



University of Central Florida

College *of* Medicine

**Surgical Clerkship
&
Selectives**

Handbook

2014-2015

Orientation Handbook for Students

Welcome to the University of Central Florida - College of Medicine, Third-Year Clerkship Module for Surgery. This clinical clerkship experience will help you develop essential skills needed for assessment, interaction, and treatment of surgical patients.

The purpose of this handbook is to provide you with an overview and orientation to the common policies, procedures, and course objectives for the third and fourth year medical student curriculum. Many of the documents in this manual can be found online with links to the COM website:

<http://www.med.ucf.edu>

The following pages will provide you with some basic information for the clerkship, including location of campuses, clerkship and selective descriptions, contact information for each segment of the clerkship and Selectives, and other information that you might need to make your clerkship experience rewarding and productive. If you have any questions or feedback on this handbook or any other aspects of the curriculum, please do not hesitate to contact us.

This manual will be updated periodically and is subject to change as the program progresses.



University of Central Florida

College of Medicine



University of Central Florida's College of Medicine Mission

The University of Central Florida College of Medicine educates and inspires individuals to be exemplary physicians and scientists, leaders in medicine, scholars in discovery, and adopters of innovative technology to improve the health and well-being of all. Our patient-centered mission is achieved by outstanding medical care and services, groundbreaking research, and leading edge medical and biomedical education in an environment enriched by diversity.



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Course Description

The University Of Central Florida College Of Medicine M3 Surgical Clerkship will introduce the student to the workup, diagnosis, treatment as well as the follow up of a wide variety of surgical diseases. Evidence based practices will be emphasized.

Rotations will take place at Orlando Health, Florida Hospital, Nemours Children's Hospital, Orlando Veterans Administration Medical Center and Bay Pines Veterans Administration Medical Center.

The 12 week rotation will consist of two mandatory 4-week general surgical experiences (general / oncologic surgery, acute care surgery, colon and rectal surgery, pediatric surgery) and 2, 2-week surgical selective rotations. For the Selective experience, the student will be offered a selection of subspecialty areas and will rank their interest, a lottery will then take place and students will be assigned according to their interest as close to their top 2 choices as possible. The various surgical sub-specialty areas include: Anesthesia (Florida Hospital and Nemours), Ophthalmology (Nemours, Orlando VA, Bay Pines), Orthopedic Surgery (Florida Hospital, Bay Pines), Otolaryngology (Florida Hospital, Nemours), Plastic Surgery & Podiatry (Bay Pines, Only), Thoracic Surgery (Bay Pines), Transplant Surgery (Florida Hospital), Urology (Nemours and Bay Pines), and Vascular Surgery (Florida Hospital and Bay Pines).

Students will be responsible for the evaluation and workup of patients in the emergency room and wards as well as in the outpatient setting. Participation in daily inpatient multidisciplinary ward rounds will be emphasized as well as active participation in a wide array of bedside surgical procedures and major operative interventions under general anesthesia. In hospital call will be a requirement while on the general surgical service and the student will also be responsible for regular attendance at weekly didactic conferences, grand rounds, journal club conferences and morbidity and mortality conferences.

The following handbook is filled with information about policies, procedures, expectations, descriptions, and maps to make your time on the Surgical Clerkship run as smoothly as possible. You will find the academic calendar, contact information for your sites, Clerkship Director, Site Directors, and Coordinator. We have tried to lay out the handbook in an efficient manner. Please contact your Coordinator if you have any questions.

Contact Information

Clerkship Director (located at Orlando Health):

Matthew W. Lube, MD FACS

Email: matthew.lube@orlandohealth.com

Office: 321-841-5142

Mobile: 407-590-6932

Contact: Katherine Newsum, see below

Florida Hospital Site Director:

Alric V. Simmonds, Jr., MD FACS

Email: alric.simmonds.md@flhosp.org

Office: 407-303-7399

Mobile: 240-346-5953

Contact: Maria Cepero, 407-303-7203

Nemours Children's Hospital Site Director:

R. Cartland Burns, MD

Email: cartland.burns@nemours.org

Office: 407-650-7646

Contact: Debbie Adams, (407-650-7646)

Bay Pines VA Medical Center Site Director:

Terry Wright, MD

Email: terry.wright@va.gov

Contact: Hiram Perez (hiram.perez@va.gov)

Phone: 727-398-6661, x4380

Pager: 727-257-2244

Tammi O'Neill (tammi.oneill@va.gov)

Clerkship Coordinator:

Katherine D. Newsum

Email: katherine.newsum@ucf.edu

Office: (Gore Street) 407-203-5021

(70 West Gore Street, UCF Clerkship Office)

Office (Florida Hospital): 407-303-8297

(2501 N. Orange Avenue, Suite 235)

Mobile: 407-622-9506

Assistant Director of Academic Support Services:

Margaret Orr

Email: margaret.orr@ucf.edu

Office: 407-266-1139

Mobile: 407-619-2205



M3 Clerkship Calendar 2014-2015

University of Central Florida
College of Medicine

3rd Year Orientation	May
Block 1 & 2 (First Quarter)	May 19, 2014 – August 8, 2014
Weeks 1 – 4	May 19 – June 13
Weeks 5 – 8	June 16 – July 11
Weeks 9 – 12	July 14 – August 8
	NBME: August 7
<i>Summer Break</i>	<i>August 9, 2014 – August 17, 2014</i>
Block 3 & 4 (Second Quarter)	August 18, 2014 – November 7, 2014
Weeks 1 – 4	August 18 – September 12
Weeks 5 – 8	September 15 – October 10
Weeks 9 – 12	October 13 – November 7
	NBME: November 6
Block 5 & 6 (Third Quarter)	November 10, 2014 – February 13, 2015
Weeks 1 – 4	November 10 – December 5
<i>Thanksgiving Break</i>	<i>November 27-November 30</i>
Weeks 5 – 8	December 8 – January 16
<i>Winter Break</i>	<i>December 20 – January 4</i>
Weeks 9 – 12	January 19 – February 13
	NBME: February 12
Block 7 & 8 (Fourth Quarter)	February 16, 2015 – May 8, 2015
Weeks 1 – 4	February 16 – March 13
Weeks 5 – 8	March 16 – April 10
Weeks 9 – 12	April 13 – May 8
	NBME: May 7
M3 Capstone	May 11-15, 2015
Summer Break	May 16 – 31, 2015
M4 Begins	June

M3 includes 2 required 12 week clerkships (Surgery and Internal/Family Medicine) and 4 required 6 week clerkships (Neurology, Psychiatry, Obstetrics/Gynecology and Pediatrics).
Dates are subject to change.

