### SU391.04 PLASTIC AND RECONSTRUCTIVE SURGERY

Subinternship Location: OVH 2008-2009
Revised: 11/26/08

**COURSE CHAIR:** 

PHONE #:

James Bradley, M.D.

(818) 364-3194

E-MAIL:

SUPPORTING FACULTY:

Drs. Prosper Benhaim, James Bradley, Reza Jarrahy, and Neil Jones.

STUDENT COORDINATOR:

**PHONE #:** (818) 364-3198

Lorena Ponce

E-MAIL: loponce@dhs.lacounty.gov

REPORT TO: Olive View Medical Center, 14445 Olive View

Drive, Sylmar, CA 91342, Room 2B-156.

PREREQUISITES: Medicine and Surgery

**AVAILABLE FOR EXTERNS:** Yes

STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

Other soft tissue injuries

2008-2009 ROTATIONS BEGIN WEEKS:

By Arrangement

### **COURSE OBJECTIVES (in order of importance)**

- Knowledge in the assessment of plastic surgery related deformities.
- 2. Knowledge in the possibilities of reconstruction.
- Knowledge in the assessment of acute hand injuries and infections.
- Knowledge regarding the management of cutaneous malignancies.
- Knowledge in the assessment of functional deformities of the hand.
- Practice in the care of traumatic and surgical wounds, with emphasis on proper tissue handling and wound closure.
- Practice in obtaining history and physical for patients with plastic surgical problems, to have the opportunity to first- hand evaluate functional and aesthetic deformities.
- Knowledge regarding the various aspects of superficial anatomy, especially the hand and the face.
- Knowledge regarding the evaluation and management of various facial injuries, including fractures.
- Observance of evaluation and team approach for facial cleft deformities.

**DESCRIPTION:** This elective provides the student an opportunity to assist in managing patients with plastic surgery problems at a county hospital. The student activities in this course closely parallel the daily journey of the plastic surgery resident, usually also fully trained in general surgery. The student assumes responsibilities that are appropriate in the context of this close partnership.

#### STUDENT EXPERIENCES **COMMON PROBLEMS/DISEASES** INPATIENT: **CLOSE CONTACT WITH:** 20% Head and Neck defects and deformities **OUTPATIENT:** 80% **FULL-TIME FACULTY** CLINICAL FACULTY Hand Injuries CONSULTATION: 40% **FELLOWS** Hand infections 3. 4 Cutaneous malignancies & benign tumor PRIMARY CARE: 60% RESIDENTS 5. Breast deformities **INTERNS** 6. Scars OTHER: Facial Injuries, including fractures 7.

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 5

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 18

### **TYPICAL WEEKLY SCHEDULE**

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
АМ	6:30 – 7:30 Rounds	6:30 – 7:30 Rounds 7:30 – 1:00 Postop Clinic	6:30 – 7:30 Rounds 1st Wednesday Cranio- faciial Clinic	6:30 – 7:30 Rounds 7:15 – 8:15 Grand Rounds at OVMC (last week)	6:30 – 7:30 Rounds
РМ	7:30 a.m. – 3:30 p.m. OR at OVMC	OR when available or Clinic	1:00 – 4:00 Plastic Surgery Clinic	7:30 a.m. – 4:00 p.m. Hand Clinic/OR 5:30 p.m. – 7:30 p.m. Grand Rounds — Plastics at UCLA	7:30 a.m. – 3:30 p.m. OR at OVMC

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Rounds and on-call responsibilities determined in conjunction with the Plastic Surgery Resident rotating through OVMC

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: This rotation requires that the student have access to a car, as he/she will need to go from one hospital to another.

#### SU391.05 COMPREHENSIVE WOUND MANAGEMENT

2007-2008 Subinternship/Inpatient Location: HARBOR Revised: 11/26/08

**COURSE CHAIR:** 

PHONE #: (310) 222-2760

Gain an understanding of wound healing according to tissue wounded.

2. Describe current concepts of wound healing.

**COURSE OBJECTIVES (in order of importance)** 

- 3. Describe the reconstruction ladder as it applies t wound heal-
- Demonstrate the ability—by a full history and physical examination-to properly assess a wound and formulate a plan for
- Apply medical evidence to support decision makingparticularly with regard to timing of intervention—when planning therapy.
- Interpret the results of tests, specifically wound culture (qualitative and quantitative), bacterial sensitivities, plain X-Rays, CT and MRI scans and indicators of nutrition; and then integrate these data in formulating the overall management of a wounded patient
- Perform the simple techniques of layered wound closure, skin grafting, and application of VAC devices under supervision.
- Assist at complex surgerires for wound repair such as musculocutaneous flaps and free tissue transfer.
- Identify the costs of managing wounds as inpatients versus 9. outpatients with visiting nurse support.
- 10 Demonstrate an effective Doctor-Patient relationship
- Analyze the use of the health care team in caring for patients in reconstructive surgery.

SUPPORTING FACULTY:

Jay Granzow, M.D.

J. Brian Boyd, M.D.

STUDENT COORDINATOR: PHONE #: Juanita Navarette (310) 222-2760

E-MAIL: jnavarette@labiomed.org

REPORT TO: Building E1, Harbor-UCLA Medical Center, 7:30 a.m., to Juanita Navarette

PREREQUISITES: Internal Medicine and Surgery

**AVAILABLE FOR EXTERNS:** Yes

STUDENTS / PERIOD: max 1 min 1

**DURATION:** 3 weeks

Burns 7.

Neonatal/pediatric problems

2007-2008 ROTATIONS BEGIN WEEKS:

2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

DESCRIPTION: The course focuses on the many wounds seen by a busy plastic surgery service in a major county hospital. These may include decubitus ulcers, limb trauma, meningomyelocele, burns, surgical would infections, gunshot injuries to the face, work-related hand injuries, and simple facial lacerations. The student will learn to assess and treat each and how to integrate knowledge of the individual's underlying diseases, socioeconomic/family milieux with the wounding process. S/he will become familiar with bandaging and dressings, the choice of suture and needle, and the timing of suture removal. The individual will see in patients, OR, ER, and clinic patients and will gain a "soup-to-nuts" appreciation of how the body essentially heals itself. There is 1 resident on the service and 2 interns. The elective student will be placed in the front line and when on-call will generally be the first on the service to evaluate a patient. The student's hours will stay within ACGME guidelines for resident training.

#### STUDENT EXPERIENCES **COMMON PROBLEMS/DISEASES CLOSE CONTACT WITH:** INPATIENT: 50% Complex lacerations, face and hands **OUTPATIENT:** 50% **FULL-TIME FACULTY** Traumatic soft tissue loss **CLINICAL FACULTY** Major wound dehiscence CONSULTATION: 50% Х **FELLOWS** 3. Compound wounds of the lower limb PRIMARY CARE: 50% Х RESIDENTS Decubitus ulceration **INTERNS** 6. Gunshot injuries OTHER:

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 15+ TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 60

### TYPICAL WEEKLY SCHEDULE

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
	0.5	Clinic	Surgical rounds Laptop rounds	Craniofacial/Pediatric Clinic	Clinic
АМ	OR	Intern and Student Presentations	OR	Teaching Ward round	Intern and Student Presentations
РМ	OR	Ward work	OR	Ward work	Ward work

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Student on call Tuesday & Thursday and for 1 Friday-Sunday weekend in the rotation.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: This is not a 'top heavy' service: the student will enjoy a high level of responsibility and involvement in patient care.

