

MARSHALL UNIVERSITY SCHOOL OF MEDICINE SURGERY RESIDENCY TRAINING PROGRAM

LETTER OF AGREEMENT FOR THE COOPERATIVE TRAINING OF RESIDENTS FROM MARSHALL UNIVERSITY JOAN C. EDWARDS SCHOOL OF MEDICINE (MUSOM), AND ST. MARY'S MEDICAL CENTER ([SMMC] Participating Site)

This letter of agreement is an educational statement that sets forth the relationship between MUSOM and SMMC. This statement of educational purpose is not intended to supercede or change any current contracts and institutional affiliation agreements between the institutions.

This Program Letter of Agreement is effective from **July 1, 2022** and will remain in effect for ten (10) years, unless updated, changed, or terminated as set forth herein. All such changes, unless otherwise indicated must be approved in writing by all parties.

Persons Responsible for Education and Supervision at SMMC

At MUSOM: David A. Denning, MD, Program Director

At SMMC: David A. Denning, M.D., Site Director and
All current MUSOM Surgery Faculty Members (Exhibit A) which
may change due to resignation or the addition of new faculty
members

1. Responsibilities

The MUSOM faculty (Faculty) at the SMMC must provide appropriate supervision of residents (Resident) in patient care activities and maintain a learning environment conducive to educating the residents in the AOA/ACGME competency areas. The Faculty must evaluate Resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.

2. Content and Duration of the Educational Experiences

The content of the educational experiences has been developed according to AOA/ACGME Residency Program Requirements and are delineated in the attached goals and objectives for each rotation. See Exhibit B.

The Program Director, Dr. David Denning, is ultimately responsible for the content and conduct of the educational activities at all sites, including SMMC. The MUSOM Program Director/SMMC Site Director and the faculty are responsible for the day-to-day activities of the Residents to ensure that the outlined goals and objectives are met during the course of the educational experiences.

Rotations may be in two (2) week blocks, but generally rotations are a month in duration.

The day-to-day supervision and oversight of Resident activities will be determined by the specialty service where they are assigned. The Program Coordinator is responsible for oversight of some Resident activities, including coordination of evaluations, arrangement of conferences, sick leave and annual leave as mandated by MUSOM.

3. Assignments

In accordance with the Affiliation Agreement between MUSOM and SMMC, MUSOM will provide to SMMC, the name of the Resident(s) assigned to the site, the service they will be training on and other relevant information.

4. Responsibility for supervision and evaluation of residents

Residents will be expected to behave as peers to the Faculty, but be supervised in all their activities commensurate with the complexity of care being given and the Resident's own abilities and level of training. Such activities include, but are not limited to the following:

- Patient care in clinics, inpatient wards and emergencies
- Conferences and lectures
- Interactions with administrative staff and nursing personnel
- Diagnostic and therapeutic procedures
- Intensive Care unit or Ward patient care

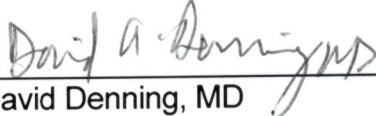
The evaluation form will be developed and administered by the Surgery Residency Program. Residents will be given the opportunity to evaluate the teaching faculty, clinical rotation and SMMC at the conclusion of the assignment.

5. Policies and Procedures for Education

During assignments at SMMC, Residents will be under the general direction of MUSOM's Graduate Medical Education Committee's and the Surgery Residency Program's Policy and Procedure Manual as well as the policies and procedures of SMMC, including but not limited to, policies related to patient confidentiality, patient safety, medical records.

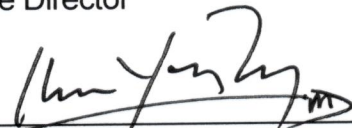
6. Authorized Signatures

ST. MARY'S MEDICAL CENTER



David Denning, MD
Site Director

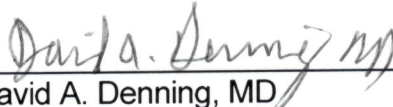
7-1-22
Date



Kevin Yingling,
CEO, Mountain Health Network and
President St. Mary's Medical Center

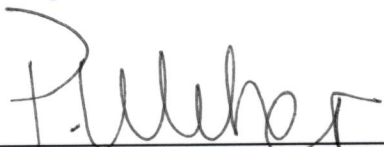
9/1/22
Date

MUSOM



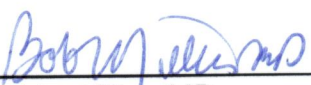
David A. Denning, MD
Program Director - MUSOM

7-1-22
Date



Paulette S. Wehner, MD, DIO
Vice Dean for GME

9/14/22
Date



Bobby Miller, MD
Dean

9/15/22
Date

Exhibit A: List of Faculty Members

David Denning, MD, Site Director

Farzad Amiri, MD

Adel Faltous, MD

Curtis Harrison, MD

Subrat Lahiry, MD

Errington Thompson, MD

Exhibit B: Goals and Objectives

Please see Attachment.

PGY 1

GENERAL SURGERY ROTATION

FACILITIES: St. Mary's Medical Center (SMMC)

FACULTY:

Dr. David Denning, Chairman
Dr. Farzad Amiri
Dr. Adel Faltaous
Dr. Curtis Harrison, Assistant Chairman
Dr. Errington Thompson
Dr. Subrat Lahiry

PGY-1 CLINICAL DUTIES

- See Handbook
- Review and perform milestones for promotion
- Exposure to General Surgery, Surgical Oncology, Trauma, Critical Care, Vascular, Plastics

GENERAL SURGERY

PATIENT CARE

GOALS

- Provide trainee with an opportunity to become proficient in the preoperative care of surgical patients that may or may not require surgery.
- Provide appropriate and effective peri-operative and post-operative care of surgical patients.
- Develop proficiency in basic surgical technical skills including both minor procedures and operations appropriate for intern level experience.

