GENERAL SURGERY ROTATION SYLLABUS

Level of Training

PGY2, PGY3

Length of Rotation

4 weeks (required rotation)

Contact Person:

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Preceptor’s/Attendings’ Name(s) and Titles

Jeffrey W. Crooms, M.D.
Shelby Blank, M.D.
Richard Zorn, M.D.

Location(s) of the Rotation

Drs. Crooms
1405 Centerville Road, Suite 4440
Tallahassee, Florida 32308
Phone: 877-6212  FAX: 878-4034

Dr. Shelby Blank
1405 Centerville Road, Suite 4400
Tallahassee, FL 32308
Phone: 431-2100  FAX: 431-2199

Dr. Richard Zorn
1401 Centerville Road, Suite 100
Tallahassee, Florida 32308
Phone: 877-5183  FAX: 656-1288
Description of the Rotation

The 4-week surgery rotation should be completed in one block and with one preceptor (to the greatest extent possible) so that the resident can be allowed increased responsibility and opportunity to function with more independence. During these 4 weeks, residents witness and participate in the surgical care of patients with various diagnoses. By the end of the rotation, residents are expected to have seen the following conditions first-hand, discussed management with the preceptor, and read the appropriate literature concerning:

- cholelithiasis
- cholecystitis
- pancreatitis
- appendicitis
- diverticulitis
- groin and ventral hernias, including incarceration
- hemorrhoids
- perirectal abscess/fistula in ano
- fibroadenoma and other benign breast lesions
- breast cancer
- colon cancer
- bowel obstruction
- surgery for complications of peptic ulcer disease
- ischemic bowel

Residents will also practice and gain some proficiency with the following procedures and skills while on service:

- sterile technique, including OR etiquette
- basic knot tying/advantages of suture types
- basic surgical assisting
- principles of drain management
- assessment of operative risk
- management of peri-operative nutrition, fluids, and electrolytes
- assessment of post-operative fever
- incision and drainage of peri-rectal abscess
- assessment of the acute abdomen

At some point during the rotation, the resident should discuss with the preceptor ways that they, as a primary care physician, can maximize the efficiency of surgical consultants. Residents are to learn what practices they appreciate in their referral physicians, and what frustrates them. The resident should be able to discuss when consultants should be called and what information is pertinent in a midnight call or in a referral letter.

Characteristic of ideal resident performance on this rotation:

- Availability to the surgeon after hours
- Perfect attendance-any absence or tardiness excused
- Interest and enthusiasm - active learner
- Willingness to help
- Completion of reading assignments
- Reasonable handling of tissue and adherence to sterile technique
- Good evaluations from surgeons
The following situations in which the resident may be asked to do further work to satisfactorily complete the surgical rotation:

- Less than 3 completed weeks on service, including vacations, conferences, and excused absences
- Failure to complete required reading
- Unfavorable evaluation from preceptor(s)
- Repeated unexcused absences

**Learning Goals (PGYII & III)**

1. To gain familiarity with the common diagnoses and problems that general surgeons manage. (Competencies: Medical Knowledge, Patient Care)
2. To gain familiarity with the procedures surgeons use to address these problems including the procedure’s impact on the patient, potential benefits, complications and recovery time. (Competencies: Medical Knowledge, Patient Care)
3. To learn how to effectively use a general surgeon as a consultant for the benefit of the patient. (Competencies: Interpersonal and Communication Skills, Systems Based Practice, Practice Based Learning and Improvement I)
4. To learn how to teach patients about surgical illness and how it is treated. (Competencies: Problem Based Learning and Improvement I, Interpersonal and Communication Skills)

**Learning Objectives (PGYII & PGYIII)**

By the end of this rotation, the resident will be expected to be able to:

1. Demonstrate aseptic surgical technique and proper OR etiquette. (Competencies: Medical Knowledge, Interpersonal and Communication Skills)
2. Perform or describe common methods of wound closure. (Competencies: Medical Knowledge, Patient Care)
3. Serve in a basic manner as surgical assistant. (Competencies: Medical Knowledge, Patient Care).
4. Discuss basic principles of drain management. (Competencies: Medical Knowledge, Patient Care).
5. Discuss the presentation and management of 14 surgical diagnoses [see list page 2 of syllabus]. (Competencies: Medical Knowledge)
6. Name 6 potential causes for an acute abdomen. (Competencies: Medical Knowledge)
7. Know the radiation dose and risk to patient of an abdominal CT scan. (Competencies: Medical Knowledge)
8. Name 5 potential causes of postoperative fever. (Competencies: Medical Knowledge)
9. Perform cost effective analysis of causes of post-operative fever. (Competencies: Patient Care, Systems Based Practice)
10. Perform or describe the I & D of peri-rectal abscesses. (Competencies: Medical Knowledge, Patient Care)
11. Display compassionate and respectful behaviors with patients, families, and staff in all situations. (Competencies: Professionalism, Interpersonal and Communication Skills)
12. Demonstrate the ability to access and assimilate data from the surgical literature, including IT sources. (Competencies: Problem Based Learning I)
13. Demonstrate sensitivity and responsiveness towards patients, families, and staff that transcends cultural, race, gender, age, disability, and sexual orientation boundaries. (Competencies: Professionalism, Interpersonal and Communication Skills, Patient Care)

