

**University of Michigan Health West**

# **PROGRAM DESCRIPTION AND CURRICULUM**

## **FIVE YEAR TRAINING PROGRAM FOR GENERAL SURGERY RESIDENTS**

**PROGRAM DIRECTOR: KARLIN SEVENSMA, DO, FACOS, FACS**

Revised 12/14  
Revised 04/15  
Revised 06/16  
Revised 10/17  
Revised 2/18  
Revised 7/18  
Revised 5/19  
Revised 9/21  
Revised 7/22

## **Mission Statement**

It is the mission of the General Surgery Residency Program to educate its residents to become competent, compassionate physicians and excellent surgeons.

It is the goal of our programs to assist our residents in becoming experts in surgical care.

The program seeks to give its residents the tools needed to sustain a lifetime of education, to become involved in and committed to the broader community and to pursue an awareness of the values in their lives which create satisfaction and self-actualization, both personally and professionally.

## **AIMS**

The general surgery residency program is made up of residents and faculty who are engaged in the process of surgical education in order to provide surgical care to the community. The program provides a structured 5-year curriculum to enable residents to learn the skills they need for successful surgical practice. It is the aim of the program to produce experts in surgical care who will be committed to the broader community and able to pursue an awareness of the values in their lives which create satisfaction and self-actualization, both personally and professionally.

## **UNIVERSITY OF MICHIGAN HEALTH WEST**

### **GENERAL SURGERY RESIDENCY**

The General Surgery Residency is a five-year program leading to eligibility for certification by the American Osteopathic Board of Surgery (AOBS) or the American Board of Surgery (ABS) as of 2019. The program is affiliated with the Statewide Campus System of Michigan State University College of Osteopathic Medicine. The curriculum is set by the curriculum committee with input from the Program Director and approved by the Accreditation Council of Graduate Medical Education. Osteopathic Principles and Practice are actively taught within the curriculum, with assistance from the Osteopathic Medicine specialists in the Family Medicine Department, who assist in developing the residents' knowledge and skills. The program utilizes out rotations at three area hospitals: Spectrum Health Butterworth Campus, Spectrum Health Boldgett Campus and Mercy Health Saint Mary's Hospital. The out rotations include subspecialty rotations in the fields of trauma, surgical ICU, Vascular surgery, Cardiothoracic surgery, Endocrine surgery, Transplant surgery, Pediatric surgery, Burn management, and Colorectal surgery. The General Surgery Residency at UMHW is part of the Statewide Campus System which is part of the Michigan State University College of Osteopathic Medicine. This affiliation provides workshop and networking experiences in surgery for residents from around the state, as well as monthly symposia on surgical topics, a monthly suturing skills lab during the first post-graduate year and a cadaver dissection course during the third post graduate year. FLS and FES are also offered. Upon completion of the program's requirements, the resident will receive certificates from the Hospital and Michigan State University and will be eligible for the certifying examination of the A.O.B.S or A.B.S.

**DEPARTMENT OF SURGERY**  
**RESIDENT RESPONSIBILITIES**

**Professional Behavior**

Accepting a residency position in the UMHW General Surgery Residency Program, the resident agrees to the following responsibilities:

- To demonstrate academic honesty, professional demeanor, and ethical behavior with colleagues, staff, patients, and the general public
- To strive for the highest ideals of professional conduct
- To achieve the objectives of the residency training program
- To provide comprehensive and continuous care for the patients assigned to them at UMHW
- To render to patients the best possible care
- To educate patients about health problems and health maintenance (within the scope of the individual's training level).
- To refrain from independent outside practice and consulting during the term of residency.
- To maintain satisfactory work records including logs, evaluations, and other required forms
- To complete study and reading assignments
- To pursue independent study and develop research projects for the purpose of presentation and/or publication
- To assist in the clinical instruction of junior house staff and students
- To attend all scheduled activities fully prepared and on time
- To attend all department or surgical didactic sessions and other meetings as recommended by the program director
- To abide by the rules and regulations of UMHW and Graduate Medical Education department
- To interface in a professional/ethical way with colleagues, attending physicians, and students regarding patient care
- To complete medical records in a timely fashion
- To maintain personal wellness and ask for help when needed

## **Ethical Considerations**

UMHW residents are expected to conduct themselves in an ethical and professional manner at all times, especially when representing UMHW in clinical and academic settings. In observing medical ethics, the resident physician will:

- Give primary concern to the patient's best interest
- Be available to one's patients at all times or delegate responsibility to another capable individual
- Practice within the limits of one's capabilities
- Not indulge in rumored information
- Maintain patient confidentiality. The residents shall maintain respect for the patient's right to privacy. Residents shall refrain from discussing any confidential information outside of the clinical setting or in any public areas (including general nursing stations, within earshot of the public, elevators, etc., even when names are not used)

## **Dress Code/Resident Appearance**

Residents are expected to appear professional in all assignments, especially those involving patient contact. White coats are issued by the hospital and shall be worn over appropriate clothing while on duty. White coats shall be worn over scrub clothes when the residents are outside the surgical suite. The resident will dress in a professional manner when attending patients at the Resident Clinic. Dress Code for the clinic is as follows: shirt and tie for the men and dresses or pant suits for the women. White coats are required at the Resident Clinic and at any outpatient clinical experience (e.g. attending offices.) Scrubs are not acceptable clinic attire. Scrubs are not to be worn outside of the hospital, per hospital policy. Resident jackets are not a substitute for white coats and should only be worn for patient care if they are under a white coat.

## **Moonlighting Policy and Other Outside Work for Pay**

Moonlighting is defined as work outside of the residency program duties that requires possession of a physician license. Moonlighting or other outside work, for pay, requires a written request to be submitted for approval. The Program Director and Director of Medical Education must both approve the moonlighting request in writing and a copy must be placed in the institution's resident file before a resident can engage in any outside work for pay activities. Only residents with a permanent license are eligible for moonlighting as a physician. Residents are eligible for permanent licenses only after they have successfully completed two years of residency training in an ACGME program or after completion of an AOA accredited osteopathic internship. Any moonlighting hours, internal or external, must be counted toward the 80-hour maximum weekly limit. No exceptions to this rule will be granted by the program director or the CCC.

### **PROFESSIONAL LIABILITY INSURANCE DOES NOT COVER RESIDENTS FOR ACTIVITIES AND PROFESSIONAL SERVICES OUTSIDE OF THE RESIDENCY PROGRAMS.**

1. The following are required before the program director will consider authorizing moonlighting as a physician for a resident:
  - The resident must have a permanent Michigan license on file in the Medical Education office.
  - The resident must be performing in a satisfactory manner in the residency program as defined by the Program Director.
  - The resident must produce documentation that the employer for the moonlighting activity will provide malpractice insurance that is satisfactory to the Program Director and hospital.
  - The resident must not have a J-1 Visa status and moonlight. They are prohibited to moonlight by the Federal government.
  - ACGME Program Requirements prohibit residents from working more than 80 hours per week on average. This includes any outside work for pay, including moonlighting. Thus, the resident must provide the Program Director with a schedule demonstrating that they will remain in compliance with this requirement. Failure to notify the Medical Education Department and/or Program Director of moonlighting activity can lead to disciplinary action.

- The resident must have in his/her possession a copy of the document indicating the written permission of the Program Director.

**Residents who violate this policy threaten the accreditation of the residency program and may also be in violation of Michigan law. As such, residents found to be in violation of this policy may be subject to disciplinary action, including dismissal from the residency program.**

**In the event of conflicting policies, any policy of the Hospital or the Graduate Medical Education Department regarding moonlighting supercedes the above policy.**

## **Work Hours**

*The Work Hours Policy is in the UMHW House Staff Policies and Procedure Manual*

The UMHW surgical residency program will follow the general guidelines for work hours as established by the ACGME. It is difficult to impose strict guidelines for the typical working day of a surgical resident physician. It is assumed that the resident will arrive to work and complete all necessary duties before morning report. This includes rounding on the resident's assigned patients and writing progress notes. Due to the schedule, the resident will need to arrive early enough to complete these duties by morning report which occurs at 7:00 a.m. each day (except for Thursday when it occurs at 6:30 a.m.). In addition, daytime residents may need to stay beyond the scheduled time of arrival of the night resident, dependent on the workload for the day and finishing patient care activities, such as surgeries, consults and discharges. Surgery is not a 9-5 job. Residents are expected to provide an accurate and informative summary of all patients at the time of sign out, which happens twice a day, at morning report and at the end of the day. The Program Director will not micro-manage the daily schedule. It is assumed that as professionals, all residents will embrace the team approach and accept responsibility according to their level of training and abilities. The program director will however, be certain that the program follows the Work Hour Policy. Any perceived indiscretions should be brought to the attention of the program director as soon as possible.

The resident and training institution must always remember that the work hour policy does not excuse the resident from patient care responsibilities. In cases where a resident is engaged in patient care responsibilities which cannot be interrupted, additional coverage should be provided as soon as possible to relieve the resident involved. The resident is required to submit a report on this coverage to Medical Education.

## **Surgical Cases**

Residents must be prepared for surgery, and reading about the case prior to surgery is expected. Residents must know anatomy and surgical approaches for all cases. The resident should be on time for surgery and read on the case ahead of time. Residents must look at the surgery schedule for the day in advance. If a resident is not prepared for a case, the attending surgeon may choose to excuse them from the case to report to the library. Residents must pre-op their patients before they are brought to the OR. They should review the H&P and relevant radiology studies, and confirm the surgical consent is appropriate and signed. After every case, it is the resident's responsibility to ensure the patient is safely transferred to the bed, protecting the operative site and any drains or catheters. Additionally, after every case, the resident must complete the brief operative note and orders before going to pre-op the next patient. Any questions about post-op orders should be directed toward the chief resident or the attending surgeon. All surgery patients who stay in the hospital should have a post-op visit on POD #0 documented in their chart. There may be times when a senior may bump a junior resident to second assist. Operative notes and discharge instructions should not be written until after surgery. Core faculty trainers will be covered first along with major surgeries, which may supersede minor procedures. All cases of core faculty trainers are expected to be covered by a resident whenever possible. It may not always be possible to have a resident available to scrub with an attending physician. The chief resident is responsible to provide balance and fairness in assigning cases, and it is expected that all residents will scrub with all attendings. Any concerns in regard to assigned

cases should be addressed directly with the residency program director. The chief resident will inform the attending physician if a case will be uncovered.

