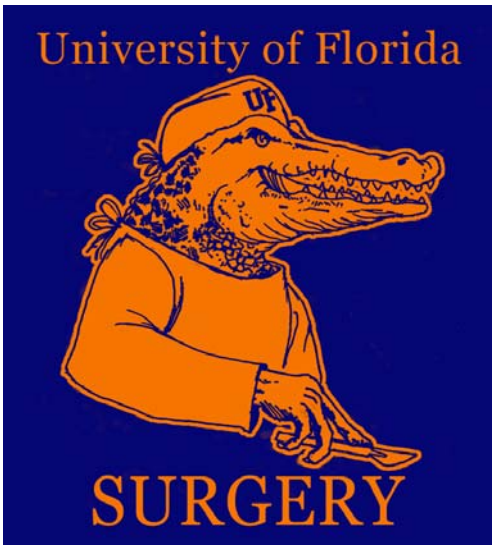
Third-Year Surgery Clerkship Syllabus
2009-2010

The Department of Surgery
University of Florida
College of Medicine



Revised 6/23/09

SYLLABUS CONTENTS

CLERKSHIP COMMITTEE:

Juan C. Cendan, MD – Clerkship Director and Committee Chairman
Phone: 265-0761; Beeper: 413-0376; Room 6175; Email: Juan.Cendan@Surgery.ufl.edu

Michele Silver, MEd – Surgery Education Office
Phone: 265-0680, ext 45119; E mail: Michele.Silver@surgery.ufl.edu

Kevin Behrns, MD – Interim Chairman, Department of Surgery
George Sarosi, MD – Program Director
Peter Nelson, MD

ORIENTATION:

You will receive a welcome letter to provide you with the schedule for the first day which will be primarily a day for orientation. However, your first day of the clerkship will not be limited to orientation activities. You are to report to your service and start the rotation as soon as the orientation is complete. Your schedule after the orientation will be dictated by the service to which you have been assigned.

Orientation will be held in the Dragstedt library (room M624) on the first day of the clerkship beginning at 7:00am.
Below is the usual routine for the day, but be aware that due to emergencies inherent to the practice of surgery, faculty and residents may be involved in the care of a patient and ***THE DAYS ACTIVITIES ARE SUBJECT TO CHANGE.***

During orientation you will be assigned your textbook and other miscellaneous materials needed for your Surgery Clerkship. Dr. Behrns, the Interim Chairman and Residency Program Director of the Department of Surgery, Dr. Cendan, the Clerkship Director and Committee Chairman, and Dr. Chad Stasik, the Administrative Chief Resident will each give a small talk followed by a presentation on "Library Resources". An OR tour will follow. ***You will need your scrub code for the OR tour.*** If you do not know your scrub code, please contact Medical Education and they will give you your assigned number. A Suture Lab will be held in Room CG-22 from 1:00 pm until 3:00 pm. **Please note - all activities listed on your student calendars will take precedence over divisional functions and other education activities.**

Contact the secretary, chief resident, or faculty on the service for which you have been assigned for activities after the orientation and to get started on the rotation. Jacksonville students will begin their clinical duties on the second day of the clerkship, after arriving and checking in with the Jacksonville offices.

Review the syllabus before arriving on Monday. You may view the syllabus at our website: http://www.surgery.ufl.edu/students/default.asp

You will receive two textbooks: "Essentials of General Surgery" and the "Surgery USMLE Step 2 Pre Test". These books and any other items given to you throughout the day are to be returned at the end of the rotation before you take the subject exam

We look forward to having you in Surgery and will do everything possible to make your clerkship a rewarding experience.

GENERAL INFORMATION and LIST of SURGICAL SERVICES:
"Clerkship Goals and Objectives"

Introduction

The Department of Surgery welcomes you to your third year surgery clerkship. This is an 8-week clinical experience with 4-weeks of general surgery and 4-weeks of specialty rotations. You will be an active member of a busy surgical team. You will learn the general principles of surgery by participating in the care of patients in the operating room, on the ward, and in the clinic. In addition to your clinical experience, you will have a series of faculty presentations and small group sessions covering the general principles of surgery.

Surgery Services

The faculty member in **bold** is the educational team leader for the service.

Services	***Faculty***	***Contact Information***
GAINESVILLE SURGERY SERVICES		
Core General Surgery Services		
Colorectal	Huang, Rout, **Tan**	Carol Stanaland 265-0761
MIS/Upper GI	**Ben-David**, Hochwald, Cendan, Sarosi	Carol Stanaland 265-0761
Pancreas/Biliary	**Behns**, Hochwald, Grobmyer	Carol Stanaland 265-0169
Soft Tissue/Endocrine	Cendan, **Grobmyer**	Carol Stanaland 265-0169
Transplant	Fujita, Hemming, Howard, Kim, Kayler**,** **Magliocca**	Leslie Harlin 265-0606
Trauma/ER	**Lottenberg**, Armstrong, Martin, Armen, Ang	Ashley Morris 273-5670
VA General	Zingarelli, Sarosi, **McDonald**	Wayne Henry 374-6078
Subspecialty Services		
Anesthesiology	**Robiscek**	Myrtle Williams, M-504, 392-3151
Burn	Mozingo, **Richards**	Mary Ann Courts 265-0262
ENT	Antonelli, Langdoc, Werning, **Collins**	Allison McGee 273-5175
Neurosurgery	Foote, Friedman, Jacob, **Lewis**, Pincus, Roper	Shanna Silcox 273-9000 Jamie Dow 273-7777
Ophthalmology	**Khuddus**	Mabel Wilson 846-2102
Orthopedics	Gearen, Scarborough, Vander Griend, **Vlasak**, Woo	Education Office 273-7002 Charlotte Ledbetter 273-7363
Pediatric Surgery	Beierle, **Chen**, Kays, Islam	Djennet Moskvina 392-3718
Plastic Surgery	Seagle, **Steele**, Coady	Rachel Eastman 846-0372
Shands Vascular	**Feezor**, Flynn, Huber, Lee, Seeger	Tammy Kegley 265-0605
Thoracic and Cardiovascular	Beaver, **Hess**, Klodell, Martin, Staples,	Kris Faircloth 273-5507
Urology	**Algood**, Cohen, Dahm	Shelly Burleson 273-7647
VA ICU	**Chris Carter,** Catherine Velopulos	Linda Kunz 374-6013 ext 6013
VA Vascular	Berceli**, Nelson**	Nadine Walker 376-1611 ext 6470

JACKSONVILLE SURGERY SERVICES		
Core General Surgery Service		
JAX General "A"	Crass, Haigh, Schinco, Kerwin (**Kilkenny**)	Heidi Weschler 904-244-3903
JAX General "B"	Frykberg, Griffen, Khetarpal, **Kilkenny**	Heidi Weschler 904-244-3903
Subspecialty Services		
JAX ICU	Griffen, Kerwin, Khetarpal, **Schinco**	Heidi Weschler 904-244-3903
JAX Urology	Costa, Williams	Heidi Weschler 904-244-3903
JAX Vascular	Dennis, Vu	Heidi Weschler 904-244-3903
JAX Cardiothoracic	Edwards, D'Agostino	Heidi Weschler 904-244-3903
JAX ENT	Goldman, Isaacs, Raynor	Heidi Weschler 904-244-3903
JAX Pediatric Surgery	Tepas	Heidi Weschler 904-244-3903

CLERKSHIP GOALS and OBJECTIVES:

The third-year surgery clerkship strives to introduce students to the art and science of surgery. The fundamental goal of the third year surgery clerkship:

> ***To acquire the basic surgical skills and knowledge that will contribute to their general professional education. The outline of the specific objectives for the surgery clerkship are listed below and organized into the competency categories.***

Patient Encounter Documentation

LCME requirement for documenting patient encounters will be implemented via a web-based program to be administered by the COM. All students are required to maintain updated documentation of all patient encounters. 50 encounters are required to earn a grade on your Surgery Clerkship.

All students are required to participate in the following clinical presentations:
Abdominal pain
Abdominal or chest tumor
Trauma assessment and resuscitation
Wound care
Preoperative assessment

Professionalism

The student will demonstrate respect for patients, families, coworkers, peers, teachers and colleagues. The student will demonstrate honesty, apply the rule of informed consent in health care delivery, maintain patient confidentiality, and demonstrate altruistic behavior by prioritizing the patient's well being above his or her own self-interest. The student's work ethic will be exemplary.

Patient Care

The student will demonstrate the ability to interpret the findings of the history, physical examination, laboratory tests and imaging studies. The student will be able to formulate an appropriate differential diagnoses for the clinical presentation. The student will demonstrate clear, concise, legible, well-organized written presentations of clinical information. Students will learn to formulate plan of management and learn appropriate surgical skills.

Medical Knowledge

Students will obtain a solid fund of knowledge relevant to surgical patients. They will be able to discuss the evaluation and management of patients who present with the following clinical presentations.

Abdominal mass	Acute abdominal pain
Acute vomiting and abdominal distention	Acute vomiting in the newborn, infant or child
Breast mass	Burn
Dysphagia	Electrolyte abnormalities
Extremity pain	Fever after major surgery or injury
Groin mass	Jaundice
Gastrointestinal hemorrhage	Multisystem trauma
Neck mass	Oliguria after major operation or injury
Penetrating injury	Shock
Skin tumor	Soft tissue wounds

Practice-Based Learning

The student will read in-depth about patients and be prepared for the operating room. They will access on-line resources for medically relevant information. The student will critically evaluate medical literature. Students will learn to apply cognitive knowledge to the care of patients.

Interpersonal and Communication Skills

The student will learn to communicate effectively with patients, family members, coworkers, and supervisors. The student should try to have a consistently positive impact on patients and other members of the heath care team. The student will demonstrate clear, effective and empathetic communication with patients and their families.

System Based Practice

The student will demonstrate comprehension of the complexity of the health care system. They will see beyond the narrow role of the physician-provider. The student will learn to differentiate between system and individual errors. The student will demonstrate an understanding of the roles and competencies of other health care providers and will demonstrate the ability to function as a member of the patient care team of a surgical service. The student will be able to identify appropriate interactions between physicians, allied health professionals, and health care facilities.

EVALUATION and GRADES:

The surgery clerkship employs a competency-based system of student evaluation. The components of the assessment consist of the following:

	% Total Grade
1. Ward evaluation	50%
2. NBME Surgery Test (Shelf Exam)	15%
3. Small Group Course	15%
4. Oral Examination	10%
5. Core Surgical Procedures Checklist	10%

ADJUSTMENTS TO THE GRADE MAY BE MADE (UP OR DOWN) BY THE CLERKSHIP DIRECTOR WHO WILL DETERMINE THE FINAL GRADE.

Department of Surgery Student Evaluation Policy

The purpose of this policy is to ensure a fair and uniform method of evaluation. While assessment methods may change as the student clerkship undergoes continual revision, the basic principles outlined below will provide a foundation for student evaluation. The department of surgery student clerkship committee developed this policy with final approval by the clerkship director.

Evaluation Methods:

The clerkship committee recognizes that there is no ideal assessment method and many qualities in a physician are not easily tested. Therefore, the clerkship favors the use of a diverse, systematic method of evaluating student performance that follows sound educational principles that include the following:

1. The evaluation methods must be diverse and consistent with the clerkship goals and objectives and the University of Florida College of Medicine graduation competencies.
2. Student assessment must promote the understanding of fundamental surgical concepts and the integration of knowledge rather than rote memorization of facts and superficial learning.
3. Faculty, residents and other health care professionals should provide feedback (formative assessment) to students regarding their progression through the clerkship.
4. Student assessment should identify unsatisfactory student performance and students with difficulties that need remediation or counseling.
5. Student evaluation should also promote and recognize educational excellence.

Formative Feedback

Feedback is an essential part of student learning and informal feedback occurs throughout the clerkship. Faculty and residents feedback should be specific, constructive and non-judgmental. Formal feedback will be provided to students at the midterm of each rotation. Feedback should be provided using the formative competency-based assessment form. Students are encouraged to also use this feedback session as a mechanism for self-assessment. Self-assessment is an essential part of independent, self-directed, adult learning. Ideally, self-assessed strengths and weaknesses should guide student-learning activities. The faculty member and the student should jointly develop a plan to address any perceived areas of student deficiency.

