Sub-Internship Course Overview
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I. Introduction/Sub-Internship Overview:

Welcome to your Surgery Sub-Internship rotation! The mission of the Michael E. DeBakey Department of Surgery is to inspire the next generation of surgeons by providing medical students with a balanced surgical experience that will meet core surgical competencies in both knowledge and skills. Sub-interns are expected to participate in patient rounds, attend clinics, actively participate in operations/trauma call and teach the core surgery students. This rotation should be a step-up from the core surgical clerkship, so that the sub-intern is a more active participant and learning how to be a manager of surgical patients, rather than simply an observer or reporter of information.

The fourth year sub-internship rotation in surgery is an opportunity for medical students to function as an integral member of the surgery team with responsibilities commensurate with a surgical intern. Sub-interns are expected to participate in patient rounds, out-patients clinics, daily operations and other surgical procedures. They have primary responsibility of patients, with appropriate resident and staff supervision. Faculty preceptors within the specialty are assigned to each site to enhance the educational experience and oversee the rotation. The designated faculty preceptor is responsible for the student's final grade. Sub-interns are expected to participate in all teaching conferences and Grand Rounds while on the surgical service.

II. Clinical Sites:

- Ben Taub Hospital
- Baylor (CHI) St. Luke’s Medical Center
- Michael E. DeBakey VA Medical Center

III. Contact and Site Information:

Associate Clerkship and Sub-Internship Director:
Stephanie Gordy MD, FACS
Stephanie.gordy@bcm.edu
Office: Ben Taub, 4th floor, Anesthesia/Surgery Hallway

Clerkship Coordinator:
Woods Ryan McCormack
Michael E. DeBakey Department of Surgery
Baylor College of Medicine
Ph: 713.798.6078 | Fax: 713.798.8941
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Vice Chair for Education:
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Phone: 713-798-6078
Office Location: Jewish Institute for Research, Room 404D, MS: BCM390

Manager for Surgery Education
Holly Shilstone
holly.shilstone@bcm.edu
Phone: 713-798-6078
Office Location: Jewish Institute for Research, Room 404D, MS:BCM 390
Clinical Sites and Directors:

1. **Ben Taub Hospital:**
   a. Acute Care Surgery service
      i. Site Faculty: Dr. Millard (Drew) A. Davis; millard.davis@bcm.edu; 404-444-8886

2. **Baylor St. Luke’s Medical Center:**
   a. General Surgery and Surgical Oncology service
      i. Site Faculty:
         1. Dr. George Van Buren; George.VanBuren@bcm.edu; 713-798-8218
         2. Dr. William Fisher; wfisher@bcm.edu; 832-355-1490

3. **Michael E DeBakey VA Medical Center**
   a. General Surgery; Site Faculty: Dr. Konstantinos Makris
      Konstantinos.Makris2@bcm.edu; 713-791-1414

IV. Baylor College of Medicine Core Competencies and Graduation Goals:

1. **Professionalism**
   Each student graduating from BCM will:
   1.1. Apply ethical decision making that upholds patient and public trust
   1.2. Employ honesty, integrity, and respect in all interactions
   1.3. Demonstrate a commitment to advocate for the needs and well-being of patients, colleagues, and self
   1.4. Demonstrate caring, compassion, and empathy
   1.5. Demonstrate awareness of one’s own biases and sensitivity to diverse patients and colleagues
   1.6. Identify and fulfill responsibilities and obligations as a learner and a colleague
   1.7. Recognize and avoid conflicts of interest
   1.8. Adhere to patient confidentiality rules and regulations

2. **Medical knowledge**
   Each student graduating from BCM will:
   2.1. Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to diagnose, manage, and prevent disease
   2.2. Utilize the principles of public health, epidemiology, and biostatistics in identifying and reducing the incidence, prevalence, and severity of disease to improve health
   2.3. Interpret diagnostic tests as they relate to common clinical, laboratory, and radiologic findings in the spectrum of health and disease