## **Call Responsibilities**

Residents must always carry and answer their pagers when they are in the hospital. A cell phone number or home number should be left with the hospital operator in the event that a resident has to be reached outside of hospital responsibilities, for example, in the event of a mass casualty.

The surgery day pager must be attended during all hours. Residents are not expected to answer pages during required education, and any pages received can be referred on to the attending surgeon covering that day during education. Routine ER consults and Trauma consults will be handled by the attending on call during education. ERT codes on surgical patients and trauma codes should be attended to by the chief resident or designee.

During the day, floor calls and ER consults are the responsibility of the resident carrying the day pager. Trauma codes are paged out to the group and should be attended by the resident carrying the day pager as well as any other residents who are not otherwise occupied. Coverage for trauma during the day is delegated by the most senior residents in house. During the night, the on-call resident will have the day pager and is responsible for all ER, trauma and floor consults.

The resident carrying the day pager is expected to return pages within ten (10) minutes. Pages for Trauma code are to be returned immediately.

Floor consults should be seen the same day, with attention paid to the urgency or immediacy of the need.

ER consults should be seen as soon as possible. If the resident carrying the day pager is scrubbed in the OR, the ER consult should be delegated to another resident. If no other resident is available, they should communicate with the ER that there will be a delay and estimate a time of arrival to see the patient.

Discharge instructions and prescriptions should be prepared for all patients at the time of discharge. Wound care instructions, follow-up instructions, and medication instructions should be given at that time.

Scheduling a surgery involves:

- 1) Discussing the case with the attending physician
- 2) Notifying the OR of the boarding (252-7100) during daytime hours, or speaking with the hospital operator and nurse circulator at night/on weekends.
- 3) Discussing the patient with anesthesia on call. (NPO status, medical issues)

The general surgery program director will manage any resident absence due to illness or fatigue by alerting faculty on call of the situation. The resident covering for the absent resident will be arranged by the program director and the chief residents. In the event that another covering resident cannot be arranged, then faculty are expected to cover their own admissions, surgeries, consults, etc. This includes trauma. There is always a trauma attending on backup call to assist with trauma.

## **Rounding**

A resident must write a note on all patients daily. This note should be in the chart by 8:00am.

The resident on call should write a brief evening round note.

Progress notes should be factual, thorough, and contain a daily plan.

Physical exams are to be completed but can be focused on the problem.

The resident pager number or day pager number should appear on all notes.

Discharge summaries should be done in a timely manner, in accordance with hospital policy. They should include details on home medications and dressing/wound care.

## **Medical Records**

Progress notes are to be written in a timely fashion and brief evening notes are required on all patients, except in extenuating circumstances (e.g. mass casualty, multi-trauma, etc.) The senior resident will guide the junior house staff regarding this policy.

Operative reports are to be dictated on the day of the surgical procedure and preferably dictated immediately upon completion of the procedure. Discharge summaries will preferably be performed on the day of release. Being tardy on chart completion creates administrative problems for the attending physicians, as well as the hospital administrators and the billing office. In addition, there are medical-legal concerns regarding delayed completion of reports. Poor attention to medical record responsibilities will not be tolerated and will be addressed through normal hospital channels.

## **Logs**

Residents are required to maintain and accurately complete records for their educational activities in WebAds. A log in will be issued to each resident upon starting the program. The logs must be submitted at the end of each academic year to the Program Director for review and verification. The logs should document the fulfillment of the requirements of the program, describing the scope, volume, variety, and progressive responsibility by the resident. This must be done on a timely basis at the completion of each rotation at latest.

## **Research Project and Expectations**

Each resident will participate in research activities during each of their training years, starting with the PGY-2 level. Research activities include: original research papers, poster presentations, curriculum development, quality improvement projects and written case reports. One project must involve original research, and this is typically the final project for the last year of residency. Publication of this project is optional, but strongly encouraged. The resident is also expected to present their research at UMHW Research Day (or another poster presentation venue) at least once during the course of their residency. Citi training should take place during the PGY-1 training year. The resident must also select a research mentor. This can be the program director but does not necessarily have to be. The program director is expected to review all proposed research projects and approve them prior to the resident investing time in the project. The program director should also monitor residents' progress on their projects throughout the year. Assistance with publishing papers is available from the research department, the program director and other faculty.

## **Teaching Responsibilities**

All residents are expected to act as mentors and teachers to the junior house staff. Duties of subordinates should be clearly delineated by the senior resident at the beginning of the rotation. Educational materials and booklet of expectations for the service are presented to each intern/student on the service and will be updated on a continuing basis. (Appendix A)

## **Communication**

Communication to all residents will be via written memorandums, direct contact by pagers, and/or by e-mail or text. It is a requirement of the residency program that all residents have a hospital-issued email address. It is the responsibility of

the resident to check his/her email in a responsible and timely manner, but no less than every 72 hours. Failure to comply with this policy is not an excuse for ignorance of any important email communications sent from the ACGME, Medical Education, Program Director, or others. Disciplinary action may be taken if necessary to assure compliance with this policy.

### **Licensure and Certifications**

All residents must have a current Michigan license. Reimbursement for the cost of the license is included with the annual stipend issued by Medical Education at the beginning of the academic year.

All residents are required to be BLS and ACLS certified. Pre-approval of a course fee is required and will be reimbursed to each resident with submission of the invoice and a copy of the completion certificate to the Medical Education Department.

General Surgery Residents are required to complete an Advanced Trauma Life Support Course (ATLS) prior to the start of their second year of the residency program. The fee for this training is covered by the residency program.

## **GENERAL SURGERY RESIDENCY PROGRAM**

### **A. Objective:**

The General Surgery Residency will provide a training program in General Surgery utilizing progressive learning experiences of a didactic and practical nature resulting in the development of a responsible, competent, and well-educated surgeon. Additionally, the program will provide substantial background for surgical subspecialty training.

Through the program, the resident will:

- obtain basic and advanced surgical knowledge.
- develop the psychomotor skills needed in the performance of surgical procedure.
- learn the techniques of the wide variety of surgical procedures required.
- develop clinical problem solving skills.
- develop diagnostic and differential diagnostic abilities.
- learn the management of surgical conditions based on individual patient needs
- learn and apply Osteopathic principles and practice in the surgical setting.
- develop knowledge and abilities in the Core Competencies.

Core Competencies:

- Osteopathic Principles and Practice Integration.
- Patient Care
- Medical Knowledge
- Interpersonal and Communication Skills
- Professionalism
- Systems-Based Practice
- Practice-Based Learning and Improvement

### **B. Goals:**

1. Exposure to the basic sciences related to surgery.
2. Exposure to the specialties and subspecialties related to surgery.
3. Development of surgical competence:
  - a. Diagnostic
  - b. Technical (Psychomotor)
  - c. Medical and surgical judgment
  - d. Ethical and moral standards
4. Preparation for specialty certification and college membership
5. Practice economics.

### **C. Methodology:**

1. Adherence to the requirements of the ACGME
2. Residents will adhere to work hours established by the ACGME
3. Didactic
  - a. Reading
  - b. Journal Club monthly – residents and attending staff

- c. Lectures and courses - basic science and clinical
  - d. Department Meeting - monthly
  - e. Preparation of papers/research projects
  - f. Teaching assignments
  - g. Audio/Visual, CDs
  - h. Tumor Board - weekly
  - i. Mortality Review - monthly
4. Practice
- a. Rounds, Pre- and Post-Operative
  - b. Bedside Care
  - c. Critical Care
  - d. Operating Room, Observation, Assistance, Performance
  - e. Emergency Department
  - f. Pathology, Histology, Tumor Boards
  - g. Outpatient surgical care: MHCC, physician offices
  - h. Animal and/or cadaveric surgery as available.
5. Research
- a. Clinical research projects
  - b. Basic science research projects
  - c. Case studies
  - d. Curriculum development
  - e. Quality Improvement projects
6. Specialty, subspecialty rotation
- a. Surgical
  - b. Non-surgical
7. General Surgery to include:
- a. Gastrointestinal
  - b. Endocrine
  - c. Thoracic
  - d. Vascular
  - e. Breast
  - f. Gynecological
  - g. Trauma
  - h. Pediatric
  - i. Oncologic
  - j. Burns
  - k. Transplant
8. Non-Surgical to include:
- a. Medicine
  - b. Critical Care
  - c. Emergency Medicine

**D. Resources**

- 1. Organized Departments, chaired by Certified Specialists
- 2. Visiting consultants and subspecialists
- 3. On-going relationships with local and out-of-town hospitals
- 4. Formal relationships with Michigan State University: SCS, OPTI
- 5. Library, Audiovisual, Computer Services

**E. Hospital Responsibilities**

- 1. The hospital shall execute an annual contract with the Resident in accordance with AOA/ACGME regulation.

2. The hospital shall reimburse the Resident with a stipend for full-time service.
3. The Department of Surgery shall have the responsibility of providing the training program as described herein, under the direction of designated Program Director and the hospital Designated Institutional Official.
4. The hospital shall provide an educational stipend.
5. The hospital shall provide time for vacation, sick leave, military service, and days off as described in the contract.

**F. Resident Responsibilities**

1. All Residents shall assume responsibility for complying with the Residency training program and contract obligations.
2. All Residents shall be required to participate in all professional staff activities involving patient care evaluation.
3. Residents shall not be permitted to engage in any outside activities of a professional nature during Residency training except those approved by the hospital and Program Director and these shall not interfere with the training program.
4. The Residents shall not be permitted to act as consultants. Residents may render services within bona fide hospital Clinics under supervision.
5. All residents shall maintain satisfactory records of procedures performed. These shall be submitted monthly and annually to the Program Director. These records shall be maintained on WebAds.
6. The Resident shall behave in a professional manner, and his/her appearance shall be appropriate at all times.
7. Candidacy- each Resident must apply for ACOS candidacy or ACS candidacy as soon as possible in their training
8. Professional Association Membership
9. Discipline will follow recognized policies and procedures

**G. Training Program:**

1. This is a five-year residency program.
2. At the completion of the program, the Resident will be board-eligible in General Surgery.
3. The program may be tailored to the individual needs, abilities, and experience of the Resident.
4. Progression of training: Training is designed to increase both the scope of experience and the responsibility of the resident as training progresses through the five years of the residency. Each resident will be provided with direct supervision and will be progressively responsible for patient management that will result in demonstration of competence in technical skills and clinical decision-making.

**a. First Year**

Theme: Basic Education, foundation of surgical care:

Surgical metabolism, physiology, surgical infection, wound healing  
nutrition, fluids and electrolytes, trauma, critical care.