University of Florida Competencies (Summative Form)

The clerkship committee has made minor modifications to the College of Medicine competencies to highlight items relevant to surgical education. Faculty should have sufficient contact to appropriately evaluate student performance.

The faculty members are responsible for timely completion of the on-line evaluation form. Evaluators must provide written comments regarding student performance and behaviors. These comments should follow these guidelines:

1. Written comments regarding student performance should be directly observed and specific.

2. Written comments should consistently reflect the level of competency assigned for each core competency category.

3. The faculty should provide consistent formative feedback throughout the rotation, reflecting each student's weaknesses and strengths. In cases of persistent unacceptable student performance, the faculty should bring this issue to the attention of the clerkship director.

Student grievances regarding faculty comments must follow the department of surgery grade grievance policy. Students have the right to meet with the clerkship director and/or the faculty responsible for written comments.

Oral Examination

While the clerkship committee recognizes the psychometric limitations of an oral examination this testing method does permit an assessment of higher order thought processes. The oral examination consists of two patient management problems presented by faculty to the student. The faculty uses a checklist format to assess the student's performance. The faculty should provide feedback related to student performance at the completion of the exam. Summary score on the oral exam of less than 60% will require remediation.

National Board of Medical Examiners Surgery Subject Examination (Shelf Test)

The National Board of Medical Examiners (NBME) Surgery Shelf Test represents the standardized test for the clerkship. A score greater than the 5th percentile is required for successful completion of the surgery clerkship. Failure to achieve a passing score requires the student retake the examination prior to the next academic year. **Once the student has passed the repeat examination, the highest grade achievable by a student who has failed the first Shelf Test will be a C.** A student who fails to achieve a score greater than the 5^{th} percentile on the exam retake will be given a failure grade for the rotation.

Faculty-facilitated Small Group Course

The clerkship committee recognizes that medical student should be introduced to the basics of a general surgery education via small group sessions. This course offers an insight into the surgical approach to patients, foregut, midgut, and hindgut disease and surgical interventions, surgical problems of the biliary tract (liver and pancreas), surgical endocrinology, trauma, critical care and burns, vascular diseases, and metastatic and benign breast disease. You are required to attend your small group sessions (facilitated by a surgical faculty). Your small group session will involve 3 - 4 students; expectations will be discussed during your first small group session. 15% of your clerkship grade will come from your preparation, participation, and academic performance in your small group.

In addition to these specific clinical topics the discussion will also incorporate more general topics including but not limited to:

Professionalism
Ethics
Communication Skills
Informed Consent
Disclosure of a Bad News (i.e. a Diagnosis of Cancer) to a Patient
Discussing the Death of a Family Member with a Family

Core Surgical Procedures Checklist (CosPro Card)

The clerkship committee recognizes that medical students should perform some basic clinical skills during the clerkship. Students are required to keep a log documenting completion of these skills using the CosPro card. When the student completes a skill, the resident or faculty member who has observed the procedure will sign the CosPro card. Students will receive no credit for this portion of the rotation if a card is not turned in or if an incomplete card is turned in. All patient encounters should be recorded in the COM database for patient encounters. Students must have a minimum of 50 procedures logged to successfully complete this course.

Grades:

The clerkship director reviews and determines every student's final grade. The **range provided below is only a guideline** and may be adjusted by the clerkship director. The College of Medicine has suggested that no more than 16-33% of the class receive a grade of A so that student excellence can be appropriately recognized.

A= 93-100 and above the 80th percentile on the shelf exam
B+= 87-92.9 and above the 70th percentile on the shelf exam
B= 80-86.9
C= 75-79.9
D= 74.9 or below (considered a failing grade)

Note: A student who scores below the 20th percentile on the NBME Surgery Subject Examination will drop a step in their final grade for the course. Conversely, a student who scores above the 90th percentile on the NBME Surgery Subject Examination will jump up a step in their final grade for the course.

If a student fails the National Board exam on the first try and passes on the second, the highest score they will be eligible to receive in surgery will be no higher than a "C".

Grades will be reported to the Office for Student Affairs in a timely manner. Each student will receive a copy of the summative evaluation form with narrative comments from the clerkship director of the student's performance that accurately reflects and incorporates observations from residents and attendings.

Student Remediation

The clerkship committee will determine which students require remediation and the form of the remediation process. All student remediation will be reported to the Academic Status committee of the University of Florida College of Medicine.

Midterm Clerkship Formative Feedback Evaluation

At the end of the second week of the general surgery rotation, you are required to obtain a midterm feedback. Self-assessment is an important part of self-directed independent learning. The clinician must be capable of identifying his/her strengths and weaknesses. Therefore, students are required to complete the midterm evaluation on their own and compare it to the one filled out by the faculty (You are responsible for seeking out the faculty to complete their assessment and go over your assessment). This interaction between you and the faculty should

involve constructive feedback. This will provide you with a guide to identify your strengths and weaknesses and develop a constructive plan to build on your strengths and address your weaknesses during the remainder of the clerkship.

Please turn in your self-assessment (appropriately labeled as your assessment) and the faculty assessment to Michele Silver, MEd.

No formal midterm evaluation is required for the two-week rotations, but you should request an informal feedback from the faculty after the first week to assess your progress.

National Board of Medical Examiners Surgery Subtest

The NBME surgery subtest focuses on the application and integration of knowledge rather than the recall of isolated facts. Like all comprehensive examinations you cannot successfully cram at the last minute for this test. You need to be on a schedule of programmed reading throughout the clerkship.

SUGGESTIONS FOR TAKING THE NBME
Be prepared.
Take practice test questions.
Read about the surgical subspecialties (i.e. orthopedics, vascular, urology, etc.).
Read about medicine as it applies to surgery (i.e. preoperative evaluation, perioperative care etc).
Read the questions carefully.
PACE yourself during the exam. Some questions are lengthy.

Oral Examination:

Oral Examination Format and Evaluation Process
The oral examination in surgery consists of two approximately 30 minutes to one-hour interactions between you and a faculty member. The faculty member presents you with an open-ended clinical presentation (i.e. a woman with a breast mass) and you must respond regarding your work-up and management of the patient. Your discussion should include the differential diagnoses of the presentation, the initial evaluation including history, physical examination, laboratory and imaging studies, and treatment including medical management, potential surgical treatment and the indications for operative intervention. To provide greater standardization to the evaluation process, the examiner is provided with a checklist of items/responses that you should cover in your discussion of the patient (this provides some element of objectivity to the examination). The examiner also grades you in other non-cognitive capacities such as interpersonal skills, thoroughness etc. The oral examination will be a formal evaluation of the student's mastery of the surgery clerkship's core discipline competencies and will account for 20 % of the student's grade. The oral examination is an excellent learning experience.

Preparing for the Oral Examination
The oral examination traditionally evokes a great deal of student anxiety. Although there are many problems with oral examinations from an educational and psychometric standpoint, they do serve a valuable purpose (see goals and objectives). The oral examination is in part a test of communication skills. Communication skills are an integral, often-neglected part of clinical medicine. Many of you will be required to complete an oral examination as part of another

clerkship or following your residency training. The surgery oral provides a training ground for subsequent, high-stakes oral examinations.
You will need to read about the topics for the oral examination. In addition, you can perform mock oral exams with faculty, residents and with a student partner to prepare. This will reduce anxiety and improve your performance. Understanding the philosophy of the examination is critical to doing well. The oral examination tests multiple factors including but not limited to:

- Fund of knowledge
- Attitude
- Interpersonal skills
- Communication skills
- Confidence
- Integrity
- Professionalism
- Integration and synthesis of information
- Problem-solving skills

SUGGESTIONS for TAKING the ORALS

Be on time and dress appropriately. Be confident and assertive. Be thorough and complete in your answers. Take the exam seriously. Ask for feedback at the end of your exam. Try to relax. Think about the question and think back to other clinical experiences. READ. Have a system in place so that you do not overlook the basics (i.e., history and physical). Don't be afraid to ask questions. Don't forget to learn from this experience.

Topics

The following are the topics that the students are expected to master as their core discipline competencies, therefore the oral examination will evaluate these same topics:

List A	**List B**
Acute Abdomen	Shock
Burn Management	Blunt Trauma
Intestinal Obstruction	Upper GI Bleeding
Breast Mass	Fluid / Electrolyte
Jaundice	Neck Mass
Scrotal Pain / Mass	Abdominal Mass
Post-Operative Fever	Post-Operative Oliguria
Vomiting Baby	Claudication
Skin Lesions	

SURGERY MORBIDITY and MORTALITY (M&M) CONFERENCE /GRANDROUNDS

Wednesday 6:45am – 8:00am

This is an important quality assurance surgical conference. Complications are presented and discussed in an open forum. The concept is that surgeons are accountable for their actions and every effort is made to discuss the relevant literature pertaining to the complication as well as possible methods to prevent such complications in the future. **Patient and conference confidentiality is mandatory.**

FACULTY LECTURES

Attendance for all lectures is mandatory. You are excused from all duties to attend the lectures. The lecture schedule is online. Please fill out one of the lecture feedback evaluation forms following each lecture. Faculty will read the evaluations and make efforts to improve in subsequent lectures. There will be a sign in sheet for **ALL** to sign at each lecture.

Lecturer	Topics	Book / Chapter	Website address
Algood, Chester	Urology	Sabiston Textbook of Surgery - 16th Edition Specialties in General Surgery - Chapter 67	
Beaver, Thomas	Intro to Cardiovascular Surgery		Given at Lecture
Beierle, Elizabeth	Fluids and Electrolytes	Essentials of General Surgery Chapter 3	General Surgery Book
Hess, Phil	Lung Mass		Given at Lecture
Howard, Richard	Transplantation		Given at Lecture
Hunt, Darrel	Perioperative Care	Essentials of General Surgery	General Surgery Book
Islam, Saleem	Pediatric Surgery	Sabiston Textbook of Surgery - 17th Edition Specialties in General Surgery - Chapter 70	
Lee, Connie	Oral Exam Review	Slide presentation	See website
Langdoc, Carol	ENT		Given at Lecture
Lewis, Stephen	Neurosurgery- Trauma	Sabiston Textbook of Surgery – 17th Edition Specialties in General Surgery - Chapter 71	
Lottenberg, Lawrence	Trauma	Essentials of General Surgery Chapters 6 and 9	General Surgery Book
Steele, Matt	Intro to Plastic Surgery/ Wound Healing		Given at Lecture

STUDENT GRIEVANCES:

The surgery clerkship director and committee ultimately determine student competency and grading. The student has the right to formally appeal his/her grade. Informal appeals made by a student to various surgical residents or faculty members will not be accepted. The student must follow a formal appeals process. All student grade appeals must be submitted in writing to the clerkship director within one week of the student receiving the summative evaluation. The written appeal should include an explanation of the problem with reasons for student's dissatisfaction with the grade. Upon receipt of a written formal request for appeal of a grade, the clerkship director will bring this appeal before the next meeting of the clerkship committee. The student will be notified in writing regarding the committee's decision within one week of the committee's meeting. If the student is still dissatisfied with the clerkship committee's response he/she may further appeal this grade with the Dean.

ATTENDANCE POLICY and REPORTING of ABSENCES:

In the first and second year preclinical courses, daily attendance is expected at lectures. Attendance is required for all small group and laboratory sessions (see course syllabus for details). If you are absent, you must notify the course director or the faculty member in charge of the small group session. In the third and fourth year clinical clerkships and electives, daily attendance is required for all aspects of the clinical rotations. If you are absent, you must notify those faculty members who supervise your clinical experiences and the clerkship coordinator.

1) Unexpected absences. In the case of an unexpected, single day absence due to illness in the preclinical years, students must notify the course director or the faculty member supervising small group sessions. In the clinical years the students must notify the supervising attending and clerkship coordinator. If a student is unable to contact the clerkship coordinator, they should notify the staff in either the Office of Student Affairs or Medical Education. If the absence is of greater duration than a single day, the staff in the Office of Student Affairs (352-392-3071) or Medical Education (352-392-8575) must be notified in addition to the course director or supervising attending and clerkship coordinator. If the absence occurs while in Jacksonville on a clinical rotation, the Office of Educational Affairs (904-549-5128) in Jacksonville must be notified in addition to the Student Affairs Office in Gainesville.

