



**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-5 Residents: In addition to the objectives mentioned above, at the end of the rotation, PGY-5 residents will:

Patient Care

- Lead a team that cares for patients with core and advanced conditions in the SCORE curriculum.
 - 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
- Delegate appropriate clinical tasks to other health care team members.
- Recognize atypical presentations of a large number of surgical conditions.
- Lead a team while providing supervision in the evaluation and management of complex postoperative problems such as sepsis, systemic inflammatory response syndrome, and multiple system organ failure.
- Attend and participate in at least 2 clinic sessions per week.
- Demonstrate proficiency in use of instruments and equipment required for essential operations, guides conduct of most operations and makes independent intraoperative decisions.
- Perform most of the core operations and have significant 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), cholecystostomy
 - Choledochoenteric anastomosis, common duct exploration, acute ductal injury repair
 - 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)
- Perform the peri-operative and operative management of patients who elect to decline the use of blood and blood products requiring the management of pre-operative and post-operative anemia with iron infusion and reticulocyte colony stimulating factors. Acquire the knowledge for the use of cell salvage techniques and Acute Normovolemic Hemodilution (ANH) in this patient population. Become familiar with the theory and requirements for the use of HBOCs in this patient population and how to pursue the FDA E-IND petition required for consideration of their use.
- Effectively guide other residents in core operations.

Medical Knowledge

- Have a comprehensive knowledge of the varying patterns of presentation and alternative and adjuvant treatments for the core diseases in the SCORE curriculum, as well as make the diagnosis and provide initial care for the advanced diseases in the SCORE curriculum.
 - 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
- Develop a knowledgebase in general and acute care surgery sufficient to teach other residents and students on the service.
- Have comprehensive level of knowledge of the operative steps, perioperative care, and postoperative complications for the core operations in the SCORE curriculum with a basic knowledge of many 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), cholecystostomy
 - Choledochoenteric anastomosis, common duct exploration, acute ductal injury repair
 - Hepatic abscess drainage
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- Colostomy
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- Incision, drainage, debridement of skin/soft tissue
- Cricothyroidotomy, tracheostomy (open/percutaneous)

Practice-based Learning and Improvement

- Recognize teachable moments and readily and respectfully engage the learner.
- Be a highly effective teacher with an interactive educational style.
- Engage in constructive educational dialogue.
- Facilitate conferences and case discussions based on assimilation of evidence from the literature.
- Attend conferences including Morbidity and Mortality conference, Surgical Grand Rounds, Journal Club, morning report, service specific didactics.
- Participate in local, regional, national activities including optional conferences and/or self-assessment programs.
- Demonstrate use of a system or process for keeping up with changes in the literature.
- Initiate assignments for other learners.
- Lead surgical skills experiences for students and residents and participate in skills curriculum development.
- Exhibit on-going self-evaluation and improvement that includes reflection on practice, tracking and analyzing patient outcomes, integrating evidence-based practice guidelines, and identifying opportunities to make practice improvements.
- Discuss and/or demonstrate application of M&M and/or other QI conference conclusions to own patient care.
- Lead a QI activity relevant to patient care outcomes.

Professionalism

- Serve as a role model for ethical behavior.
- Positively influence others by assertively modeling professionalism.
- Consistently place the interest of patients ahead of self-interests when appropriate.
- Promote a healthy work environment.

- Recognize and appropriately address personal health issues in other members of the care team.
- Be proactive in modifying schedule or intervening in other ways to assure that those caregivers under their supervision maintain personal wellness and do not compromise patient safety.
- Set an example for conference attendance, promptness, and attention to assigned tasks.

Interpersonal and Communication Skills

- Customize emotionally difficult information.
- Be capable of negotiating and managing conflict among patients and their families.
- Assume overall leadership of a health care team responsible for their patients while also seeking and valuing input from the members of the team.
- Negotiate and manage conflict among care providers.
- Take responsibility for ensuring that clear hand-offs are given at transitions of care.
- Be capable of leadership with unexpected events occur in the operating room.
- Be able to communicate effectively with the family when unexpected events occur in the operating room.

Systems-based Practice

- Coordinate the activities of residents, nurses, social workers, and other health care professionals to provide optimal care to the patient at the time of discharge or transfer, and to provide post-discharge ambulatory care that is appropriate for the patient's particular needs.
- Participate in work groups or performance improvement teams designed to reduce errors and improve health outcomes.
- Understand the appropriate use of standardized approaches to care and participates in creating such protocols of care.