Teaching Faculty

ORLANDO HEALTH (CORE)		FLORIDA HOSPITAL (CORE)	
Matthew W. Lube, MD, Clerkship Director		Alric V. Simmonds, Jr., MD, Site Director	
		General Surgery (Core)	
General/Acute Care Surgery (Core)		Louis H. Barr, MD (Program Director)	
Michael Cheatham, MD	Howard Smith, MD	Tracy Bilski, MD	Rhonda L. Harmon, MD
Joseph Ibrahim, MD	John Promes, MD	Steve Eubanks, MD	Jean F. Miner, MD
Chadwick Smith, MD		Alexander Evans, MD	Joseph D. Portoghese, MD
Colon & Rectal Surgery (Core)		Surgical Oncology (Core)	
Samuel DeJesus, MD	Mark Soliman, MD	Pablo Arnoletti, MD	Sebastian DeLaFuente, MD
Andrea Ferrara, MD	Robert Stevens, MD		
Joseph Gallagher, MD	Paul Williamson, MD	Colon & Rectal Surgery (Core)	
Renee Mueller, MD		Matthew R. Albert, MD	Sergio W. Larach, MD
Oncologic Surgery (Core)		Sam B. Atallah, MD	George Nassif, DO
Debashish Bose, MD	Mark Roh, MD	Teresa H. DeBeche, MD	
Rajesh Nair, MD			
		Pediatric Surgery (Core)	
Orlando Health Surgical Group (Core)		Christopher Anderson, MD	
Marc L. Demers, MD	Jeffrey R. Smith, MD	William Loe, MD	Raleigh Thompson, MD
Michael P. Kahky, MD			
Pediatric Surgery: (Core) Arnold Palmer Hosp			
Donald Plumley, MD	David Miller, MD		
Marc Levy, MD	Ross Morgan, MD		
FLORIDA HOSPITAL SELECTIVES		FLORIDA HOSPITAL SELECTIVES	
Anesthesiology		Otolaryngology	
Matthew Merrell, MD, Chief Preceptor		Henry Ho, Chief Preceptor	
Jason Acosta, MD	Mark Honska, MD	Jeffrey Baylor, MD	Christopher Savage, MD
Kelly J. Allen, MD	Jeffrey House, MD	Barry Kang, MD	Brian Spector, MD
Mark Anderson, MD	Kurt Jones, MD	Itzak Kielmovitch, MD	Kiran Tipirneni, MD
Thomas Andrews, MD	Suresh Kannan, MD	Jeffrey Lehman, MD	Hao Tran, MD
Kevin Angert, MD	Raymond Kloepper, MD	Aftab Patni, MD	
Mac Axelrod, MD	Eric Kunichika, MD		
Moeed Azam, MD	Jeffrey Lee, MD	Transplant Surgery	
Kristy Baker, MD	Robert London, MD	Thomas Chin, MD, Chief Preceptor	
Neil Bennett, MD	Frederick Mansfield, MD	Michael Angelis, MD	Giridhar Vedula, MD
Ravi Bissessar, MD	W. Jerry Merrell, MD	Bobby Nibhanupudy, MD	
James Carlsen, MD	Robert Michaels, MD		
Melissa Conte, MD	Arun Moorjani, MD	Vascular Surgery	
Christopher Dobson, MD	Scott Morrow, MD	Mark E. Ranson, Chief Preceptor	
B. Greg Foley, MD	S. Blair Murphy, MD	Delos Clift, MD	David Varnagy, MD
Joseph Gallo, Jr., MD	Douglas Olin, MD		Alan Wladis, MD
Tim Grant, DO	Anand Patel, MD		
Johathan Hausheer, MD	Joel Payabyab, MD	ORLANDO VETERAN'S ADMIN HOSP	
Joyce Hoatson, MD	William Purkey, MD	Ophthalmology	
Ann Holt, MD	Frank Rosemeier, MD	Saad Shaikh, MD, Chief Preceptor	
	Gregory Schroeder, DO	Naazli Shaikh, MD	Charles Young, MD
Jewett Orthopedic Clinic			
Clerkship Director: Kenneth Krumins, MD			
Michael Jablonski, MD, Chief Preceptor			

NEMOURS CHILDREN'S HOSPITAL		BAY PINES VETERANS ADMIN HOSP	
Pediatric Surgery (Core)		Terry Wright, MD, Site Director	
R. Cartland Burns, MD, Site Director		General Surgery (Core)	
Tammy Westmoreland, MD		Ossama Hemadeh, MD, <i>Section Chief</i>	
		John Goodgame, MD	
		Aaron Scott Mcguirt, MD	
NEMOURS SELECTIVES		BAY PINES SELECTIVES	
Pediatric Anesthesiology		Ophthalmology	
Iwona Bielawski, MD, Chief Preceptor		Tina Culotta-Glynn, MD, <i>Section Chief</i>	
Carlos Archilla, MD	George Mychaskiew, DO	Helen Tseng, MD	
Norm Carvalho, MD	Lisgelia Santana, MD		
Carol Klim, MD			
Pediatric Ophthalmology		Orthopedic Surgery	
Airaj Fasiuddin, MD, Chief Preceptor		Patricia Baumann, MD, <i>Section Chief</i>	
Jamie Ikeda, MD		Charles Abrahamsen, MD	
		Bernard Fishalow, MD	
		Paul Murphy, MD	
Pediatric Otolaryngology		Plastic Surgery (includes Podiatry)	
Julie Wei, MD, Chief Preceptor		Wyatt Payne, MD, <i>Section Chief</i>	
		Melissa Abercrombie, MD	
		Martin Girling, MD	
		Moriah Moffitt, MD	
		Deepak Naidu, MD	
		Thoracic Surgery	
		Edward Hong, MD, <i>Section Chief</i>	
		Richard Norenberg, MD	
Pediatric Urology			
Herbert Swana, MD, Chief Preceptor		Urology	
		James Krause, MD, <i>Section Chief</i>	
		Marc Cohen, MD	
		William LaRosa, MD	
		Arnold Weinstein, MD	
		Vascular Surgery	
		John Driscoll, MD, <i>Section Chief</i>	
		Gary Janko, MD	
		Brad Johnson, MD	
		Chelsey Lewis, MD	

Clerkship Goals & Objectives

The clerkship Goals and Objectives are designed around the six Core Competencies set up by the ACGME but structured to the level of learning of the medical student. By the end of the clerkship, the student will become knowledgeable in the principles of pre-operative assessment, operative intervention, and post-operative care and follow-up in patients presenting with a wide variety of surgical diseases.

Medical Knowledge- While on this rotation the student will:

1. Be able to discuss the basic evaluation and treatment of benign and malignant breast disease, cutaneous malignancies, abdominal wall hernias, gallbladder disease and other acute inflammatory intra-abdominal conditions.
2. Understand the principles and rationale for management of surgical patients to include the preoperative assessment and management as well as postoperative care. Examples include assessment of patient risk, appropriate selection of patients for surgery, knowledge of anesthetic options, and principles of postoperative pain management and wound care.
3. Understand the general principles of laparoscopy. Examples include the physiologic consequences of pneumoperitoneum.
4. Understand the pathology as it relates to surgery.
5. Be knowledgeable of the anatomy of the abdomen, chest, neck and vascular tree.
6. Be knowledgeable with regard to the physiological basis of the disease process, fluid and electrolytes, nutrition, wound healing and organ function.

Patient Care- While on this rotation the student will:

1. Accurately perform a complete history and physical examination in patients with common surgical problems and present patients to the attending and/or senior resident.
2. Participate in daily rounds and management of inpatients.
3. Begin to demonstrate an understanding of the principles of surgical decision-making.
4. Efficiently utilize and interpret diagnostic laboratory testing. Examples of appropriate tests include serum chemistries, hematological profiles, and coagulation tests.
5. Efficiently utilize and interpret diagnostic radiological tests. Examples of the types of studies include mammography, gallbladder ultrasonography (US), plain film radiology tests and computed tomography (CT).
6. Under appropriate supervision, assist in basic surgical procedures such as: open lymph node biopsy (cervical, axillary, groin), hernia repair (inguinal, femoral, umbilical) excision of small subcutaneous masses, and laparoscopic cholecystectomy and appendectomy.
7. Under appropriate supervision, perform basic surgical procedures such as: placement of venous access devices, removal of cutaneous lesions, and routine wound closure.
8. Assist the resident physicians in the discharging of patients, including writing prescriptions, and ensuring appropriate follow-up.
9. Attend and participate in weekly outpatient clinics. Activities will include examination and evaluation of new patients and postoperative care of established patients.

Interpersonal and Communication Skills- While on this rotation the student will:

1. Develop skill and sensitivity for appropriate counseling and educating patients and their families in a variety of clinical situations.
2. Work effectively with the health care team and/or other professional groups.
3. Effectively and promptly document practice activities.
4. Present all patients in a concise, organized, logical and knowledgeable manner.
5. Exhibit the ability to interact as part of the surgical team.
6. Exhibit honesty, reliability, good communication skills, and appropriate judgment.

