Surgery Clerkship  
BCC 6160  
2003 – 2004 Course Syllabus

Course Description

Surgery is an eight week experience in becoming familiar with the role of surgery and surgeons in the care of patients whose conditions are amenable to treatment by the use of the hand (surgery; fr. Greek: cheir [hand] and ergon [work], literally ‘handiwork’). Major emphasis in this rotation will be placed upon issues and problems in general surgery, but student familiarity with common surgical problems in ob-gyn, orthopedics, urology, and neurosurgery will be expected. Students will be assigned to a single clerkship faculty member who will shepherd the student's experience in the operating room, out-patient clinics, and office based practice. In addition, students will attend selected hospital conferences, lectures, demonstrations, and FSU site teleconferences. For the final two weeks of the rotation, the student will undergo a concentrated subspecialty experience to be chosen by the student from among orthopedics, urology, or otolaryngology.

Required Reading

Within the first week of the rotation, students will have finished reading “Cope’s Early Diagnosis of the Acute Abdomen”, 20th Ed., edited by Silen, W., Oxford University Press, New York, 2000. This is one of the most highly regarded books in all of medicine, and mastery will remove all mystery from the diagnosis of abdominal pain. Although there are a number of excellent surgical texts available, “Current Surgical Diagnosis and Treatment”, 11th Ed., edited by Way, L., McGraw Hill, New York, 2003, is an authoritative, yet concise, text. This will be the text used in this course, and students will be responsible for its contents.

Suggested Reading: For those students wishing to pursue a surgical career, “Sabiston Textbook of Surgery”, 16th Ed, edited by Townsend, CM Jr., W. B. Saunders, Phila., 2001, is recommended as encyclopedic. Choosing this option, however, will significantly increase your reading time, as topics are considered in great detail. “The Physiologic Basis of Surgery”, 3rd Ed., edited by O’Leary, J.P., Lippincott Williams & Wilkens, Phila., 2002, is a requisite for anyone contemplating becoming a surgeon. Although primarily designed for surgical residents facing the American Board of Surgery In-Site Training Examination (ABSITE), it represents an outstanding review of physiology for non-surgeons as well. Copies of each of these books are available at the FSU Center at all three campuses.

Teaching and Learning Methods

The majority of time that the student spends on the Junior Clerkship in Surgery will be spent as an apprentice to a single surgeon from the clerkship faculty. This contact will provide the student with an appreciation of what a practicing community surgeon does, both in the operating room and in out-patient settings. In addition, each student will have weekly scheduled contact with the site-specific Clerkship Director, who will oversee student work-ups and patient-log entries, in order to provide breadth of patient experience, and to avoid duplication. Didactic sessions will be held
weekly, as will site-specific conferences selected for student interest. Students will take in-house hospital call on Tuesdays and Friday nights, and will be expected to be a part of any surgical admission or procedure occurring during their time on call.

Clerks will be responsible for mastering the programmed self-learning course described in Appendix A.

In addition to mastering the self-learning course, each student will be responsible for writing a 1500 word “Controversies in Surgery” paper, due at the completion of the clerkship, consisting of the following:
  a. Identify a controversial problem in Surgery that interests you.
  b. Present the pro and con arguments with full references
  c. Form your own conclusion and justify your position.

Lectures should be regarded as additive to this programmed learning outline, and will not be a substitute for extensive text consultation for clinical encounters or the programmed learning course. Because the length of our surgical curriculum is eight weeks, as opposed to 12 weeks in many other schools, FSU clerks will be tasked with learning the programmed material in a shorter period of time. Accordingly, it will be necessary for you to set up a daily reading schedule designed to cover the contents of your chosen surgical text within the allotted eight weeks. Words to the wise: do not fall behind!

**Examinations and Grading**

Students will be provided with frequent feedback about their performance. Mid-clerkship formative feedback will be given to the students by their clerkship faculty and local clerkship director.