### SU394.01 MINIMALLY INVASIVE AND BARIATRIC SURGERY

Subinternship Location: CHS 2008-2009
Revised: 12/6/07

**COURSE CHAIR:** 

PHONE #:

Amir Mehran, M.D., FACS

(310) 206-7235

E-MAIL:

SUPPORTING FACULTY:

Erik Dutson, M.D.

STUDENT COORDINATOR: PHONE #: Iris Mau (310) 206-2567

E-MAIL: imau@mednet.ucla.edu

REPORT TO: Externs report to Iris @ 7:30 a.m. in 72-229 CHS. UCLA students contact Iris one week before starting the clerkship.

PREREQUISITES: Surgery and Medicine

AVAILABLE FOR EXTERNS: Yes STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

2008-2009 ROTATIONS BEGIN WEEKS:

2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

### **COURSE OBJECTIVES (in order of importance)**

- To participate in the rapidly evolving field of laparoscopic surgery, both in the clinic as well as the operating room.
- To understand the advantages and limitations of minimally invasive surgery as compared to traditional 'open' procedures.
- To improve technical skills such as laparoscopic suturing and knot tying
- 4. To perform limited robotic assisted surgery on inanimate mod-

**DESCRIPTION:** This rotation is primarily for students interested in pursuing a career in general surgery. It is intended to supplement (and not replace) a general surgery subinternship. Students are expected to participate in the care of surgery patients both in the hospital/clinic and the operating room. Although a formal presentation or paper is not required, students will be required to investigate and lead discussions on controversial/unusual topics. Students can participate in didactic and hands-on teaching sessions offered to the surgical house staff at the Center for Advanced Surgical and Interventional Technology (CASIT). Students are required to attend monthly journal clubs and other resident teaching conferences. Observation of other services. Services' laparoscopic cases is highly encouraged.

#### STUDENT EXPERIENCES COMMON PROBLEMS/DISEASES INPATIENT: **CLOSE CONTACT WITH:** 75% Bariatric surgery **OUTPATIENT:** 25% **FULL-TIME FACULTY** CLINICAL FACULTY Benign disorders of the biliary tract Hernias: inguinal, ventral, incisional CONSULTATION: 75% **FELLOWS** Nonbariatric gastric and intestinal sur-PRIMARY CARE: 25% Х RESIDENTS **INTERNS** Benign & malignant colorectal disease OTHER: Solid organ surgery (liver, spleen, adrenal)

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 5

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 20

### **TYPICAL WEEKLY SCHEDULE**

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
АМ	Research	7:30 – 5:00 Operating Room	7:00 – 10:00 Resident Conference/ Grand Rounds	8:00 – 10:00 Research Clinical Meeting 10:00-12:00 Teaching Rounds	Research
РМ	1:00 – 5:00 Clinic		10:00 – 5:00 Operating Room	1:00 – 5:00 Clinic	Research

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Call is encouraged but not mandatory.

### SU394.02 MINIMALLY INVASIVE SURGERY

Subinternship Location: CS 2008-2009
Revised: 12/1/08

COURSE CHAIR: Shirin Towfigh, M.D. **PHONE #:** (310) 423-8350

E-MAIL: shirn.towfigh@cshs.org

SUPPORTING FACULTY:

Drs. Scott Cunneen, Ted Khalili, Gregg Kai Nishi, Edward

Phillips.

STUDENT COORDINATOR: PHONE #:

Sheila Yancy (310) 423-3544

E-MAIL: sheila.yancy@cshs.org

REPORT TO: . Report to Sheila Yancy

8730 Alden Drive, 2W, Room 221 @ 8:30 am

.

PREREQUISITES: All third year core clerkships

**AVAILABLE FOR EXTERNS: Yes** 

STUDENTS / PERIOD: max 1 min 1

**DURATION:** 3 weeks

2008-2009 ROTATIONS BEGIN WEEKS:

2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

### **COURSE OBJECTIVES (in order of importance)**

- Take an accurate, focused patient history as it relates to the surgical disease process
- 2. Ability to perform a focused physical exam
- Ability to concisely make a patient presentation at the bedside and in the clinic setting
- Knowledge of common presentations of gastro-osophageal reflux disorder
- Knowledge of chronic medical problems associated with obesity
- Knowledge of common presentations of pheochromocytoma and other adrenal disorders
- Knowledge of precipitating factors for developing hernias and risk factors associated with hernia surgery
- 8. Knowledge of indications and contraindications of minimally invasive surgery
- Knowledge of indications and contraindications to weight loss surgery
- Knowledge of appropriate use of imaging modalities, such as plain x-ray, ultrasound, MRI, CT scan, nuclear medical scan to diagnose or follow-up on common solid organ disorders
- 11. Knowledge of abdominal anatomy
- 12. Knowledge of inguinal anatomy

**DESCRIPTION:** This sub-internship is intended to provide the student with in-depth knowledge of general surgery and weight loss surgery using minimally invasive techniques. The student is expected to function at the level of an intern, including pre-operative assessment of patient in the clinic setting, participation in the operating room and post-operative care of the patient either in the intensive care unit or on the wards. In addition, the student is involved in formal bedside presentations, journal club presentations, and case presentations, which are teaching sessions that are held weekly or bi-weekly.

STUDENT EXPERIENCES								
COMMON PROBLEMS/DISEASES INPATIENT: 80% CLOSE CONTACT WITH:								
<ol> <li>Gastro-esophageal reflux disorder</li> </ol>	OUTPATIENT:	20%	X FULL-TIME FACULTY					
<ol><li>Inguinal and abdominal wall hernias</li></ol>			X CLINICAL FACULTY					
<ol><li>Morbid obesity</li></ol>	CONSULTATION:	5%	X FELLOWS					
<ol><li>Adrenal mass</li></ol>	PRIMARY CARE:	95%	X RESIDENTS					
<ol><li>Splenomegaly</li></ol>			X INTERNS					
Choledocholithiasis			OTHER:					

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 20
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 200

# **TYPICAL WEEKLY SCHEDULE**

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
АМ	7:00 - noon OR (Bariatric)	7:00-noon OR (MIS)	7:00 Grand Rounds 8:00 –noon (Baraiatric)	7:00 Educational Conf. 8:00 M+M Matrix 09:00 (Baraiatric)	7:00—noon OR (Bariatric)
РМ	1:00 -4:30 Clinic (MIS)	1:00-4:00 OR (MIS) 4:00 Education Conf. 5:00 –6:00 MIS/ Bariatric M+M	1:00-5:00 OR (Bariatric)	1:00-4:30 Clinic (MIS)4:	1:00-4:30 Clinic (MIS)

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: No on-call.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: No on-call, however, the student is expected to participate in weekend rounds for routine patient care. NOTE: 4-week rotations are available. Please inquire.