Practice-Based Learning and Improvement- While on this rotation the student will:

1. Use books, journal articles, internet access, and other tools available to learn about diseases and treatments.
2. Recognize the importance of lifelong learning in surgical practice by analyzing personal practice outcomes to improve patient care.

Systems-Based Practice- While on this rotation the student will:

1. Observe and learn the process of working with nursing, social work, home health, pharmacy, radiology, acquisition of test results, operating room (OR) scheduling, recovery room staff, and discharge planning.
2. Demonstrate an understanding and commitment to continuity of care by development of a patient care plan including timing of return to work and appropriate follow-up.
3. Begin to understand the appropriate utilization of consultations from other surgical and medical specialties in a timely and cost efficient manner to facilitate and enhance patient care.

Professionalism- While on this rotation the student should:

1. Demonstrate a high level of initiative and self-motivation and be well-read and prepared prior to any surgical procedure (including clinical knowledge of the patient).
2. Be dependable in completing assigned tasks.
3. Demonstrate professional interpersonal skills when dealing with patients, staff, other residents, and attending physicians.

By the end of the rotation, the student will:

1. Begin to understand the ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, and informed consent.
2. Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.
3. Demonstrate accountability for actions and decisions.

Rotations

Core General Surgery:

Students will spend two, 4-week rotations in the following areas.

Orlando Health/Arnold Palmer Hospital:

General / Acute Care Surgery RED
General / Acute Care Surgery BLUE
General / Surgical Oncology
Orlando Health Surgical Group
Colon and Rectal Surgery
Pediatric Surgery

Florida Hospital:

General Surgery
Surgical Oncology
Pediatric Surgery
Colon & Rectal Surgery

Nemours Children's Hospital:

Pediatric Surgery

Bay Pines Veterans Administration Medical Center:

General Surgery

Surgical Sub-Specialty Selectives:

Students will request in order of preference from the following list of Selectives and be assigned two from their list. They will spend 2-weeks each.

Florida Hospital: Anesthesia
 Otolaryngology
 Transplant Surgery
 Vascular Surgery

Nemours: Pediatric Anesthesia
 Pediatric Ophthalmology
 Pediatric Otolaryngology
 Pediatric Urology

Orlando Veterans Administration Medical Center: Ophthalmology

Bay Pines VA Medical Center: Ophthalmology
 Orthopedic Surgery
 Plastic Surgery & Podiatry
 Thoracic Surgery (non-Cardiac)
 Urology
 Vascular Surgery

Teaching & Learning Methods & Materials

An emphasis will be placed on *bedside* teaching in the emergency room, inpatient wards, and operating room as well as in the outpatient clinics. The majority of teaching will occur on daily multidisciplinary teaching ward rounds and being present and participating in bedside procedures and major operative procedures. Other teaching methods will include scheduled weekly didactic conferences covering a broad spectrum of surgical topics, monthly journal club conferences, weekly morbidity and mortality conferences and surgical grand rounds as well as monthly core competency conferences. A dedicated 2 hour Medical Student conference will be held on Monday afternoons for all students regardless of rotation or location. These lectures will be given by the attending staff and will parallel the required textbook, *Essentials of General Surgery* by Peter F. Lawrence (5th Edition). Three quizzes will be given during the clerkship in conjunction with the material covered in the text book and lectures.

Students will meet regularly with the site specific clerkship director who will oversee log entries to assure that the student is being exposed to a broad experience in general surgery with respect to patients seen as well as operative and bedside procedure involvement. Students will be expected to complete WISE-MD modules for those encounters not fulfilled and provide documentation of completion prior to being assigned a grade for the rotation. In house call is an important aspect of surgical education and will be a mandatory requirement. Students will be expected to take call a minimum of eleven times during the 2, 4-week general surgical core rotations and will be expected to work at least three weekends during that 8 week period. Additionally, call may or may not be required depending on the student's assigned Selectives and is at the discretion of the Selective preceptor. Students will be expected to ***be familiar with and follow*** the current duty hour guidelines set forth by the Accreditation Council for Graduate Medical Education (ACGME). Students will be given a weekly card to document times when they arrived and left the hospital on a daily basis. This will be turned in to the Clerkship Coordinator weekly at Monday conference. Failure to do so will result in points being lost on the final grade

Reading

Required: Essentials of General Surgery by Peter F. Lawrence (5th Edition).

Suggested Texts

As graduate students, you are responsible for choosing how, and from where, you will acquire your surgical basic science knowledge base. Dr. Lube will be handing out a list of topics during orientation. Below is a list of several texts that offer a broad overview of core general surgical information.

Schwartz's Principles of Surgery; 9th edition.

Greenfield's Surgery, Scientific Principles and Practice; 5th edition.

Sabiston Textbook of Surgery, 19th edition.

O'Leary's The Physiologic Basis of Surgery; 4th edition.

Fiser's The ABSITE Review; 4th edition.

There are a wide variety of other core surgical textbooks, review texts as well as online resources that are available to the student. The Clerkship Director and Site Specific Director can assist the student with these resources.

Wise-MD Modules:

Students will be provided access to Wise-MD, the Surgical Course that is located on MedU (<http://www/med-u.org>). At the start of the academic year, students should contact Ms. Margaret Orr to be added to the list for MedU. Upon receiving access, students should set up their account using their COM email address and setting a password. Whenever you wish to use MedU, you will sign in at the top of the Home Page, and then you can choose which course you want to review. Wise-MD Surgical Modules includes the following topics:

Case Modules: Abdominal Aortic Aneurysms, Adrenal Adenoma, Anorectal Disease, Appendicitis, Bariatric, Bowel Obstruction, Breast Cancer, Burn Management, Carotid Stenosis, Cholecystitis, Colon Cancer, Diverticulitis, Hypercalcemia, Inguinal Hernia, Lung Cancer, Pediatric Hernia, Pediatric Pyloric Stenosis, Skin Cancer, Thyroid Nodule, Trauma Resuscitation.

Skills Modules: Best Practices (Informed Consent, Reviewing Test Results, Documentation, Professional Behavior and Patient Information, Communicating with Patients), Epidural Placement Technique, Foley Catheter Placement (Male and Female), Suturing and Instrument Tie, and Two-Handed Knot Tie.

New modules are added on an on-going basis.

Students are expected to avail themselves of these modules to supplement their learning experience.

End-Of-Service National Board of Medical Examiners (NBME) Examination

At the end of the rotation the student will return to the College of Medicine to participate in the NBME written shelf exam for surgery. It will be required that the student score in at least the 5th percentile to pass the examination. In order to be eligible for an A on the rotation, it will be necessary to score at or above the 70th percentile on the examination. Failing to do so will result in the student not being able to earn a grade higher than a B for the rotation, regardless of performance in the other areas that are used to calculate the grade (see below). Under extraordinary circumstances, if the student performs exceedingly well on all other aspects of the rotation (top 10th percentile for evaluations and quiz scores) and falls short of the 70th percentile by a few percentile points, the Clerkship Director reserves the right to award an A grade for the rotation. Also note that obtaining a grade at or above the 70th percentile does not guarantee an A for the Clerkship. The results of the NBME will count towards **25%** of the student's grade for the clerkship.

Objective Structured Clinical Examination (OSCE)

There will be no specific OSCE for the Surgical Clerkship.

There will be a combined clinical skills testing during the third year which will consist of two sessions. The first session will be a formative event which will occur during the latter part of the second 12-week block and the second session will be a summative event which will take place during the final 3 weeks of the scholastic year. The students will receive performance feedback, critique and remediation following the first session. The second session requires a "pass" mark in order to progress to the M4 year. Both sessions will present the student with 8-9 clinical scenarios staffed by either standardized patients (SPs) or simulated patients/mannequins. Each scenario will simulate a patient encounter that reflects their clinical goals and experiences. The student will be given preliminary information regarding

the patient and must perform a focused interview and examination as appropriate. After the encounter, students will be expected to provide written documentation such as pertinent aspects of history taking, physical examination, differential diagnosis, lab tests to order, etc. or some combination of these items. The student's performance will be judged by the trained SP using automated evaluation software and a checklist that has been developed by the clerkship directors. Communication and medical professionalism skills will be assessed. Aspects of longitudinal curricula (multicultural medicine, medical ethics, nutrition, palliative care and others) will be integrated and assessed in these scenarios wherever possible.