OBJECTIVES

The PGY 1 Resident should be able to:

- Evaluate pre-operative patients with complex GI issues (ex: Hepatobiliary, colorectal, upper and lower GI), and oncologic surgical processes.
- Manage ward/postoperative patients.
- Prioritize patient acuity.
- Manage ward emergencies (arrhythmia, hypoxia, shock, etc.).
- Prioritize clinical responsibilities.
- Plan discharge.
- Facility to acquire from patients and other sources pertinent information in a timely manner
- General understanding of immunological principles.
- Demonstrate caring and respectful behaviors when interacting with patients and/or their families.
- Incorporate patient preferences in making decisions about diagnostic and therapeutic interventions.
- Demonstrate manual dexterity appropriate for a first year resident.
- Develop patient care plans appropriate for PGY-1 resident and discuss with senior level resident and/or attending.
- Execute treatment plans.
- Gather essential and accurate information about patients.
- Evaluate patients with surgical indications and present a differential diagnosis to senior level resident and/or attending.
- Compare laparoscopic versus open procedures for each case.
- Develop an understanding about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
- In less complex cases may develop and carry out patient management plans as discussed with the chief resident and/or attending.
- Demonstrate an understanding of the indications and contraindications for various medications used in preparation or in the performance of procedures.
- Assist with the overall care of patients with the team of residents and students.
- Participate in daily rounds, outpatient clinics, and resident teaching conferences

MEDICAL KNOWLEDGE

GOALS

- Know the pathophysiologic and pharmacologic basis for the diseases treated and operations performed.
- Recognize the morbidity and mortality associated with the diseases treated and operations performed.
- Utilize web-based resources, journals, surgical texts, Scientific American Surgery Curriculum, ACS Resident Basic Skills Curriculum, TrueLearn Question Bank and other materials for detailed clinical and/or basic science information relative to patient care.

OBJECTIVES

The PGY 1 Resident should be able to:

- Possess a basic understanding of surgical pathophysiology, pharmacology, physiology and interpretation of hemodynamic data.
- Formulate, implement and understand a diagnostic and treatment plan for common abdominal surgical conditions based upon GI and hepatobiliary published evidence.
- Be able to individualize that plan based upon co-morbidities.
- Have a full understanding of preoperative risk assessment and mitigation to include cardiac risk, pulmonary disability, vascular disease, infection prophylaxis and anticoagulation.
- Have a working knowledge of patient regimen and medication reconciliation for surgical patient to avoid drug interaction or undue disruption of regimen.
- Demonstrate a working knowledge of the natural history of common general surgery conditions and the logic of modifying that history by timely intervention.
- Demonstrate a working knowledge of transfusion, electrolyte management and surgical nutrition to include TPN.
- Have a command of concepts of laparoscopic surgery including indications, patient response, instrumentation, logistics and post-operative considerations.
- Recognize and initiate management for common surgical complications including oliguria, hypotension, hypertension, chest pain, wound infection, sepsis, and electrolyte abnormalities.
- Demonstrate a working knowledge of pain management to include recognition of implications of pain, analgesics, narcotics, adjunctive measures and PCA.
- Evaluate by astute history and physical examination and prepare treatment plan for the following specific conditions: inguinal hernia (asymptomatic, symptomatic, irreducible, incarcerated), hemorrhoids grade 1-3, anal fissure, fistula-in-ano, cholelithiasis (asymptomatic and symptomatic), acute and chronic cholecystitis, acute abdomen, pancreatitis, small bowel obstruction, appendicitis, diverticulitis, GI hemorrhage.
- Competence in the use of ophthalmoscope, otoscope, stethoscope, laryngoscope, Doppler, anoscope.
- Ability to interpret laboratory tests including electrolytes, liver function, nutritional assessment, common endocrine testing, renal function, coagulation, blood gases. Ability to interpret ECG. Ability to interpret abdominal series, abdominal CT, Chest x-ray and to understand the radiology report on these studies and on ultrasound studies.
- Ability to apply ATLS and ACLS credentials.

PRACTICE BASED LEARNING AND IMPROVEMENT

GOALS

- Develop insight to identify own strengths and weaknesses and set learning goals.
- Evaluate published literature in critically acclaimed journals to continuously improve patient care.
- Apply clinical data to patients on the surgical oncology team.

OBJECTIVES

The PGY 1 Resident should be able to or have:

- Evaluate published literature in critically acclaimed journals and texts.
- Apply clinical trials data to patient management.
- Develop a general understanding of statistics to include confidence interval, power of the statistics, and p value.
- Participate in academic and clinical discussions on daily rounds and at weekly conferences.
- A commitment to read and research about every patient in your sphere to include text, computer literature search, conferences and questioning of other members of the team.
- An understanding of study design.
- An understanding of the levels of confidence or evidence in published material.
- Manage information technology appropriately to manage information, access on-line resources and support personal education.
- Receive and utilize constructive criticism to make improvements.
- Recognize strengths and build upon them.
- Explore scientific literature concerning patient management questions.
- Define the concepts of “best practice” and “evidence-based medicine.”

INTERPERSONAL COMMUNICATION SKILLS

GOALS

- Deliver patient information to consulting physicians, patients, their families and other health care professionals that are effective, accurate and complete.
- Effectively interact and communicate with multidisciplinary teams to deliver optimal patient care.
- Participate in daily rounds

OBJECTIVES

The PGY 1 Resident should be able to:

- Cultivate ethical and appropriate patient relationships.
- Display/reflect empathy and compassion for all patients.
- Develop effective listening skills, including observing nonverbal clues and using explanatory questioning.
- Develop effective, complete, and accurate note writing skills for documentation in the EMR.
- Clearly, accurately, and succinctly present pertinent information to faculty and senior residents regarding newly admitted patients.
- Clearly and respectfully communicate with patients and appropriate members of their families about identified disease processes (including complications), the expected courses, operative findings, and operative procedures with assistance from upper level residents

- Execute effective and thorough patient hand-off/sign out.
- Appraise the senior resident of all progress of all patients and alert them of any new problems on the service.
- Clearly, accurately, and respectfully communicate with nurses and other hospital employees, referring and consulting physicians, including residents.
- Maintain clear, concise, accurate, and timely medical records including (but not limited to) admission history and physical examination notes, consultation notes, progress notes, written and verbal orders, operative notes, and discharge summaries.
- Model effective communication techniques to medical students and exhibit proper interpersonal skills when interacting with patients, their families, and other health care providers.
- Ensure that all student notes are accurate, reflect a proper plan, and are countersigned by a physician each day.
- Enter all procedures and operative cases in which he/she is the surgeon of record into the system database within 24 hours of completing the procedure or operation.
- Dictate an accurate and descriptive narration of the operative procedure in which he/she is the primary surgeon within 24 hours.