2) Planned absences. In the case of planned absences to attend meetings or "family" events such as weddings, etc., students should meet with the course or clerkship director as far in advance as possible (in the case of the clerkship rotations, such requests should be made at least 4 weeks prior to the beginning of the clerkship) to discuss the requests and obtain the permission of the course or clerkship director to be absent from assigned responsibilities. Once permission is obtained for the planned absence, the student must notify the Office of Student Affairs or Medical Education of the approved dates for the absence.

The Board of Regents Policy for Observance of Religious Holidays:

1. Students shall be excused from class or other scheduled academic activity to observe a religious holy day of their faith, upon notifying their instructor.
2. Students shall be permitted a reasonable amount of time to make up the material or activities covered in their absence.
3. Students shall not be penalized because of absence from class or any other scheduled academic activity resulting from religious observances.
4. Students who ask to be excused from class for religious reasons will not be required to provide second-party certification.
5. A Student who believes that he or she has been unreasonably denied an education benefit due to religious beliefs or practices may seek redress through the student grievance procedure.

Note: Students are asked to make requests for absence to observe religious holidays in a timely manner.

SAFETY PRACTICES WHILE ON THE SURGERY ROTATION:

Clinical experiences by their nature involve students in a variety of settings, locations and communities, as well as with a variety of patients/clients. Students are expected to exercise good judgment and reasonable caution in insuring their own safety during clinical experiences, (e.g., lock car doors, travel with classmates when possible, and be aware of security services). Patient care areas have the potential for exposure to hazardous substances such as radioactive materials. Students who require protection beyond those of all staff are to notify faculty prior to any clinical assignments. If any time students believe the clinical setting is unsafe, students should take appropriate steps to protect themselves and their patients, including leaving the setting if necessary. Contact the course instructor or any college administrator immediately so that appropriate arrangements can be made.

****GAINESVILLE AND JACKSONVILLE SURGERY SERVICES****

FOLLOWING PAGES

Breast/Melanoma/Sarcoma/Endocrine Surgery

Contact Information:
BMSE Office # 265-0169
Chief Resident on service
Stephen Grobmyer, M.D.
265-0169, pager 413-7902

The Division of BMSE welcomes you to an informative and challenging 4 week rotation. The division consists of 5 faculty members, a nurse practitioner, a physician assistant, and four surgical housestaff. The faculty members have clinic and OR schedules as indicated below. It is expected that students round with the housestaff in the mornings prior to starting the daily activities. On these rounds, the patient care plans for the day will be made. Faculty members will round later in the day with students and housestaff as time allows.

During this rotation, there have been priorities established to ensure optimal educational experience. The top priority is for students to attend all of the organized lectures that are given by the faculty members. The next highest priority is for students to be in the operating room to participate in operations for patients under the care of the BMSE Division. The third priority is for students to be in clinic with the attending physicians. Finally, of course, patient care is important and the fourth priority. We expect that the students will be able to fairly distribute their time to the above priorities by taking turns. This will ensure a balanced experience for all students on the service. **If issues arise regarding this, please contact Dr. Stephen Grobmyer or the chief resident.**

On a normal weekday we would expect that the students arrive at the hospital to round with the housestaff by approximately 6AM. We expect that students will work up and follow a group of patients during their time on the service. These patients can be identified as the ones that were admitted by that student or for which that student was present for the surgical procedure. The students are expected to know details about the history and physical findings on their patients. The students are also expected to write notes on these patients and have them co-signed by a resident, present these patients on rounds and be prepared to answer any and all questions regarding pathophysiology of the disease process in these patients. In addition, it is expected that the student come prepared to the operating room. Whenever possible, students should be present for the beginning of the operation to completely understand the procedure being performed.

In addition to the faculty lectures that require mandatory attendance by the third year students, all efforts should be made to attend the following conferences:

Mondays at 7:30AM: Breast tumor board on the ground floor of Shands Hospital.
Tuesdays at 7:00AM: Surgical Oncology preop conference in N6-1.
Wednesdays at 6:45AM: Morbidity and Mortality Conference in Room 6120.
Wednesdays at 7:15AM: Surgery Grand Rounds---immediately following M&M.
Fridays at 7:00AM: GI tumor board in room 1115 in the Davis Cancer Center

Clinic and OR schedule for the Attendings

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Grobmyer	**Clinic**			**OR**	**OR**
Cendan	**Clinic**	**OR**	**OR**	**Clinic**	

Readings:

1. Standard general surgery textbook for your surgery rotation
2. Selected Readings in Surgical Oncology: This is a binder with important articles from a variety of disease sites that can be loaned to you during your rotation. This binder should be returned following the completion of the rotation to surgical oncology office. It is important to consult the primary literature for up to date information regarding the treatment of our patients.

Presentation:

During the last week of your rotation we expect you to present a 5 minute talk on a cancer topic of interest in front of the rest of the division. This topic will be chosen by you and the faculty during the first 1-2 weeks of the rotation. This presentation is considered informal and can be accompanied by a short handout (a slide presentation is not necessary). Topics are broad based and include the management of rectal cancer, esophageal cancer, pancreatic cancer, retroperitoneal sarcoma, etc.

Course Goals

Demonstrate understanding of the biology, pathology, diagnosis, treatment, and prognosis of neoplastic diseases.
Demonstrate proficiency in diagnosis, preparation, and management of the cancer patient, including long-term follow-up care.
Understand surgical options of curative and palliative care for cancer patients.
Understand the network of community resources and their functions, available to patients at end of life.
Utilize the provided Selected Readings to help accomplish some of the above.

Competency-Based Knowledge Objectives:

1. Discuss frequency/death rates of the top five benign & malignant neoplasms in men and women in the U.S.
2. Describe trends of increasing, decreasing, and high incidence for certain solid neoplasms.
3 Explain the implications of the heterogeneous cellular makeup of most solid neoplasms in reference to clinical behavior and response to adjuvant treatment.
4. Discuss the mechanisms of cellular apoptosis and the potential therapeutic applications.
5. Identify genetic factors associated with neoplastic disease in regard to known proto-oncogenes.
6. Define current theories of carcinogenesis.
7. Summarize the tenets of tumor biology, including the biochemical events of invasion and metastasis; describe the natural history of these lesions.
8. Differentiate the diagnostic features of benign versus malignant neoplasms (gross and microscopic).
9. Predict patterns of presentation of malignant neoplasms.
10. Describe the various staging systems.
11. Outline the use of tumor markers, tumor excretory metabolites, and diagnostic cytologic techniques.
12. Describe the principles of surgical techniques.
13. Summarize the nutritional requirements for cancer patients.
14. Describe indications for curative versus palliative treatment, and formulate therapeutic plans for each.

15. Describe principles of targeted molecular therapy (i.e. c kit and gleevac) in the treatment of solid tumors.
16. Explain events in angiogenesis and the potential therapeutic implications.
17. Summarize current techniques of genetic screening for cancer.
18. Describe the enzymatic determinants of prognosis for epithelial derived cancers and their biologic sources.
19. Explain the fundamental principles of radiation oncology and detail its application as a primary therapy for the treatment of selected benign and malignant lesions.
20. Understand lymphatic mapping and sentinel node biopsies.
21. Indicate the potential alterations in pulmonary function in the elderly patient which may affect preoperative preparation and postoperative management.
22. Discuss the economic and psychosocial issues associated with malignant disease, and analyze how they affect the management of patients with cancer, including:
    - Ethics of cancer management
    - Rehabilitation
    - Home care resources
    - Patient support groups
    - Family support groups
    - Enterostomal therapy
    - Cost containment
    - Pre-admission procedures and authorization
    - Conservation of in-patient resources
    - Special problems of the elderly
    - Tumor registry data

Competency-Based Performance Objectives:

1. Perform a complete history and physical examination on patients with cancer.
2. Formulate an appropriate differential cancer diagnosis, and record an independent, written diagnosis for each cancer patient assigned.
3. Learn knot tying and skin closing techniques.
4. Design an appropriate nutritional support program for a cancer patient both pre- and post-operatively.
5. Cut *en bloc* gross surgical specimens.
6. Interpret frozen section slides with supervision.
7. Perform nutritional assessments and plan nutritional support programs.
8. Record clinical and pathological correlations by presenting the clinical picture and operative findings on each assigned cancer patient.
9. Participate in multidisciplinary gastrointestinal and breast cancer tumor boards.

Evaluations:

The Mid-Term evaluation will be completed by Dr. Stephen Grobmyer or any of the attendings with whom you have spent a significant amount of time.

Summative evaluation will be completed by all faculty.

The Surgical Oncology unit was revised by Stephen Grobmyer, MD on June 27, 2006.

Pancreas/Biliary

Welcome to the Pancreas/Biliary Surgery Service at the University of Florida. This service has a long, history of providing high-quality care to patients with straight-forward general surgical problems and, conversely, complex gastrointestinal diseases. This type of service is a remarkable learning environment for students and should stimulate your thoughts about a variety of surgical diseases. Our goal is to provide an educational environment that completely involves the student through multiple venues.

By participating in all aspects of patient care, you will learn gastrointestinal and general surgical diseases from diagnosis to treatment. When you see patients in clinic, not only will you record their history, but you will feel and diagnose an inguinal hernia or and abdominal mass. You will learn to appropriately evaluate a patient preoperatively and prepare them for an operation. In the operating room, you will re-learn gross anatomy and feel it come alive by touching the bowel, liver, stomach, etc. After an operation, you will see how a wound heals and observe how patients recover. Finally, you will be see patients return to clinic in a few weeks with nearly complete return to normal life.

Of course, not all patients recover uneventfully from major operations. Therefore, we must have knowledge of the risks and likely complications so that we can recognize problems early. You'll want to prepare yourself to be an integral member of the team by reading about the disease processes, basic operative procedures, perioperative care, and the most likely complications. Remember, it might be you that is the first to see a patient experiencing a postoperative myocardial infarction, so be prepared.

You will have multiple tasks so it is important to prioritize. First, you must attend all scheduled lectures. Second, you should communicate daily with the residents about your clinical responsibilities for that day and the next day or two. You will participate in patient care in the clinic, operating room, and our surgical floors. Please remember that you represent the University of Florida in patient interactions and therefore, you should act and dress professionally and be to your assignment on time. You will be graded on professionalism.

This should be an enjoyable, yet challenging service. We value your input and questions. Please contact the faculty or staff at any time.

Contact Information:

Pancreas/Biliary office: 352-265-0761
Chief resident: Varies by time of year
Attending contact: Dr. Kevin Behrns, 265-0622.

Learning Objectives:

1. To read and comprehend the physiology and pathophysiology of general surgical and gastrointestinal diseases.
2. To assess patients preoperatively and develop a differential diagnosis.
3. To participate in operations and know the gross anatomy of the operative field.
4. To be an integral team member that evaluates patients postoperatively.
5. To perform history, physical examination and assessment write-ups (see below) in 4 patients (one per week).
6. To be prepared for and attend all scheduled conferences.

Schedule of Clinic Activity

	Monday	Tuesday	Wednesday	Thursday	Friday
Behrns	**OR**			**Clinic**	
Hochwald		**OR**		**Clinic**	**OR**
Grobmyer	**Clinic**			**OR**	**OR**

Conference Schedule:

Monday - Service Conference. One student per week will present an x-ray finding. The student will provide a brief 1-3 minute history followed by a 3 minute explanation of the pertinent radiologic findings.

Wednesday - Room 6120- Morbidity and Mortality Conference 6:45-7:00 AM
Grand Rounds Conference- 7:15-8:00 AM

Diseases you are Likely to Encounter:

Foregut	***Midgut***	***Hindgut***	***Herniae***
Gastroesophageal reflux disease	Crohn's disease	Ulcerative colitis	Inguinal hernia
Achalasia	Small bowel tumors	Colon tumors	Umbilical hernia
Paraesophageal hernia	Small bowel	Diverticulitis	Ventral or incisional
Peptic ulcer disease	obstruction	Rectal tumors	hernia
Gastric tumors	Appendicitis	Anal diseases	
Morbid obesity		Gastrointestinal bleeding	
Acute and chronic pancreatitis			
Pancreatic tumors			
Cholecystitis			
Choledocholithiasis			
Hepatic and bile duct tumors			

Write-Ups:

Each student should choose one patient on whom he/she will take an accurate history, perform a complete physical examination, and make an assessment. This should be recorded outside the medical record and submitted to your supervising faculty. In addition to recording the medical information, the student will write a two-page type-written summary on the disease process. This should be focus on one aspect of the disease and references should be provided. The format of the write-up should include chief complaint, pertinent medical history, past medical history, past surgical history, allergies, medications, social history, review of systems, complete physical examination, laboratory, radiologic, endoscopic study data, assessment and plan, and summary of disease process. These should be submitted within 48 hours of the patient admission.