Suture and Knot Tying

Suture Kits and Knot Boards

Students may sign out a knot board and suture kit prior to the start of the Clerkship. This equipment should be used for practicing knot tying and suturing with instruments. Practice prior to your entrance into the OR as well as throughout the clerkship is expected.

There are a variety of demonstration videos on the internet as well as Skills Modules in Wise-MD, the Surgery section of MedU. All COM students are provided with an account in MedU.

In the 11th week (or upon return to COM for Students at Bay Pines), it is required that students return all COM-issued materials, including the suture kits, knot boards, and cords IN THE CONDITION RECEIVED (clean and undamaged).

Knot Boards should include the nylon cord that was provided for practice and be clean and in the kit bag provided at the time of receipt. The cord should be untied, not left knotted. In the case of Suture Kits, the instruments must be clean, dry, and without substitution, and returned in original numbered packaging.

Equipment must be returned when requested either in the 11th or 12th week of the clerkship or when they return to campus to take the NBME Shelf Exam. If any portions are missing, the students will replace them IN KIND from the information provided by the clerkship coordinator and noted on the next page:

Surgical Instruments:

Colonial Medical Supply will order items through MedLine.
Call Bill in the Sales Department at 407-849-6455.

Colonial Medical Supply has two stores:

915 South Orange Avenue
Orlando, FL 32806
32701

614 East Altamonte Drive
Altamonte Springs, FL

Approximate prices for items:

- MDS1018812 Adson-Brown Tissue Forcep, straight, 4.75
approximately: \$16.00
- MDS2418016 Mayo Hegar, Serrated Needle Holder, 6/25
approximately: \$20.00
- MDS10376 OR Scissors, s/b, 5.5, straight
approximately: \$17.00
- There is a shipping fee for shipping from the supplier to Colonial Medical,
which will be added to the cost.

Knot-Boards and practice cords:

Knot-tying boards were purchased through **SimuLab Corporation**. They do not come with a cord. A 38-inch length of nylon cord must be obtained separately and returned with the knot-tying board. The cord should be 5mm or 1/8th inch in diameter.

SimuLab Knot Tying Board, Part # SKB-10, 10x8x2 is \$85.00 plus shipping

SimuLab Corporation is on line at www.simulab.com or at:

1600 West Armory Way
Seattle, Washington 98119
866-400-1260
info@simulab.com

Scrub and Gown Training

There will be a brief presentation during Orientation by the operating room staff covering sterile technique, as well as proper techniques for gowning and gloving. Gowning and Gloving technique will be practiced.

Other locations during the clerkship may require that students complete a CBL and/or scrub and gown class to fulfill requirements of the site. Please view this as an added opportunity to become adept at sterile technique.

It is IMPERATIVE that students are comfortable with sterile technique and gowning / gloving techniques prior to entering the operating room and scrubbing on cases (this cannot be over-emphasized)!!

PATIENT PASSPORT: Surgical Core Clerkship

The purpose of the Patient Passport (patient log) is to ensure that each student is exposed to the depth and breadth of General Surgery. Each procedure, clinical skill, and H&P/Communication skill listed on the card is required. **In the last week of your first CORE rotation**, please check your passport and ask your attendings/residents to assist you in meeting your requirements.

The passport will be also reviewed at the mid-clerkship feedback session with either Dr. Lube or with the Site Director.

For those clinical conditions not met, you will be expected to complete alternate modalities such as WISE-MD modules on those topics, and provide documentation of completion. Maintaining the Patient Passport will be an element in the final 5% of your final grade, which must be completed and entered in Oasis by the final day of the clerkship. A blue card is provided to you at the start of the clerkship so that you can track your progress on a daily basis as you are exposed to the procedures.

We are not interested in numbers per-se; we are more interested that you are exposed to the clinical conditions / procedures listed below. You will NOT be graded on the number of conditions you are exposed to, but you need to keep track of the patient types / clinical conditions, etc.

Case exposure requirements for each of the Selectives will be given to the student by the Selective preceptor.

The table on the next page is a replica of the blue Patient Passport Card that you will carry and use to track your experience in the core clerkship.

Note that ALL procedures, skills and clinical conditions noted on the Patient Passport Card MUST also be logged into Oasis to be a part of your official record. Keeping up with this on a weekly basis will make the job of recording your experience less time-consuming and formidable than waiting to the end of the clerkship. As well, it will prevent you from losing a record of your experiences.

Surgical Clerkship Patient Log

SURGICAL PATIENT PASSPORT FOR:	
ROTATION DATES:	
Patient Types or Clinical Conditions	
Appendicitis	
Breast mass or cancer	
Hernia	
Cholelithiasis/cholecystitis	
Gastrointestinal hemorrhage	
Small bowel obstruction	
Diverticular Disease of the colon	
Hypovolemia	
Postoperative respiratory distress	
Postoperative fever	
Benign and malignant skin conditions assessment	
History & Physical Exam/Communication Skills	
Digital rectal examination	
Breast examination, including axilla	
Neck examination, including cervical lymph node basins	
Assess a postoperative wound	
Participate in a preoperative informed consent discussion	
Write a Brief Operative Note and Postoperative Orders	
Clinical Skills: Testing & Procedure Skills	
Scrub, gown, and glove using sterile technique	
Interpret chest x-ray	
Interpret plain abdomen radiograph (KUB)	
Foley bladder catheter insertion: (male)	
Foley bladder catheter insertion: (female)	
Nasogastric tube insertion	
Knot-tying (simple manual, instrument)	
Placement of vacuum-assisted closure device (VAC)	
Close a clean wound using skin staples or simple suture	
Remove skin staples or simple sutures	
Surgical site bedside dressing change	
Drainage of simple abscess	
Appendectomy	
Laparotomy	
Laparoscopic cholecystectomy	
Hernia Repair	

Direct Observation Cards

Direct observation by an attending physician is a part of the clerkship year and must be documented. In the Surgical Clerkship, the student will obtain sign-off by an **attending-level surgeon** for direct observation in **each** of the Core rotations.

This card will document that an attending has directly observed the student performing a history and physical examination on a patient (with review of the H&P document) on two separate patients during each core rotation.

The card will also include documentation that the attending has reviewed two separate daily progress notes done by the student on each core rotation.

A total of two H&P's and 2 Daily Progress Note must be documented for each core rotation and must be signed by the attending surgeon, not a resident, intern, PA or other staff member.

Below is an example of the card that will be used. At the end of the clerkship, OR when the signoff is complete, the student will turn in the card to the Clerkship Coordinator for placement in the file. If the student does not hand in a card, points will be deducted from that portion of the grade rubric.

Student Name:		Core Rotation:
H&P Direct Observation and Documentation		Attending Signature Below (for EACH H&P)
Patient Initials		
Date:		
Patient Initials		
Date:		
Daily Progress Note		Attending Signature Below (for EACH Note)
Patient Initials		
Date:		
Patient Initials		
Date:		

Didactic Curriculum

During the general surgery core clerkship, students will be expected to attend and participate in all mandatory conferences including resident conferences and those designed specifically as part of the surgical core clerkship. Information on the conference schedule for each institution is given below.

