Caguas, Puerto Rico
Clinical Sciences

DEPARTMENT OF SURGERY

SURGERY 322

Student Syllabus

Author: Dr. Luciano Puccio, MD, FACS
Preparation Date: Jan 2005
Revision Date: Jun 2011
Revised by: Dr. Luis R Soltero Harrington
Dr. Mirian Ramos Mercado
Approved by: Curriculum Sub-Committee YIII

Academic Year
2011-2012
Department of Surgery

Surgery 322
Third Year

Credits: 8
Duration: 6 weeks
Clerkship Site: San Juan Bautista Medical Center, Caguas, PR
Ryder Memorial Hospital, Humacao, PR

Schedule: Monday-Friday, 7:30 a.m.-4:30 p.m.
Students will be distributed in two groups, which are going to alternate in the two clerkships sites at midterm of the first seven weeks of the clerkship.
The last week of the clerkship is devoted to prepare the subject exam from the NBME.
Night duty would be required. Every 4th day from 4:00 pm to 12:00 am.
on weekdays; on holidays from 8 a.m. to 12 p.m.

Previous Requirements: Approved Basic Sciences Program

COORDINADOR INFORMATION

Faculty at SJBMC:
Luis R Soltero Harrington M.D. – Academic Director
Carlos M. Roque Rodríguez, MD – Coordinator at SJBMC

Faculty At Ryder Hospital:
Manuel Gracia, MD – Coordinator at Ryder Hospital
Alexis Sánchez, MD
Edgar Cardona, MD
Freddy Velasquez, MD
Raul Ramos Pereira, MD
Luis Morell, MD (Plastic Surgery)
Javier Delgado, MD (Orthopedics)
Manuel Soarez, MD (Orthopedics)
Ramón Sepúlveda, MD (Urology)
Miguel Sosa, MD (Urology)
Luis Vargas, MD (Anesthesiology)
Irma Vargas (Anesthesiology)
Gallardo, MD (Ophtalmology)
Ortiz, MD (Ophtalmology)

Office Number: Deanship for Clinical Sciences at the San Juan Bautista Medical Center, nearby to the

San Juan Bautista School of Medicine
Clinical Sciences
San Juan Bautista School of Medicine
Clinical Sciences

Emergency Room
Surgery Department at Ryder Memorial Hospital, Humacao

Office Hours: By appointment
Telephone: 787-743-3038 x 3205
Office: 787-743-3038 x 3205
E-mail: croque@sanjuanbautista.edu
Dr Carlos Roque:
graciamr@hotmail.com
Dr Manuel Gracia:
Telephone: 787-743-3038 x 3205
Cell: 787-743-3038 x 3205
General Description

Third year clinical rotations are designed for a basic clinical training in primary surgical problems that arise on everyday medical practice. Rotation has eight weeks duration and includes a core curriculum in General Surgery and surgical subspecialties. During these, didactic as clinical activities would be combine in order to maximize students exposure and clinical interaction to real daily situations. The didactic activities in this clerkship include lectures, clinical workshops, patient presentations and self-didactic sessions.

Textbooks would be:

- **Essentials of Surgical Specialties** Third Edition by Peter F. Lawrence.
- **Basic Radiology** by Michael Y.M. Chen Lange Ed

These are required texts and will be the official reference for the written tests plus the lecture information. (see further description at the learning resources section below)

The surgical clerkship goal is to integrate clinical and didactic activities in a new learning experience. Clerkship would attempt to prepare the student to work effectively, as a primary care provider, within a multidisciplinary medical team caring for the surgical patient in his/her nearby community. The curriculum will emphasize the importance of evaluation of potential surgical patients, the appropriate referral to a surgical specialist, and effective communication with both the patient and the specialist. Attendance to all activities is compulsory. The appropriate resources and interactions with faculty and house staff will be provided but it is ultimately the students that are responsible for their own learning. The Clerkship is structured for students who are self-initiating and highly motivated in seeking out opportunities to learn. The clerkship is conducted under the supervision of the Academic Chairperson of the Department of Surgery and the Associate Dean for Clinical Education. The Chairperson, or his/her designee, will assign the immediate supervisor(s) for each student or group of students.