Dedicated out rotations are utilized for this foundation.

Goals:

- a. Developing operative skill in assisting
- b. Developing patient care skills in the hospital setting
- c. Improving on outpatient management of surgical patients in the context of the surgery clinic
- d. Developing an ability to perform simpler operations under direct supervision:  
lipoma removal, maturation of intestinal stomas, breast biopsy, opening and closing of the abdomen, skin biopsy, wound management.

Objectives:

- a. The resident will assimilate knowledge through patient care, case study, reading and didactics of the factors listed under *Knowledge* in the first year curriculum.
- b. The resident will develop skills consistent with those listed under *Skills* in the first year curriculum and accomplish this through interaction with patient and patient care teams.

Knowledge

Basic surgical principles, operative and non-operative:

- a. Wound healing
- b. Incision, suturing
- c. Metabolic response to surgery and trauma
- d. Operative assisting
- e. Pre and postoperative care.

Skills

- a. Operative assisting
- b. Suturing and knot tying
- c. Central line placement
- d. Bronchoscopy
- e. Endoscopy
- f. Minor surgical procedures as listed in *Goals* under direct supervision

Research and Education

- a. Background in the scientific method
- b. Citi training
- c. Developing the foundation to do scientific research
- d. No scientific paper is required of first year residents.
- e. House staff education: lectures, journal club, education days, SCS
- f. Outpatient surgical experience is developed at the UMHW Community clinic which is attended ½ day a week under the direction of the program director.

**b. Second Year**

Theme: Surgical Principles and Technique, increased responsibility and development of skills, in-house subspecialty exposure.

Goals:

- a. Developing operative skill moving beyond assisting, Increased intraoperative exposure, increasing portions of procedures performed under supervision
- b. Developing patient care skills in the hospital setting
- c. Improving on outpatient management of surgical patients
- d. Developing an ability to perform simpler operations under direct supervision: lipoma removal, maturation of intestinal stomas, breast biopsy, opening and closing of the abdomen, skin biopsy, wound management.

Objectives:

- a. The resident will assimilate knowledge through patient care, case study, reading and didactics of the factors listed under *Knowledge* in the second year curriculum.

- b. The resident will develop skills consistent with those listed under *Skills* in the second year curriculum and accomplish this through interaction with patient and patient care teams.

### *Skills*

Increased intraoperative exposure

- a. Assistance
- b. Performance under supervision
  1. Portion of Operation
  2. Total procedureProcedures: appendectomy, hernia repair, endoscopy, biliary procedures, uncomplicated gastrointestinal procedures, breast procedures under supervision and according to ability.

### *Knowledge*

3. Anatomy course through SCS
4. Basic sciences curriculum from SCORE
5. Outpatient clinic experience
6. Research Paper – QI study, case report, developing a research proposal and presenting to IRB

## **c. Third Year**

Theme: Progressive surgical responsibility, becoming comfortable with the progression of the steps of surgical cases, anticipating the flow of an operation. Most rotations are in-house general surgery. Electives are available.

Goals:

- a. Developing operative skill understanding the steps and sequence of common procedures, increasing portions of procedures performed under supervision
- b. Continuing to develop patient care skills in the hospital setting
- c. Improving on outpatient management of surgical patients
- d. Developing an ability to perform simpler operations under supervision with less direct guidance, and participating in more complex cases at an assistant level

Objectives:

- a. The resident will assimilate knowledge through patient care, case study, reading and didactics of the factors listed under *Knowledge* in the third year curriculum.
- b. The resident will develop skills consistent with those listed under *Skills* in the third year curriculum and accomplish this through interaction with patient and patient care teams.

### *Skills*

1. Ability to perform the following procedures with supervision but little guidance from the attending surgeon: appendectomy, hernia repair, endoscopy, biliary procedures, non-complex breast procedures.
2. Ability to assist effectively in the following more complex cases: colon resection, Nissen fundoplication, esophagectomy, complex surgical oncology cases

*Knowledge*

1. Operative steps, sequence
2. Outpatient management experience
3. SCORE junior/senior curriculum topics
4. Research experience increases – QI study, case report, data collection and analysis

**d. Fourth Year**

Theme: Progressive surgical responsibility, subspecialty rotation. Emphasis is placed on expanded exposure to sub-specialties utilizing outstanding out rotations available locally to enhance the resident's development.

Goals:

- a. Developing operative skill in performing increasing portions of procedures performed under supervision
- b. Continuing to develop patient care skills in the hospital setting
- c. Improving on outpatient management of surgical patients
- d. Developing an ability to perform sub-specialty operations under supervision, and participating in more complex cases at a junior or chief level, dependent upon ability.

Objectives:

- a. The resident will assimilate knowledge through patient care, case study, reading and didactics of the factors listed under *Knowledge* in the fourth year curriculum.
- b. The resident will develop skills consistent with those listed under *Skills* in the fourth year curriculum and accomplish this through interaction with patient and patient care teams.

*Skills*

1. Increasing autonomy in performing general surgery cases, including more complex operations. Ability to perform the following procedures with supervision but little or no guidance from the attending surgeon: appendectomy, hernia repair, endoscopy, biliary procedures, non-complex breast procedures.
2. Ability to perform the following more complex cases with less guidance from the supervising surgeon: colon resection, Nissen fundoplication, esophagectomy, complex surgical oncology cases
3. Ability to perform sub-specialty cases with some direction and under direct supervision

*Knowledge*

1. Operative fluidity, finer points of operative technique
2. Outpatient management experience
3. SCORE senior curriculum topics
4. Research experience increases – QI study, data collection and analysis

**e. Fifth Year**

Theme: Senior Resident-Expanding responsibility appropriate to the position of senior Resident: total case management, ability in difficult and complicated surgical cases.

Goals:

- a. Developing operative finesse in performing all common general surgery procedures.
- b. Mastering patient care skills in the hospital setting
- c. Mastering outpatient management of surgical patients
- d. Continuing to develop an ability to perform more complex cases at a chief level with little or no guidance from the supervising surgeon.

**Objectives:**

- a. The resident will assimilate knowledge through patient care, case study, reading and didactics of the factors listed under *Knowledge* in the fifth year curriculum.
- b. The resident will develop skills consistent with those listed under *Skills* in the fifth year curriculum and accomplish this through interaction with patient and patient care teams.

*Skills*

- 1. Increasing autonomy in performing general surgery cases, including more complex operations. Ability to perform the following procedures with supervision but little or no guidance from the attending surgeon: appendectomy, hernia repair, endoscopy, biliary procedures, all breast procedures, colon resection, Nissen fundoplication.
- 2. Ability to perform sub-specialty cases with limited direction under direct supervision
- 3. Ability to provide total care to the surgical patient, both inpatient and outpatient

*Knowledge*

- 1. Operative choices in style, finer points of operative technique
- 2. Outpatient management experience at the community clinic
- 3. SCORE senior curriculum topics
- 4. Research experience increases – final research paper
- 5. Attend Board Review course
- 6. Attend Annual Clinical Assembly of ACOS
- 7. Teaching responsibilities

**d. Evaluation**

- 1. Semi-annually (Milestones)
  - a. Program Director evaluation
  - b. CCC/Department evaluation
  - c. Conference with Program Director and/or Department member and Resident.
    - 1. Conference to be a means for Resident to express problems, frustrations, and/or grievances with the program
    - 2. Feedback from Department to Resident
- 3. A.C.G.M.E. methods
  - a. Inspections
  - b. Examinations
  - c. Conferences
- 4. Methods
  - a. Monthly reports
  - b. Annual Report
  - c. Logs
  - d. Annual professional paper
    - 1. Preparation
    - 2. Presentation
    - 3. Publication

5. Department
6. Performance
  - a. Technical
  - b. Non-technical
  - c. Teaching
  - d. Didactic
  - e. Ethical, Moral

# Syllabi

Rotation-specific  
Competencies  
and Expectations

## Rotation-Specific Competencies and Expectations

#GS1-1 to 6

### GENERAL SURGERY PGY-1 24 WEEKS (SIX 4 WEEK BLOCKS)

THE FOLLOWING DOCUMENT ADDRESSES SPECIFIC PATIENT CARE AND MEDICAL KNOWLEDGE COMPETENCIES THAT WILL BE ATTAINED ON ROTATION, AS WELL AS ANY RESPONSIBILITIES SPECIFIC TO A GIVEN ROTATION OR EXPERIENCE. ALL OF THE CORE COMPETENCIES ARE ADDRESSED IN THE GOALS AND OBJECTIVES FOR PGY-1, WHICH ARE APPLICABLE TO EACH ROTATION OR EXPERIENCE THAT A RESIDENT HAS IN YEAR ONE.

A PGY-1 EVALUATION FORM MUST BE COMPLETED AT THE END OF EACH 4 WEEK BLOCK

#### ROTATION-SPECIFIC EXPECTATIONS:

CONTINUED PROGRESS IN ALL OF THE CORE COMPETENCIES SET FORTH IN THE GOALS AND OBJECTIVES FOR THE PGY-1 LEVEL

During the PGY-1 surgery rotations, residents are expected to develop their knowledge of the essential content areas of the abdomen and its contents; the alimentary tract, skin, soft tissues, and breast, surgical critical care; surgical oncology; trauma and non-operative trauma and the vascular system. Residents will rotate with general surgeons performing a variety of cases. They may also cover sub-specialty surgeons: vascular, thoracic, plastic surgery and surgical oncology.

#### READING ASSIGNMENTS:

Residents will be granted access to the SCORE curriculum and SA (Decker IP) site. Junior residents will present from the junior curriculum in SCORE at education. Decker readings are required each week, regardless of whether or not a presentation is required. Each week, residents will complete the weekly quiz in Decker. PGY-1 residents are not required to present for M&M but are required to attend and participate. PGY-1 residents will present articles at Journal Club.

#### OUTPATIENT RESPONSIBILITIES:

PGY-1 residents will attend the UMHW Community Clinic one half day a week and are responsible for attending the surgeries on those patients as scheduling permits.

Additional information on call policies, including moonlighting, duty hours, call responsibilities and professionalism can be found in the General Surgery Program Description. This is updated annually to reflect changes in hospital policy.