3. **Patient care**
   Each student graduating from BCM will:
   3.1. Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient and population-centered care
3.2. Develop and implement patient evaluation and management plans appropriate to all levels of patient acuity
3.3. Develop a prioritized problem list and differential diagnosis using patient’s biopsychosocial history, medical records, physical exam findings, and diagnostic studies
3.4. Obtain consent for and perform basic technical procedures competently
3.5. Perform comprehensive and focused biopsychosocial exams in a variety of patient care settings and recognize when each is indicated
3.6. Assess health risks using gender- and age-appropriate criteria and recommend potential preventive and therapeutic interventions
3.7. Select and interpret diagnostic tests accurately
3.8. Interpret physical findings accurately
3.9. Utilize critical thinking to provide appropriate evidence or support for clinical decisions and management of diseases
3.10. Provide timely and accurate documentation of all assessment, plans, interventions, and orders – including prescriptions and transfers-of-care between providers or settings.

4. Interpersonal and communication skills
   Each student graduating from BCM will:
   4.1. Demonstrate patient-centered interview skills in order to create and sustain a supportive and therapeutic relationship with patients and families
   4.2. Demonstrate the ability to communicate effectively, efficiently, and accurately as a member or leader of a health care team
   4.3. Demonstrate the ability to effectively communicate and collaborate with colleagues, other health care professionals, or health related agencies
   4.4. Apply verbal and written medical communication skills to basic and advanced medical scenarios

5. Practice-based learning and improvement
   Each student graduating from BCM will:
   5.1. Identify personal strengths and deficiencies in one’s knowledge, skills, and attitudes to integrate feedback and set personal improvement goals
   5.2. Use and manage technology to access medical information resources to expand personal knowledge and make effective decisions
   5.3. Apply principles and practices of evidence-based medicine (EBM) in making decisions about prevention, diagnosis, and treatment of disease

6. Systems-based practice
   Each student graduating from BCM will:
   6.1. Analyze the roles insurance plans and health care providers play in the health care system and how they affect providers’ and patients’ behavior
   6.2. Provide appropriate referral of patients, including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes
   6.3. Examine the role of quality improvement and clinical pathways in optimizing health systems
   6.4. Demonstrate the rationale for reporting and addressing events that could affect patient safety
7. Leadership
   Building upon the foundation of competence in the other six domains, each student graduating from BCM will be able to:
   7.1. Demonstrate the ability to work effectively as a member of an interprofessional health care team
   7.2. Demonstrate the ability to give and receive behaviorally-specific feedback
   7.3. Utilize skills that enhance the learning environment and team functioning
V. Relationship of Sub-Internship Objectives to College of Medicine Graduation Competencies and Educational Program Objectives:

