TRAUMA AND EMERGENCY SURGERY CORE OBJECTIVES: PGY 1-2

GOALS

Through rotation on the trauma and emergency surgery service, residents shall attain the following goals:

I. Patient Care

   A. Trauma Resuscitations: the resident should participate in each trauma resuscitation. His/her role is as delineated in the trauma resuscitation guidelines and as directed by the chief resident or faculty.

   1. The resident is responsible for collecting and documenting the pre-hospital information, the results of the history and exam, the results of the laboratory and radiologic exams.
   2. The resident should learn and master the following technical skills:

      a. Placement of Foley catheter
      b. Placement of nasogastric tube
      c. Placement of orogastric tube
      d. Arterial blood gas sampling: femoral and radial artery
      e. Placement of central venous catheter
      f. Placement of chest tube
      g. Perform and interpret FAST (Focused Abdominal Sonography in Trauma)
3. The resident should learn the normal and abnormal values for each of the laboratory tests ordered in the resuscitation and learn the appropriate interventions for each.

4. The resident should learn to interpret tests such as CT scans of the head, chest, abdomen and pelvis.

5. Resident should participate in discussions concerning plan of care and status with the patient and/or family.

A. Operative Care: Gain an experience that will build toward being competent in the performance of urgent and emergent surgeries; emergent procedures, and urgent ICU related procedures. Also, the resident shall gain experience in elective general surgery as performed by the TES Staff. PGY levels indicate the level of resident most appropriate to participate. This does not preclude a more senior or more junior resident from participating if there is no level appropriate resident available.

1. Incarcerated Groin Hernia, open (PGY 1-4)

2. Incarcerated Abdominal wall hernia, open: umbilical, incisional, recurrent (PGY 1-4)

3. Placement of venous catheter (PGY 1-2)

4. Placement of arterial catheter (PGY 1-2)

5. Appendectomy, open / laparoscopic (PGY 1-2)

6. Drainage of intra-abdominal abscess, simple (PGY 1-2)

7. EGD/PEG (PGY 1-2)
8. Bronchoscopy (PGY1-2)

9. Groin Hernia, open (PGY 1-2)

10. Groin Hernia, laparoscopic (PGY 2-4)

11. Abdominal wall hernia, open: umbilical, incisional, recurrent (PGY 1-4)

12. Diagnostic laparoscopy (PGY 2-4)

13. Small bowel resection (PGY 1-2)

14. Colectomy, left/total (PGY 2-4)

15. Low anterior resection (PGY2-4)

16. Colectomy, right (PGY2-4)

17. Cholecystectomy, open (PGY 1-2)

18. Cholecystectomy, laparoscopic (PGY 2-4)

19. Enterolysis (PGY 2-4)

20. Soft tissue mass/infection/abscess, simple (PGY 1-2)

21. Soft tissue mass/infection/abscess, complex (PGY 2-4)

22. Groin Hernia, open (PGY 1-2)

23. Groin Hernia, laparoscopic (PGY 2-4)

24. Abdominal wall hernia, open: umbilical, incisional, recurrent (PGY 1-4)

B. Management of the Trauma Patient and Postoperative Patient
1. PGY-1&2 (junior) residents shall gain an experience in how to recognize and differentiate the below problems and conditions and be able to formulate and institute a strategy of care with the assistance of more senior residents or staff. Through evaluation of the postoperative patient, the resident shall be able to assess and manage:

a. Wound care and healing

b. Identify infected wounds

c. Identify wound seromas

a. Fluid and electrolyte abnormalities after surgery

b. Use and care of surgical drains and chest tubes

c. Identify infection: surgical site, blood, genitourinary, pulmonary, catheter-related

d. Identify cardiopulmonary complications: myocardial infarction, pulmonary edema, atelectasis, pulmonary embolism, pneumonia

e. Identify of renal impairment/failure: pre-renal azotemia, acute renal failure, IV-dye associated renal impairment

i. Identify a patient’s readiness for discharge

j. Identify a patient’s need for rehabilitation or nursing home placement

II. Medical Knowledge
A. Didactics: residents are expected to attend and participate in the weekly didactic sessions including the basic science course, case conference, M&M, Grand Rounds, and the Junior resident discussion sessions.

B. Residents are expected to attend Multidisciplinary Trauma Conference on Thursday morning.

C. It is expected that residents will educate themselves upon the scientific information relating to trauma and emergency surgery. The recommended texts by the department are Greenfield's Surgery Scientific Principles and Practice and O’Leary’s The Physiologic Basis of Surgery should serve as basic texts. Residents are, however, encouraged to use additional sources more specific to Trauma and Emergency Surgery. It is expected that residents on the Trauma and Emergency Surgery Service will read about the various disease processes that they encounter in the clinic, on the wards and in the operating room.

1. System function: residents shall gain an understanding of the anatomy, physiology, and function of organs and organ systems affected general surgical conditions and operative procedures. PGY-1 (junior) residents shall reacquaint themselves with the basic physiology and function of the organs and systems, and they shall learn how they are affected by trauma and emergency surgery.

2. Disease process: residents shall become familiar with the various disease processes and complications affecting the organ systems commonly seen in trauma and emergency surgery patients

3. Follow-up therapy: residents shall gain an understanding of the follow-up needed and recommended for various trauma and emergency surgical procedures
D. It is expected that the resident will educate themselves utilizing scientific information, online technology, and didactic sessions on all pathophysiology and procedures as listed in the Patient Care Goals.

III. Practice-based Learning

A. Residents are expected to critique their performance and their personal practice outcomes

1. Morbidity & Mortality Conference – Discussion should center on an evidence-based discussion of complications and their avoidance.

2. Residents shall keep logs of their operative cases and all procedures and track their operative proficiency as gauged by whether they assisted or were the surgeon junior or senior or teaching assistant

IV. Interpersonal and Communication Skills

A. Residents shall learn to work effectively as part of the trauma and emergency surgery team.

B. Residents shall foster an atmosphere that promotes the time efficiency and each member of the team

C. Residents shall interact with colleagues and members of the ancillary services in a professional and respectful manner.
D. Residents shall learn to document their practice activities in such a manner that is clear and concise

E. Residents shall participate in the informed consent process for patients being scheduled for elective and emergent/urgent procedures or surgery

F. Residents shall gain an experience in educating and counseling patients about risks and expected outcomes of procedures or surgeries

G. Residents shall perform an appropriate and effective review and checkout to their colleagues whenever they must be absent, i.e. post call, conferences, night float

V. Professionalism

A. Residents shall maintain high ethical standards in dealing with patients, family members, patient data, and other members of the healthcare team

B. Residents shall demonstrate a commitment to the continuity of care of a patient within the confines of the 80-hour duty restrictions

C. Residents shall demonstrate sensitivity to age, gender, and culture of patients and other members of the healthcare team

VI. Systems-based practice
A. Residents shall learn to practice high quality cost effective patient care. This knowledge should be gained through discussions of patient care.

1. Conferences

   a. M&M

   b. SICU M&M

   c. Trauma Multidisciplinary Conference

2. Other

   a. Trauma Performance Improvement (PGY 4)

   b. Trauma clinic

   c. Emergency Department