### EMERGENCY MEDICINE PGY-1 4 WEEKS

THE FOLLOWING DOCUMENT ADDRESSES SPECIFIC PATIENT CARE AND MEDICAL KNOWLEDGE COMPETENCIES THAT WILL BE ATTAINED ON ROTATION, AS WELL AS ANY RESPONSIBILITIES SPECIFIC TO A GIVEN ROTATION OR EXPERIENCE. ALL OF THE CORE COMPETENCIES ARE ADDRESSED IN THE GOALS AND OBJECTIVES FOR PGY-1, WHICH ARE APPLICABLE TO EACH ROTATION OR EXPERIENCE THAT A RESIDENT HAS IN YEAR ONE.

A PGY-1 EVALUATION FORM MUST BE COMPLETED AT THE END OF THE 4 WEEK BLOCK

#### ROTATION-SPECIFIC EXPECTATIONS:

CONTINUED PROGRESS IN ALL OF THE CORE COMPETENCIES SET FORTH IN THE GOALS AND OBJECTIVES FOR THE PGY-1 LEVEL

Surgeons take care of patients in the emergency care setting, making it essential that residents be trained in the necessary steps to take in these situations. It is also important to be able to work with colleagues in the Emergency Department when referrals are made in order to assure the best possible patient care. An understanding of medico-legal issues including informed consent, patient competency, do-not-resuscitate orders, chain of evidence, COBRA and duty of care is an important component of training.

#### Patient Care competencies:

The resident will be able to effectively assess and stabilize the wide range of patients in the emergency setting

The resident will gain knowledge and ability to manage cardiac and respiratory emergencies including ACLS, life threatening arrhythmias, cardiovascular emergencies, and airway management

The resident will participate in the management of trauma patients

The resident will demonstrate knowledge and ability to manage resuscitations (drowning/near drowning, electrocution/lightning, hypothermia/hyperthermia,).

#### Surgical Skills:

airway management - nasotracheal and orotracheal intubation on adults

initiation of vascular access - arterial cannulation

artificial circulation - advanced cardiac life support skills

anesthesia techniques - local blocks

suturing lacerations including muscle, skin and subcutaneous tissue

fracture care - splint and cast simple fractures

#### READING ASSIGNMENTS:

Cameron, J. Current Surgical Therapy, 11<sup>th</sup> Edition: Emergency Medicine, pp 981-1031

Residents are required to attend General Surgery weekly education while on Emergency Medicine rotation. Decker readings are required each week, regardless of whether or not a presentation is required. Each week, residents will complete the weekly quiz in Decker.

#### OUTPATIENT RESPONSIBILITIES:

PGY-1 residents will attend the UMHW Community Clinic one half day a week and are responsible for attending the surgeries on those patients as scheduling permits.

## Rotation-Specific Competencies and Expectations

#GS1-8

### GYNECOLOGIC SURGERY PGY-1 4 WEEKS

THE FOLLOWING DOCUMENT ADDRESSES SPECIFIC PATIENT CARE AND MEDICAL KNOWLEDGE COMPETENCIES THAT WILL BE ATTAINED ON ROTATION, AS WELL AS ANY RESPONSIBILITIES SPECIFIC TO A GIVEN ROTATION OR EXPERIENCE. ALL OF THE CORE COMPETENCIES ARE ADDRESSED IN THE GOALS AND OBJECTIVES FOR PGY-1, WHICH ARE APPLICABLE TO EACH ROTATION OR EXPERIENCE THAT A RESIDENT HAS IN YEAR ONE.

A PGY-1 EVALUATION FORM MUST BE COMPLETED AT THE END OF EACH 4 WEEK BLOCK

#### ROTATION-SPECIFIC EXPECTATIONS:

CONTINUED PROGRESS IN ALL OF THE CORE COMPETENCIES SET FORTH IN THE GOALS AND OBJECTIVES FOR THE PGY-1 LEVEL

#### Patient Care competencies:

The resident will be able to differentiate and discuss benign and neoplastic processes of the female genital tract.

The resident will satisfactorily perform history and physical exam for gynecological patients.

The resident will develop an ability to effectively perform laparoscopy, recognizing endometriosis and other pathology.

The resident will be able to discuss the treatment of ovarian cysts and abscesses.

#### Medical Knowledge Competencies:

perform a gynecologic examination

understand benign diseases of the female genital tract, including endometriosis

understand neoplastic disease of the female genital tract

be familiar with normal physiology/anatomy, infertility, effects of aging on sexuality and reproduction, reproductive responsibility

be familiar with the diagnosis and treatment of female sexual dysfunction

#### Surgical Skills:

pelvic exam and culture collection

breast exam

recognition of the different appearances of endometriosis on laparoscopy

#### READING ASSIGNMENTS:

Residents are granted access to the SCORE curriculum and SA (Decker IP) site. Junior residents will present from the junior curriculum in SCORE at education. Decker readings are required each week, regardless of whether or not a presentation is required.

#### OUTPATIENT RESPONSIBILITIES:

PGY-1 residents will attend the UMHW Community Clinic one half day a week and are responsible for attending the surgeries on those patients as scheduling permits.

## Rotation-Specific Competencies and Expectations

#GS1-9&10

### TRAUMA SURGERY PGY-1 8 WEEKS

THE FOLLOWING DOCUMENT ADDRESSES SPECIFIC PATIENT CARE AND MEDICAL KNOWLEDGE COMPETENCIES THAT WILL BE ATTAINED ON ROTATION, AS WELL AS ANY RESPONSIBILITIES SPECIFIC TO A GIVEN ROTATION OR EXPERIENCE. ALL OF THE CORE COMPETENCIES ARE ADDRESSED IN THE GOALS AND OBJECTIVES FOR PGY-1, WHICH ARE APPLICABLE TO EACH ROTATION OR EXPERIENCE THAT A RESIDENT HAS IN YEAR ONE.

A PGY-1 EVALUATION FORM MUST BE COMPLETED AT THE END OF THE 8 WEEK BLOCK

#### ROTATION-SPECIFIC EXPECTATIONS:

CONTINUED PROGRESS IN ALL OF THE CORE COMPETENCIES SET FORTH IN THE GOALS AND OBJECTIVES FOR THE PGY-1 LEVEL

#### Patient Care Competencies:

The resident will be able to describe the clinical presentation and basic management strategies used in acute life-threatening injuries using ATLS protocols

The resident will demonstrate basic knowledge of the principles of trauma care

The resident will be able to demonstrate technical skills for catheter placement, immobilization, venous access, chest tube placement

#### Medical Knowledge Competencies:

The resident should be able to describe the clinical presentation and basic management strategies of acute life-threatening injuries using ATLS protocols.

The resident should be able to demonstrate a basic knowledge of the principles of trauma care.

The resident should be able to discuss the pathophysiologic basis for identification and management for special mechanisms of injury

The resident should demonstrate and understanding of the indications, dosages, mechanisms of action and complications of drug therapy used in trauma situations.

#### Surgical Skills:

The resident should correctly analyze laboratory and radiographic data

The resident should be able to demonstrate correct and efficient technical skills with relation to tissue handling, aseptic technique, suture selection, knot tying, venous access, chest tube placement, DPL, trauma US usage/evaluation, arterial cannulation, CVP access, NGT, Foley catheter placement, and immobilization.

The resident should gain familiarity with running trauma resuscitations both as a junior and a senior resident.

#### READING ASSIGNMENTS:

Cameron, J. Current Surgical Therapy, 11<sup>th</sup> Edition Trauma, pp 1021-1152

Residents are granted access to the SCORE curriculum and SA (Decker IP) site. Junior residents will present from the junior curriculum in SCORE at education. Decker readings are required each week, regardless of whether or not a presentation is required. Each week, residents will complete the weekly quiz in Decker.

## Rotation-Specific Competencies and Expectations

#GS1-11

### VASCULAR SURGERY PGY-1 4 WEEKS

THE FOLLOWING DOCUMENT ADDRESSES SPECIFIC PATIENT CARE AND MEDICAL KNOWLEDGE COMPETENCIES THAT WILL BE ATTAINED ON ROTATION, AS WELL AS ANY RESPONSIBILITIES SPECIFIC TO A GIVEN ROTATION/EXPERIENCE. ALL OF THE CORE COMPETENCIES ARE ADDRESSED IN THE GOALS AND OBJECTIVES FOR PGY-1, WHICH ARE APPLICABLE TO EACH ROTATION OR EXPERIENCE THAT A RESIDENT HAS IN YEAR ONE.

A PGY-1 EVALUATION FORM MUST BE COMPLETED AT THE END OF THE 4 WEEK BLOCK

#### ROTATION-SPECIFIC EXPECTATIONS:

CONTINUED PROGRESS IN ALL OF THE CORE COMPETENCIES SET FORTH IN THE GOALS AND OBJECTIVES FOR THE PGY-1 LEVEL

#### Patient Care Competencies:

The resident will demonstrate an ability to manage non-operative aspects of vascular and lymphatic disease

The resident will be able to coordinate the multidisciplinary operative and non-operative care of vascular diseases and injuries

#### Medical Knowledge Competencies:

understand the anatomy and physiology of the vascular and lymphatic systems

recognize the presentation of acute and chronic vascular and lymphatic pathology

manage most of the non-operative aspects of vascular and lymphatic disease

assess the risk/benefit ratio of surgical care in patients with vascular disease

appreciate and understand new technologies in the approach to treatment of patients with vascular problems

#### Surgical Skills:

assist in surgical procedures used to treat vascular and lymphatic disorders

discuss correct operative timing and choice of procedures

insert central venous lines: catheters and ports; arterial catheters

assist in endovascular procedures

#### READING ASSIGNMENTS:

Vascular Surgery reading list containing pertinent articles can be found in the call room.

Residents are expected to read from the Decker weekly curriculum and SCORE curriculum. Decker readings are required each week, regardless of whether or not a presentation is required. Each week, residents will complete the weekly quiz in Decker.

#### OUTPATIENT RESPONSIBILITIES:

PGY-1 residents will attend the UMHW Community Clinic one half day a week and are responsible for attending the surgeries on those patients as scheduling permits.

## Rotation-Specific Competencies and Expectations

#GS1-12

### INTERNAL MEDICINE PGY-1 4 WEEKS

THE FOLLOWING DOCUMENT ADDRESSES SPECIFIC PATIENT CARE AND MEDICAL KNOWLEDGE COMPETENCIES THAT WILL BE ATTAINED ON ROTATION, AS WELL AS ANY RESPONSIBILITIES SPECIFIC TO A GIVEN ROTATION OR EXPERIENCE. ALL OF THE CORE COMPETENCIES ARE ADDRESSED IN THE GOALS AND OBJECTIVES FOR PGY-1, WHICH ARE APPLICABLE TO EACH ROTATION OR EXPERIENCE THAT A RESIDENT HAS IN YEAR ONE.

