

**MEDICAL EDUCATION OFFICE**

RIEDMAN CAMPUS

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RRH Medical Education Rotation Offering Catalog

v. 9/2026

This catalog applies to Residents/Fellows and Medical/Podiatric/Optomerty/Pharmacy Students.

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HOW TO REQUEST AND SCHEDULE ROTATIONS

Please visit our website at <https://Education.RochesterRegional.org/Office> to complete our RRH MEO Rotation Request Form with your preferred rotation and email your request to graduatemedical.education@rochesterregional.org. Do this as early as possible as they fill up quickly!

- Please note that you can fill out your top two rotation choices on our rotation request form. If you are interested in additional rotations, you can submit another request form after you have been notified that your first request has been reviewed and/or confirmed.
- It is the responsibility of the inbound rotator to confirm with their home school/institution that our rotations will meet the educational criteria of their home program.

ONBOARDING

Once the requested rotation has been approved by the RRH Medical Education Office, then the applicant will be onboarded. All applicants and their home school/institution coordinator should review the RRH MEO Onboarding Checklist of requirements found on the RRH Medical Education website and begin completing the onboarding documents (also found on website) which are required to be submitted to the RRH Medical Education Office no later than 4 weeks prior to start of rotation.

LOCATIONS and FIRST DAY REPORTING

The rotations listed show the locations where the student will be rotating, such as outpatient sites or inpatient referring to the specific hospital. For exact locations of the rotation and the applicable first day reporting instructions, please refer to the RRH MEO First Day Reporting document on the RRH Medical Education website.

RRH HOSPITAL ADDRESSES

Rochester General Hospital (RGH): 1425 Portland Ave Rochester, NY 14621

Unity Hospital (UNITY): 1555 Long Pond Rd Rochester, NY 14626

United Memorial Medical Center (UMMC): 127 North Street, Batavia, NY 14020

Clifton Springs Hospital & Clinic (CSH): 2 Coulter Rd, Clifton Springs, NY 14432

Newark-Wayne Community Hospital (NWCH): 1200 Driving Park Ave, Newark, NY 14513

Canton-Potsdam Hospital (CPH): 50 Leroy St, Potsdam, NY 13676

Massena Hospital (MH): 1 Hospital Dr, Massena, NY 13662

Gouverneur Hospital (GH): 77 Barney St, Gouverneur, NY 13642

ELECTIVE DESCRIPTIONS

Allergy, Immunology, Rheumatology – Outpatient Sites, Rochester, NY

LECOM Code: EL, MS

Prerequisite: none

Description:

The **allergy and clinical immunology** elective exposes students to this outpatient specialty, which manages both pediatric and adult patients. In addition to common allergic conditions (asthma, allergic rhinitis, food allergy, drug allergy, urticaria, etc), students will also see less common diagnoses (common variable immunodeficiency, hereditary angioedema, etc). The goal of the elective is to show how allergy and clinical immunology interfaces with other medical specialties and primary care medicine.

Goals of the rotation:

1. Be able to recognize and correctly diagnose common atopic conditions.
2. Understand the role of appropriate testing modalities, understanding the limitations of each.
3. Initiate appropriate management of common atopic conditions, including immunotherapy.
4. Raise awareness of emerging therapies for common atopic conditions.

Description:

The **rheumatology** elective exposes students to this outpatient specialty, which manages systemic inflammatory conditions. Students will learn how to take a detailed history, initiate an appropriate evaluation, and consider various treatment options.

Goals of the rotation:

1. Be able to recognize and correctly diagnose common rheumatologic conditions.
2. Understand the role of appropriate testing modalities, understanding the limitations of each.
3. Initiate appropriate management of common rheumatologic conditions.

Each elective will have two weeks of clinical time, and students can choose either allergy/immunology or rheumatology, and in certain cases, can elect to do both consecutively.

Anesthesiology – CPH and Outpatient site, Potsdam, NY

LECOM Code: EL, SS

Prerequisite: Gen Surg

Description:

During your Anesthesiology rotation you will be working with both Anesthesiologists and Certified Registered Nurse Anesthetists in the operating rooms at Canton Potsdam Hospital and in the procedure rooms at the Leroy Outpatient Center. You will assist in providing general anesthesia, neuraxial anesthesia and monitored anesthesia care to a wide variety of patients. You will be an active participant in their care and will have the opportunity to practice important life-saving skills including:

- Mask ventilation
- Oral and nasal airway placement
- Intravenous catheter placement
- Laryngeal mask airway placement
- Endotracheal intubation

You may also have the opportunity to perform or assist with advanced skills such as:

- Arterial line placement
- Epidural catheter and spinal placement

You will develop basic interpretive skills in the following:

- Capnography
- Basic cardiac monitoring
- Pulse oximetry

Goals of Rotation:

- Upon completion of the Anesthesia Clerkship Rotation, third year medical students will understand the implications of pre-existing disease for patients undergoing anesthesia. They will demonstrate competency in basic airway management and acute resuscitation, and will be able to discuss pain management in the perioperative period.
- The skills that you will acquire during the rotation in anesthesiology are broadly applicable to a wide variety of fields and are particularly useful in rapid response and code situations.
- As a medical student you are encouraged to be an active participant in your patients' anesthesia care from start to finish—from conducting the preoperative evaluation prior to induction, to performing procedures during and after induction, to signing out to the PACU after emergence.

Anesthesiology- UMMC

LECOM Code: EL, SS

Prerequisite: UMMC students only

Description:

Students will experience seeing surgical patient management including but not limited to patient continuity of care plans and follow up visits, urgent care surgical cases.

Anesthesiology is a specialty of medicine, which provides care to patients undergoing procedures and operations. There are multiple subspecialties in Anesthesiology: Cardiac, Critical Care, Pediatric, Obstetrical, Acute Pain Management, and Chronic Pain Management.

Breast Surgery- UH

LECOM Code: EL, SS

Prerequisite: Gen Surg

Description:

A breast surgeon specializes in diagnosing, managing, and surgically treating conditions affecting the breasts, most notably breast cancer and noncancerous (benign) diseases.

They cover:

- **Diagnosing and Evaluating:** They assess lumps, pain, nipple discharge, and abnormal mammogram results. They also perform diagnostic procedures like needle biopsies.
- **Managing Cancer Risk:** They evaluate patients with a strong family history or high genetic risk for breast cancer to plan enhanced monitoring.
- **Performing Surgeries:** They carry out operations to remove cancerous or diseased tissue.
- **Collaborating on Care Teams:** They work alongside plastic surgeons, medical oncologists, and radiation oncologists to coordinate treatment plans.

They may perform:

- **Lumpectomy:** Removes only the tumor and a small margin of surrounding healthy tissue.
- **Mastectomy:** Removes all of the breast tissue.
- **Lymph Node Surgery:** Samples or removes underarm lymph nodes to check if cancer has spread.
- **Biopsies:** Takes small tissue samples using image guidance to test for abnormalities.

Cardiology – Upstate Cardiology, Batavia, NY**LECOM Code: EL, MS****Prerequisite: IM Core****Description:**

Students will experience seeing cardiology patients in an outpatient setting with cardiac follow up visits, after hospitalization follow up visits, cardiac monitoring, after visit summary and continuance of care plans.

Cardiology – RGH

LECOM Code: EL, MS

Prerequisite: IM Core

Curriculum:

4 weeks of inpatient cardiology consults. Optional: Interested students may request to spend the second 2 weeks of their rotation on CCU/CHF subspecialty service

Student Responsibilities

Administrative:

- Read this curriculum prior to the start of the rotation and review with your attending
- Review your performance with the preceptor at the end of each week
- Notify your attending and/or fellow of any days you will be late or absent due to other responsibilities

Typical Schedule:

- Rotation hours:
 - Monday – Friday, 8 am to 4 pm
 - Be present for sign out at 8 am and 1 pm Monday-Friday
 - Sign out is in the Film room, on the second floor beyond the cath and EP labs
- Cardiology conferences 7am-8am in the SCHI conference room
 - Monday and Wednesday lectures are required
 - Thursday didactic lectures and Grand Rounds are required; Thursday M&M and QA conferences are not required
 - Friday JCC conferences are optional
 - Conference schedule can be found on the intranet: <https://intranet.rochesterregional.org/Cardiology/Pages/Calendar.aspx>

Student Supervision:

Students under the direct supervision of the attending physician and/or cardiology fellow, or indirect supervision with direct supervision immediately available

Mix of Disease, Patients and Clinical Setting:

Patient Characteristics/Types of Clinical Encounters

Students will see hospitalized adult patients of both sexes with cardiovascular disease or symptoms of cardiovascular disease

Common clinical problems expected on the service:

- Acute Coronary Syndrome
- Chest pain
- Heart failure
- Arrhythmias
- Valvular Disorders
- Pericardial disease
- Aortic disease
- Preoperative evaluation

Suggested Reading: NEJM 360 Cardiology and ACC/AHA Guidelines – all can be found online

Clinical Hematology – RGH

LECOM Code: EL, MS, SrCap

Prerequisite: 4th yr only

Description:

For the Hematology rotation the rotator will spend most of time on the inpatient service seeing new consultations and follow-ups and rounding with the attending. They will spend half a day per week in Hemophilia clinic seeing patients under the supervision of the attending. During this rotation, rotators will work to formulate appropriate care of plan and work with multidisciplinary teams.

Goals and Objectives:

On the Hematology consults rotation, rotators will become familiar in the workup, diagnosis and management of patients with both benign and malignant blood disorders including leukemia lymphoma, and myeloma.

Rotators will have opportunities to gain exposure in some of the following areas:

- Prevention, evaluation, diagnosis, staging, and management of patients with hematologic disorders
- Tests of hemostasis and thrombosis for both congenital and acquired disorders.
- Management of inherited blood disorders specially von Willebrand disease and Hemophilia's A and B
- Management of thrombotic disorders, inherited and acquired and complications of these disorders.
- Antithrombotic and anticoagulation therapy
- Assessment and interpretation of complete blood count
- Interpretation of peripheral blood smears
- Multiagent chemotherapeutic protocols
- Indications of indwelling access catheters for treatment
- Management of neutropenic and immunocompromised patients
- Management of pain, anxiety and depression in patients with hematologic disorders
- Clinical indications for use of blood products and associated risks
- Care and management of geriatric patients with malignancies
- Concepts of supportive care, including hematologic, infectious disease, and nutrition

Clinical Informatics – remote learning

LECOM Code: EL

Prerequisite: none

Description:

American Medical Informatics Association (AMIA) defines Clinical Informaticians as “those who transform health care by analyzing, designing, implementing, and evaluating information and communication systems that enhance individual and population health outcomes, improve patient care, and strengthen the clinician-patient relationship.”

The Health Informatics Department at RRH is a multidisciplinary team of physicians, nurses, allied health professionals, and IT informaticians who work together to implement state-of-the-art technology and play a key role in the provision of high-quality healthcare. The Fellowship training in Clinical Informatics is a 2-year ACGME-accredited program designed for physicians to equip them with knowledge and skills to lead the modernization of healthcare.