Evaluation:

Midcourse formative evaluation will be performed by Dr. Juan Cendan or any faculty member with whom you have interacted frequently. In addition to knowledge of surgical diseases, professionalism, enthusiasm, and a genuine interest are hallmarks of the highly-rewarded student. You will be assessed based on the 6 core competencies.

Colorectal Service

Course Description

COURSE GOALS: Upon completion of this course, the learner will be able to:

MEDICAL KNOWLEDGE

1. Evaluate and discuss common presenting signs and symptoms related to colon and rectal problems frequently seen by the practicing General Surgeon.
2. Complete a general surgery History and Physical.
3. Briefly describe the operative management of basic colon and rectal surgical problems, including, but not limited to: colon and rectal cancer, benign colon problems including colonic inertia, diverticulitis, inflammatory bowel disease, anorectal and pelvic floor disorder, and application of laparoscopy.
4. Recognition of recommended cancer screening and surveillance programs for colon and rectal patients.

PATIENT CARE

1. Demonstrate proficiency in common intern-level duties including nasogastric tube insertion, excision of thrombosed hemorrhoids, incision and drainage of perianal abscesses, and basic suturing.
2. Recognize the role of existing and emerging technology and research in the field and practice of Colon and Rectal surgery.
3. Reliably use the Internet and electronic tools as a medical resource.

PROFESSIONALISM

1. Expand his/her exposure to, and appreciation for, a career in surgery.
2. Become more keenly aware of the opportunities available to residents in general surgery.

LEARNING ACTIVITIES: The students will become aware of the daily responsibilities of the general surgery intern and perioperative care of the surgical patient. Students will be expected to attend all General Surgery related conferences including Morbidity and Mortality Conference, Surgical Grand Rounds, Mortality Conference and colon and rectal surgery pre-operative conference. Furthermore, the student will be assisting in the Operating Rooms and seeing patients in clinic. Although the curriculum is flexible, it is expected that the student will prepare for cases and conferences as any other member of the team, and will be held accountable for these. At the conclusion of the 4-week rotation, the student will present a 5-minute presentation on a patient who he/she has followed from surgery to post-operative period and what he/she has learned from that disease process as well as the management.

Course Materials

Selected readings from Schwartz's Principles of Surgery, 7th Edition, and ASCRS Textbook of Colon and Rectal Surgery, 1st Edition.

Schedule of Clinic Activity

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Huang	**OR**		Clinic		
Rout			Clinic	OR	OR
Tan			Clinic	OR	

Additional OR time at the Outpatient Surgical Center and Endoscopy Center, scheduled by the attending.

Conference Schedule:

Tuesday- Woodward Conf. Room- Service Conference – 12:00-01:00PM
Wednesday- Room 6120- Morbidity and Mortality Conference - 6:45-7:15 AM.
Grand Rounds Conference - 7:15-8:00 AM.

Contact Information:

Colorectal Surgery office: 352-265-0761
Chief resident: Varies by time of year
Attending contact: Dr. Sanda Tan, 265-0761

MIS/GE Service

Contact Information:
MIS Office # 265-0761
Chief Resident on service: Varies by time of year
Kfir Ben-David, M.D.: pager 413-7398

Conference Participation

A. Conferences with mandatory attendance and participation
    a. Morbidity and mortality
    b. Grand Rounds
    c. Weekly Minimally Invasive Gastroesophageal and Bariatric Surgery conference
        1. Achalasia - Dr Cendan
        2. GERD- Dr Ben-David
        3. Esophageal perforation- Dr Sarosi
        4. Benign Esophageal masses and diverticulum- Dr Sarosi
        5. Esophageal Cancer- Dr Hochwald
        6. Gastric Cancer- Dr Hochwald
        7. Benign Gastric Lesions- Dr Cendan
        8. Gastric Ulcers- Dr Ben-David
        9. Obesity- Dr Ben-David
        10. Case presentation/mock oral

Evaluation of the Student

A. Competency based evaluation
    a. Patient care
    b. Medical knowledge
    c. Professionalism
    d. Communication
    e. Practice-based learning
    f. Systems-based practice

B. Individuals evaluating student
    a. Faculty
    b. Fellow
    c. PA

Patient Care:

- Students will be expected to perform preoperative assessment of patients and demonstrate an understanding of the management options, indications, contraindications, and complications associated with the recommended procedure.
- Students should demonstrate understanding of and ability to order, integrate and interpret perioperative testing and evaluation of all organ systems as related to advanced GI surgery.
- Students will demonstrate knowledge of anatomy of the GI tract and the abdominal cavity, including as viewed through MIS access, both normal and abnormal.
- Students will demonstrate knowledge of a variety of approaches (both operative and non-operative) to a given GI tract disease and exhibit reasoning to arrive at the correct procedure for a given patient.
- Students will demonstrate expertise in interpreting anatomic and physiologic studies of the GI tract and abdominal cavity.
- Students will demonstrate fundamental surgical competency.

    1. Basic Skills:
        - preoperative preparation (positioning, knowledge of necessary equipment, bowel prep); evaluations of cardiopulmonary system, age, body habitus
        - exposure
        - retraction
        - tissue handling
        - camera navigation
        - alternative access techniques
        - use of angled scopes
        - algorithm for control of bleeding
        - knot-tying ability, both hands
        - decision to convert a laparoscopic procedure to an open operation

Medical Knowledge:

- Students will be expected to demonstrate understanding of the anatomy, physiology and pathologic conditions of the entire GI tract, abdominal cavity, abdominal wall, and solid organs in the abdominal cavity and retroperitoneum.
- Students will demonstrate an understanding of the surgical and nonsurgical options for managing pathologic conditions of the entire GI tract, abdominal cavity, abdominal wall, and solid organs in the abdominal cavity and retroperitoneum.
- Students are expected to be able to appropriately order, read, and interpret diagnostic tests and images.

Practice-based Learning and Improvement

- Students will remain diligent in updating their knowledge with regard to advances in allied health disciplines.
- Students will demonstrate an ability to access multiple resources for obtaining timely evidence to guide patient care decisions and be able to explain their decision-making rationale.
- Students will demonstrate ability to perform a detailed assessment of their patient care practice and be able to identify best practices and areas for improvement.
- Students will seek and accept constructive feedback concerning their practices.
- Students will use feedback from faculty and their own self-assessments to develop a plan for filling gaps in knowledge or skills.
- Students will learn the basics of practice management to include billing and coding for operative procedures, where relevant.

Interpersonal and Communication Skills

- Students will provide concise and accurate communication of clinical information both in verbal and written form.
- Students will demonstrate effective communication with patients and family members in a manner that creates and sustains a professional and therapeutic relationship across a broad range of socioeconomic and cultural backgrounds.
- Students will demonstrate a caring attitude toward patients and families.
- Students will effectively explain working diagnoses and management.
- Students will demonstrate ability to effectively communicate with physicians, other health professionals and health related agencies about patients' problems.
- Students will maintain comprehensive, timely and legible medical records.

Professionalism

- Students will display compassion and respect for all patients even under difficult circumstances.
- Students will treat all members of the health care team with respect regardless of their level of power or influence.
- Students will advocate for patients' needs and desires even if they differ from the student's views.

- Students will take personal responsibility for the timely completion of all assigned work and medical records.
- Students will demonstrate the importance of teamwork by assisting colleagues in need.
- Students will demonstrate honesty in their interactions with patients and team members by practicing full disclosure of information with their patients, admitting and disclosing patient care errors, and admitting weaknesses as well as knowledge gaps.
- Students will demonstrate respect of patient confidentiality and the importance of best practices for insuring optimal care in the clinical setting.

Systems-based Practice

- Students will demonstrate understanding of new technologies and their role in the care of their patients.
- Students will practice cost-effective medicine. Specifically, they will learn to avoid unnecessary tests and minimize length of stay while providing high quality care.
- Students will demonstrate understanding of the importance of institutional policy in promoting patient health through strict adherence to infection control policies and specific treatment protocols.
- Students will demonstrate understanding of documentation criteria for different levels of care.
- Students will develop an understanding of the nature and importance of regulatory requirements implemented by agencies such as the Joint Commission, CMS, and RRC.

Clinic and OR schedule for the Attendings

	Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**
Ben-David	OR			Clinic	
Cendan		OR	OR	Clinic	
Hochwald		OR		Clinic	

Trauma/Emergency Surgery Service

The Division of Trauma and Emergency Surgery offers a comprehensive experience for the care and treatment of critically ill patients. Students will learn the methods of patient resuscitation in the trauma bay, the intensive care unit and the operating room. We expect the student to become an integral member of the trauma team while learning the basic approach to trauma and emergency surgery.

Faculty:
Lawrence Lottenberg, MD (Director of Trauma and Emergency Surgery); Darwin Ang, MD; John Armstrong, MD; Scott Armen, MD; John Hollenbeck, MD; Larry Martin, MD

Goals:

1. Explain the evaluation and management of the acutely injured patient, to include primary survey, resuscitation, secondary survey, and definitive care.
2. Review the evaluation and management of patients presenting with the acute abdomen and with soft tissue infections.
3. Demonstrate teamwork in the care of acutely injured and emergent surgical patients.

Objectives:

1. Explain the importance of mechanism of injury in the evaluation of the acutely injured patient.
2. Describe the pathophysiology of acutely injured patients, to include
    a. Hemorrhagic shock
    b. Neurogenic shock
    c. Obstructive shock
    d. Traumatic brain injury
3. Understand the role of imaging in the care of acutely injured patients.
4. Describe the evaluation of the abdomen in the trauma patient.
5. Delineate the steps in evaluation and management of long-bone and pelvic musculoskeletal injuries.
6. Discuss perioperative fluid and electrolyte management.
7. Articulate the evaluation and management of patients with post-operative fever.
8. Explain the importance of injury prevention efforts.
9. Understand the role of nutrition, physical therapy, rehabilitation, and family/social services in patient management.
10. Perform a history and physical to evaluate a patient with acute abdominal pain.
11. Place bladder and gastric catheters.

Conferences:

Monday and Friday:	Multidisciplinary Conference at 0800 in the 10th floor PICU conference room.
Wednesday:	Morbidity and Mortality at 0645 in room 6120. Grand Rounds at 0715 in room 6120.

* Trauma educational conferences with faculty. (Time and location: TBA)

Office of Trauma and Emergency Surgery: Ashley Morris, 352.273.5670

Anesthesiology / Perioperative Care

Welcome to the Anesthesiology and Perioperative Medicine Clerkship, administered through the Department of Anesthesiology. Our Department provides clinical services to the operating suites of Shands-UF, Florida Surgical Center, and the VAMC, as well as Labor & Delivery, the Burn Unit, Radiology, the ECT suite, urology, the cardiac catheterization laboratory and the dental clinic. In addition we operate a preoperative evaluation clinic at Shands and the VAMC, a pain clinic at the VAMC, as well as Post-Anesthesia Care Units and the Surgical Intensive Care Unit (SICU) and hyperbaric chamber at Shands.

Your 2-week elective may or may not align with our Fourth Year required Life Support Skills and Perioperative Medicine clerkship. If it does, you will have the opportunity to participate in all the lectures and simulator sessions. If it does not, you will have more individualized attention, but unfortunately less didactics.

Objectives:

The 2-week clerkship for Third Year medical students has two primary goals:

(1) to introduce concepts of perioperative medicine including preoperative evaluation and intra- and post-operative management of the surgical patient; and
(2) to gain experience in the management of critical incidents, such as airway and vascular access.

