July 2011

**ROTATION: VASCULAR SURGERY**

**ROTATION DIRECTOR:** Peter Lawrence, M.D.

**SITES:** UCLA Medical Center

**GOALS AND OBJECTIVES:**

To provide trainees an opportunity to participate in the perioperative and operative aspects of vascular surgery.

**DESCRIPTION OF THE ROTATION:**

The Vascular Surgery rotation of 4 weeks in PGY1

1. All rotating will be part of the Vascular Surgery team and responsible for the care of the vascular surgery patients.
2. The surgery residents will provide in-patient care including routine admissions and critical care of patients.
3. Residents will further participate in surgical operations needed on these patients under direct supervision by the surgical faculty.
4. The rotating residents will participate in all Department of Surgery educational conferences and didactic presentations.
5. Residents are expected to actively participate in the weekly Vascular Surgery Conference.

**ASSESSMENT:**

Monitoring of the accomplishment of the stated objectives will be performed using the following methods:

1. Global Rating: end of rotation evaluation of resident performance to assess the resident’s demonstration of Core Competencies with respect to the stated objectives by faculty, other team resident members, students, and nursing staff.
2. Case Logs: auditing of operative cases pertinent to the specialty in the Surgical Operative Log.
3. Written Examination: performance on the annual ABSITE examination, Gastrointestinal and Body as a whole (clinical management) systems section.
4. Patient Survey: performance will be assessed by patient surveys administered though the rotation.
5. For additional information please refer to the Resident Milestones document on the UCLA Surgical Education website: [http://www.surgery.medsch.ucla.edu/resident/Documents/ResidentMilestones.pdf](http://www.surgery.medsch.ucla.edu/resident/Documents/ResidentMilestones.pdf)
<table>
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<tr>
<th>ACGME Competency</th>
<th>Developmental Milestones Informing ACGME Competencies</th>
<th>Time Frame</th>
<th>Assessment Methods/Tools</th>
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| Patient Care     | 1. Perform a complete and thorough history and physical examination, with emphasis in elements unique to vascular surgery patients.  
2. Initiate the laboratory evaluation and any other initial diagnostic studies with an understanding of the tests to be ordered.  
3. Make informed decisions about diagnostic and therapeutic interventions on vascular surgery patients with the guidance of senior residents and faculty.  
4. Be proficient in the preoperative preparation of the patients for vascular surgery and routine postoperative care.  
5. Understand basic pathophysiology of vascular disease and begin to master the skills necessary to care for the ICU patient under the guidance of the senior residents and faculty members.  
6. Understand basic pathophysiology of vascular disease, principles of resuscitation, preoperative and postoperative care of vascular surgery patients under the guidance of the senior residents and attendings.  
7. Understand the basic indications for common radiological and interventional studies used in the care of cardiac surgery patients such as plain chest, CT scans, non-invasive cardiac function tests, and angiography.  
8. Demonstrate the ability to effectively set priorities and coordinate the care of vascular patients.  
9. Physical Examination  
  a. To understand the significance of observational signs, such as skin color and texture, swelling, gangrene, and ulcers.  
  b. To detect and evaluate peripheral pulses, bruits, thrills, skin temperature, edema, tissue turgor, and vascular dimensions.  
  c. To develop the skills necessary to palpate the abdomen, neck, and extremities in order to localize sites of tenderness and to recognize the presence of masses and abnormal pulsations.  
  d. To be capable of performing basic neurological evaluations.  
  e. To interpret physical findings, understand how they contribute to the diagnosis, recognize their limitations, and be aware of other diseases that might mimic the findings.  
  f. To be familiar with commonly used noninvasive instruments and modalities, such as Doppler ultrasound, duplex and color-flow scanning, B-mode imaging, plethysmography (air, mercury, and impedance), magnetic resonance imaging (MRI), | 4 weeks | Global Rating  
Case Logs  
Written Examinations  
Patient Survey  
Feedback from faculty/attending physicians at rounds and OR |
magnetic resonance angiography (MRA), and computerized X-ray tomography (CT).