Curriculum:

- Available for 3rd and 4th year medical students
- Rotation length is 4 weeks

Goals and Objectives:

Rotation is designed to give an introduction and exposure to the different domains of informatics and their practical implications. That includes the structure and history of health and biomedical informatics, clinical decision support, workflow analysis and redesign, healthcare analytics, Electronic Health Records (EHR) User-Centered Design, Patient Engagement, EHR training and user-proficiency, Healthcare Technology Implementation, and Change Management. Students will also have the opportunity to work on a project with the guidance of a mentor to understand how Clinical Informaticians use their skills to bridge the technology and clinical practice and play their role in healthcare delivery and quality.

Clinical Oncology – RGH

LECOM Code: EL, MS, SrCap

Prerequisite: 4th yr only

Description:

For the oncology aspect of the rotation the rotator will spend some days in the clinic seeing patients under the supervision of the attending, and other days in the inpatient setting seeing new consultations, follow-ups and rounding with the attending

Goals and Objectives:

On the Oncology consults rotation, rotators will become familiar in the workup, diagnosis and management of patients with solid tumors and lymphomas. Rotators will be able to review the various treatment options for each type of cancer. Rotators will learn about the management of neoplastic disorders of the lung, GI tract, breast, pancreas, liver, GU tract, Central Nervous system, head and neck, skin and cancer family syndromes, Hodgkin and non-Hodgkin lymphomas.

Exposure:

- Indications, dosing, administration and toxicities of multiagent chemotherapeutic protocols
- Combined modality therapy of malignancies
- Indications of indwelling access catheters for treatment
- Management of neutropenic fever
- Infection prevention and treatment in immunocompromised patients
- Indications of transfusions in cancer patients
- Recognition and management of paraneoplastic disorders
- Care and management of geriatric patients with malignancies
- Appropriate use of tumor markers
- Treatment of cancer-related pain

Diabetes and Endocrine:***Diabetes and Endocrinology– Alexander Park Medical Campus, Rochester, NY*****LECOM Code: EL, MS****Prerequisite: none****Learning Objectives:**

- By the end of the rotation the Medical Student should be able to:
- Perform appropriate endocrine exams.
- Discuss the purposes of endocrinologic tests and when to appropriately order them.
- Demonstrate the ability to integrate the history, physical exam, and lab results in order to reach a diagnostic conclusion.
- List the available treatment options for the management of diabetes, thyroid and pituitary disease as well as the other endocrinologic disorders encountered.

Medical students rotating through the endocrine division may spend time with the inpatient service team. They also rotate through outpatient clinics including patients with diabetes, general endocrinology as well as thyroid biopsy and pituitary clinics.

Inpatient:

Students are expected to round daily with the Attending on service under the supervision of fellow(s). The time to round is determined by the schedule of the Attending on service.

Clinical:

Medical Students are expected to engage in the following clinics: Thyroid Biopsy Clinic, General Endocrine/Diabetes Clinic, Pituitary Clinic,

Conferences:

Medical Students are expected to attend all endocrine conferences that are not in conflict with their own continuity clinics.

Study Materials:

ADA Diabetes Standards of Care, AACE Diabetes Guidelines, other assigned readings

Diabetes and Endocrinology – Ridgeway Medical Campus, Rochester, NY

LECOM Code: EL, MS

Prerequisite: 4th yr only

Faculty Author: Salman Azim, M.D.

Purpose:

The purpose of this rotation is to afford the trainee an opportunity to develop familiarity with the spectrum of endocrinologic disease.

Goals and Objectives: At the conclusion of this elective, the rotator will be able to:

- Diagnose common endocrine conditions
- Order and interpret appropriate endocrine laboratory tests
- Outline appropriate therapy for common endocrine conditions
- Evaluate complications of common endocrine disorders

Principal Teaching Methods:

Unity Diabetes clinic, with limited time in the inpatient service

The majority of time will be spent seeing patients at our clinic and follow-up endocrine consults. In this setting they see new and returning patients under the supervision of faculty in the division of Endocrinology, Diabetes and Metabolism. The rotators learn physical examination techniques, history skills, pathophysiology, therapeutic and management options, interpretation of clinical data, differential diagnosis, and appropriate use of technology.

Didactic

There is a weekly endocrine conference, lasting one hour, consisting of case presentations, monthly journal club and research conferences. There is also a weekly core curriculum lecture. Rotators are expected to attend these conferences. Learning is directed towards the domains of pathophysiology and etiology of disease, differential diagnosis, therapeutic and management options, interpretation of clinical data, and appropriate use of technology.

Educational Content:

Mix of diseases

Rotators are able to see patients who present with a full spectrum of endocrine disorders: Diabetes mellitus (type 1 and type 2), obesity, PCOS, thyrotoxicosis, hypothyroidism, goiter, thyroid nodules, thyroid cancer, thyroiditis, pituitary tumors, hypercalcemia, Paget's disease, osteoporosis, hyperlipidemia, sexual dysfunction, male hypogonadism, female hirsutism, and adrenal disorders to name some.

Patient characteristics

Patients seen represent a variety of different socio-economic backgrounds. Ages are from 18 up. They are a cross-section of races and ethnicities, reflecting the diverse cultural environment of Monroe County

Procedure skills

Procedure skills gained on this rotation are: physical examination of the thyroid, physical examination of the foot in the patient with diabetes. The student may also observe needle aspiration of the thyroid gland.

Course Requirements:

Attendance of inpatient rounds and outpatient fellow's clinic and Endocrine Friday Conferences and Wednesday fellow conference.

Educational Materials:

Important Resources and Articles:

- Every January the American Diabetes Foundation Publishes in Diabetes Care Update for the Management of Diabetes www.diabetes.org/diabetescare (updated every January) located in the supplement of the January issue. Rotators on the inpatient rotation should spend particular attention on the chapter on Inpatient Management of Diabetes. An abbreviated version for primary care doctors can give a nice overview of standards and algorithms for diabetes management.
- Thyroid nodule evaluation:
 - 2015 American Thyroid Association Management Guidelines for Adult Patients with Thyroid Nodules and Differentiated Thyroid Cancer: The American Thyroid Association Guidelines Task Force on Thyroid Nodules and Differentiated Thyroid Cancer. Haugen BR, Alexander EK, Bible KC, Doherty GM, Mandel SJ, Nikiforov YE, Pacini F, Randolph GW, Sawka AM, Schlumberger M, Schuff KG, Sherman SI, Sosa JA, Steward DL, Tuttle RM, Wartofsky L. Thyroid. 2016 Jan; 26(1):1-133. PMID: 26462967
- Adrenal Incidentaloma:
 - Management of adrenal incidentalomas: European Society of Endocrinology Clinical Practice Guideline in collaboration with the European Network for the Study of Adrenal Tumors. Eur J Endocrinol. 2016 Aug; 175(2):G1-G34. Fassnacht M1, Arlt W2, Bancos I3, Dralle H4, Newell-Price J5, Sahdev A6, Tabarin A7, Terzolo M8, Tsagarakis S9, Dekkers OM10. PMID: 27390021
- Pituitary Incidentaloma:
 - Pituitary incidentaloma: an endocrine society clinical practice guideline. Freda PU, Beckers AM, Katznelson L, Molitch ME, Montori VM, Post KD, Vance ML; Endocrine Society. J Clin Endocrinol Metab. 2011 Apr; 96(4):894-904. PMID: 21474686
- Bariatric Guidelines:
 - Clinical practice guidelines for the perioperative nutritional, metabolic, and nonsurgical support of the bariatric surgery patient--2013 update: cosponsored by American Association of Clinical Endocrinologists, The Obesity Society, and American Society for Metabolic & Bariatric Surgery. Mechanick JI, Youdim A, Jones DB, Garvey WT, Hurley DL, McMahon MM, Heinberg LJ, Kushner R, Adams TD, Shikora S, Dixon JB, Brethauer S; American Association of Clinical Endocrinologists; Obesity Society; American Society for Metabolic & Bariatric Surgery. Obesity (Silver Spring). 2013. PMID: 23529939
- Endocr Rev. 2018 Mar 6. The Science of Obesity Management: An Endocrine Society Scientific Statement. Bray et al.

Medical students and residents can get a complimentary membership in many societies:

AACE (American Association of Clinical Endocrinologists)

<https://www.aace.com/publications/guidelines>

ADA (American Diabetes Association): <http://www.diabetes.org/>

Endocrine Society

<https://www.endocrine.org/guidelines-and-clinical-practice/clinical-practice-guidelines>

ATA (American Thyroid Association): <https://www.thyroid.org/professionals/ata-professional-guidelines/>

Texts:

Major textbooks of internal medicine (Harrison's, Cecil, Kelley): sections on endocrinology;

Greenspan's Basic & Clinical Endocrinology (Lange Series), Garner & Shoback (eds.)

Teaching Faculty:

K.K Rajamani, MD

R. James Bingham, MD Suzan Saber, MD Salman Azim, MD

Kye Zozobrado, M.D

Endocrinology – Canton, NY

LECOM Code: EL, MS

Prerequisite: 4th yr only

Description:

The purpose of this rotation is to afford the trainee an opportunity to develop familiarity with the spectrum of endocrinologic disease.

Goals and Objectives:

- At the conclusion of this elective, the rotator will be able to:
- Diagnose common endocrine conditions
- Order and interpret appropriate endocrine laboratory tests
- Outline appropriate therapy for common endocrine conditions
- Evaluate complications of common endocrine disorders

PRINCIPAL TEACHING METHODS

St. Lawrence Health Endocrinology Clinic

The majority of time will be spent seeing patients at our clinic and follow-up endocrine consults. In this setting they see new and returning patients under the supervision of the sole endocrinologist in our health system, Dr. Paul Tejera. The rotators learn physical examination techniques, history skills, therapeutic and management options, interpretation of clinical data, differential diagnosis, and appropriate use of technology.

Didactic

When time allows, short didactic lectures will be given directed towards etiology of disease, differential diagnosis, therapeutic and management options, and interpretation of clinical data.

EDUCATIONAL CONTENT

Mix of diseases:

Rotators are able to see adult patients who present with a full spectrum of endocrine disorders: Diabetes mellitus (type 1 and type 2), gestational diabetes, obesity, thyrotoxicosis, hypothyroidism, goiter, thyroid nodules, thyroid cancer, thyroiditis, thyroid disorders in pregnancy, pituitary tumors, hyperparathyroidism, osteoporosis, male hypogonadism, female hirsutism, and adrenal disorders.

Patient characteristics:

Patients seen represent a variety of different socio-economic backgrounds. Ages are from 18 and up. They are a cross-section of races and ethnicities, reflecting the diverse cultural environment of St. Lawrence County

Procedure skills:

Procedure skills gained on this rotation are: physical examination of the thyroid, physical examination of the foot in the patient with diabetes.