A PGY-1 EVALUATION FORM MUST BE COMPLETED AT THE END OF EACH 4 WEEK BLOCK

#### ROTATION-SPECIFIC EXPECTATIONS:

CONTINUED PROGRESS IN ALL OF THE CORE COMPETENCIES SET FORTH IN THE GOALS AND OBJECTIVES FOR THE PGY-1 LEVEL

#### Patient Care Competencies:

The resident will demonstrate an ability to properly diagnose and treat respiratory illnesses, cardio vascular conditions, and gastrointestinal conditions.

The resident will demonstrate an ability to assess patients presenting with comorbidities, developing a differential diagnosis and treatment plan

The resident will be able to describe and perform the elements of a preoperative evaluation and risk assessment

The resident will demonstrate ability to diagnose and treat acute psychiatric conditions encountered in the hospital

#### Medical Knowledge Competencies:

properly diagnose and treat acute respiratory infections

develop a differential and an approach to the diagnose and treatment  
of abdominal pain

diagnose and treat hypertension

diagnose and treat urinary tract infections

diagnose and treat acute psychiatric illnesses encountered in the hospital

show evidence of skills in health maintenance and patient education

understand the elements of preoperative evaluation

diagnose and treat SIRS, COPD, CHF, MI

#### READING ASSIGNMENTS:

Residents are granted access to the SCORE curriculum and SA (Decker IP) site. Junior residents will present from the junior curriculum in SCORE at education. Decker readings are required each week, regardless of whether or not a presentation is required. Each week, residents will complete the weekly quiz in Decker.

#### OUTPATIENT RESPONSIBILITIES:

PGY-1 residents will attend the UMHW Community Clinic one half day a week and are responsible for attending the surgeries on those patients as scheduling permits.

## Rotation-Specific Competencies and Expectations

#GS1-13

### ICU PGY-1 4 WEEKS

THE FOLLOWING DOCUMENT ADDRESSES SPECIFIC PATIENT CARE AND MEDICAL KNOWLEDGE COMETENCIES THAT WILL BE ATTAINED ON ROTATION, AS WELL AS ANY RESPONSIBILITIES SPECIFIC TO A GIVEN ROTATION OR EXPERIENCE. ALL OF THE CORE COMPETENCIES ARE ADDRESSED IN THE GOALS AND OBJECTIVES FOR PGY-1, WHICH ARE APPLICABLE TO EACH ROTATION OR EXPERIENCE THAT A RESIDENT HAS IN YEAR ONE.

A PGY-1 EVALUATION FORM MUST BE COMPLETED AT THE END OF EACH 4 WEEK BLOCK

#### ROTATION-SPECIFIC EXPECTATIONS:

CONTINUED PROGRESS IN ALL OF THE CORE COMPETENCIES SET FORTH IN THE GOALS AND OBJECTIVES FOR THE PGY-1 LEVEL

The purpose of this rotation is to educate the student in the care of the critically ill patient. During this rotation, the resident will develop the ability to delineate multiple problems encountered in a single patient and accurately describe the interplay between comorbidities in a critically ill patient.

#### Patient Care Competencies:

The resident will demonstrate an ability to delineate multiple problems encountered in a single patient and accurately describes the interplay between comorbidities in a critically ill patient.

The resident will be able to explain the management of ventilated patients and can participate in the adjustment of ventilator settings.

The resident will understand and demonstrate effective care of critically ill patients.

The resident will demonstrate efficient and effective decision-making skills.

List common causes of sepsis in the surgical intensive care unit.

#### READING ASSIGNMENTS:

Cameron, J. Current Surgical Therapy 11<sup>th</sup> Edition Surgical Intensive Care, pp 1203 - 1304

Residents are granted access to the SCORE curriculum and SA (Decker IP) site. Junior residents will present from the junior curriculum in SCORE at education. Decker readings are required each week, regardless of whether or not a presentation is required. Each week, residents will complete the weekly quiz in Decker.

#### OUTPATIENT RESPONSIBILITES:

PGY-1 residents will attend the UMHW Community Clinic one half day a week and are responsible for attending the surgeries on those patients as scheduling permits.

GENERAL SURGERY PGY-2 40 WEEKS

THE FOLLOWING DOCUMENT ADDRESSES SPECIFIC PATIENT CARE AND MEDICAL KNOWLEDGE COMETENCIES THAT WILL BE ATTAINED ON ROTATION, AS WELL AS ANY RESPONSIBILITIES SPECIFIC TO A GIVEN ROTATION OR EXPERIENCE. ALL OF THE CORE COMPETENCIES ARE ADDRESSED IN THE GOALS AND OBJECTIVES FOR PGY-2, WHICH ARE APPLICABLE TO EACH ROTATION OR EXPERIENCE THAT A RESIDENT HAS IN YEAR TWO.

A PGY-2 EVALUATION FORM MUST BE COMPLETED AT THE END OF EACH 4 WEEK BLOCK

ROTATION-SPECIFIC EXPECTATIONS:

CONTINUED PROGRESS IN ALL OF THE CORE COMPETENCIES SET FORTH IN THE GOALS AND OBJECTIVES FOR THE PGY-2 LEVEL

During the PGY-2 surgery rotations, residents are expected to develop their knowledge of the essential content areas of the abdomen and its contents; the alimentary tract, skin, soft tissues, and breast, endocrine surgery, head and neck surgery, pediatric surgery, surgical critical care; surgical oncology; trauma and non-operative trauma, burn management and the vascular system. Residents will rotate with general surgeons performing a variety of cases. They may also cover sub-specialty surgeons: vascular, thoracic, plastic surgery and surgical oncology.

During the PGY-2 year, resident should focus on understanding operative steps and instrument handling. Knowledge of the “core” surgical operations should be gained during this time.

READING ASSIGNMENTS:

Residents are granted access to the SCORE curriculum and SA (Decker IP) site. Junior residents will present from the junior curriculum in SCORE at education. Decker readings are required each week, regardless of whether or not a presentation is required. Each week, residents will complete the weekly quiz in Decker.

OUTPATIENT RESPONSIBILITES:

PGY-2 residents are required to attend ½ day of outpatient clinic each week with a faculty member.

## Rotation-Specific Competencies and Expectations

#GS2-12&13

### SURGICAL ICU PGY-2 8 WEEKS

THE FOLLOWING DOCUMENT ADDRESSES SPECIFIC PATIENT CARE AND MEDICAL KNOWLEDGE COMPETENCIES THAT WILL BE ATTAINED ON ROTATION, AS WELL AS ANY RESPONSIBILITIES SPECIFIC TO A GIVEN ROTATION OR EXPERIENCE. ALL OF THE CORE COMPETENCIES ARE ADDRESSED IN THE GOALS AND OBJECTIVES FOR PGY-2, WHICH ARE APPLICABLE TO EACH ROTATION OR EXPERIENCE THAT A RESIDENT HAS IN YEAR TWO.

A PGY-2 EVALUATION FORM MUST BE COMPLETED AT THE END OF THE 8 WEEK BLOCK

#### ROTATION-SPECIFIC EXPECTATIONS:

CONTINUED PROGRESS IN ALL OF THE CORE COMPETENCIES SET FORTH IN THE GOALS AND OBJECTIVES FOR THE PGY-2 LEVEL

#### Patient Care Competencies:

The resident will be able to stabilize critically ill patients

The resident will be able to describe the assessment and monitoring of critically ill and injured patients

The resident will be able to assess emergency department patients and determine the need for surgical intervention

The resident will be able to describe indications for central line placement and perform the procedure competently

The resident will understand and demonstrate effective wound management for critically ill patients

#### Medical Knowledge Competencies:

The resident should be able to show an understanding of the issues involved in monitoring the critically ill or injured patient.

The resident should show knowledge regarding the stabilization of the critically ill patient.

The resident should use this rotation to develop the ability to evaluate emergency department patients and determine the need for surgical intervention.

#### READING ASSIGNMENTS:

Residents are granted access to the SCORE curriculum and SA (Decker IP) site. Junior residents will present from the junior curriculum in SCORE at education. Decker readings are required each week, regardless of whether or not a presentation is required. Each week, residents will complete the weekly quiz in Decker.

GENERAL SURGERY PGY-3 44 WEEKS

THE FOLLOWING DOCUMENT ADDRESSES SPECIFIC PATIENT CARE AND MEDICAL KNOWLEDGE COMETENCIES THAT WILL BE ATTAINED ON GENERAL SURGERY ROTATION, AS WELL AS ANY RESPONSIBILITIES SPECIFIC TO A GIVEN ROTATION OR EXPERIENCE. ALL OF THE CORE COMPETENCIES ARE ADDRESSED IN THE GOALS AND OBJECTIVES FOR PGY-3, WHICH ARE APPLICABLE TO EACH ROTATION OR EXPERIENCE THAT A RESIDENT HAS IN YEAR THREE.

A PGY-3 EVALUATION FORM MUST BE COMPLETED AT THE END OF EACH 4 WEEK BLOCK

ROTATION-SPECIFIC EXPECTATIONS:

CONTINUED PROGRESS IN ALL OF THE CORE COMPETENCIES SET FORTH IN THE GOALS AND OBJECTIVES FOR THE PGY-3 LEVEL

During the PGY-3 surgery rotations, residents are expected to develop their knowledge of the essential content areas of the abdomen and its contents; the alimentary tract, skin, soft tissues, and breast, endocrine surgery, head and neck surgery, pediatric surgery, surgical critical care; surgical oncology; trauma and non-operative trauma, burn management and the vascular system. Residents will rotate with general surgeons performing a variety of cases. They may also cover sub-specialty surgeons: vascular, thoracic, plastic surgery and surgical oncology.

During the PGY-3 year, resident should focus on respect for tissue and instrument handling. Knowledge of the “core” surgical operations should be mastered. Understanding the steps and decision-making involved in more complex cases is started at this level.

READING ASSIGNMENTS:

Residents are granted access to the SCORE curriculum and SA (Decker IP) site. PGY-3 residents will present from the senior curriculum in SCORE at education. Decker readings are required each week, regardless of whether or not a presentation is required. Each week, residents will complete the weekly quiz in Decker.

OUTPATIENT RESPONSIBILITES:

PGY-3 residents are required to attend ½ day of outpatient clinic each week with a faculty member.