| Medical Knowledge | **Aneurysmal Disease** | 4 weeks | Global Rating
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<td></td>
<td>To understand the incidence and prevalence of aneurysmal disease according to age</td>
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<td>Written Examinations</td>
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<tr>
<td></td>
<td>1. To understand the natural history of abdominal aortic aneurysms.</td>
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<td>Completion of rotation</td>
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<td>2. To understand the genetic distribution of the disease.</td>
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<td>specific SCORE</td>
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<td>3. To understand the roles of ultrasound, angiography, CT and MRI/MRA in screening and</td>
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<td>assignments</td>
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<td>in planning surgery.</td>
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<td>Feedback from</td>
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<td>4. To understand the indications for surgical repair and the factors which contribute to</td>
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<td>faculty/attending</td>
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<td>surgical decision making.</td>
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<td>physicians at rounds and</td>
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<td><strong>Peripheral Vascular Occlusive Disease (Acute and Chronic)</strong></td>
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<td>OR</td>
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<td>1. To define the normal arterial anatomy of the peripheral vascular system including</td>
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<td></td>
<td>commonly encountered anatomic variations.</td>
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<td>2. To recognize the physiologic and pathophysiologic collateral circulatory routes which</td>
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<td>commonly develop in response to occlusive disease.</td>
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<td>3. To appreciate the multiple etiologies of chronic peripheral vascular ischemia including</td>
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<td>atherosclerosis, aneurysm, entrapment syndromes, trauma, and a variety of non-</td>
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<td>atherosclerotic occlusive entities.</td>
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<td>4. To understand the signs and symptoms characteristic of acute arterial ischemia and the</td>
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<td>differential diagnosis, the importance of assessing the degree of acute ischemia and</td>
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<td>appreciate the significance of the duration of acute ischemia.</td>
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<td>5. To recognize the importance of antecedent clinical entities which may predispose to</td>
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<td>acute peripheral ischemia including atrial fibrillation, prior myocardial infarction, aortic</td>
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<td>dissection and hypercoagulopathies.</td>
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<td>6. To appreciate the significance of initial electrolyte, acid base and other laboratory</td>
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<td>parameters useful in assessing the magnitude of ischemia to define the indications for</td>
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<td>appropriate therapy.</td>
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<td>7. To understand the characteristic signs and symptoms of chronic peripheral vascular</td>
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<td>ischemia relative to the patient’s history and physical examination.</td>
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<td>8. To appreciate the sequel of reperfusion following acute ischemia in terms of systemic</td>
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<td>effects as well as local effects warranting fasciotomy including the anatomy and</td>
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<td>physiology of fasciotomy.</td>
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<td>9. To understand indications for primary amputation.</td>
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<td><strong>Renal Artery Disease</strong></td>
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<td>1. To define normal renal artery anatomy and collateral pathways important in renal artery</td>
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<td>disease.</td>
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<td>2. To understand the etiology, pathology and natural history of these renal artery lesions:</td>
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<tr>
<td></td>
<td>a. Renal artery atherosclerosis</td>
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| b. Renal artery fibromuscular dysplasia  
| c. Renal artery aneurysm  
| d. Embolic occlusion  
| 3. To understand the exocrine and endocrine function of the kidney, and relate these to the structure and function of the nephron unit.  
| 4. To understand the renin-angiotensin axis in the absence and presence of renal artery disease.  
| 5. To describe the mechanisms of renovascular hypertension and renovascular insufficiency (i.e., ischemic nephropathy) and to understand how these differ for unilateral and bilateral renal artery disease.  
| 6. To describe the clinical features of renovascular hypertension and renovascular insufficiency, and to contrast these with essential hypertension and parenchymal renal failure.  
| 7. To define the applications and limitations of available screening/imaging studies for renal artery disease.  
| 8. To describe the strategies, options and anticipated results of medical management for the various renal artery lesions.  

