ACUTE CARE SURGERY (GENERAL SURGERY BLUE) ROTATION CORE OBJECTIVES (PGY1-5)

GOALS

Overall Goals: The overall goal of the acute care surgery service is for the residents to receive a well-rounded educational experience for the pre-, intra-, and post-operative care of the emergency general surgery patient.

I. Patient Care

A. Preoperative Care Setting: inpatient service (primary and consultation)

Residents will evaluate and develop a plan of care for preoperative patients with emergency general surgery conditions. The plan shall include any interventions that will successfully prepare a patient for surgery.

i) The resident will perform complete and detailed and history and physical examinations of patients being considered for elective as well as urgent/emergent surgery (PGY 1-5)
ii) The resident will learn to obtain and interpret laboratory and radiologic tests that are appropriate for the condition being treated and/or the procedure being planned (PGY 1-5)
iii) The resident will demonstrate an understanding of the principles of preoperative patient selection and optimization under emergent circumstances (ie presence of shock, underlying cardiopulmonary disease, nutritional status; special considerations such as thrombophilia/bleeding disorders, steroid dependent patients, multiple comorbidities, etc…) (PGY 1-5)
iv) The resident will participate in the informed consent process for patients being scheduled for elective and urgent/emergent procedures or surgeries. The informed consent process includes identifying and reviewing with the patient the risks, benefits and alternatives of the planned intervention (PGY 1-5)

B. Operative Care Setting: 5N and 2W

The following is a list of "core" operations that the resident(s) can be expected to have exposure to, but not limited to, by the completion of their general surgery rotation:

Exploratory laparotomy (PGY 1-5)
Diagnostic laparoscopy (PGY 2-5)
Peritoneal dialysis catheter insertion and removal (PGY 1-5)
Peritoneal lesion biopsy (PGY 2-5)
Inguinal hernia – open & laparoscopic repair (PGY 1-5)
Femoral hernia – open & laparoscopic repair (PGY 1-5)
Ventral hernia – laparoscopic repair (PGY 2-5)
Ventral hernia – open repair (PGY 1-5)
Cholecystectomy w/wo cholangiography – laparoscopic (PGY 1-5)
Cholecystectomy w/wo cholangiography – open (PGY 1-5)
Open splenectomy (PGY 2-5)
Gastrostomy open and percutaneous (PGY 1-5)
Perforated Gastric ulcer with repair (PGY 2-5)
Adhesiolysis – laparoscopic (PGY 2-5)
Adhesiolysis – open (PGY 1-5)
Feeding jejunostomy – open (PGY 2-5)

Ileostomy creation/closure (PGY 1 5)
Small bowel resection (PGY 1-5)
Appendectomy – laparoscopic and open (PGY 1-5)
Colectomy, partial – open (PGY 2-5)
Colostomy creation/closure (PGY 2-5)
Anorectal abscess drainage, fistulotomy/Seton placement, Sphincterotomy – internal, hemorrhoidectomy/banding, condyloma excision (PGY 1-5)
Colonoscopy, EGD, Proctoscopy (PGY 1-5)
Soft tissue infections – incision, drainage, debridement (PGY 1-5)

The following is a list of the essential uncommon operations, but not limited to, that the resident(s) can be expected to have exposure to by the completion of their general surgery rotations:

Intra-abdominal abscess – drainage (PGY 2-5)
Abdominal wall reconstruction – components separation (PGY 3-5)
Duodenal perforation – repair (PGY 2-5)
Gastrectomy – Partial/Total with reconstruction if applicable
(PGY 2-5)
Colectomy subtotal with ileocolonic anastomosis or ileostomy (PGY 2-5)

C. Postoperative Care Setting: inpatient floor, outpatient clinic

Residents shall develop and follow through with a plan of care for the general surgical patient. This plan generally focuses on, but is not limited to: pain control; fluid and electrolyte management; resuscitation of critically ill patients; the identification and treatment of common post-operative complications including bleeding, infection, ileus, bowel obstruction, thromboembolism (among others); identification of discharge appropriate patients and coordination of care as they transition back to home following their surgery/procedure.