PROFESSIONALISM

GOALS

- Interact with patients and families in a professional manner.
- Maintain high ethical behavior in all professional activities.
- Take personal responsibility for actions and decisions regarding patients.
- Exhibit knowledge of and utilize privacy policies, informed consent, business and medical ethics.
- Know and follow institutional behavior policies (i.e. Sexual harassment, etc.).
- Exhibit professionalism through timely completion of required administrative responsibilities (evaluations, recording hours, chart documentation, medical record dictations, etc.).
- Interact with colleagues, ancillary staff, and administrative personnel in a professional manner.

OBJECTIVES

The PGY 1 Resident should be able to:

- Place the needs of the patient above all the needs or desires of him/herself.
- Receive and utilize feedback on performance to improve outcomes.
- Identify ethical issues and apply standards of ethical care and behavior.
- Participate in end-of-life discussions and decisions with senior level residents and/or attendings.
- Exhibit sensitivity to gender, age, race, and cultural issues
- Model ethical and professional behavior in clinical setting by example.
- Display leadership qualities that can be cultivated in the course of training.
- Practice proper and professional groomed at all times including appropriate dress attire.
- Attend to administrative responsibilities in a timely manner:
- Complete timely medical records and dictations
- Answer pages promptly and professionally
- Enter cases into ACGME Operative Log
- Enter duty hours weekly
- Complete all evaluations of faculty and program and peers in a timely manner

SYSTEMS-BASED PRACTICE

GOALS

- Coordinate patient care within the health care system.
- Recognize system issues to reduce errors in patient care management.
- Understand the impact system resources have on patient outcomes.
- Develop understanding of billing and finances
- Provide optimal patient care by utilizing resources available throughout the system.
- Interact with other specialties referring patients to the general surgery service.

OBJECTIVES

The PGY 1 Resident should be able to:

- Appropriately utilize, in a timely and cost efficient manner, ancillary services including social services, discharge planning, physical therapy, nutrition services, pharmacy, and physician extenders.
- Outline the financial costs, the risks and benefits of the proposed diagnostic studies and therapeutic procedures.
- Determine and convey to appropriate individuals the instruments and other materials necessary for all procedures.
- Justify all diagnostic tests (including laboratory studies) ordered and document when needed.
- Appreciate the continuity between clinic and hospital based care.
- Practice cost-effective and appropriate preoperative evaluation and postoperative follow up.
- Recognize resource allocation issues.
- Exhibit sensitivity to medical-legal issues
- Utilize hospital information technology to provide cost effective and optimal patient care.
- Seek out assistance in identifying additional resources to maximize outcomes for patients. Participate in multidisciplinary discussions to elicit system resources to reduce errors and improve patient care.
- Participate in identifying system errors and implementing potential systems solutions.

ASSESSMENT METHODS

Patient Care:

New Innovations evaluations by Faculty
Weekly Attending Rounds
Monthly Perioperative Rounds
Medical Knowledge
Annual ABSITE
Written evaluation by faculty
Annual Mock Oral examinations
Weekly Attending rounds
Monthly Perioperative Conference

Medical Knowledge:

Annual ABSITE
Written evaluation by faculty
Annual Mock Oral Examinations
Weekly Attending rounds
Monthly Journal Club

Practice-Based Learning:

Faculty evaluations
Weekly M&M Conference
Weekly attending rounds
Monthly Journal Club

Professionalism:

360 evaluations
Faculty evaluations
Evaluations by Residents and Students

Interpersonal Relationships & Communication:

360 evaluations
Faculty evaluations
Evaluations by Residents and Students
Mock Oral Exams

System-Based Practice:

Weekly M&M Conference

Curriculums:

SCORE Curriculum
TrueLearn Question Bank

PGY 2

GENERAL SURGERY ROTATION

FACILITIES: St. Mary's Medical Center

FACULTY:

Dr. David Denning
Dr. Farzad Amiri
Dr. Adel Faltaous
Dr. Curtis Harrison
Dr. Subrat Lahiry
Dr. Errington Thompson

PGY-2 CLINICAL DUTIES

- See Handbook
- Review and perform milestones for promotion
- Exposure to General, Acute Care, Breast, Critical Care, Endocrine, Head and Neck, Thoracic and Vascular Surgery

GENERAL SURGERY (SMMC)

PATIENT CARE

GOALS

- Provide trainee with an opportunity to become proficient in the preoperative care of surgical patients that may or may not require surgery.
- Provide appropriate and effective peri-operative and post-operative care of surgical patients.
- Develop proficiency in basic surgical technical skills including both minor procedures and operations appropriate for a PGY 2 Resident experience.

OBJECTIVE

The PGY 2 Resident should be able to:

- Evaluate pre-operative patients with complex GI issues (ex: hepatobiliary, colo-rectal, upper and lower GI).
- Manage ward/postoperative patients.
- Prioritize patient acuity.
- Manage ward emergencies (arrhythmia, hypoxia, shock, etc.).
- Prioritize clinical responsibilities.
- Participate in simulation activity at each facility.
- Perform Junior level operative cases (Lap Chole, Hernia repair, advance vascular access)
- Facility to acquire from patients and other sources pertinent information in a timely manner
- General understanding of immunological principles.
- Demonstrate caring and respectful behaviors when interacting with patients and/or their families.
- Incorporate patient preferences in making decisions about diagnostic and therapeutic interventions.
- Demonstrate manual dexterity appropriate for a second year resident.
- Develop patient care plans appropriate for PGY-2 resident and discuss with senior level resident and/or attending.
- Execute treatment plans.
- Gather essential and accurate information about patients.
- Evaluate patients with surgical indications and present a differential diagnosis to senior level resident and/or attending.
- Compare laparoscopic versus open procedures for each case.
- Develop an understanding about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
- In less complex cases may develop and carry out patient management plans as discussed with the chief resident and/or attending.
- Demonstrate an understanding of the indications and contraindications for various medications used in preparation or in the performance of procedures.
- Assist with the overall care of patients with the team of residents and students.
- Participate in daily rounds, outpatient clinics, and resident teaching conferences
- Provide guidance to the PGY 1 residents on your service.

MEDICAL KNOWLEDGE

GOALS

- Know the pathophysiologic and pharmacologic basis for the diseases treated and operations performed.
- Recognize the morbidity and mortality associated with the diseases treated and operations performed.
- Utilize web-based resources, journals, surgical texts, ACS Curriculum, SCORE, and other materials for detailed clinical and/or basic science information relative to patient care.

