



General Surgery

NGMC- Family Medicine Residency Program
Gainesville, Ga

PGY: 2

Description of Rotation:

This is a four-week block Surgical experience with direct supervision by general surgeons. This rotation takes place in the outpatient, operating room, and outpatient surgical center locations. Supplemental longitudinal learning in the FMP supervised by Family Physician Faculty is also expected.

Overall Goal of Surgical Rotation:

Residents will see surgical procedures commonly performed by surgeons and family physicians. The resident will acquire fundamental knowledge and technical proficiency principles of surgical management of disease and gain competence in recognizing, diagnosing, and appropriately referring patients with surgical problems. Resident will be proficient in managing preoperative and postoperative care of patients in the surgical setting as it pertains to Family Medicine.

Rotation Location(s):

NGMC – Gainesville
743 Spring St NE
Gainesville, GA 30501

Gainesville Surgery Center
1495 Beverly Rd
Gainesville, GA 30501

NGPG Surgical Associates – Gainesville
1439 Jesse Jewell Pkwy, Suite 302
Gainesville, GA 30501

The Longstreet Clinic – General Surgery
705 Jesse Jewell Pkwy SE, Suite 285, Second Floor
Gainesville, GA 30501

Preceptor(s):

Emily Ann Black, MD (NGPG)
Geary D. Bush, MD (Longstreet Clinic)

Sample PGY2 Schedule

M	T	W	TH	F	Sat	Sun
Outpatient-Surgery Clinic	Outpatient-Surgery Clinic	FM Clinic	Inpatient-Surgery	FM Clinic	*Surgery Call	OFF
Outpatient-Surgery Clinic	Outpatient-Surgery Clinic	Didactic Half Day	Inpatient-Surgery	FM Clinic	*Surgery Call	OFF

*Call is every other weekend.

Patient Care:	
PGY level	By the end of the rotation the resident will be able to:
2	Produce differential diagnoses on patients with surgical conditions (PC-4)
2	Implement appropriate treatment on patients with surgical problems (PC-3)
2	Manage preoperative evaluation of patients needing surgery, including initial resuscitation, evaluation and stabilization of acute emergencies and referral for major surgery (PC-5)
2	Manage post-operative care including medical and surgical complications for patients who have undergone surgery (PC-4)
2	Differentiate the role of the primary care physician in the care of patients with surgical conditions (PC-5)
2	Determine pre-operative risk assessments on patients (PC-5)
2	Manage post op care including discharge and follow up instructions (PC-5)



Medical Knowledge Objectives and Competencies:	
PGY level	By the end of the rotation the resident will be able to:
2	Recommend indications for and contraindications to common surgical procedures (MK-2)
2	Review ethical consideration relative to surgical intervention (quality and quantity of life, alleviation of pain, informed consent, etc.) (MK-1)
2	Appraise wound physiology and the healing process (MK-1)
2	Order appropriate laboratory and radiologic modalities that can be used to determine need for surgery (MK-3)
2	Manage fluid and electrolyte balance (MK-1)
2	Estimate blood requirements for surgery (MK-1)
2	Monitor bowel preparation for surgery/ estimate nutritional status and requirements (MK-1)
2	Prescribe appropriate antibiotics/analgesics (MK-1)
2	Manage suction/drain post operatively and in follow up (MK-1)
2	Manage post-operative complications most common to post-surgical patient including but not limited to fever, lung issues, thromboses, ileus, wound dehiscence/infection, nutrition, urinary issues (MK-1)

Interpersonal and Communication Skills:	
PGY level	By the end of the rotation the resident will be able to:
2	Develop rapport and builds therapeutic relationships with patients (ICS-1)
2	Communicate effectively with patients and families. (ICS-1)
2	Communicate effectively with physician colleagues at all levels. (ICS-2)
2	Communicate effectively with all non-physician members of the health care team to assure comprehensive and timely care of patients. (ICS-2)
2	Present information concisely and clearly both verbally and in writing on patients. (ICS-3)