14. Discuss the limits of the family physician’s abilities with surgical illness and when to refer to a surgeon. (Competencies: Problem Based Learning I)

15. Find the way to the surgical pathologist’s office, and discuss the value of reviewing pathology findings while sharing the clinical presentation. (Competencies: Medical Knowledge, Interpersonal and Communication Skills, Professionalism, Problem Based Learning and Improvement I)

Methodology for Teaching

The resident learns by observing and participating in the care rendered to patients by a surgeon. The resident sees patients with preceptor in the Emergency Center, office, hospital wards, and scrubs as assistant in the operating room. Specific reading assignments are listed and residents will be questioned by their preceptor. Cope’s textbook is available in Dr. Zorn’s office and is highly recommended. UpToDate has abundant resources.

Residents are encouraged to ask questions frequently and are expected to be at assigned locations at all times. As the rotation progresses, residents should be able to evaluate patients, including hospital consults, with greater independence.

Knowledge of the pathologist’s key role in surgical diagnosis is learned through direct interaction with pathologist in reviewing specimens from a case known to the resident.

Sterile technique and tissue handling are learned through instruction by the surgeon and operating room staff and practice in the operating room.

Evaluation

The preceptor evaluates in writing the resident’s knowledge, skills, and attitudes throughout the rotation.

Resident completes evaluation of rotation.
Required Readings

1. Cope’s Early Diagnosis of Acute Abdomen, 21st, Edition, 2006, especially Chapters 1-8, 11, 15, 21 (available in Dr. Donald Zorn’s office)

2. Up To Date®. Read on the following subjects:

- Diseases of the Breast
  - Diagnosis of Breast Disease • Breast Imaging • Benign Breast Tumors and Related Disease
  - Pathology of Breast Cancer

- Hernias

- Acute Abdomen

- Appendix

- Colon & Rectum

- Anus

- Biliary System

Suggestion: Rather than read entire chapter, skim until you come to a surgical problem related to a case you have had, or are likely to have, and concentrate on each of those.
Attachment 1
Instructions to Surgeons

1. Please look at resident’s schedule to have some familiarity about when he/she is expected.

2. Notify us at 431-5714 (Dr. Donald Zorn or Erin Easterling) immediately if there’s an unexpected absence.

3. Please let us know, as soon in advance as possible, if you will be out of town during the rotation, or away from work such that the resident will be unsupervised.

4. Review reading list and this rotation description. Please feel free to add, subtract, or modify as needed.

5. Consider letting residents do in-hospital consults independently when you are otherwise occupied, letting them formulate a diagnosis and plan, then discussing and modifying the plan with the resident when you have a chance to see the patient.

6. Please offer to the faculty any suggestions that you may think helpful.

7. Note that we expect residents to be available to you after hours and on weekends. You and the resident should pick one week night per week and one weekend per month when the resident may be called to assist you.

8. We expect residents to complete the required readings on the reading list. If you get the impression that the resident is not reading, please indicate that on the evaluation.

9. We are required by the Accreditation Council of Graduate Medical Education (ACGME) to have residents attend midday conferences (12:30 p.m. Tuesday, Wednesday, Thursday) and see patients in the Family Medicine Center up to 4 half-days per week. We realize this limits their availability, and we apologize for that.

10. Please fill out the evaluation and promptly return to us. Thank you for your participation in the training of our residents!

11. When payment for your teaching commences, we will need completion of the resident evaluation and the confirmation of your contact hours in order to complete your payment.
Attachment 2
Instructions to Residents

1. Four weeks is a short time to learn about surgical illness and its management, even if uninterrupted by vacation or conference time.

2. The rotation, as currently set up, will require effort and interest on your part if you expect to learn.

3. The knowledge to be gained on this rotation is valuable and essential regardless of what you plan to do after graduation.

4. The best learning situation follows this sequence, requiring your presence and participation at each step (for instance, acute abdomen)
   a. history and exam
   b. review of testing (lab and imaging)
   c. participating in operative procedure, witnessing gross findings
   d. review of pathologic findings, gross and microscopic
   e. daily witnessing of post-op course in hospital and periodically thereafter

5. Attend and scrub on all surgeries done on your patients, regardless of what rotation you are on - to the extent possible.

6. Continue to follow your patients daily, even if transferred to surgeon for post-op care. Don’t just sign off!

7. Surgical specimens removed from your patients should be reviewed with pathologist, especially when the pathologist makes the ultimate diagnosis.

8. Residents must get approval from chief residents and program director for vacations, conferences, sick time or any other absence, and complete the usual FPU forms to document such.

REVISED 6/11/04, 5/17/05, 04/23/07, 10/08, 07/10, 8/11, 8/15
REVIEWED: 05/08, 06/08, 09/10
# Surgery

Richard Zorn Monday & Wednesday NO Friday!

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