OBJECTIVES

The PGY 2 Resident should:

- Possess a basic understanding of surgical pathophysiology, pharmacology, physiology and interpretation of hemodynamic data.
- Formulate, implement and understand a diagnostic and treatment plan for common abdominal surgical conditions based upon GI and hepatobiliary published evidence.
- Be able to individualize that plan based upon co-morbidities.
- Have a full understanding of preoperative risk assessment and mitigation to include cardiac risk, pulmonary disability, vascular disease, infection prophylaxis and anticoagulation.
- Have a working knowledge of patient regimen and medication reconciliation for surgical patient to avoid drug interaction or undue disruption of regimen.
- Demonstrate a working knowledge of the natural history of common general surgery conditions and the logic of modifying that history by timely intervention.
- Demonstrate a working knowledge of transfusion, electrolyte management and surgical nutrition to include TPN.
- Have a command of concepts of laparoscopic surgery including indications, patient response, instrumentation, logistics and post-operative considerations.
- Recognize and initiate management for common surgical complications including oliguria, hypotension, hypertension, chest pain, wound infection, sepsis, and electrolyte abnormalities.
- Demonstrate a working knowledge of pain management to include recognition of implications of pain, analgesics, narcotics, adjunctive measures and PCA.
- Evaluate by astute history and physical examination and prepare treatment plan for the following specific conditions: inguinal hernia (asymptomatic, symptomatic, irreducible, incarcerated), hemorrhoids grade 1-3, anal fissure, fistula-in-ano, cholelithiasis (asymptomatic and symptomatic), acute and chronic cholecystitis, acute abdomen, pancreatitis, small bowel obstruction, appendicitis, diverticulitis, GI hemorrhage.
- Competence in the use of ophthalmoscope, otoscope, stethoscope, laryngoscope, Doppler, anoscope.
- Ability to interpret laboratory tests including electrolytes, liver function, nutritional assessment, common endocrine testing, renal function, coagulation, blood gases. Ability to interpret ECG. Ability to interpret abdominal series, abdominal CT, Chest x-ray and to understand the radiology report on these studies and on ultrasound studies.
- Ability to apply ATLS and ACLS credentials.

PRACTICE BASED LEARNING AND IMPROVEMENT

GOALS

- Develop insight to identify own strengths and weaknesses and set learning goals.
- Evaluate published literature in critically acclaimed journals to improve patient care.
- Apply clinical data to patients on the surgical oncology team.

OBJECTIVES

The PGY 2 Resident should be able to or have:

- Evaluate published literature in critically acclaimed journals and texts.
- Apply clinical trials data to patient management.
- Develop a general understanding of statistics to include confidence interval, power of the statistics, and p value.
- Participate in academic and clinical discussions on daily rounds and at weekly conferences.
- A commitment to read and research about every patient in your sphere to include text, computer literature search, conferences and questioning of other members of the team.
- An understanding of study design.
- An understanding of the levels of confidence or evidence in published material.
- Manage information technology appropriately to manage information, access on-line resources and support personal education.
- Receive and utilize constructive criticism to make improvements.
- Recognize strengths and build upon them.
- Explore scientific literature concerning patient management questions.
- Define the concepts of “best practice” and “evidence-based medicine.”

INTERPERSONAL COMMUNICATION SKILLS

GOALS

- Deliver patient information to consulting physicians, patients, their families and other health care professionals that is effective, accurate and complete.
- Effectively interact and communicate with multidisciplinary teams to deliver optimal patient care.
- Participate in daily rounds

OBJECTIVES

The PGY 2 resident must:

- Cultivate ethical and appropriate patient relationships.
- Display/reflect empathy and compassion for all patients.
- Develop effective listening skills, including observing nonverbal clues and using explanatory questioning.
- Develop effective, complete, and accurate note writing skills for documentation in the EMR.
- Clearly, accurately, and succinctly present pertinent information to faculty and senior residents regarding newly admitted patients.

- Clearly and respectfully communicate with patients and appropriate members of their families about identified disease processes (including complications), the expected courses, operative findings, and operative procedures with assistance from upper level residents
- Execute effective and thorough patient hand-off/sign out.
- Appraise the senior resident of all progress of all patients and alert them of any new problems on the service.
- Clearly, accurately, and respectfully communicate with nurses and other hospital employees, referring and consulting physicians, including residents.
- Maintain clear, concise, accurate, and timely medical records including (but not limited to) admission history and physical examination notes, consultation notes, progress notes, written and verbal orders, operative notes, and discharge summaries.
- Model effective communication techniques to medical students and exhibit proper interpersonal skills when interacting with patients, their families, and other health care providers.
- Ensure that all student notes are accurate, reflect a proper plan, and are countersigned by a physician each day.
- Enter all procedures and operative cases in which he/she is the surgeon of record into the system database within 24 hours of completing the procedure or operation.
- Dictate an accurate and descriptive narration of the operative procedure in which he/she is the primary surgeon within 24 hours.

PROFESSIONALISM

GOALS

- Interact with patients and families in a professional manner.
- Maintain high ethical behavior in all professional activities.
- Take personal responsibility for actions and decisions regarding patients.
- Exhibit knowledge of and utilize privacy policies, informed consent, business and medical ethics.
- Know and follow institutional behavior policies (i.e. Sexual harassment, etc.).
- Exhibit professionalism through timely completion of required administrative responsibilities (evaluations, recording hours, chart documentation, medical record dictations, etc.).
- Interact with colleagues, ancillary staff, and administrative personnel in a professional manner.

OBJECTIVES

The PGY 2 resident must:

- Place the needs of the patient above all the needs or desires of him/herself.
- Receive and utilize feedback on performance to improve outcomes.
- Identify ethical issues and apply standards of ethical care and behavior.
- Participate in end-of-life discussions and decisions with senior level residents and/or attendings.
- Exhibit sensitivity to gender, age, race, and cultural issues
- Model ethical and professional behavior in clinical setting by example.
- Display leadership qualities that can be cultivated in the course of training.
- Practice proper and professional groomed at all times including appropriate dress attire.
- Attend to administrative responsibilities in a timely manner:
 - Complete timely medical records and dictations
 - Answer pages promptly and professionally
 - Enter cases into ACGME Operative Log
 - Enter duty hours weekly

SYSTEMS-BASED PRACTICE

GOALS

- Coordinate patient care within the health care system.
- Recognize system issues to reduce errors in patient care management.
- Understand the impact system resources have on patient outcomes.
- Develop understanding of billing and finances
- Provide optimal patient care by utilizing resources available throughout the system.
- Interact with other specialties referring patients to the general surgery service.