COURSE REQUIREMENTS

Attendance of outpatient clinic, Monday-Friday 8AM-4PM

EDUCATIONAL MATERIALS

Guidelines to common endocrine disorders can be found at:

1. AACE (American Association of Clinical Endocrinologists)
<https://www.aace.com/publications/guidelines>
2. ADA (American Diabetes Association):
3. <http://www.diabetes.org/>
4. Endocrine Society
<https://www.endocrine.org/guidelines-and-clinical-practice/clinical-practice-guidelines>
5. ATA (American Thyroid Association):
<https://www.thyroid.org/professionals/ata-professional-guidelines/>

Texts:

Major textbooks of internal medicine (Harrison's, Cecil, Kelley): sections on endocrinology;
Greenspan's Basic & Clinical Endocrinology (Lange Series), Garner & Shoback (eds.)

STRENGTHS/LIMITATIONS

The rotation provides a thorough, complete experience in the diagnosis and management of endocrine disorders. The trainee is able to participate in patient care under the supervision of faculty with expertise in endocrinology and metabolism.

As an elective rotation, not all students will participate in this rotation.

TEACHING FACULTY

Paul Tejera, MD, FACE

Family Medicine Audition: RRH Family Medicine Residency Program, Batavia, NY

LECOM Code: EL, PCS

Prerequisite: 4th yr only with interest in residency program

Description:

Family medicine residents manage comprehensive patient care, complete required inpatient and outpatient rotations, and participate in ongoing academic learning over a three-year training period.

Core Clinical Duties

- **Outpatient Continuity Clinic:** Build and manage a personal panel of patients, providing routine check-ups, chronic disease management (like diabetes and hypertension), acute visits, and preventive screenings.
- **Inpatient Rotations:** Manage hospitalized adult and pediatric patients, intensive care units, and emergency medicine under attending supervision.
- **Specialty Care:** Complete required blocks in obstetrics and gynecology, surgery, geriatrics, psychiatry, and sports medicine.
- **Procedural Work:** Perform office procedures such as joint injections, minor skin surgeries, Pap smears, and prenatal care.

Academic and Professional Responsibilities

- **Didactic Learning:** Attend daily or weekly conferences, case discussions, and behavioral health sessions.
- **Quality Improvement:** Participate in longitudinal practice improvement and health systems management projects.

General Dentistry– Pluta Dental Center, Rochester, NY

LECOM Code: EL, SS, SrCap

Prerequisite: none

Description:

Dentistry is defined as the evaluation, diagnosis, prevention and/or treatment (nonsurgical, surgical or related procedures) of diseases, disorders and/or conditions of the oral cavity, maxillofacial area and/or the adjacent and associated structures and their impact on the human body; provided by a dentist, within the scope of his/her education, training and experience, in accordance with the ethics of the profession and applicable law. (As adopted by the 1997 ADA House of Delegates)

Curriculum:

General Dentistry rotation: 2-4 weeks

Goals and Objectives:

- Demonstrate understanding of the conditions treated by general dentists in outpatient, emergency room, and inpatient settings.
- Exposure to the teamwork (medical & dental) approach in evaluation and treatment of dental conditions associated with underlying medical conditions.
- Exposure to the dental team role in care for Cancer and cardiothoracic surgery patients.
- Exposure to management of dental emergencies that can be provided at primary care medical offices.
- At the conclusion of the rotation, medical students will be able to identify abnormal dental conditions and be able to provide appropriate referrals.

Infectious Disease – RGH

LECOM Code: EL, MS

Prerequisite: IM core

Description:

Infectious Diseases (ID) is a specialty focused on the prevention, diagnosis, management, and treatment of complex infections. Students will expand their knowledge of the pathogenesis of infectious diseases, the utility of the microbiologic and radiographic diagnostic evaluations, and the use of antimicrobial agents.

Goals and Objectives:

- To obtain experience in the clinical features, natural history, prevention, diagnosis, and treatment of a broad range of infectious diseases including:
 - The febrile patient
 - Central nervous system infections
 - Upper and lower respiratory tract infections
 - Cardiovascular and bloodstream infections
 - Peritonitis and other intra-abdominal infections
 - Skin, skin structure, joint, and bone infections
 - Genitourinary system
 - Sexually transmitted diseases
 - Nosocomial infections
 - Surgical infections
 - Infections in the immunocompromised host
 - Mycobacterial and fungal infections
 - Sepsis syndromes
 - Conditions that mimic an infectious disease
 - Management of multidrug resistant organisms
 - Infection control and mitigation of infectious agents in the hospital principles
- To demonstrate a general understanding of the microbiologic evaluation in the management of infectious diseases:
 - Interpretation of gram stains and culture results
 - Methods of organism identification in the variety of patient specimens (blood, urine, stool, cerebrospinal fluid, etc.)
 - Antimicrobial susceptibility testing and interpretation of results
 - Clinical correlations between active infection and colonization
- To demonstrate a general understanding of the principles of antimicrobial prescribing:
 - Antimicrobial spectrum of activity
 - Antimicrobial dosing
 - Common antimicrobial side effects
 - Durations of treatment
 - Antibiotic allergies

Student Responsibilities:

Administrative:

- It is the student's responsibility to review this curriculum prior to the start of the rotation.
- It is the student's responsibility to review his/her performance with the preceptor at the end of the

rotation.

Clinical:**Patient evaluation:**

- Review chart of patient.
- Perform and record history and physical on patient.
- Obtain and review all pertinent ancillary data such as radiology and laboratory reports.
- Complete the consult note using the standard ID consult note form, with a well- reasoned assessment and a differential diagnosis, if appropriate.
- The final recommendations will be written in the chart after you discuss the case with the ID attending.

Subject review prior to presentation of case to attending:

- Begin general reading of literature of the apparent problem.
- Identify key issues that will need to be addressed, such as antibiotic options, additional diagnostic workup, duration of therapy, route of therapy, etc.
- Be prepared to discuss case with attending based on literature.

Meet with ID attending:

- Present case to ID attending using all the data gathered in the order as outlined in the consult note, including pertinent course of the hospitalization and patient histories.
- Pay extra attention to the microbiologic workup, including gram stains of any cultures, sources of cultures, and antibiotic susceptibility of pathogens.
- Be prepared to participate in making the plan and recommendations for “your” patient.

Follow-up rounds

- Patients are nearly often expected to be evaluated daily, with progress notes entered into the medical record.
- The “SOAP” (Subjective Objective Assessment and Plan) format for follow-ups is acceptable.
- Limit if not completely avoid “copy and paste” function in the electronic medical record of assessments that are authored by another provider. Each case deserves its own original daily assessment.
- All new or evolving microbiologic data should be highlighted in each subsequent progress note.

Infectious Disease – UH and Outpatient Clinics, Rochester, NY

LECOM Code: EL, MS

Prerequisite: 4th yr only

Please note: If interest is for a different distribution of in- and outpatient, it may be taken into consideration.

Description:

Infectious Diseases (ID) is a specialty focused on the prevention, diagnosis, management, and treatment of complex infections. Students will expand their knowledge of the pathogenesis of infectious diseases, the utility of the microbiologic and radiographic diagnostic evaluations, and the use of antimicrobial agents.

Goals and Objectives:

- To obtain experience in the clinical features, natural history, prevention, diagnosis, and treatment of a broad range of infectious diseases including:
 - The febrile patient
 - Central nervous system infections
 - Upper and lower respiratory tract infections
 - Cardiovascular and bloodstream infections
 - Peritonitis and other intra-abdominal infections
 - Skin, skin structure, joint, and bone infections
 - Genitourinary system
 - Sexually transmitted diseases
 - Nosocomial infections
 - Surgical infections
 - Infections in the immunocompromised host
 - Mycobacterial and fungal infections
 - Sepsis syndromes
 - Conditions that mimic an infectious disease
 - Management of multidrug resistant organisms
 - Infection control and mitigation of infectious agents in the hospital principles
- To demonstrate a general understanding of the microbiologic evaluation in the management of infectious diseases:
 - Interpretation of gram stains and culture results
 - Methods of organism identification in the variety of patient specimens (blood, urine, stool, cerebrospinal fluid, etc.)
 - Antimicrobial susceptibility testing and interpretation of results
 - Clinical correlations between active infection and colonization
- To demonstrate a general understanding of the principles of antimicrobial prescribing:
 - Antimicrobial spectrum of activity
 - Antimicrobial dosing
 - Common antimicrobial side effects
 - Durations of treatment
 - Antibiotic allergies
 - Transition of the hospitalized patient into the outpatient parenteral antibiotic therapy (OPAT) program

- Antibiotic stewardship

Student Responsibilities:

Administrative:

- It is the student's responsibility to review this curriculum prior to the start of the rotation.
- It is the student's responsibility to review his/her performance with the preceptor at the end of the rotation.

Clinical:

Patient evaluation:

- Review chart of patient.
- Perform and record history and physical on patient.
- Obtain and review all pertinent ancillary data such as radiology and laboratory reports.
- Complete the consult note using the standard ID consult note form, with a well- reasoned assessment and a differential diagnosis, if appropriate.
- The final recommendations will be written in the chart after you discuss the case with the ID attending.

Subject review prior to presentation of case to attending:

- Begin general reading of literature of the apparent problem.
- Identify key issues that will need to be addressed, such as antibiotic options, additional diagnostic workup, duration of therapy, route of therapy, etc.
- Be prepared to discuss case with attending based on literature.

Meet with ID attending:

- Present case to ID attending using all the data gathered in the order as outlined in the consult note, including pertinent course of the hospitalization and patient histories.
- Pay extra attention to the microbiologic workup, including gram stains of any cultures, sources of cultures, and antibiotic susceptibility of pathogens.
- Be prepared to participate in making the plan and recommendations for "your" patient.

Follow-up rounds

- Patients are nearly often expected to be evaluated daily, with progress notes entered into the medical record.
- The "SOAP" (Subjective Objective Assessment and Plan) format for follow-ups is acceptable.
- Limit if not completely avoid "copy and paste" function in the electronic medical record of assessments that are authored by another provider. Each case deserves its own original daily assessment.
- All new or evolving microbiologic data should be highlighted in each subsequent progress note.

Contact Persons:

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Integrative Eye Care – Riedman Eye Care, Rochester, NY

LECOM Code: EL, SrCap

Prerequisite: none

Description:

Students will experience training in use of devices for screening patients for early signs of diseases through eye examination. Students will be able to refer patients to eye specialists based on primary care visit screening.

The Integrated Eye Care Elective exposes the medical student to the specialty of ophthalmology. Rochester Regional Health provides routine, medical, and surgical eye care to patients in the Greater Rochester area through the services of ophthalmologists and optometrists. Ophthalmologists are a Medical Doctor or Doctor of Osteopathic Medicine who complete four years of residency training (first year in internal medicine or general surgery) and if desired, one to two years of fellowship training in a subspecialty (i.e. retina, cornea, glaucoma, etc). Doctors of Optometry complete four years of graduate, doctoral training and electively can complete one year of residency in various specialties (i.e. ocular disease, primary eye care, pediatrics, etc.). Both professions work together to provide comprehensive medical and surgical eye care to our patients at various locations throughout the Rochester area. Medical students will gain clinical experience in both patient care and surgical observation by working closely with various providers in the Department of Ophthalmology.

