

ACTING INTERNSHIP IN SURGERY

COURSE SYLLABUS

2010-2011

Surgery Department
University of Kentucky
College of Medicine

SURGERY CLERKSHIP PERSONNEL

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Statement of Professional Standards

Professional behavior is a critical component in a physician's ability to provide care for the patient. The ideal relationship between physician and patient should be one of mutual respect and trust; responsibility and commitment to the care of patients is vital.

It is expected that all students will exhibit high standards of professional and humane behavior toward patients, families and other health professionals. The fourth year clerkships endorse all aspects of the Behavioral Standards in Patient Care of the Albert Chandler Medical Center as detailed in the Physician's Reference. The following outlines acceptable and non-acceptable conduct:

- **Professional Behavior:** The basis of all patient-physician interactions should be respect and trust, and each patient should be treated as a unique and worthwhile person. Unprofessional, abusive, rude, or neglectful behavior toward patients, families or other health care professionals will not be tolerated.
- **Professional Appearance:** It is expected that all students will adhere to the College of Medicine dress code. Students whose appearance is deemed unprofessional will be removed from clinical duties until the problem is corrected.
- **Confidentiality:** All patient-physician interactions are confidential by ethical and legal standards. Please remember that in addition to the obvious standards of confidentiality, students should not have discussions regarding patients in public areas such as elevators, eating areas, and hallways.
- **Plagiarism:** "A medical student must not plagiarize materials of others. Students' work is expected to be the result of their own thought, research or self-expression. Plagiarism is the act of presenting the information, ideas, organization or phrasing of another source without appropriate acknowledgement as one's own, either intentionally or because of gross negligence."

Inattention to these critical components of professional behavior can result in compromised patient care and may result in the lowering of a grade or dismissal from the course.

UNIVERSITY OF KENTUCKY COLLEGE OF MEDICINE

PROFESSIONALISM EXPECTATIONS

The University of Kentucky College of Medicine regards professionalism and humanism in the training of medical students to be essential goals. Throughout the curriculum, medical students are exposed to professional behavior issues, moral and ethical decision-making, and community service opportunities. The following definition of professionalism is UKCOM's guideline by which professional behavior expectations are set. These expectations apply to all medical students as well as faculty, and begin with matriculation in medical school.

Professionalism includes *altruism, accountability, excellence, duty, service, honor and integrity, and respect for others*. Definitions of these concepts have been developed by the American Board of Internal Medicine's Project Professionalism and are listed below.

- ***Altruism*** - Physicians must serve the best interests of patients above their own interests.
- ***Accountability*** - Physicians are accountable to their patients for fulfilling the implied contract governing the patient/physician relationship. They are also accountable to society for addressing the health needs of the public and to their profession to uphold medicine's ethical precepts.
- ***Excellence*** - Physicians must make a conscientious effort to exceed ordinary expectations and maintain life-long learning.
- ***Duty*** - Physicians must accept a commitment to serve their patients. Accepting inconveniences to meet the needs of one's patients, enduring unavoidable personal risk, advocating for care regardless of ability to pay, and volunteering one's skills and expertise for the welfare of the community are all part of the accepted duty.
- ***Honor and integrity*** - Honor and integrity imply being fair, being truthful, keeping one's word, meeting commitments, and being straightforward.
- ***Respect for others*** - Demonstrating respect for patients, their families, other physicians and health care professionals is the essence of humanism. Humanism is essential in the practice of medicine.

ACTING INTERNSHIP IN SURGERY/ELECTIVE COURSES

Course Numbers:

SUR-852	Acting Internship in Pediatric Surgery
SUR-853	Acting Internship in Otolaryngology-Head & Neck Surgery
SUR-854	Acting Internship in Urology
SUR-855	Acting Internship in Plastic Surgery
SUR-857	Acting Internship in Transplant Surgery
SUR-862	Acting Internship in General Surgery
SUR-863	Acting Internship in Cardiothoracic Surgery
SUR-865	Acting Internship in Surgical Intensivist
SUR-866	Research in Surgery
SUR-869	Acting Internship in Trauma Surgery
SUR-870	Elective in Speech & Hearing
SUR-871	Fourth Year Clerkship in Surgery
SUR-872	Outpatient Management in Surgery Subspecialties

This course provides the fourth year medical student an advanced graduate experience in the care of the surgical patient.

