized peritonitis, pneumoperitoneum, bowel stricture/obstruction.

12. Head and Neck Tumors  
**Reading Assignment:** Sabiston Textbook of Surgery, pages 323, 789-810  
**Learning Objectives:**

i. Recognize the etiology and most common clinical findings found in sialolithiasis and sialadenitis.  
ii. Understand the systemic illnesses or conditions that are associated with salivary gland disorders.  
iii. List the most common tumors of the salivary glands, presentations, workup and treatment.  
iv. Understand the physical findings of parotid, salivary and oral tumors.  
v. Identify the most common oral cancers.  
vi. Understand HPV and smoking risks associated with oral cancers.  
vii. Understand the risks of salivary gland and oral cancer surgery  
viii. Define primary hyperparathyroidism including basic issues regarding the diagnosis, gland localization and surgical options.

13. Inguinal Hernia  
**Reading Assignment:** Sabiston Textbook of Surgery, pages 1092-1106  
**Learning Objectives:**

i. Describe the epidemiology of inguinal hernia (Age, gender, activities, etc.)  
ii. Describe the anatomy of the inguinal region as it pertains to indirect, direct, and femoral hernias  
iii. Define the key historical and physical findings in the diagnosis of an inguinal hernia.  
iv. List the differential diagnosis for:
   a. groin masses  
   b. scrotal masses  
v. Define nonoperative management of an inguinal hernia  
vi. Define the operative management of inguinal hernias.  
vii. Define the diagnosis and management of a:  
   a. sliding inguinal hernia.  
   b. strangulated inguinal hernia.  
   c. bilateral inguinal hernias.  
viii. Define surgical site infection as a complication of inguinal hernia repair  
ix. Define the nerve injuries that occur as a complication of inguinal hernia repair  
x. Define injury to the spermatic cord, ischemic orchitis and testicular atrophy as a complication of inguinal hernia repair
xi. Define inguinal hernia recurrence as a complication of inguinal hernia repair
xii. List the pros and cons of open vs. laparoscopic repair of inguinal hernias including the rationale for using synthetic mesh for most inguinal hernia repairs.

14. Laceration and Suturing

**Reading Assignment:** Rakel Textbook of Family Medicine, Chapter 28, pages 594, 602-605, and 608 (Available in electronic format on the VCOM Library)

**Learning Objectives:**

i. Recognize the elements of an initial evaluation of patients with lacerations.
ii. Discuss the importance of tetanus vaccination and indications.
iii. Describe local anesthetics and their duration of action.
iv. Discuss the different types of suture techniques and their indications.
v. Describe the different types of suture material according to site and extent of laceration.
vi. Discuss management of complicated lacerations.
vii. Recognize the importance of the time of suture removal.
viii. Recognize the use of tissue adhesive and when it can be utilized.
ix. Recognize relaxed skin tension lines and the importance with skin closure.
x. Educate patients on proper wound care after laceration repair.
xi. Recognize an abscessed wound and the appropriate treatment.

15. Lung Cancer

**Reading Assignment:** Sabiston Textbook of Surgery, pages 1582-1592

**Learning Objectives:**

i. Describe the anatomy of the lung.
ii. Describe the physiologic evaluation of the lung.
iii. Describe the epidemiology of lung cancer.
   a. Prevalence
   b. gender risks
   c. age risks
   d. screening recommendations, including indications for low dose CT scanning
iv. Recognize the difference between the pathologic types
   a. adenocarcinoma
   b. squamous cell carcinoma
   c. small cell carcinoma
v. Describe the history and physical exam finding in lung cancer.
vi. Describe the diagnostic workup in lung cancer.
vii. Define the staging of lung cancer.
ix. Describe the recommended follow-up algorithm for a lung cancer patient.

16. Pancreatic Disease

**Reading Assignment:** Sabiston Textbook of Surgery, pages 1524-1552

**Learning Objectives:**

i. Define and classify pancreatitis
ii. Describe the risk factors associated with acute pancreatitis (AP)
iii. Define the pathophysiology of AP
iv. Define the clinical manifestations of AP
v. Define the diagnosis and differential diagnosis of AP
vi. Define the treatment for an episode of AP
vii. Define the role of ERCP in the treatment of AP
viii. Define the role of laparoscopic cholecystectomy in the treatment of acute pancreatitis
ix. Define the treatment of complications of pancreatitis including:
   a. Peripancreatic fluid collections
   b. Pancreatic necrosis
   c. Pancreatic pseudocysts
   d. Pancreatic ascites
   e. Pancreatocutaneous fistula
   f. Vascular complications

x. Define the assessment tools used for prognosis including Ranson’s Criteria for non-gallstone pancreatitis

xi. Define the pathology, etiology, diagnosis and treatment of chronic pancreatitis

xii. Define the management of chronic pain associated with pancreatitis

xiii. Define malignant pancreatic tumors, their diagnosis, treatment and prognosis

