UNIVERSITY OF KENTUCKY
COLLEGE OF MEDICINE
ACTING INTERNSHIPS IN SURGERY
2015-2016
4 Credit Hours

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## Acting Internships & Electives in Surgery

The AI courses listed below provide the fourth year medical student an advanced graduate experience in the care of the surgical patient. Each is a four week rotation.

- **SUR-852** Acting Internship in Pediatric Surgery
- **SUR-853** Acting Internship in Otolaryngology
- **SUR-854** Acting Internship in Urology
- **SUR-855** Acting Internship in Plastic Surgery
- **SUR-857** Acting Internship in Transplant Surgery
- **SUR-862 (A-E)** Acting Internship in General Surgery
- **SUR-863** Acting Internship in Cardiothoracic Surgery
- **SUR-865** Acting Internship in Surgical Intensivist
- **SUR-869** Acting Internship in Trauma Surgery

## Elective Courses in Surgery

- **SUR-866** Research in Surgery
- **SUR-870** Elective in Speech & Hearing
- **SUR-872** Outpatient Management in Surgery Subspecialties
- **SUR-890** Surgery Off-Site
- **SUR-MD 860** Dermatology

## Other Related Services

- **NSG-864** Acting Internship in Neurosurgery (contact NS)
- **SUR-851** Acting Internship in Orthopedic Surgery (contact Ortho)
- **SUR-876** Acting Internship in Oral & Maxillofacial Surgery (contact OMS)

## Student Learning Outcomes & Related Objectives

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<thead>
<tr>
<th>Student Learning Outcomes</th>
<th>UK COM Objectives</th>
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<tr>
<td>The acting intern will be able to…</td>
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<tr>
<td>Perform an initial, thorough patient evaluation for hospital admission.</td>
<td>PC1</td>
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<tr>
<td>Following patient evaluation for hospital admission, formulate a cogent list of problems.</td>
<td>PC1</td>
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<tr>
<td>Following patient evaluation for hospital admission, develop a work-up approach for each problem identified.</td>
<td>PC2</td>
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<tr>
<td>Implement a treatment plan within the inpatient hospital setting.</td>
<td>PC3; PC4</td>
</tr>
<tr>
<td>Monitor the results of a given treatment plan within the inpatient hospital setting.</td>
<td>PC4</td>
</tr>
<tr>
<td>Demonstrate perioperative risk factors.</td>
<td>MK1</td>
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<tr>
<td>Organize pertinent information for the brief operative report.</td>
<td>ICS2</td>
</tr>
<tr>
<td>Draft appropriate orders for the immediate postoperative period.</td>
<td>ICS3</td>
</tr>
<tr>
<td>Evaluate a postoperative patient.</td>
<td>PC2</td>
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<tr>
<td>Characterize an initial treatment plan for the following commonly occurring perioperative conditions:</td>
<td>PC4</td>
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<tr>
<td>a) Post-operative fever (Atelectasis, Wound Infection, UTI, Pneumonia)</td>
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</tbody>
</table>
c) Shortness breath (COPD, Acute Bronchospasm, Pulmonary Embolism)
d) Chest pain (MI, Angina, Arrhythmia)
e) Oliguria or Anuria
f) Hemorrhage
g) Shock
h) Electrolyte disturbance
i) Nutritional disturbance

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

Develop and/or refine the following skills:
a) IV access
b) Placement of a Foley catheter
c) Placement of a NG catheter
d) Suturing

Understand the fundamentals of the specialized physical exam and treatment of common conditions specific to the subspecialty on which he or she rotates.

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- (any surgical ICU and 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 co-signed by a supervising MD from the ward team. Order entry at the University and VA hospitals and St. Claire are computer-based. Therefore, the student is asked to write at least two sets of ‘faux’ orders under the preceptor’s review.

On-Call Expectations

Students will take call on the service to which they are assigned, in rotation with the service interns. This is approximately every fourth night. It is advised that the student remind the team on call of their presence and need for notification regarding clinical call activities. Students are to take call with their ESS resident unless otherwise assigned by the chief resident. For students in Morehead, on-call will be assigned by the Morehead Course Director.

Duty Hours

The College of Medicine follows the ACGME guidelines on duty hours. Duty hours for medical students are inclusive of all required clinical and educational activities. Medical students on clinical clerkship rotations have the following guidelines for duty hours:

1) Medical students are never to work more than 80 hours per week.
2) Medical students are to have on average one day out of every seven free from duties.
3) Medical students are to have a minimum of 10 hours off between duty periods.
4) Duty periods for medical students cannot exceed 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.

If a student finds that the rotation they are doing is not in compliance with these guidelines, the student should alert the Clerkship Director and the Health Education Coordinator via e-mail at the time the offense occurred.

Required Textbook


Review the following chapters during the clerkship. Note that some topics are specific to your subspecialty while others are to be reviewed all students on the MS4 Surgery AI and Electives.