**Visceral Ischemia**  
1. To define the normal arterial and venous anatomy of the mesenteric circulation and to be familiar with the more frequently encountered anatomic variations.  
2. To recognize the physiologic and pathophysiologic collateral circulation to the gastrointestinal tract that may develop in response to occlusive disease of the main mesenteric vessels.  
3. To understand the multiple etiologies of acute mesenteric ischemia including embolism, thrombosis, dissection, venous occlusion, trauma, and gut ischemia following aortic reconstruction  
4. To understand the multiple possible etiologies of syndromes of chronic mesenteric ischemia including atherosclerosis, aneurysm, extrinsic compression syndromes, and other nonatherosclerotic arteriopathies.  
5. To understand the characteristic initial signs and symptoms suggestive of acute mesenteric ischemia and how symptoms and physical findings may differ from other causes of the acute abdomen.  
6. To define preexistent clinical conditions that may predispose to, or support the clinical diagnosis of acute mesenteric ischemia, e.g. atrial fibrillation, previous myocardial infarction (mesenteric embolism), severe cardiopulmonary dysfunction (non-occlusive ischemia), history of post-prandial pain and weight loss, known aortic dissection (mesenteric thrombosis), hypercoaguable states (mesenteric venous thrombosis).
7. To define the appropriate diagnostic evaluation for suspected intestinal ischemia following aortic surgery.
8. To understand the usefulness of alternative imaging techniques (CT, MRI) for the diagnosis of acute mesenteric venous thrombosis. To understand the characteristic signs and symptoms of chronic mesenteric ischemia and how other aspects of patients' history (e.g., previous aortic surgery) or physical examination (e.g., aortoiliac occlusive disease) may suggest the presence of associated visceral arterial occlusive disease.
9. To understand the usefulness of portomesenteric duplex ultrasound scanning for elective noninvasive evaluation of the major visceral vessels.
10. To define the indications for arteriography (or alternative vascular imaging studies) in patients with suspected chronic mesenteric ischemia and understand the arteriographic findings that are considered diagnostic of this condition.
11. To recognize the characteristic arteriographic findings in atypical causes of mesenteric arterial compromise.

**Cerebrovascular Disease**
1. To describe the anatomy of the arch, great vessels, and intracranial arteries.
2. To understand the different etiologies of carotid artery disease.
   a. Atherosclerosis
   b. Fibromuscular dysplasia
   c. Traumatic occlusion
   d. Acute Dissection
3. To define hemispheric, non-hemispheric, and non-specific symptoms.
4. To differentiate among transient ischemic attack (TIA), reversible ischemic neurologic deficit (RIND), stroke in evolution and completed stroke.
5. To describe the arterial and neurologic examination and their importance in caring for patients with carotid artery disease.
6. To describe the relationship between carotid artery atherosclerosis and the clinical syndrome of vertebrobasilar insufficiency.
7. To describe the appropriate evaluation for patients with each of the above clinical presentations including the role of Duplex scans, CT scans, MRA and conventional angiography.
8. To discuss the non-surgical and surgical treatment of acute ischemic syndromes including stroke.
9. To be able to discuss the potential role of endovascular treatment for cerebrovascular disease.

**Thoracic Outlet Syndrome**
1. To understand the anatomy of the thoracic outlet to include anatomic variations in bones,
1. To define the normal arterial and venous anatomy of the circulation of the foot.
2. To demonstrate an understanding of. Ischemia, neuropathy and infection as part of the pathogenic mechanisms underlying problems of the diabetic foot.
3. To demonstrate an understanding of the presenting signs and symptoms of three pathogenic mechanisms underlying problems of the diabetic foot,
4. To understand the limitations of various non-invasive tests in the diagnosis of ischemia in the presence of diabetes.
5. To understand the role of angiography in the evaluation of ischemia for patients with diabetes.
6. To understand priorities of management in diabetic patients with foot problems to include timing and methods of debridement in drainage for sepsis, metabolic control, evaluation of ulcer, depth, sepsis, involvement of bone, tendon options for conservative management, role of foot gear, weight bearing, when to evaluate for ischemia, options in the management of the non-ischemic, purely neuropathic ulcer.
7. To understand the principles and techniques of wound care, dressing changes, debridement.
8. To maintain appropriate control of diabetes peri-operatively.

**Complications of Vascular Therapy**

1. To understand the expected incidence and etiologies of wound healing complications.
including hematoma, infection, and lymphocele.

2. To recognize non-vascular complications associated with arterial therapy including cardiac ischemia, renal failure, and neurologic deficits.

3. To recognize the clinical manifestations of pseudoaneurysm following arteriography, percutaneous transluminal angioplasty, and bypass grafting.

4. To understand characteristic symptoms and signs of secondary aortoenteric fistula/erosion including prior aortic graft implantation, herald gastrointestinal bleeding, fever, and concomitant anastomotic false aneurysm.

5. To understand the characteristic signs and temporal presentation of acute versus late-appearing graft infections including sepsis, GI or perigraft bleeding, fever, malaise, false aneurysm, abdominal, back, or groin pain.

6. To understand the characteristic initial signs and symptoms suggestive of colon ischemia.

7. To define the appropriate diagnostic evaluation for suspected colon ischemia following aortic surgery including the use of rigid and flexible sigmoidoscopy, colonoscopy, and operative exploration.