<table>
<thead>
<tr>
<th>Medical Program Objective(s)</th>
<th>Related Sub-Internship Responsibilities/Learning Activities</th>
<th>Mode of Teaching</th>
<th>Mode of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionalism 1.3, 1.4, 1.5</td>
<td>Demonstrate a commitment to accountability, excellence in practice, adherence to ethical principles, humanism, altruism, and sensitivity to diversity</td>
<td>Sub-I Overview Document; Sub-I Orientation; Clinical Experiences</td>
<td>Passport; Professionalism Rubric</td>
</tr>
<tr>
<td>Medical Knowledge 2.1, 2.3 Patient Care 3.7</td>
<td>Demonstrate sufficient knowledge to provide patient care with appropriate supervision</td>
<td>Clinical Experiences</td>
<td>Passport; Student Performance Assessment Form</td>
</tr>
<tr>
<td>Patient Care 3.2, 3.3</td>
<td>Modify the differential diagnosis, problem list, and management plan to reflect updated clinical data.</td>
<td>Clinical Experiences</td>
<td>Passport; Student Performance Assessment Form</td>
</tr>
<tr>
<td>Patient Care 3.8, 3.10</td>
<td>Recognize signs/symptoms of clinical deterioration, outline methods of initial treatment, and make appropriate decisions about disposition.</td>
<td>Clinical Experiences</td>
<td>Passport; Student Performance Assessment Form</td>
</tr>
<tr>
<td>Patient Care 3.9, 3.10</td>
<td>Organize and prioritize responsibilities to provide patient care that is safe, effective and appropriate.</td>
<td>Clinical Experiences</td>
<td>Passport; Student Performance Assessment Form</td>
</tr>
<tr>
<td>Interpersonal and Communication Skills 4.1, 4.3 Leadership 7.1</td>
<td>Demonstrate interpersonal communication skills that result in effective information exchange and collaboration with patients, their families, and all members of the health care team.</td>
<td>Clinical Experiences</td>
<td>Passport; Student Performance Assessment Form</td>
</tr>
<tr>
<td>Interpersonal and Communication Skills 4.2, 4.4</td>
<td>Demonstrate written communication skills that result in effective information exchange</td>
<td>Clinical Experiences</td>
<td>Passport; Student Performance Assessment Form</td>
</tr>
<tr>
<td>Practice-Based Learning and Improvement 5.2, 5.3 Leadership 7.3</td>
<td>Use evidence based medicine and self-directed learning in the care of patients and education of others.</td>
<td>Clinical Experiences</td>
<td>Passport; Student Performance Assessment Form</td>
</tr>
<tr>
<td>Systems-Based Practice 6.2, 6.3, 6.4</td>
<td>Provide high-quality health care and advocate for patients within the context of the health care system.</td>
<td>Clinical Experiences</td>
<td>Passport; Student Performance Assessment Form</td>
</tr>
<tr>
<td>Professionalism 1.6 Practice-Based Learning and Improvement 5.1 Leadership 7.2</td>
<td>Demonstrate the ability to seek, accept and integrate feedback; self-aware of performance with respect to self-improvement.</td>
<td>Clinical Experiences; Midterm feedback</td>
<td>Passport; Professionalism Rubric</td>
</tr>
</tbody>
</table>
VI. You Said, We Did:

We value your feedback and the following changes have been made in response to student concerns and suggestions. Sub-Internship course changes for 2016-2017:

<table>
<thead>
<tr>
<th>Evaluation Year</th>
<th>YOU SAID:</th>
<th>WE DID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>My team at times had 2 interns, 4 core clerkship students, a DeBakey undergraduate program student and myself. As you can imagine, this significantly limited the available OR time for all of us. Because the OR is where a significant amount of learning with attendings occurs, I felt this took away some from all of our experiences.</td>
<td>By finding additional sites for clerkship and DeBakey students, we limited the number of clerkship students on services where sub-internship also rotated in order to avoid diluting the OR experience.</td>
</tr>
<tr>
<td>2015</td>
<td>It would be nice to have full access to EPIC as residents do at St. Luke’s. EPIC EMR restrictions at St. Luke’s really put a damper on this rotation. Not being able to write daily notes on patients really detracted from the sub-internship experience. My goals for this rotation were to not only observe surgeries, but to more importantly develop skills necessary for internship, including writing notes and orders, which were not allowed by the EMR.</td>
<td>Dr. Christner has assisted the various departments in obtaining full EPIC access for medical students. As of Aug. 1, 2016 students will have a more in depth template to what they are able to view regarding their patients.</td>
</tr>
<tr>
<td>2015</td>
<td>Taking call at St. Luke’s does not add to the learning experience because not enough autonomy is given to students in a private hospital for it to be a worthwhile experience, especially when taking call takes away from the intense surgeries you see during the day.</td>
<td>St Luke’s call has now switched to a night shift rotation and the residents have been better informed about student roles and responsibilities on call, as well as sub-internship learning objectives. This has improved this experience, based on more recent feedback from students. Additionally, students are encouraged to takes some of their night shifts during weekends in order to avoid missing out on surgeries during weekdays.</td>
</tr>
<tr>
<td>2016</td>
<td>Clinical Experience: Less than positive experiences or suggested areas for improvement include (1) limited roles with patient care involvement across all the sites such as creating plans, placing orders, and performing</td>
<td>For students at BSLMC, the above action item took place and resolved. For students at VAMC and BSLMC, the students will take two night shifts at this site and will also take two 24hr shifts at BTH to promote diverse experiences.</td>
</tr>
</tbody>
</table>
procedures which were attributed to lack of access to EMR, private vs public site, or lack of communication or clarity regarding objectives (including autonomy) for the Sub-Is; and (2) perceived less than beneficial night calls (SLEH & VAMC).