Length of elective: 4 weeks

Goals of Elective:

- General understanding of ocular anatomy and physiology
- Exposure to a variety of ocular diseases
- Demonstrate understanding of the mechanisms of ocular disease and appropriate treatments
- Demonstrate the ability to understand the implications of systemic disease through an ophthalmic examination
- Establish a strong understanding of the role of a primary care physician and other specialties of medicine in collaborative care with eye care professionals

Internal Medicine Sub-I – UH

LECOM Code: EL, MS

Prerequisite: 4th yr only

Location: Unity Hospital Internal Medicine Inpatient Teams

Duration: 4 Week

Introduction: The Internal Medicine (IM) Sub-Internship rotation aims to assist students in refining and enhancing competencies for efficiently evaluating and managing Internal Medicine patients. Throughout the rotation, students will refine skills crucial for hospital patient management, including comprehensive documentation of patient care. Moreover, they will solidify clinical skills for patient evaluation and management, and effective communication with patients, families, and healthcare providers.

Goals:

- Demonstrate a comprehensive understanding of established and evolving knowledge in Internal Medicine and apply this knowledge to patient care.
- Exhibit the ability to continuously enhance patient care through self-evaluation and feedback.
- Demonstrate effective communication skills with patients, families, and healthcare professionals.
- Display understanding and behavior consistent with professional responsibilities and adherence to ethical principles.
- Demonstrate the ability to utilize system resources for optimal patient care.
- Engage in interprofessional teamwork to optimize safe, effective patient centered care.

Internal Medicine Sub-Internship Guidelines:

- The sub-intern will work under the direct supervision of the senior resident or attending Physician, assuming responsibilities equivalent to interns.
- Conduct pre-rounds on patients and actively participate in morning rounds, presenting events of the past 24 hours, and defining problems and plans.
- Write daily progress notes on followed patients, co-signed by the Attending Physician.
- Assist with patient care tasks, such as calling consults, patient education, and updating handoffs.
- Admit a minimum of 2 new patients/week for the first 2 weeks and 4 new patients/week for the last 2 weeks.
- Follow patients during hospitalization with an average load of 3-4 patients, depending on illness severity.
- Write admission and daily orders, co-signed and verified by the senior resident or the attending Physician.
- On call days, the sub-intern is expected to be available and participating until the team's work is complete. There is no overnight call.
- Work one weekend day a week (Saturday or Sunday).
- Attendance is mandatory for Morning Report and noon conferences.

Intro to Hospitalist Medicine – CSH

LECOM Code: EL, MS

Prerequisite: 4th yr only

Description:

Hospitalist medicine is a medical specialty dedicated to the delivery of comprehensive medical care to hospitalized patients. Practitioners of hospital medicine include physicians (“hospitalists”) and non-physicians (advanced practice providers) who engage in clinical care, teaching, research and or leadership in the field of general hospital medicine.

Hospitalists manage and treat a significant range of complex and comorbid disease conditions. Hospitalists typically undergo residency training in general internal medicine, general pediatrics, or family practice. In addition to their core expertise, hospitalist physicians are also involved in quality improvement, collaboration and communication between various health care providers, and supporting a safe transition of patient care within the hospital and from the hospital to the community.

According to the National Rural Health Association (NRHA), more than 25 percent of the U.S. population lives in rural areas, yet less than 10 percent of the country’s doctors practice there. There is an urgent need for physicians to consider practicing in these regions to provide high quality care to areas which need it the most. There are challenges with rural practice but it does provide independence and significant amount of opportunity for the practicing physicians. The scope of practice is wider and the depth of knowledge is deeper.

For more information please visit the Society of Hospital Medicine (SHM) website:

[What Is a Hospitalist? | Society of Hospital Medicine](#)
[NRHA Services Corporation \(nrhapartners.com\)](#)

Curriculum:

Inpatient care at Clifton Springs Hospital: 1 week on and 1 week off rotation, 12 hour days.

Goals and Objectives:

- Demonstrate general understanding of hospital medicine, flow of patient care, team building strategies, and communication between various aspects of health care group
- Demonstrate understanding of common medical conditions seen in the hospital setting in terms of diagnosis, management and follow up care, including but not limited to acute congestive heart failure, chronic obstructive pulmonary disease, skin and soft tissue infections, osteomyelitis, diabetes ketoacidosis, COVID 19 pneumonia and many more
- Demonstrate proficiency in electronic medical records (writing at least 2 H&Ps, 4 Progress notes, and 1 Discharge summary)
- Present an original or review research article about a topic of your choice in internal medicine.

Medical Short Stay – RGH

LECOM Code: EL, MS

Prerequisite: 4th yr only

Rotation Objective:

Students will become familiar with observation level medical diagnoses, and exhibit proficiency in recognizing and successfully managing common acute and chronic medical conditions in the observation medicine setting.

Rotation Overview:

APP Students will rotate with Advanced Practice Providers and Medical Students will rotate with MD's within the Observation department. They will be expected to see patients with the provider, sign-out to provider, and document their visits. This rotation will consist of a Day, Night, and Evening rotation for APP Students to expose the students to different providers, shifts, and experiences within the Observation Unit. Medical Students will follow the MD provider's schedules which are Days 7 am to 4 pm or 7 am to 7 pm.

Rotation Proficiencies:

- Create a thorough and well developed differential diagnosis
- Discuss with preceptor and design an in depth care plan with attention to detail
- Recommend and research up to date treatment plans and therapies
- Manage acute medical concerns with prompt and correct treatment
- Understand and interpret common medical laboratory tests as well as imaging studies and EKG's
- Complete accurate and comprehensive documentation for intake, rounding, and discharge

Rotation Expectations:

- Student will arrive on-time and prepared with appropriate dress code (white coat, black scrubs, **OR** business casual), medical supplies (stethoscope, reflex hammer, notebook, and pen/pencil), and identification badge (RGH and School).
- Student will be prepared for rotation by reviewing rotation materials provided by preceptor prior to arriving to the first day.
- Student will maintain professional demeanor and exhibit appropriate behavior during the entirety of the rotation in regards to staff, other students or training persons, and medical professionals.
- Students will alert preceptor immediately to any days that there may be a scheduling conflict or in case of any emergency, in which a day will need to be missed and later made up.

Medical Competencies:

- Students will attain proficiency in the understanding of below diagnoses, as well as pathophysiology and treatment plans by the completion of this rotation:

Abdominal pain	Diverticulitis	Cellulitis	Pyelonephritis	Pharyngitis
Abscess	DVT/PE	Chest pain	Syncope	Back Pain
Anemia	Fall/Weakness	Closed Head Injury	Electrolyte deficiencies	Hyperglycemia/ Hypoglycemia
Asthma/COPD	Headache	Congestive Heart Failure	Bite injuries	Atrial Fibrillation/Atrial Flutter
	Kidney Stone	Pneumonia		

Schedule:

- Student will be provided with separate schedule upon start of rotation
- For all shifts, students are expected to arrive in the Provider office on 4200 five minutes before the scheduled time to be ready for sign-out.
- Students are expected to stay the entire shift, and attend all scheduled shifts unless previously discussed with Lead APP.
- Students will be expected to attend the monthly OBS Provider Meeting, OBS Quality Meeting, ED Team Meeting and ED M&M Meeting during the rotation.

MOHS Surgery in Dermatology – Outpatient sites, Rochester, NY

LECOM Code: EL, SS, MS

Prerequisite: 4th yr only

Preceptor: Gian Vinelli, MD, FAAD, FASDS, FACMS

Description:

Dermatology is a broad specialty which involves the treatment of the skin, hair and nails. The field encompasses both medical and surgical treatment modalities. Dermatologists must complete a preliminary year of residency in either internal medicine, general surgery or transitional training followed by three years of dermatology residency. They may then further specialize in Pediatric, Dermatopathology, Cosmetic or Mohs Micrographic Surgery by completing another year or more of fellowship training.

For more information, visit the American Academy of Dermatology website: <https://www.aad.org/public>

Students will work closely with the attending, observing and participating in the care of patients across three different clinics in the Rochester area. There will be planned didactic sessions, journal club, tumor board and grand rounds. Students are encouraged to participate in these virtual sessions.

Students are expected to read extensively during the course of the elective. The recommended text is: Andrews' Diseases of the Skin.

As students' progress through the elective they will have the opportunity to transition from shadowing the attending to seeing patients independently to hone their knowledge.

Curriculum:

4 weeks of General, Cosmetic and Surgical Dermatology Clinic

Goals and Objectives:

- Gain a general understanding of common inflammatory, neoplastic, and infectious disorders of the skin, hair and nails
- Gain a general understanding of cosmetic dermatology including the use of laser surgery, toxins and fillers
- Gain a general understanding of surgical dermatology including cryotherapy, biopsies, excisions, and Mohs Micrographic Surgery (including neoplastic dermatopathology)
- Understanding of when to appropriately refer cases to dermatologists
- Gain the ability to properly perform a history and physical examination of patients with skin disease through the understanding of skin morphology

Neurology – RGH, UH and Outpatient Sites, Rochester, NY

LECOM Code: EL, MS

Prerequisite: none

Description:

The Neurology rotation is an elective 4-week rotation that aims to provide an introduction to clinical neurology through experience in both inpatient and outpatient settings. The inpatient setting includes experience with the practice of emergency neurologic care and also management of neurologic pathology as it presents in the hospital. Outpatient settings include both general neurology clinics and subspecialty clinics. Those who are interested in pursuing neurology as a career will benefit from a broad initial exposure to neurologic pathology with individuals who dedicate their careers to clinical practice. Those who do not plan to select neurology as their career will benefit from learning how to assess neurologic pathology, how to treat common or life threatening neurologic disease, and when to call for neurologic consultation.

Goals:

To learn the skills needed to recognize and manage the neurologic conditions that all general medical practitioners are likely to encounter in medical practice.

Objectives: At the end of this rotation you will be able to perform these techniques:

- Obtain a comprehensive history from an individual with a neurologic pathology
- Perform a complete and thorough neurologic exam
- Create a broad differential diagnosis for each individual seen and examined and choose the most likely diagnosis
- Formulate an assessment and an appropriate plan of action regarding the most common and most life threatening neurologic presentations
- Deliver a clear and thorough verbal presentation regarding neurologic assessment
- Produce clear and thorough documentation regarding neurologic assessment
- Communicate empathetically with patients and families
- Demonstrate professional characteristics as a member of a healthcare team

At the end of this rotation you will be able to perform these analyses:

- Identify symptoms that signify neurologic disease (including disturbances of consciousness, cognition, language, vision, hearing, equilibrium, motor function, somatic sensation)
- Identify symptoms of and discuss timely management of neurologic emergencies
- Differentiate between normal and abnormal findings on neurologic exam
- Localize the likely site in the nervous system where a lesion may produce patient's signs and symptoms
- Discuss the indication and interpretation of tests used in helping diagnose neurologic disease
- Research and review pertinent medical literature relevant to neurologic care
- Apply principles of medical ethics, socioeconomic issues, and public health policy to patient care.