8. To recognize the symptoms and signs of limb ischemia associated with graft thrombosis.

9. To define the appropriate diagnostic evaluation of graft occlusion based on severity of limb ischemia.

10. To understand the clinical symptoms and signs, and ECG features of cardiac ischemic.

11. To define the parameters of serologic and urine testing that characterize acute renal failure.

12. To understand the role of prophylactic antibiotics in the prevention wound and graft infections.

13. To understand the role of pre-operative testing, intra-operative monitoring, and post-operative measures to prevent cardiac ischemia.

**Vascular Trauma**

1. To understand the mechanism of vascular injury to the upper extremity, thoracic aorta, abdominal aorta and its branches, and lower extremities.

2. To understand the characteristic signs and symptoms of acute vascular compromise.

3. To understand the usefulness and define the characteristic diagnostic finding of alternative imaging techniques (i.e., two plane x-ray, Doppler/duplex color flow ultrasonography, venography, angiography, MRI and CT scans) in the management of vascular trauma.

4. To understand the characteristic signs and symptoms of acute arterial injury.

5. To define the clinical features of major arterial injury.

6. To understand the indications for noninvasive (Doppler or duplex color flow
To define the preoperative assessment and management of the patient with a major arterial injury.
8. To understand the characteristic signs and symptoms of acute venous injury.
9. To define the clinical features of major venous injury.
10. To understand the indications for noninvasive (Doppler or duplex color flow ultrasonography CT, MRI) and invasive (venography) diagnostic studies.
11. To define the preoperative assessment and management of the patient with a major venous injury.
12. To understand the characteristic signs and symptoms of AVFs.
13. To define the mechanism of the iatrogenic injury.
14. To understand the management and potential complications associated with an iatrogenic injury.

**Venous Thromboembolic Disease**
1. To understand the classic triad of stasis, hypercoagulable state and vein wall damage leading to venous thrombosis
2. To understand other risk factors such as malignancy, older age, obesity, long bone fractures, joint replacement, pelvic operations and a previous history of DVT/PE.
3. To be familiar with the known hypercoagulable states including anticardiolipin/antiphospholipid antibodies, lupus anticoagulant, protein C and protein S deficiency, antithrombin III deficiency, hyperfibrinogenemia, plasminogen deficiency, factor V Leiden mutation (activated protein C resistance), heparin induced thrombocytopenia, Coumadin (warfarin) induced skin necrosis.
4. To be familiar with the signs, symptoms and non invasive and invasive tests currently used in the diagnosis of DVT and PE.
5. To describe the management of DVT and PE including heparin treatment and the role of chronic anticoagulation.
6. To recognize the importance of monitoring platelet counts during heparin therapy, and the diagnosis and treatment of heparin induced thrombosis.
7. To know reasons why warfarin should be avoided during pregnancy.
8. To understand the typical signs/symptoms and the usual chest x-ray, blood gas and EKG findings in patients with large pulmonary emboli.

**Chronic Venous Insufficiency**
1. To review normal venous anatomy: superficial, deep and perforating veins, greater saphenous vein (GSV), lesser saphenous vein (LSV), femoral, popliteal & tibial vessels.
2. To review the epidemiology of chronic venous insufficiency.
3. To understand that chronic venous disease is defined as an abnormally functioning
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<th>venous system caused by venous valvular incompetence with or without venous outflow obstruction which may affect the superficial venous system, the deep venous system or both.</th>
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<td>4.</td>
<td>To understand and differentiate the three etiologic categories of venous dysfunction: congenital, primary (acquired, undetermined cause) and secondary (acquired, e.g. post-thrombotic or post-traumatic).</td>
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<td>5.</td>
<td>To differentiate the clinical features of superficial venous insufficiency from deep vein (or combined) insufficiency.</td>
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<td>6.</td>
<td>To review the noninvasive and invasive evaluation of the venous system including ascending &amp; descending venography, photoplethysmography, air plethysmography, and duplex scanning.</td>
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<td>7.</td>
<td>To describe the characteristics of venous stasis ulcers and differentiate from other types of ulcers including arterial, neuropathic, malignant, infectious and inflammatory (vasculitis).</td>
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<td>8.</td>
<td>To differentiate stasis dermatitis from other causes of dermatitis in the lower leg.</td>
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<td>9.</td>
<td>To describe the types of available therapy for superficial venous insufficiency (varicose veins) including elastic stockings, elevation, sclerotherapy, laser treatment, stab evulsion, stripping.</td>
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<td>10.</td>
<td>To define the principles of non-operative management of lower extremity chronic venous insufficiency: ambulation, elevation, elastic support.</td>
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<td>11.</td>
<td>To describe the non-operative management of venous stasis ulcers including UNNA Boot, etc.</td>
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**Lymphedema**