2016 I would consider looking into having the VA student who are interested in surgery take call or a trauma shift over at Ben Taub instead.”

We will also encourage students to take a trauma shift call at BTH to promote their experience in trauma surgery

2016 “. . . . The overnight call at SLEH is far less busy than at Ben Taub, and I am wondering if the Sub-Is at SLEH and VAMC would be able to take Ben Taub call rather than SLEH call as an option to learn more from the overnight experiences. Other than that, I have no criticisms…”

For students at VAMC and BSLMC, the students will take two night shifts at this site and will also take two night shift at BTH to promote diverse experiences.

2016 “I believe students at St. Lukes will soon have EPIC access, this will be a HUGE improvement and really facilitate the development of this Sub-I into an even more useful rotation.”

This has been resolved through the work and efforts of our Administrative Education team and EPIC is granted prior to the start of each rotation assignment once HIPAA certification is received by the student.

2016 I think it would helpful for the Sub I to have some dedicated learning time by either attending core student small groups or intern small groups.”

Each site has chief led resident/attending supervised faculty rounds and attended by student in SubI and junior residents.
The surgical Sub-I at St. Luke's is a very good rotation to learn how to manage human resources (i.e. how to optimize productivity by recruiting help from MS2's and learning how to teach them to function at an optimal level). However, though it is very strong in the leadership and team management areas, I feel that procedures are limited, mostly due to the fact that the rotation does occur in a private hospital. I feel that this and the lack-luster night call can be strengthened should future sub-I's work in a system of taking call at a busier center (i.e. Ben Taub) as an alternative."

Sub I students on Wednesdays will be a part of the SIM lab and work with our SIM team.

VII. Student Roles, Responsibilities and Activities:

- Sub-I students are required to attend the **Sub-internship Academic Half-Day** on the first day of the rotation
- Become familiar with this document, course objectives, schedule, course blackboard site, etc.
- Reply promptly to all communications from course coordinators and directors.
- Notify the course leadership promptly of any late arrival or unplanned absence. This includes notifying the sub-internship coordinator and director in addition to your team attending and supervising resident.
- **Dress Code**
  - As members of Baylor College of Medicine, you are all expected to uphold a professional appearance and behavior
  - Keep your BCM ID/student badge in clear view at all times
  - Professional attire is required for clinical duties; scrubs are permitted during overnight call/post-call morning.
• Complete the activities required for the direct observation passport as instructed
• Identify learning objectives at the beginning and middle of the rotation using the Goals and Objectives form as directed in the introductory email.
• Participate in midpoint feedback (MPF).
• Complete timely evaluations of the faculty, fellows, residents, and the course via E*value. Who Did You Work With (WDYWW) request is launched to you during the final week of the course.
• The passport must be complete and turned in to the Sub-I Coordinator by the last day of the course. Students who are out of compliance will receive a grade of INCOMPLETE in the course. If the student completes the assignment within five business days of the end of the course, a grade will be assigned accordingly. Students will receive a grade of DEFERRED and are subject to failure if assignments are more than 5 business days past due.

