

SURGERY HANDBOOK

University of Missouri - Columbia

19th edition – June 2009

SURGICAL EDUCATION

A SURGERY CLERKSHIP

A required surgical rotation of 8 weeks is offered to students throughout the junior year. Emphasis is placed upon the principles of diagnosis and treatment of common surgical disorders. Half of the block, students rotate on a general surgery service. The other half of the block, students are assigned to 2 weeks of a selected specialty and 2 weeks of a variety of specialties. Each student will complete the Clerkship Lottery form and assignments will be made accordingly. Students will participate in the preoperative examination and evaluation, assist in surgical procedures, follow the postoperative management, and attend clinics. Student call is supervised by surgical residents. Faculty discussion sessions will be held Monday through Friday. Three hours of protected study time will be granted during subspecialty weeks. The required textbooks are Essentials of General Surgery, 4th edition and Essentials of Surgical Specialties, 4th edition, both by Lawrence, et al. An optional companion textbook is Surgery: A Competency-based Companion by Barry Mann.

B REQUIRED CLINICAL EXTERNSHIPS

A selection of required 4 week surgical externships is offered to students who have completed the 3rd year Surgery Clerkship. The externships provide graded responsibility to prepare the student for residency.

C CLINICAL ELECTIVES

Each of the surgical divisions offers clinical and investigational electives that offer the student an in-depth experience with close supervision.

D BASIC SCIENCE ELECTIVES

Basic science electives continue to be developed for students in their fourth year of medical school.

E POSTGRADUATE INSTRUCTION

Formal training programs are established in the following divisions of surgery: General Surgery, 5 years; Urology, 6 years; Neurosurgery, 6 years; Plastic Surgery, 6 years; and Vascular Surgery, 7 years. In addition, the training programs in the Department of Orthopaedic Surgery is 5 years and in the Department of Otolaryngology/Head and Neck is 5 years.

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CLERKSHIP OBJECTIVES

After completing the third year surgery clerkship, the medical student will develop an understanding of the care of surgical patients. This understanding will include the following goals:

Professionalism and Attitudes

- Active participation as a member within a surgical team; participation will include maintaining professional relationships among team members while delivering patient centered care.

Knowledge-Base

- As a member of the surgical team, the student will perform a pre-operative assessment and preparation of the surgical patient in both elective and emergent circumstances.
- As a member of the surgical team, the student will describe the physiology of operative interventions, including anesthetic effects, post-operative recovery, influence of complications, and convalescence.
- The student will be exposed to multiple aspects of the profession of surgery, including the surgical specialties and anesthesiology.
- The student will demonstrate general medical knowledge necessary to understand the pathophysiology, presentation, and management of the common surgical diseases.

Clinical Skills

- The student will be instructed in the performance of basic surgical skills, including sterile technique, wound care, and resuscitation.

To meet these goals of the surgery clerkship, the following objectives will be assessed for each student:

Professionalism and Attitudes

- The participation of each student on a general surgery team for four weeks; assessment of performance will be based upon the student's ability in data collection (history, examination, objective data), participation in daily work rounds, presentation of patient information and cases, professionalism, and collaborative efforts with team members.

Health Maintenance and Preventive Care

- The student will be assigned 2 surgical cases (two during unassigned specialty weeks) during the clerkship; the student will evaluate the patient (history and examination), participate in the operating room, engage in post-operative care of the patient, and provide a detailed written discussion of the patient (to include history, physical examination, treatment options and rationales, and pathophysiology).
- Students observe the discussion of cancer screenings with patients.

CLERKSHIP OBJECTIVES (cont.)

Clinical Skills

- The student will be instructed in basic surgical skills and techniques via laboratories (suture lab, IV lab, casting exposure) and direct patient care; under appropriate supervision, students will participate in sterile technique, wound care, and the insertion of IVs, NG tubes, and catheters.
- The student will be instructed in Laparoscopic procedures and principles.
- The student will participate in the accurate and complete documentation of patient care to include the preparation of operative notes, post operative orders, and progress notes.