As a performance based course, all students will be expected to achieve competency. Students who do not meet this standard will be required to remediate deficiencies before being advanced to the fourth year curriculum. Students will be provided frequent opportunities to assess their performance in non-graded exercises to identify areas of strength and weakness prior to graded examinations.

The following items will be used for student evaluation:

1. NBME shelf exam in Surgery – given on the last morning of the rotation.
2. Clinical evaluations by clerkship faculty, the Clerkship Director, staff, and patients, with a final summation by the Educational Director for Surgery.

Students must pass all three components to pass the course. The final grade for each student will be based upon the same Honors, Pass, Fail scale shared by each of the clerkships.

**Pass Requirements:**
1. A student must meet expectations on all subcategories of any clerkship evaluation assessment form pertaining to “Professional Behavior and Ethical Standards”; AND
2. A student must be judged to “meet expectations” in at least 13 of the 15 remaining subcategories on the assessment form and has no more than 2 “marginally meets expectations” in the remaining 15 subcategories; AND
3) A student must achieve a score on the NBME specialty shelf examination that is no more than 1.99 SD below the national average for clerkships of comparable lengths; AND
4) The student must receive a satisfactory rating on the required Controversies in Surgery paper.

A student is at risk for failure if:
1) He/she does not meet expectations in any subcategory of any clerkship evaluation assessment form pertaining to “Professional Behavior and Ethical Standards”; OR
2) He/she does not meet expectations in 2 or more of the remaining 15 subcategories on the rating form; OR
3) He/she marginally meets expectations in 3 or more of the remaining 15 subcategories; OR
4) He/she achieves a score 2.0 SD or more below the national average on the NBME specialty subject examination*.

*Students who do not pass the NBME will be given an opportunity to re-take the examination to achieve a passing score and a passing grade in the clerkship. Those who do not pass on the re-take will be required to repeat the clerkship in their senior year.

Honors Requirements:

1) A student must meet expectations on all subcategories of any clerkship evaluation assessment form pertaining to “Professional Behavior and Ethical Standards”; AND
2) A student must be judged to “exceed expectations” in at least 10 of the 15 remaining subcategories on the assessment form; AND
3) A student must achieve a score on the NBME specialty shelf examination that is 1.0 standard deviation above the national average for clerkships of comparable lengths; AND
4) Must receive a satisfactory rating on the required clinical paper.
5) An alternate pathway to Honors is for the student to achieve Exceeds Expectations ratings in at least 15/16 categories, AND achieve an NBME score in the 70th percentile or above compared to the national mean for the quarter in which they took their clerkship, AND satisfactorily complete the required paper.

Remediation of this course for any student receiving a failing grade will be planned and implemented by a decision from the Student Evaluation and Promotions Committee, working in concert with the Education Director in Surgery.

Course Evaluation

Each student will be given the opportunity to provide constructive feedback to the clerkship faculty and directors using the on-line evaluation system. Course evaluation forms will be available on-line 72 hours before the last day of the rotation. Note that you must complete the on-line course evaluation in order to be permitted to sit for the NBME Surgery examination. Be assured that your evaluation of the course and the faculty will not be released to anyone until after your grade has been assigned. Thoughtful student feedback is critical for improving the quality of the clerkship learning experience.

Course Objectives
By the completion of the Clerkship, the student will be expected to:

1. Demonstrate the ability to conduct a focused medical history and targeted physical examination pertinent to a surgical complaint.
2. Be able to construct a meaningful differential diagnosis following initial work-up.
3. Choose cost-effective diagnostic tests appropriate for the differential diagnosis.
4. Know the indications for surgical intervention in common surgical problems.
5. Be aware of the possible surgical options for commonly seen conditions.
6. Understand cultural and public health issues in Surgery.
7. Discuss the major classes of drugs used in Surgery and demonstrate the knowledge required to apply clinical pharmacologic principles to their use.
8. Demonstrate facility in applying informatics to critical appraisal of the medical literature, and in making surgical diagnostic and therapeutic management decisions.
9. Demonstrate proficiency in scrubbing and maintaining sterile technique, dressing clean and contaminated wounds, wound closure with sutures/staples, drain management, wound debridement, and operative assistance.
10. Be familiar with the choice of anesthetic agents, their administration, and recovery from their usage.
11. Recognize and treat commonly encountered problems in Orthopedics, Urology, Otolaryngology, OB-GYN, and Neurosurgery.

