**University of Florida**

**Department of Surgery**

**Surgery Clerkship AY 2014-2015**

**Goals and learning objectives by clinical service**

**Breast/Melanoma/Sarcoma/Endocrine Surgery**

**Contact Information:**

BMSE Office # 265-0169

Chief Resident on service or Christiana Shaw, M.D., 265-0169, pager 413-7902

The Division of BMSE welcomes you to an informative and fun 4 week rotation. The division consists of 2 faculty members, 2 nurse practitioners and 2 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.

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 as part of the clerkship. 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 Drs. Shaw or Spiguel or the chief resident on the service.**

On a normal weekday we would expect that the students arrive at the hospital to round with the housestaff by approximately 6AM or whatever time is assigned by the Chief Resident. 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 12:00PM: 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.

**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 breast, melanoma, sarcoma, and endocrine malignancies in 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 breast cancer tumor boards.

**Evaluations:**

The midpoint or formative evaluation can be completed by a senior resident or any of the attendings with whom you have spent a significant amount of time.

Summative evaluation will be completed by all faculty.

**Pancreas/Biliary Surgery**

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 common 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 be exposed to the living example of gross anatomy. After an operation, you will observe how patients recover. Finally, you will be see patients return to clinic in a few weeks for continuity of care.

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, it is mandatory you attend all scheduled lectures and PBS professor rounds. Second, you should communicate daily with the residents about your clinical responsibilities. You will participate in patient care in the clinic, operating room, and surgical floors. It is IMPERATIVE that you make yourself known on the service. Attending surgeons are not always as accessible as surgical residents therefore when the attending is rounding, make your presence known and be an active part of the team. This will demonstrate enthusiasm and allow the ability for the staff to provide a fair assessment and evaluation. 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. Please meet with Dr. Trevino at the beginning of the rotation for a brief discussion about the expectations while on the PBS service.

We value your input and questions. Please contact the faculty or staff at any time.

**Contact Information:**

Pancreas/Biliary office: 265-0761

Chief resident: Varies by time of year

Attending contact: Dr. Jose Trevino, 265-0761.

**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.

**Conference Schedule:**

Thursday – Professor Rounds. Formal teaching rounds with Dr. Trevino. Student will be assigned to prepare and present a PBS surgical patient.

Friday - Service Conference. Review the OR cases for the coming week. Be prepared to discuss the pathophysiology and standard operative management of those cases.

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***  Gastroesophageal reflux disease  Paraesophageal hernia  Peptic ulcer disease  Gastric tumors  Duodenal tumors  Morbid obesity  Acute and chronic pancreatitis  Necrotizing/infected pancreatitis  Pancreatic tumors  Cholecystitis  Choledocholithiasis  Hepatic and bile duct tumors | ***Midgut***  Small bowel tumors  Small bowel obstruction | ***Hindgut***  Gastrointestinal bleeding  Colon tumors | ***Herniae***  Inguinal hernia  Umbilical hernia  Ventral or incisional hernia |

**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 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 9 core competencies.

Colorectal Surgery

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

ASCRS Textbook of Colon and Rectal Surgery, 2nd Edition.

http://www.fascrs.org/physicians/education/core\_subjects/

**Schedule of Clinic Activity**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wed** | **Thursday** | **Friday** |
| **Iqbal** | Clinic | OR | FSC | Clinic | OR |
| **Tan** | OR | FSC | Clinic | OR | FSC |

**Conference Schedule:**

Tuesday- Woodward Conf. Room- Service Conference – 7:00-80:00 AM

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 Surgery

**Contact Information:**

MIS Office # 265-0761

Chief Resident on service: Varies by time of year

Georgios Rossidis, M.D.: pager 413-2124

Kfir Ben-David, M.D.: pager 413-7398

***Conference Participation***

1. Conferences with mandatory attendance and participation
   1. Morbidity and mortality
   2. Grand Rounds
   3. Weekly Minimally Invasive Gastroesophageal and Bariatric Surgery conference

1. Achalasia

2. GERD

3. Esophageal perforation

4. Benign Esophageal masses and diverticulum

5. Esophageal Cancer

6. Gastric Cancer

7. Benign Gastric Lesions

8. Gastric Ulcers

9. Obesity

10. Case presentation/ mock oral.

***Evaluation of the Student***

1. Competency based evaluation
   1. Patient care
   2. Medical knowledge
   3. Professionalism
   4. Communication
   5. Practice-based learning
   6. Systems-based practice
2. Individuals evaluating student
   1. Faculty
   2. Fellow
   3. PA
   4. Chief Resident

**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.

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.