Specifically, the following areas will be presented:

- How to perform a preoperative evaluation of a patient including medical condition, physical status, airway examination, appropriate preoperative testing and the impact of anesthesia and surgery on their condition.
- General tenets of intraoperative medicine including monitoring (selection, steps in placement and basic interpretation of invasive monitors) and anesthetic options.
- How to recognize and manage common post-operative complications including pain, hypotension, respiratory depression, and myocardial ischemia.
- The pharmacology of anesthetic, sedative, narcotic and vasoactive medications.
- The initial assessment and management of a patient in respiratory and/or cardiovascular arrest.
- Fluid management in resuscitation.
- Cardiovascular physiology and the basics of invasive monitoring techniques.

Please print out the OR Discussion Topics. During your rotation, as you are talking to your assigned residents and attendings, mark off those topics that are discussed. At the beginning of your second week review the checklist and ask your assigned staff to discuss the remaining topics. During the rotation you will have the opportunity to place IV's and manage airways, we would like to keep track of these procedures. Please list the number of attempts/successes on the form at the bottom of the Discussion Topics List. Please return this list to Myrtle Williams at the end of your rotation.

Schedule:

- Each morning at approximately 6:30am you should meet your assigned resident to assist in setting up the room for the day's cases.
- From 6:30-7:15 am: attend the anesthesiology morning conference in 3149 on Mondays and Room 2147 Tuesdays-Fridays (attendance is recorded by swiping your Gator-One card at the beginning of conference).
- From 8am-5+pm: participate in all aspects of intraoperative management of assigned patients.
- Intermittently through the day you will attend lectures and simulator workshops as scheduled.

Recommended Reading:

"Essential Anesthesia: from Science to Practice" by Euliano & Gravenstein. Several copies are available in the Health Center Library.

Contact Information:

Secretary: Ms. Myrtle Williams, Room M-504, 273-8956 MWilliams@anest.ufl.edu
Clerkship Directors: Steven Robicsek, MD, PhD 494-4943, Robicsek@ufl.edu, Tammy Euliano, MD, 413-7993, TEuliano@ufl.edu, Andrew Pitkin, MD, APitkin@anest.ufl.edu , 682-7880

**General questions are best directed first to Mrs. Williams, but do not hesitate to approach any of us if we can help optimize your experience.

Burn Service

Goals and Objectives:

- Understand early emergency care of burn patients including assessment of:
  - Airway, breathing, circulation
  - Extent and depth of burn
  - Need for burn center referral
- Comprehend fluid resuscitation in burn patients with respect to:
  - Fluid composition
  - Calculating fluid requirements
  - Monitoring adequacy of resuscitation
- Understand the pathophysiology, diagnosis and treatment of inhalation injury.
- Understand general principles of wound management including:
  - Topical antimicrobials
  - Skin grafting techniques
  - Use of skin substitutes and biologic dressings.
- Develop a basic knowledge of the rehabilitation needs of burn patients.

Required Conferences:
Surgery Grand Rounds, M&M conference and Basic Science Conference.
Teaching rounds: Monday and Friday at 7:00 a.m.
Tuesday and Thursday at 9:00 a.m.
*A weekly teaching conference on burn and wound related topics are also held.

Contact Information: Mary Ann Courts – 273-5670

Neurosurgery

Goals and Objectives:

1. Students will be assigned to a specific service within Neurosurgery and will be mentored by the senior resident and a faculty member on that service.

2. Each student will attend daily morning conferences (7:00 a.m.) where neurosurgical cases and topics are presented and discussed by residents and faculty.

3. Each student may also attend cerebrovascular, brain tumor, and epilepsy subspecialty conferences.

4. Each student will assist in operative procedures done on their service, attend weekly clinics, and be included on call with their service.

Upon successful completion of the rotation, the student will have acquired a fundamental knowledge base in the basic principles of surgery, along with recognition and surgical treatment of diseases of the central and peripheral nervous system.

Contact information: Shanna Silcox, 273-9000 / Jamie Dow, 273-7777

Ophthalmologic Surgery

Goals and Objectives:

1. Students will be capable of orally presenting to residents and/or faculty a basic differential diagnosis of a patient with visual loss and the "red eye"

2. Students will be capable of orally presenting to residents and/or faculty the work-up for a patient with visual loss and be able to assess a patient's vision

3. Students should be able to generally describe the basic organization/structures of the eye and the various ophthalmic subspecialties

4. Be able to differentiate an ophthalmologist from an optometrist and optician

5. Students should observe at least one ophthalmic surgery in the OR

Obviously, the level of analysis will be adjusted to what is felt to be reasonable for a third-year medical student (vs a 4th year medical student, etc.).

Contact Information: Mabel Wilson – 273-7540

Orthopaedic Surgery

Goals and Objectives:

1. Demonstrate ability to take a history and perform the appropriate physical examination for a patient with a musculo-skeletal problem.

2. Demonstrate the ability to organize the information obtained from a history and physical examination, formulate a differential diagnosis, and recommend options for treatment

3. Understand what types of diagnostic imaging studies are useful in the evaluation of musculoskeletal problems. Understand how to interpret basic findings on plain radiographs, such as normal anatomy, common types of fractures, arthritis.

4. Participate in the preoperative evaluation, surgical procedure, and postoperative care of patients undergoing surgical treatment of musculoskeletal problems.

5. Understand the clinical and radiographic findings & the treatment options and objectives of common musculoskeletal problems including:

    a. bone and joint injury
    b. fractures & dislocations
    c. acute soft tissue injury
    d. ligament, tendon, nerve injuries
    e. chronic soft tissue problems
    f. tendonitis/bursitis

g. nerve compression/entrapment
h. joint instability
i. arthritis-degenerative and inflammatory
j. metabolic bone disease-osteoporosis
k. infection-bone (osteomyelitis) and joints (septic arthritis)
l. metastatic bone disease

Conferences:
Students will attend the Orthopedic Department Morning conferences (7:00 am H-200-schedule posted). Students will meet weekly with orthopedic family. Each student will prepare a case for presentation and discussion.

Lectures:
Students will attend the required Tuesday & Thursday Core Surgery Clerkship Lectures.

Recommended Reading:
1. Manual of Orthopedic Surgery (loaned to students during the rotation).
2. Other references are available in the Orthopedic Department library and Health Center Library.

Contact Information: Charlotte Ledbetter – 273-7363

Otolaryngology
William Collins, M.D., Course Director

Getting Started

Allison McGee will generate a schedule for your rotation. You will be assigned to work with one of the ENT teams each week, rotating with the different ENT physicians in clinic and the OR. Ample time for reading or to take the opportunity to go to the OR will be provided. Please come to the Academic office (M2-228) the Friday before your rotation starts to pick up your schedule. Allison or Jennifer will help you contact the senior resident on your first service so that you know where to meet the team for rounds your first day on service.

Course Requirements

1. Participate in all clinic and didactic activities.
2. Completion of the course objectives.
3. Coverage of the majority of core topics with the faculty or residents & documentation sheet turned in at the end of your rotation.
4. Live with a hearing loss for one day as instructed below.
5. Return head mirror loaned to you.
6. Turn in attendance sheet.
7. Complete and discuss Otolaryngology questions with Dr. Collins or an assigned faculty member.

Objectives

1. Improve understanding of otolaryngologic pathology and normal variants.
2. Improve diagnostic skills for otolaryngologic pathology.
3. General head and neck exam.
4. Mirror examination of the upper aerodigestive tract.
5. Exposure to office-based otolaryngologic procedures, both diagnostic & therapeutic.
6. Foreign body removal from nose or ear
7. Cerumen disimpaction
8. Flexible laryngoscopy
9. Fine needle aspiration
10. Improve understanding of otolaryngologic laboratory evaluations, including Behavioral Audiometry and Tympanometry.
11. Establish evaluation and treatment algorithms for otolaryngologic pathology, including need for surgical referral.
12. Develop a sound fund of knowledge for the core subjects listed below:

Core Subjects

1. Ear
    a. Otitis media (esp., cholesteatoma)
    b. Otitis externa
    c. Hearing loss
    d. Dizziness
    e. Facial nerve disorders
2. Nose
    a. Epistaxis
    b. Rhinitis
    c. Sinusitis & polyposis
    d. Chronic obstruction
3. Throat
    a. Pharyngotonsillitis
    b. Sleep apnea
    c. Hoarseness
    d. Dysphagia
    e. Upper airway obstruction (Epiglottitis, Subglottic stenosis, Respiratory papillomatosis)
    f. Cancer
4. Neck
    a. Masses
    b. Cancer
5. Head and Neck Trauma
    a. Facial fractures and lacerations
    b. Penetrating trauma

Lectures

All students should attend Otolaryngology department resident didactic sessions and lectures when their schedule allows. A schedule will be provided in your orientation packet.

Students will be asked to present a short (15 min) talk on a topic of their choice for the Otolaryngology residents and faculty.

*******Recommended Reading**

You may borrow Ear, Nose, and Throat Diseases, a Pocket Reference, by W Becker, HH Naumann, & CR Pfaltz. It is a brief primer on otolaryngology.
Introductory textbooks are necessarily not encyclopedic. You should seek out additional sources of information, such as more topic-specific textbooks and journal articles. The Online Text section of the web contains other suggested information sources and references.

Otolaryngologic Examination

One of the most important things that you should take away from this rotation is the "head & neck" exam. Aside from the otoscope, the instruments used in the otolaryngology clinic are different from those used in most other clinics. This starts with the head mirror. If you do not have a head mirror, you can check this out from Allison McGee. Please bring these back, they are expensive. **If you do not return the mirror loaned to you, you will not receive credit for this course.**
Even though you may have had some exposure to the head and neck examination during your first year of medical school, you should have a senior otolaryngology resident, faculty member, or physician's assistant go over this with you again. Please ask one of these members of your first assigned service to go over the head and neck exam with you right away. The sooner you get started, the more you will learn.

Special Requirements

Experience Hearing Loss: Most of you do not know what it is like to live with a hearing impairment. People with even modest degrees of hearing loss may complain bitterly of this problem. Children and elderly patients may either not be able to call attention to this problem, or they may not have the resources to do anything about it. In order for you to better understand the significance of mild, unilateral hearing loss, we will provide you with a single foam earplug. Please wear this for one day while on the service and discuss your experience with a faculty member.

Facilities

The Otolaryngology department runs two clinics, Shands and Hampton Oaks. You will be rotating at both of these. The Shands clinic is located on the first floor of the hospital, adjacent to the dental wing (west entrance). Hampton Oaks is located near the Oaks Mall on SW 62nd Blvd. Maps and directions to these site and off-site locations are located in the "Patient Information" section of the web site.

Call

Students are not required to take call but should participate completely with the service activities. If you have an interest in taking call with the residents or seeing patients in the emergency room with the residents, let the junior resident on call know.

Phone Numbers

The office staff (273-5199) is available to answer questions and help you with your academic needs.

Schedules

Your rotation will be divided into clinic experiences with various subspecialty services: Head and Neck Oncology, Neurotology, General and Pediatric Otolaryngology and Facial Plastic Surgery. If you have particular interest in a given area please let Allison know before the rotation starts.

Dictation

As a result of changes in the medicolegal world, dictation must be done by the attending physician, or an involved resident or physician assistant. When in a new clinic please discuss with the attending what their protocol is for junior medical students in their clinic.

Medical Student Junior Rotation
Print this information handout for your use throughout the rotation.
At the end of the rotation you will be asked to turn this first page for a grade to be issued:

1.Returned head mirror (get Allison McGee in the academic office to sign below):

_____

2.Returned borrowed books (get Allsion McGee to sign below):

_____

3. The date I wore unilateral ear plugs: _____

4. Date and topic that I presented on: _____

5. Date that I reviewed ENT questions with Dr. Collins: _____

Return this sheet to Allison in the ENT office, M228. Thank you.

Pediatric Surgery

Goals and Objectives:
The Pediatric Surgery Service provides a broad exposure to the care of children and infants with surgical disorders. The students assigned to the Pediatric Surgical rotation will assume responsibility for care of selected patients admitted to the service under supervision and instruction by the housestaff and faculty. The students will participate in preoperative evaluations as well as postoperative management and will be expected to accompany their patients to the operating room where they will assist in the surgical procedure. Throughout the rotation, an attempt will be made to provide the students maximum exposure to surgical problems and to enable them to feel comfortable in these areas as a general physician.