**Surgical Selectives in ENT, Urology, and Orthopedics**

Immediately upon the completion of the six week experience in General Surgery, the student will begin a two week concentrated exposure to common problems frequently encountered by primary care physicians in either ENT, Urology, or Orthopedics, the specific subspecialty to be chosen by the student. During this subspecialty exposure, the student will be assigned to a specific surgeon, who will guide the student through office based problems, hospital rounds, and operative experiences. More specific information regarding the specific goals and objectives of the Selectives is listed immediately below.

**3rd year Selective Clerkship In ENT-Head and Neck Surgery**

**Course Description**
The 2-week ENT- Head and Neck Surgery Clerkship will cover major pathologic conditions in the head and neck regularly encountered by primary care physicians. The student will be assigned to a preceptor who will work with the student on the diagnosis and treatment of these common lesions, in clinics, on hospital rounds, and in the operating room.

**Required reading**
The chapter on Otorhinolaryngology (chapter 39) in Way’s textbook “Current Surgical Diagnosis and Treatment” is required along with a review of Buckingham’s “Atlas of ENT Pathology.”

**Teaching Methods**
The student will have ample exposure to common ENT problems, with an emphasis on correct diagnosis as opposed to treatment. Tumor Board will be required if a head and neck case is presented. Teaching will consist of oral discussion of common ENT problems while in surgery, in the clinics, and on rounds with their preceptor.
Grading
Will follow the FSU College of Medicine Guidelines as outlined in the syllabus for surgery. An oral examination in the form of a case presentation will be given at the end of the two week session.

Course Evaluation
The student must provide feedback to the clerkship director and preceptor following the 2-week clerkship. This will assist in evaluating the effectiveness of the clerkship for future years.

Course Objectives
The student will demonstrate an ability to conduct a focused medical history and perform a good physical exam, in this case a comprehensive head and neck exam. In the head and neck area most problems are visible or palpable, so the student should move forward quickly.
Students will learn to work up common ENT and Head and Neck Surgical problems, including the use of laboratory studies and imaging modalities, such as CTs.
Describe the medical and surgical options for the most commonly encountered ENT problems.
Ear:
Acute Otitis Media
Chronic Otitis Media
Perforation of the eardrum
Students should be able to discuss deafness and its possible causes
Students should have a basic understanding of vertigo
Nose:
Allergic versus Non Allergic rhinitis
Mechanical obstruction from deviated septum
Nasal polyps
Nasal Fractures
Epistaxis
Throat and Pharynx:
Acute pharyngitis
Peritonsillar abscess
Evaluation sleep apnea
Obstructive breathing in adults and adolescent
Airway problems in Adults and Children both infectious and traumatic
Evaluation of a neck mass:
Lymph node vs
Salivary tumors vs
Head and neck tumors
Attendance Policy
Standard COM Attendance Policy

3rd Year Selective Clerkship in Orthopedics

Course Description
This two week clerkship will introduce students to those orthopedic conditions commonly seen in primary care practices, and will focus on the diagnosis and treatment of these conditions. The student will be assigned a preceptor who will work directly with the student in the clinic, in the operating room, in the emergency room,
and on hospital rounds.

Required Reading
There is no required reading for the 3rd year clerkship, but chapter 43 of Way’s Textbook Current Surgical Diagnosis and Treatment may be found to be quite helpful. Hoppenfield’s Physical Examination of the Spine and Extremities may serve as a reference during the clinical clerkship.