We expect our students to master a certain body of knowledge. We insure that they master this knowledge by requiring them all to pass a standardized written exam. But each of us must have additional expectations of our students besides “knowing” a certain body of information. We must also expect them to be able “to do” certain things. Finally we also expect that our students will behave in certain basic ways; for example, we expect that they will be honest in their interactions with other, that they will not allow alcohol or drug use to affect their interactions with patients and colleagues, and that they will recognize and address personal problems which may interfere with professional conduct.

This syllabus provides you with basic and essential information for your use while planning for and working on the core surgery service. It is not meant to be your only source of information.
The mission of our Department of Surgery is to:

a) Provide highest quality of surgical and non-surgical care to our community and the patients whom we serve without regard to ethnic, religious or financial status, matching our resources to the patient's needs.

b) Provide the care if we have the resources but never compromise patient safety.

c) Arrange for appropriate care if the patients needs are not met within our department’s skill set:
   1. Remember that compassion and technical expertise are equally important.
   2. Priority for recruitment will be to expand our skill set within the accepted scope of surgical practice.

d) Provide the highest quality surgical education to students at all levels of training.
   1. Foster the “physician as lifelong student” philosophy.
      a. Educate ourselves each day to prepare us to teach others.
      b. Encourage an attitude of curiosity amongst those whom we teach.
      c. Tailor instruction to the learner’s level of sophistication.
   Undergraduate: “How do I fit in the system?”
   Intern: “Where are my interests?”
   Resident: “Prepare me to serve my patients.”
   Community surgeons: “Keep me current to meet the challenges of today and the future.”

e) Contribute to the advancement of our community and medicine as a whole.
   1. Participate in research to enlarge the body of scientific knowledge.
   2. Strive to advance the “state of the art” in medicine each day.

FACULTY INFORMATION

Professor: Dr. Jorge Cordero (Department Chairman)
Office hours: San Juan Bautista Medical Center, By appointment
Telephones:
   Office: 787-744-3141 ext. 3030, 3115
   Beeper: 787-759-1255 U 1007
   e-mail: jcordero@sanjuanbautista.edu

Professor: Dr. Manuel Gracia (Department Chairman)
Office hours: Hospital Ryder Humacao, By appointment
Telephones:
   Office: (787) 852-0768
   e-mail: graciamr@hotmail.com
RULES

See Description in the Clerkship General Rules File

At midterm of the surgery clerkship, students must take a formative written examination covering core topics of general surgery. This exam is intended to assess the progress in the acquisition of knowledge, in addition to help students in their preparation for the shelf exam. The school based in a question bank will administer this test. Questions will be taken from the following general areas:

- Trauma
- Abdominal Wall, Including Hernia
- Esophagus, Stomach, and Duodenum
- Small Intestine and Appendix
- Colon, Rectum and Anus
- Biliary Tract, Pancreas, and Liver
- Breast and Spleen
- Surgical Endocrinology
- Vascular Surgery
- Pediatric Surgery
- Shock
- Fluids and Electrolytes management
- Anesthesia
- Basic surgical related radiology
- Burns

Registration of patient roster and procedures: the student will register the patient roster and procedures observed or practiced in a pre-designed format. Also the student will have a duty roster that must be signed by the attending on duty.

The student is responsible to collect the proctor evaluations. These evaluations must be presented at end of rotation as requisite to take the obtain final evaluation of the clerkship.
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<tr>
<th>Date</th>
<th>Activity</th>
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<tbody>
<tr>
<td>Monday</td>
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<tr>
<td>7:30 a.m.—12:00 p.m.</td>
<td>Ward and Or work</td>
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<td>12:00 a.m.—1:00 p.m.</td>
<td>Lunch</td>
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<td>1:00 p.m.—3:30 p.m.</td>
<td>Ward Work/Clinics</td>
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<td>Tuesday</td>
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<tr>
<td>7:30 a.m.—1:00 p.m.</td>
<td>OPD clinics</td>
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<td>1:00-2:00 p.m.</td>
<td>lunch</td>
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<td>2:00—3:30 p.m.</td>
<td>Ward Work</td>
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<td>Wednesday</td>
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<tr>
<td>7:30 a.m.—12:00 p.m.</td>
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<td>12:00 a.m.—1:00 p.m.</td>
<td>lunch</td>
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<tr>
<td>1:00 p.m.—3:30 p.m.</td>
<td>Ward Work/Clinics</td>
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<tr>
<td>Thursday</td>
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<tr>
<td>1:00 PM—4:30 PM</td>
<td>Grand Rounds</td>
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<td>Morning is reserved as a self study period</td>
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<tr>
<td>Friday</td>
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<tr>
<td>7:30 a.m.—9:00 a.m.</td>
<td>Grand rounds</td>
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<td>9:00—12:00 n</td>
<td>Ward Work/Clinics</td>
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<tr>
<td>12:00 a.m.—1:00 p.m.</td>
<td>lunch</td>
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<tr>
<td>1:00 p.m.—3:30 p.m.</td>
<td>Clinics</td>
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This typical schedule may change according to the clerkship place. Lectures and laboratory work would be integrated to ward work and notified upon weekly work distribution.
SURGERY ROTATION  
THIRD YEAR MEDICAL STUDENTS  
RYDER MEMORIAL HOSPITAL  