Course Objectives

The Acting Intern will be able to:

1. Perform an initial, thorough patient evaluation for hospital admission, formulate a cogent list of problems and develop a work-up approach for each.
2. Implement a treatment plan within the inpatient hospital setting and monitor the results.
3. Prepare a patient for general anesthesia, organize pertinent information for the brief operative report, draft appropriate orders for the immediate postoperative period, and evaluate a postoperative patient.
4. Recognize, characterize and implement an initial treatment plan for the following commonly occurring perioperative conditions:
 - a) Post operative fever (Atelectasis, Wound Infection, UTI, Pneumonia)
 - b) Shortness of breath (COPD, Acute Bronchospasm, Pulmonary Embolism)
 - c) Chest pain (MI, Angina, Arrhythmia)
 - d) Oliguria or Anuria
 - e) Hemorrhage
 - f) Shock
 - g) Electrolyte disturbance
 - h) Nutritional disturbance
5. Develop and/or refine the following skills:
 - a) IV access
 - b) Placement of a Foley catheter
 - c) Placement of a NG catheter
 - d) Suturing

An understanding of the basic principles of these procedures is to be acquired, not proficiency.
6. Understand the fundamentals of the specialized physical exam and treatment of common conditions specific to the subspecialty on which he or she rotates.

Course Administration:

Course Director:

Joseph Valentino, M.D.
Surgery Education Office
C-236 UKMC, 0084
257-5097

For questions about the course, contact the Surgery Education Office at 3-5870.

When on **night call (in-house)**, the Department of Surgery will provide dinner that evening and breakfast the next morning only. (\$9.00/per day)

Course Activities

Clinical Responsibilities

AIs will be assigned a faculty preceptor and a chief resident. They will be directly in charge of the AI's daily activities during the rotation. AIs are expected to participate in the care of hospitalized and ambulatory surgical patients. Responsibilities as a contributing member of the ward team include:

1. Supervised performance of:
 - a. admission history and physical examinations
 - b. daily inpatient and outpatient assessments and treatment plans
 - c. writing of orders on hospital floors to implement diagnostic and therapeutic interventions
 - d. collection and analysis of pertinent diagnostic tests and laboratory data
 - e. coordination of paraprofessional interventions and discharge
 - * f. the initial assessment and treatment of patients with non-critical conditions while on night call - **Acting Intern orders are not appropriate in intensive care units or critical care settings (i.e., any surgical ICU; this includes the ER which is also considered an intensive care unit)**
 - g. initial assessment, conjointly with residents and attendings, of critical patients
2. Participation in surgery and performance of common, minor procedures on a regular basis.

Written Notes in Patient Charts:

Notes written in patient charts need to be cosigned by a supervising M.D. from the ward team. Order entry at the University and VA hospitals is computer-based. Therefore, the student is asked to write at least two sets of "faux" orders for review by the preceptor.

Student On-Call

Students will take call on the service to which they are assigned, in rotation with the service interns. This is approximately once weekly (and no more than every third night) and is assigned by the chief resident. It is advised that the student remind the team on call of their presence and need for notification regarding clinical call activities.

COM Policy on Medical Student Duty Hours

The College of Medicine follows the ACGME guidelines on duty hours, namely:

- 1) that medical students are to have on average of one day out of every seven days free from clinical duties
- 2) that medical students are never to work more than 80 hours per week; and
- 3) that duty periods for medical students cannot last for more than 24 hours although a student may need to stay for a few additional hours longer than the allowed 24 hours in order to maintain continuity of patient care. Every effort should be made by the student's resident to get the medical student out of the hospital post-call.

If a student finds that the rotation s/he is doing is not in compliance with these guidelines, the student should alert the Clerkship Director and the Assistant Dean for Student Affairs who will follow-up on this issue right away.

Reading

During the rotation, the A.I. is expected to read from the book ***Surgery On Call***, edited by Leonard G. Gomella, M.D. and Alan T. Lefor, M.D. (Chapters are: 3-5, 11-12, 14-15, 26, 31, 39-49 and 57), and to review appropriate sections from ***Essentials of General Surgery***, edited by P.F. Lawrence (Chapters are: 2-10), 4th edition.

Topics:

- Perioperative Management of Surgical Patients (2)
- Fluids, Electrolytes, and Acid-base Balance (3)
- Nutrition (4)
- Surgical Bleeding and Blood Placement (5)
- Shock (6)
- Surgical Critical Care (7)
- Wounds & Wound Healing (8)
- Surgical Infections (9)
- Trauma (10)

In addition, selected readings of the ***Obstetrics and Gynecology*** textbook by R.B. Beckmann (3rd edition), are chapters 4-5, 16, 20 & 33 (Maternal-Fetal Physiology, Antepartum Care, Medical and Surgical Conditions of Pregnancy, Bleeding & GYN Procedures).

(Surgery On Call can also be checked out from the Surgery Education Office).

Student-Patient Case Logger – New Innovations

A goal of the clerkship is to provide each student with exposure to a variety of patients with certain important clinical problems/complications. All students (AIs & elective courses) are asked to log information about their patient encounters during the clerkship experience. Students will log cases on-line using *New Innovations*, a web-based educational system adopted by the College of Medicine. These electronic records will be reviewed by the clerkship director to ensure that each student is meeting the requirements of the clerkship. For your convenience you should log cases **continuously throughout the clerkship**, rather than waiting until the clerkship ends. Students should refer to the *New Innovations* instructions provided during orientation for complete details about logging in and using *New Innovations*.