### SU410.01 GENERAL SURGERY: VASCULAR

Subinternship/Inpatient Location: CHS 2008-2009
Revised: 12/13/07

**COURSE CHAIR:** 

PHONE #:

Peter F. Lawrence, M.D.

(310) 267-0182

E-MAIL:

SUPPORTING FACULTY:

Wesley Moore, M.D., William Quinones, M.D., David Rigberg, M.D, Hugh Gelabert, M.D., Brian DeRubertis, M.D., and Juan Carlos Jimenez, M.D.

STUDENT COORDINATOR: PHONE #:

Iris Mau (310) 206-2567

E-MAIL: imau@mednet.ucla.edu

REPORT TO: Externs report to Iris @ 7:30 a.m. in 72-229 CHS. UCLA students contact Iris one week before starting the clerkship.

PREREQUISITES: Medicine, Surgery, Pediatrics

AVAILABLE FOR EXTERNS: Yes
STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

Wound Care

2008-2009 ROTATIONS BEGIN WEEKS:

2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

### **COURSE OBJECTIVES (in order of importance)**

- Work up at least three patients/week and caring for a minimum of four patients at a time as inpatients. Patients are presented to the team initially and on teaching ward rounds with the faculty.
- 2. Scrubbing on an average of at least one case per day.
- 3. Presenting patients on morning walk rounds.
- 4. Presenting patients in vascular teaching conferences.
- 5. Attending vascular clinic at least once per week.
- 6. Observing the performance of diagnostic tests on patients in the noninvasive vascular lab.
- Attending all teaching conferences organized by the department of surgery.
- 8. Attending all vascular surgery teaching conferences.
- 9. Learning to use the computer system in patient care.

**DESCRIPTION:** This program is designed for the student interested in advanced study in Surgery. The student functions essentially as a subintern, participating in rounds, operating room responsibilities, surgical ward responsibilities, teaching conference, and special tutorials.

#### STUDENT EXPERIENCES COMMON PROBLEMS/DISEASES INPATIENT: **CLOSE CONTACT WITH:** 80% Aorto-iliac occlusive disease **OUTPATIENT:** 20% **FULL-TIME FACULTY** Femoral-popliteal occlusive disease **CLINICAL FACULTY** Cerebrovascular insufficiency CONSULTATION: 5% Х **FELLOWS** Aneurysm disease-abd. & peripheral PRIMARY CARE: 95% Х RESIDENTS Deep venous insufficiency **INTERNS** Thoracic outlet syndrome OTHER: Vasospastic disease 7. 8 Varicose Veins

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 10
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 38

### **TYPICAL WEEKLY SCHEDULE**

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
АМ	7:00 – 8:00 Ward Rounds (1st Monday 7:00 Rad. Conference) 8:00 – 12:00 Vascular Surgery Clinic	Ward Rounds Monday 7:00 Rad. Conference)  8:00 – 12:00  Conference  6:30 – 7:15 Ward Rounds  7:45 Operating Room/ Vascular Surrery Clinic		6:45 – 7:30 Ward Rounds 7:45 Operating Room/ Vascular Surgery Clinic	6:45 – 7:30 Ward Rounds 7:45 Operating Room
РМ	1:00 – 3:30 Vascular Surgery Clinic 4:00 – 5:00 - Conference 5:00 - General Surgery M&M	Operating Room/ Vascular Surgery Clinic	Operating Room/ Vascular Surgery Clinic Evening Rounds 6:00 - (2nd Wednesday) Journal Club	Operating Room/ Vascular Surgery Clinic 4:00 – 4:30 - Pre-Op Conference 4:30 – 5:30 Conf.	Operating Room Evening Rounds

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Variable according to case load. Monday, 5:00 p.m. Morbidity and Mortality Conference

### SU410.02 CARDIAC SURGERY

Subinternship/Inpatient Location: CHS 2008-2009
Revised: 10/8/08

PHONE #:

COURSE CHAIR:

Mary Maish, M.D. (310) 206-8232

E-MAIL: mmaish@mednet.ucla.edu

SUPPORTING FACULTY:

Drs. A. Ardehali, G. Buckberg, R. Cameron, F. Esmailian, H. Laks, M. Plunkett, R. Beygui, D. Marelli, R. Mahidhara, M. Maish and Holmes

STUDENT COORDINATOR: PHONE #:

Maria Riley (310) 825-9820

E-MAIL: mariley@mednet.ucla.edu

REPORT TO: Cardiothoracic Surgery 62-182 CHS.

PREREQUISITES: All clerkships

AVAILABLE FOR EXTERNS: Yes
STUDENTS / PERIOD: max 2 min 1

**DURATION:** 3 weeks

2008-2009 ROTATIONS BEGIN WEEKS:

2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

### **COURSE OBJECTIVES (in order of importance)**

- Progressive patient responsibilities with capability of evaluating and participating in the care of critically ill patients.
- 2. Capability of interpreting chest x-rays, pulmonary function studies, and cardiac catherization data.
- Familiarity with techniques for monitoring cardiopulmonary events, i.e., evaluation of CVP, pulmonary wedge pressure, and blood gases.
- Develop an appreciation for the role of surgery in the patient with cardiac, pulmonary, esophageal, and other thoracic abnormalities.
- Participate in operative procedures for cardiothoracic diseases and learn operative techniques.

**DESCRIPTION:** This elective provides an opportunity to participate actively in the care of both pediatric and adult cardiac patients, as well as those with lung, esophageal, mediastinal diseases. This clinical exposure will be enhanced by didactic lectures and teaching sessions with the surgical faculty.

#### STUDENT EXPERIENCES **COMMON PROBLEMS/DISEASES** INPATIENT: **CLOSE CONTACT WITH:** 95% Coronary artery disease **OUTPATIENT:** 5% **FULL-TIME FACULTY** Congenital heart defects CLINICAL FACULTY CONSULTATION: 5% **FELLOWS** Lung cancer Benign lung lesion PRIMARY CARE: 95% Χ RESIDENTS 5. Acquired valvular heart disease, eso-**INTERNS** phageal lesions, benign and malignant OTHER: Nurses heart block requiring pacemaker insertion.

6. Mediastinal tumors

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 5

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 25

### **TYPICAL WEEKLY SCHEDULE**

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
АМ	6:00 Indoctrination Rounds with residents (4E Nurses Station)	6:45 – 7:30 - M & M Conf. (62-173) 7:30 – 8:30 - CT Conf. (63-105) 8:30 – 12:00 OR/Ward/Library	7:00 – 8:00 Surgical Grand Rounds (73-105) 8:00 – 12:00 OR/Ward/Library	8:00 – 12:00 OR/Ward/Library	7:00 – 8:15 Transplant meeting (14-214) 7:00 – 8:00 Thoracic M&M Conf. (Last Fri/mo62-173)
РМ	1:00 – 5:00 OR/Ward/Library	1:00 – 4:00 OR/Ward/Library 4:00 – 5:00 Student Tutorial (Surgeon's office)	1:00 – 4:00 OR/Ward/Library 4:00 – 5:00 Student Tutorial (Surgeon's Office)	1:00 – 4:00 OR/Ward/Library 4:00 – 5:00 Student Tutorial (Surgeon's Office)	8:30 –12:00 OR/Ward/Library 1:30 – 2:30 Thoracic Tumor Board (B2-161)

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: None. Weekend Rounds—Sat./Sun. A.M.