Trauma/Emergency Surgery

The Trauma and Emergency Surgery (TRE) service offers a comprehensive experience in the care of patients with traumatic injuries and surgical emergencies. Students will learn from patients across the continuum of evaluation, resuscitation, operation, intensive care, post-operative management, and outpatient follow-up. Students are expected to become integral members of the TRE team. This is the quintessential rotation for comprehension of systems-based practice.

**Faculty**

Fred Moore, MD Chief, Division of Acute Care Surgery

David Mozingo, MD, FACS

Lawrence Lottenberg, MD, FACS

Winston Richards, MD, FACS

Philip Efron, MD, FACS

Chasen Croft, MD, FACS

Alicia Mohr, MD, FACS

Janeen Jordan, MD

Scott Brakenridge, MD

Goals

1. Explain the evaluation and management of the acutely injured patient, to include primary survey, resuscitation, secondary survey, and definitive care.
2. Discuss the evaluation and management of patients presenting with an acute abdomen and soft tissue infections.
3. Demonstrate clinical skills 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
   1. Hemorrhagic shock
   2. Neurogenic shock
   3. Obstructive shock
   4. Traumatic brain injury
3. Explain the role of radiologic imaging in the care of acutely injured patients.
4. Describe the evaluation of the abdomen in trauma and acute care surgery patients.
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. Outline the roles of nutrition, physical and occupational therapy, speech 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 7:30 AM, Multidisciplinary Conference, 5E conference room

Wednesday 6:45 AM, Department of Surgery Morbidity & Mortality, 6120

7:15 AM, Department of Surgery Grand Rounds, 6120

Friday 7:00 AM, TRE Morbidity & Mortality Conference, 5E conference room

8:00 AM, Multidisciplinary Conference, 5E conference room

**Clinic**

Tuesday 8:00 AM – 12:00

TRE Service Clinical Coordinator: Ada Bonamie, 352-273-5670

**Burn Surgery**

**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.
* Develop a basic knowledge of chemical burns and their causes.

**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 is also held.

**Contact Information**: Mary Ann Courts – 273-5670

**Neurosurgery**

**Goals and Objectives:**

Upon successful completion of the rotation, the student will be able to

1. Demonstrate a basic understanding of selected neurosurgical issues applicable to the majority of medical fields.
2. Describe basic concepts related to routinely performed neurosurgical procedures
3. Discuss the values, skills, attributes needed for a career in neurosurgery

**Rotation Expectations:**

1. Students will rotate across two specific services within Neurosurgery and will be mentored by a senior resident and 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 will be expected to spend as much time as possible in the operating room observing neurosurgical procedures, and will be encouraged to scrub in on the majority of those cases observed.
4. Each student will spend one day in the outpatient clinic to see outpatient pre and post-operative surgical decision making and management.
5. Each student will take one overnight call with Senior resident supervision during the two week block.
6. Each student will participate in weekly “luncheon seminar” didactic sessions (if scheduled) with assigned faculty reviewing important topics in neurosurgery.
7. Each student will meet with the clerkship Director, Dr. Gregory Murad, periodically throughout the clerkship, in order to review their learning experience, answer any remaining questions, and to address any further interest the student may have in neurosurgery as a potential career.

**Contact information:** Ashley Kolosky, 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”

1. 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
2. Students should be able to generally describe the basic organization/structures of the eye and the various ophthalmic subspecialties
3. Be able to differentiate an ophthalmologist from an optometrist and optician
4. 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

**Orthopedic 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. Essentials of Musculoskeletal Medicine 3rd edition (Located in medical school library and bookstore).
2. Other references are available in the Orthopedic Department library and Health Center Library.