Curriculum:

Each rotator will spend two weeks in the inpatient setting and two weeks in the outpatient setting. The inpatient setting will be separated into: 1) One week at Unity Hospital, and 2) One week at Rochester General Hospital. Rotators will report to the on call attending physician and also to the on call medical resident. Patients will be chosen for rotators to assess and follow over the course of their time on

service. Rotators will also accompany the resident and attending to the emergency department to assess patients requiring acute neurologic care. Rotators will keep a log of diagnoses assessed and will present and write formal evaluations of these patients as below.

Rotators will spend 2 weeks in the outpatient setting between multiple locations. These locations can include Unity Ridgeway Medical Campus, Henrietta Medical Campus, Rochester General Hospital campus, Leroy campus. One week will be spent with clerkship director in a general neurology clinic. One week will be spent surveying multiple neurologic subspecialty clinics. Subspecialty clinics include: Stroke, Headache, Memory/Dementia, Epilepsy, Movement disorder, Physical Medicine and Rehab, and Neuromuscular clinics. The subspecialty clinic week can be flexible and tailored to a rotator's particular interest. Rotators will keep a log of diagnoses assessed and will present and write formal evaluation of these patients as below.

Below is the minimum number of neurologic cases to be seen during the 4-week rotation. Attending's will provide a signature (initials) and date following completion of each assessment/visit. Each rotator will prepare and complete both a verbal and written presentation on 3 of these cases (each from a different category). One verbal and written presentation will be completed at the end of week 2, 3, and 4 with the clerkship director. Feedback will be provided with the goal of improvement each week.

Conferences/Grand Rounds/Journal Club:

Rotators will be expected to attend all neurologic radiology conferences, journal clubs, grand rounds that occur during the course of their 4-week rotation.

Handbook:

Diagnostic Category	Minimum number of patients to be seen	Attending Signature(s)(Initial)
Seizure	3	
Stroke	3	
Headache	3	
Movement Disorder	2	
Memory/Cognitive Impairment	2	
Altered Mental Status	2	
Trauma	1	
Demyelinating Disease	1	
Neuropathy	1	
Chronic Pain	1	
"Dizzy"	1	

AAN Medical Student Educational Resources

<https://www.aan.com/tools-and-resources/medical-students/educational-resources/>

Neurologic Exam Templates

<http://neurologyresidents.com/notes-and-templates/neuro-exam-templates/>

Localize the likely site in the nervous system where a lesion may produce patient's signs and symptoms:

(*)

- Cerebral cortical and subcortical structures
- Posterior fossa (brain stem and cerebellum)
- Spinal cord
- Anterior horn cell
- Nerve root/plexus
- Peripheral nerve (mononeuropathy, polyneuropathy, and mononeuropathy multiplex)
- Neuromuscular junction
- Muscle

Create a differential diagnosis with the following findings: (*)

- Acute, subacute, or episodic changes in mental status or level of consciousness
- Gradual cognitive decline
- Headache or facial pain
- Neck or back pain
- Blurry vision or diplopia
- Dizziness
- Dysarthria or dysphagia
- Weakness (focal or generalized)
- Involuntary movements
- Numbness, paresthesia, or neuropathic pain
- Unsteadiness, gait disturbance, or falls

Formulate an assessment and an appropriate plan of action regarding the most common and most life threatening neurologic presentations (*)

- Acute stroke (ischemic or hemorrhagic) or TIA
- Acute vision loss
- Brain death
- CNS infection
- Encephalopathy (acute or subacute)
- Guillain-Barre syndrome
- Head trauma
- Increased intracranial pressure
- Neuromuscular respiratory failure
- Spinal cord dysfunction
- Status epilepticus
- Neuropathy (polyneuropathy, Bell's palsy, and/or Carpal tunnel, etc)
- Subarachnoid hemorrhage
- Alzheimer disease
- Epilepsy
- Essential tremor
- Headache (tension, migraine, cluster)
- Multiple sclerosis
- Myasthenia gravis
- Myopathy
- Parkinson disease

Communicate empathetically with patients and families (*)

- Establish rapport with patients.

- Work cooperatively with others.
- Establish sufficient visibility and rapport with residents and attendings to be fairly evaluated.
- Communicate in a way patients understand by avoiding medical jargon and checking back for understanding
- Contribute information effectively to the team in a clear and timely manner
- Identify social barriers to care and link patients to resources to address them.

NeoNatal ICU (NICU) - RGH

LECOM Code: EL, Sr Cap

Prerequisite: 4th yr only

Duration: 2 weeks

A neonatal intensive care unit (NICU) is a specialized hospital ward that provides 24-hour medical care for premature or critically ill newborns.

Students will work with the care team in the NICU.

Neonatologists are specialists in NICU's that:

- **Lead the Care Team:** They direct the medical team in the neonatal intensive care unit (NICU) and manage complex treatment plans.
- **Treat Critical Conditions:** They care for babies born prematurely, with low birth weight, birth defects, breathing troubles, or infections.
- **Perform Advanced Procedures:** They use specialized equipment, manage ventilators, place feeding or breathing tubes, and administer vital medications.
- **Support Families:** They counsel parents during high-risk deliveries and explain daily progress or medical updates.

Nephrology: Center for Kidney Disease/Hypertension, Rochester, NY

LECOM Code: EL, MS

Prerequisite: none

Nephrology is a medical subspecialty of internal medicine focused on the diagnosis, treatment, and management of kidney functions and kidney diseases.

Nephrologists Diagnose and Treat the following conditions:

- They evaluate issues like chronic kidney disease, electrolyte imbalances, high blood pressure, and kidney stones.
- Manage treatments: They prescribe medications, create lifestyle and dietary plans, and oversee renal replacement therapies.
- Perform procedures: They conduct kidney biopsies, manage dialysis access, and coordinate kidney transplant care.
- Chronic and acute renal failure: Loss of kidney function over time or suddenly.
- Hypertension: High blood pressure linked to kidney function.
- Glomerular diseases: Conditions affecting the tiny filtering units within the kidneys.
- Fluid and electrolyte disturbances: Imbalances in body chemistry and water.

Obstetrics and Gynecology Sub-I- RGH

LECOM Code: EL, MS

Prerequisite: 4th yr only and interest in residency

Description:

The Obstetrics and Gynecology Sub-Internship is a 4-week immersive course in which students expand their fund of knowledge and clinical skills during a rigorous clinical experience. Patient care responsibilities, workload, and work hours closely parallel those of a resident intern in the specialty with the intent that this rotation will help prepare the student for internship.

Course Objectives:

As a result of successfully completing Core Sub-Internship in Obstetrics and Gynecology, students will have demonstrated the ability to perform each of the following for ambulatory and hospitalized patients presenting with new and follow-up core chief complaints/diagnoses relevant to the clerkship:

- Perform an accurate complete or focused patient interview and physical exam in a prioritized, organized manner without supervision, with respect for the patient, and tailored to the clinical situation and specific patient encounter. Integrate the scientific foundations of medicine with clinical reasoning skills to guide information gathering
- Dynamically Integrate patient data to formulate an assessment, develop a working diagnosis and a prioritized list of alternate potential diagnoses. Avoid common cognitive errors of clinical reasoning
- 3. Select and interpret common diagnostic and screening tests using evidence-based principles.
- Enters accurate, focused, and context-specific documentation of a clinical encounter in electronic format.
- Concisely and accurately present a summary of the clinical encounter and synthesis of clinical reasoning to the health care team to achieve a shared understanding of the patient's current condition.
- Demonstrate professional responsibility and commitment to ongoing improvements in medical student education through accurate and timely completion of Work and case logs.

Optometry Externship, Rochester Regional Eye Care-Greece Office

LECOM Code: n/a

Prerequisite: Optometry students only

[Optometry Externship | Rochester Regional Health](#)

Our goal is to provide fourth-year optometry students with an immersive clinical experience focused on medical optometry, ocular disease, and interdisciplinary patient care. As the first optometry externship site in Rochester, our program was established to prepare students for successful careers in ocular disease, hospital-based optometry, and residency training.

Whether your goal is to pursue residency or enter clinical practice, our externship is designed to strengthen your diagnostic skills, clinical reasoning, and confidence in managing complex ocular disease.

Our externship offers a unique blend of outpatient, hospital, and interdisciplinary experiences that are not commonly found at traditional private practice sites.

Students rotate primarily with residency-trained optometrists who provide individualized teaching and mentorship while caring for a diverse patient population.

Highlights include:

- High-volume ocular disease clinics
- Comprehensive medical eye care
- Glaucoma
- Retina
- Cornea and anterior segment disease
- Neuro-ophthalmic conditions
- Urgent eye care
- Dry eye disease
- Contact lens complications
- Diabetic eye disease
- Macular degeneration
- Uveitis

Students become active members of the clinical team while developing efficiency in patient care, documentation, and evidence-based clinical decision making.

Oral and Maxillofacial Surgery – Pluta Dental Center, Rochester, NY

LECOM Code: EL, SS, SrCap

Prerequisite: none

Oral and Maxillofacial Surgery is the specialty of dentistry which includes the diagnosis, surgical and adjunctive treatment of diseases, injuries and defects involving both the functional and esthetic aspects of the hard and soft tissues of the oral and maxillofacial region

For more information, visit the American Dental Association website: www.ADA.org

Curriculum:

Oral & Maxillofacial Surgery rotation: 2 - 4 weeks

Goals and Objectives:

- Demonstrate general understanding of the clinical evaluation of oral and maxillofacial region.
- Demonstrate understanding of the conditions treated by general dentists and oral surgeons in outpatient, emergency room, operating rooms and inpatient settings.
- Exposure and involvement in evaluation and treatment of maxillofacial pathology, trauma and orthognathic surgeries.
- Exposure to the teamwork (medical & dental) approach in evaluation and treatment of dental conditions associated with underlying medical conditions.
- Exposure to the dental team role in care for Cancer and cardiothoracic surgery patients.
- Exposure to management of dental/omfs emergencies that can be provided at primary care medical offices.
- At the conclusion of the rotation, medical students can be able to identify abnormal dental, oral and maxillofacial conditions and be able to provide appropriate referrals.

Orthopedics – Genesee Orthopedics, Batavia, NY**LECOM Code: EL, SS****Prerequisite: Gen Surg****Description:**

Students will see patients in both ambulatory and surgical settings following their preceptor's schedule. All issues related to orthopedic care may be experienced during this elective.

Pathology – RGH

LECOM Code: EL, MS, SrCap

Prerequisite: IM core

Duration: 2 weeks only

Description:

The goal is to deepen a student's understanding of the role of Pathology in the management of patients. This rotation is in the pathology laboratory.

The pathology component will provide a general introduction to laboratory services with didactics and rotations through the core laboratory, microbiology, blood bank, and hematology. Students will attend surgical pathology sign-out with staff pathologists. Self-study course materials in the form of case studies and slide sets will be provided to add context and depth.

