



**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- 3:** At the end of the PGY-3, residents will:

Patient Care

- Participate in the evaluation, diagnosis, and development of the peri-operative management plan for complex tertiary and re-operative general surgery and emergency surgery patients, as well as elective general surgery patients, and be given graded responsibilities in the perioperative and operative management of these patients.
- Evaluate patients with surgical and non-surgical disease.
- Attend and participate in at least 2 clinic sessions per week.
- Attend and present service patients at morning report, Morbidity and Mortality conference, Surgical Grand Rounds, and service specific Thursday afternoon didactic conferences.
- Accurately diagnose most core conditions in the SCORE curriculum and some advanced conditions, as well as initiate appropriate management for most core and some advanced surgical conditions independently.
  - Acute vs chronic abdominal pain
  - Incarcerated hernias
  - Surgical site infections
  - Acute cholecystitis, Gallstone ileus
  - Obstructive Jaundice, Choledocholithiasis, Cholangitis
  - Acute pancreatitis, pancreatic necrosis, pancreatic pseudocyst, pancreatic fistula
  - Hepatic abscess
  - Splenic laceration, splenic abscess
  - Esophageal perforation
  - Peptic ulcer disease, stress gastritis, upper GI bleeding
  - Enterocutaneous fistula
  - Small bowel obstruction
  - Perforated viscus

- 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, shock, 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
- Recognize and manage complex postoperative problems such as sepsis, systemic inflammatory response syndrome, and multiple organ system failure independently.
- Demonstrate proficiency in the handling of most instruments and exhibit efficiency of motion during procedures.
- Move through the steps of most operations without much coaching and make intraoperative decisions.
- Perform many of the core operations and begin to gain experience in the advanced operations.
  - Diagnostic laparoscopy, exploratory laparotomy
  - Intraabdominal abscess drainage
  - Hernia repair
  - Difficult abdominal wall closure/abdominal wall reconstruction
  - Recurrent herniarrhaphy
  - Complex/re-operative abdominal surgery
  - 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

- Have significant knowledge about many core disease in the SCORE curriculum and a basic knowledge of the advanced disease in the SCORE curriculum, and make a diagnosis and initiate appropriate initial management.
  - Acute vs chronic abdominal pain
  - Incarcerated hernias
  - Surgical site infections
  - Acute cholecystitis, Gallstone ileus
  - Obstructive Jaundice, Choledocholithiasis, Cholangitis
  - Acute pancreatitis, pancreatic necrosis, pancreatic pseudocyst, pancreatic fistula
  - 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, shock, 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
- Have a significant knowledge of the operative steps, perioperative care, and postoperative complications for most of the core operations in the SCORE curriculum with a basic knowledge of some of the advanced operations.
  - Diagnostic laparoscopy, exploratory laparotomy
  - Intraabdominal abscess drainage
  - Hernia repair
  - Difficult abdominal wall closure/abdominal wall reconstruction
  - Recurrent herniarrhaphy
  - Complex/re-operative abdominal surgery
  - Cholecystectomy with or without cholangiography (laparoscopic, open)
  - Hepatic abscess drainage
  - Hepatic biopsy
  - Pancreatic debridement and/or drainage
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#### Practice-based Learning and Improvement

- Attend conferences including Morbidity and Mortality conference, Surgical Grand Rounds, Journal Club, morning report, service specific didactics.
- Demonstrate an effective teaching style when asked to be responsible for a conference or formal presentation.
- Look for trends and patterns in the care of patients and reads and uses sources to understand such patterns.
- Select an appropriate evidence-based information tool to answer specific questions while providing care.
- Independently practice surgical skills in a simulation environment to enhance technical ability.
- Evaluate own surgical results and medical care outcomes in a systematic way and identify areas for improvement.
- Identify probable causes for complications and deaths at M&M and/or other QI conferences with appropriate strategies for improving care.
- Begin to recognize patterns in the care of patients and look for opportunities to systematically reduce errors and adverse events.

#### Professionalism

- Ensure patient care responsibilities are performed and continuity of care is maintained.
- Accept responsibility for errors in patient care and initiate corrective action.
- Consistently demonstrate integrity in all aspects of care and professional relationships.
- Set an example by promoting healthy habits and creating an emotionally healthy environment for those working with them.
- Model appropriate management of personal health issues, fatigue and stress.
- Assure that others under their supervision respond appropriately to responsibilities in a timely fashion.

#### Interpersonal and Communication Skills

- Be capable of delivering bad news to patients and families sensitively and effectively.
- Discuss care plans with members of the health care team and keep them up to date on patient statuses and care plan changes.
- Deliver timely, complete, well organized information to referring physicians and to providers of follow-up care at the time of patient care transitions.
- Anticipate logistical issues regarding the procedure and engages members of the operating team to solve problems.
- Perform clear informed consent discussion for complex procedures.

### Systems-based Practice

- Be able to efficiently arrange disposition planning for patients and take responsibility for preparing all materials necessary for discharge or transfer of patients.
- Make suggestions for changes in the health care system that may improve patient care.
- Report problems with technology or processes that could produce medical errors.