Medical Student Conferences

Medical student conferences will be held at the Gore-Street campus and teleconferenced to the Bay Pines Campus. They are scheduled to take place every Monday afternoon from 3:00 to 5:00 pm. **Students at Bay Pines VA Medical Center will be provided with a place where they can remote in to the conference setting.** Attendance is **mandatory** for ALL students: regardless of core clerkship assigned location or selective assignment. ALL students will be expected to attend these conferences. The lectures will parallel the chapters in the required text: Essentials of General Surgery, and an example of the current lecture schedule is as outlined below. 2 topics will be covered each Monday afternoon.

NOTE: It is expected that all electronic devices including mobile phones, iPods, iPads, etc., must be silenced and put away during all conferences and lectures. Pager should be put on vibrate to minimize impact to those around you if you are on call and must be reached. Response to calls and pages should be done outside the meeting room to minimize the impact on the learning environment. Students are expected to arrive on time for all conferences and meetings. Students who habitually disturb the conference by talking, arriving late, etc., and who have been warned previously may suffer a reduction in their final class grade. Additional information on professionalism is addressed in other sections of this manual.

Conference Title and Corresponding Chapter in Essentials of General Surgery
Peri-operative Management of the Surgical Patient
Fluids, Electrolytes and Acid Base
Nutrition
Surgical Bleeding and Blood Replacement
Shock
Surgical Critical Care & Trauma
Wounds and Wound Healing)
Surgical Infections
Burns
Abdominal Wall, Including Hernia
Esophagus
Stomach and Duodenum
Small Intestine and Appendix
Colon, Rectum and Anus
Biliary Tract
Pancreas
Liver
Breast
Surgical Endocrinology
Spleen
Vascular

Monthly Quizzes

In the 5th, 9th, and 12th weeks of the Clerkship, prior to conference on Monday, the students will be responsible for completing a 20-question quiz covering the readings for the previous corresponding weeks. There will be three quizzes in total, and this will **count towards 20% of your clerkship grade**. The quizzes will be multiple choice, and will be written DIRECTLY from the required text (i.e., if you were taking an open book exam, you would have no problem scoring a 100%). It will be your responsibility to be present and on time to take each quiz, and failure to do so will result in a score of ZERO for that particular quiz, which can very well affect the final Clerkship Grade. If there are circumstances that will not allow you to be present, you must call the Clerkship Director DIRECTLY, well in advance, to schedule an alternate time to take the quiz.

Orlando Health Surgical Conferences

Wednesdays	0630 – 0715	General Surgery Basic Science Curriculum**
3 rd Thursdays	0645 – 0730	Surgical Journal Club (JC) *
Fridays	0700 – 0800	General Surgical Grand Rounds
Fridays	0800 – 0900	Mortality and Morbidity Conference

* Articles to be provided to the student for review the week prior to JC

**The schedule for the residents Basic Science Curriculum for the period of your Clerkship will be given to you during your Clerkship Orientation.

Florida Hospital Surgical Conferences

During the general surgery/Surgical Oncology core clerkship, as well as while on Pediatric Surgery at Florida Hospital, the M3 student will be expected to attend all mandatory conferences that are held by the Department of Surgical Education. Required readings and conference topics will be given to the student at the beginning of the rotation.

Resident didactics take place on Friday mornings starting at 7:00 am and are held in Suite 235 in the Surgery Conference Room, unless otherwise noted. Friday didactics break down as follows:

7:00 – 8:00:	Morbidity & Mortality Conference
8:00 – 9:00:	Case Presentations
9:00 – 10:00:	Junior-level Didactics
10:00 – 11:00:	Senior-level Didactics

Periodically, during the year, Friday morning conference is replaced with a trip to Celebration Health to do simulations and labs at the Nicholson Center. If this is scheduled during your block, you will be invited to attend.

Dr. Simmonds hosts a Simulation Lab specifically for the students on the first Tuesday morning of each core 4-week block. This is held in the Surgery Conference Room in Suite 235.

Other mandatory conferences while on the Florida Hospital Surgical Core Clerkship:

Wednesday (Weekly), 7:00 am: Multidisciplinary Tumor conference (Physician's Lounge, Ground Floor)

Thursday Mornings (7:00 am), weekly: Attending Rounds

Thursday (1st, 3rd, 5th), 12:00 – 1:00: Breast cancer conference (FH Cancer Inst., 7th Fl. Conf. room)

Conferences for Students on Rotation at Bay Pines

Mondays: 3:00 – 5:00: UCF Student Didactics; (conference room to be determined)
2:15, week 5, 9, and 12: Quiz on chapters from Lawrence textbook

Daily rounds: 6:30 am: gather information on patients in Surgery Inpatient Ward 3C
7:00 am: Surgeons, Residents, Students & Mid-Levels start “planning” and continue rounds through to SICU.

Thursday (biweekly):

7:30 am: Morbidity & Mortality Conference (Surgery Conference Room, 3,D, room 145)

Selectives Conferences

In addition to the core conferences, and depending on the student's individual Selectives, he/she will also be expected to attend Selective-specific conferences, as well.

Examples include lectures uploaded to CANVAS/WebCourses for the Anesthesia rotation, department-specific conferences and Journal Clubs, surgical oncology tumor boards (multi-disciplinary), etc.

A list of the specific conferences will be given to the student at the beginning of the rotation.

At the discretion of the Selective Preceptor, some students may be required to take a quiz on the material covered in the rotation or in their conferences/learning modules.

Clerkship Grading & Evaluations

Student Grades & Evaluation

The Core Clerkship in Surgery & Selectives is a twelve-week rotation which includes eight weeks on General Surgery and two, two-week Selectives in surgical and other specialties.

Passage of both Selectives is mandatory for passage of the clerkship. The two Selectives will be graded on a Pass/Fail system.

Students will be provided with direct daily / weekly feedback by attending and resident physicians regarding their medical knowledge, patient care, interpersonal and communication skills, systems based practice/practice based learning activities, and professionalism as well as their technical skills. In addition, at the end of the rotation, preceptors and attending /resident physicians that have had sufficient contact with the student will complete formal written evaluations paralleling the goals and objectives pertaining to the rotation.

Student grades for required clerkships are calculated using information from the following sources:

- NBME subject examination in surgery **(25%)**
- Monthly Quizzes **(20%)**
- Formative assessment provided by the residents and faculty **(50%)**
- Successful completion of Patient Passport log (blue card), Observation Card (white card),
Duty hours in Oasis, and WISE-MD modules (if needed to complete log). **(5%)**

A majority of the student's grade (50%) will come from the evaluations submitted by the attending preceptors and the senior level residents with whom the student worked on the Core blocks. These evaluations are typically mapped in Oasis to the resident / attending who spent the most time with the student over the course of the core rotations. An average of the Likert scale points (dropping the lowest and highest evaluators) as well as a comprehensive review of the comments made by the evaluators will be used to formulate this portion of the student's grade. The Clerkship Director will also be in direct contact with the evaluators during the course of the rotation to further gain insight into the student's clerkship performance. Selective evaluations are not included in the numeric Likert-scale portion of the grade but are evaluated on a pass/fail basis and must be passed to complete the course. Just as with Summative Comments made by preceptors in the Core blocks, comments in the Summative category on evaluations made by Selective Preceptors may be used in the student's MSPE.

At the end of the Clerkship after assignment of grades, the Clerkship Director will be available to discuss the student's particular grade. Please contact the Clerkship Coordinator to set up a meeting in this regard.

Course/Site Evaluations

Each student will be given the opportunity to provide constructive feedback regarding the clerkship, faculty, clerkship directors and sites and site directors. These evaluations must be completed prior sitting for the NBME examination at the end of the rotation. All evaluations are anonymous. Thoughtful student feedback is critical for improving the quality of the clerkship learning experience.

Course Policies for the Surgical Clerkship

Policy on Call and Duty Hours:

In-House Call

In house call is an important aspect of surgical education and will be a mandatory requirement. Students will be expected to take call a minimum of eleven times during the 8-weeks of core general surgical rotations and will be expected to work (and take call) at least 3 weekends during that time.