Knowledge-Base

- Students will be exposed to the breadth of the surgical specialties (including general surgery, minimally invasive surgery, surgical oncology, vascular and cardiothoracic surgery, otolaryngology, plastic surgery, orthopedic surgery, burn and trauma surgery, pediatric surgery, neurological surgery, and urologic surgery) through patient cases, clinic assignments, lectures, readings, case presentations and two week team rotation with a surgical subspecialty.
- The patient encounter experience will provide exposure to the common surgical malignancies, patients with acute abdominal pain of surgical etiology or treatment, surgical vascular diseases, and surgical trauma or critical care. Students will maintain a log of patient encounters.
- The student will be assigned 2 surgical cases (one assigned case the 2 weeks student not on assigned specialty weeks) during the clerkship; the student will evaluate the patient (history and examination), participate in the operating room, engage in post-operative care of the patient, and provide a detailed written discussion of the patient (to include history, physical examination, treatment options and rationales, and pathophysiology).
- Assimilation of the knowledge of the care of the surgical patient and the surgical diseases will be assessed by the NMBE Shelf examination at the end of the rotation.

ORIENTATION

The Department of Surgery welcomes you to this portion of your educational experience. The block is structured to give you as broad an exposure to surgery as possible in the time allowed and to provide a balanced view of the surgical lifestyle. You should gain appreciation for the pathophysiologic processes involved in surgical disease and master the basic surgical skills needed to progress to the senior year.

This handbook describes activities, resources and goals for the course. Textbook knowledge should be supplemented with information in current journals, which can be accessed via a Medline search.

A professional approach is expected of all members of the surgical team. Attire and conduct should conform to departmental standards and lend dignity to the health care process. A shirt and tie for gentlemen and appropriate dress for ladies is worn with a white coat. A University name tag is worn at **all** times. Operative scrub clothes are worn only when required. Interactions with nursing and ancillary staff should reflect an attitude of mutual respect in the cooperative effort of providing optimum patient care.

Attending and resident surgeons are committed to teaching. Medical student initiative is a major determinate of what is ultimately gained from the rotation. We anticipate that students will be compulsive in their desire to seek additional information about their patients.

The **Clinical Course Director** is **Mark Wakefield, M.D., Division of Urology, Department of Surgery** and the **Clinical Assistant Course Director** is **Nicole Fearing, M.D., Division of General Surgery, Department of Surgery**. The **Clinical Coordinator, Jennifer Doty, R.N.**, beeper # **499-7686**, phone **2-8081**, and the **Medical Student Program Assistant, Lorraine Lanman**, phone **2-9811**, are in room **NW402**. Please address any questions to them. **Any schedule changes or absences must be cleared in advance with the Program Assistant or Clinical Coordinator.** The surgery student bulletin board is located outside room NW402, and schedule changes are posted there as well as e-mailed to each student weekly. In addition, students will be sent a text message with last minute changes to the lecture schedule as they occur.

Academic honesty is fundamental to the activities and principles of a university. All members of the academic community must be confident that each person's work is responsibly and honorably acquired, developed and presented. Any effort to gain an advantage not given to all students is dishonest, whether or not the effort is successful. The academic community regards academic dishonesty as an extremely serious matter, with serious consequences, ranging from probation to expulsion. When in doubt about plagiarism, paraphrasing, quoting, or collaboration, consult the instructor.

The Department of Surgery adheres to all policies found in the University of Missouri Health Care Medical Student handbook, <http://som.missouri.edu/>.

If you need accommodations because of a disability, if you have emergency medical information to share with me, or if you need special arrangements in case the building must be evacuated, please inform me immediately. Please see me privately after class, or at my office.

Office location: NW402 Office Hours: 8:00 – 5:00

To request academic accommodations (for example, a note taker or extended time on exams), students must also register with the Office of Disability Services (<http://disabilityservices.missouri.edu>), S5 Memorial Union, 882-4696. It is the campus office responsible for reviewing documentation provided by students requesting academic accommodations, and for accommodations planning in cooperation with students and instructors, as needed and consistent with course requirements. For other MU resources for students with disabilities, click on "Disability Resources" on the MU homepage.

The University community welcomes intellectual diversity and respects student rights. Students who have questions concerning quality of instruction in this class may address concerns to either the Departmental Chair or Divisional leader or Director of the Office of Student Rights and Responsibilities (<http://osrr.missouri.edu/>). All students will have the opportunity to submit an anonymous evaluation of the instructor(s) at the end of the course.

If you have any questions about academic integrity or intellectual pluralism, please feel free to contact Associate Vice Provost Michael Prewitt (882-1422) who oversees the Office of Student Rights and Responsibilities (<http://osrr.missouri.edu/>). For questions about ADA classroom accommodations, please contact the Office of Disability Services at 882-4696.