- In patient elective
- Outpatient elective
- Patient requiring emergency surgery
- Patient with an infection

In addition, experience with a number of skill sets is to be recorded.

- Suturing/ Wound Closure

Evaluation

The AI will meet with the course director (*see cover letter for date*) of the rotation for orientation. Anytime during the rotation if you have a problem or concern or just a question, please feel free to contact the course director through the Surgery Education Office for an appointment.

The AI is to attain from the faculty preceptor and/or senior resident written feedback on notes and orders throughout the rotation. **At the end of the rotation, the following sample notes with written feedback are to be turned into the course director at the Surgery Education Office:**

2 History and Physical Exam

2 Admitting Orders (faux-written outside of the medical record)

1 Operative Note with Post Operative Orders

1 Post Operative Check Note (typically on the day of surgery)

2 Post Operative Encounters (e.g., called to see patient for any evaluation)

These sample notes will not be used to determine the AI's grade. However, failure to turn in the samples with written feedback will result in a lowering of the AI's grade by a full letter grade. (Get your copies made at the time you write them initially). Failure to log in patient encounters will also be subject to lowering of student grade.

Clinical evaluation

The faculty preceptor and chief resident will evaluate the AI's clinical performance. See the attached example of the clinical evaluation form.

Mid-Point Assessment

In an attempt to provide feedback concerning the development of your performance, students are to elicit mid-point performance assessment from faculty/senior resident. In order to accomplish this, the student must request and schedule a meeting with faculty/senior resident. A "tick" card indicating points to cover for mid-point meeting will include such items as a mid-point grade, strengths of performance and areas needing improvement; this information will be logged into *New Innovations* under Mid-Point Assessment by the student. The clerkship coordinator will track this information and report to the Clerkship Director midway through the course.

Exam

An exam consisting of a patient management problem and multiple choice questions is given the last day of the rotation. Exam questions cover the following topics:

- a) Post-operative fever (Atelectasis, Wound Infection, UTI, Pneumonia);
- b) Shortness of breath (COPD, Acute Bronchospasm, Pulmonary Embolism);
- c) Chest pain (MI, Angina, Arrhythmia);
- d) Oliguria or Anuria;
- e) Hemorrhage and blood replacement;
- f) Shock;
- g) Fluid, electrolyte and blood gas disturbances;
- h) Nutrition and wound healing.

Questions are based upon material presented in the textbooks *Surgery on Call, Essentials of General Surgery, and Obstetrics and Gynecology*.

Grading Policy:

Clinical Evaluation:

75%

Exam:

25%

Exam performance above 84% will increase the AI's grade by 1/2 a letter grade; exam performance lower than 66% will decrease the AI's grade by 1/2 a letter grade.

Failure to turn in required sample notes, within 2 weeks of the last day of the rotation, will result in a lowered grade by one letter grade.

COM Policy on Electronic Devices and Examinations

“During an examination in the College of Medicine, students are not to have electronic devices such as cell phones, pagers, PDAs on them. Instead, these devices should be left either in the student's locker or at the front of the classroom in the off position.”

Classroom Noise during Exams: many of the classrooms are subject to outside noise that may be unavoidable. As a precaution, students may wear ear plugs for taking the mid-term, final and shelf exams.

Students must complete all evaluations by the end of the clerkship before grades will be submitted to the Academic Affairs Office. “Students will not receive a grade until requested course and preceptor evaluations or other required materials are submitted.” “A student will receive a grade of “I” and a hold placed on student university accounts until the materials are complete.”

UNIVERSITY OF KENTUCKY DEPARTMENT OF SURGERY
EVALUATION OF AI STUDENT FORM – 2008-2009

STUDENT _____ - DATE _____

ATTENDING/CHIEF RESIDENT _____ A CR

STARTING DATE _____ ENDING DATE _____

Directions: Please give your student a numerical grade for each category, with 0-100 as possible grades, (i.e. for write-ups you may give them a score of 90 if the student is somewhat between expected and outstanding). *Student's grade will be the average of the categories below

Unsatisfactory Performance (<75) (D)	Performance Needs Improvement (75-84) (C)	Performance at Expected Levels (85-94) (B)	Outstanding Performance (95-100) (A)
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NUMERICAL GRADE

Knowledge and Reasoning:

Fund of knowledge, ability to synthesize conclusions from patient data & evidence of study.

Professionalism:

Reliability, interpersonal skills with team & staff, organizational skills & punctuality; reaction to stress, personal appearance & demeanor.

Clinical Skills:

History & physical exams, quality of progress notes, treatment plans & written orders. Skills in pre-op, post-op evaluation of patients. Technical & mechanical skills.

Overall Grade

COMMENTS:

SIGNATURE

SERVICE GUIDELINES

The following Service Expectations are designed to give you an overall review of what is expected in a medical student on each particular service. If some of the guidelines do not specifically mention the role of a 4th year student, please confirm with chief resident or attending as to what is expected of you.