Attendings Schedules:  
Students assigned to each attending will follow schedules below:  

Dr. Manuel Gracia - Chief of Department and surgery rotation coordinator:  

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</table>
| 7:00 am Operation Room - Dr. Gracia  
also: Dr. Morell (plastic surgery) | 7:00 am Operation Room with Dr. Sosa (urologist) and/or Dr. Soares (orthopedics) | 8:00 am Surgery Clinics 4th floor office # 410 | 7:00 am Operation Room with Dr. Sepulveda (urologist) or Breast Biopsies with Dr. Gracia at Breast Center | Self Study or conferences at San Juan Bautista |

Dr. Alexis Sanchez:  

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<th>Friday</th>
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</table>
| 7:00 am Operation Room-Dr. Sanchez  
also: Dr. Morell (plastic surgery) | 7:00 am Operation Room with Dr. Sanchez, or Dr. Sosa (urologist) and/or Dr. Soares (orthopedics) | Ortho clinics (office 504 5th floor 8:00am) or Operation Room (7:00am) with Dr. Delgado (alternate Wednesday) | 8:00 am Surgery Clinics 4th floor office # 410 | Self Study or conferences at San Juan Bautista |

Dr. Freddy Velazquez:  

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<th>Monday</th>
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<th>Friday</th>
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</table>
| 7:00 am - 12:00 pm Operation Room  
12:00 pm Self Study | 8:00 am Urology Clinics with Dr. Sepulveda 5th floor office # 511 | Ortho clinics (office 504 5th floor 8:00am) or Operation Room (7:00am) with Dr. Delgado (alternate Wednesday) | 7:00 am Operation Room and/or breast biopsies with Dr. Velazquez at Breast Center | 8:00 am Surgery Clinics 4th floor office # 410 and conferences at San Juan Bautista |
METHODOLOGY

The third year clerkship will consist of direct clinical instruction through lectures, case presentations, teaching in the operating room with the attending physician and direct patient care. Review of the surgical literature will be an integral part of the course, as well as teaching using internet-based resources.

- Daily teaching rounds
- Assignment to daily outpatient activities
- Daily bedside working
- Library study, research of literature
- Daily patients interdisciplinary management
- Patients' evaluation at clinics
- Simulated patients in CCX as Standardized Patients
- Patient problems group presentation using investigative work
- Student participation in community surgical clinics

By working with clinical teaching teams consisting of a variety of educators, health care providers, and patients themselves, students will learn to promote emotional and physical wellness of their female patients. They will be able to recognize and understand the pathophysiology and approach to management of common and threatening problems related to reproduction.

Students' clinical and scholarly experiences during the clerkship will encourage lifelong self-learning in any field of medicine they may choose. These activities will be conducted in an environment of respect for patients, students, and teachers.
Students Presentation Requirements
Oral and written case presentations

- During the 3rd year surgery rotation our students should present at least two case presentations. This exercise involves the presentation of an actual, non-simulated patient to our faculty monthly. Cases are required to be presented both in written and orally. Requisites for this presentation are as follows:
  - Student should make an appointment with one of his proctors in advance of 10 days for presentation
  - Patients should be of a different pathology
  - Once a patient is presented no other student should present it.

Student should present a complete history and Physical exam, a differential diagnosis, a suggested complete diagnostic work up and should be prepare to discuss a summary of all the conditions included in the differential diagnosis.

Student must provide a copy of EVALUATION OF STUDENTS: Third Year Surgical CLERKSHIP: Patient Presentations to the faculty for evaluation upon presentation.