Teaching Methods
On the two-week clerkship, the precepted student will be exposed to approximately 50 to 100 orthopedic patients in the clinic and between 10 and 20 surgical procedures.

Grading
Grading will follow the FSU College of Medicine Guidelines as outlined in the syllabus for surgery.

Course Evaluation
The student must provide feedback to the clerkship director and preceptor following the two-week clerkship. This will assist both the preceptor and clerkship director in evaluating the effectiveness of the clerkship so that improvements can continually be made to meet the needs of the students.

Course Objectives
The student will learn to take an accurate and directed history as well as perform appropriate physical examination. By the second week of the clerkship, students will be expected to evaluate orthopedic patients prior to their being seen by the preceptor, thereby receiving immediate feedback and instruction on the development of an appropriate physician / patient interpersonal and professional relationship, history taking and appropriate physical exam as well as interpretation of appropriate radiographic studies.

Ample opportunity will be afforded each student to learn the basics of both plain radiographic and MRI / CT radiographic interpretation of orthopaedic conditions. The student will be exposed to appropriate use and application techniques of splints for the upper and lower extremities.

The student will learn appropriate nonoperative measures for common orthopedic problems. The student will also be able to differentiate between what can be treated conservatively by a primary care physician and what should be referred to an orthopaedic surgeon.

The students will be taught safe methods of injecting the knee and shoulder where appropriate. The student will also be taught the appropriate use of rehabilitation / physical therapy for various orthopedic diagnoses.

The student will gain a comfort level with commonly prescribed “orthopedic medications” such as nonsteroidals, antibiotics and narcotic pain medications when necessary.

During the two-week clerkship the student will encounter the following orthopaedic problems:

- Knee: Meniscal tears, osteoarthritis, knee effusion, ligamentous instability of the knee, anterior knee pain
- Shoulder: impingement, partial and full thickness rotator cuff tears, shoulder instability, biceps tendinitis, frozen shoulder.
- Tennis elbow / lateral epicondylitis.
- Foot and ankle sprain, ankle fracture, plantar fasciitis.

During the two-week clerkship the student will encounter the following orthopaedic problems:
Other common orthopedic problems that may well be seen during the two week clerkship include: carpal tunnel syndrome, deQuervain's stenosing tenosynovitis, trigger finger, trigger thumb, cervical disk disease, lumbar disk disease, low back pain, hip arthritis, trochanteric bursitis, compression fracture of the spine, fracture reduction with IV sedation and / or hematoma blocks.

Attendance Policy
Standard COM Attendance Policy

3rd year Selective Clerkship In Urologic Surgery

Course Description
This two week clerkship will introduce students to common urologic conditions seen in primary care practices, and will focus on the diagnosis and treatment of these conditions. The student will be assigned a preceptor who will work directly with the student. Although the clerkship will stress office-based urology, exposure to surgical procedures in the operating room and hospital rounds will also be included.

Required Reading
There is no required reading for the 3rd year clerkship, but chapter 41 of Way’s Textbook Current Surgical Diagnosis and Treatment may be found to be quite helpful. Smith’s General Urology (16th Edition 2003) will be available during the clinical clerkship as a resource.

Teaching Methods
On the two-week clerkship, the precepted student will be exposed to approximately 50 to 100 urologic patients in the clinic and between 10 and 20 surgical procedures.

Grading
Grading will follow the FSU College of Medicine Guidelines as outlined in the syllabus for Surgery.

Course Evaluation
The student must provide feedback to the clerkship director and preceptor following the two-week clerkship. This will assist both the preceptor and clerkship director in evaluating the effectiveness of the clerkship so that improvements can continually be made to meet the needs of the students.