Goals and Objectives:

- Demonstrate a general understanding of the role of Pathology in patient care, including at multidisciplinary conferences.
- Demonstrate a general understanding of biopsy adequacy, sample bias, tissue management, and radiologic correlation.
- Be familiar with the basic principles of pathologic staging of tumors as they apply to the gross and microscopic evaluation of resection specimens.
- Gain familiarity with staging criteria and imaging findings for common cancers.

Pharmacy- RGH, UH, RRH Pharmacy locations, Rochester, NY

LECOM Code: n/a

Prerequisite: Pharmacy students only

Pharmacy students learn to apply classroom pharmacotherapy knowledge to real-world patient care, interprofessional teamwork, and medication management during clinical rotations.

Core Clinical Skills

- **Patient Care & Rounds:** Join medical teams on hospital rounds to evaluate patient charts, monitor drug therapy, and recommend adjustments.
- **Medication Reconciliation:** Review patient medication lists, check for drug interactions, and ensure correct dosing based on lab values and organ function.
- **Documentation:** Practice writing professional clinical notes (such as SOAP notes) and answering drug information questions for physicians and nurses.

Practice Settings Covered

- **Acute Care/Inpatient:** Work in hospital units managing complex diseases, critical care, or emergency responses.
- **Ambulatory Care:** Intervene in outpatient clinics to manage chronic conditions like diabetes or hypertension alongside primary care providers.
- **Community & Institutional:** Learn operational workflow, sterile compounding, and dispensing safety in retail or health-system settings.
- **Specialized Electives:** Gain exposure to specialized fields like infectious diseases, oncology, pediatrics, or cardiology.

Physical Medicine & Rehabilitation (PM&R) – UH and Ridgeway Medical Campus, Rochester, NY

LECOM Code: EL, MS

Prerequisite: none

Description:

Physical Medicine and Rehabilitation (PM&R) is a specialty involved in the evaluation, management and treatment of a variety of medical conditions affecting the brain, spinal cord, nerves, and musculoskeletal system. The PM&R physicians, also known as physiatrists, are physicians who have completed a 4 year residency program in PM&R (1st year in IM or transitional). Physiatrists approach patient care in a goal oriented manner, help with management of impairments, and focus on improving quality of life. They may have further subspecialty certification or complete fellowships in Brain Injury Medicine, Electrodiagnostic Medicine, Hospice and Palliative Medicine, Neuromuscular Medicine, Pain Medicine, Pediatric Rehabilitation Medicine, Spinal Cord Injury Medicine, and/or Sports Medicine.

For more information, visit the American Academy of Physical Medicine & Rehabilitation website:

<https://www.aapmr.org/about-physiatry/about-physical-medicine- rehabilitation/what-is- physiatry>

Curriculum:

2 weeks inpatient at Unity Hospital, Golisano Rehab Unit

2 weeks outpatient at Unity at Ridgeway, 2655 Ridgeway Ave, Ste 420, Rochester, NY 14626

Goals and Objectives:

- Demonstrate general understanding of common neurologic, spine, and musculoskeletal disorders seen in a PM&R practice, including stroke, brain injury, spinal cord injury, spine and musculoskeletal disorders.
- Demonstrate general understanding of the role of inpatient rehabilitation medicine for neuromusculoskeletal disorders and non- neuromusculoskeletal diagnoses.
- Understand the comprehensive team approach in the specialty of Physical Medicine and Rehabilitation, and effectively interact with interdisciplinary team members.
Exposure to outpatient PM&R clinic environment with involvement in concussion clinic, PM&R Pain clinic for non-interventional pain management, specialized interventions and procedures related to Outpatient Physical Medicine and Rehabilitation: Electrodiagnostic testing. Ultrasound guided musculoskeletal injections. Botox injections for spasticity. Interventional Pain and Spine procedures.

Physical Medicine & Rehabilitation (PM&R) SUB-I – UH and Ridgeway Medical Campus, Rochester, NY

LECOM Code: EL, MS

Prerequisite: 4th yrs only with interest in the residency program

Description:

This rotation aligns with the core goals of a sub-internship and is structured to provide students with a high level of clinical responsibility in preparation for residency. Specifically, this PM&R sub-I includes:

1. **Progressive Responsibility:** Students function at an intern level within the inpatient rehab team, managing their own panel of patients under supervision. This includes developing comprehensive rehabilitation assessments, formulating management plans, writing daily progress notes, and participating in interdisciplinary rounds.
2. **Active Role in Team-Based Care:** Students engage in care coordination with physical therapy, occupational therapy, speech-language pathology, case management, and nursing — gaining firsthand experience in the multidisciplinary approach that defines inpatient rehabilitation.
3. **Direct Supervision and Feedback:** Students are closely supervised by attending physiatrists and senior residents who provide structured feedback and complete formal assessments.
4. **Hands-On Experience with Common PM&R Diagnoses:** Students gain experience managing patients with stroke, spinal cord injury, traumatic brain injury, amputation, and other neurologic and musculoskeletal conditions, including exposure to common procedures such as spasticity management and joint injections where appropriate.
5. **Preparation for Internship and Residency:** The rotation is designed to simulate intern-level responsibilities in the PM&R setting, fostering clinical decision-making, efficiency in documentation, and communication with families and consultants.

Plastic Surgery – RGH

LECOM Code: EL, SS

Prerequisite: 4th yr only

Description:

Plastic Surgery is a surgical specialty involved in the surgical evaluation and treatment of many conditions. Typically, plastic surgeons have either completed a 5 year general surgery residency followed by a 1-3 year fellowship or completed an integrated residency of 6 years. The rotation includes a combination of operating room and floor time for consults. Students will gain experience in various aspects of plastic surgery including wound care, cosmetic surgery, and reconstructive surgery.

Rotation Expectations:

The rotation in plastic surgery will take place in the inpatient/operating room areas. The student will demonstrate knowledge in the intra-operative and post-operative management of surgical patients and surgical complications, demonstrate knowledge of plastic surgical principles and techniques and demonstrate knowledge of basic anesthesiology principles and techniques as utilized during the plastic surgery setting. Competencies specific to the rotation are as follows.

Patient Care:

- Demonstrates knowledge in the perioperative management of the plastic surgical patient, with an emphasis on common post-operative complications.

Medical Knowledge:

- Demonstrates knowledge of general anatomy and incision approaches as they relate to various plastic surgical procedures.
- Demonstrate knowledge in the properties of wound healing.

Practice Based Learning:

- Demonstrates knowledge of common surgical instrumentation and the ability to develop proper technique in their utilization.
- Demonstrates the ability to act as a well-integrated surgical assistant including proper retracting and tissue handling.
- Demonstrates knowledge and proficiency in both blunt and sharp dissection techniques including the use of scalpels, scissors, and electrocautery.
- Demonstrates knowledge of various suture materials and suture techniques used in plastic surgery.

Recommended Readings:

- Essentials for Students: Plastic Surgery
- Michigan Manual of Plastic Surgery by David Brown and Gregory H. Borschel
- Essentials of Plastic Surgery: A UT Southwestern Medical Center Handbook by Jeffrey E. Janis
- Plastic Surgery Emergencies: Principles and Techniques by Jamal M. Bullocks et al.

Podiatric Medicine & Surgery – RGH

LECOM Code: EL, SS

Prerequisite: 1 month of Gen Surg or IM core

Description:

Podiatric Medicine and Surgery is a specialty that focuses on prevention, diagnosis, and treatment of diseases, disorders, and injuries affecting the foot, ankle, and related structures of the leg. DPM's are the only physicians whom receive specialized medical/ surgical training and board certification in the care of the lower extremity. At RGH the PMSR program focuses heavily on a hands on interactive learning approach to teaching. Students will have the opportunity to learn by doing. The RGH Podiatry Residents complete a 36 month (PMSR/RRA) Podiatric Medicine and Surgery Residency with a credential in Reconstructive Rearfoot/Ankle Surgery. Medical students will have the opportunity to expand their knowledge surrounding the field of Podiatry by experiencing first hand inpatient and outpatient care, both the surgical and non-surgical aspects of patient care. Medical students will be afforded the opportunity to experience the resident run podiatric clinic and take part in the weekly academic half day session which is a Podiatry Grand Rounds format.

Curriculum:

Inpatient/Outpatient Hospital Rotation: 4 weeks

Goals and Objectives:

- Exposure to both inpatient and outpatient treatment of all foot related pathologies. This will include a large emphasis on diabetic foot infection, ulcerations, and limb salvage procedures.
- Outpatient exposure to common diabetic foot pathology including mechanical issues, infections, neuromas etc.
- Experience in sports medicine treatment practices
- Learning when to treat patients in the office setting versus when it would be best to refer them to a Podiatric Office.

Preventative Medicine Rotation – WorkReady, Rochester, NY

LECOM Code: EL, R/U, SrCap

Prerequisite: none

Description:

WorkReady represents the combined employee and occupational health dept. for RRH. We offer experience across a wide range of clinical conditions. We deal with many private and public organizations in the local economy and most departments at RRH. Information technology plays an important role in daily operations. So does the interface with public health and state and federal agencies, compliance, reporting and surveillance.

Employee Health supports health and the work environment of employees at RRH. We carry out immunization and testing campaigns such as for Covid and Influenza. Employee health administers health checks for new employees and annual checks for all RRH employees. We provide initial care for work injuries and exposures. We are responsible for extensive reporting to state and federal agencies providing interesting insights into public reporting and surveillance systems. This includes the use of programs and tools to collect, analyze and report health information.

Occupational Health sees workers from public and private organizations in the community for injuries, exposures, fitness for duties, disability assessments, and other services. We work closely with the City of Rochester and its uniformed and non-uniformed departments. We also support some of their administrative duties such as Workers Comp Insurance oversight. We can offer medical insights into all clinical specialties and their short and long term effects on the work place.

Rotation consists of:

- Participation in clinic activities, i.e. care for injured workers, pre hire assessments, surveillance exams for police, fire and other services on site as well as for instance at the Fire Station
- The student will learn assessment tools, such as checking vital signs and review of organ systems, medications, vaccinations and past medical histories.
- The student will be acquainted with digital patient management programs and learn how to access reporting and compliance tools for DOH, OSHA and the NYS Workman's comp Board.
- The student will help to prepare and participate in the monthly internal education session.

Primary Care:***Primary Care- Center for Refugee Health, Rochester, NY*****LECOM Code: EL, PCS, R/U****Prerequisite: 4th yr only****Description:**

Students will experience seeing primary care patient management in a rural setting including but not limited to patient continuity of care plans and follow up visits, urgent care visits.

Primary Care- St. Lawrence Internists, Massena, NY**LECOM Code: EL, PCS, R/U****Prerequisite: 4th yr only****Description:**

Students will experience seeing primary care patient management in a rural setting including but not limited to patient continuity of care plans and follow up visits, urgent care visits.

Primary Care- RRH Urgent Care, Outpatient sites, Rochester, NY**LECOM Code: EL, PCS, R/U****Prerequisite: 4th yr only****Description:**

Students will experience seeing primary care patient management in a rural setting including but not limited to patient continuity of care plans and follow up visits, urgent care visits.