NOTE ABOUT WEEKEND CALL: On the weekend that the student is on call, they will be expected to make rounds on BOTH Saturday and Sunday (example: if the student is on call Friday night, they will be expected to make rounds on Saturday morning (following ACGME duty hours guidelines and leaving after 28 total hours), and also come in for rounds on Sunday; if a student is on Saturday Call, they will be expected to round on Sunday – again following ACGME duty hours guidelines. Students assigned to Sunday call will be expected to make rounds on Saturday, arrive Sunday morning for over-night call, and will go home Monday morning and return for conference on Monday afternoon – again according to ACGME guidelines.

In house call may or may not be required depending on the Selectives the student has chosen.

Students will be expected to follow the current duty hour guidelines set forth by the Accreditation Council for Graduate Medical Education (ACGME). ***Those guidelines are included in this document and the student is responsible for being familiar with them.*** Please remember that your senior residents and attending preceptor may not realize that you are post call, and it is your responsibility to remind them of that fact and your need to leave the hospital in order to comply with the above ACGME guidelines.

Attendance Cards:

On a weekly basis, you must track your hours **both on an attendance card and by logging them into Oasis**. In order to facilitate your record, you will be given or emailed a card EVERY WEEK where you will list your daily time. At the end of the week you should log the TOTAL number of hours for the week into Oasis. It will be a requirement for you to follow this process on a weekly basis. Failure to do so may result in losing points towards your final grade.

SURGICAL CLERKSHIP ATTENDANCE

Student Name:			
Location/Selective:			
DATES:	Time In	Time Out	Total
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

This card will be maintained daily and turned in on Mondays at Conference. Enter hours in Oasis Weekly

Policy on Clerkship Duty Hours:

The University of Central Florida College of Medicine will follow the duty hour guidelines set by the Accreditation Council for Graduate Medical Education (ACGME), ACGME 2011.

1. *Duty hours are defined as all clinical and academic activities related to the education of the medical student* i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as didactic sessions, grand rounds and conferences. Duty hours do not include reading and preparation time spent away from the duty site.
 - a. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
 - b. ON AVERAGE over the duration of the clerkship adequate time for rest and personal activities will be provided and will consist of a 10-hour time period between all daily duty periods and after in-house call.
 - c. In-house call must occur no more frequently than every third night.
 - d. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Students may be on site for up to 4 additional hours in order to participate in didactic activities.
 - e. Students must be provided with one day (24 consecutive hours) in seven, free from all educational and clinical responsibilities, averaged over a four-week period.
2. This policy will be published on the College of Medicine website, in the clerkship handbooks, and in the faculty and preceptor handbooks. This information will also be covered in the COM Clerkship Orientation.

Oversight of this policy will be the responsibility of the Clerkship Director and the relevant Clerkship Site Director/s. Students are responsible for tracking and logging their duty hours in OASIS. Faculty and students with concerns regarding possible duty hour violations should report those concerns directly to the Clerkship Director in a timely fashion. Failure to keep duty hour log up to date in OASIS may result in participation point penalization from final grade.

Students and Clerkship Directors will be given a Clerkship Duty Hours Agreement to co-sign acknowledging the policy.

Policy on Attendance in the 3rd & 4th Years:

General Attendance Policy

As a member of a health care team during the third and fourth years of medical school, students are expected to attend all scheduled hours of clinical responsibilities and didactic instruction. There is no guaranteed time off for holidays. Students are expected to follow the holiday practice of the clinic/hospital/site at which they are rotating. Clinical responsibilities such as night call and rounding take precedence over holiday schedules. If situations arise which require students to miss time from clerkship responsibilities, the guidelines below will be followed.

Excused Absences: Definitions and Required Actions:

Anticipated Absences:

a. Presentation of research at professional meeting

- Maximum of one meeting per academic year; *and*
- Same research project may not be presented at more than one meeting; *and*
- Time away is only for presentation of data and travel time; *and*
- Requests must be submitted to Clerkship Directors for approval no later than 6 weeks prior to date of presentation.
- If approved, the student is responsible for notifying the attending/resident and their team in advance of all anticipated absences.
- The student must complete the absence form, have it signed by the Clerkship Director and forward it to the Office of Student Affairs.
- **Requests for exceptions to this policy (e.g., for those on National Committees or those with compelling reasons to give additional research presentations) must be discussed with the Clerkship Director in advance.**

b. Residency interviews

- During interview months of October-January, students will be allowed to take time off for interviews.
- On 4-week rotations, the maximum number of days allowed is 4 (no more than 3 consecutive days). On 2-week rotations, the maximum is 2 days. Requests for additional days must be discussed and approved by the rotation director. If request exceeds the maximum number allowable, student may be required to repeat the rotation.
- Requests must be submitted in writing to Clerkship Director/s prior to the start of the affected rotation/s or within 24 hours of an interview offer during the course of the rotation.
- Once approved, the student is responsible for notifying the attending/resident and their team in advance of all anticipated absences.
- The student must complete the absence form, have it signed by the Clerkship Director and forward it to the Office of Student Affairs.

c. Meeting with core advisor or Dean of Students

- May schedule one meeting with advisor or Dean of Students during each clerkship/elective
- Meeting/s must be approved in advance by the Clerkship Director; *and*
- Meeting/s must be scheduled at a time that minimizes disruption of clinical responsibilities, didactics and other clerkship activities; *and*
- Absence includes time for meeting and appropriate travel time only; *and*

- Students are required to be present at clinical sites before and after meeting/s as dictated by their clinical schedules.

Unanticipated Absences:

d. **Hospitalization of student**

e. **Death of family member**

f. **Illness**

- An excused absence may be granted if you are ill.
- These absences require that a note from your physician be obtained and given to the Clerkship Coordinator within 24 hours if: illness lasts 72 hours or more at any time, lasts 24 hours during **the** final week of a rotation, or at the discretion of the Clerkship Director; *and*
- The Clerkship Coordinator and the attending physician/resident physician on your clinical team are notified by you in a timely fashion (e.g., before the start of AM rounds); *and*
- The student absence form is completed, signed by the Clerkship Director and forwarded to Student Affairs.

Failure to comply with any component of the above instructions will result in unexcused absence and loss of 5 points from the final clerkship grade for each day missed.

Residents or faculty directly working with students cannot grant approval for absence. Please do not approach these individuals, as approval by them is not official.

Unexcused Absences: Definitions and Required Actions:

- Unexcused Absences include:
 - Vacations, personal days or social events, including weddings, graduations or birthdays
 - Routine doctor/dental appointments
 - Taking Step 2 exams during the third year
 - If the student chooses to travel for personal reasons during the rotation (e.g., a weekend off), it is expected that the student will return to her/his clinical responsibilities on time. Delays in returning (e.g., bad weather, missed flights) will be considered as unexcused.
 - Missing any portion of the Orientation to the Third Year, the M3 Capstone, the M4 Capstone or the Longitudinal Curricular Sessions
- In the event of an absence from the clerkship without permission from the Clerkship Director, the student will lose 5 points for each unexcused day. These points will be taken off the final clerkship grade.
- Additional remediation may be required at the Clerkship Director's discretion (e.g., the taking of extra call).

Some Clerkship-Specific Notes on Attendance Expectations:

- **Students are expected to be on time.**
 - If a student has an emergency / illness that will prevent the student from attending a scheduled activity, it is the student's responsibility to notify the preceptor and/or resident immediately and the clerkship coordinator by the beginning of that business day.
 - The clerkship coordinator will check with the site director and/or the appropriate faculty / resident staff to make sure they have been informed.
- It is important that students realize that their absence or tardiness negatively impacts a number of other people.
- Attendance, including tardiness, is part of the student's evaluation for professionalism and negative evaluations in this regard can affect an individual's grade.
- While excused absences are allowed, this does not imply that students are entitled to three days off during the clerkship – do not plan to “use” these days for other than emergencies.