OBJECTIVES

The PGY 2 resident should:

- Appropriately utilize, in a timely and cost efficient manner, ancillary services including social services, discharge planning, physical therapy, nutrition services, pharmacy, and physician extenders.
- Outline the financial costs, the risks and benefits of the proposed diagnostic studies and therapeutic procedures.
- Determine and convey to appropriate individuals the instruments and other materials necessary for all procedures.
- Justify all diagnostic tests (including laboratory studies) ordered and document when needed.
- Appreciate the continuity between clinic and hospital based care.
- Practice cost-effective and appropriate preoperative evaluation and postoperative follow up.
- Recognize resource allocation issues.
- Exhibit sensitivity to medical-legal issues
- Utilize hospital information technology to provide cost effective and optimal patient care.
- Seek out assistance in identifying additional resources to maximize outcomes for patients. Participate in multidisciplinary discussions to elicit system resources to reduce errors and improve patient care.
- Participate in identifying system errors and implementing potential systems solutions.

ASSESSMENT METHODS

Patient Care:

New Innovations evaluations by Faculty
Weekly Attending Rounds
Monthly Perioperative Rounds

Medical Knowledge:

Annual ABSITE
Written evaluation by faculty
Annual Mock Oral examinations
Weekly Attending rounds
Monthly Perioperative Conference

Practice-Base Learning:

Faculty evaluations
Weekly M&M Conference
Weekly attending rounds
Monthly Journal Club

Professionalism:

360 evaluations
Faculty evaluations
Evaluations by Residents and Students

Interpersonal Relationships and Communication:

360 evaluations
Faculty evaluations
Evaluations by Residents and Students
Mock Oral Exams

System-Base Practice:

Weekly M&M Conference

Curriculums:

Scientific American Surgery Curriculum
Surgery Residency Curriculum
TrueLearn Question Bank

PGY 3

CRITICAL CARE (ICU) ROTATION

FACILITIES: St. Mary's Medical Center (SMMC)

FACULTY:

Dr. David Denning
Dr. Curtis Harrison
Dr. Farzad Amiri
Dr. Adel Faltaous
Dr. Errington Thompson
Dr. Subrat Lahiry

PGY-3 CLINICAL DUTIES

- See Handbook
- Review and perform milestones for promotion
- Exposure to General, Trauma and Pediatric Surgery Critical Care Patients in an acute care inpatient setting

CRITICAL CARE (SMMC)

PATIENT CARE

GOALS

- The purpose of this rotation for the General Surgery Resident is to further familiarize, advance, and train him/her with the principles associated with the diagnosis and management of critically ill patients including knowledge of simple and complex multiple organ system functions and abnormalities and to demonstrate the ability to appropriately diagnose and treat patients with inter-related system disorders in the intensive care unit.

OBJECTIVES

The PGY-3 resident should be able to:

- Do initial evaluation and management of the critically ill postoperative patient
- Institute therapeutic interventions such as managing fluid orders, ventilator settings, and pharmacologic support drugs.
- Maintain ACLS and ATLS certification
- Place central lines and pulmonary artery catheters
- Perform:
 - Orotracheal and nasotracheal intubation
 - Arterial catheter insertion
 - Placement of tube thoracotomy
 - Cricothyroidotomy
 - Pericardiocentesis
- Serve on code and trauma team
- Manage severe trauma patients
- Manage septic patients
- Manage invasive monitoring catheters and interpret the data obtained.
- Manage multiple organ system failure
- Manage life threatening surgical infections.
- Manage hypovolemic shock
- Manage renal failure
- Manage nutritional failure
- Manage liver failure
- Place emergency transvenous/transthoracic access
- Perform emergency thoracotomy
- Manage the nutritional and metabolic components of the patient's illness.
- Teach and mentor lower level residents in above listed objectives.

MEDICAL KNOWLEDGE

GOALS

- Demonstrate a useful fund of knowledge on various critical care topics
- Utilize web-based resources, journals, surgical texts, ACS curriculum, SCORE, and other materials for detailed clinical and/or basic science information relative to patient care.

OBJECTIVES

The PGY-3 resident should be able to:

- Outline criteria for admitting patients to the intensive care unit
- Describe indications for ventilator support including:
 - Airway evaluation
 - Indications for weaning
- Review acid-based and electrolyte abnormalities common in the critically ill patient
- Discuss the major categories of acid-base disturbances (metabolic acidosis/alkalosis, respiratory acidosis/alkalosis) in the context of the patients' ultra-physiology
- Review respiratory physiology with specific reference to ventilation vs respiratory problems (ventilation perfusion mismatch).
- Discuss the identification and correction of complex acid-base problems.
- Describe the pathophysiology of Adult Respiratory Distress Syndrome and the management of the long-term, ventilator dependent patient
- Review the management of complex respiratory problems
- Describe the use of the following drugs to improve respiratory function:
 - Bronchodilators
 - Diuretics
 - Vasodilators
 - Analgesics and sedatives
 - Mucolytics
- Describe the normal physiology response to a variety of insults such as sepsis, trauma, surgery, etc.
- Review hemodynamic principles associated with the use of various invasive monitoring devices such as:
 - Arterial catheters
 - Central venous catheters
 - Swan-Ganz catheters
 - Intracranial pressure monitors
- Outline the protocols for managing hemodynamically unstable patients and the selection of appropriate therapy.
- Review the management of the critically ill surgical patients with multiple medical problems.
- Describe cardiac function parameters including pre-load, after load, and myocardial contractility.
- Explain the effects of appropriate volume and drug therapy to manipulate the cardiovascular system.
- Compare cardiac function, tissue oxygen deliver and uptake, and the interaction of cardiorespiratory function as it applies to tissue oxygen supply and demand
- Describe prophylactic measures routinely used in critical care such as:
 - GI bleeding prophylaxis
 - Prophylactic antibiotics
 - Routine pulmonary prophylaxis
 - Prophylaxis against venous thromboemboli
 - Discuss the pharmacotherapeutics of drugs used for support and treatment of the critically ill patient.
 - Vasopressors