Course Objectives
The student will learn to diagnose common urologic problems. The student will learn to take an accurate and directed history, as well as perform an appropriate physical examination. By the second week of the clerkship, students will be expected to evaluate urologic patients prior to their being seen by the preceptor, thereby receiving immediate feedback and instruction on the development of an appropriate physician/patient interpersonal and professional relationship, history taking and appropriate physical exam as well as interpretation of appropriate laboratory and radiographic studies.
Opportunity will be afforded each student to learn the basics of plain radiography, excretory urography, and computed tomography as they apply to urologic conditions. Ultrasonography will also be covered, particularly as it relates to the examination of the prostate.
The student should be able to describe appropriate nonoperative measures for common urologic problems. The student will also be able to differentiate between
what can be treated conservatively by a primary care physician and what should be referred to a urologic specialist.
The student will be expected to exhibit proficiency in the microscopic evaluation of the urinary sediment.

The student will become familiar with commonly prescribed medications for urologic disorders. The judicious and appropriate use of antibiotics for urinary tract pathogens will be stressed.
The student will be exposed to office cystoscopy, urodynamic evaluation, and vasectomy.
During the two-week clerkship it is likely that the student will encounter the following urologic problems:
- Prostate: PSA elevation, Benign Prostatic Hyperplasia, Prostate Cancer, Prostatitis
- Urinary tract infections
- Hematuria
- Urinary incontinence
- Erectile Dysfunction
- Urinary stone disease
- Renal masses and cysts
- Urothelial tumors

Attendance Policy
Standard COM Attendance Policy

**COM Attendance Policy**

COM Philosophy

We believe that:

Professionalism is a major component of our medical curriculum. We believe students should conduct themselves appropriately in the various educational activities of the curriculum. This conduct includes coming to educational activities on-time, using the laptop computers only for course work during the educational activity, and not disrupting the class if late. The faculty should also demonstrate professionalism, by starting and ending all scheduled educational activities on time and providing a course schedule with clearly explained course policies in the course syllabus. Any changes in the schedule should be given to the students in a timely manner.

Students will be accountable and personally responsible for attending all educational activities (small groups, labs, clinical experiences, examinations, lectures, computer sessions, etc.).

Unexcused absences reflect negatively on the goals and objectives of the medical curriculum and demonstrate unprofessional behavior by the respective student.

We owe it to our state legislature and the citizens of the State of Florida to provide a quality educational program that meets the needs of our students in preparing them for the M.D. degree.

**Attendance Policy**
Students are expected to attend all scheduled activities. Students are expected to be on time. Being on time is defined as being ready to start at the assigned time. If a student has an emergency that prevents her/him from attending a scheduled activity, s/he is to call and notify the Office of Student Affairs (Year 1/2) or the Regional Campus Dean (Year 3/4) and request that they inform the supervisors/professors/clerkship faculty/education director for that activity. If at all possible, the student should also call and at a minimum, leave a message with one of the course/clerkship directors. 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. Negative evaluations may result in decreased grades and in severe cases, referral to the Student Evaluation and Promotion Committee.

**Procedure for Notification of Absence**

If the student knows in advance of an upcoming legitimate absence, the "Advance Notification of Absence from Educational Activity form should be completed, signed by the student and given to the regional campus dean. The Regional Campus Dean will forward the request to the Education Director for the discipline, who after consultation with the Regional Campus Dean and the Clerkship Director, will make the final decision regarding the student’s request and give the student the implications for the absence (e.g., remediation, course grade adjustment, make-up exam, etc.). Final decisions regarding implications for the student’s grade shall rest with the education director. The clerkship director will notify the faculty member of the decision. The form will be filed in the Office of Student Affairs.

If the absence occurs due to an unforeseen emergency, the student should contact the clerkship director and the Regional Campus Dean immediately to report the absence including the reason for the absence. The Regional Campus Dean will notify the Education Director for the discipline, who after consultation with the clerkship director and regional campus dean will make the final decision regarding implications of the student’s absence. The implications for the absence (e.g., remediation, course grade adjustment, make-up exam, etc.) will be given to the student by the education director. Final decisions regarding implications for the student’s grade shall rest with the education director. The clerkship director will notify the faculty member of the decision. The form will be filed in the Office of Student Affairs.

