<table>
<thead>
<tr>
<th>Dates</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday*</th>
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<tbody>
<tr>
<td>Week 1</td>
<td>7:30-8:30AM: M&amp;M Case Conference 8:30 AM: OR</td>
<td>8:00 AM: OR (Dr. Calligaro/Dr. Dougherty)</td>
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<td>8:00-9:00 AM: Rounds with Dr. Calligaro 9:00 AM: Office Hours w/ Dr. Calligaro AM: OR with Calligaro or Dougherty (8am) PM: OR with Calligaro or Dougherty</td>
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<td>Week 2</td>
<td>7:30-8:00AM: Rutherford’s Textbook Chapter Review Dr. Calligaro/Dr. Dougherty, fellows, GS residents, student 8:30 AM: OR</td>
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<td>8:00 AM: OR (Dr. Calligaro/Dr. Dougherty)</td>
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*Schedule may vary depending on Didactic Lectures

Notes on the Rotation:
Two week rotation per student.
Each student will spend Monday-Thursday (and various Fridays) on the service
Thursday office hours with Dr. Calligaro are mandatory.
Meet with Dr. Calligaro final day of rotation for evaluation
OBJECTIVES:
1. Observe and participate in history and physical exam on vascular patients seen in office hours and in hospital.
2. Scrub on vascular surgery cases including carotid, aortic and lower extremity revascularization.
3. Observe and gain understanding of the non-invasive vascular laboratory, specifically duplex ultrasonography, pulse volume, recordings, and segmental blood pressure measurements.
4. Review arteriograms under the supervision of the attending during teaching rounds or in the operating room.
5. Work with residents on the hospital wards on a daily basis - evaluate patient problems on the hospital wards, perform dressing changes on postoperative patients.
6. Follow patients on a daily basis writing progress notes.
7. Have a clear understanding of the following by the end of rotation:
   a. Arterial and venous anatomy of neck, abdomen and lower extremities.
   b. Indications for carotid endarterectomy.
   Lower extremity revascularization:
   d. Proper technique to palpate lower extremity pulses.
   e. Definitions (claudication, rest pain, dependent rubor, pallor with elevation).
   f. Indications for lower extremity revascularization for chronic ischemia of the lower extremity (disabling claudication, rest pain, ischemic ulcer, gangrene).
8. Diagnosis and treatment of superficial phlebitis, deep vein thrombosis, and PE.