Ground Rounds

- Surgical rounds are a necessary skill to be developing while in rotation. It assesses several medical skills and shows the actual relation of our student to a patient. This is a weekly encounter in which a sub-group of students previously informed present to all rotators and presented faculty the admitted patients to our surgical ward.
  - It should include all the patients admitted to surgery service.
  - Experience includes an oral presentation of the patient bedside.
  - Student should know the complete history and physical exam, should consider a differential diagnosis.
  - Should design an ideal diagnostic work up and discuss the diagnostic work up performed especially if it is different.
  - Should show also an adequate follow up of the record and current status of the patient in therapy.
  - Should study the core material involved in our patient’s pathology and prepare to answer questions.

Surgical Controversies
Surgical controversies sessions are intended to evaluate student communication, knowledge and ability to gather information off the several tools available. Doctor’s use of the library, medical papers and Internet. Students would present as a group and assigned lecture based on a contemporary surgical controversy. Students would support their presentation based on clear evidence. Presentation would also require choosing one or several treatment and
therapeutic decisions and to support it with evidence. Here our student should demonstrate several skills; principally those involved in the search of medical literature and the ability to extract information based upon a critical evaluation of it. (All things published are not necessarily good or relevant; also some information is good while other is better) a complete bibliography should be handled upon presentation as the complete research evidence and papers. Students should also be prepared to answer questions from the audience.

**Oral Presentations tips and recommendations**

Oral presentations provide an opportunity to work on presentation skills before an audience. The presentation should last 40 to 50 minutes, with 5 minutes of questions at the end. Your grade will be based on:

- clarity and focus of the question
- organization of content
- appropriate use of visual aids
- appropriate bibliography
- response to questions from the audience
- handout given to audience

At the presentation you will be asked to provide a handout to complement your presentation and a bibliography. You will also need to provide a visual component to accompany the discussion. This may take any form. Most students use overhead transparencies, but you may use slides or PowerPoint.

Librarians at the Library/CRA will be providing assistance in performing a literature search and developing a bibliography.

**Tips for the presentation:**

- Make eye contact
- Speak clearly with appropriate volume
- Dress professionally

**Tips on visual aids:**

- One main idea per page
- Limit words to <7 per line and <7 lines per page
- Large type for headlines
- Point to ideas as you speak
- Give time for the audience to read

One goal of this exercise is to demonstrate your ability to apply current information to a clinical question and explain it clearly to your teachers and peers. A topic that is
reproduced from a textbook is not as interesting or informative as a topic you have researched and reviewed in the most current periodicals. Please present a topic that you would find interesting to listen to.

**Patient Based Discussion**

Patient based discussions would basically evaluate our student’s dominion of a general surgery theme and their thought process. Our patient based discussions involve a comprehensive oral discussion of a clinical topic on a group. Discussion is based on a simulated written patient. It would emphasize in the integrity of the basic knowledge, principles of surgery and treatment. As a group students are expected to cooperate in several aspects of the presented patient:

- Pertinent data given in history and physical exam
- Expected data to be elicited
- Differential diagnosis
- Adequate diagnostic work up
- Treatment in general and alternatives to treatment pitfalls

Students are expected to demonstrate in the general discussion complete understanding of:

- General principles involved in the symptoms of the patient problems
- How to develop a differential diagnosis and to prioritize based on findings
- Skillful use of diagnostic tools taking care of the best approach as cost containment
- Identify the impact of disease in patient’s lifestyle, family and community
- Available resources in our community for external care referral or help.

**Clinical competency examination**

The Clinical competency examination tool is a one to one presentation to the student of a computerized simulated patient in an interactive way. Here the student is faced to an unknown patient and decisions are taken in a real time fashion. A history and physical examination is given and the student should establish a differential diagnosis, select a diagnostic work up and therapy. The problem lists as the diagnostic work up are specially emphasized here. We would require the interpretation of laboratory findings and studies. Would also ask different content questions that can include from simple knowledge to treatment.
OBJECTIVES

1st Knowledge
Our students should demonstrate an adequate management of the basic core information of several general surgical conditions or organ pathology including; Trauma, Abdominal Wall, Including Hernia, Esophagus, Stomach, and Duodenum, Small Intestine and Appendix, Colon, Rectum and Anus, Biliary Tract, Pancreas, and Liver, Breast and Spleen, Surgical Endocrinology, Vascular Surgery, Pediatric Surgery, Shock, Fluids and Electrolytes management, Anesthesia, Basic surgical related radiology, Burns

2nd Communication
Our surgical student should demonstrate effective verbal, nonverbal, and written communication skills in a wide range of surgically related activities including patient care, consultation and collaboration with colleagues and coworkers, and teaching and/or presentations in the medical arena. The student should demonstrate effective clinical communication skills necessary for the competent care of patients and their families including rapport-building, active/responsive listening, therapeutic relationship skills and patient education and counseling skills. Must explain the therapeutic and surgical management of the patient and to the patient.