## Rotation-Specific Competencies and Expectations

#GS3-12

### BURN EXPERIENCE PGY-3 4 WEEKS

THE FOLLOWING DOCUMENT ADDRESSES SPECIFIC PATIENT CARE AND MEDICAL KNOWLEDGE COMPETENCIES THAT WILL BE ATTAINED ON ROTATION, AS WELL AS ANY RESPONSIBILITIES SPECIFIC TO A GIVEN ROTATION OR EXPERIENCE. ALL OF THE CORE COMPETENCIES ARE ADDRESSED IN THE GOALS AND OBJECTIVES FOR PGY-3, WHICH ARE APPLICABLE TO EACH ROTATION OR EXPERIENCE THAT A RESIDENT HAS IN YEAR THREE.

A PGY-3 EVALUATION FORM MUST BE COMPLETED AT THE END OF THE 4 WEEK BLOCK

#### ROTATION-SPECIFIC EXPECTATIONS:

CONTINUED PROGRESS IN ALL OF THE CORE COMPETENCIES SET FORTH IN THE GOALS AND OBJECTIVES FOR THE PGY-3 LEVEL

#### Patient Care Competencies:

To demonstrate competency in emergently evaluating and performing monitoring for burn patients.

To understand the principles of shock and immunologic alteration following a burn injury and be able to implement treatment protocols for stabilization, fluids, dressings, and antibacterial agents.

To evaluate and manage the systemic effects of the burn wounds.

To provide ongoing assessment and management of wound therapy, including dressing changes and debridement procedures.

To describe burn patient complications and participate in the management of scar and joint contracture and closure techniques.

To effectively utilize invasive monitoring equipment in the management of the critically ill burn patient.

To implement fluid resuscitation protocols

To select and apply appropriate dressings and antibacterial agents

#### Medical Knowledge:

the histologic and functional anatomy of the skin and subcutaneous tissues

the principles of shock and immunologic alteration following a burn injury

the dynamics of thermal injury and the progression of tissue damage

the bacteriologic pathology of burned skin

the basic principles and controversies concerning the management of the burn wound

the principles of wound contracture

appropriate use of systemic and local antibiotics in the burn wound

#### READING ASSIGNMENTS:

Residents are granted access to the SCORE curriculum and SA (Decker IP) site. Junior residents will present from the junior curriculum in SCORE at education. Decker readings are required each week, regardless of whether or not a presentation is required. Each week, residents will complete the weekly quiz in Decker.

#### OUTPATIENT RESPONSIBILITIES:

PGY-3 residents are required to attend ½ day of burn clinic each week with a faculty member.

## Rotation-Specific Competencies and Expectations

#GS3-13

### THORACIC SURGERY PGY-3 4 WEEKS

THIS ROTATION OCCURS AT UNIVERSITY OF MICHIGAN ANN ARBOR CAMPUS.

RESIDENTS ARE PROVIDED WITH HOUSING IN ANN ARBOR.

RESIDENTS SHOULD PLAN TO ATTEND THE WEEKLY DIDACTIC SESSIONS IN ANN ARBOR AT THE UNIVERSITY OF MICHIGAN.

A PGY-3 EVALUATION FORM MUST BE COMPLETED AT THE END OF THE 4 WEEK BLOCK

#### ROTATION-SPECIFIC EXPECTATIONS:

Continued progress in all of the core competencies set forth in the goals and objectives for the pgy-3 level

##### Patient Care Competencies:

To demonstrate competency in evaluating and managing thoracic surgery patients.

To provide ongoing assessment and management thoracic surgery patients, including invasive monitoring.

##### Medical Knowledge:

Describe in detail the cardiopulmonary physiology pertinent to thoracic surgery.

Describe the principles of shock and its management in this patient population.

Describe the special considerations in caring for patients undergoing thoracic surgery.

#### READING ASSIGNMENTS:

Reading assignments will be made by faculty for the rotation in accordance with the requirements of the rotation. Residents are expected to attend weekly didactic sessions as presented by the department of surgery.

#### OUTPATIENT RESPONSIBILITIES:

PGY-3 residents are required to attend ½ day of CTS clinic each week with a faculty member.

## Rotation-Specific Competencies and Expectations

#GS4-1 to 5

### GENERAL SURGERY PGY-4 20 WEEKS

THE FOLLOWING DOCUMENT ADDRESSES SPECIFIC PATIENT CARE AND MEDICAL KNOWLEDGE COMPETENCIES THAT WILL BE ATTAINED ON GENERAL SURGERY ROTATION, AS WELL AS ANY RESPONSIBILITIES SPECIFIC TO A GIVEN ROTATION OR EXPERIENCE. ALL OF THE CORE COMPETENCIES ARE ADDRESSED IN THE GOALS AND OBJECTIVES FOR PGY-4, WHICH ARE APPLICABLE TO EACH ROTATION OR EXPERIENCE THAT A RESIDENT HAS IN YEAR FOUR.

A PGY-4 EVALUATION FORM MUST BE COMPLETED AT THE END OF EACH 4 WEEK BLOCK

#### ROTATION-SPECIFIC EXPECTATIONS:

CONTINUED PROGRESS IN ALL OF THE CORE COMPETENCIES SET FORTH IN THE GOALS AND OBJECTIVES FOR THE PGY-4 LEVEL

During the PGY-4 surgery rotations, residents are expected to develop their knowledge of the essential content areas of the abdomen and its contents; the alimentary tract, skin, soft tissues, and breast, endocrine surgery, head and neck surgery, pediatric surgery, surgical critical care; surgical oncology; trauma and non-operative trauma, burn management and the vascular system. Residents will rotate with general surgeons performing a variety of cases. They may also cover sub-specialty surgeons: vascular, thoracic, plastic surgery and surgical oncology.

During the PGY-4 year, resident should focus on efficiency of movement and respect for tissue. Understanding the steps and decision-making involved in more complex cases is developed.

#### READING ASSIGNMENTS:

Residents are granted access to the SCORE curriculum and SA (Decker IP) site. PGY-4 residents will present from the senior curriculum in SCORE at education. Decker readings are required each week, regardless of whether or not a presentation is required. Each week, residents will complete the weekly quiz in Decker.

#### OUTPATIENT RESPONSIBILITIES:

PGY-4 residents are required to attend ½ day of outpatient clinic each week with a faculty member.

**PEDIATRIC SURGERY PGY-4 8 WEEKS**

THE FOLLOWING DOCUMENT ADDRESSES SPECIFIC PATIENT CARE AND MEDICAL KNOWLEDGE COMETENCIES THAT WILL BE ATTAINED ON ROTATION, AS WELL AS ANY RESPONSIBILITIES SPECIFIC TO A GIVEN ROTATION OR EXPERIENCE. ALL OF THE CORE COMPETENCIES ARE ADDRESSED IN THE GOALS AND OBJECTIVES FOR PGY-4, WHICH ARE APPLICABLE TO EACH ROTATION OR EXPERIENCE THAT A RESIDENT HAS IN YEAR FOUR.

A PGY-4 EVALUATION FORM MUST BE COMPLETED AT THE END OF EACH 4 WEEK BLOCK

ROTATION-SPECIFIC EXPECTATIONS:

CONTINUED PROGRESS IN ALL OF THE CORE COMPETENCIES SET FORTH IN THE GOALS AND OBJECTIVES FOR THE PGY-4 LEVEL

Patient Care Competencies:

To satisfactorily perform a history and physical exam on a child with a surgical condition

To manage treatment of children presenting with a range of clinical conditions requiring surgical care

To manage fluids and electrolytes in pediatric patients

To demonstrate knowledge of surgical management of pediatric illness and pediatric surgical procedures

To discuss the ethical issues related to caring for the acutely ill child

Medical Knowledge Competencies:

History and physical examination of the child with surgical illness

Fluid and electrolyte management in the pediatric patient

Treatment of the child with bacteremia, sepsis, meningitis, shock, fluid and electrolyte abnormalities, renal and hepatic failure, respiratory failure, trauma, burns, near-drowning, congenital abnormalities, and CNS injuries

Knowledge of dosages, indications and contraindications of pharmacologic treatment of disease entities listed

Knowledge of the surgical management of pediatric illness, including specific pediatric surgical procedures.

Ability to prioritize diagnostic and therapeutic interventions

Evaluate and manage the child with burn injuries and trauma

Understand the ethical issues related to caring for the acutely ill child

READING ASSIGNMENTS:

Residents are granted access to the SCORE curriculum and SA (Decker IP) site. PGY-4 residents will present from the senior curriculum in SCORE at education. Decker readings are required each week, regardless of whether or not a presentation is required. Each week, residents will complete the weekly quiz in Decker.

OUTPATIENT RESPONSIBILITES:

PGY-4 residents are required to attend at least ½ day of outpatient clinic each week with a faculty member.

## Rotation-Specific Competencies and Expectations

#GS4-8

### ENDOCRINE SURGERY PGY-4 4 WEEKS

THE FOLLOWING DOCUMENT ADDRESSES SPECIFIC PATIENT CARE AND MEDICAL KNOWLEDGE COMPETENCIES THAT WILL BE ATTAINED ON ROTATION, AS WELL AS ANY RESPONSIBILITIES SPECIFIC TO A GIVEN ROTATION OR EXPERIENCE. ALL OF THE CORE COMPETENCIES ARE ADDRESSED IN THE GOALS AND OBJECTIVES FOR PGY-4, WHICH ARE APPLICABLE TO EACH ROTATION OR EXPERIENCE THAT A RESIDENT HAS IN YEAR FOUR.

A PGY-4 EVALUATION FORM MUST BE COMPLETED AT THE END OF THE 4 WEEK BLOCK

#### ROTATION-SPECIFIC EXPECTATIONS:

CONTINUED PROGRESS IN ALL OF THE CORE COMPETENCIES SET FORTH IN THE GOALS AND OBJECTIVES FOR THE PGY-4 LEVEL

##### Patient Care Competencies:

Is able to identify and discuss the pathophysiology and management of pathology involving the endocrine system

Demonstrates an understanding of the drug therapies used in endocrine surgery.

Is able to participate in endocrine surgery, and gain proficiency in the operative management of an endocrine pathology.

##### Medical Knowledge Competencies:

The resident should be able to describe the common conditions effecting the endocrine system which require operative management.

The resident should be able to demonstrate increasing knowledge of the endocrine system, specifically thyroid, parathyroid, pancreatic and adrenal pathology.

The resident should be able to discuss the pathophysiology of endocrine diseases in detail.

The resident should demonstrate an understanding of the indications, dosages, mechanisms of action and complications of drug therapy used in treating patients with endocrine pathology.