- Vasodilators
- Inotropic agents
- Bronchodilator
- Diuretics
- Antibiotics
- Outline the indications and methods for providing nutritional support
- Outline the nutritional and metabolic components of the patient's illness
- Review the effects of surgical infection and its impact on the critically ill patient
- Describe the management of a patient's nutritional needs including the calculation of nutritional deficit and replacement requirements
- Review the management of hepatic and renal failure
- Discuss the evaluation and treatment of bleeding disorders
- Outline the unique problems of the following surgical subspecialties:
 - Neurosurgery
 - Urology
 - Orthopedics
 - Pediatric Surgery
 - Cardiac Surgery
 - Thoracic Surgery
 - Burns
 - Trauma
- Describe endocrine-related problems associated with critical care
- Discuss the patient's overall hospital course to include preoperative, operative, and postoperative management in light of the altered physiologic state
- Review the relationships of physicians, nurses, and administrators in managing patients assigned to the ICU
- Discuss the moral and ethical problems encountered in ICU

PRACTICE BASED LEARNING AND IMPROVEMENT

GOALS

- Deliver patient information to the attendings, consulting physicians, patients, their families and other health care professionals that is effective, accurate and complete
- Effectively interact and communicate with multidisciplinary teams to deliver optimal patient care
- Participate in daily rounds

OBJECTIVES

The PGY-3 resident should be able to:

- Cultivate ethical and appropriate patient relationships
- Display/reflect empathy and compassion for all patients
- Develop effective listening skills, including observing nonverbal clues and using explanatory questioning.
- Develop effective, complete, and accurate note writing skills for documentation in the EMR
- Clearly, accurately, and succinctly present pertinent information to faculty and senior residents regarding newly admitted patients
- Clearly and respectfully communicate with patients and appropriate members of their families about identified disease processes (including complications), the expected courses, operative findings, and operative procedures with assistance from upper level residents
- Execute effective and thorough patient hand-off/sign out
- Appraise the senior resident of all progress of all patients and alert them of any new problems on the services
- Clearly, accurately, and respectfully communicate with nurses and other hospital employees, referring and consulting physicians, including residents
- Maintain clear, concise, accurate, and timely medical records including (but not limited to) admission history and physical examination notes, consultations notes, progress notes, written and verbal orders, operative notes, and discharge summaries
- Model effective communication techniques to medical students and exhibit proper interpersonal skills when interacting with patients, their families, and other health care providers.
- Ensure that all student notes are accurate, reflect a proper plan, and are countersigned by a physician each day
- Enter all procedures and operative cases in which he/she is the surgeon of record into the system database within 24 hours of completing the procedures or operation.
- Dictate an accurate and descriptive narration of the operative procedure in which he/she is the primary surgeon within 24 hours

PROFESSIONALISM

GOALS

- Interact with patients and families in a professional manner
- Maintain high ethical behavior in all professional activities
- Take personal responsibility for actions and decisions regarding patients
- Exhibit knowledge of and utilize privacy policies, informed consent, business and medical ethics
- Know and follow institutional behavior policies (i.e sexual harassment, etc.)
- Exhibit professionalism through timely completion of required administrative responsibilities (evaluations, recording hours, chart documentation, medical record dictations, etc.)
- Interact with colleagues, ancillary staff, and administrative personnel in a professional manner

OBJECTIVES

The PGY-3 resident should be able to:

- Place the needs of the patient above all the needs or desires of him/herself
- Receive and utilize feedback on performance to improve outcomes
- Identify ethical issues and apply standards of ethical care and behavior
- Participate in end-of-life discussions and decisions with senior level residents and/or attendings.
- Exhibit sensitivity to gender, age, race, and cultural issues
- Model ethical and professional behavior in clinical setting by examples
- Display leadership qualities that can be cultivated in the course of training
- Practice proper and professional grooming at all times including appropriate dress attire
- Attend to administrative responsibilities in a timely manner
 - Complete timely medical records and dictations
 - Answer pages promptly and professionally
 - Enter cases into ACGME Operative log
 - Enter duty hours weekly

SYSTEM – BASED PRACTICE

GOALS

- Coordinate patient care within the health care system
- Recognize system issues to reduce errors in patient care management
- Understand the impact system resources have on patient outcomes.
- Develop optimal patient care by utilizing resources available throughout the system.
- Interact with other specialties referring patients to the general surgery service.

OBJECTIVES

The PGY 3 Resident should:

- Appropriately utilize, in a timely and cost efficient manner, ancillary services including social services, discharge planning, physical therapy, nutrition services, pharmacy, and physician extenders.
- Outline the financial costs, the risks and benefits of the proposed diagnostic studies and therapeutic procedures.
- Determine and convey to appropriate individuals the instruments and other materials necessary for all procedures.
- Justify all diagnostic tests (including laboratory studies) ordered and document when needed.
- Appreciate the continuity between clinic and hospital based care.
- Practice cost-effective and appropriate preoperative evaluation and postoperative follow-up.
- Recognize resource allocation issues.
- Exhibit sensitivity to medical-legal issues
- Utilize hospital information technology to provide cost effective and optimal patient care.
- Seek out assistance in identifying additional resources to maximize outcomes for patients. Participate in multidisciplinary discussions to elicit system resources to reduce errors and improve patient care.
- Participate in identifying system errors and improve patient care
- Participate in identifying system errors and implementing potential systems solutions.

ASSESSMENT METHODS

Patient Care:

New Innovations evaluations by faculty
Weekly attending Rounds
Monthly Perioperative Rounds

Medical Knowledge:

Annual ABSITE
Written evaluation by faculty
Annual Mock Oral Examinations
Weekly Attending rounds
Monthly Perioperative Conference

Practice Base-Learning:

Faculty evaluations
Weekly M&M conference
Weekly Attending Rounds
Monthly Journal Club

Professionalism:

360° evaluations
Faculty evaluations
Evaluations by residents and students

Interpersonal Relationships and Communication:

360° evaluations
Faculty evaluations
Evaluations by residents and students
Mock oral exams

System-Base Practice:

Weekly M&M Conference

Curriculums:

Scientific American Surgery Curriculum
Surgery Residency Program Curriculum
TrueLearn Question Bank

PGY-4

GENERAL SURGERY SMMC ROTATION

FACILITIES: St. Mary's Medical Center (SMMC)

FACULTY:

Dr. David Denning
Dr. Farzad Amiri
Dr. Adel Faltaous
Dr. Curtis Harrison
Dr. Subrat Lahiry
Dr. Errington Thompson

PGY-4 CLINICAL DUTIES

- See Handbook
- Review and perform milestones for promotion
- Exposure to General Surgery, Acute Care, Trauma and Critical Care, Vascular Surgery, Plastic Surgery, and Thoracic Surgery services, patients, and procedures.
- Attend Clinic