Advanced Sub-I Competency Objectives: Roles/Responsibilities

Work: As the sub-intern, you are expected to be the primary caregiver for your patients. You should be performing the H&P, ordering the diagnostic studies and initiating treatments under the guidance of your residents. We expect you to be available to your patients on the day of their admission until their surgical/medical condition has stabilized. You are expected to take night call once a week. You are expected to sign out your patients to the night team. You are mandated to the ACGME resident work hours.

Night call: You are expected to take 4 night shifts (BSLMC & VA) or 4-24 hour call (BT) shifts during your 4 weeks. If you are at VAMC or BSLMC and wish to take trauma call, that may be arranged by emailing me and we will set up a night. A call room key (BT) should be picked up from the Security Office on the first floor at 20:00 on the night of your call. It is a hotel system, meaning the room to which you are assigned will depend on availability. The officer will give you a map to your call room.

• Student will be assigned 4-5 patients/week that they will primarily manage. The student will present these patients on team rounds, write daily notes, and anticipate what orders the patient will need
• Student will be assigned to the intern on call and respond to floor pages and emergencies (at least 4-5 per call)
• Student should practice writing admission orders when on call for 1-2 patients per call (Can be pended in epic)
• Student should write at least 1 draft discharge summary per week
• Student should assist with cases in the operating room
• Student should assist in educating the core surgery students
• Students will attend the weekly core student simulation labs and assist in teaching

VII. Schedules:

Veterans Affairs Medical Center

• Clinic attendance (required):
  o For general surgery, clinic is two days per week.
  o For surgical oncology, clinic is one and a half days per week.
• Required conferences:
  o Sign-out report Monday and Friday mornings at 7am
  o Morbidity and Mortality on the first and third Wednesday of the month at 4pm
  o Pre-operative conference on the second and fourth Wednesday of the month at 2pm
  o Multidisciplinary Benign Gastrointestinal conference on Fridays at noon (general surgery students)
  o Multidisciplinary tumor board on Wednesdays (surgical oncology students)
• Operating room: attendance required when not in clinic or at a required conference.
• Call: Night shift is required once/week. A call room is available. Students leave at 6am following call.

Baylor St. Luke’s Medical Center

• Clinic attendance (required): once/week with assigned primary attending.
• Required conferences:
  o Pancreas tumor board on Mondays at 7am
  o Neuroendocrine conference once a month on a Tuesday at 7 am
  o Morbidity and Mortality on Thursday at 7am
  o Morning Report
  o Sim lab-assist core students in suture workshops Operating room: attendance required when not in clinic or at a required conference.
• Call: Night shift (6p-6a) is required once/week. Students do not return to work for 24 hours following shift.

Ben Taub Hospital

• Clinic attendance (required): once/week.
• Required conferences:
  o Morbidity and Mortality Conference on Friday at 7am
- Trauma Peer Review Conference—Thursday immediately following morning report
- Morning report. Daily at 6:30 or 7:00 am
- Sim lab—assist core students in suture workshops
- Grand Rounds Wednesday at 7am
- Chief led teaching weekly rounds (faculty supervised). Tuesday afternoons at 2pm
- Operating room: attendance required when not in clinic or at a required conference and ward duties are complete
- Call: Call (24 hrs) is required once/week (Total of 4). Students do not return to work for 24 hours following shift. Call rooms are obtained by students through security using the Ben Taub “hotel” system

**Sub-internship Academic Half-Day Schedule:**

**First Day of the Rotation: BCM M321**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:15 – 8:30</td>
<td>Student instructed to arrive between 8:15-8:30</td>
</tr>
<tr>
<td></td>
<td>Take attendance – Sign in sheet</td>
</tr>
<tr>
<td></td>
<td>Discuss overarching goals of the day</td>
</tr>
<tr>
<td>8:30 – 10:00</td>
<td>I-PASS Patient Handoffs Workshop &amp; Evaluation</td>
</tr>
<tr>
<td>10:00 - 10:10</td>
<td>break</td>
</tr>
<tr>
<td>10:10 - 11:00</td>
<td>How to Call a Consult Workshop &amp; Evaluation</td>
</tr>
<tr>
<td>11:00 - 11:10</td>
<td>break</td>
</tr>
<tr>
<td>11:10 - 12:30</td>
<td>Discharging Patients Workshop &amp; Evaluation</td>
</tr>
</tbody>
</table>
** E-value evaluations will be completed in real time at the end of each of these three workshops **