17. Pediatric Inguinal Hernia and Hydrocele
   Reading Assignment: Sabiston Textbook of Surgery, page 1884
   Learning Objectives:
   i. Define testicular descent and its relationship to pediatric inguinal hernias
   ii. Define the approach to a groin mass in a child
   iii. Identify the type of inguinal hernia that is most common in infants and children
   iv. Define reducible and non-reducible hernia
   v. Define the anatomy of an inguinal hernia including open vs obliterated processes vaginalis
   vi. Define the anatomy of a hydrocele in a child.
   vii. Define communicating hydrocele
   viii. Define non-communicating hydrocele
   ix. Define the surgical approach to inguinal hernias in children
   x. List the complications related to inguinal hernias in children

18. Principles of Preoperative, Operative, and Postoperative Surgery
   Reading Assignment: Sabiston Textbook of Surgery, pages 202-231
   Learning Objectives:
   i. Describe pre-operative, peri-operative and post-operative periods.
   ii. Describe the goal of a pre-operative evaluation.
   iii. Describe the top patient risk factors most predictive of post-operative mortality.
   iv. Describe the system used to categorize general risk using the American Society of Anesthesiologist (ASA) classification
   v. Describe a systems approach to preoperative evaluation considering the following topics:
      a. Cardiovascular
         1. Revised Cardiac Risk Index using six predictors
         2. “Stepwise approach to preoperative cardiac assessment for non-cardiac surgery”.
         3. Timing of surgery after PTCA and MI
         4. Ability to climb stairs
      b. Pulmonary
         1. Indications for PFT’s
         2. Risk factors for post-op complications
      c. Renal
         1. Relationship to cardiac complications
         2. Timing of dialysis
      d. Hepatobiliary
         1. Child-Pugh classification
      e. Endocrine
         1. Insulin dosing
         2. Steroid dosing
f. Immunologic
   1. Steroids, sirolimus

g. Hematologic
   1. Guidelines for RBC transfusion
   2. Management of patients on chronic anticoagulation

vi. Define the considerations given to the following surgical issues:
   a. Age
   b. Risk factors for post-op delirium
   c. Nutritional status
   d. Obesity

vii. Identify indications for antibiotic prophylaxis based on the types of operative wounds listed by the National Research Council

viii. Identify the logic and evidence of pre-operative fasting.

ix. Recognize the usual presentation and treatment for the following causes of intra-operative instability:
   a. Myocardial infarction
   b. Pulmonary embolism
   c. Pneumothorax
   d. Malignant hyperthermia
   e. Anaphylaxis and latex allergy

x. Recognize Universal Protocol with respect to Wrong-Site Surgery

19. Surgical Treatment of Thyroid Disease

Reading Assignment: Sabiston Textbook of Surgery, pages 881-920

Learning Objectives:
   i. Discuss the epidemiology of thyroid nodules (changing prevalence, gender variance, predisposing conditions)
   ii. Describe the typical symptoms of goiter and hyperthyroidism and the physical examination of the thyroid gland
   iii. Describe the work-up of thyroid nodules (TSH, ultrasound, fine needle aspiration).
   iv. Describe the indications (and alternative treatments) for surgical treatment of thyroid disease including: thyroid nodules, thyroid cancer, and hyperthyroidism
   v. Describe the general conduct of thyroid surgery including the relevant anatomy and common complications, including recurrent laryngeal nerve injury and parathyroid gland injury
   vi. Compare the four major types of thyroid cancer and differentiate them according to: prognosis, potential sites of metastases, need for post-operative treatment (radio-iodine, chemotherapy, etc.)

20. Trauma Resuscitation

Reading Assignment: Sabiston Textbook of Surgery, pages 413-417

Learning Objectives:
   i. Describe the ABCDE of the primary survey
   ii. Describe airway management including indications and means of definitive airway control including:
      a. Endotracheal intubation
      b. Cricothyroidotomy
   iii. Recognize basic chest injuries and their treatment including
      a. Simple pneumothorax
      b. Tension pneumothorax
      c. Hemothorax
      d. Flail chest
   iv. Define means to determine adequacy of circulation
v. Define means to control external bleeding
vi. Define means to gain emergent vascular access including intraosseous needle insertion and the Seldinger technique for central venous access
vii. Define means to determine neurologic deficits including the Glasgow Coma Score and AVPU
viii. Define the steps and importance of complete patient exposure including log rolling, identification of a spinal “step off”, digital rectal exam, and the prevention of hypothermia
ix. Define the secondary survey
x. Define the role of the trauma team leader

21. Wound Healing
Reading Assignment: Sabiston Textbook of Surgery, pages 130-162
Learning Objectives:
   i. Describe the tissue response in the phases of wound healing.
   ii. Discuss the importance of macrophages in wound healing.
   iii. Describe the Collagen Synthesis and its relevance to wound healing.
   iv. Recognize the factors that inhibit wound healing.
   vi. Describe the characteristics of an ideal wound dressing.
   vii. Discuss the different treatment options for chronic open wounds.
   viii. Identify the characteristics of fetal wound healing.
   ix. Discuss the importance of tissue engineering and when it is applicable to open wounds.

Osteopathic Manipulative Medicine and the Osteopathic approach to clinical cases are covered in the monthly workshops and tested on the OMM end-of-rotation exams. Students are responsible for reviewing the OMM Syllabus and meeting the learning objectives covered in each month’s workshop.