



# General Surgery Residency Program Department of Surgery Emory University School of Medicine

# Rotation Goals and Objectives GRADY BURN SERVICE

# Medical Knowledge

- I) The residents will learn and understand:
  - 1. Systemic physiologic changes caused by burn injury.
  - 2. Medical management of burn shock.
  - 3. The proper way to do an initial evaluation of a burn patient including assessments of the size, depth of the burn, airway management, a presence of other injuries and need for escharotomies.
  - 4. How to evaluate the burn wound as it changes and understand the cause of these changes.
  - 5. How to determine which burn wounds need excision and grafting and which should be left to heal.
  - 6. Pre and post-operative care of the burn patient including ICU and ventilator management.
  - 7. How to perform various excision and grafting procedures for burns.
  - 8. The basic principles of physical therapy and rehabilitation including splinting and scar management.
  - 9. Outpatient management of burns including long-term problems burn patients have (contactures, scarring, psychosocial problems) and their management.
  - 10. How to manage small/minor burns as outpatients.

#### HOW THESE GOALS WILL BE ACCOMPLISHED

# Patient Care & Procedural Skills

- II) Clinical Experience
  - 1. The Grady Burn Center admits between 340 360 acute burns per year (about 30% are pediatric patients). A large number of outpatients are seen in the Burn Clinic.
  - 2. The 2nd year resident is the primary physician (with faculty supervision) for all of the patients on the burn unit including the ICU and pediatric patients.
  - 3. The 2nd year resident's duties include:
    - a. Evaluating burn patients in the emergency department (when called by the ED staff), determining the need for admission, and initiating resuscitation.
    - Complete management of the burn patient in the ICU or chronic area including wound care, ventilator management and invasive procedures as needed. (Examples: escharotomies, placement of venous, arterial or Swan-Ganz catheters, flexible bronchoscopy.) (Note: Elective intubations are most commonly performed by Anesthesia residents) There is no





competing "ICU Service."

- c. The 2nd year resident rounds on the patients daily and helps determine the need for excision and grafting. They then assist in performing the operation (220 250 operations/year).
- d. The 2nd year resident participates in post-operative care including working with the physical therapist and occupational therapist to develop a rehabilitation plan.
- e. The 2nd year resident goes to the Burn Clinic (twice a week) and participates in long-term follow-up including scar management and in management of outpatient burns.
- f. The 1<sup>st</sup> year resident assists the 2nd year resident in all of the above duties, including operations and seeing outpatients.

# Practice-based Learning and Improvement

- Assimilate scientific evidence into patient care.
- Identify the need for improvement in one's own medical knowledge, surgical skills, and patient care and prepare an improvement plan for lifelong learning.

## **Professionalism**

- Participate in the evaluation of patients requiring emergency room consultation.
- Identify the "team concept" of trauma care.
- Conduct himself/herself respectfully, altruistically, and ethically.
- Practice patient- and family-centered care.
- Demonstrate sensitivity to family, cultural, ethnic, age, gender, and community issues during interactions with patients, families, and members of the healthcare team.

#### Interpersonal and Communication Skills

- Participate in the evaluation of patients requiring emergency room consultation.
- Be the primary presenters of all emergency room treat-and-release patients.
- Present patients in a logical and concise manner.
- Effectively listen to patients and families.
- Communicate effectively with patients and families, avoiding technical terms and jargon.
- Demonstrate skill in delivering bad news to patients and family.
- Demonstrate ability to communicate and function effectively and appropriately with a trauma team.
- Maintain orderly medical records and transfer notes.
- Practice effective and efficient sign-outs to on-call residents.

### **Systems-based Practice**

• Identify the roles and responsibilities of the surgeon in relation to those of physicians and surgeons in other disciplines and specialties, pathologists, nurses, anesthesiologists, physician assistants, pharmacists, and administration.





 Evaluate surgical disease with attention to various diagnostic tests and modalities that are used to define the type and extent of the pathology, which will determine the need for surgical intervention.

# III) Conferences/Rounds/Reading

- 1. Once a week multi-disciplinary rounds are held with representatives from physical therapy, occupational therapy, psychiatry, social work, nutrition, and nursing.
- 2. Faculty rounds are held daily.
- 3. A burn textbook is provided for the house staff.
- 4. Various reprints are provided on topics discussed on rounds.