### SU410.03 ADVANCED CARDIOTHORACIC SURGERY

Subinternship/Inpatient Location: HARBOR 2008-2009
Revised: 12/2/08

**COURSE CHAIR:** 

PHONE #:

Bassam Omari, M.D. (310) 222-2747

E-MAIL:

SUPPORTING FACULTY:

Bassam Omari, M.D.

STUDENT COORDINATOR: PHONE #: Lilia Stuart, R.N. (310) 222-2747

E-MAIL: lstuart@dhs.lacounty.gov

**REPORT TO:** Harbor-UCLA Medical Center, 3rd floor, Room #3l2, at 9:00 a.m.

# 0.2, at 0.00 a.....

PREREQUISITES: Medicine and Surgery

**AVAILABLE FOR EXTERNS:** Yes

STUDENTS / PERIOD: max 1 min 1

DURATION: 3 weeks

8. Pericardial disease

2008-2009 ROTATIONS BEGIN WEEKS:

6, 9, 12, 15, 18, 21, 27, 30, 33, 36, 39, 42, 45, 48

### **COURSE OBJECTIVES (in order of importance)**

- 1. Understanding of basic cardiovascular physiology.
- Understanding of basic pulmonary physiology and pulmonary function tests.
- 3. Application of basic principles to the intensive care of critically ill patients with cardiorespiratory disease.
- Understanding of the major categories of cardiac disease: ischemic, acquired valvular, and congenital.
- Understanding of invasive and non-invasive data in the management of cardiac disease.
- Knowledge of the evaluation and surgical management of patients with bronchogenic cancer and other pulmonary dis-
- Exposure to basic skills including thoracentesis, chest tube insertion, and the placement of monitoring lines (arterial, Swan-Ganz, CVP).
- Ability to assess a patient with penetrating or blunt chest trauma and develop a treatment plan.

**DESCRIPTION:** This course is designed to allow the student to function as a member of the patient care team on a busy cardiothoracic surgical service in a hospital with an active trauma center. The role as a sub-intern will require a student with motivation, responsibility, and diligence.

#### STUDENT EXPERIENCES **COMMON PROBLEMS/DISEASES** INPATIENT: **CLOSE CONTACT WITH:** 95% Coronary artery disease **OUTPATIENT:** 5% **FULL-TIME FACULTY** CLINICAL FACULTY Valvular heart disease Bronchogenic carcinoma CONSULTATION: 5% Х **FELLOWS** 3. Congenital heart disease PRIMARY CARE: 95% Х RESIDENTS Penetrating thoracic trauma **INTERNS** Blunt thoracic trauma OTHER: Thoracic inflammatory disease

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 4

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 13

# **TYPICAL WEEKLY SCHEDULE**

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
АМ	6:30 – 8:00 Ward Rounds 8:00 – 3:30 Patient Care, Operating Room or Reading	6:30 – 8:00 Ward Rounds 8:00 – 1:00 Patient Care, Operating Room or Reading	6:30 – 7:30 - Ward Rds. 7:30 – 8:30 - Surgical Grand Rnds 8:30 –9:00 - Morbidity & Mortality Conf. 9:00 – 3:00	6:30 – 8:00 Ward Rounds 8:00 – 3:00 Patient Care, Operat- ing Room or Reading	8:00 – 10:00 Pathophysiology Conference (VA Medical Center)  10:00 – 12:00 Chief's Rounds
РМ	5:00 – 6:00 Attending Rounds	1:00 – 4:00 Outpatient Clinic 4:00 – 5:00 - Medical/ Surgical Chest Clinic 6:00 – 7:30 - Thoracic Grand Rounds (CHS)	Patient Care, O.R. or Reading 4:30 – 5:00 - Adult Cardiology Conf. 5:00 – 7:00 - Attending Round	3:00 – 5:00 Attending Rounds	3:00 – 5:00 Attending Rounds

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: On call as needed.

### SU410.04 THORACIC SURGERY

Subinternship/Inpatient Location: CHS 2008-2009
Revised: 10/8/08

**COURSE CHAIR:** 

PHONE #:

Mary Maish, M.D. M.P.H.

(310) 734-7333

E-MAIL:

SUPPORTING FACULTY:

Drs. Robert Cameron, and Carmack Holmes

STUDENT COORDINATOR: PHONE #:
Maria Riley (310) 825-9820

E-MAIL: mariley@mednet.ucla.edu

REPORT TO: Externs report to Iris @ 7:30 a.m., in room 72-229 CHS. UCLA students contact Iris one week before starting the clerkship.

PREREQUISITES: Internal Inpatient Medicine and Surgery

AVAILABLE FOR EXTERNS: Yes
STUDENTS / PERIOD: max 2 min 1

**DURATION:** 3 weeks (also available for 2 or 6 wks

2008-2009 ROTATIONS BEGIN WEEKS:

8. Chest wall lesions

2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

### **COURSE OBJECTIVES (in order of importance)**

- Develop an understanding of the role of surgery in the diagnosis and treatment of patients with pulmonary, esophageal, mediastinal and other thoracic abnormalities.
- Gain familiarity with thoracic surgical techniques including open and minimally invasive procedures.
- Develop skills interpreting CXR, CT scans, PET scans and pulmonary function tests.
- Assume progressive clinical responsibilities in the pre and postoperative evaluation and care of patients undergoing thoracic surgical procedures.

**DESCRIPTION:** This elective provides an opportunity to actively participate in the care of patients who have disease confined to the thoracic cavity. The focus is on benign and malignant processes of the lung, esophagus and mediastinum. The clinical exposure will be comprehensive and will include exposure to the outpatient clinics as well as the postoperative care of the surgical patient in the ICU and ward. The clinical exposure will be supported by didactic lectures and teaching sessions with the surgical faculty. Students will be encouraged to participate in a research effort during the course of the rotation, and be expected to give a short oral presentation on a topic in thoracic surgery.