Educational Goals:
- Use the framework of pediatric surgery to understand basic general surgery principles in the management of fluids and electrolyte, nutritional assessment and administration, preoperative and postoperative care, management of trauma and burns, assessment of complications, and follow-up care.
- Understand and be exposed to basic operative procedures.
- Participate in hands on experience in the OR, clinic, and daily work and teaching rounds
- Participate in the Pediatric Surgery educational conference

Evaluation and Grades:
Students will be graded based on their understanding of pediatric surgical care and preparation for the surgical cases. The competencies outlined by the Third Year Surgery Clerkship Curriculum Committee will be used. Students may request a mid-rotation assessment after the first week.

Schedule:
OR: Monday-Friday
Clinic: Tuesday 9am-12pm and 1pm-4pm
Thursday 9am-12pm and 1pm-5pm

Conferences:
Wednesday 6:45am: M&M, Grand Rounds
Monday and Friday 7am: Basic Science/Clinical Conferences and M&M
Every other Thursday 5pm: Tumor Board

Rounds:
Students will round with the service in the morning and evening which will be organized by the fellows and faculty. Students will be off one day in seven and should go home post call by 11 AM.

Call:
Students may take call if desired but none is required for this rotation. If the student takes call, he/she should leave by 11 AM on the following day.

Contact Information:
Fellows: Scott Anderson, M.D. and Belinda Dickie, M.D.
Faculty: Elizabeth Beierle, M.D.; Mike Chen, M.D.; David Kays, M.D.; Saleem Islam, M.D.
Office: Anita Simmons, Secretary / Djennet Moskvina, Office Manager; 352-273-8825

Plastic Surgery

General Goals:

During the 4-week rotation students will learn the basics of care of the surgical patient including pre-operative work-up and post-operative care. Students will also learn the basic manual skills including wound care and suturing.

What every student should be able to do after the rotation:

1. Students should be able to conduct a basic physical exam and recognize important physical signs.
2. Students should be able to write out post-operative orders including fluids and analgesics.
3. Students should be able to conduct basic wound care including the use of the VAC.
4. Students should be competent in closure of cutaneous wounds.

Specific items of knowledge that should be acquired during the rotation:

1. Diagnosis of congenital anomalies of the head and neck including clefting and craniofacial anomalies
2. Physical diagnosis of hand injuries and disease
3. Diagnosis and treatment of skin cancers
4. Physiology of flaps and grafts
5. Pharmacology of local anesthetics
6. Breast cancer treatment including reconstructive options
7. How plastic surgeons handle the cosmetic patient

Specific activities that will allow the student to meet these goals:

1. Each student will attend at least one session of the craniofacial clinic during the rotation
2. Breast reconstruction and cosmetic patients are regularly discussed during the Friday morning pre-op conference
3. Basic patient care will be a daily activity on rounds with the residents
4. Manual skill will be emphasized in the OR

Specific things you need to know to make this rotation easier and more enjoyable:

Expectations

1. You should be at all conferences that do not conflict with the student conferences. Plastic conferences are held in room N6-1 on Monday at 7:00am, and Friday from 7:00 to 9:00am, and Wednesday M&M and Grand Rounds from 6:45-8:00am.
2. Find out the schedule of the Selected Readings. Pick up the material from Rachel Eastman in the Plastic's office, M-611 (846-0372) and read the literature before the conference.
3. Talk to past students and hit the rotation running
4. Know what time to meet for morning rounds and where before leaving each day. Be on time!
5. Don't be shy. This time is for you to learn.
6. Communicate with the Fellows. Ask questions.
7. Pick up "Essentials for Students – PLASTIC SURGERY" from the Plastics office.
8. Remember 90% of life is just showing up (Woody Allen). The other 10% is what you make of it! Make the most of this rotation and learn a lot!

Contact: Plastics Admin Office - 273-8670

Thoracic and Cardiovascular Surgery

TCV Goals and Objectives:

The diseases seen on the TCV service are among the most common killers of Americans and include atherosclerotic cardiovascular disease and lung cancer. It is our expectation that the students who rotate on the service for the two week third year rotation will learn about these very common diseases and their treatment by thoracic and cardiovascular surgeons.

We consider all third year students to be potential primary care physicians who need to gain an understanding of diagnosis of these very common diseases and of how patients with these diseases should move through the health care system to receive their care, with an appreciation of the complexity of the systems needed to care properly for these patients. We also expect the students to learn specifically how they, as primary doctors, would help such patients prepare for and recover from, in a practical way, operations on their hearts and lungs.

Similarly, we expect that the third year students would develop an appreciation of the role of the primary doctor in helping with the post op care of these patients, especially after they leave the hospital. They should become familiar with such issues as wound care, activity levels and rehabilitation strategies, and the considerations that go into the decisions about both short and long term medical therapies of their underlying disease processes. They should also develop an increased understanding of the role of health maintenance strategies for these patients.

We expect the third year students to gain in their understanding of cardiovascular physiology in action, as they watch the acute changes that occur in the typical cardiac patient undergoing an operation. Similarly, these patients offer an ample opportunity to experience the entire array of cardiac arrhythmias in a way that will not likely be rivaled by any other live setting in the third year.

We do want each student to listen, both pre and post op, to the stories of at least a few of the patients who are cared for on the TCV service. We believe that only by listening to these patients' stories can they achieve an understanding of the impact of these disease processes on these patients and their families.

Finally, the students should develop an appreciation of the procedures involved in the care of TCV patients, such as chest tubes, lines, monitoring, wound management, intubation, tracheostomies, gastrostomies, and VAC sponge treatment of wounds. The student's time should be divided fairly homogenously between the wards, the operating room, and the clinics.

Transplant and Hepatobiliary Surgery

Establish a working understanding of the **human immune system** and ways to manipulate it as it applies to:

- Basic science of immunology
- Patients undergoing transplantation and the immunosuppression agents used
- Complications of immunosuppression likely to be encountered by the community physician

Comprehend **surgery of the liver and biliary tract** as it relates to:

- Surgical anatomy of the liver and biliary tract
- Hepatic resections for benign and malignant liver lesions

- Bile duct reconstruction or bypass for benign and malignant strictures
- Resection of the bile duct for cancer
- Whole organ, split liver, and live donor liver transplants

Understand **fundamentals of renal transplantation** and
- Indications for dialysis and transplantation
- General surgical problems arising in the renal failure population

Pancreas transplantation for type I DM
- Understand indications for pancreas transplantation
- Understand the anatomic aspects of pancreas transplantation

Understand **portal hypertension** in terms of:
- Anatomy and pathophysiology of the portal venous system
- Evaluation, treatment, and resuscitation of hemodynamically significant UGIB
- Medical and non-shunt surgical therapy
- Non-selective, selective and TIPSS shunt therapy

General skills including, but not limited to:
- History and physical examination of patients with liver disease, hepatobiliary malignancy, renal failure, complications of diabetes
- Principles of management of complex, post-operative patients recovering from major hepatobiliary surgery in the ICU
- Principles of blood and fluid resuscitation

The faculty of The Division of Transplantation and Hepatobiliary Surgery will offer, in addition to twice weekly teaching rounds, Monday morning hepatobiliary disease conference and Tuesday morning kidney and pancreas transplant conference. They will also receive an hour long weekly teaching conference for residents and students to present cases and subsequently discuss general surgical topics including, but not limited to:
- Liver, kidney and pancreas transplantation and the common complications
- Biliary stone disease
- Jaundice
- Pancreatitis
- Evaluation of hepatic masses/ Liver imaging
- Indications for and relative roles of resection, transplantation, local ablation or palliative modalities for hepatic malignancy.
- Bile duct tumors: resect, surgical bypass, stent
- Portal hypertension: When to; medically manage, Shunt, TIPS, Devascularize, Transplant

CONTACT: Leslie Harlin, 265-0606

Urology

Goals and Objectives:

The course goals for third year students include the following:

1. Participation in the care of all urological inpatients.

2. The students should learn the pathophysiological basis of all urological disease that they encounter in the hospital.

3. Participate actively in morning and afternoon rounds – including presentation and writing patient notes in the chart.

4. They also should attend as many of our Urological Conferences as possible, in terms of didactics while they are on the Urology Service. This will allow them to explore in-depth the disease that they may encounter in practice.

5. They also will participate in the work-up and evaluation of urological outpatients at Shands Medical Plaza, under the direct supervision of the attending physicians.

6. They will observe cystoscopies, transrectal ultrasounds in the clinic, and also observe procedures that are commonly done in the clinic such as: vasectomy and small, minor surgery on the penis. This should allow students to become very acquainted with everyday urological problems, regardless of what the student's future professional career may entail.

7. They should be able to completely work up a patient with:
   a. hematuria (both microscopic and gross)
   b. manage urinary retention
   c. insert Foley catheters and understand how to manage Foley catheters
   d. the evaluation, work-up and management of patients with urolithiasis, prostate cancer, bladder cancer, renal carcinoma, carcinoma of the testes and scrotal abnormalities, female urology – including incontinence and prolapse, and the management of bladder outlet obstruction

Student goals while participating in the Urology service should include:

1. Insertion of a Foley catheter in a male and female patient.
2. Basic suturing skills.
3. Perform competent urinalysis – including microscopy.
4. Presentation of patients in a complete and concise fashion.
5. Additionally, students should understand how to read imaging as it pertains to Urology including CT scan of the abdomen and pelvis – with specific reference to the retroperitoneum, kidneys, ureters, bladder, retroperitoneal lymph nodes, prostate, and have a basic understanding renal ultrasound and MRI.

Vascular Surgery

Goals and Objectives:

1. To become proficient in the initial evaluation of patients with cerebrovascular, arterial occlusive, aneurysmal and venous disease.
2. To understand the basic pathophysiology and treatment options for patients with cerebrovascular, arterial occlusive, aneurysmal and venous disease.
3. To become familiar with non-invasive testing for vascular disease.
4. To appreciate the critical decision-making involved in the management of patients with vascular disease.

Contact: Tammy Kegley, 273-5484
Anthony Lee, M.D.

GAINESVILLE VA

VA General Surgery

General Goals and Objectives

The VA General Surgery service cares for adult male and female patients of all ages and thus provides the student with a broad exposure to both common and complex general surgical problems. The service is in essence the provider of general surgical care to the equivalent of a medium-sized city. The patients come from a broad range of socioeconomic backgrounds and frequently have multiple co-morbidities that provide challenging complexity to their surgical management. Students are expected to participate in all facets of care of the surgical patients including evaluation in the clinic, the surgical procedure, and immediate and long-term postoperative care. Emphasis will be placed on surgical indications, risk/benefit analysis, perioperative risk assessment, routine postoperative care and recognition of complications and concise communication of information.

Staff

Dr. Kfir-Ben David, attending surgeon
Dr. Anthony McDonald, attending surgeon, Section Chief
Dr. Catherine Velopulos, ICU and attending surgeon
Dr. George Sarosi, attending surgeon
Dr. William Zingarelli, attending surgeon, Chief of Surgery
Marilyn Butcher, R.N., Patient Care Coordinator
Bezi Edwards, ARNP
Rhonda Nevin, ARNP
Mr. Wayne Henry, Program Support Assistant, B-136, ext.6078
Resident staffing on the service includes a Chief Resident, an Intermediate Resident and an Intern.

Weekly Schedule

Monday –
0800: OR (room I, Dr. Zingarelli)
Tuesday –
0700: Didactic/Preop/Morbidity and Mortality conference

0800: OR (room B, Drs. McDonald and Zingarelli; room I, Dr. Sarosi)
TBA: Minor Surgery Clinic (basement ENT clinic, ARNP's)

Wednesday –
0645: M&M Conference and Dept. of Surgery Grand Rounds
0900: VA General Surgery Clinic, third floor

Thursday –
0800: OR (room I, Dr. McDonald)

Friday –
0800: OR (room I, Dr. Ben-David)
TBA: Minor Surgery Clinic (basement ENT clinic, ARNP's)

Work rounds and daily activities will occur under the direction of the resident staff. Students will be assigned individual patients and be responsible for the daily bedside care, documentation and presentation of these patients on evening rounds. Students are expected to have conversant knowledge of these patients, their disease processes and surgical management. At the completion of each weekday work day the attending on call will round with students and house staff. Students will be responsible for weekend work and attending rounds as assigned by the resident staff. Though there are no night call assignments, students are encouraged to participate in after hours management of acute surgical patients.