Some Notes on Etiquette during Conferences, Rounds and in the Operating Room:

- Students are expected to arrive on time for all surgeries, rounds conferences and meetings.
- It is expected that all electronic devices including mobile phones, iPods, iPads, *etc.*, must be silenced and put away during all conferences, lectures, and patient rounds.
- Pager should be put on vibrate to minimize impact to those around you if you are on call and must be reached.
- Response to calls and pages should be done outside the meeting room or patient room to minimize the impact on the learning environment.
- Students who habitually disturb the conference by talking, arriving late, *etc.*, and who have been warned previously may suffer a reduction in their final class grade.
- Students should arrive in the OR on time and ready to scrub and gown before the surgery begins.
- Students should come to the OR prepared with research about the day's cases: find out what the cases are for the next day and read about them.
- Students should introduce themselves to the attending and team in a respectful manner at a minimum on the first time in the OR with a new attending and team. Do NOT just enter an operating room and expect to participate – be polite, be prepared, and be aware of the hierarchy of the OR.

Additional information on professionalism is addressed on the following page.

Professionalism

What does Professionalism have to do with you as a Medical Student?

To date, you have been functioning in a close and protected educational environment. As you begin your M3 training, you will leave that protected environment. This is the prime time to develop and hone your skills in professionalism. This includes treatment of and behavior toward not only your patients, but also toward your faculty, peers, coordinator, and clinic staff; in short, anyone you encounter and work with in the OR, library, lab, at the nurse's station, or any other area in which you interact.

As you move into the clinical arena, professional behavior can help assure your success in the clerkship and in securing your residency training and career goals. Your behavior could make (or break) your chances to train in a residency program connected with your clerkship or to obtain reference letters from that faculty and can set the tone for your future career.

Students are expected to demonstrate a high level of initiative and self-motivation, be well-read and prepared prior to any surgical procedure, (including clinical knowledge of the patient), be dependable in completing assigned tasks, and demonstrate professional interpersonal skills when dealing with people throughout the hospital and office setting.

During the clinical rotations, you will begin to understand the ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, and informed consent. You will learn to demonstrate sensitivity and responsiveness to the patient's culture, age, gender, sexual orientation, marital status, and disabilities and demonstrate accountability for actions and decisions. These skills should carry over to your interactions with peers and staff, as well.

Professionalism is a behavior that should be instinctive, but when you are tired, stressed, over-worked, worried about an exam or being up to speed about the case you will be assisting on, it can be difficult to maintain that professional demeanor. As you move forward with your clinical training, find ways to draw on inner resources and maintain that professional behavior. It will be remembered by all around you.

If you find that you are feeling overwhelmed and this is affecting your ability to act in a professional manner, try to take a deep breath and step back for a moment. Please remember, also, that your Coordinator is there to advocate and encourage.

Your Coordinator's phone numbers are available on page 5. Mobile phone communication is not reliable in the office, but when the coordinator is not reachable at the office number, the mobile contact number is: 407-622-9506.

HIPPA Information for Students

Health Insurance Portability and Accountability Act of 1996 (HIPPA) is an important aspect of your education. Just as students are protected by FERPA for privacy of records, patients are protected for confidentiality of their personal healthcare records. Breaches in the privacy and security of these records can result in far more than financial losses (substantial fines) - they can result in damaged reputations. Compliance with HIPPA is required of all students as much as it is of employees in the hospitals and patient offices where you will train.

What is HIPPA?

HIPPA is a broad federal law that establishes the basic privacy protections to which all patients are entitled. The original goal was to make it easier for people to move from one health insurance plan to another as they change jobs or become unemployed by requiring that common electronic transactions, such as claims, are kept in a standard format for healthcare organizations and payers.

HIPPA regulations:

1. Establish rules for when and how you may use or release patient's Personal Health Information (PHI),
 - PHI can take many forms: electronic, written, spoken or heard, and it includes anything that can be used to identify a patient as well as their actual health information (i.e., diagnosis codes), insurance, and billing information
2. Provide new rights for individuals with respect to their protected health information,
 - Patients designate in writing whether family members and others may have access to their PHI. This permission should be found in their medical record.
 - When the patient is unable to give permission, the caregiver must use professional judgment when disclosing any information.
 - The patient is allowed to opt out of the facility directory – in this case not even the patient's location or condition may be disclosed.
3. Mandate the obligations of health care providers.

Only those people with an authorized "need to know" to do their jobs are permitted to have access to personal health information. As a medical student, you will need to access labs, x-rays, and other protected information, but you should only access information for the patients assigned to you. You must be careful with this information so that it is not available to anyone (hospital staff, family members, other patients) when in your possession – remember to close out of programs if viewing on the computer or to dispose of properly if information is in paper form (most hospitals and doctor's offices have secure shred bins).

Do not access information that you do not need to see. Computer access of medical records is traceable by the IT Team. Do not discuss with family members or friends, any patient information (even without naming that patient).

Case scenario: You are called to a trauma consult which is a teenager who was badly burned in a car accident. You talk about this with your mother but don't mention the name of the patient. On the news there is a report of an accident in which a teenager is badly burned. Even though you have not mentioned the patient's name, your mother figures out the connection, and now the person's PHI has been compromised. Take this a step further... the person is the daughter of your mother's close friend – now your mother has information that her friend may not even know. This is a violation of HIPPA.

Some "Dos" and "Don'ts":

Dos	Don'ts
Avoid discussions about and with patients in the elevators, cafeteria, nurses' stations, waiting rooms, and other public places both in and outside of the healthcare facility	Don't discuss patients other than when necessary for work-related purposes; don't share patient information outside of work; don't have discussions with patients in public areas if there is a more private option.
Return patient information to its appropriate location or destroy it properly (use secure shred bins, if available)	Don't leave medical records unattended.
Close doors or curtains to a patient's room when discussing diagnoses, treatments and administering procedures.	Don't call or page patients using information that could reveal health issues or discuss patient PHI in public places
File patients' charts backward if you leave them outside patient rooms	Don't leave charts facing a public space
If faxing patient information, double check that the fax number you are using is correct; if destination is a frequent destination, see if it has been set up as a speed dial to avoid entering number incorrectly. Always use a cover sheet that identifies who to call if the fax is received in error. Fax to dedicated fax machines in secure areas. Remove information from fax tray immediately after faxing. Call recipient to let them know information is being faxed.	Don't leave faxed material on fax machine or in tray.
If accessing lab results, x-ray reports, or other PHI, make sure to log off the computer when finished reviewing record. Turn computer screens away from view of public if at all possible.	Do NOT share your log-in with another student. Protect your password. Do NOT access information using another student's or doctor's log-in and password. IT is able to, <i>and does</i> , track access of PHI.
Access patient information only for those patients under your care.	Do NOT access medical information on patients not under your care, your family members, friends or acquaintances (unless you need to know this information to do your job). Do NOT access your own records.
If you need to email information, do so in secure email format (obtain directions for doing this from office or hospital staff)	Do not email patient information using regular email. Unsecured email causes problems because there is a confidentiality concern as well as record retention/legal discovery issue.

HIPPA and Minors:

State laws define minors and specify when minors must give permission for providers to release PHI to parents and guardians. In some cases, minors must give permission or authorization before any health information is released. **Always check with your Chief resident, resident, attending or nursing staff regarding any issues pertaining to minors.**

HIPPA does not allow disclosure of information to a parent or guardian in the following circumstances. In the following instances, remember that you should always bring these concerns to the attention of your team.

1. If you believe that the minor has been the victim of domestic violence, abuse, or neglect by the parent or guardian, or that disclosure of information could endanger the minor.
2. If you decide that it is not in the minor's best interest to treat the parent or guardian as the minor's personal representative.
3. If the minor is emancipated.
4. If the minor is seeking treatment for family planning, psychiatric counseling, or substance abuse (substance abuse information is specifically protected by another federal law).