#### STUDENT EXPERIENCES **COMMON PROBLEMS/DISEASES** INPATIENT: **CLOSE CONTACT WITH:** 80% Lung Cancer **OUTPATIENT:** 20% FULL-TIME FACULTY CLINICAL FACULTY Benign lung lesions CONSULTATION: 10% **FELLOWS** Esophageal cancer Benign esophageal disorders PRIMARY CARE: 90% Х RESIDENTS Mediastinal masses **INTERNS** 6. Diseases of the pleura OTHER: Tracheal disorders

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 5

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 30

### **TYPICAL WEEKLY SCHEDULE**

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
АМ	6am Rounds with residents 10am-5pm Clinic	6am rounds with residents 7:30am-noon OR/ward/library	6am Rounds with residents 7am Grand Rounds 10am-noon OR/wards/library	6am rounds with residents 7:30am-noon OR/ward/library	6am - Rounds with residents 7am - Thoracic teaching conference/M&M 8am - Pulmonary/ Thoracic Grand Rounds 9am-12pm Clinic
РМ	10am-5pm Clinic	12:30pm-4pm OR/wards/library 4pm-5pm Student Tutorial	12:30pm-4pm OR/wards/library	12:30pm-4pm OR/wards/library 4pm-5pm Student Tutorial	1:30pm-2:30pm Pulmonary Tumor Board  2:30pm-3:30pm Thoracic Section Meeting

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: No call. Saturday: rounds with the residents. Sunday: rounds with residents (optional)

### SU420.01 EMERGENCY AND TRAUMA SERVICE

Subinternship/Inpatient Location: CHS 2008-2009
Revised: 12/14/06

**COURSE CHAIR:** 

PHONE #:

H. Gill Cryer, M.D.

(310) 825-6643

E-MAIL:

SUPPORTING FACULTY:

Attending Surgeons on the L Emergency Surgical Service

STUDENT COORDINATOR: PHONE #: Iris Mau (310) 206-2567

E-MAIL: imau@mednet.ucla.edu

REPORT TO: Externs report to Iris @ 7:30 a.m. in 72-229 CHS. UCLA students contact Iris one week before starting the clerkship.

PREREQUISITES: Medicine and Surgery

AVAILABLE FOR EXTERNS: Yes STUDENTS / PERIOD: max 2 min 1

**DURATION:** 3 weeks

2008-2009 ROTATIONS BEGIN WEEKS:

2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

### COURSE OBJECTIVES (in order of importance)

- To develop skills in preoperative evaluation of the patient with multiple trauma.
- 2. To gain exposure to techniques of resuscitation.
- To evaluate the hospitalized patient who develops an acute surgical condition.
- To develop an in-depth knowledge of the pathophysiology and treatment of shock and sepsis.
- To become familiar with the principles of outpatient surgical diagnosis and treatment.
- 6. To learn principles of critical care medicine in the surgical ICU.

**DESCRIPTION:** Students will function as subinterns on the service. Students will assist in operations performed in the minor operating room suite. They will also participate in emergency evaluation of trauma victims and will manage critically ill patients in ICU.

STUDENT EXPERIENCES							
COMMON PROBLEMS/DISEASES  1. Appendicitis	INPATIENT: OUTPATIENT:	90% 10%	CLOSE CONTACT WITH:  X FULL-TIME FACULTY				
Biliary tract disease     Multiple Trauma     Multiple Organ System Failure	CONSULTATION: PRIMARY CARE:	25% 75%	X CLINICAL FACULTY FELLOWS X RESIDENTS X INTERNS				
5. Shock			X INTERNS OTHER:				

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 10

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 75

### **TYPICAL WEEKLY SCHEDULE**

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
ΑМ	AM Rounds 7:45 Elective Surgery	AM Rounds Elective Surgery	AM Rounds 7:00 Dept. of Surgery Grand Rounds, 73-105 CHS Clinic	AM Rounds Trauma Patient Review Ward Work	AM Rounds Ward Work & Emer- gency Surgery
PM	1:00 Elective Surgery PM Rounds	Elective Surgery PM Rounds	2:00 Teaching Rounds with Dr. Cryer PM Rounds	2:00 Ward Work PM Rounds	2:00 Ward Work & Emer- gency Surgery PM Rounds

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: On-call every third night.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: Students will participate in clinics, conferences, Rounds, and other teaching activities. Monday, 5:00 p.m. Morbidity and Mortality Conference.

#### SU420.02 TRAUMA AND EMERGENCY SURGERY

2008-2009 Subinternship/Inpatient Location: CS Revised: 12/1/08

**COURSE CHAIR:** PHONE #: (310) 423-8353 Daniel Margulies, MD

E-MAIL: shirin.towfigh@cshs.org

SUPPORTING FACULTY:

Drs. Ali Salim, Matthew Wilson, Alex Allins, Scott Cunneen, Gregg Kai Nishi

STUDENT COORDINATOR: PHONE #:

Sheila Yancy (310) 423-3544

E-MAIL: sheila.yancy@cshs.org

REPORT TO: . Sheila Yancy in Thalians Bldg W221 @ 8:30

PREREQUISITES: All third year core clerkships

**AVAILABLE FOR EXTERNS: Yes** 

STUDENTS / PERIOD: max 1 min

**DURATION**: 3 weeks

2008-2009 ROTATIONS BEGIN WEEKS:

2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

### **COURSE OBJECTIVES (in order of importance)**

- Knowledge of principles of blunt and penetrating trauma patient resuscitation with regards to primary and secondary evaluation
- Ability to resuscitate the injured patient using advanced trauma life support algorithm
- Ability to concisely make a patient presentation appropriate to the multi-system trauma patient scenario
- Knowledge of common causes of hemorrhage and management of blunt head injury, including use of adjunctive medications, such as steroids, thyroid hormone, mannitol, blood prod-
- Ability to manage acutely ill patients with multi-system trauma in an evidence-based and cost effective manner
- Knowledge of appropriate use and interpretation of imaging modalities, such as plain x-ray, ultrasound (FAST scan), MRI, CT scan to diagnose and manage trauma injuries
- Ability to safely perform common bedside procedures, including chest tube placement, cut-downs, venous and arterial access, reduction of fractures, cervical spine immobilization, and airway management
- 8. Knowledge of indications for operative management of blunt and penetrating traumas
- Evidence-based management of common emergency surgical conditions, such as appendicitis, cholecystitis, bowel obstruction, mesenteric ischemia, and perforated duodenal ulcer.
- 10. Interpretation of abnormal laboratory values, including venous

**DESCRIPTION:** This sub-internship is intended to provide the student with in-depth knowledge of patient care as it relates to trauma and non-trauma emergency surgically diseases. The student is expected to function at the level of a junior resident and be on the scene for first-line evaluation and management of patients in the emergency room. In additional, it is expected that the student maintain close follow-up of the patient's progress on a daily basis. In addition, the student is involved in formal daily bedside presentations, and case presentations which are all teaching sessions.

# STUDENT EXPERIENCES

100%

**COMMON PROBLEMS/DISEASES** INPATIENT: **CLOSE CONTACT WITH:** 95% Blunt Trauma **OUTPATIENT:** 5% **FULL-TIME FACULTY CLINICAL FACULTY** Penetrating Trauma CONSULTATION:

PRIMARY CARE:

Blunt Head Injury 3.

4. **Appendicitis** Cholecystitis

- 6. Acute abdomen
- Shock 7.
- Altered mental status

- **FELLOWS**
- Х RESIDENTS
- **INTERNS** OTHER:

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 12 TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE:

### TYPICAL WEEKLY SCHEDULE

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
	7:00 Pre-Round	7:00 Pre-Round	7:00 Pre-Round	7:00 Educational Conf.	7:00 Pre-Round
	8:00 Attending Rounds	8:00 Attending Rounds	8:00 Attending Rounds	8:00 M+M Matrix	8:00 Attending
AM	· ·	Ü	9:00-noon ICU Patient	9:00 Attending Rounds	Rounds
	9:00-noon ICU Patient Care	9:00-noon ICU Patient Care	Care	10:00-noon ICU Patient Care	9:00-noon ICU Patient Care
РМ	12:00 ICU Journal Club 1:00-4:00 ICU Patient Care 4:00-5:00 Evening Rounds	12:00 Core Curriculum 1:00-4:00 ICU Patient Care 4:00 Resident Case Conf. 5:00 –6:00 Evening Rds	1:00-4:00 ICU Patient Care 4:00-5:00 Evening Rounds	1:00-4:00 ICU Patient Care 4:00-5:00 Evening Rounds	1:00-4:00 ICU Patient Care 4:00-5:00 Evening Rounds

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Overnight in-house call every 4th night

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: Student is expected to participate in weekend rounds for routine patient care. NOTE: 4-week rotations are available. Please inquire.