Student would be exposed to write and perform complete medical Histories and Physical examinations. Would also present some theme discussions and participate in presenting evidence to support contemporary clinical controversies.

3rd Basic Clinical Skills
Our student should further develop skills to elicit and record a complete and accurate surgically oriented history and perform a skillful examination appropriate to a variety of surgical patient encounters. To develop expertise in the process of performing abdominal, head and neck, breast rectal and genitalia physical examinations. The student should correctly determine whether to perform a comprehensive or suitably focused history and physical examination. The student also should begin to select, proficiently perform, and accurately interpret selected clinical procedures and laboratory test.

Student would be exposed to write and perform several complete medical Histories and Physical examinations involving different surgical conditions. Should select the best diagnostic work up and suggest the best therapeutic treatments and procedures.

4th Using Science to Guide Diagnosis, Management, Therapeutics, and Prevention
Our student should know and can explain the scientific surgical underpinnings, at the molecular, cellular, organ, whole body, and environmental levels for states of health and surgical disease based upon current understanding and cutting-edge advances in contemporary basic science.
To provide students with opportunities to apply the basic science concepts of wound healing, homeostasis, metabolism, nutrition, fluid and electrolytes balance, body homeostasis and inflammatory process in the overall evaluation of a surgical patient. The student should use this information to diagnose, manage, and prevent the common surgical problems of individuals, families, and communities in collaboration with them.

The student will develop a problem list and differential diagnosis, carry out additional investigations, choose and implement interventions with consultation and referral as needed, determine outcome goals, recognize and utilize opportunities for prevention, monitor progress, share information and educate, and adjusts therapy and diagnosis according

Upon patient evaluation, or clinical simulation, our students would be required to identify, explain, present orally or discuss the primary physiological, cellular and biomolecular principles involved in different surgically related diseases or conditions. Also should know and explain normal defense mechanisms involved in disease or organ protection.

5th Lifelong learning

Our student should demonstrate awareness of the limits of his/her personal knowledge and experience. The student should actively sets and pursues clear learning goals, exploits new opportunities for intellectual growth and professional enlightenment. Should be capable of critical, reliable, and valid self-assessment, and apply the knowledge gained to the practice of his/her profession. Understand changes in surgical practice and developing technologies on surgery. To develop the skills of data gathering from books, journals, and cyber sources and other sources of information.

Our surgical students would be exposed to current surgical controversies; constant information gathering in contemporary surgical papers as different resources (as the library or internet) would be required. Student should demonstrate an adequate familiarity and skill on recent knowledge search.

6th Professional Development and Personal Growth

Our surgical student approaches the clerkship with awareness of his/her limits, strengths, weaknesses, and personal vulnerabilities. The student assesses personal values and priorities in order to develop and maintain an appropriate balance of personal and professional commitments. Seeks help and advice when needed for his/her own difficulties and develops personally appropriate coping strategies. Our student should recognize his/her effect on others in professional contacts. Seeks, accurately receives and appropriately responds to performance feedback.

Student interaction with surgical personnel (nurses, surgeons, technicians) would be assessed frequently and evaluated. Frequent feedback is encouraged in order to modify early undesirable behaviors.
7th **The Social and Community Contexts of Health Care**
Our student recognizes the diverse factors that influence the health of the individual and the community; identifies the sociocultural, familial, psychological, economic, environmental, legal, political, and spiritual factors impacting health care and health care delivery and responds to these factors by planning and advocating the appropriate course of action at both the individual and the community level.

8th **Moral Reasoning and Clinical Ethics**
Our student recognizes the ethical dimensions of medical practice and health policy; identifies alternatives in difficult ethical choices; analyzes systematically the conflicting considerations supporting different alternatives; and formulates, defends, and effectively carries out a course of action that takes account of this ethical complexity.

The student combines a willingness to recognize the nature of the value systems of patients and others with commitment to his/her own system and the ethical choices necessary to maintain his/her own ethical integrity.