All students are expected to meet a high level of professional standards. The Department of Surgery expects students to be present and actively engaged in all activities of the clerkship. It is also anticipated that there may be times when there are specific reasons that an absence is necessary, such as illness, death in the family, religious holiday, and attendance to a professional meeting. All absences must be cleared with the Department first. A Request for Absence form must be completed and turned in to the Clerkship Coordinator, Jennifer Doty, R.N. for approval. Students on clerkship are allowed a maximum 5 days off over the course of the rotation. The expectation is that students will not have any absences, except in unusual and specific situations and may be required to make up some or all time missed. Refer to the OME Student Handbook for full policy, <http://somis.umh.edu/src/absencepolicy.shtml>.

PATIENT INTERACTIONS

Each student will rotate with the University (Black, Gold/Bariatric, or Acute Care teams), VA, or Surgical Oncology for half of the block, providing an exposure to continuity of patient care. The student will round with the team, write workups and progress notes, scrub on OR cases, and attend clinics. Ward performance will be evaluated by the surgical attendings and residents.

During the subspecialty half of the rotation, two cases will be assigned by the Clinical Program Coordinator to provide a wide range of surgical problems for every student. The student participates in the patient's anesthetic induction, operation, postoperative note and order writing, and follows each patient throughout the hospital stay.

The workup includes all components taught in the M1 and M2 years, and is complete, concise and typewritten. Maximum length of the 2 assigned workups is 4 pages (single-sided), with 1 page (side) dedicated to pathophysiology. When a new patient is assigned, the workup is completed promptly and delivered or e-mailed to the office of the Clinical Program Coordinator within 2 working days. **Good medical practice requires that under all circumstances, when a student is examining a patient of the opposite sex, a third person must be in attendance.**

PATIENT WORK-UP

A. Skills/History/Physical Examination

1. Chief Complaint: What brought the patient to medical attention. History of Present illness: onset, quality, severity and duration of symptoms, exacerbating/mitigating factors, prior treatment and results
2. Past history/Family/Social History: alcohol, smoking, occupational exposures, familial diseases
3. Medications/Allergies
4. Complete exam: include vital signs, breast, nodes, pulses; rectal exam with stool guaiac only on general surgery, urology and vascular patients >40 years of age; exclude pelvic exam
5. Special emphasis on region of pathology
6. Risk Factors: pertinent to presenting illness

B. Problem Solving

1. Rationale for appropriate diagnostic studies
2. Available treatment modalities: 2-3 options
3. Rationale for therapy selected for this patient, expected outcome
4. Possible complications of therapy

C. Knowledge

1. Differential diagnosis: 3-4 diagnoses, most likely diagnosis first
2. Other problems that would impact planned treatment

D. Pathophysiology

1. Brief description of primary surgical disease process, including epidemiology & prognosis

CRITERIA FOR OR/H&P EVALUATION

- A. Knowledge (Factual Information)
 - 1. Surgical anatomy of the procedure
 - 2. Normal physiology
 - 3. Natural history
 - 4. Pathophysiology
 - 5. Epidemiology

- B. Problem Solving (Reasoning, Understanding)
 - 1. Rationale for the planned procedure
 - 2. Potential risk and complications
 - 3. Prognosis and expectations for recovery
 - 4. How was diagnosis established?

- C. Skills
 - 1. Sterile technique
 - 2. Assisting
 - 3. Writing postoperative orders

- D. Professionalism - Attitude, Initiative
 - 1. Was student on time?
 - 2. Was student interested?
 - 3. Did student ask appropriate questions?

OPERATING ROOM

The operating room is a unique learning situation. Appreciation of multiple anesthetic techniques can be acquired by accompanying each of your patients in the holding area and during induction. During the procedure, observation and palpation of the gross pathology can be related to the patient's history and physical findings. Understanding of regional anatomy, indications for surgery and operative techniques is expected. Attending and resident surgeons will be present and interested in teaching. Take advantage of this opportunity through appropriate questions and observations. **Introduce yourself to the attending or chief resident at the beginning of the case. Please place a strip with your name/year on the OR schedule board.**

Operations are performed at University Hospital, Veterans Administration Hospital and Columbia Regional Hospital. Sterile technique and operating room procedures are presented during orientation to reemphasize information introduced during Block 7. Breaks in sterile technique can result in increased patient mortality and morbidity and must be avoided. Scrub suits are not to be worn outside of the operating room suites without a covering lab coat; they should never be removed from the hospital.