### SU430.01 GENERAL SURGERY: GASTROINTESTINAL

Subinternship/Inpatient Location: CHS 2008-2009
Revised: 12/14/07

**COURSE CHAIR:** 

PHONE #:

Darryl Hiyama, M.D.

(310) 206-0304

E-MAIL:

SUPPORTING FACULTY:

Drs. Jonathan Sack, Michael Yeh and James Yoo on the U Surgical Service

STUDENT COORDINATOR: PHONE #: Iris Mau (310) 206-2567

E-MAIL: imau@mednet.ucla.edu

REPORT TO: Externs report to Iris @ 7:30 a.m. in 72-229 CHS. UCLA students contact Iris one week before starting the clerkship.

PREREQUISITES: Medicine and Surgery

AVAILABLE FOR EXTERNS: Yes
STUDENTS / PERIOD: max 2 min 1

**DURATION:** 3 weeks

2008-2009 ROTATIONS BEGIN WEEKS:

2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

### **COURSE OBJECTIVES (in order of importance)**

- Knowledge of pathogenesis, diagnosis, natural history, and surgical management of gastrointestinal diseases.
- 2. Management of the pre and post-operative care of patients having operations for gastrointestinal diseases.
- Improved knowledge of sterile technique, assistance in the operating rooms, and care of postoperative incisions.
- Knowledge of the role of the surgical gastroenterologist and the relationship of this specialty to medical gastroenterology.
- Interpretation of x-rays, ultrasound, and CAT scan studies of gastrointestinal diseases.
- The technical, psychological, and sociological management of patients with temporary and permanent intestinal stomas.
- Knowledge of the principles and techniques of assessment of state of nutrition and the enteral and parenteral management of nutritional repletion.
- 8. Improved History and Physical examination.
- Appreciation of the specialized care and treatment provided by the surgical gastroenterologist.

**DESCRIPTION:** This program is designed for the student interested in advanced study in Surgery. The student functions essentially as a subintern. Students will participate in Rounds, operating room responsibilities, teaching conferences, and special tutorials.

STUDENT EXPERIENCES						
COMMON PROBLEMS/DISEASES	INPATIENT:	70%	CLOSE CONTACT WITH:			
Acute & chronic cholecystitis	OUTPATIENT:	30%	X FULL-TIME FACULTY			
Inflammatory Bowel Disease			X CLINICAL FACULTY			
3. Liver tumor, bile ducts, pancreas & intest. tract	CONSULTATION:	15%	X FELLOWS			
Benign diseases obstructing the biliary tree	PRIMARY CARE:	85%	X RESIDENTS			
5. Peptic disease of esophagus, stomach, duode-			X INTERNS			
num			OTHER:			
Esophageal motor disorders						

- 6. Esophageal motor disorders
- 7. Abdominal and inguinal hernias
- 8. Colon Cancer; Stomach Cancer
- 9. Thyroid Cancer; G.I. Stromal Tumors

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 5

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 38

### **TYPICAL WEEKLY SCHEDULE**

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
ΑМ	Rounds Operating Rooms 8:00 – 12:00 Dr. Sack Clinic	7:15 – 8:00 Professor's Rounds 9:00 – 3:00 Dr. Hiyama Clinic	7:00 – 10:00 Department of Surgery Grand Rounds Operating Rooms	Rounds Operating Rooms	Rounds Operating Rooms
РΜ	Operating Rooms 1:00 – 5:00 Dr. Yoo Clinic	1:00 – 5:00 Dr. Yeh Clinic 5:00 – 6:00 G.I. Surgery Conference	3:00 – 6:00 Rounds	Operating Rooms 1:00 – 5:00 Dr. Sack Clinic	Patient Workup or Operating Rooms

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Variable, according to case load.

### SU440.01 GENERAL SURGERY: ONCOLOGY

Subinternship/Inpatient Location: CHS 2008-2009
Revised: 12/14/07

**COURSE CHAIR:** 

PHONE #:

James Economou, M.D.

(310) 825-2644

E-MAIL:

#### SUPPORTING FACULTY:

Drs. Frederick Eilber, Mai Brooks, Helena Chang, Fritz Eilber, Joe Hines, Howard Reber, Paul Schmit and Robert Bennion on the C surgical service.

STUDENT COORDINATOR: PHONE #:

Iris Mau (310) 206-2567

E-MAIL: imau@mednet.ucla.edu

REPORT TO: Externs report to Iris @ 7:30 a.m. in 72-229 CHS. UCLA students contact Iris one week before starting the clerkship.

PREREQUISITES: Surgery, Medicine, Pediatrics, Ob/Gyn

AVAILABLE FOR EXTERNS: Yes
STUDENTS / PERIOD: max 2 min 1

**DURATION:** 3 weeks

8. Immunotherapy

2008-2009 ROTATIONS BEGIN WEEKS:

2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

### COURSE OBJECTIVES (in order of importance)

- Understand basic principles of multidisciplinary approach (surgery, radiation therapy, chemotherapy, immunotherapy) to treatment of solid human cancers.
- Understand modes of clinical presentations and evaluation of common adult tumors.
- 3. Participate in patient care management, both on the ward and in the operating room.

**DESCRIPTION:** This program is designed only for the student interested in advanced study in Surgery. The student functions essentially as a subintern, participating in Rounds, operating room responsibilities, teaching conferences, and special tutorials.

#### STUDENT EXPERIENCES **COMMON PROBLEMS/DISEASES** INPATIENT: **CLOSE CONTACT WITH:** 90% Melanoma **OUTPATIENT:** 10% **FULL-TIME FACULTY CLINICAL FACULTY** Sarcoma CONSULTATION: 20% Х **FELLOWS** 3. Colon carcinoma Breast Carcinoma PRIMARY CARE: 80% Х RESIDENTS Benign breast disease **INTERNS** 6. Gastric carcinoma OTHER: Thyroid carcinoma

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 13
TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 38