Systems Based Practice Objectives and Competencies:	
PGY level	By the end of the rotation the resident will be able to:
2	Understand and utilize the multidisciplinary resources necessary to care optimally for patients. (SBP-2)
	Use evidence based and cost-effective diagnostic and treatment strategies. (SBP-2)
2	Describe when to ask for help and advice from senior residents and attending physicians. (SBP-3)
2	Effective collaboration with other members of the health care team, including residents at all levels, medical students, nurses, clinical pharmacists, occupational therapists, physical therapists, nutrition specialists, patient educators, social workers, case managers, and providers of home health services to advocate for patients (SBP-2)
2	Knowing when and how to refer patients to specialists, and how best to utilize the advice provided. (SBP-3)

Practice Based Learning and Improvement Objectives and Competencies:	
PGY level	By the end of the rotation the resident will be able to:
2	Commitment to professional scholarship, including systematic, critical perusal of relevant print and electronic literature, with emphases on integration of basic science with clinical medicine, and evaluation of information considering principles of evidence-based medicine (PBLI-1)
2	Identify and acknowledge gaps in personal knowledge/skills in the care of ambulatory patients. (PBLI-2)
2	Willingness and ability to incorporate faculty feedback into clinical/academic performance and participate in system change (PBLI-2)



Professionalism Objectives and Competencies:	
PGY level	By the end of the rotation the resident will be able to:
2	Acceptance of professional responsibility as the primary care physician for patients under his/her care (PROF-1)
2	Willingness to acknowledge errors when committed and perform self-analysis to avoid future similar mistakes (PROF-3)
2	Behaves with humanistic qualities of respect, compassion, integrity, and honesty in all patient/staff interactions with similar and differing cultures (PROF-1)
2	Understand ethical concepts of confidentiality, consent, autonomy and justice. (PROF-2)
2	Display professionalism through integrity, altruism and resolving conflict of interest. (PROF-3)

Additional Osteopathic Objectives and Competencies:	
By the end of the rotation/residency:	
<ul style="list-style-type: none"> • Perform an accurate and complete structural and physical exam including somatic dysfunction (PC1) • Be able to independently apply direct and indirect OMT to the clinical scenario that is presented (PC2) • Integrate knowledge of anatomy, physiology, and pharmacology with osteopathic assessment models (biomechanical, neurology, behavioral, etc) (MK1) • Apply the Tenets of Osteopathic Medicine in the development of patient treatment plan and patient presentations that emphasizes: <ul style="list-style-type: none"> ○ “1. The body is a unit; the person is a unit of body, mind, and spirit. ○ 2. The body is capable of self-regulation, self-healing, and health maintenance. ○ 3. Structure and function are reciprocally interrelated. ○ 4. Rational treatment is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function.” (MK2) • Document and apply appropriate billing and coding to their patient encounters according to level of complexity and modifiers for procedures such as OMT and injections. (SBP3) • Utilize OMM continuity clinic to foster continuity of care and the development of meaningful patient relationships. (ISC1) 	

Teaching Methods	
Clinical Teaching	Faculty Role Modeling
Case Based Teaching	Supervised Clinical Management
Didactic	Simulation lab

Research Scholarly Requirement Choice of One:	
Surgical Rounds – Present Case	Journal Club – Discuss article

Procedures that may taught on this rotation	
Incision and drainage	Excisional biopsy
Fine needle aspiration of breast	Thoracentesis
Central venous cannulation	Chest tube placement
Treatment of burns	Debridement of wounds
Sebaceous Cyst Removal	Digital nerve block
Suturing: simple interrupted, running, simple and complex closure	Colonoscopy
Suture removal	US Guidance procedure (10)



Supervision/Evaluation:
Resident will work one-on-one and be supervised by board certified Surgeons. While the resident will interact with several health care providers, supervision of patient care, behavior and diagnostic interpretations will be provided by the preceptor. The faculty preceptor will directly observe patient care and the performance of all procedures.