**ALL MS4 STUDENTS**
5. Shock, Electrolytes, and Fluid
11. Principles of Preoperative and Operative Surgery
13. Surgical Complications

**GENERAL SURGERY**

**Colorectal**
30. Tumor Biology and Tumor Markers
50. Small Intestines
52. Colon and Rectum
53. Anus

**Surgical Oncology**
30. Tumor Biology and Tumor Markers
36. Diseases of the Breast
54. The Liver
55. Biliary System
56. Exocrine Pancreas

**Vascular**
62. The Aorta
63. Peripheral Arterial Occlusive Disease
65. Venous Disease

**MIS**
44. Hiatal Hernia and Gastroesophageal Reflux Disease
46. Hernias

**OTOLARYNGOLOGY**
35. Head and Neck

**CARDIOTHORACIC SURGERY**
43. Esophagus
58. Lung, Chest Wall, Pleura, and Mediastinum
60. Acquired Heart Disease: Coronary Insufficiency
61. Acquired Heart Disease: Valvular

**DERMATOLOGY**
32. Melanoma and Cutaneous Malignancies

**PEDIATRIC SURGERY**
67. Pediatric Surgery

**PLASTIC SURGERY**
7. Wound Healing
37. Breast Reconstruction

**RESEARCH IN SURGERY**
9. Evidence-Based Surgery: Critically Assessing Surgical Literature

**SURGICAL INTENSIVIST**
23. Surgical Critical Care
24. Bedside Surgical Procedures

**TRANSPLANT SURGERY**
26. Transplantation Immunobiology and Immunosuppression
27. Liver Transplantation
28. Kidney and Pancreas Transplantation
29. Small Bowel Transplantation

**TRAUMA SURGERY**
18. Management of Acute Trauma
47. Acute Abdomen
48. Acute Gastrointestinal Hemorrhage
51. The Appendix
55. The Biliary System

**UROLOGY**
73. Urologic Surgery
Supplemental reading may be provided by your faculty preceptor and/or chief resident. The book *Surgery On Call, 4th Edition* is available as a supplemental reference. * Marino’s The ICU Book, 4th Edition* is highly recommended.

**Case Logging in OASIS**

A goal of the clerkship is to provide each student with an exposure to a variety of patients with certain important clinical problems/complications. All students in both AIs & elective courses are asked to log information about their patient encounters during the clerkship experience. Students will log cases online using OASIS, a web-based system 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. You should log cases **weekly** rather than waiting until the clerkship ends. Students should refer to the OASIS instructions provided during orientation for complete details.

**To log:**
- *Inpatient Electives*
- *Outpatient Electives*
- *Patient Requiring Emergency Surgery*
- *Suturing/Wound Closure*

**Orientation**

The AI will meet with the course director (scheduled group activity) of the rotation for a **mandatory** orientation. If you have a problem, concern, or question anytime during the rotation, please contact the Health Education Coordinator for an appointment with the Course Director. For the Morehead rotation, contact the regional Course Director directly for an appointment.

**Student Portfolio**

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 submitted to the Course Director (UK Lexington students via Surgery Education Office; students in Morehead via Morehead Regional Site Office):**

- *4 Preoperative H&Ps*
- *4 Postoperative Orders*
- *4 Brief Operative Notes*
- *2 Admission Orders*
- *4 Post-Operative Checks (Note done 3-5 hours post-operatively)*
- *2 Post-Operative Progress Notes*
- *2 Consults (Inpatient)*
- *2 Post-Operative Complication (Summation)*

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 deduction of the AI's grade up to 5 points. Failure to log in patient encounters will also be subject to the lowering of the student’s grade.

**Clinical Evaluation**

The faculty preceptor and/or chief resident will evaluate the AI's clinical performance. A clinical evaluation form will be submitted and collected by the Surgery Education Office.

**Mid-Point Assessment**

**Students are required to elicit** a mid-point performance assessment from faculty. In order to accomplish this, the student must request and schedule a meeting with faculty. The points to cover and document for mid-point meeting should include the following discussion points: mid-point grade, strengths of performance, and areas needing improvement.
Grading Policy

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Clinical Evaluations</td>
<td>75%</td>
</tr>
<tr>
<td>Student Portfolio</td>
<td>25%</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>100%</strong></td>
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</tbody>
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Failure to submit all required materials and evaluations by the second Friday after the last day of the internship will result in a lowered grade (up to 5 points).

Students must earn a final numeric score of 70.0% or above in order to pass.

College of Medicine Policies

Students are responsible for viewing and adhering to all policies found on the Office of Medical Education website at [http://meded.med.uky.edu/policies-pertaining-medical-students](http://meded.med.uky.edu/policies-pertaining-medical-students) pertaining to disability/academic accommodations, exams, attendance, excused absences, verification of absences, bad weather, academic integrity/cheating/plagiarism, and professionalism.