GENERAL SURGERY SMMC

PATIENT CARE

GOALS

- Formulate accurate decisions about trauma and surgical patients that may or may not require surgery.
- Gather essential and accurate information about patients.
- Provide trainee with an opportunity to participate pre-operative, peri-operative and post-operative care for the trauma and surgical patient

OBJECTIVES

The PGY-4 resident should demonstrate the ability to:

- Evaluate surgical and trauma patients and report to chief level resident and or attending with a differential diagnosis and comprehensive plan for the trauma patient
- Coordinate with junior level residents and ER staff the work required
- Take a complete history and physical examination.
- Gathers essential and accurate information about patients.
- Identify non-verbal communications in interview with patients.
- Active listen to patients and or families when interviewing patients.
- Incorporate patients' preferences in therapeutic intervention.
- Prioritize patient acuity.
- Lead in decisions regarding appropriate triage of patients on trauma.
- Prioritize clinical responsibilities.
- Perform a primary and secondary survey of a trauma patient in the ED according to ATLS protocol.
- Accurately and succinctly convey the assessment of the patient to chief residents and attending surgical staff.
- Know Advanced Cardiac Life Support protocols.
- Exhibit caring and respectful behaviors when interacting with patients and/or their families.
- Formulate management plans for diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
- Know the policies and procedures in working with the services, and carry out patient care management plans for trauma and critically ill patients.
- Know the indications and contraindications for various medications used in the preparation and performance of procedures.
- Assist chief resident and/or attending in the overall care of patients for the team of residents and students.
- Assist chief resident and/or attending with all essential medical and invasive procedures.
- Arrive for trauma prepared for the cognitive components of his/her role taking care of the trauma patient.
- Participate in coordinating with health care professionals, including those from other disciplines, care of the critically ill patient so as to provide Patient-focused care.
- Participate in patient management in trauma room, outpatient clinic.
- Develop competence in interpretation of radiologic studies such as abdominal films and chest x-rays.
- Participate in the work-up and assist with plan to handle any possible abdominal crises.
- Participate in diagnosis and therapeutic plan for patients sustaining multi-system blunt injury.
- Deliver a medical opinion to another surgical or non-surgical colleague about a patient
- Know, follow, and execute the evidence based established critical care protocols and trauma guidelines including:
 - The Thoracic & Lumbar Spine clearance protocol
 - Use of oral contrast for abdominal CT in Trauma

- Journal Club, Monthly
- Mortality and Morbidity Case Conference
- Trauma Conferences

PRACTICE-BASED LEARNING AND IMPROVEMENT

GOALS

- Develop insight to identify own strengths and weaknesses and set learning goals.
- Learn the basic principles of biostatistics, study design, and epidemiology.
- Evaluate published literature in critically acclaimed journals.

OBJECTIVES

The PGY-4 should demonstrate the ability to:

- Receive and utilize constructive criticism to make improvements.
- Recognize strengths and build upon them.
- Identify weaknesses and set learning goals.
- Explore scientific literature concerning patient management questions.
- Define the concepts of “best practice” and “evidence-based medicine.”
- Utilize technology and medical informatics in day to day patient care.
- Review current literature to gain insight into practices using quality improvement through review of cases at M&M conferences.
- Apply clinical data to trauma team patient care.
- Recognize the principles of biostatistics, study design, and epidemiology.
- Complete weekly reading assignments related to Basic Science.
- Analyze practice-based improvement activities using a systematic methodology.
- Obtains and uses information about their population of patients and the larger population from which patients are drawn.
- Facilitates the learning of medical students.
- Exhibit and recognizes the importance of lifelong learning in surgical practice.

INTERPERSONAL COMMUNICATION SKILLS

GOALS

- Deliver patient information to consulting physicians, patients, their families and other health care professionals that is effective, accurate and complete.
- Effectively interact and communicate with multidisciplinary teams to deliver optimal patient care.
- Participate in daily rounds

OBJECTIVES

Residents at the PGY-4 level should:

- Collegially interact with surgical faculty as well as the various consulting medical teams and emergency department physicians and staff.
 - Cultivate ethical and appropriate patient relationships.
- Display/reflect empathy and compassion for all patients.

- Develop effective listening skills, including observing nonverbal clues and using explanatory questioning.
- Clearly, accurately, and succinctly present pertinent information to faculty and senior residents regarding newly admitted patients.
- Clearly and respectfully communicate with patients and appropriate members of their families about identified disease processes (including complications), the expected courses, operative findings, and operative procedures with assistance from upper level residents
- Execute effective and thorough patient hand-off/sign out.
- Appraise the senior resident of all progress of all patients and alert them of any new problems on the service.
- Clearly, accurately, and respectfully communicate with nurses and other hospital employees, referring and consulting physicians, including residents.
- Maintain clear, concise, accurate, and timely medical records including (but not limited to) admission history and physical examination notes, consultation notes, progress notes, written and verbal orders, operative notes, and discharge summaries.
- Develop effective, complete, and accurate note writing skills to document patient care in EMR.
- Model effective communication techniques to medical students and exhibit proper interpersonal skills when interacting with patients, their families, and other health care providers.
- Ensure that all student notes are accurate, reflect a proper plan, and are countersigned by a physician each day.
- Enter all procedures and operative cases in which he/she is the surgeon of record into the system database within 24 hours of completing the procedure or operation.
- Dictate an accurate and descriptive narration of the operative procedure in which he/she is the primary surgeon within 24 hours.

PROFESSIONALISM

GOALS

- Interact with patients and families in a professional manner.
- Maintain high ethical behavior in all professional activities.
- Take personal responsibility for actions and decisions regarding patients.
- Exhibit knowledge of and utilize privacy policies, informed consent, business and medical ethics.
- Follow institutional behavior policies (i.e. Sexual harassment, etc.).
- Exhibit professionalism through timely completion of required administrative responsibilities (evaluations, recording hours, chart documentation, medical record dictations, etc.).
- Interact with colleagues, ancillary staff, and administrative personnel in a professional manner.

OBJECTIVES

The PGY 4 resident must:

- Place the needs of the patient above all the needs or desires of him/herself.
- Receive and utilize feedback on performance to improve outcomes.
- Identify ethical issues and apply standards of ethical care and behavior.
- Participate in end-of-life discussions and decisions with senior level residents and/or attendings.
- Exhibit sensitivity to gender, age, race, and cultural issues
- Model ethical and professional behavior in clinical setting by example.
- Display leadership qualities that can be cultivated in the course of training.
- Practice proper and professional groomed at all times including appropriate dress attire.