1. Inpatient floor

A) The resident team is expected to make morning rounds on the inpatient general surgery patient list (including the consult service) prior to the start of the day's activities (OR cases, clinic) (PGY 1-5)
B) After rounds, the chief resident (or senior most (PGY 2-5) available resident) is expected to call the attending physician of record to review the plan of the day for each individual patient. Common issues to be discussed should include vital signs (including pain control), I/Os, physical exam findings, daily labs, medication review, consultant recommendations. The daily plan will generally consist of identifying possible discharge appropriate patients, advancement of diet, repletion of electrolyte abnormalities, adjustment of medications, drain and tube management, need for diagnostic tests to be ordered or new consults to be called.
C) The resident team will divide the work for the day in such a manner that it will be performed as efficiently as possible. Priority should be given to obtaining and following up on important studies expeditiously as well as discharges. The goal for all discharges is out of the hospital on the day of discharge by noon (PGY 1-5)
D) The intern or junior resident should provide as close to real time updates as possible with changes in patients condition, new consults, results of important tests to the chief resident who can then relay the information to the attending of record (PGY 1, 2,3)
E). All available members of the resident team will make rounds with the attending staff (PGY 1-5)

2. Out-patient clinic

A) When circumstance allows, residents will see patient on whom they performed surgery for their 1st outpatient post-operative follow up visit. This will provide for continuity of care that will allow the resident to gain an understanding of the anticipated normal recovery from the various essential common and complex operations as well as gain experience in identifying
instances in which deviation from the norm is occurring and how such instances are approached/managed (PGY 1-5)
B) Residents will see general surgery patients who are in longitudinal surveillance following their surgical intervention. This experience will provide the resident with an initial exposure to the ongoing care of general surgical patients even after their operation has been performed (PGY 1-5)
C) Residents are required to attend at least one-half day of outpatient clinic per week (PGY 1-5)

II. **Medical Knowledge**

Resident's fund of knowledge as it relates to general surgery will be expanded through a variety of means, some of which are structured and others of which require independent initiative from the resident(s) rotating on the service. These include Conferences, Journal club and Assigned readings

1) Conferences – Residents assigned to the general surgery service are required to attend the monthly Acute Care Surgery Case conference which will be led by the service senior resident and be moderated by a designated General Surgery Faculty member. (PGY 1-5)

2) Journal club/assigned readings – Residents assigned to the general surgery service are required to participate in monthly journal club as outlined on the yearly curriculum as well as to complete the assigned This Week in Score (TWIS) readings/modules (PGY 1-5)

III. **Practice-based Learning**

Residents are expected to critique their performance and their personal practice outcomes as well as identify areas and implement plans for improvement

1. Morbidity & Mortality Conference – Discussion should center on an evidence-based discussion of quality improvement (PGY 1-5)
2. Residents shall keep logs of their cases and track their operative proficiency as gauged by whether they assisted or were the surgeon junior or senior or teaching assistant (PGY 1-5)
3. Residents shall distribute operative cards to attendings with whom they have performed cases so that they can be filled out and placed into said resident's Clinical Competency Committee (CCC) folder (PGY 1-5)
4. Residents shall review their specific Quality in Training Initiative (QITI) data quarterly (PGY 1-5)
5. Residents shall familiarize themselves with evidence-based guidelines related to disease prevention, patient safety and quality (SCIP measures, DVT prophylaxis guidelines, screening colonoscopy guidelines, etc) as well as hospital specific matters related to safety and quality (NSQIP data, QITI data, pharmacy formularies for hospital acquired infections, isolation precaution measures) (PGY 1-5)

IV. **Interpersonal and Communication Skills (PGY 1-5)**

A. Residents shall learn to work effectively as part of the general surgical team.
B. Residents shall foster an atmosphere that promotes the effectiveness of each member of the general surgical 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 emergent/urgent procedures or surgery
F. Residents shall gain an experience in educating and counseling patients about risks and expected outcomes of emergent/urgent procedures or surgeries
G. Residents shall learn to give and receive a detailed sign-out for each service

V. **Professionalism (All points below apply to PGY 1-5)**

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 duty-hour 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. Acute care surgery Case conference

2. Other
   a. General Surgery Rounds
   b. Outpatient clinic