**Contact Information**: Kendra Gordon – 273-7365

**Otolaryngology/ ENT**

Dr. Neil Chheda, Course Director

Nicolle Rutledge, Course Coordinator [nicolle.rutledge@ent.ufl.edu](mailto:nicolle.rutledge@ent.ufl.edu)

Phone: 273-5199 HSC Room M2-228

Nicolle Rutledge will generate a schedule for your rotation. You will be rotating with the different ENT physicians in clinic. If you have particular interest in a given area please let Nicolle and/or Dr. Chheda know before the rotation starts. Ample time for reading and assisting in the OR will be provided. Please come to the Academic office (M2-228) the Friday before your rotation starts to pick up your schedule. Nicolle 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. It is also very important that you read about the surgical cases including those you will see on your first day.

**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. Experience hearing loss for one day as instructed below.
5. Return head mirror and textbooks loaned to you.
6. Complete and discuss Otolaryngology questions with Dr. Chheda.

**Objectives**

* Improve understanding of otolaryngologic pathology and normal variants
* Improve diagnostic skills for otolaryngologic pathology
* General head and neck exam
* Mirror examination of the upper aerodigestive tract
* Exposure to office-based otolaryngologic procedures, both diagnostic & therapeutic
* Foreign body removal, cerumen disimpaction, flexible laryngoscopy, fine needle aspiration
* Improve understanding of otolaryngologic laboratory evaluations, including  
  Behavioral Audiometry and Tympanometry
* Establish evaluation and treatment algorithms for otolaryngologic pathology, including need for surgical referral
* Develop a sound fund of knowledge for the core subjects listed below:

**Core Subjects**

Ear

Otitis media (including cholesteatoma)

Otitis externa

Hearing loss

Dizziness

Facial nerve disorders

Nose

Epistaxis

Rhinitis

Sinusitis & nasal polyposis

Chronic obstruction

Throat

Pharyngitis & tonsillitis

Sleep apnea

Hoarseness

Dysphagia

Upper airway obstruction (Epiglottitis, Subglottic stenosis, Respiratory papillomatosis)

Cancer

Neck

Neck masses

Cancer

Head and Neck Trauma

Facial fractures and lacerations

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.

**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](file:///\\medfile1.medicine.ufl.edu\ent-shared\Medical%20Students\MS3%20-%203rd%20Year%20Medical%20Student%20Calendar\text.htm) section of the web contains other suggested information sources and references.

**Otolaryngology 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. Nicolle will loan you a head mirror. They are fragile, please be careful. 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 ear plug. Please wear this for one day while on the service and discuss your experience with a faculty member.

**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.**

**Schedules**

Your rotation will be divided into clinic experiences with various subspecialty services: Head and Neck, Otology, Laryngology, Pediatrics and Plastics. If you have a particular interest in a given area please let Nicolle know before the rotation starts.

**Dictation**

As a result of changes in the medicolegal world, the attending physician, or an involved resident or physician assistant must do dictation. 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 page in for a grade to be issued:*

1.Returned head mirror (get Nicolle sign below):

2.Returned borrowed books (get Nicolle sign below):

3. The date I wore unilateral ear plugs:

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

***Return this sheet to Nicolle Rutledge in the ENT office, M228.***

***Phone: 273-5199***

***Thank you.***

**Pediatric Surgery**

**Goals and Objectives:**

Pediatric Surgery is THE last true general surgery practice that is left at this point as we operate and care for all organ systems except the brain, heart and bones (and even those, we are involved with courtesy of trauma and ECMO). The rotation should be a broad and exciting experience in the surgical care of children from fetuses and neonates to adolescents.

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.

The student will be requested to present a clinical discussion during the rotation that will be germane to their exposure. The student will be expected to have read up more than what is available in small texts of surgery (such as Recall).

