



**EDUCATIONAL GOALS AND OBJECTIVES FOR ROTATIONS ON:  
GENERAL SURGERY WITH EMPHASIS ON MINIMALLY INVASIVE  
SURGERY/ROBOTIC SURGERY, AND UPPER/LOWER GI ENDOSCOPY  
(GENERAL SURGERY-GREEN SURGERY SERVICE)**

**Goal**

The overall goal of the Green Surgery Service is to continue the objectives of General Surgery with emphasis on Minimally Invasive Surgery and Upper/Lower GI Endoscopy. Objectives will be assessed in terms of clinical knowledge, interpersonal qualities, and operative skills through evaluations by faculty, peers, students and nursing staff.

**Objectives for PGY-1 Residents:** At the end of the PGY-1 residents will:

Patient Care

- Perform a focused, efficient, accurate initial history and physical of a full spectrum of patients admitted to the hospital including acutely ill patients and inpatient consultations.
- Recognize and manage common postoperative conditions such as fever, hypotension, hypoxia, confusion, and oliguria with assistance.
- Perform basic surgical skills such as airway management, knot tying, simple suturing, suture removal, use of Doppler ultrasound, administration of local anesthetic, universal precautions, and aseptic technique.
- Perform basic procedures such as venipuncture, arterial puncture, incision and drainage, minor skin excisions, placement of an IV, placement of an NGT, placement of a foley catheter.
- Practice basic interpretation of diagnostic studies such as plain x-ray, CT imaging and results of lab studies.
- Perform basic operative steps of core procedures with attending supervision per the Resident Supervision Policy; the type of case and level of responsibility in each case will be determined by the level and the experience of the resident. Learn and demonstrate the basic concepts of trocar placement and camera navigation in minimally invasive surgery and robotic surgery.
- Attend at least 2 clinic sessions each week.

## Medical Knowledge

- *Based upon the Surgical Council on Resident Education (SCORE) educational curriculum:* develop a basic understanding and basic knowledge of the symptoms, signs, and treatments of the core surgical diseases as well as a basic knowledge of the core surgical operations.
  - Inguinal, femoral, ventral, umbilical hernia and repairs
  - Acute vs chronic abdominal pain and diagnostic laparoscopy
  - Acute vs chronic cholecystitis and laparoscopic cholecystectomy with and without intraoperative cholangiogram
  - Acute pancreatitis
  - Stress gastritis
  - Upper and lower GI bleeding
  - Acute appendicitis and laparoscopic appendectomy
  - Colitis and diverticulitis
  - Colonic volvulus and partial colectomy
  - Large bowel obstruction
  - Enterocutaneous fistula
  - Small bowel obstruction, intussusception and small bowel resection
  - Hemorrhoids and hemorrhoidectomy
  - Perianal abscess and perianal abscess incision and drainage
  - Anal condyloma and excision/fulguration
  - Esophagogastroduodenoscopy
  - Colonoscopy/Sigmoidoscopy/Proctoscopy
  - Benign and malignant breast disease, partial mastectomy, SLNB, mastectomy, ALND
  - Hyperparathyroidism and parathyroidectomy
  - Benign and malignant thyroid nodules, thyroidectomy (partial, total)
  - Thyroiditis, hypothyroidism, hyperthyroidism
  - Hydradenitis
  - Pilonidal cyst/sinus and pilonidal cystectomy
  - Soft tissue masses and excisional vs incisional biopsy
  - Surgical site infection and incision/drainage
  - Hydrocele and hydrocelectomy
  - Trachesotomy
  - Nerve block
  - Acute abdomen, exploratory laparotomy
  - MIS equipment and troubleshooting
  - Robotic surgery principles
  - Physiologic changes associated with pneumoperitoneum
  - Principles and techniques of abdominal access

- Effects of surgery on nutritional requirements and nutritional support
- Preoperative evaluation and perioperative care: surgical risk evaluation, steroid therapy management, anticoagulation management, pain management, cardiac risk, pulmonary risk, VTE prophylaxis
- Ethical issues in clinical surgery: confidentiality, decision-making, complications and poor outcomes/truth telling.
- Attend conferences including Morbidity and Mortality, Surgical Ground Rounds, didactic and service-specific conferences.

#### Practice-based Learning and Improvement

- Be able to willingly impart educational information clearly and effectively to medical students and other health care team members.
- Utilize media in presentations appropriately and effectively.
- Complete learning assignments using multiple resources.
- Participate in assigned skills curriculum activities and simulation experiences to build surgical skills.
- Actively participate in Morbidity and Mortality (M&M) and/or other Quality Improvement (QI) conferences with comments, questions, and/or accurate presentation of cases.
- Change patient care behaviors in response to feedback from a supervisor.
- Recognize when and how errors or adverse events affect the care of patients.
- Participate in and perform at the appropriate level of the robotic curriculum.

#### Professionalism

- Be polite and respectful towards patients, their families, and other health care professionals.
- Demonstrate a commitment to continuity of care by taking personal responsibility for patient care outcomes.
- Respond to pages and consultation requests promptly.
- Be honest and trustworthy.
- Consistently respect patient confidentiality and privacy.
- Understand the institutional resources available to manage personal, physical, and emotional health.
- Comply with duty hour standards.
- Understand the principles of physician wellness and fatigue mitigation.
- Complete operative case logs and duty hour logs, perform other assigned and required administrative tasks in a timely fashion, without requiring excessive reminders or follow-up.

### Interpersonal and Communication Skills

- Utilize a variety of techniques to ensure that communication with patients and their families is understandable and respectful.
- Effectively communicate basic health care information to patients and their families.
- Willingly exchange patient information with team members.
- Respond politely and promptly to requests for consults and care coordination activities.
- Perform face-to-face hand-offs.
- Communicate basic facts effectively with patients, hospital staff members, and the senior surgeon in the operating room.
- Understand the necessary elements of informed consent for procedures.

### Systems-based Practice

- Develop a basic understanding of the available resources for coordinating patient care, including social workers, visiting nurses, and physical/occupational therapists.
- Obtain a basic knowledge of how health systems operate.
- Understand the system factors that contribute to medical errors and is aware that variations in care occur.