VA OPERATING ROOM ORIENTATION

1. Scrub suits worn out of OR Suite must be changed before re-entering the OR Suite. Civilian attire may not be worn into the right corridor off the main hall - only to the left, which leads to the locker area.
2. Cap, mask and shoe covers must be worn in the OR Suite at all times. Beards must be covered by hoods. Caps, masks and shoe covers are not to be worn out of the OR Suite.
3. Surgery day begins at 0700. First cases are scheduled at 0800.
4. Phone system at the VA is computerized. Ask for assistance if needed.
 - a. MU extensions (from VA): Dial 7 + 5 + number
 - b. VA extensions (from MU): Dial 5 + 7 + number
 - b. MU operator: Dial 70 + 0
 - c. outside line: Dial 9
 - d. VA operator: Dial 0
 - e. OR desk 6570
 - f. Recovery Room: 5-3872; 5-3873; 5-3874; 5-3875
5. Paging system is different from MU:
 - a. To page a VA beeper from MU: Dial 57# + pager number.
 - b. To page MU beeper from VA: Dial 9 (outside line) + pager number.
6. Recovery Room hours are 8:00 - 5:30. All patients, except locals, will go to Recovery Room unless special arrangements have been made to return to a unit. Late or emergency surgery patients will be recovered in the ICU or with special arrangements on a ward.
7. No eating or drinking is allowed in the Operating Rooms or Recovery Room.
8. If assistance is needed in scrubbing, please ask.

STUDENT CALL

Each night one student is on call "in-house" with the University hospital trauma service. Each student reports to the resident on call at 5 pm, and works with the resident until 7 am the next day. Weekend call begins at 7 am and lasts for 24 hours. Call is the student's primary exposure to the Emergency Center and to trauma patients. The Clinical Program Coordinator contacts the resident after the student's call and completes a checklist on the student's attendance and performance.

Call rooms: a) Male call rooms – N312 – 884-2754 – 24

b) Female call rooms – N313 – 884-2744 – 23

PATIENT CARE SKILLS

Each student is required to observe and gain competence in the following patient care skills: sterile technique, intravenous cannulation and blood sampling, arterial blood gas interpretation, nasogastric insertion, urethral catheterization, wound dressing changes, suture and staple removal. **A Skills Lab at the beginning of the block will review IV lines and suturing.** The skills are performed in holding areas, operating rooms, patient wards, intensive care units and emergency center, with supervision. In addition, **A Laparoscopic Lab that reviews laparoscopic procedures** is also held during orientation at the beginning of each block.

In addition, PLOG is an on-line system to be utilized by the student to keep track of patient encounters during the Surgery Clerkship. The URL for PLOG is <https://som.missouri.edu/PLOG>. PLOG is a required activity. Failure to complete the PLOG will result in a failing grade for the clerkship. Entries should be made upon seeing the patient or soon thereafter. This is confidential information. Any written notes or reminders made with the intention to enter at a later date must be shredded once entered. All patients you see for whom you could write a SOAP note must be entered. Patient encounters include patients seen on the wards, in the clinics and in the OR. Once you enter an encounter, it cannot be edited. A patient can only be entered once, unless the patient is seen in a different setting. It is the **student's responsibility** to assure they are meeting the minimum course requirements throughout the block. Please keep track of your progress by using the "My Progress" tab inside PLOG. All requirements must be met by the end of the clerkship. The Nurse Coordinator and the Course Director will closely follow each student's progress and will help assess progress each week and at mid-block. Random audits of entries will be performed. Falsification of entries will be considered an Honor Code violation and may result in course failure and/or other consequences.

FACULTY DISCUSSION SESSIONS/TOPICS

Faculty discussion sessions are held daily in N501 or MC401 (**see topics listed below**). The actual schedule will be handed out the first day of the block. Your active participation is expected. If you are scrubbed, ask the operating surgeon if you should leave. Follow his or her guidance regarding the benefit of staying with the case or attending lecture.

Essentials of General Surgery, 4th edition, Lawrence, et al
Essentials of Surgical Specialties, 4th edition, Lawrence, et al.