9th **Problem Solving**
Our student should recognize a problem and be able to take appropriate steps to address the problem. The student integrates this ability with all other abilities and employs them in rational decision-making processes. Also, subsequently assesses the results of his/her actions.

10th **Professionalism and Role Recognition**
Our student should demonstrate that he/she recognizes the powerful impact of his/her professional attitudes and behavior on others and consistently demonstrates the highest standards of excellence, duty, and accountability to the patient. The competent student values the humanity of all patients and does not exploit patients for personal gain. The competent student recognizes his/her role in working collaboratively with others to meet the health care needs of the individual and the community.

Neither the School nor Surgical Department is responsible for any misrepresentation of its requirements or provisions resulting from:

1. Editorial or printing errors in the preparation of this syllabus, or
2. Official changes in Departmental or school policy approved after the printing of these guidelines.
<table>
<thead>
<tr>
<th>Patient type or core condition</th>
<th>Number required to be seen (real or simulated*)</th>
<th>Level of student responsibility (P or OB)</th>
<th>Clinical Setting (O, I, E, OR)</th>
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<tbody>
<tr>
<td>Metabolic</td>
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<td>Thyroid</td>
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<td>Renal</td>
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<td>Electrolytic Imbalance</td>
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<td>OB</td>
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<td>GI</td>
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<td>Appendix</td>
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<td>I, OR, E</td>
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<tr>
<td>Gallbladder</td>
<td>2,1*</td>
<td>P, OB</td>
<td>I, OR, E</td>
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<tr>
<td>Colon</td>
<td>1*</td>
<td>OB</td>
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<td>Hernias</td>
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<td>I, OR</td>
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<td>Pressure ulcers</td>
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<td>Breast</td>
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<td>Vascular Diseases</td>
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<td></td>
<td>10</td>
<td>OB</td>
<td>I, O</td>
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OB = Observation (CR only)
CR = clinical reasoning
P = Participation (Hx / PE and CR)
+O = outpatient setting; I = Inpatient setting; E = emergency room; OR = operating room
LEARNING RESOURCES

A. Textbook:

Title: **Essentials of General Surgery**

Author: Peter F. Lawrence  
Publisher: Lippincot, Williams & Wilkins  
ISBN: 0781750032  
Publication Date: 20  
Edition: Fourth Edition  
Library Code: WO 500 E782 2005  
Approximate Cost: $56.95  
Considerations: This is a required lecture  
This book is an adequate introduction on up-to-date information available in surgery. In addition, it includes some illustrations and references

Title: **Essentials of Surgical Specialties**

Author: Peter F. Lawrence  
Publisher: Lippincot, Williams & Wilkins  
ISBN: 0781775019  
Publication Date: 2006  
Edition: Third Edition  
Library Code: WO 500 E782 2006  
Approximate Cost: $52.95  
Considerations: This is a required lecture  
This book is an adequate introduction on up-to-date information available in surgery. In addition, it includes some illustrations and references

Title: **Basic Radiology**

Author: Michael Chen, Thomas Pope, and David Ott  
Publisher: Lange  
ISBN: 0071410260  
Publication Date: 2004  
Edition:  
Library Code:  
Approximate Cost: $75.95  
Considerations: This is a required lecture  
This book is an adequate introduction on up-to-date information available in radiology. In addition, it includes some illustrations and references

B. References

1. Other Texts:
   ISBN: 0721682693
   Library Code: WO 100 T355 2000

   ISBN: 0838514561
   Library Code: WO 100 C976 2001

   ISBN: 044306573X
   Library Code: WO 20 stlll 2000

   ISBN: 0070542562
   Library Code: WO 100 P 957 1999

   ISBN: 0-674-012798
   Library Code: WN 100 Feb 2004 Res

2. Journals at the Library/CRA
   Annals of Surgery
   Archives of Surgery
   Journal of the American. College of Surgeons
   Journal of Thoracic and Cardiovascular Surgery
   Plastic and Reconstructive Surgery
   Surgery

3. Videos Available in library
   a) ENT
   b) Ophthalmology
   c) Orthopedics
   d) Urology
C. Internet Resources

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<th>URL and Content</th>
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<td>WebMD Corporation includes the leading providers of online health information, as well as leaders in the areas of electronic data interchange services and practice management software and services to the healthcare industry.</td>
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<td>An advertising free medical portal designed specifically for physicians and other healthcare providers, giving breaking medical news, a wide variety of scientific learning resources and cutting-edge diagnostic tools.</td>
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