** You must arrive prepared with a tablet or laptop to participate in this session

IX. Grades:

<table>
<thead>
<tr>
<th>Requirements</th>
<th>% of Final Grade</th>
<th>Minimum Score to Pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Evaluations</td>
<td>90%</td>
<td>Out of an average score of 9; student must obtain a 6</td>
</tr>
<tr>
<td>Professionalism:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Evaluations</td>
<td>1. 5%</td>
<td>Out of an average score of 3; student must obtain a 2</td>
</tr>
<tr>
<td>2. Attendance &amp; Timely completion of tasks/documents</td>
<td>1. 5%</td>
<td>Out of an average score of 2; student must obtain a 1</td>
</tr>
</tbody>
</table>

- All evaluations are launched by the Clerkship Coordinator via the E*Value using the “Who did you work with” (WDYWW) function.

- Students should assign at least one faculty member and at least one senior resident to complete a student evaluation at the end of the rotation. Evaluations are reciprocal, and students are required to complete evaluations of faculty and residents (anonymous).

- You may choose as many attendings and residents that you worked with but you are required to have 1 attending evaluation in order to receive a grade.

- Students will be required to complete the Course Evaluation and Faculty/Resident Evaluations. *Please note the final grade will not be released until this task is completed.

- Your grade is based on evaluations by your attendings and residents. 10% of your score is based on Professionalism. The Professionalism rubric includes relevant items from the course evaluation, compliance with the attendance policy and timely completion of all required documentation.

- Serious breaches of professionalism alone are ground for failure of the course and will be reported to the PACE committee.
Qualities of students performing at the HONORS level:
- Takes ownership of their patients
- Acts as an advocate for their patients
- Brings literature and outside resources to help and support their plan of care
- Develops an organizational system to complete tasks in a timely fashion
- Communicates with consultants, nurses, and ancillary providers
- Takes initiative to teach core medical students and the team
- Familiar with patients other than those assigned and willing to assist
- Incorporates psychosocial concerns into patient’s management
- Patient looks to student as primary care provider as it is the student that is explaining things to them and answering the patients questions. (Defer to resident when appropriate)
- Able to describe the critical steps of an assigned procedure/operation as well as potential complications of procedures they are assisting with.

Clerkships and Sub-internships: How a Failure May Be Earned for the Course:

1. Clinical performance alone, regardless of test scores, that is 2 SD below the mean will be reviewed and may result in failure.
2. Lapses or issues with professionalism alone independent of clinical performance.
3. Failing 2 or more graded components on the clerkship (ie: the NBME and SP exam)
4. Failing only the SP or NBME Exam:
   a. 1st Failure: Failing the SP exam or the NBME will result in a deferred grade to be submitted and the student is required to retake and successfully pass the exam. The highest grade that can be received for the course will be a Pass.
   b. 2nd Failure: A second fail of the SP exam or the NBME will require the student to repeat the course in its entirety. An F will appear on the transcript and the highest grade that can be received upon repeat of the course is a Pass.
   c. 3rd Failure: On repeat of the course, students who fail any SP or NBME examination on the overall third attempt will fail the course for a second time and be referred to the Student Promotions Committee for adjudication.
5. Overall performance on the clerkship that is 2 SD below the mean will be reviewed and may result in failure.