General Surgery Team Case Presentations (2)	Gen Surg
Hernias	Gen Surg
Burn Trauma	Gen Surg
Surgical Critical Care	Gen Surg
Fluid & Electrolyte Balance	Gen Surg
Liver and Biliary Tract	Gen Surg
Pediatric Surgery	Gen Surg
Pancreas	Gen Surg
Acute Abdomen (Stomach, Small Intestine & Appendix)	Gen Surg
Laparoscopy & Surgical Endoscopy	Gen Surg
Inflammatory Bowel Disease	Gen Surg
Endocrine Surgery	Gen Surg
Neurosurgery	Neurosurgery
Upper Extremities - Hand	Orthopaedic Surgery
Lower Extremities – Trauma	Orthopaedic Surgery
Children’s Orthopaedics	Orthopaedic Surgery
Sports Injuries	Orthopaedic Surgery
Facial Plastic & Reconstructive Surgery	Otolaryngology
Head & Neck	Otolaryngology
Immunology of Allergy	Otolaryngology
Otology	Otolaryngology
Plastic Surgery	Plastic Surgery
Pediatric Cleft and Craniofacial Surgery	Plastic Surgery
Reconstructive Surgery	Plastic Surgery
Melanomas	Surgical Oncology
Breast	Surgical Oncology
Inflammatory Response to Cell Injury	Surgery Research
Roles of the Immune System in Injury	Surgery Research
Cardiac Surgery	Thoracic Surgery
Update of Off-Pump Coronary Bypass	Thoracic Surgery
Solitary Pulmonary Nodule	Thoracic Surgery
Pre-op Care of the Cardiothoracic Surgery Patient	Thoracic Surgery
Urology	Urology
Transplantation	Urology
Vascular Disease	Vascular Surgery
Vascular Anatomy	Vascular Surgery
Shock, Resuscitation & Blood Replacement	Vascular Surgery
Ventilation	Vascular Surgery

CASE PRESENTATIONS/CHAPTER REVIEW

Students will be assigned to teams of 2-3 students to do a case presentation each week (weeks 2-7) per block. The case presentations will be mentored by a faculty/fellow/resident. This will be a pass/fail activity. Your creativity and an interactive atmosphere are encouraged. The required textbooks, Essentials of General Surgery, 4th edition and Essentials of Surgical Specialties, 4th edition, both by Lawrence, et al. will assist you in preparing for your presentations.

Case presentations should include:

1. Objectives
2. Clinical presentation
3. Pathophysiology
4. Medical/Surgical Management

Topics will include:

1. Open Reduction Internal Fixation Extremity
2. Cancer
3. Cardiovascular
4. Minimally Invasive Surgery-cholecystectomy/hernia
5. Bowel Resection
6. Craniotomy
7. Vascular Access
8. Breast
9. Traumatic Abdomen
10. Head & Neck anatomy
11. Anesthesia-techniques/complications
12. Raised intracranial pressure-principals and management
13. Wound healing/reconstructive surgery
14. Acute burn-resuscitation and management
15. Chapter Review/NBME Review

REFERENCE TEXTS

Anesthesiology	(1) Clinical Anesthesia (2) Basics of Anesthesia, 5 th ed.	Barash Lippincott Stoelting & Miller Churchill Livingstone Elsevier
Cardiothoracic Surgery	Surgery of the Chest	Sabiston and Spencer Saunders
General Surgery	(1) Textbook of Surgery (2) Mastery of Surgery (3) Mastery of Endoscopic Laparoscopic Surgery	Sabiston Saunders Lippincott Soper Lippincott
Neurological Surgery	(1) Handbook of Neurosurgery (2) Neurology and Neurosurgery, Illustrated, 4 th ed.	Greenberg Kenneth Lindsay
Orthopaedic Surgery	(1) Chapman's Orthopaedic Surgery (2) Review of Orthopaedics	Chapman Lippincott Miller Lippincott
Otolaryngology	Primary Care Otolaryngology	American Academy of Otolaryngology Head & Neck Foundation Mark K. Wax, M.D.
Pediatric Surgery	Essentials of Pediatric Surgery	Rowe Mosby
Plastic Surgery	Plastic Surgery Indications, Operations and Outcomes	Achauer, Eriksson, Guyuron, Coleman, Russell, VanderKolk
Trauma	Trauma	Moore, Mattox, Feliciano Appleton & Lange
Urology	(1) Campbell's Urology (2) Smith's General Urology (paperback)	Walsh, et. Al. Saunders Lange McGraw/Hill
Vascular Surgery	Vascular Surgery	Rutherford Saunders

CONFERENCES

During the academic year, Surgical Grand Rounds are held the 3rd Wednesday of each month at 7:00 am in Acuff Auditorium (MA217). Topics and speakers will be posted. Attendance is **mandatory** and a sign-in book will be provided. The Department of Surgery offers many other conferences. Student participation is encouraged, but is not mandatory.