#### READING ASSIGNMENTS:

Residents are granted access to the SCORE curriculum and SA (Decker IP) site. PGY-4 residents will present from the senior curriculum in SCORE at education. Decker readings are required each week, regardless of whether or not a presentation is required. Each week, residents will complete the weekly quiz in Decker.

#### OUTPATIENT RESPONSIBILITIES:

PGY-4 residents are required to attend at least ½ day of outpatient clinic each week with a faculty member.

**COLORECTAL SURGERY PGY-4 8 WEEKS**

THE FOLLOWING DOCUMENT ADDRESSES SPECIFIC PATIENT CARE AND MEDICAL KNOWLEDGE COMPETENCIES THAT WILL BE ATTAINED ON ROTATION, AS WELL AS ANY RESPONSIBILITIES SPECIFIC TO A GIVEN ROTATION OR EXPERIENCE. ALL OF THE CORE COMPETENCIES ARE ADDRESSED IN THE GOALS AND OBJECTIVES FOR PGY-4, WHICH ARE APPLICABLE TO EACH ROTATION OR EXPERIENCE THAT A RESIDENT HAS IN YEAR FOUR.

A PGY-4 EVALUATION FORM MUST BE COMPLETED AT THE END OF EACH 4 WEEK BLOCK

ROTATION-SPECIFIC EXPECTATIONS:

CONTINUED PROGRESS IN ALL OF THE CORE COMPETENCIES SET FORTH IN THE GOALS AND OBJECTIVES FOR THE PGY-4 LEVEL

Patient Care competencies:

The resident will demonstrate competency in assessment, diagnosis and treatment of colon and rectal pathology

The resident will be able to describe the indications for and demonstrate competency in performing the following procedures:

- a. colonoscopies
- b. anoscopy
- c. rigid sigmoidoscopy
- d. laparoscopic and open colectomy
- e. hemorrhoidectomy and other anal procedures

The resident will be able to implement assessment and treatment protocols for patients with inflammatory bowel disease

The patient will demonstrate comprehension of diagnosis and treatment of anal diseases

The resident will be able to evaluate patients with colon and rectal surgical needs and manage complications of surgery

The resident will demonstrate knowledge of diagnosis and treatment of colorectal cancers

Medical Knowledge Competencies:

Colon and rectal cancer diagnosis and treatment

Inflammatory bowel disease diagnosis and treatment

Complications of colon and rectal surgery

Anal diseases and their diagnosis and treatment

READING ASSIGNMENTS:

Residents are granted access to the SCORE curriculum and SA (Decker IP) site. PGY-4 residents will present from the senior curriculum in SCORE at education. Decker readings are required each week, regardless of whether or not a presentation is required. Each week, residents will complete the weekly quiz in Decker.

OUTPATIENT RESPONSIBILITIES:

PGY-4 residents are required to attend at least ½ day of outpatient clinic each week with a faculty member.

**SURGICAL ONCOLOGY PGY-4 4 WEEKS**

THE FOLLOWING DOCUMENT ADDRESSES SPECIFIC PATIENT CARE AND MEDICAL KNOWLEDGE COMPETENCIES THAT WILL BE ATTAINED ON ROTATION, AS WELL AS ANY RESPONSIBILITIES SPECIFIC TO A GIVEN ROTATION OR EXPERIENCE. ALL OF THE CORE COMPETENCIES ARE ADDRESSED IN THE GOALS AND OBJECTIVES FOR PGY-4, WHICH ARE APPLICABLE TO EACH ROTATION OR EXPERIENCE THAT A RESIDENT HAS IN YEAR FOUR.

A PGY-4 EVALUATION FORM MUST BE COMPLETED AT THE END OF THE 4 WEEK BLOCK

ROTATION-SPECIFIC EXPECTATIONS:

CONTINUED PROGRESS IN ALL OF THE CORE COMPETENCIES SET FORTH IN THE GOALS AND OBJECTIVES FOR THE PGY-4 LEVEL

Patient Care Competencies:

The resident will be able to discuss and perform pre-operative evaluation and post-operative concerns encountered in the outpatient setting in surgical oncology

The resident will be able to discuss post op pathology and implications for patients

The resident will be able to discuss the use of adjuvant therapies for oncological care

Pre-operative evaluation, operative and hospital management and post-operative care of surgical oncology patients

READING ASSIGNMENTS and OTHER EXPECTATIONS:

Weekly focus on separate cancer with completion of reading of daily key manuscript (5 manuscripts per week) on each of the malignancies (to be provided by Dr. McCahill). Four separate malignancies will be covered didactically during the course of the four-week period.

Development and preparation of a research proposal for residency completion including objectives, hypothesis, study design and feasibility assessment. (Dr. McCahill is willing to participate in continued project development and IRB Submission and mentoring for PGY3 and PGY4 level residents seeking to bring a project to completion, presentation and publication.)

Weekly one-hour meeting with Dr. McCahill to review and discuss post-op pathology and implications for patients, discuss timing of adjuvant therapies and review surgical oncology manuscripts, research proposal.

Brief presentation (10-15 minutes) at Tumor Board on a specific pertinent patient-related topic of interest regarding patient see during the course of the rotation.

Residents are granted access to the SCORE curriculum and SA (Decker IP) site. PGY-4 residents will present from the senior curriculum in SCORE at education. Decker readings are required each week, regardless of whether or not a presentation is required. Each week, residents will complete the weekly quiz in Decker.

OUTPATIENT RESPONSIBILITIES:

Residents are required to attend outpatient clinic hours with Dr. McCahill at least one day per week.

## Rotation-Specific Competencies and Expectations

#GS4-12

### VASCULAR SURGERY PGY-4 4 WEEKS

THE FOLLOWING DOCUMENT ADDRESSES SPECIFIC PATIENT CARE AND MEDICAL KNOWLEDGE COMPETENCIES THAT WILL BE ATTAINED ON ROTATION, AS WELL AS ANY RESPONSIBILITIES SPECIFIC TO A GIVEN ROTATION OR EXPERIENCE. ALL OF THE CORE COMPETENCIES ARE ADDRESSED IN THE GOALS AND OBJECTIVES FOR PGY-4, WHICH ARE APPLICABLE TO EACH ROTATION OR EXPERIENCE THAT A RESIDENT HAS IN YEAR FOUR.

A PGY-4 EVALUATION FORM MUST BE COMPLETED AT THE END OF THE 4 WEEK BLOCK

#### ROTATION-SPECIFIC EXPECTATIONS:

CONTINUED PROGRESS IN ALL OF THE CORE COMPETENCIES SET FORTH IN THE GOALS AND OBJECTIVES FOR THE PGY-4 LEVEL

#### Patient Care Competencies:

The resident will be able to discuss the anatomy and physiology of the vascular and lymphatic systems and recognize pathology.

The resident will demonstrate the ability to participate in all and perform some complex surgical procedures for vascular and lymphatic conditions.

The resident will be able to demonstrate competence in performing the following procedures:

Central venous lines, catheters and ports, arterial catheter, arteriovenous shunts for hemodialysis, thromboembolectomy, vascular exposure and arterial repair.

#### Medical Knowledge Competencies:

Understand the anatomy and physiology of the vascular and lymphatic systems

Recognize the presentation of acute and chronic vascular and lymphatic pathology

Manage the non-operative aspects of vascular and lymphatic disease

Coordinate multidisciplinary operative and non-operative care of vascular diseases and injuries

Assess the risk/benefit ratio of surgical care in patients with vascular disease

#### READING ASSIGNMENTS:

Residents are granted access to the SCORE curriculum and SA (Decker IP) site. PGY-4 residents will present from the senior curriculum in SCORE at education. Decker readings are required each week, regardless of whether or not a presentation is required. Each week, residents will complete the weekly quiz in Decker.

#### OUTPATIENT RESPONSIBILITIES:

PGY-4 residents are required to attend at least ½ day of outpatient clinic week with a faculty member.

**TRANSPLANT SURGERY PGY-4 4 WEEKS**

THE FOLLOWING DOCUMENT ADDRESSES SPECIFIC PATIENT CARE AND MEDICAL KNOWLEDGE COMPETENCIES THAT WILL BE ATTAINED ON ROTATION, AS WELL AS ANY RESPONSIBILITIES SPECIFIC TO A GIVEN ROTATION OR EXPERIENCE. ALL OF THE CORE COMPETENCIES ARE ADDRESSED IN THE GOALS AND OBJECTIVES FOR PGY-4, WHICH ARE APPLICABLE TO EACH ROTATION OR EXPERIENCE THAT A RESIDENT HAS IN YEAR FOUR.

A PGY-4 EVALUATION FORM MUST BE COMPLETED AT THE END OF THE 4 WEEK BLOCK

ROTATION-SPECIFIC EXPECTATIONS:

CONTINUED PROGRESS IN ALL OF THE CORE COMPETENCIES SET FORTH IN THE GOALS AND OBJECTIVES FOR THE PGY-4 LEVEL

Patient Care Competencies:

The resident will be able to perform accurate history and physical examination of transplant patients.

The resident will be able to discuss the physiology of the immune system and the role of different pharmacological agents used in immunosuppression.

The resident will be able to satisfactorily assist in organ harvest and transplant surgery.

The resident will be able to participate in the medical management of transplant patients.

The resident will be able to recognize and manage organ rejection.

Medical Knowledge Competencies:

The resident should understand the anatomy involved with organ harvest and transplant

The resident should be able to be familiar with normal physiology of the immune system and gain knowledge of the role of different pharmacological agents used in immunosuppression

READING ASSIGNMENTS:

Residents are granted access to the SCORE curriculum and SA (Decker IP) site. PGY-4 residents will present from the senior curriculum in SCORE at education. Decker readings are required each week, regardless of whether or not a presentation is required. Each week, residents will complete the weekly quiz in Decker.

OUTPATIENT RESPONSIBILITIES:

PGY-4 residents are required to attend at least ½ day of outpatient clinic each week with a faculty member.

## GENERAL SURGERY PGY-5 52 WEEKS

THE FOLLOWING DOCUMENT ADDRESSES SPECIFIC PATIENT CARE AND MEDICAL KNOWLEDGE COMPETENCIES THAT WILL BE ATTAINED ON GENERAL SURGERY ROTATION, AS WELL AS ANY RESPONSIBILITIES SPECIFIC TO A GIVEN ROTATION OR EXPERIENCE. ALL OF THE CORE COMPETENCIES ARE ADDRESSED IN THE GOALS AND OBJECTIVES FOR PGY-5, WHICH ARE APPLICABLE TO EACH ROTATION OR EXPERIENCE THAT A RESIDENT HAS IN YEAR FIVE.