### **TYPICAL WEEKLY SCHEDULE**

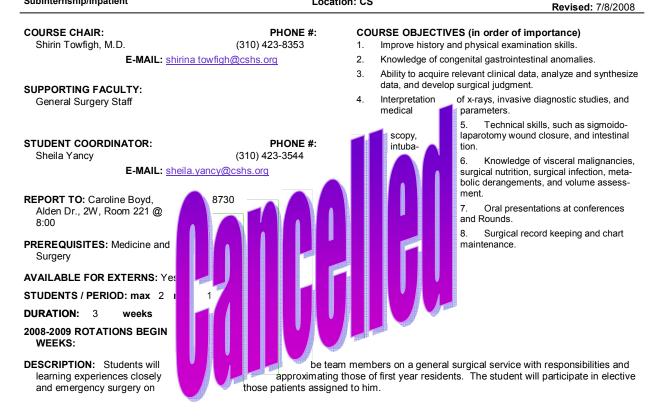
Hour	Monday	Tuesday	Wednesday	Thursday	Friday
АМ	6:30 Ward Rounds Operating Room	6:30 Ward Rounds Operating Room	6:00 Ward Rounds 7:00 Surgery Grand Rounds	6:30 Ward Rounds	6:30 Ward Rounds Operating Room
РМ	4:00 Ward Rounds	5:00 Ward Rounds	1:00 - White Clinic Oncology Clinic Multidisciplinary Breast Center 4:00 Tumor Conference	4:30 Musculo-Skeletal Conference	5:00 Ward Rounds

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Varied according to case load. Mon., 5:00 p.m. Morbidity and Mortality Conference.

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS:

Subinternship/Inpatient Location: CS 2008-2009

Revised: 7/9/200



#### STUDENT EXPERIENCES COMMON PROBLEMS/DISEASES INPATIENT: **CLOSE CONTACT WITH:** 90% Carcinoma of breast **OUTPATIENT:** 10% **FULL-TIME FACULTY** Anorectal disorders **CLINICAL FACULTY** Carcinoma of thyroid CONSULTATION: 10% Х **FELLOWS** 3. 4 Colon carcinoma PRIMARY CARE: 90% Х RESIDENTS Small bowel obstruction **INTERNS** 6. Inguinal hernia OTHER: Radiologists, Clinical Phar-Appendicitis macists, Respiratory Therapists 8. Laperoendoscopic surgery

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 5

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 50

### **TYPICAL WEEKLY SCHEDULE**

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
АМ	6:00 Work Rounds	6:45 Work Rounds 8:15 Operating Room	6:45 Work Rounds 7:00 Surgical Principles	7:00 Basic Science 8:00 Morbidity/Mortality 9:00 - Clinic	6:45 Work Rounds 8:15 Operating Room
РМ		4:00 Chief Rounds	3:00 Work Rounds	12:00 Grand Rounds  4:00 Colorectal/ Breast Conference* (*Alternate weeks)	

#### **ON-CALL SCHEDULE & WEEKEND ACTIVITIES:**

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: On-call room and operating room orientation will be provided. Case presentations and advanced reading will be assigned. Students will participate in all educational activities of the surgical residency, including the Surgical Procedures Workshop, work rounds at 0700 on Saturday mornings, and the Basic Science Conference at 0800 every Saturday morning, September to December each year.

#### SU450.02 **GENERAL SURGERY**

2008-2009 Subinternship/Inpatient Location: HARBOR Revised: 12/21/06

**COURSE CHAIR:** 

Fred Bongard, M.D.

PHONE #:

FAX: E-MAIL:

SUPPORTING FACULTY:

(310) 222-2768

Familiarity with the treatment and diagnosis of patients who have general surgical diseases, particularly of the liver and biliary system, the pancreas, the gastrointestinal tract, breasts and vascular system.

**COURSE OBJECTIVES (in order of importance)** 

- 2. Learn to manage patients with trauma.
- 3. Opportunity for performing minor technical procedures under supervision.
- Intensive care unit experience.

STUDENT COORDINATOR: PHONE #: Teresa Scanlon (310) 222-2795

FAX:

E-MAIL: scanlontp@aol.com

REPORT TO: Dept. of Surgery, 3 East, Room 36, 8:30 a.m.

PREREQUISITES: Surgery, Medicine

**AVAILABLE FOR EXTERNS:** Yes STUDENTS / PERIOD: max 8 min 1

**DURATION:** 3 weeks

2008-2009 ROTATIONS BEGIN WEEKS:

2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

**DESCRIPTION:** This elective will give the student the opportunity to participate, as a subintern, in the care of the general surgical patient. The student should choose between working two weeks on two of the services, which is preferred, (including vascular, colorectal, GI, oncology, and trauma-critical care) or four weeks on any one service, pending availability. You will function as a subintern, taking care of patients particularly assigned to you. In-house call one night in four, including weekends.

STUDENT EXPERIENCES						
COMMON PROBLEMS/DISEASES	INPATIENT:	75%	CLOSE CONTACT WITH:			
The acute abdomen	OUTPATIENT:	25%	X FULL-TIME FACULTY			
2. Trauma victims			CLINICAL FACULTY			
3. Critical care	CONSULTATION:	25%	X FELLOWS			
<ol><li>Carcinoma colon &amp; GI tract</li></ol>	PRIMARY CARE:	75%	X RESIDENTS			
<ol><li>Inflammatory bowel disease</li></ol>			X INTERNS			
6. Breast disease			X OTHER: 3rd year students			
7. Obstructive jaundice & other biliary problems			•			

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 6 TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 38

# **TYPICAL WEEKLY SCHEDULE**

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
АМ	Ward Rounds	7:30 Trauma Didactic Conference 9:00 Breast Clinic	7:30 Grand Rounds 8:30 M&M Conference 11:00 GI Conf.	7:30 Trauma Conference Ward Rounds Operating Room	Operating Room
РМ		12:00 Breast Conf. Operating Room 1:00 Breast Clinic	12:00 Tumor Board Clinics 1:00 GI Oncology Clinic	1:00 Trauma Clinic	Operating Room

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Call schedule: Every fourth night. Required conferences—Surgery Grand Rounds, 8:30 - 10:00 a.m., Saturday.

#### SU455.02 SURGICAL CRITICAL CARE

2008-2009 Subinternship/Inpatient Location: CS Revised: 7/31/08

**COURSE CHAIR:** PHONE #: (310) 423-8353

Daniel Margulies, MD E-MAIL: shirin.towfigh@cshs.org

SUPPORTING FACULTY:

Drs. Ali Salim, Matthew Wilson, Alex Allins, Scott Cunneen, Cathy Dang, Ted Khalili, Gregg Kai Nishi

STUDENT COORDINATOR: PHONE #:

Sheila Yancy (310) 423-3544

E-MAIL: sheila.yancy@cshs.org

REPORT TO: . Sheila Yancy in Thalians Bldg W221 @ 9:00

PREREQUISITES: All third year core clerkships

**AVAILABLE FOR EXTERNS: Yes** 

STUDENTS / PERIOD: max 2 min

**DURATION**: 3 weeks

2008-2009 ROTATIONS BEGIN WEEKS:

2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

### **COURSE OBJECTIVES (in order of importance)**

- Knowledge of principles of surgical critical care as it relates to physiology and hemodynamics
- Ability to manage acutely ill patients with surgical diseases, especially those with multi-organ system failure
- Ability to concisely make a patient presentation appropriate to the ICU setting
- Knowledge of common presentations of shock, including hemorrhagic shock, septic shock, and cardiogenic shock
- Knowledge of the microbiology and evidenced-based management of hospital-acquired and ventilator-acquired infections
- Knowledge of appropriate use and interpretation of imaging modalities, such as plain x-ray, ultrasound, MRI, CT scan to diagnoses or follow-up on critically ill patients with acute surgical diseases
- Knowledge of appropriate bedside procedures to diagnoses and treat common hemodynamic and ventilatory problems in the ICU, including central line placement, chest tube placement, arterial line placement, Swan-Ganz placement, intubation, bronchoscopy, percutaneious tracheostomy, paracentesis, and ultrasound.
- Knowledge of successful manipulation of ventilators
- Treatment of shock using physiologic knowledge of different vasoactive drugs
- Evidenced-based knowledge of treatment recommendations for SIRS, ARDS, and coagulopathies
- Knowledge of critical care record-keeping, including knowledge of a computerized data management system.