HIPPA and Domestic Abuse:

HIPPA deals with abuse differently depending on whether it is of a child or adults, elders, or disabled persons. Generally, HIPPA gives healthcare providers broader authority to disclose PHI in cases of child abuse than it does for abuse of adults. In cases of child abuse, HIPPA does not provide limits on the information that can be disclosed. In cases involving the abuse of adults, it does set strict requirements for PHI disclosures.

Dealing with domestic abuse is complicated, and you need to follow the law that provides the most privacy protection. **If you suspect domestic abuse, please go directly to your team to bring it to their attention.**

Student Protection from Mistreatment & Abuse

Violations of Mistreatment and Abuse Policy

M.D. students should report any incidents of mistreatment or abuse to the Associate Dean for Students immediately. It is the policy of the UCF College of Medicine that mistreatment or abuse will not be tolerated.

Ombuds Office

University Ombuds Office
Ombuds Officer – Victoria Brown
Millican Hall, Room 247
(407) 823-6440
Orlando Campus
<http://ombuds.ucf.edu/>

The office of the Ombuds Officer provides members of the university community assistance and advice regarding concerns related to the university. These services are available to every member of the university community – students, staff, faculty, and others. Any type of concern may be brought to the attention of this office: academic, financial, housing, consumer, work-related, or personal. The university Ombuds Officer is a neutral facilitator and will listen to your concern, help you explore options, offer suggestions and advice, and assist in the resolution of your concern. Referral and direction to appropriate individuals and offices, and clarification of university policies and procedures are services of the office. All proceedings in individual cases will be held confidential by the Ombuds Officer unless otherwise authorized by the complainant, or otherwise required by applicable law, including without limitation, Chapter 119, Florida Statutes.

Sexual Harassment Policy

The University of Central Florida and the College of Medicine value diversity in the campus community. Accordingly, discrimination on the basis of race, sex, sexual orientation, national origin, religion, age, disability, marital status, parental status, or veteran status is prohibited. Sexual harassment, a form of sex discrimination, is defined as unwelcome sexual advances, requests for sexual favors or verbal or physical conduct of a sexual nature when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or enrollment;
- Submission to or rejection of such conduct by an individual is used as the basis for employment or enrollment decisions affecting such individual; or
- Such conduct has the purpose or effect of substantially interfering with an individual's work performance or enrollment, or creating an intimidating, hostile, or offensive working or academic environment.

Sexual harassment is strictly prohibited. Occurrences will be dealt with in accordance with university rules. Employees, students, or applicants for employment or admission may obtain further information on this policy, including grievance procedures, from the Equity Coordinator. The director of the Office of Equal Opportunity and Affirmative Action Programs is the campus Equity Coordinator responsible for concerns in all areas of discrimination. The office is located on the main campus, in Millican Hall 330, Orlando, FL 32816-0030. The phone number is 407-UCF-1EEO. Policies and guidelines are available online at <http://pegasus.cc.ucf.edu/~eeo/>

Victims Services

University Victim Services

12201 Research Parkway, Suite 450

(407) 823-2425

Orlando Campus

<http://victimservices.ucf.edu/>

Florida Statute 960 provides protection for victims of crime. Under this statute you have the right to be treated with dignity and respect, to be informed about available services, victims compensation, and your role in the criminal justice system, should you choose to file a police report.

The UCF victim advocate unit can assist you by informing you of your options, advocating on your behalf through the UCF academic and Student Conduct process, the criminal justice system, and support you in your efforts to regain control of your life. All services are confidential and free to students, faculty and staff of the University of Central Florida.

- a. Crisis Intervention
- b. Information and Referral
- c. Practical Assistance and Advocacy
- d. Services available on-call 24 hours a day, seven days a week

Important Numbers:

Police Emergency: 911

UCF Police – (407) 823-5555

UCF Victim Services On-Call Advocate – (407) 823-5555 (police dispatch)

Needle-Stick Policy

Exposure and Post-Exposure Prophylaxis

Through a waiver of the in-network requirements specified in the Aetna Student Health Services contract with UCF Health Services, blood-borne pathogen (BBP) exposures and post-exposure prophylaxis can be obtained from immediately accessible medical facilities (both in-network and out-of-network) by medical students who are undergoing training in the clinical education environment in modules, clerkships, electives and selectives. Follow-up care for exposure must be obtained through arrangements with UCF Health Services and their arrangement with in-network providers. **Note: Students will be responsible for deductibles specified in the Aetna Student Health policy.**

Immediate Procedure:

- Remove blood-borne pathogen.
 - Sharps exposure: wash with soap and water. Students **SHOULD NOT** squeeze the affected area.
 - Mucous membrane exposure: flush with copious amounts of water.
- Report exposure to immediate supervisor.
- Report within 1-2 hours of exposure to the appropriate individual or office, based on clinical setting below:

Hospital setting during regular business hours:

- Contact Clerkship, Module, Elective, or Selective Director.
- Inform resident or attending physician.
- Report to Occupational Health in the hospital. Designations and follow-up of exposures may be handled by different departments in affiliated facilities. In some cases, emergency room physicians may handle exposures. The director of nursing services or nursing supervisor on duty may be the first line of contact.

Hospital setting during non-regular hours and holidays:

- Report exposure to resident and attending physician; follow their advice on obtaining treatment.
- Seek assistance from clinic or facility emergency room physicians if resident and attending physician are not immediately available.
- The director of nursing services on duty may be the first line of contact during non-regular hours.

Other setting during regular and non-regular business hours and holidays:

- If HIV status of source is unknown, whenever possible rapid HIV testing will be performed on source.
- If exposure occurs during Health Services hours of operation and source HIV status is unknown, student will call Health Services at (407) 823-2701 to speak with the Medical Director or his or her designee.
- If exposure occurs after Health Service hours of operation, or source is known HIV-positive, student will proceed to nearest hospital emergency department for evaluation and treatment as deemed necessary.
- The student's clinical instructor and the student will report the exposure to the College of Medicine
- The incident, including the names of all contact points, will be documented by the Office of Student Affairs.

College of Medicine and UCF Health Services

All exposures will be reported to the Office of Student Affairs of the College of Medicine and to UCF Health Services. The Associate Dean for Students will provide assistance should you encounter difficulties and in informing and coordinating follow-up care with UCF Health Services.

Contact:

Dr. Marcy Verduin, Associate Dean for Students
(407) 266-1353, marcy.verduin@ucf.edu

UCF Student Health Services
(407) 823-2701

Assistance in obtaining evaluation, prophylaxis, and follow-up care can be obtained through the Office of Student Affairs for the College of Medicine and UCF Health Services.

Code names are used for all laboratory testing performed through UCF Health Services to assure confidentiality.



Insurance Coverage

Malpractice Liability Insurance

All students in officially sponsored UCF COM teaching activities are provided student professional liability protection by the University of Central Florida College of Medicine Self-Insurance Program. Since this is an approved module, the protection afforded students as described in the student handbook is in effect.

Insurance Coverage for Official School Business

As a part of your Surgical Core Clerkship, you may have signed up for Selectives which include travel – Transplant Surgery is one example. A part of that selective may include travel to organ procurements. The cachement area for these procurements generally is within driving distance but occasionally will include a helicopter or plane ride. In these cases, the student is covered, regardless of mode of transportation, since this is a part of the Selective Goals and Objectives.

Students are required to carry personal policies for disability and health insurance, and these will cover you for any personal injury claims, should there be an unforeseen circumstance.

Campus Maps

The maps section of the handbook became too large and has been excerpted out into a supplementary booklet.

Campus maps and information can be found in: "UCFCOM Surgical Clerkship Maps, Contact Information, Calendar, Faculty & Campus Maps"