FACULTY/RESIDENT/CLERKSHIP EVALUATION

Each student will be required to complete on-line evaluations of the faculty (OR, clinic, service and lectures) and residents (call and service) that they work with during the 8-week rotation, as well as an overall evaluation of the 8 weeks of the clerkship. This will be done on-line at <https://som.missouri.edu/studentportal/evaluations/>.

In addition, Dr. Jerry Rogers, Interim Chairman of Surgery, will meet with students at the end of the block to provide a forum for student feedback.

PATIENT CENTERED CARE

Our graduates are able to deliver care that improves the health of individuals and communities. Patient-centered care reflects a respect for individual patient values, preferences, and expressed needs. This care is grounded in the best available evidence and conserves limited resources. It depends on shared decision-making and active patient participation. Our graduates' care will be marked by compassion, empathy and patient advocacy.

A short reflection exercise demonstrating patient centered care will be expected of each student on the Surgery Clerkship.

STUDENT EVALUATION

Each student's performance is continuously evaluated during the block. The final grade is determined by ward performance (evaluated by attendings and residents), and patient write-ups (reviewed and graded by patient's attending surgeon), operating room performance (evaluated by attending surgeon), skill performance (supervised by surgeons, anesthesiologists and Clinical Program Coordinator), on-call performance (evaluated by residents), and the NBME Surgery shelf exam which is administered the last Friday of the rotation.

Mid-block evaluations will be completed on each student by the Chief Resident on the service to which the student is assigned. Students will also complete a self evaluation, identifying areas of strengths and weaknesses.

On-line evaluations will be sent by the Clinical Program Coordinator. Each student's performance is continuously evaluated during the block. The final grade is determined by a combination of:

1)	General Surgery ward performance	30.0%
2)	Specialty Week (x2) performance	12.5%
		12.5%
3)	Operating room performance/Patient write-ups	10.0%
4)	On-call performance	10.0%
5)	NBME Surgery Shelf Exam *	<u>25.0%</u>
		100.0%
6)	Completion of Case Presentations	
7)	Completion of PLOG requirements	
8)	Completion of SEC Evaluations of faculty, residents and rotation	

*1) If a student does not pass the NBME shelf exam, the Department of Surgery will require the student to repeat the exam. The repeat exam will be scheduled to accommodate the student's schedule within a reasonable time after the end of the Clerkship and at a time that would be in the student's best interest.

*2) Other requests to retake the NBME exam will be based on petition requirements. See Clerkship Administrator (NW402) for further details.

DEPARTMENT OF SURGERY GRADE APPEAL PROCESS

If you believe you have been graded unfairly you should:

1. Discuss the grade and the expected performance standards with the **Course Director** within **8 weeks** following the course in which the grade was assigned.
2. If the matter cannot be resolved successfully under STEP 1 and the student wishes to proceed further, he\she must file a written petition with the **Chairman of the Curriculum Committee**, within **10 days** of the Course Director's decision.
 - A. The written petition shall state:
 1. The course in which the grade was received
 2. The semester in which the grade was received
 3. Specific facts showing why the student considers the grade to be an inaccurate representation of the performance
 4. The relief sought
 5. The signature, address and local phone number of the student.
 - B. Upon receipt of the written petition, the chairman of the curriculum committee shall within **10 days**:
 1. Serve a copy of the petition to all available members of the curriculum committee.
 2. Acknowledge receipt of the petition in writing to the student at the address provided by the student.
 - C. The student may elect to provide an oral presentation to the Curriculum Committee in addition to the written petition described in section A. If so, the student will submit this request along with the written petition.
 - D. The appeal shall be considered within **30 days** after the date of the acknowledgment letter, unless the student consents to a longer time. A student wishing to make an oral presentation before the Committee will be notified at least **10 days** prior to the meeting.
 - E. The final determination of the Curriculum Committee shall be in writing and shall state the grounds for the decision. The final determination shall be communicated to the student within **10 days** following the decision of the Curriculum Committee.

There is no further direct right of appeal beyond the Department of Surgery under these rules. The Dean of the Medical School may grant further review of grades according to substantive guidelines established by that office.