It is expected that a student will be assigned to participate in each surgical procedure. Students are also encouraged to participate in the Minor Surgery Clinics with the ARNP's where they can perform cases under local anesthesia involving skin and subcutaneous tissue. The Surgical Simulation Laboratory on the fourth floor is also available at all times for use by the students. Entry codes can be obtained from housestaff and The Program Support Assistant in the General Surgery office.

Core Competencies

The general ACGME guidelines for core competencies also apply to students and will not be reiterated here. During the course of the 4 week rotation, the student is expected to become proficient in the following rotation specific core competencies:

- Patient Care
  - participate in formulating the treatment plan for assigned ward and ICU patients;
  - participate in executing the treatment plan as formulated by the surgical staff;
  - participate in surgical procedures appropriate for skill level including suturing IV and NG tube placement; and
  - participate in clinic.
- Medical Knowledge
  - develop knowledge and skills in pre- and postoperative evaluation and management of general surgical patients;
  - understand the importance of and assess perioperative risk; and
  - acquire a working knowledge of the biology and pathophysiology of wound healing, fluid and electrolyte therapy, pain management, perioperative nutrition and surgical infection.
  - demonstrate conversant knowledge of common general surgical problems including but not limited to appendicitis, benign and malignant colon neoplasm, gall bladder disease, inguinal and abdominal wall hernias, benign and malignant breast disease, skin and soft tissue infection, and melanoma.
- Practice-Based Learning and Improvement
  - apply established principles of perioperative care to the management of ward patients;

- understand the specific disease processes of surgical patients and their appropriate management; and
  - become familiar with the VA NSQIP system and SCIP measures and their application to continuous quality improvement.

- Interpersonal and Communication Skills
  - communicate and collaborate effectively with colleagues other health care professionals in an integrated health care system;
  - counsel and educate patients and families under the direction of resident and attending staff; and
    - effectively document practice activities utilizing a comprehensive electronic medical record.
- Professionalism
  - demonstrate a commitment to continuity of patient care;
  - maintain an appearance appropriate to the health care setting;
  - relate to other health care providers with the dignity and respect; and
- demonstrate effective time management skills including punctuality, availability and prioritization of tasks.

- Systems Based Practice
  - understand and apply the utility of an electronic medical record;
  - work within the framework of the established policies and procedures of the VA medical system;
  - demonstrate knowledge of risk-benefit analysis; and
  - demonstrate an understanding of the role of different specialists and other health care professionals in overall patient management.

IMPORTANT

All students must complete the VA HIPAA training before they can begin rotating at the VA. Students are only required to complete this once per year. Use the following link to get to the training.
http://www.vhaprivacytraining.net/frame.htm

VA Surgical ICU / Cardiothoracic ICU Rotation

Goals and Objectives:
During this rotation, the intern/student will be provided the opportunity to learn and apply the following cognitive and practical skills:

a) Physical assessment and systematic presentation of the critically ill patient
b) Basic principles of mechanical ventilation and troubleshooting common ventilation problems
c) Chest radiograph interpretation
d) ABG interpretation
e) ECG interpretation
f) Basic principles of hemodynamic monitoring and introduction to the Pulmonary artery catheter
g) Diagnosis and treatment of shock
h) Management of various atrial and ventricular dysrhythmias
i) Diagnosis and management of congestive heart failure
j) Diagnosis and management of acute coronary syndromes

k) The use of sedatives, analgesics, and neuromuscular blockade in the ICU
l) The evaluation and initial management of oliguria and acute renal failure
m) Basic principles of acid-base physiology
n) Diagnosis and management of electrolyte disorders
o) Nutritional assessment of the critically ill patient
p) Administration of enteral and parenteral nutrition
q) Evaluation and management of the anemic/thrombocytopenic patient
r) Use of antithrombotic agents and blood products
s) Central venous catheterization using ultrasound guidance
t) Placement of arterial lines
u) Introduction to bronchoscopy

Attending: Chris Carter, MD
Contact Info: Linda Kunz, 374-6013

VA Vascular Surgery

The Vascular Surgery Service of the Malcom Randall VAMC offers an evidence-based approach to the care of the patient with vascular disease. Our clinical focus is the care of patients with aortic aneurysms, extracranial cerebrovascular disease, arterial occlusive disease, and venous insufficiency. Additionally, we maintain a thoughtful approach to educating students and housestaff in the comprehensive care of the complex patient with vascular disease. Finally, we maintain an active research interest in the basic science and translational aspects of outcomes in vascular surgery with specific focus on intimal hyperplasia nd the failure of peripheral intervention or vein graft bypass.

VA Clinical Team:
Primary Attending Staff:

Scott A. Berceli, MD, PhD	352-376-1611, ext 6470 (telephone)
Peter R. Nelson, MD, MS	
Robert J. Feezor, MD	
Adam W. Beck, MD	

The VA Housestaff Team (in addition to Attending Staff):

Chief Resident (PGY 4)	
Intern (PGY 1)	352-413-0291 (team page)

The VA Clinical Extenders

Philip B. Irwin, PA-C	352-380-1567 (page)	376-1611, ext 5088 (telephone)
Jenny Elkins, ARNP	VA 1828 (page)	ext 6929
Janis Brown, RN	VA 1832 (page)	ext 5480

Educational Goals:

- *Use framework of vascular surgery to develop an understanding of evidence-based surgical decision-making.*
- *Develop working competence in patient data collection, note writing, and presentation.*
- *Learn basic principles for management of peripheral and cerebral vascular occlusive disease, aortic aneurysms, and venous disease.*
- *Hands on experience and daily bedside teaching of routine peri-operative patient management,*

and basic critical care.

- *Introduction to surgical techniques in the operating room setting.*
- *Appreciation of current basic and translational research activities in vascular surgery.*

Student Responsibilities (in addition to those assigned by Intern, Chief, or Fellow)*:*
Daily notes on floor patients under their responsibility.
Pre-operative, new admission history & physical examinations.
OR participation daily on all operative cases.
Attendance at rounds, conferences (see below) in concert with those for the general clerkship.
Friday clinic attendance mandatory.

Vascular Surgery Conference Schedule:

MONDAY	VASCULAR TRANSLATIONAL RESEARCH LAB MEETING	0800 – 0900
MONDAY	VASCULAR SURGERY CORE CONFERENCE	1500 – 1800
	RUTHERFORD TEXTBOOK CONFERENCE	
	ENDOVASCULAR CONFERENCE	
	VASCULAR IMAGING CONFERENCE	
	VASCULAR M & M	
	VASCULAR RESEARCH CONFERENCE	
TUESDAY	VA VASCULAR PRE-OP/ACTIVE PATIENT ROUNDS	0700 – 0800
	VASCULAR BASIC RESEARCH LAB MEETING	0800 – 1000
WEDNESDAY	GENERAL SURGERY M&M AND GRAND ROUNDS	0645 – 0815
THURSDAY	VASCULAR SURGERY INTERN CONFERENCE (NG-37)	0700 – 0745
FRIDAY	VASCULAR SURGERY PRE-OP CONFERENCE	0715 – 0830

Vascular Surgery Clinic Schedule:

MONDAY	VASCULAR NURSING CLINIC	TBA
TUESDAY	VASCULAR RESEARCH CLINIC	0900 – 1200
	VASCULAR SURGERY POST-OP CLINIC	1300 – 1430
THURSDAY	ENDOVASCULAR SURGERY CLINIC	1300 – 1500
FRIDAY	VASCULAR SURGERY CONSULTS	0830 – 1100
	VASCULAR SURGERY PRE-OP CLINIC	0830 – 1100
	VASCULAR SURGERY RETURNS	1100 – 1400

Daily Rounds:

<u>AM Rounds</u>

Rounds begin at the Chief Resident's discretion, usually around 0630 in the SICU, continuing on the 5th Floor with service inpatients, and then ending around the hospital seeing consult patients. The PGY 1 and student will complete pre-rounds on the floor, and be ready to present all pertinent data to the Chief Resident and Attending Staff on AM Rounds. The Chief Resident will form a daily plan for each patient, including active consult patients, and this will be reviewed with the Clinical Attending that day and discussed with the entire team during the Tuesday AM active patient rounds.

<u>PM Rounds</u>

Spot rounds generally follow the day's surgical schedule. It is expected that all consults have been seen and presented to the Chief Resident, diagnostic and therapeutic plans have been followed up, and that admissions and pre-ops are complete. The day's radiographic procedures are reviewed on PM rounds, and OR plans for the next day finalized. All post-operative patients and new consult patients are seen and evaluated. The PGY 1 resident and student lead PM floor rounds and insure that all patients are seen in an orderly fashion.

Weekend Rounds
Student rounds one morning each weekend in accordance with other clerkship rules and responsibilities.

Call
No vascular service in-house night call is expected unless requested by the student. Other call responsibilities follow the general surgery clerkship requirements.

JACKSONVILLE

General Surgery, Jacksonville

Course Director: John W Kilkenny, M.D.
Clerkship Director: James Dennis, M.D.
Clerkship Coordinator: Heidi Weschler

The surgical clerkship experience at the University of Florida/Jacksonville campus is extremely rich with a wide variety of surgical illnesses. The services have busy operating and outpatient clinic schedules and more than adequate inpatient load. Students have a well-rounded experience with many surgical procedures and illnesses seen from the outpatient and inpatient settings. The didactic lecture schedule is comprehensive and covers the key elements of surgical diseases.

Objectives:

To develop a comprehensive understanding of the following:
1. basic surgical principles
2. the evaluation and management of patients with surgical problems
3. the operative management of surgical disease
4. the recognition and management of surgical complications.

The students are expected to achieve these objectives by taking part in direct patient care and supplementing this experience with didactic conferences and self study. Each student is assigned patients on the general surgery service and is expected to become familiar with the patients' diseases. Students are to participate in ward rounds with the Resident and function as a member of the team. Daily Progress Notes and complete H&Ps should be done on their patients. Students will participate in the outpatient surgical clinics where they are expected to examine and evaluate patients and present the findings and assessments to senior Residents and Attendings. The proper achievement of these objectives is ascertained through daily contact with senior Residents and Attendings, through their participation in surgical conferences, and through a written examination at the end of the rotation.

Course Evaluation:

Clerkship quality is assessed through solicited feedback from the students at the end of their rotation. The students are orally interviewed as to their perception of their experience and any criticisms that they may have of the rotation. Their scores on the NBME written test are also used as a standardized measure of the degree of learning.

Student Evaluations:

Mid-clerkship evaluation is provided to assess progress and to counsel about performance problems or deficits. This allows any criticisms or problems to be addressed during the second half of the rotation. An informal written examination is given to the students rotating through JAX which covers all the material that has been covered by the lecture schedule. Each question on this test is then discussed with the students so that they understand the correct answers. This provides a forum through which any confusion regarding surgical principles may be clarified. This informal examination does not contribute to the student's final grade, but is used as feedback to the students in order to identify areas of strength and weakness. The formal oral examinations can be given to the students rotating in Jacksonville and contribute to their final grade. Each faculty member also contributes to a final overall assessment of the students' performance at the end of the rotation. NBME subject exam is given to all of the students in Gainesville on the last day of the rotation.

I. Student Activity, Schedule and Responsibilities:

1) Report to office of Housestaff Coordinator on the 3rd floor of the Faculty Clinic by 9:00 a.m. on the first day. Obtain conference schedule, meal tickets, beeper and meet with Chief Resident.