X. Evaluation Forms:
**Evaluation forms may be found in the Surgery Sub-Internship Overview Document Appendix.

- Student Midpoint Feedback & Observed H&P Evaluation Forms Appendix Pg. 3-4
- Student Performance Evaluation Form (E*Value) Appendix Pg. 5-11
XI. Recommended Texts/Videos/Resources:

- American College of Surgeons; Successfully Navigating the First Year of Surgical Residency: Essentials for Medical Students and PGY-1 Residents
- American College of Surgeons: "So You Want to be a Surgeon: An Online Guide to Selecting and Matching With the Best Surgery Residency"
- Current Surgical Diagnosis and Treatment
  - Doherty/Way
- Essentials of General Surgery
  - Peter Lawrence
- NMS Surgery Casebook
  - Bruce Jarrell
- Surgical Recall
  - Lorne Blackbourne
- Sabiston Textbook of Surgery
- Pestana Review Notes
- **Access Surgery** – list of recommended modules attached
  - via TMC library

XII. Policies:

- **Reporting Breaches in Professional Behavior**
  - Students should report all breaches in professional behavior or mistreatment to the Integrity Hotline at (855) 764-7294 or go to the Integrity Hotline Web Portal: [https://secure.ethicspoint.com/domain/media/en/gui/35125/index.html](https://secure.ethicspoint.com/domain/media/en/gui/35125/index.html)

  - For more information see the student handbook available at: [https://www.bcm.edu/education/academic-faculty-affairs/student-services/student-grievances](https://www.bcm.edu/education/academic-faculty-affairs/student-services/student-grievances)

- **Student Grievances/Mistreatment**
  - The leadership, faculty and staff of Baylor College of Medicine are all here to support and help you on your journey to becoming a leader in your chosen profession. In the event you have a grievance, we have created several pathways for you to receive help. Baylor community members are prohibited from retaliation.

  - We encourage that student grievances be resolved, if possible, by the student and the individual (student, faculty, and/or staff) most closely related to the grievance.
• If no resolution is established, the student may ask her/his supervisor, program director, or dean for assistance.

• If the grievance cannot be informally resolved by the supervisor, program director, or dean, the student must be directed to the Integrity Hotline and recommended to file a written grievance. Please refer to the Student Grievances Policy.

• **Filing a Written Grievance**
  
  • At any point, a student may choose to file a grievance utilizing the Integrity Hotline (phone number or web portal). To file a grievance by phone, call toll free at (855) 764-7292. An operator will document all the information regarding your grievance. If you are not filing anonymously, the operator will also document your personal information. Once all the information is obtained, the operator will file on your behalf.

  • To file a grievance online, go to the Integrity Hotline Web Portal. Select the category that best matches your concern or grievance.

  • You may choose to identify yourself or to file anonymously. If you choose to file anonymously your confidentiality will be protected to the limit of the law and within the scope of certain program accreditation requirements.

  • Once the grievance has been filed (via phone or online), you will be asked to create a password. You will be assigned a tracking number, called a Report Key. You may use your Report Key and your password to log back into the Integrity Hotline Web Portal to check status, answer follow up questions (if any) or submit new information.

  • Written grievances are handled in accordance with the College’s policy on student grievances. Written grievances filed through the Integrity Hotline shall follow prescribed grievance resolution procedures for written grievances based upon grievance type (grade appeal, adverse academic action appeal, and other academic or student services/conduct grievance, non-academic professionalism mistreatment).

  • Grade appeals and Adverse Academic Action Appeals must be submitted within ten business days of the grade/action posted.

  • The Office of Compliance will work closely the Office of the Provost to triage student grievances.

• **Mistreatment Policy**
Mistreatment either intentional or unintentional, occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process.

Examples of mistreatment include sexual harassment, discrimination, humiliation, and other forms of assessment in a punitive manner.

Students should report all mistreatment to the Integrity Hotline at (855) 764-7294 or go to the Integrity Hotline Web Portal: https://secure.ethicspoint.com/domain/media/en/gui/35125/index.html

For more information see the student handbook available at: https://www.bcm.edu/education/academic-faculty-affairs/student-services/student-grievances

Grade Verification

Due process involves providing students with a clear description of course expectations, including grading requirements, as well as behavioral and professionalism guidelines.