Psychiatry Sub-I – RGH

LECOM Code: EL, R/U

Prerequisite: 4th yr only and must be interested in residency

Duration:

4 weeks

Description:

This sub-internship in Psychiatry is a 4 week rotation whose aim is to reflect the breadth of knowledge, activities, and responsibilities of a psychiatry intern. You will be assigned to one of the teams on the inpatient psychiatry unit at St. Mary's hospital. You will be placed on a team consisting of a second year psychiatry resident and an attending psychiatrist. As a sub intern you will be assigned patients to follow with a 2nd year psychiatry resident and will be responsible for all of the tasks that go along with treating patients on an inpatient psychiatry unit including, but not limited to patient initial patient evaluations, follow-up interviews, collateral contacts, review of medical issues, treatment planning, observation and participation involvement in therapy groups on the unit and attending court hearings as is relevant. You will also be expected to attend resident teaching conference on Fridays at 11:30am and will be asked to present at least once during your 4 week sub internship.

Goals:

- Expand the basic understanding of psychiatry as a specialty area
- Demonstrate a general understanding of psychiatric illnesses that present on an inpatient psychiatry unit including, but not limited to major mood, psychotic and personality disorders
- Demonstrate a general understanding of treatment of major psychiatric illness that are treated on an inpatient psychiatry unit including, but not limited to major mood, psychotic and personality disorders
- Demonstrate and understand the importance of being part of and working with a multidisciplinary team

Pulmonary Disease and Critical Care Medicine- RGH

LECOM Code: EL, MS, SrCap

Prerequisite: none

General Description:

Pulmonary disease and critical care medicine are two distinct subspecialties within internal medicine. In pulmonary medicine, students will see clinical knowledge and procedural techniques combined in diagnosing and managing respiratory conditions. In critical care medicine, students will be involved in the interdisciplinary management of conditions seen in all disciplines of internal medicine, in their most extreme stages. In the intensive care unit (ICU), intensivists work with other specialists to treat multi-organ-related conditions by applying aspects of internal medicine at its highest level in conjunction with mechanical life support and invasive procedures. This elective will allow students to engage in direct patient care and witness state-of-the-art procedures from both a pulmonary and critical care perspective. Pulmonary and critical care physicians require 3 years of internal medicine residency and 3 additional years of subspecialty training. The Department of Pulmonary and Critical Care Medicine at Rochester General Hospital provides educational experiences to clinical fellows, internal medicine residents, and medical school students under the direct supervision of attending physicians. Our elective welcomes all 3rd and 4th-year medical school students who express interest in learning more about the two subspecialties.

Curriculum:

- Pulmonary consult service (inpatient)- dates and duration of rotation flexible
- Medical ICU- dates and duration of rotation flexible

Medical students are welcome to attend weekly multidisciplinary conferences, including the Pulmonary Lectures Series, the Radiology Conference, the Tumor Board, the Pulmonary-Infectious Diseases Conference, the Board Review Lecture Series, the Journal Club, and hands-on point-of-care ultrasound classes.

Goals of Rotation:

- Enhance basic understanding of essential topics of pulmonary and critical care medicine
- Incorporate theoretical knowledge into evidence-based clinical practice
- Improve teamwork abilities with other healthcare providers

Radiology:

Diagnostic Radiology Elective – RGH

LECOM Code: EL, SS, MS

Prerequisite: none

Description:

This four week elective will introduce the fundamentals of basic radiologic imaging and interpretation. The course combines direct learning in the radiology reading rooms, time in multidisciplinary conferences, and on-line teaching modules that cover the basics of imaging interpretation and appropriate exam utilization. Each student will rotate through major radiology subspecialties: Abdominal, Breast, Cardiothoracic, Emergency, Musculoskeletal, Neuroradiology, Nuclear Medicine, and Ultrasound. The course also includes a two day introduction to Interventional Radiology.

There are no evening or weekend call responsibilities. At the end of the rotation, each student will prepare and deliver a short presentation of an interesting case, highlighting imaging findings and differential diagnosis. Upon completion of this elective, a student's ability to recognize and interpret pathology on common imaging modalities will be greatly enhanced. Students will also gain an appreciation for the central role of imaging in many diagnoses and patient care settings.

Curriculum:

4 weeks of hybrid learning. Half the day will be spent in radiology reading rooms for direct in-person teaching and in resident teaching conferences. The other half day will be completing interactive online patient cases (Radiology course on Aquifer.org).

Goals and Objectives:

- Gain a general understanding of diagnostic radiology's role in the healthcare system, including how each radiology subspecialty partners with other medical specialties in enhancing patient care.
- Acquire anatomy and general interpretation skills of commonly performed imaging studies.
- Recognize emergent findings on x-ray and CT examinations.
- Understand the ALARA principle and basic radiation/MRI safety.
- Learn the reasoning behind appropriate imaging selection and ordering, as defined by the ACR Appropriateness Criteria.

Diagnostic Radiology Sub-I – RGH

LECOM Code: EL, SS, MS

Prerequisite: 4th yr only with interest in residency

Description:

This four week elective will introduce the fundamentals of basic radiologic imaging and interpretation. The course combines direct learning in the radiology reading rooms, time in multidisciplinary conferences, and on-line teaching modules that cover the basics of imaging interpretation and appropriate exam utilization. Each student will rotate through major radiology subspecialties: Abdominal, Breast, Cardiothoracic, Emergency, Musculoskeletal, Neuroradiology, Nuclear Medicine, and Ultrasound. The course also includes a two day introduction to Interventional Radiology.

There are no evening or weekend call responsibilities. At the end of the rotation, each student will prepare and deliver a short presentation of an interesting case, highlighting imaging findings and differential diagnosis. Upon completion of this elective, a student's ability to recognize and interpret pathology on common imaging modalities will be greatly enhanced. Students will also gain an appreciation for the central role of imaging in many diagnoses and patient care settings.

Curriculum:

4 weeks of hybrid learning. One half of the day will be spent in radiology reading rooms for direct in-person teaching with participation in resident teaching conferences. The other half day will be completing interactive online patient cases (Radiology course on Aquifer.org).

Goals and Objectives:

- Gain a general understanding of diagnostic radiology's role in the healthcare system, including how each radiology subspecialty partners with other medical specialties in enhancing patient care.
- Acquire anatomy and general interpretation skills of commonly performed imaging studies.
- Recognize emergent findings on x-ray and CT examinations.
- Understand the ALARA principle and basic radiation/MRI safety.
Learn the reasoning behind appropriate imaging selection and ordering, as defined by the ACR Appropriateness Criteria.

Interventional Radiology Elective – RGH

LECOM Code: EL, SS

Prerequisite: none

Description:

The Department of Diagnostic Imaging at Rochester General Hospital has offered a Diagnostic Radiology residency for over 40 years. Recently the IR Division applied and was certified for the Integrated Interventional Radiology residency, Independent Interventional Radiology residency, and the Early Specialization in Interventional Radiology (ESIR) track, all abiding by the ACGME standards previously set forth. We accept medical students to rotate on our IR service year-round. The general educational goal is for students in our program to have an introduction to the interpretation of all vascular and diagnostic imaging modalities, as well as an introduction to not only the technical skills of minimally invasive image-guided procedures, but also compassionate, clinical care of their patients both before and after the procedure. Students rotating through our IR program should come away with a general understanding of how a busy clinical IR service runs.

Goals and Objectives:

- To be introduced to the disease states treated by IR using minimally invasive procedures such as angiography, fluoroscopy, ultrasound, CT, MRI, nuclear scintigraphy, or other image guidance, including in emergency situations. In addition, appropriate utilization of treatments taking into account indications and contraindications, patient clinical status, risk and benefits, alternative treatment options, cost-effectiveness, and evidence-based medicine. It is expected that students will “scrub in” on cases, and as they become experienced and comfortable be able to first assist or become the primary operator when it is deemed appropriate after displaying the requisite knowledge and skills.
- To learn all aspect of intra-procedural care besides the intervention for a patient, including sedation, sedation reversal, anticoagulation, emergency codes, what it entails to being the leader of the Angio team, etc.
- To learn all aspects of post-procedural care, including post-procedural orders, monitoring patients in recovery, appropriateness to discharge, appropriateness and ability to admit patients under the IR service, and following inpatients
- To learn all aspects of post-procedural care, including post-procedural orders, monitoring patients in recovery, appropriateness to discharge, appropriateness and ability to admit patients under the IR service, and following inpatients.
- To become adept at consulting on a patient in IR clinic to decide which procedure to perform or whether to perform it, as well as appropriate outpatient de novo workup of a referral including history and physical with appropriate assessment and plan.
- To gain the experience to consult on an inpatient in a timely manner with the ability to make an appropriate assessment and plan and discussing options and treatment plan with referring services and primary teams.
- To learn the value of becoming part of a multidisciplinary team to achieve the goal of best patient care, and how IR fits into this multidisciplinary approach as a true consult service.
- To be introduced to radiation safety for interventional procedures.
- To become familiar with all non-invasive radiological tests that pertain to IR and to learn their appropriate utilization of imaging modalities in diagnosis and intervention.

- To begin to interpret the imaging modalities utilized for an IR patient given clinical indications, contraindications, risks, benefits, and cost effectiveness.
- To understand compassionate patient care through the lens of an IR team.

Overall Assessment Methods on the IR Service:

- Pre-test at the start of the rotation to get a basis for the understanding of IR and the IR service.
- Real-life scenario daily assessment by IR attendings, residents, PA's, nurses, and techs by partaking in following patients, morning rounds, patient presentations and workups, consultations, IR procedures, and clinic as well as rotations at The Vein Institute
- Attendance and participation in conferences and other activities, including IR Grand Rounds, IR Journal Club, Tumor Board Multidisciplinary Conference, and others set forth.
- Evaluation of a case-based presentation by the end of the rotation to be shared with the IR team and all the residents at a noon conference.
- End-of-rotation post-test to gain an understanding of increased knowledge base in all aspects of IR, including disease states, procedures, patient workup, and peri- procedural care, and practice management along with discussion at an exit interview with Dr. Pyne.

Interventional Radiology Sub-I – RGH

LECOM Code: EL, SS

Prerequisite: 4th yr only with interest in radiology residency

Description:

The Department of Diagnostic Imaging at Rochester General Hospital has offered a Diagnostic Radiology residency for over 40 years. Recently the IR Division applied and was certified for the Integrated Interventional Radiology residency, Independent Interventional Radiology residency, and the Early Specialization in Interventional Radiology (ESIR) track, all abiding by the ACGME standards previously set forth. We accept medical students to rotate on our IR service year-round. The general educational goal is for students in our program to have an introduction to the interpretation of all vascular and diagnostic imaging modalities, as well as an introduction to not only the technical skills of minimally invasive image-guided procedures, but also compassionate, clinical care of their patients both before and after the procedure. Students rotating through our IR program should come away with a general understanding of how a busy clinical IR service runs.