Assessment Methods	
Direct Observation	Procedure Evaluation
End of Rotation Evaluation	Procedure Logs

EPA's
(EPA 9) Diagnose and manage acute illness and injury
(EPA 13) Manage inpatient care, discharge planning, transitions of care
(EPA 14) Manage care for patients with medical emergencies
(EPA 20) Coordinate care and evaluate specialty consultation as the condition of the patient requires

Residency Outcomes
<i>Assess priorities of care for individual patients across the continuum of care—in-office visits, emergency, hospital, and other settings-- balancing the preferences of patients and medical priorities</i>
<i>Evaluate, diagnose, and manage patients with undifferentiated symptoms, chronic medical conditions, and multiple comorbidities</i>
<i>Perform the procedures most frequently needed by patients in continuity and hospital practices</i>

Resources: Required Reading	
Acute Abdominal Pain	https://www.aafp.org/afp/2008/0401/p971.pdf
Acute Abdominal Pain in older adults	https://www.aafp.org/afp/2006/1101/p1537.html
Abdominal Aortic Aneurysm	https://www.aafp.org/afp/2008/0401/p971.pdf
Acute Abdominal Pain in Children	https://www.aafp.org/afp/2016/0515/p830.html
Gallstones	https://www.aafp.org/afp/2014/0515/p795.html
Nausea/Vomiting	https://www.aafp.org/afp/2013/0915/p371.html
Appendicitis	https://www.aafp.org/afp/2018/0701/p25.html https://www.aafp.org/afp/2005/0101/p71.html
Acute Pancreatitis	https://www.aafp.org/afp/2014/1101/p632.html
Chronic Pancreatitis	https://www.aafp.org/afp/2018/0315/p385.html
Diverticulitis	https://www.aafp.org/afp/2013/0501/p612.html
Diverticular Disease	https://www.aafp.org/afp/2005/1001/p1229.html
LLQ Pain	https://www.aafp.org/afp/2010/1001/p766.pdf
Intestinal Obstruction	https://www.aafp.org/afp/2018/0915/p362.html
Hernia	https://www.aafp.org/afp/2013/0615/p844.html
Noncardiac Preop Assessment	https://www.aafp.org/afp/2013/0315/p414.html
Perioperative Cardiac Risk Evaluation	https://www.aafp.org/afp/2012/0201/p239.pdf
Perioperative Antiplatelet Therapy	https://www.aafp.org/afp/2010/1215/p1484.pdf
Wound Care	https://www.aafp.org/afp/2015/0115/p86.html
Venous Ulcers	https://www.aafp.org/afp/2010/0415/p989.html
Diabetic Foot Ulcers	https://www.aafp.org/afp/2013/0801/p177.html
Pressure Ulcers	https://www.aafp.org/afp/2015/1115/p888.html
ICSI Guidelines	https://www.icsi.org/
Surgical Risk Calculator	http://riskcalculator.facs.org/RiskCalculator/
Preop iPhone App	Preop Eval (Steinburg) for iPhone



Additional Osteopathic Curricular Elements	
Osteopathic Considerations in the Surgical Patient	SDOFM 2nd edition <ul style="list-style-type: none">• Chapter 14 – The Surgical Patient<ul style="list-style-type: none">○ Read pages 143 - 150○ View PowerPoint on <i>The Surgical Patient</i>
Post Op Atelectasis	OMT Video Library <ul style="list-style-type: none">• View videos under Post Op Atelectasis
Post Op Ileus	OMT Video Library <ul style="list-style-type: none">• View videos under Post Op Ileus
Osteopathic Foundations in Surgery	Foundations of Osteopathic Medicine fourth edition <ul style="list-style-type: none">• Read pgs. 1447 - 1457 (General Surgery)• Read pgs. 1386-1416 (HEENT Disorders)• Review pgs. 1417-1446 (Orthopedics)