Remediation Policy for Absences from Examinations, Quizzes, Small Group Sessions, Preceptor visits, and Clerkship Call

The remediation policies for absences from examinations, quizzes, small group sessions, and clerkship call are:

1. **POLICY ON MISSED EXAMINATIONS:** Students are required to take major in-term and final examinations. According to the curriculum committee a student can only be excused from an examination by a course/education director decision based on the personal situation of the student. The course/education director will determine the time of the exam make-up session. Also, according to the curriculum committee decision and the existence of the FSU-COM honor code, the student will be given the same examination given to the other students.

2. **POLICY ON MISSED QUIZZES:** Students are required to take scheduled and
unscheduled quizzes in the courses. A student can only be excused from a quiz by a course director decision based on the personal situation of the student. The student must make arrangements with the course/education director to make up a missed quiz. Also, according to the curriculum committee decision and the existence of the FSU-COM honor code, the student will be given the same quiz given to the other students.

3. POLICY ON MISSED SMALL GROUP SESSIONS, PRECEPTOR VISITS, AND CLERKSHIP CALL: The student should contact the course director, small group leader or education director for instructions on remediation of the missed session and material covered.

Remediation Policy for Students Who Fail a Course

Remediation of courses/clerkships will be planned and implemented by a combined decision of the Evaluation and Promotion Committee in collaboration with the course/education director.

Un-excused Absences

Any unexcused absence will, at the very least, negatively impact the final grade in this course. Students achieving borderline grades may be assigned the lower grade when unexcused absences are present.

HONOR CODE – Students are expected to uphold the Academic Honor Code published in the Student Handbook: The Academic Honor System of Florida State University is based upon the premise that each student has the responsibility (1) to uphold the highest standards of integrity in the student's own work, (2) to refuse to tolerate violations of academic integrity in the University community, and (3) to foster a high sense of integrity and social responsibility on the part of the University community.

Students With Disabilities

Students with disabilities needing academic accommodations should:

(1) Register with the Student Disability Resource Center [SDRC], and provide documentation of their disability.
(2) Bring a letter to the Clerkship Director from the SDRC indicating the need for academic accommodations. This should be accomplished within the first week of the rotation. Specific arrangements should be made with the Clerkship Director five working days prior to any examination for which accommodations are being requested.

APPENDIX A

Junior Clerkship in Surgery
Self Study Program

This self-study program has been designed to assist the student in managing the vast amount of surgical information available. While you are certainly free to design your own learning program, adherence to this program will result in exposure to the
core concepts and breadth of knowledge deemed necessary for Junior students to have acquired during this Clerkship. The keys to success during this rotation lie principally in two areas: (1) Enthusiastic attendance at all clinical functions, and (2) A daily text reading program covering not only the clinical encounters of the day, but also that daily amount of text necessary to complete the text by the end of the clerkship. Note that the standardized surgical examination which you will take and must pass at the end of the clerkship (National Board of Medical Examiners Examination in Surgery) will assume that you have become familiar with the material contained in all 48 chapters addressed in your text (Way's Current Surgical Diagnosis and Treatment).

Because of the importance of abdominal pain to every clinical medical specialty, a separate text (Cope’s Early Diagnosis of the Acute Abdomen) covering this area has been assigned for you to read. I would recommend that you finish reading this text as early in your clerkship as possible, so that you can put its teachings into practice on rounds and when you are on call.

Computerized problem-based learning cases, known as Med Cases, are an integral part of the clerkship learning experience, and can be accessed via your blackboard. There are 23 Med Cases for Surgery, each individually numbered, that have been assigned to the specific Way chapter covering that particular topic (see below). I recommend that you finish reading the chapter first before doing the assigned Med Case. You will find the Med Cases quite informative and very good reviews.

Listed below are the 48 individual chapters in the Way text, along with any assigned Med Case(s). You will be held responsible for the entire chapter, but I have included a list of topics within that chapter which deserve special attention from you. Once you have read the chapter, go over the special topics and make sure that you know them well.