2) Elective operating days – Monday, Tuesday, Thursday and Friday
3) Outpatient clinic responsibilities: 2nd Floor Faculty Clinic

Monday 8:30am - 3pm	General Surgery B/Proctology
Tuesday 9am – 12pm	Gen Surg A
Wednesday 9:30am - 1pm	Breast Clinic

4) Inpatient responsibilities:
    - Each student will be assigned primary responsibilities for at least two patients on the service. The student will be expected to write a complete history and physical on new patients, record daily Progress Notes, write orders (to be signed by Resident), and carry out all tasks assigned (i.e., laboratory work, x-ray scheduling, wound care, etc.) under the direction of the Chief Resident and Attending surgeon.
    - Participate in ward rounds with the surgical team twice each day, and report to the Senior Resident on the status of their patients.
    - Participate in weekly Attending rounds, being responsible for all patient information, treatment plans, and for a complete understanding of each patient's disease process.
    - Morning rounds, wound care, orders, scheduling of tests, and discharges must be completed prior to the start of surgery, clinic or conferences.
    - Participate in all surgical procedures their assigned patients undergo. Students must be involved in the pre-operative and post-operative management of any patient in whose surgery they participate, and will be held accountable for a comprehensive knowledge of that patient's history regarding operative and post-operative course. Participating in the operating room is a priority only superseded by the required lectures.
    - Each student will be assigned in-hospital call nights approximately every fourth night. During this time, they will accompany a designated Resident to participate in emergency surgery. The on-call student will be responsible for the care and follow-up of new admissions. Otherwise, nights are free for study once afternoon rounds

and assigned tasks are completed. All students will be assured of at least one weekend day each week that is free from surgical service responsibilities.

II. Conference Schedule:

A complete schedule will be supplied to each student, with times, topics and locations. All are mandatory for students, and these lectures are the first priority for students before any other responsibility!

Monday:	4pm	Surgery Grand Rounds
	5pm	Surgery Mortality and Morbidity
Tuesday:	7:30am	Multidisciplinary Breast Conference
	12pm	Tumor Board
Wednesday:	7-9am	Basic Science Conference
Thursday:	12pm	Vascular Conference
	5pm	Gen Surgery Conference

III. General Surgery Attendings:

"A" Service

Richard Crass, MD, MBA, FACS
Chair, Department of Surgery

Linda Haigh, MD, FACS
Director, Breast Health Program
Associate Professor

Miren Schinco, MD, FACS
Associate Professor
Chief, Division Trauma/Critical Care

Andy Kerwin, MD, FACS
Assistant Professor
Trauma/Critical Care

"B" Service

Eric R. Frykberg, MD, FACS
Professor and Chief, Division of General Surgery

John W. Kilkenny, MD, FACS
Section Chief, Surgical Oncology
Associate Professor

Maggie Griffen, MD, FACS
Assistant Professor
Trauma/Critical Care

Suneel Khetrpal, MD, FACS, FRCS (C)
Assistant Professor
Trauma/Critical Care

IV. Learning Objectives:

The most important and effective educational tool of this rotation is direct patient care. The didactic conferences, informal discussions on rounds, and self-study are all necessary adjuncts that serve to maximize the learning process, but only if the student makes the effort to absorb this information. It is recommended that each student review one major surgical text during their surgical clerkship. We encourage the students' hands-on participation in all surgical procedures, wound care and physical examinations, so as to further enhance and understand the diagnosis and management of surgical diseases. We also attempt to foster an atmosphere of independent thinking and questioning. The students' education is further enhanced by taking place in the context of the training process for surgical Residents, which provides an important insight into their own future development as physicians. Following are specific objectives expected of students. Their achievements will be evaluated through a written and oral examination at the end of the rotation.

1) Principles of Wound Healing – knowledge of:
   - collagen synthesis-stimulating and inhibitory factors
   - primary and secondary intention
   - prevention and treatment of dehiscence
   - management of chronic wounds
   - suturing techniques

2) Fluid/Electrolyte and Acid/Base Physiology
   - understanding the normal physiology of body water and minerals, common derangements and principles of treatment

3) Critical Care
   - know the basic principles of hemodynamic monitoring, acid/base physiology, oxygen consumption, oxygen delivery, respiratory failure, ventilation support and nutrition

4) Trauma
   - know the systematic approach to managing multiply injured patients, indications for operative and non-operative management and the pathophysiology of injury

5) Surgical Oncology
   - understand the basic principles of solid tumor management, the role of surgery in the multidisciplinary approach to diagnosis and treatment and the natural history of the most common malignancies (breast cancer, colon and other GI cancers, melanoma)

6) Emergent Non-traumatic Surgical Problems
   - know the approach to evaluation of acute abdominal pain, indications for emergent surgical intervention and the diagnosis, natural history and treatment of the most common conditions that present as surgical emergencies

7) Surgical Infection
   - understand the microbiology, predisposing factors, and treatment of nosocomial infection, post-operative wound infection and intra-abdominal abscess

8) Surgical Disease
   - be familiar with the natural history, diagnosis, pre-operative work-up, intra-operative approaches, post-operative management, and the recognition and treatment of post-operative complications of those diseases most commonly encountered by General Surgeons. These include:
     - Peptic Ulcer Disease
     - Inflammatory Bowel Disease
     - Thyroid and Parathyroid Disease
     - Hernias
     - Anorectal Disease
     - Pancreatitis, Acute and Chronic
     - Diseases of the Hepato-Biliary Tract

9) Surgical Subspecialties
   - be familiar with the management of the most common Vascular, Plastic Surgery, Pediatric Surgery, Urologic and Cardiothoracic Problems.

Clerkship Director:	James Dennis, MD	244-3925
Clerkship Coordinator:	Heidi Weschler	244-3903
General Surgery Course Director:	John W Kilkenny, MD	244-3940

Critical Care Surgery, Jacksonville

Goals and Objectives:

Primary Attending Staff*:* Miren Schinco, MD, Andy Kerwin, MD, Rick Frykberg, MD, Bracken Burns, DO, Noreen Durrani, MD, & Joan Huffman MD
Housestaff Team*:* Varies
Contact Information*:* Heidi Weschler, Student/Residency Coordinator
904-244-3903, heidi.weschler@jax.ufl.edu

Educational Goals:

- Use the framework of surgical critical care to develop an understanding of the pathophysiology of critical illness especially as it pertains to the core principles in surgery.
- Begin to develop an understanding of the systematic care of the critically ill patient as it pertains to 1) the pharmacology of the drugs used in physiologic optimization, 2) electrolyte and acid - base physiology, as well as renal replacement therapy, 3) respiratory failure and ventilator management, 4) the approach to the treatment of infections and antibiotic usage, 5) the concepts of prophylaxis (against infections, gastric mucosal erosions and DVT) and the treatment options, 6) the basics of metabolism especially as it applies to providing nutrition for the critically ill patient, the hemodynamic perturbations of critical illness and the necessary hemodynamic monitoring.
- Begin to anticipate / recognize complications of injured patients as they begin to happen and initiate evaluation and treatment to minimize further deterioration.
- Learn about routine ICU procedures to include placement of central venous catheters, arterial lines, and pulmonary artery catheters

Student Responsibilities:

- Participate in rounds.
- Active participation in the division's educational programs.
- Follow and manage patients admitted to the Surgical Intensive Care Unit under the immediate guidance and supervision of the designated attending and intensivist surgeon and senior resident.
- Participate in the routine ICU procedures.

**Evaluations will be based on the 6 core competencies as outlined in the surgery syllabus.

Division of Urology, Jacksonville

Goals and Objectives:

Primary Attending Staff: Joseph Costa, DO, Christopher Williams, MD
Housestaff Team: Varies
Contact Information: Heidi Weschler, Student/Residency Coordinator
904-244-3903, heidi.weschler@jax.ufl.edu

Educational Goals:

- Learn the natural history and pathophysiology of adult urologic diseases
- Understand principles of urethral catheterization and placement of suprapubic cystostomy catheters
- Learn about pre and post-operative care of surgical patients
- Understand the diagnosis and treatment of infectious problems in the urinary system
- Learn the nature history and treatment of cancer of the genitourinary system

- Learn the principles of basic urologic procedures such as circumcision, orchiectomy, hydrocelectomy and varicocelectomy

Student Responsibilities:

- Participate in rounds
- Active participation in the division's educational programs
- Follow and manage patients admitted to the Urology service under the immediate guidance and supervision of the designated attending and senior resident
- Participate in the OR
- See and present patients in clinic

**Evaluations will be based on the 6 core competencies as outlined in the surgery syllabus.

Division of Vascular Surgery, Jacksonville

Goals and Objectives:

Primary Attending Staff: James Dennis, MD, Jonathan Vu, MD
Housestaff Team: Varies
Contact Information: Heidi Weschler, Student/Residency Coordinator
904-244-3903, heidi.weschler@jax.ufl.edu

Educational Goals:

- Use framework of vascular surgery to develop an understanding of core principles in surgery
- Learn basic evaluation of patients with vascular disease via a thorough history and physical exam
- Learn about the biomedical, clinical and social aspects of patients with vascular problems
- Understand the evaluation and management of patients who need hemodialysis
- Learn to read and interpret angiograms
- Hands on experience and daily teaching of routine peri-operative patient management
- Introduction to basic surgical tenets

Student Responsibilities:

- Participate in rounds
- Attend educational conferences
- See and present patients in the clinic
- Participate in operative cases
- Be prepared in the OR for the cases

**Evaluations will be based on the 6 core competencies as outlined in the surgery syllabus.

Division of Cardiothoracic Surgery, Jacksonville

Goals and Objectives:

Primary Attending Staff: Fred Edwards, MD, Harry D'Agostino, MD
Housestaff Team: Varies
Contact Information: Heidi Weschler, Student/Residency Coordinator
904-244-3903, heidi.weschler@jax.ufl.edu

Educational Goals:

- Learn the natural history and pathophysiology of cardiothoracic surgical diseases
- Be able to apply knowledge of cardiothoracic surgical diseases to the preoperative evaluation and postoperative care of a patient undergoing cardiothoracic surgery
- Develop a general understanding of surgical techniques and equipment specific to the specialty including the use of the cardiopulmonary bypass pump, hypothermia and tissue protection methods
- Learn about counseling activities to promote health

Student Responsibilities:

- Participate in rounds
- Active participation in the division's educational programs
- Follow and manage patients admitted to the Cardiothoracic Surgery service under the immediate guidance and supervision of the designated attending and senior resident
- Participate in the OR
- See and present patients in clinic

**Evaluations will be based on the 6 core competencies as outlined in the surgery syllabus.

Department of Otolaryngology, Jacksonville

Goals and Objectives:

Primary Attending Staff: John Isaacs, MD, Eileen Raynor, Nelson Goldman, MD
Housestaff Team: Varies
Contact Information: Heidi Weschler, Student/Residency Coordinator
904-244-3903, heidi.weschler@jax.ufl.edu

Educational Goals:

- Use framework of otolaryngology to develop an understanding of core principles in surgery
- Develop an ability to identify, diagnose and initiate treatment of common otolaryngological diseases
- Learn basic principles for management of ENT problems
- Improve comprehension of head and neck anatomy
- Hands on experience and daily teaching of routine peri-operative patient management
- Introduction to surgical techniques in the operating room setting

Student Responsibilities:

- Participate in rounds
- Active participation in the division's educational programs
- Follow and manage patients admitted to the otolaryngological inpatient service under the immediate guidance and supervision of the designated attending and senior resident
- Participate in the OR
- See and present patients in clinic

**Evaluations will be based on the 6 core competencies as outlined in the surgery syllabus.

Division of Pediatric Surgery, Jacksonville

Goals and Objectives:

Primary Attending Staff:	Joseph Tepas, MD
Housestaff Team:	Varies
Contact Information:	Heidi Weschler, Student/Residency Coordinator 904-244-3903, heidi.weschler@jax.ufl.edu

Educational Goals:

- Use framework of pediatric surgery to develop an understanding of core principles in surgery
- Gain a thorough understanding of the principles of surgical care of the pediatric patient
- Develop the ability to identify, diagnose and initiate treatment of common pediatric surgical disease entities
- Learn about routine pre and post-operative care of children and infants with surgical problems
- Introduction to basic surgical tenets

Student Responsibilities:

- Participate in rounds
- See patients in clinic/office setting
- Active participation in the division's educational programs
- Evaluation of consultative requests to the pediatric surgery service to develop an ability to identify, diagnose and initiate treatment of common pediatric surgical diseases
- Follow and manage patients admitted to the pediatric surgery service with supervision from the attending surgeon and housestaff
- Participate in operative cases
- Be prepared in the OR for the cases

**Evaluations will be based on the 6 core competencies as outlined in the surgery syllabus.