**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

**Reading Materials:**

Reading from the provided textbook is a good place to start. Please supplement with the chapter on Pediatric Surgery from either Schwartz (<http://www.accessmedicine.com/content.aspx?aid=5029784>) or

Sabiston (<http://www.mdconsult.com/books/page.do?eid=4-u1.0-B978-1-4377-1560-6..00067-6&isbn=978-1-4377-1560-6&uniqId=340643422-2#4-u1.0-B978-1-4377-1560-6..00067-6>) or

Greenfield (<http://www.r2library.com/contents/content_resource_frame.aspx?ResourceID=222&Library=Medicine>)

The helpful links may be cut and pasted into a browser or clicked on and should take you to the electronic versions of these chapters. A PDF version of the Sabiston chapter is available as well.

**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 should request a mid-rotation assessment after two weeks, it is recommended that they have this form filled out by the faculty as well.

**Schedule:**

OR:        Monday-Friday.  SUF every day: Room 15.

Children’s Surgery Center: M W F

Clinic:   Tuesday 9am-12pm and 1pm-4pm

               Thursday 9am-12pm and 1pm-5pm

**Conferences:**

Monday and Friday 7am: Basic Science/Clinical Conferences/Journal club

Wednesday 6:45am: M&M, Grand Rounds

Every other Thursday : 7 am Divisional M and M, 5pm: Pediatric Multidisciplinary 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 11-1200 hours. Teaching rounds will be held at least once a week and students will be asked questions about their patients as well as other patients on the service.

**Call:**

Students may take call if desired but none is required for this rotation. The student may be able to substitute one of the trauma calls for Pediatric Surgery call. If the student takes call, he/she should leave by 11 AM on the following day.

**Contact  Information:**

Fellows: Connie Lee M.D. and Daniel Solomon, MD

Faculty: David Kays, M.D.; Saleem Islam, M.D.; Shawn Larson, MD; Janice Taylor, MD

Office: 352-273-8825

**Plastic and Reconstructive Surgery**

**Rotations:**

1. Shands Teaching Hospital
2. Veterans Administration

**\*\*\*Each student should rotate at each location for a one week block\*\*\***

**General Goals:**

During the 2-week rotation students will learn the basics in the care of the surgical patient including pre-operative work-up, post-operative management, and clinical decision-making. Students will learn basic manual skills such including suturing and assisting with procedures, in and out of the operating room, as well as wound healing.

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

1. Students should be able to conduct a basic history and physical exam and recognize important physical signs, including in face and upper extremity injuries.
2. Students should be able to write post-operative orders and brief operative notes.
3. Students should be able to understand basic wound healing.
4. Students should be competent in closure of cutaneous wounds.

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

1. Diagnosis and treatment of congenital craniofacial anomalies including clefts
2. Physical diagnosis and treatment of hand and upper extremity injuries and disease
3. Physical diagnosis and treatment of craniomaxillofacial injuries
4. Diagnosis and treatment of skin cancers
5. Physiology of flaps and grafts
6. Pharmacology of local anesthetics
7. Reconstructive options in patients with breast, head/neck cancer, and other complex wounds
8. How the plastic surgeon handles the cosmetic patient

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

1. Attend at least one session of the multidisciplinary craniofacial clinic during the rotation held on Thursday from 1p-5p in the Medical Plaza. Dress is professional.
2. Reconstructive (breast, hand, head/neck, pediatric) and Cosmetic patients are discussed biweekly during the Monday Afternoon Pre-operative Conference
3. Knowledge in basic patient care will be acquired daily on rounds and consults with the Residents
4. Manual skills emphasized in the Operating Room and the Emergency Room

**Clinic:**

**Shands**

1. Medical students should attend Craniofacial Clinic in Medical Plaza on Thursday afternoon from 1-5pm and dress is professional
2. Medical Students may **NOT** see cosmetic patients in clinic
3. Medical Students are **NOT** to go to Millennium Building for clinic or the operating room

**VAMC**

1. Clinic is held on Tuesday and Friday and dress is professional.

**Hospital**:

* You should round every morning with the resident team. (Contact the intern or resident the night before for rounding time.)
* Depending on the intern and resident, you may obtain vitals, lab results, or dressings for the in-house patients.
* You should see consults when available.
* You should round with the attending and resident/intern between cases if possible.