**DESCRIPTION:** This sub-internship is intended to provide the student with i-depth knowledge of of surgical critical care as it relates to trauma and non-trauma emergency surgical diseases. The student is expected to function at the level of an intern by managing critically ill patients with close follow-up of their progression on a daily basis. In addition, the student is involved in formal daily bedside presentations, weekly journal club presentations, and case presentations, which are all teaching sessions.

# STUDENT EXPERIENCES

**COMMON PROBLEMS/DISEASES** INPATIENT: 100% Shock **OUTPATIENT:** 

CONSULTATION:

PRIMARY CARE:

- Sepsis
- 2.
- Acute respiratory distress syndrome 3.
- Ventilator-associated pneumonia
- Multi-system organ failure 6. Respiratory failure
- 7. Multi-system trauma
- 8

**CLOSE CONTACT WITH: FULL-TIME FACULTY** 

100%

- CLINICAL FACULTY
- X **FELLOWS**
- Х RESIDENTS
- **INTERNS** OTHER:

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 12 TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE:

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
	7:00 Pre-Round	7:00 Pre-Round	7:00 Pre-Round	7:00 Educational Conf.	7:00 Pre-Round
	8:00 Attending Rounds	8:00 Attending Rounds	8:00 Attending Rounds	8:00 M+M Matrix	8:00 Attending
AM	Ŭ	Ů	9:00-noon ICU Patient	9:00 Attending Rounds	Rounds
	9:00-noon ICU Patient Care	9:00-noon ICU Patient Care	Care	10:00-noon ICU Patient Care	9:00-noon ICU Patient Care
РМ	12:00 ICU Journal Club 1:00-4:00 ICU Patient Care 4:00-5:00 Evening Rounds	12:00 Core Curriculum 1:00-4:00 ICU Patient Care 4:00 Resident Case Conf. 5:00 –6:00 Evening Rds	1:00-4:00 ICU Patient Care 4:00-5:00 Evening Rounds	1:00-4:00 ICU Patient Care 4:00-5:00 Evening Rounds	1:00-4:00 ICU Patient Care 4:00-5:00 Evening Rounds

TYPICAL WEEKLY SCHEDULE

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: Overnight in-house call every 4th night

ADDITIONAL COMMENTS AND OTHER SPECIAL REQUIREMENTS: Student is expected to participate in weekend rounds for routine patient care.

### SU499.01 LIVER TRANSPLANTATION

Subinternship/Inpatient Location: CHS 2008-2009
Revised: 12/6/07

COURSE CHAIR: PHONE #:

Sherilyn Gordon Burroughs, M.D. (310) 825-5068

E-MAIL: sgordon@mednet.ucla.edu

SUPPORTING FACULTY:

Liver Transplantation Faculty

STUDENT COORDINATOR: PHONE #:

Iris Mau (310) 206-2567

E-MAIL: imau@mednet.ucla.edu

REPORT TO: Externs report to Iris @ 7:30 a.m. in 72-229 CHS. UCLA students contact Iris one week before starting the clerkship.

the clerkship.

PREREQUISITES: Medicine and Surgery

AVAILABLE FOR EXTERNS: Yes
STUDENTS / PERIOD: max 2 min 1

DURATION: 3 weeks

2008-2009 ROTATIONS BEGIN WEEKS:

2, 5, 8, 11, 14, 17, 20, 27, 30, 33, 36, 39, 42, 45, 48

### **COURSE OBJECTIVES (in order of importance)**

- Knowledge of the pathogenesis, natural history, diagnosis and management of patients with acute and chronic liver failure.
- Management and care of the orthotopic liver transplant patient
- Participation in operative procedures, including all aspects of the liver transplant
- Knowledge and insight into the immunological problems of transplantation (i.e., rejection).
- Diagnosis and management of the complications associated with liver transplantation.
- Ability to examine and cost effectively evaluate patients with liver failure.
- 7. Knowledge and experience in managing critical care patients.
- Awareness of the indications for liver transplantation.
- 9. Management of pediatric patients with liver failure.
- Exposure to a multidisciplinary approach in the care and management of the transplant patient.

**DESCRIPTION:** This elective provides an excellent opportunity to learn about and manage adult and pediatric patients with liver failure in the critical care and acute care settings. In addition, this elective allows the student to experience the problems and complexity of transplantation. The student is responsible, under proper guidance, for managing patients with liver failure from the initial evaluation through the transplant operation and into the post-operative period. The student will be expected to participate in donor, recipient, and elective transplant and hepatobiliary surgeries, assist with the management of audit and pediatric pre— and post-transplant patients, and give an oral case presentation at the conclusion of the rotation.

#### STUDENT EXPERIENCES **COMMON PROBLEMS/DISEASES** INPATIENT: **CLOSE CONTACT WITH:** 90% Chronic liver failure **OUTPATIENT:** 10% **FULL-TIME FACULTY CLINICAL FACULTY** Acute liver failure CONSULTATION: 0% Х **FELLOWS** Immunosuppressed patients 3. 4. Multiorgan failure PRIMARY CARE: 100% Х RESIDENTS Hepatic tumors **INTERNS** 6. Portal hypertension OTHER: Biliary problems 8. Opportunistic infections

APPROXIMATE # OF PATIENTS EVALUATED EACH WEEK BY STUDENT: 5

TOTAL # OF PATIENTS EVALUATED EACH WEEK BY ENTIRE SERVICE: 70

### **TYPICAL WEEKLY SCHEDULE**

Hour	Monday	Tuesday	Wednesday	Thursday	Friday
АМ	7:00 – 9:00 Work Rounds 10:00 Transplant Evaluation Clinic	7:00 – 9:00 Work Rounds	7:00 – 11:00 Surgery Grand Rounds and Transplant Teaching	7:00 – 9:00 Work Rounds 10:00 Post-Transplant Clinic	7:00 – 9:00 Work Rounds
РΜ	2:00 – 3:00 Teaching Rounds	2:00 – 3:00 Teaching Rounds	1:00 – 4:00 Liver Cancer Clinic 5:00 Tumor Board (2nd & 4th)	2:00 – 3:00 Teaching Rounds	12:00 Patient Selection Committee  2:00 – 3:00 Teaching Rounds

ON-CALL SCHEDULE & WEEKEND ACTIVITIES: On call every third night with resident. Available nights for liver transplants and local harvests