A PGY-5 EVALUATION FORM MUST BE COMPLETED AT THE END OF EACH 4 WEEK BLOCK.

### ROTATION-SPECIFIC EXPECTATIONS:

CONTINUED PROGRESS IN ALL OF THE CORE COMPETENCIES SET FORTH IN THE GOALS AND OBJECTIVES FOR THE PGY-5 LEVEL

During the PGY-5 surgery rotations, residents are expected to develop their knowledge of the essential content areas of the abdomen and its contents; the alimentary tract, skin, soft tissues, and breast, endocrine surgery, head and neck surgery, pediatric surgery, surgical critical care; surgical oncology; trauma and non-operative trauma, burn management and the vascular system. Residents will rotate with general surgeons performing a variety of cases. They may also cover sub-specialty surgeons: vascular, thoracic, plastic surgery and surgical oncology.

During the PGY-5 year, residents should focus on mastering more complex cases and refining their intra-operative decision-making skills, developing their own style. They should develop finesse in their approach to management.

### READING ASSIGNMENTS:

Residents are granted access to the SCORE curriculum and SA (Decker IP) site. PGY-5 residents will present from the senior curriculum in SCORE at education. Decker readings are required each week, regardless of whether or not a presentation is required. Each week, residents will complete the weekly quiz in Decker.

### OUTPATIENT RESPONSIBILITIES:

PGY-5 residents are required to attend ½ day of clinic each week at the UMHW Community Clinic. The patients that the chief sees there are considered their patients and the chief is responsible for the pre-operative work-up, post-operative management and the surgery for those patients.

INTERNATIONAL SURGERY PGY-3 or PGY-4 4 WEEKS

Faculty Supervisor: Joel Green, MD

THE FOLLOWING DOCUMENT ADDRESSES SPECIFIC PATIENT CARE AND MEDICAL KNOWLEDGE COMETENCIES THAT WILL BE ATTAINED ON AN INTERNATIONAL GENERAL SURGERY ROTATION, AS WELL AS ANY RESPONSIBILITIES SPECIFIC TO A GIVEN ROTATION OR EXPERIENCE. AN EVALUATION FORM FROM THE APPROPRIATE PG YEAR MUST BE COMPLETED AT THE END OF THE 4 WEEK BLOCK.

ROTATION-SPECIFIC EXPECTATIONS:

CONTINUED PROGRESS IN ALL OF THE CORE COMPETENCIES SET FORTH IN THE GOALS AND OBJECTIVES FOR THE APPROPRIATE PG LEVEL.

During the International rotation, residents are expected to continue to develop their knowledge of the essential content areas of:

abdomen and its contents, alimentary tract; skin, soft tissues, and breast; endocrine surgery; head and neck surgery; pediatric surgery; surgical oncology; trauma and vascular.

Patient Care Competencies:

To develop an appreciation for the similarities and differences in common pathologies encountered in an international setting

To understand the impact of policies and politics on the availability of care in internationally underserved communities

Surgical Skills:

Continued development of surgical skills involved in general surgery cases, especially how surgery is performed when resources are scarce

Residents will attend surgical rounds, assist in surgery and also attend outpatient clinic under the supervision of Dr. Joel Green. Residents will perform surgery under the supervision of Dr. Green or his appointed faculty. Residents will perform a variety of cases. Residents should focus on the pathology present within the community and the unique difficulties encountered when treating patients in the setting of language barriers and different cultural expectations. Professional behavior is expected at all times. Dr. Green will complete the evaluation of the resident at the conclusion of the rotation.

READING ASSIGNMENTS:

Residents are granted access to the SCORE curriculum and SA (Decker IP) site. Reading should continue along the curriculum guidelines during the rotation. Each week, residents will complete the weekly quiz in Decker.

In addition, the following texts will augment the experience:

Peters W, Pasavol G, Atlas of Tropical Medicine and Parasitology, 6<sup>th</sup> ed.

King M, Primary Surgery vol. 1&2, Oxford University Press.

## APPENDIX A Students and Interns

We want this to be a challenging, busy and worth-while rotation for you. General surgery intersects with almost every other specialty. Please take this time to learn the basics of surgical management, surgical skills, sterile technique and in the case of students, to identify if this is a possible career for you. In addition, learn when consulting general surgery can be helpful. You are responsible for self-directed learning in the form of reading for each surgery you will scrub, preparation for education conference, journal club and your COMAT/end of service exam. You will also be responsible for choosing your outpatient experiences. We recognize that surgery is not for everyone, but if you are engaged during the rotation, you will be able to identify the ways in which surgical education can be helpful to you in whatever specialty you choose.

- AM Rounding
  - Arrive early enough to review the chart, see your patients and have your notes written before **0645**
  - All patients are seen by a resident after you, and you will receive feedback on your notes.
  - Follow all of your post-operative patients throughout their hospital stay.
    - Students will self-assign patients to be seen in the morning prior to rounding. Please mark your initials next to your assigned patient's name on the daily rounding sheet on the bulletin board next to the computer bank in the resident lounge.
    - Interns will be assigned by the resident on call.
- Morning sign-out
  - Monday, Tuesday, Wednesday & Friday 0700 Arlinsky Conference room.
    - Times may vary on occasion for hospital wide lectures and M&M.
  - Thursday 0700 Krause lecture hall.
  - You are expected to present the patients you have rounded on that AM in SOAP format.
    - If the patient is well known to the service, provide a 24-hour update only. If they are new to the service a more thorough presentation is required.
    - At times a "residents only" sign-out is necessary for time's sake.
    - Sign out must be quick and efficient to facilitate residents making 7:30 surgical cases.
  - COGMET days (last Wednesday of the month) sign out is at **0640 AM** in the Arlinsky Conference room.
    - Interns and students are expected to cover all OR cases, ER consults and floor consults on this day.
    - This is often a very busy day with a lot of responsibility but can be very fun as you get to act as first assist to the attending in the OR.
- Floor rounding, admissions and consults
  - At 7:30 we disperse to cover surgical cases: general, colorectal, surgical oncology and thoracic surgery.
    - Surgeons: K Sevensma, Pihl, Borreson, Titus, Sherman, DeJong, Williams, Vanderkolk, Leahy, Green, Mitchell, Beane, Henke, Asgeirsson (colorectal), McCahill (Surgical Oncology) and Glenn (Thoracic Surgery)
  - The attending physician will page the call pager or contact a resident when they are available to round. ALL STUDENTS, RESIDENTS and INTERNS should round with the attending if not in the OR or at clinic.
  - The on-call intern will have the surgery pager covering floor call, floor consults direct admissions and ER consults. Please notify the call resident when you are notified of a consult and they will see the consult with you before you staff with the attending. Interns and students should not call the attending without discussing with the resident (except on COGMET days.)
  - You should be checking on your patients (both EMR and bedside) to follow up on new labs, consultant notes, vitals, intake and output data and symptoms throughout the day.

- If cases, floor work and consults are completed, you should read or practice surgical skills.
- Operating Room
  - Students and interns are expected to have a basic knowledge of sterile technique prior to starting on the service but we recognize that prior experience varies. If needed, additional instruction in proper scrub and sterile technique will be reviewed the morning of your first day on the rotation.
  - Students will self-assign cases the night before to adequately prepare for the following day's operations. Review the steps of the operation and the relevant surgical anatomy.
  - Everyone is expected to meet patients in pre-op, and review their charts to know their history, indications for surgery, etc.
  - Interns are expected to be operating when not in the clinic or helping with patient care. Being assigned the day pager is not a barrier to being present in the operating room.
  - Everyone is responsible for helping in the OR after the procedure: patient transfer and patient transport.
  - Interns will be expected to place post-operative orders, instructions, a brief operative note and (if applicable) discharge summary. The resident assisting the case will help you with these until you are comfortable but when in doubt, do not hesitate to ask a resident for clarification.
- Endoscopy
  - Multiple days of Endoscopy occur throughout the week by various attending surgeons. Interns and students are encouraged to spend at least one day in endo during their rotation.
- End of the day
  - PM sign out ideally occurs at 1645 in the resident lounge, then a resident will dismiss you to go home.
  - Interns: You should stay with the surgeon you are covering that day until his/her cases are done AND all floor work and consults are completed for everyone on the list. Generally, the floor is your responsibility from 0600-1700; this means a 0601 consult and a 1659 consult belong to you. This means you may be here after 1700.
- Clinic
  - PA students and auditioning medical students will attend Dr. Sevensma/Chief clinic 1 or 2 Thursday afternoons during your rotation.
  - OMS-3s (optional) and off-service interns are expected to attend one day of either West Michigan Surgical Specialists clinic, Grand Rapids Surgical Associates clinic, or surgical oncology clinic once weekly. Interns will be excused from in-hospital obligations during this time period.
  - Family practice and IM interns are expected to attend the wound clinic or endoscopy once a week. Another day of outpatient surgical clinic is expected each week and you will discuss the timing of these outpatient experiences with the chief. The other days of the week are spent in the hospital, holding the day pager and scrubbing in surgery. Plan on scrubbing at least 10 cases during the month. You will have one day of FP/IM education and FP/IM clinic as well.
- Overnight call (students)
  - You will sign up for 2 night overnight calls on either Monday, Tuesday or Thursday nights (take only 1 Thursday, only 1 student per night and preferably not when an intern is on overnight).
- Reading for general surgery
  - Review the common surgical diseases that may be relevant to your shelf exam or Step 3. First aid for the USMLE secrets has a nice surgical review. We will provide several readings at the start of your rotation.
    - Other sources may include: *Zollinger's Surgical Atlas*, *Operative Anatomy* (Scott-Conner), *Schwartz's Principles of Surgery*, *Greenfield's Surgery*, *Case Files: Surgery and Surgical Recall*... there are copies of surgical texts in the resident call room and hospital library. Please remember to return these at the end of the rotation.
- Education Conference on Thursdays from 0700-1100

- Generally, we will have sign out, M&M, resident lecture and then intern/student lecture. Intern lecture schedule and topics are determined by the chief.
- Students will be required to present a 20-30 minute lecture once while on service; a topic will be assigned.
  - These are often covered in case report format followed by presentation on the specific topic.
  - Attending surgeons do attend our lectures and may ask you questions related to your topic.
- Journal club is the third Thursday of every month during education, articles will be provided. Breakfast is provided on journal club mornings ☺