**Facilities include:**

Shands North and South tower, Florida Surgical Center, Children’s Surgical Center, Veterans Administration OR

* You should introduce yourself to the circulator and the surgical technician.
* You should be in the room before the attending, unless you are in another clerkship obligation.
* Please assist the OR staff and the resident with patient prep and postoperative positioning to the stretcher. (Note: some staff may be more territorial than others)
* Pearls of the OR…
  1. Turnover time between cases is approximately 30 minutes.
  2. The OR schedule is posted every night at the OR front desk.

**Educational Responsibilities**:

* Read about patients before going into their hospital room.
* Read about the operative case (anatomy and basic knowledge) before going into the operating room.
* Read Essentials for Students “Plastic Surgery”.
* M & M and Grand Rounds at 6:45am on Wednesdays.
* Plastic Surgery Conference on the 1st, 3rd and 5th Monday of each month.

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

* Meet with Dr. Lentz prior to the start of your rotation (Make an appointment with Shirley Ambrosino at 273-8670)
* You should be at all conferences that do not conflict with the student conferences.  Plastic Surgery conferences are held in room N6-01 at 4 PM, every first, third, and fifth Monday of each month.  Surgery Morbidity& Mortality and Grand Rounds are held in room 6120, every Wednesday at 6:45 AM.
* Pick up the Plastic Surgery conference schedule from the administrative office and read prior to conferences.
* If Journal Club is taking place during your rotation, please attend – you will enjoy it.
* Talk to past students and hit the rotation running.
* Know where and what time to meet for morning rounds before leaving each day.  Be on time!
* Come prepared to the Operating Room. Do not go to the operating room unless you have read about the patient.
* Don’t be shy.  Ask questions.  Communicate with the Residents.
* 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**:       Ashley K. Lentz MD, UF PRS Student Clerkship Director, [lentz@surgery.ufl.edu](mailto:lentz@surgery.ufl.edu)

                        Shirley Ambrosino, Plastic Surgery Office Manager, 352-273-8670

**Thoracic and Cardiovascular Surgery**

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, Monday afternoon kidney and pancreas transplant conference, and Thursday afternoon liver 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
* 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: Adela Van Antwerp, 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:

* hematuria (both microscopic and gross)
* manage urinary retention
* insert Foley catheters and understand how to manage Foley catheters 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.
5. To understand the nature of vascular surgical therapy: open and endovascular.
6. To be able to appropriately modify the cardiovascular risk factors for patients with systemic vascular disease.

Contact:     Vascular Office, 273-5484/Robert J. Feezor, MD FACS

**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. Anthony McDonald, attending surgeon, Section Chief

Dr. Mike Hocking, attending surgeon

Dr. George Sarosi, attending surgeon

Dr. William Zingarelli, attending surgeon, Chief of Surgery

Marilyn Butcher, R.N., Patient Care Coordinator

Emilie Joseph, ARNP

Rhonda Nevin, ARNP

Yamela Henry, Program Support Assistant, B-136, ext.6078

Residents on the service include a Chief Resident, an Intermediate Resident and an Intern.

**Weekly Schedule**

Monday –

0800: OR (room I, Dr. Zingarelli)

Tuesday –

0700: Preop/Morbidity and Mortality conference

0800: OR (room B, Drs. McDonald and Zingarelli; room I, Dr. Sarosi)

TBA: Minor Surgery 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. Caban)

TBA: Minor Surgery 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>.

Please check in with Yamela Henry, Room B139 on the first day of the service.

