

Methods

1. **OR time:** Spent with surgeons of various specialties including general surgeons as well as breast and colorectal surgeons, designed to expose residents to surgical interventions for commonly encountered complaints. This is scheduled two half days per week for each surgical rotation. This is also a time for residents to review relevant anatomy and to have active learning, led by the surgeon, surrounding a topic pertinent to the current case. Lastly, this is also an opportunity for residents to continue fine-tuning the hand-eye coordination needed to perform both in-patient and out-patient procedures and to review steps involved with sterile technique.
2. **Procedure clinic:** Scheduled two half days per week during Surgery I in the ambulatory setting and supervised by family physicians (Drs. Rosenthal and Reynolds). Residents get to learn by doing procedures commonly done by family physicians such as excisional and punch biopsies, I&D, joint injections, skin tag removal, and more. (Full list can be found elsewhere in curriculum.) This time is also used to review supplies needed for each procedure, different techniques used, sterile technique and techniques for local anesthesia.
3. **Surgical out-patient clinics:** During Surgery 1 and 2 residents join surgeons - both general and specialized focusing on preoperative patients to determine what additional testing is needed and triage patients based on acuity of needed intervention. This is also a time for residents to learn about the counseling and advising of patients and their families regarding an upcoming surgery. This skill is first modeled by the supervising surgeon and then implemented by the resident. There is an opportunity to participate in procedures as well. Also during Surgery 1 residents join a breast surgeon (one half day per week) to master the breast exam and to discuss and diagnose common breast complaints. One half day per week, residents join each a colorectal surgeon and a urologist during Surgery 1 to diagnose and discuss common colorectal and urological complaints and to partake in ambulatory procedures such as anoscopy. During Surgery 2, residents spend two half days per month with a vascular surgeon in the wound clinic, gaining exposure to chronic wounds, actively learning about common vascular problems, and assisting in any in-office procedures such as debridements.
4. **Quiz:** Located on the Surgery Rotation website, there are two quizzes in boards-style format. The first quiz is to be taken by residents both during Surgery 1 and 2 and acts as a pre-test. This quiz is to be taken during the first week of the rotation and completion is mandatory prior to meeting with the faculty mentor for the rotation. The second quiz is to be completed during the last week of the rotation and serves as a post-test. Neither quiz score counts toward the residents grade for the rotation, but both are mandatory for successful completion of each rotation. They are designed to assist in resident self-directed learning and to aid in discussions with the faculty mentor throughout the month.
5. **Rounding:** During Surgery 1 the resident joins the surgical resident team in making rounds on the in-patient surgery service, including rounding before attending any out-patient clinics. This is an opportunity for residents to participate in caring for post-operative patients, diagnose and manage common post-operative complications, and to work as part of a multidisciplinary team with the surgery residents, nutrition, wound

care, social work and nursing. It is also expected that for any discharges on patients where the resident has been directly involved in the case, the residents will call the patients PCP to review the surgical intervention performed, highlights from the admission and expected discharge needs.

6. **Consults:** During Surgery 1, residents are expected to see emergency room, in-patient and ambulatory consults. They are available on campus for these consults two-and-a-half days per week. They staff these consults with the supervising surgeon. This provides the resident an opportunity to exercise his/her history taking, examination, and diagnosing skills and a chance to integrate the data before presenting to the attending. These experiences will also aid the resident in learning to address the acuity for appropriate surgical intervention. During Surgery 2, consultation experiences are included during the residents ambulatory time with general surgeons.
7. **Faculty Mentor:** During both rotations residents are scheduled to meet with a faculty mentor from the family medicine residency program twice per month. Each meeting is expected to be one hour in duration. During this time, faculty will review core topics to the surgery rotations, discuss quiz results, and address any resident concerns. Residents will have assigned reading to complete prior to each meeting. For Surgery 1, the following topics will be discussed: breast disease, colorectal disease, and bariatric surgery. For Surgery 2: Pre-operative evaluation, gall bladder disease, and vascular disease.
8. **Recommended Reading List:** A comprehensive list of articles is located on the Surgery Rotation website. Core articles will be assigned for reading prior to meeting with the faculty mentor. All other articles are recommended that the resident read during the rotation. Articles are focused on the core topics pertinent to practice as a family physician (causes of abdominal pain, addressing common breast complaints, caring for patients after bariatric surgery, etc).
9. **Surgery Grand Rounds:** During Surgery 1, residents join surgery residents and attendings at University of Cincinnati for an hour long grand rounds presentation each week. This didactic session covers core topics related to surgery.