1. To know the classification of causes of lymphedema, including: primary lymphedema to include congenital (onset before one year of age) Non-familial, Familial (Milroy’s Disease), primary lymphedema, praecox (onset 1 to 35 years of age) Non-familial, familial (Meige Disease), primary lymphedema, Tarda (onset after 35 years of age) and secondary lymphedema, including filariasis, lymph node excision and radiation, tumor invasion, infection, and trauma.
2. To understand classic clinical classifications of lymphedema based on etiology (primary vs. secondary), genetics (familial vs sporadic), and time of onset.
3. To understand the techniques of non-operative management of primary and secondary lymphedema.

**Extremity Amputation**

1. To understand the various pathophysiologic conditions which leads to the need for an extremity amputation.
2. To define when amputation offers improved quality of life.
3. To understand the importance of proper amputation level selection.
4. To define the methods of determining amputation level by clinical criteria

**Vascular Access**
1. To know that arterial and venous anatomy involved in the commonly placed grafts and sited for hemodialysis in the upper and lower extremities; know the options for unusual grafts sites when extremities are not available.
2. To know the local and systemic, anatomic effects of creating an arteriovenous fistula for the purpose of hemodialysis.
3. To know the anatomic and physiologic etiologies for arterial steal, decreased extremity flow and venous hypertension in AV fistulas created for hemodyalysis.
4. To know the physical exam and diagnostic tests used in selecting a site for a vascular access including Allen’s test and use of duplex screening of veins.

Complete all relevant modules of the SCORE curriculum: https://portal.surgicalcore.org/home

| Practice Based Learning | 1. Develop a personal program of self-study and professional growth with guidance from the teaching staff and senior residents. An understanding of the etiology, pathogenesis, pathophysiology, diagnosis and management of vascular surgery disorders will allow for sound surgical judgment, which relies on knowledge, rational thinking and the surgical literature. | 4 weeks | Global Rating
Written Examinations
Patient Survey
Feedback from faculty/attending physicians at rounds and OR |
| | 2. Utilize current literature resources to obtain up-to-date information in the vascular patients and practice evidence-based medicine. | | |
| | 3. Participate in teaching and organization of the educational weekly conferences. | | |
| | 4. Participate in activities of the Department of Surgery (including all teaching conferences) and assume responsibility for teaching and supervision of subordinate surgical house staff, and medical students. | | |
| | 5. Participate in the Department Morbidity & Mortality conference and utilize information to further improve patient care. | | |
| | 6. Participate in daily teaching rounds and be able to present patients in an organized and complete fashion | | |

| Professionalism | 1. Practice compassionate patient care maintaining the highest moral and ethical values with a professional attitude. | 4 weeks | Global Rating
Patient Survey
Feedback from faculty/attending physicians /hospital staff /patients |
| | 2. Demonstrate understanding of the needs and feelings of others, including the patient's family members, allied health care personnel (nurses, clerical staff, etc.), fellow residents, and medical students. | | |
| | 3. Communicate and collaborate effectively in a team of health care providers | | |
| | 4. Demonstrate respect, compassion and integrity in the care of vascular surgery patients on a daily basis | | |
| | 5. Demonstrate mature and educated approach to Ethical issues commonly encountered in | | |
| | | | |
| Interpersonal Relationships And Communication | 1. Create and sustain a therapeutic and ethically sound relationship with patients and patient families  
2. Work effectively with other members of the medical team including allied health care personnel (nurses, clerical staff, etc.), fellow residents, and medical students.  
3. Maintain professional interactions with other health care providers and hospital staff | 4 weeks | Global Rating  
Written Examinations  
Patient Survey  
Feedback from faculty/attending physicians /hospital staff /patients |
|---|---|---|---|
| Systems Based Practice | 1. Understand how the health care organization affects surgical practice of cardiac surgery  
2. Demonstrate cost effective health care  
3. Be able to coordinate multi-specialty and multidisciplinary practice including discharge planning, social service, rehabilitation, and long term care  
4. Follow established practices, procedures, and policies of the Department of Surgery and integrated and affiliated hospitals.  
5. Maintain complete of medical records operative notes staff sheets and notes, patient database cards and other patient care related documentation in a timely, accurate, and succinct manner. | 4 weeks | Global Rating  
Case Logs  
Hour logs  
Completion of required evaluations  
Completion of medical records  
Written Examinations  
Feedback from faculty/attending physicians at rounds and OR |
**Vascular Surgery Conferences:**