VA Surgical ICU / Cardiothoracic Surgery

**Goals and Objectives:**

During this rotation students will care for critically ill patients and their families. Students will have the opportunity to learn and apply the following cognitive and practical skills:

* Physical assessment and systematic presentation of the critically ill patient
* Basic principles of hemodynamic monitoring including the central venous pressure, the pulmonary artery catheter, and arterial pulse wave analysis
* Basic principles of airway management and mechanical ventilation
* Interpretation of plain films, CT scans, the ABG and the ECG in the ICU
* Diagnosis and management of sepsis and septic shock
* Diagnosis and management of hypovolemia and hemorrhagic shock
* Diagnosis and management of atrial and ventricular dysrhythmias
* Diagnosis and management of congestive heart failure
* Diagnosis and management of acute coronary syndromes
* The evaluation and initial management of oliguria and acute renal failure
* Basic principles of acid-base physiology
* Diagnosis and management of electrolyte disorders
* Nutritional assessment of the critically ill patient
* Formulation and administration of enteral and parenteral nutrition
* Evaluation and management of the anemic/thrombocytopenic patient
* Use of anticoagulants and blood products
* The use of sedatives, analgesics, and neuromuscular blockade in the ICU
* Introduction to critical care prophylaxis
* Placement of central venous catheters and arterial lines
* Introduction to bronchoscopy
* Introduction to critical care ultrasound, including echocardiography.
* End of life, palliative care, and family care in the ICU

**Attendings:** Charles Hobson, MD and Sasha Grek, MD

**Contact Info:** Linda Kunz, 374-6013

**VA Vascular Surgery**

The Vascular Surgery Service of the Malcolm 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 and 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)

Catherine Chang, MD

Salvatore Scali, MD

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

*Vascular Fellow*

*Chief Resident (PGY 4)*

*Intern (PGY 1) 352-413-0291 (team page)*

The VA Clinical Extenders:

*Philip B. Irwin, PA-C 352-413-6047 (page) 352-376-1611, ext 5088*

**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 and conferences (see below) to supplement those for the general clerkship.
* Friday clinic attendance mandatory.

**Vascular Surgery Conference Schedule:**

Monday VASCULAR TRANSLATIONAL RESEARCH LAB MEETING 0800 – 0900

VASCULAR SURGERY CORE CONFERENCE 1500 – 1800

Rutherford Textbook Conference

Vascular Research Conference

Vascular M & M

Aortic Imaging Conference

Vascular Lab Imaging Conference

JVS Journal Club

Tuesday VA VASCULAR PRE-OP/ACTIVE PATIENT ROUNDS 0700 – 0800

VASCULAR FELLOW’S TEACHING CONFERENCE 0715 - 0745

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 INTERESTING CASE 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

### *AM Rounds*

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.

### *PM Rounds*

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**

Course Director:  James Dennis, M.D.

Clerkship Director:  James Dennis, M.D.

Clerkship Coordinator: Renee Boyle

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:**

* 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, beeper and meet with team.
* 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!

**III. General Surgery Attendings:**

**Ferguson Service                                                    Moseley Service**

Michael S. Nussbaum, MD, FACS   Bestoun Ahmed, MD

Methodist Medical Center Professor Asst. Professor

Chair Dept. of Surgery                 Minimally Invasive Surgery Program

Ziad Awad, MD, FACS Laila Samiian, MD

Asst. Professor & Med. Director Asst. Professor & Chief

Minimally Invasive Surgery Program Section of Breast Surgery

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Asst. Professor & Medical Director, Professor

Bariatric Surgery Surgical Oncology

Eli Lerner, MD, FACS

Asst. Professor

Division of General Surgery

**V. 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.

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

Fluid/Electrolyte and Acid/Base Physiology

* understanding the normal physiology of body water and minerals, common derangements and principles of treatment

Critical Care

* know the basic principles of hemodynamic monitoring, acid/base physiology, oxygen consumption, oxygen delivery, respiratory failure, ventilation support and nutrition

Trauma

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

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)

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

Surgical Infection

* understand the microbiology, predisposing factors, and treatment of nosocomial infection, post-operative wound infection and intra-abdominal abscess

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

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:                  Jessica McDonald- Jazrawi   244-3903

General Surgery Course Director:  James Dennis, MD           244-3925

**Jacksonville Vascular Surgery**

**Goals and Objectives:**

Primary Attending Staff: James Dennis, MD, Jon C. Allmon, MD, & Joseph Habib, MD

Housestaff Team: Chief Resident, Senior Resident & Intern

Contact Information: Jessica McDonald - Jazrawi, Student/Residency Coordinator,

904-244-3903, jessica.mcdonald-jazrawi2@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.