Chapter 1: Approach to the Surgical Patient
Med Case: none
Topics: You already know much of this

Chapter 2: Preoperative Care
Med Case: none
Topics: nutritional assessment, immunocompetence, infection risks, factors affecting wound healing

Chapter 3: Postoperative Care
Med Case: none
Topics: respiratory failure

Chapter 4: Postoperative Complications
Med Case: none
Topics: fat embolism, aspiration, myocardial infarction, cardiac failure, gastric dilatation, wound dehiscence

Chapter 5: Special Medical Problems in Surgical Patients
Med Case: none
a) Endocrine Disease in the Surgical Patient
Topics: diabetes, hyperparathyroidism, hypothyroidism, adrenal insufficiency
b) Heart Disease and the Surgical Patient
Topics: coronary artery disease

c) Renal Disease and the Surgical Patient
Topics: renal failure

d) Hematologic Disease
Topics: surgery in patients with hematologic malignancies and/or receiving anticoagulants, disorders of hemostasis; coagulation factor concentrates.

Chapter 6: Legal Medicine for the Surgeon
Med Case: none
Topics: operative permit, informed consent, national practitioner data bank

Chapter 7: Wound Healing
Med Case: none
Topics: biochemistry of healing; factors retarding healing

Chapter 8: Metabolic and Neuroendocrine Responses to Trauma and Operations
Med Case: none
Topics: know these interactions

Chapter 9: Inflammation, Infection, and Antibiotics
Med Case: none
Topics: infection risk factors, necrotizing infections, antibiotic colitis, tetanus, rabies, venomous bites.

Chapter 10: Fluid and Electrolyte Management
Med Case: # 539
Topics: know this chapter cold; particularly acid-base balance! If given values for HCO3, pH, PaCO2 you must be able to identify acidosis/alkalosis, metabolic/respiratory, compensated/uncompensated states.

Chapter 11: Surgical Metabolism and Nutrition
Med Case: none
Topics: complications of parenteral nutrition

Chapter 12: Anesthesia
Med Case: none
Topics: nerve injuries due to malpositioning, complications of anesthesia

Chapter 13: Shock and Acute Pulmonary Failure
Med Cases: none
Topics: cardiac compressive shock, cardiogenic, neurogenic, and septic shock, ARDS, fat embolism, pulmonary embolism.

Chapter 14: Management of the Injured Patient
Med Case: # 530
Topics: tension pneumothorax, flail chest, aortic rupture, arteriovenous fistula, liver/pancreas injuries.
Chapter 15: Burns and Other Thermal Injuries
Med Case: none
Topics: burn complications, heat stroke, frostbite.

Chapter 16: Head and Neck Tumors
Med Case: none
Topics: salivary gland tumors, squamous cell cancers.

Chapter 17: Thyroid and Parathyroid
Med case: none
Topics: evaluation of thyroid nodules, thyroid carcinoma, hypercalcemic crisis, secondary hyperparathyroidism.

Chapter 18: Breast
Med Case: # 265
Topics: Paget`s disease (including clinical appearance), carcinoma during pregnancy and lactation, non-invasive carcinoma, nipple discharge

Chapter 19: Thoracic Wall, Pleura, Mediastinum, and Lung
Med Case: # 267
Topics: chylothorax, mesothelioma, superior vena caval syndrome, solitary pulmonary nodule, myasthenia gravis.

Chapter 20: The Heart
Med Case: none
Topics: Acquired Heart Disease: valvular disease, aortic dissection Congenital Heart Disease: VSD, transposition, tetralogy, PDA, coarctation.

Chapter 21: Esophagus and Diaphragm
Med Case: # 538
Topics: achalasia, scleroderma, Zenker`s diverticulum, GERD, Boerhaave`s syndrome, diaphragmatic hernias.