M&M conference (Wednesday 7-8 am)
This conference is the combined M&M of general surgery and vascular surgery. Since the 4th year resident is responsible for running the inpatient service, s/he presents all patients at this conference. The M&M presentation should concisely discuss the relevant background information, x-rays, identify the complication, as well as the management of the complication. At the end of the presentation, the PGY 4 resident should be prepared to discuss whether the complication or death was primarily due to the patient’s underlying disease, an error in judgment, or an error in technique. This assessment should be discussed with the responsible faculty member before the presentation. At the end, you should be prepared to discuss what should have been done differently to avoid the complication and/or death, as well as a brief review of the relevant literature.

Decision making/pre-op conference (Thursday 5-5:45 pm)
Decision making - This conference is an opportunity to discuss any patient (clinic or pre-op) who represents an interesting or challenging diagnostic or management issue. The person who has seen the patient and is most familiar with him/her (student, resident, fellow, or faculty) should present the patient in a concise but thorough format to the faculty, residents, and students in attendance. Appropriate x-rays, angiograms, and lab data, as well as a proposed plan of treatment should be presented. An LCD projector will be set up and available. In addition, any relevant literature related to the clinical problem should be reviewed and briefly discussed. It should be possible to discuss 3-4 patients in this conference, if the presentations are well organized. The responsibility for organizing this conference and assigning patients for presentation of this conference is the second year vascular fellow.

Pre-op conference - We review pre-op cases for the coming week, to allow the resident and student team to plan the schedule and prepare for the next week by reading about the clinical problems. Margie Vallejo, R.N., our inpatient case manager, organizes this part of the conference. She prepares the cases with Debbie Kass, ANP, our outpatient preop and risk factor management nurse practitioner. They will discuss the preop preparation and plans for each patient. If the plan is unclear, we may have a more detailed discussion.

Thursday Vascular Educational Day (5:45-6:30 pm)
Teaching Conference
This conference is comprised of a rotating schedule of journal club, research conference, Vascular Grand rounds, and vascular lab teaching conference.

a. Research conference - this conference will be organized by Candy Vescera, RN., director of vascular research, and will focus on existing and future research projects. Students, residents, and faculty interested in vascular research are expected to attend and participate.

b. Grand Rounds - Each PGY 4 resident, Vascular Fellow 1, Vascular fellow 2, and faculty presents a formal 30 minute talk on a topic of interest in vascular disease, in rotation. Other UCLA faculty are also invited to present topics of interest to vascular surgeons.

c. Vascular lab Conference – Dr. J. Dennis Baker, Director of the Vascular Lab, and Vicki Carter, R.N., R.V.T., Technical Director of the lab, organize this conference. They will present examples of vascular studies of different diseases and vessels, with the goal of helping residents and students understand the role of the lab in the diagnosis of vascular disease and to prepare fellows for the RVT exam.

d. Journal club - This conference is organized by the Endovascular (1st year) fellow. The intent of the conference is to review 3-4 publications, either in a topic area or in a journal, organized around the APDVS core curriculum. Presentations of papers will be assigned to the residents and students on the vascular service, and will consist of a review of the paper, followed by a critique of the quality of the paper. Faculty will then comment on the quality of the presentation and the significance of the paper with respect to other vascular literature.

Wednesday Grand Rounds (8:00-9:00 am)
This conference is run by the general surgery division and required of all students and housestaff, except the vascular fellow. Fellows are expected to attend the conference when it deals with a clinical problem related to vascular disease. Presentations on a full range of topics are given by UCLA and visiting faculty. The OR first hour start is delayed on Wed for educational conferences.

Attending Ward Rounds
The attending of the week will make teaching ward rounds at least 3 times/week with the team. Students and residents should be prepared to present and discuss their patients, as well as the relevant literature related to the clinical problem. These rounds will be distinct from work rounds.

Annual UCLA Symposium
All fellows, residents, and students are encouraged to attend the annual review and endovascular course, held each fall over a 1 week period. During this time, all formal teaching conferences in the division will be cancelled and attendance expected at this high quality CME conference, which provides a comprehensive review of vascular disease diagnosis and treatment.