



**EDUCATIONAL GOALS AND OBJECTIVES FOR ROTATIONS ON:
GENERAL SURGERY/ACUTE CARE SURGERY/CONSULT SERVICE
(GENERAL SURGERY-RED SURGERY SERVICE)**

Goal

The goal of the Red Surgery Service is to develop the knowledge, skills, and attitudes necessary to evaluate, diagnose, and manage the general surgical patient with emphasis on the acute care surgery patient. This is comprised of general surgery, emergency general surgery, complex tertiary surgical cases, complex re-operative surgical cases, or patients in shock states from acute surgical illness. 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: 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.
- 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.
- Perform basic steps of minor outpatient procedures done frequently in the clinic area such as suturing of simple and complex skin lacerations.
- Attend at least 2 clinic sessions each week.
- Participate in the resuscitation of acutely ill surgical patients with graded responsibilities to help improve the skills needed for early resuscitation and management.
- Participate in the management of physiologic problems that occur in the acutely ill surgical patient throughout their course of illness.
- Attend and present service patients at morning report, Morbidity and Mortality conference, Surgical Grand Rounds, and service specific Thursday afternoon didactic conferences.

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.
 - Acute vs chronic abdominal pain
 - Incarcerated hernias
 - Surgical site infections
 - Acute cholecystitis, Gallstone ileus
 - Obstructive Jaundice, Choledocholithiasis, Cholangitis
 - Acute pancreatitis, pancreatic necrosis, pancreatic pseudocyst
 - Hepatic abscess
 - Splenic laceration, splenic abscess
 - Esophageal perforation
 - Peptic ulcer disease, stress gastritis, upper GI bleeding
 - Enterocutaneous fistula
 - Small bowel obstruction
 - Perforated viscous
 - Acute appendicitis
 - Diverticular disease and its complications
 - Lower GI bleeding
 - Colonic volvulus
 - Large bowel obstruction
 - Constipation
 - Hemorrhoid disease with acute complication
 - Perianal abscess
 - Rectal prolapse and reduction
 - Pilonidal cyst with abscess
 - Necrotizing soft tissue infection
 - Hidradenitis with infection
 - Cellulitis
 - Hematoma
 - Acute respiratory distress
 - Infection and antimicrobial therapy, sepsis/SIRS, source control
 - Fluids, electrolytes, acid-base balance
 - Nutritional requirements and support
 - Preoperative evaluation and perioperative care: common postoperative problems, surgical risk evaluation, anticoagulation, VTE, pain management, cardiopulmonary risks

- Transfusion and coagulopathy
- Diagnostic laparoscopy, exploratory laparotomy
- Intraabdominal abscess drainage
- Hernia repair
- Difficult abdominal wall closure
- Cholecystectomy with or without cholangiography (laparoscopic, open)
- Hepatic abscess drainage
- Hepatic biopsy
- Pancreatic debridement and/or drainage
- Splenectomy (open, laparoscopic, partial/splenorrhaphy)
- Repair of gastroduodenal perforation
- Gastrostomy tube placement
- Adhesiolysis
- Ileostomy
- Jejunostomy
- Small intestine resection
- Appendectomy (laparoscopic, open)
- Partial/total colectomy
- Colostomy
- Perianal abscess drainage
- Hemorrhoidectomy
- Pilonidal cystectomy/drainage
- Incision, drainage, debridement of skin/soft tissue
- Cricothyroidotomy, tracheostomy (open/percutaneous)
- Medical knowledge about established and evolving biomedical, clinical and cognate *e.g. epidemiological and social behavioral) sciences and the application of this knowledge to patient care.
- Attend conferences including morning report, Morbidity and Mortality conference, Surgical Grand Rounds, 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 Journal Club.
- Recognize “team” approach to acute care surgery.
- Understand how to evaluate a patient in an emergency department consultation.

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.