Chapter 22: The Acute Abdomen
Med Case: # 509
Topics: you learned all of this when you read Cope

Chapter 23: Peritoneal Cavity
Med Case: none
Topics: pseudomyxoma, retroperitoneal fibrosis

Chapter 24: Stomach and Duodenum
Med Case: none
Topics: gastrinoma, volvulus, Mallory-Weiss, MALT tumors.

Chapter 25: Liver and Portal Venous System
Med Case: none
Topics: hepatoma, hepatic metastases, hepatic adenoma, Budd-Chiari, splenic vein thrombosis

Chapter 26: Biliary Tract
Med Cases: # 359 and # 506
Topics: gallstone ileus, cholangitis, emphysematous cholecystitis

Chapter 27: Pancreas
Med Case: #319
Topics: cystic neoplasms, islet cell tumors, pancreatic ascites/effusion

Chapter 28: Spleen
Med Case: none
Topics: hereditary spherocytosis, ITP, TTP, post-splenectomy sepsis, myeloid metaplasia

Chapter 29: Appendix
Med Case: # 578
Topics: know this chapter

Chapter 30: Small Intestine
Med Case: none

Chapter 31: Large Intestine
Med Cases: # 266, # 310, #354, #356
Topics: polyps, volvulus, colitis.

Chapter 32: Anorectum
Med Cases: # 311, # 355
Topics: rectal prolapse, rectal fissure, fistula-in-ano, pilonidal cyst

Chapter 33: Hernias and Other Lesions of the Abdominal Wall
Med Cases: #312, #510
Topics: femoral hernia, obturator hernia

Chapter 34: Adrenals
Med case: none
Topics: primary alsorteronism, pheochromocytoma, incidentalomas, Cushings.

Chapter 35: Arteries
Med Cases: #269, #499, #502, #526
Topics: embolism, visceral aneurysms, thoracic outlet syndrome, renovascular hypertension, cerebrovascular disease

Chapter 36: Amputation
Med Case: none
Topics: nothing special

Chapter 37: Veins and Lymphatics
Med Case: none
Topics: deep vein thrombosis, thromboembolism, lymphedema

Chapter 38: Neurosurgery and Surgery of the Pituitary
Med Case: none
Topics: subdural and epidural hemorrhage, meningiomas, ateriovenous
malformations, trigeminal neuralgia

Chapter 39: Otolaryngology
Med Case: none
Topics: facial nerve paralysis, vocal cord paralysis, inflammatory neck masses.

Chapter 40: The Eye and Ocular Adnexa
Med Case: none
Topics: glaucoma, retinal detachment

Chapter 41: Urology
Med Case: none
Topics: calculi, renal carcinoma, prostatic and testicular carcinomas

Chapter 42: Gynecology
Med Case: none
Topics: ectopics, cervical carcinoma, carcinomas of the uterus and ovary, molar pregnancy, endometriosis

Chapter 43: Orthopedics
Med Case: none
Topics: compartment syndromes, Morton`s toe, hip fractures, lumbar discs

Chapter 44: Plastic and Reconstructive Surgery
Med Case: none
Topics: basal cell and squamous carcinomas

Chapter 45: Hand Surgery
Med Case: none
Topics: nerve injuries, hand space infections, carpal tunnel syndrome

Chapter 46: Pediatric Surgery
Med Case: none
Topics: thyroglossal and branchial cysts, Hirschsprungs disease, Wilms tumor, neuroblastoma, esophageal atresia, undescended testicle

Chapter 47: Oncology
Med Case: # 293
Topics: melanoma (know all about this lesion, including the appearance) sarcomas, Hodgkins, paraneoplastic syndromes

Chapter 48: Organ Transplantation
Med Case: none
Topics: histocompatibility testing, pharmacology of immunosuppressive drugs

Interspersed throughout these topics are a series of interactive computerized problem-based learning cases, called Med Cases. Be sure to do the specified Med Cases along with the specific text area, as they are additive to the text material. Each Med Case has a specific number, and can be accessed from your blackboard. I think that you will find them both fun and informative.