Goals and Objectives:

- To be introduced to the disease states treated by IR using minimally invasive procedures such as angiography, fluoroscopy, ultrasound, CT, MRI, nuclear scintigraphy, or other image guidance, including in emergency situations. In addition, appropriate utilization of treatments taking into account indications and contraindications, patient clinical status, risk and benefits, alternative treatment options, cost-effectiveness, and evidence-based medicine. It is expected that students will “scrub in” on cases, and as they become experienced and comfortable be able to first assist or become the primary operator when it is deemed appropriate after displaying the requisite knowledge and skills.
- To learn all aspects of pre-procedural workup for an IR patient, including patient selection, appropriate history and physical, preparation of patients for procedures, informed consent, discussion of risks, benefits, and alternatives, coagulation parameters, antibiotic prophylaxis, etc.
- To learn all aspect of intra-procedural care besides the intervention for a patient, including sedation, sedation reversal, anticoagulation, emergency codes, what it entails to being the leader of the Angio team, etc
- To learn all aspects of pre-procedural workup for an IR patient, including patient selection, appropriate history and physical, preparation of patients for procedures, informed consent, discussion of risks, benefits, and alternatives, coagulation parameters, antibiotic prophylaxis, etc.
- To learn all aspect of intra-procedural care besides the intervention for a patient, including sedation, sedation reversal, anticoagulation, emergency codes, what it entails to being the leader of the Angio team, etc.
- To learn all aspects of post-procedural care, including post-procedural orders, monitoring patients in recovery, appropriateness to discharge, appropriateness and ability to admit patients under the IR service, and following inpatients.
- To become adept at consulting on a patient in IR clinic to decide which procedure to perform or whether to perform it, as well as appropriate outpatient de novo workup of a referral including history and physical with appropriate assessment and plan.
- To gain the experience to consult on an inpatient in a timely manner with the ability to make an appropriate assessment and plan and discussing options and treatment plan with referring services and primary teams.
- To learn the value of becoming part of a multidisciplinary team to achieve the goal of best patient care, and how IR fits into this multidisciplinary approach as a true consult service.

- To be introduced to radiation safety for interventional procedures.
- To become familiar with all non-invasive radiological tests that pertain to IR and to learn their appropriate utilization of imaging modalities in diagnosis and intervention.
- To begin to interpret the imaging modalities utilized for an IR patient given clinical indications, contraindications, risks, benefits, and cost effectiveness.
- To understand compassionate patient care through the lens of an IR team.

Overall Assessment Methods on the IR Service:

- Pre-test at the start of the rotation to get a basis for the understanding of IR and the IR service.
- Real-life scenario daily assessment by IR attending's, residents, PA's, nurses, and techs by partaking in following patients, morning rounds, patient presentations and workups, consultations, IR procedures, and clinic as well as rotations at The Vein Institute
- Attendance and participation in conferences and other activities, including IR Grand Rounds, IR Journal Club, Tumor Board Multidisciplinary Conference, and others set forth.
- Evaluation of a case-based presentation by the end of the rotation to be shared with the IR team and all the residents at a noon conference.
- End-of-rotation post-test to gain an understanding of increased knowledge base in all aspects of IR, including disease states, procedures, patient workup, and peri- procedural care, and practice management along with discussion at an exit interview with Dr. Pyne.

Diagnostic Radiology and Pathology – RGH

LECOM Code: EL, SS, MS

Prerequisite: IM core

Description:

This elective provides exposure to the wide range of clinical services in the departments of Pathology and Radiology. The goal is to deepen a student's understanding of the role of Radiology and Pathology in the management of patients.

The pathology component will provide a general introduction to laboratory services with didactics and rotations through the core laboratory, microbiology, blood bank, and hematology. Students will attend surgical pathology sign-out with staff pathologists. Self-study course materials in the form of case studies and slide sets will be provided to add context and depth. During the radiology component, students will rotate through the chest, GIGU, neuro, and mammography sections. Time in the reading room will be supplemented with interactive online teaching cases. The course also includes a two-day introduction to Interventional Radiology to gain exposure to biopsy techniques and periprocedural care.

Work is supervised on an individual basis by faculty and house staff. Students will be expected to attend departmental conferences/lectures and participate in sign-out sessions. There are no evening or weekend call responsibilities. At the end of the rotation, students will deliver a 15-20 minute presentation about an interesting case encountered during the elective.

Curriculum:

Diagnostic Radiology rotation: 2 weeks

Pathology rotation: 2 weeks

Goals and Objectives:

- Demonstrate a general understanding of the role of Radiology and Pathology in patient care, including at multidisciplinary conferences.
- Demonstrate a general understanding of biopsy adequacy, sample bias, tissue management, and radiologic correlation.
- Be familiar with the basic principles of pathologic staging of tumors as they apply to the gross and microscopic evaluation of resection specimens.
- Gain familiarity with staging criteria and imaging findings for common cancers.

Radiation Oncology – RGH, UH, Linden Oaks Medical Campus, Rochester, NY

LECOM Code: EL, SS, MS

Prerequisite: IM Core

Description:

Radiation oncology is the branch of medicine utilizing ionizing radiation in the treatment of cancer. Radiation oncologists are physicians who have completed training in radiation oncology in order to understand the biology, natural history, and management of different cancers, the role and application of radiation therapy in their treatment, and the underlying physics of radiation and its' effects on living tissues. They work together as part of a team that includes medical physicists, nurses, and technologists to provide care for patients who require radiotherapy. Rochester Regional Health is now offering electives in radiation oncology to students seeking to gain experience in the treatment of cancer in a multidisciplinary setting, with emphasis on radiation therapy.

The rotation will consist of 4 weeks of outpatient clinics with the assigned physician.

Goals of the Rotation

- Gain an understanding of the role of radiation in the treatment of common malignancies, how radiation fits in to multidisciplinary cancer care with surgery and medical oncology, and the limitations of radiation as a treatment modality
- Take a detailed history and perform a focused physical exam in oncology patients
- See patients on treatment, observe the side effects of radiation and learn the management of common treatment related effects
- Learn the management of oncologic emergencies such as spinal cord compression, SVC syndrome, and hemoptysis
- Understand the steps involved in getting the patient from consultation through simulation and treatment planning to the start of radiation therapy
- Attend weekly multidisciplinary tumor boards
- Attend daily planning rounds
- Follow at least one new patient each week through simulation and treatment planning to the start of treatment

Suggested Resources and Materials

Handbook of Evidence-Based Radiation Oncology 3rd edition

Introduction to Radiation Oncology powerpoint (to be provided at the start of the rotation).

Sports Medicine- Outpatient sites, Rochester, NY

LECOM Code: EL, PCS

Prerequisite: none

What to Expect in a Sports Medicine Practice

As a medical student or resident rotating through our Sports Medicine practice, you can expect a dynamic, patient-centered learning environment focused on the comprehensive evaluation and treatment of musculoskeletal conditions. You will gain exposure to a diverse patient population, ranging from recreational athletes and active individuals to high school, collegiate, weekend warriors and professional athletes. One will also experience care centered to an aging population, exposing clinical care surrounding osteoarthritis and degenerative soft tissue.

Learners actively participate in patient care by observing and performing musculoskeletal examinations, developing differential diagnoses, reviewing imaging studies, and contributing to treatment plans under physician supervision. Clinical experiences may include sports injury management, fracture care, concussion evaluation, ultrasound-guided procedures, injury prevention strategies, and rehabilitation planning.

In addition to developing clinical skills, students and residents are encouraged to enhance their communication, teamwork, and professionalism through collaboration with physicians, athletic trainers, physical therapists, advanced practice providers, and other healthcare professionals. Our goal is to provide a supportive and educational experience that fosters clinical growth, evidence-based practice, and a deeper understanding of sports medicine and orthopedic care.

Locations:

- Orthopedics at Wilson Multicultural Medical Campus
- Orthopedics at Webster-Baycreek Medical Campus
- Orthopedics at RGH Professional Office Building
- Orthopedics at Victor Medical Campus
- Athletics at Rochester Institute of Technology

Surgical ICU (SICU) - RGH

LECOM Code: EL, SS

Prerequisite: Gen Surg

A **Surgical Intensive Care Unit (SICU)** is a specialized hospital ward that provides round-the-clock, high-level care for patients who have undergone major operations or suffer from critical surgical illnesses, such as:

- Complex Surgeries: Recovery after high-risk procedures like organ transplants, open-heart surgery, or major brain and vascular operations.
- Severe Trauma: Treatment for life-threatening injuries from severe accidents, falls, or violence. [1, 2]
- Critical Complications: Management of sudden organ failure, severe infections (sepsis), or breathing difficulties following an operation.

The SICU team manages:

- Constant Monitoring: Medical staff use advanced equipment—like heart monitors and breathing ventilators—to track vital signs second by second.
- Specialized Treatments: Nurses and doctors administer intravenous (IV) fluids, strong pain medications, targeted antibiotics, and life support.
- Multidisciplinary Care: A coordinated team of surgeons, critical care specialists, respiratory therapists, and specialized nurses work together to stabilize the patient.

Surgical Oncology- RGH

LECOM Code: EL, SS

Prerequisite: Gen Surg

Surgical oncology is a medical subspecialty that uses surgery to diagnose, stage, and treat cancer, as well as to manage cancer-related symptoms. [1] (<https://utswmed.org/conditions-treatments/surgical-oncology-cancer-surgery/>), [2] (<https://okcancercenter.com/surgical-oncology/>)

Core Purposes of Surgical Oncology

Diagnosis: Performing biopsies to remove small tissue samples and check for cancerous cells.

Staging: Determining the size of a tumor and whether the cancer has spread to nearby tissue or lymph nodes.

Treatment: Removing cancerous tumors and surrounding margins, or debulking partial tumors when full removal is unsafe.

Prevention & Relief: Performing preventive operations for high-risk patients or palliative procedures to ease pain and discomfort. [1] (<https://my.clevelandclinic.org/health/articles/surgical-oncologist>), [2] (<https://www.webmd.com/a-to-z-guides/what-is-a-surgical-oncologist>), [3] (<https://www.cancercenter.com/treatment-options/surgery/surgical-oncology>), [4] (<https://www.mainlinehealth.org/conditions-and-treatments/treatments/surgical-oncology>), [5] (<https://okcancercenter.com/surgical-oncology/>)

Team-Based Care

Surgical oncologists work within multidisciplinary care teams. They coordinate with medical oncologists and radiation oncologists to combine surgery with chemotherapy, radiation, or immunotherapy

Wound Care- UH and Wound Care Center at Ridgeway, Rochester, NY**LECOM Code: EL, SS, SrCap****Prerequisite: 4th yr only****Description:**

Students will experience seeing patient management for wound care including but not limited to patient continuity of care plans and follow up visits, urgent care visits.

Wound Care- Wound Care Center at UMMC**LECOM Code: EL, SS, SrCap****Prerequisite: UMMC students only****Description:**

Students will experience seeing patient management for wound care including but not limited to patient continuity of care plans and follow up visits, urgent care visits.

END.