Students may have questions about their final grade or the grading process. If students want to verify their final grade, they are first encouraged to meet with the course/clerkship directors informally to discuss those questions.

After grade verification and discussion, the student may choose to proceed with a formal grade appeal if they believe they have received a grade unjustly.

Grievances are not the same as disagreements. A student cannot file a grievance merely because s/he disagrees with the grade. A student can file a grievance if they believe the grade was unfair, for example, if it is felt to be an act of discrimination.

Patient Safety

Patient safety is everyone's responsibility. Concerns should be reported to the appropriate affiliated institution for both quality improvement and assurance.

Click on the link below for information on how and where to report at BCM affiliated institutions: Guide_to_Reporting_Patient_Safety_Incidents_7_14_2015.pdf

Course Failure

If a student fails the Sub-Internship rotation, they will be required to repeat the course at a later date.

The student may file an appeal or grievance in accordance with the policies listed above.
- The student can only receive the maximum of a pass grade for the repeated rotation.

**FAQ: Where do I report the first day?**

- Students should contact their respective Site Director to see when/where morning report is located.
  - Ben Taub at 0700. 5th Floor of the Ben Taub Tower
- 8:30 students report to BCM for the Sub-I Academic Half Day (mandatory for all sites)

**RESOURCES for Surgery Sub internship**

Books are found on Access Surgery-through TMC library website.

1. **Resident Readiness: General Surgery.** Author(s): Brian C. George, MD, Alden H. Harken, MD, Debra A. DaRosa, MD

   *You should try to read and familiarize yourself with this information PRIOR to your sub internship. The starred and bolded topics are particularly helpful.

   **Chapter 1 : Welcome:**


   *Chapter 2 : General Advice:


   *Chapter 3: How to Write a Note - Fast!


   **Case 1: Work-Life Balance:**


2. **Chapter 4: Admissions:**
Case 29: Acute Postoperative Heart Failure

*Case 30: Hypotension in the Immediate Postoperative Period

*Case 31: Postoperative Hypertension

Case 32: Reading and Using a KUB

*Case 33: Postoperative Nausea and Vomiting

Case 34: Constipation

*Case 35: Postoperative Oliguria

*Case 36: Postoperative Urinary Retention

*Case 37: IV Fluids

*Case 38: Electrolyte Abnormalities

*Case 39: Postoperative Fever

Case 40: Necrotizing Soft Tissue Infection

Case 41: Perioperative Corticosteroids

*Case 42: Perioperative Insulin

*Case 43: Perioperative Anticoagulation and Antiplatelet Drugs

*Case 44: DVT Prophylaxis

*Case 45: Drains

*Case 46: Errors

*Case 47: Chest Tube Removal/Over Your Head

*Case 48: Morality in the Surgical Intern. Ethics

Case 49: Difficult Patients

Chapter 5: Ambulatory Care and the Surgery Intern

http://accesssurgery.mhmedical.com.ezproxyhost.library.tmc.edu/cases.aspx?rowid=71171465&browse
type=toytopic&tabid=3#tab=3

*Case 50: Ordering and Interpreting a CT Scan of the Abdomen: The Basics

* Case 51: Postoperative Wound Complications

Case 52: Local Anesthetics

Case 53: Congenital Coagulopathy
2. Current Procedures: Surgery

Rebecca M. Minter, Gerard M. Doherty

Chapter 42: Wound Closure Techniques
http://accesssurgery.mhmedical.com.ezproxyhost.library.tmc.edu/content.aspx?bookid=429&sectionid=40112056

Chapter 43: Central Venous Access

Chapter 44: Tube Thoracostomy

Chapter 45: Tracheostomy and Emergency Criticothyroidotomy

3. Essential Articles in General Surgery