- Attend to administrative responsibilities in a timely manner:
- Complete timely medical records and dictations
- Answer pages promptly and professionally
- Enter cases in to ACGME Operative Log
- Enter duty hours weekly

SYSTEMS-BASED PRACTICE

GOALS

- Demonstrate an awareness of and responsiveness to the larger context and system of health care.
- Coordinate patient care within the health care system.
- Participate in multidisciplinary discussions to elicit system resources to reduce errors and improve patient care.
- Provide optimal patient care by utilizing resources available throughout the system.
- Understand the impact system resources have on patient outcomes.
- Develop understanding of coding, billing and finances.
- Participate in identifying system errors and implementing potential systems solutions.

OBJECTIVES

The PGY-4 resident should:

- Appropriately utilize, in a timely and cost efficient manner, ancillary services including social services, discharge planning, physical therapy, nutrition services, pharmacy, and physician extenders.
- Outline the financial costs, the risks and benefits of the proposed diagnostic studies and therapeutic procedures.
- Determine and convey to appropriate individuals the instruments and other materials necessary for all procedures.
- Justify all diagnostic tests (including laboratory studies) ordered and document when needed.
- Appreciate the continuity between clinic and hospital based care.
- Practice cost-effective and appropriate preoperative evaluation and postoperative follow up.
- Recognize resource allocation issues.
- Exhibit sensitivity to medical-legal issues
- Utilize hospital information technology to provide cost effective and optimal patient care.
- Seek out assistance in identifying additional resources to maximize outcomes for patients.
- Participate in inter-disciplinary conversations to understand problematic system issues.
- Participate in root cause analysis to understand solutions that address the problems.

ASSESSMENT METHODS

Patient Care:

New Innovations evaluations by Faculty
Weekly Attending Rounds
Monthly Perioperative Rounds

Medical Knowledge:

Annual ABSITE
Written evaluation by faculty
Annual Mock Oral examinations
Weekly Attending rounds
Monthly Perioperative Conference

Practice-Based Learning:

Faculty evaluations
Weekly M&M Conference
Weekly attending rounds
Monthly Journal Club

Professionalism:

360 evaluations
Faculty evaluations
Evaluations by Residents and Students

Interpersonal Relationships & Communication:

360 evaluations
Faculty evaluations
Evaluations by Residents and Students
Mock Oral Exams

System-Based Practice:

Weekly M&M Conference

Curriculums:

Scientific American Surgery Curriculum
Surgery Residency Program Curriculum
TrueLearn Question Bank

PGY 5 – CHIEF RESIDENT

GENERAL SURGERY SMMC ROTATION (CHAIRMAN'S SERVICE)

FACILITIES: St. Mary's Medical Center (SMMC)

FACULTY:

Dr. David Denning
Dr. Farzad Amiri
Dr. Adel Faltaous
Dr. Curtis Harrison
Dr. Subrat Lahiry
Dr. Errington Thompson

PGY-5 Clinical Duties

- See Handbook
- Exposure to Trauma, General Surgery, Surgical Oncology, and Vascular Surgery

PGY-5 CLINICAL DUTIES AND PRIVILEGES

LINES OF SUPERVISION

During the PGY-5 year, surgical residents will teach junior level residents the essential content areas of general surgery: alimentary tract, abdomen and its contents, surgical oncology, pediatric surgery, thoracic surgery and trauma. In concert with the attending, the PGY-5 resident will directly supervise the junior level residents and medical students in the delivery of care to all patients on the service. The PGY-5 year is involved with direct patient care on a daily basis, is responsible for the leadership and supervision of the outpatient clinic, inpatient clinical setting, the OR, and the trauma service. As chief resident you are responsible for reviewing treatment plans with junior level residents and insure accurate documentation is entered in the EMR. Additionally you must be familiar with all patients and assume direct responsibility for their care. It is your responsibility to keep the attending apprised of the progress of patients on the service. In the OR the PGY-5 resident will teach junior level residents and medical students. In addition to daily patient care you will attend didactic sessions on each specific rotation, as well as, required departmental conferences.

All residents are expected to utilize web-based resources, journals, surgical texts, and other material in preparing for regular weekly conferences and daily patient care during each rotation and for regularly scheduled departmental conferences.

The PGY-5 resident is expected to:

- Provide clinical and administrative leadership of residents and students assigned to the surgical services of the affiliated hospitals.
- Begin to function as a responsible surgeon under appropriate supervision.
- Master surgical skills.
- Provide oversight of the patient's pre, peri and postoperative care. Coordinate evaluation, input, and care from consultants and other health care professionals.
- Achieve the full competence (knowledge, skills and attitudes) of a board eligible general surgeon.

PATIENT CARE

GOALS

- Assume primary responsibility with little supervision for the overall management and operation of the trauma service.
- Participate in the pre-operative, intra-operative and postoperative management of all trauma patients and performs procedures to become a competent surgeon.
- Ensure that junior level residents understand their role in the delivery of patient care in the trauma bay, clinic and on the floor.

OBJECTIVES

The PGY 5 resident should demonstrate the ability to:

- Manage and oversee patients brought into the ED, in the trauma unit, and in clinic.
- Take a leadership role in the trauma bay, trauma unit, Operating Surgical ICU, Surgical inpatient floor and in clinic.
- Organize the multidisciplinary care of complex patients.
- Function independently in all aspects of trauma, General Surgery and critically ill patient management.
- Exhibit working knowledge of medical problems and progress of all patients.
- Apply clinical screening and triage of the individual services
- Explain typical presentations and clinical manifestations associated with blunt and penetrating trauma General Surgery and Vascular patients
- Lead, supervise, and teach junior level residents and medical students.
- Coordinate patient management plans with services,
- Develop and execute patient care plans appropriate for chief resident Units and STICU.
- Evaluate critically ill patients with complex surgical indications and presents a differential diagnosis.
- Supervise all aspects of the care of the patient and delegate tasks to team members at level appropriate.
- Coordinate the overall care of patients for the team of residents and students.
- Exhibit ability to assess caregiver to include preparedness, needs, and signs of strain. Consider caregiver emotional support and actual physical care of the patient.
- Discuss current literature and surgical text outlining their application to clinical practice.
- Integrate and discuss the basic and clinical science in leading the service and in teaching junior level residents.
- Consistently engage attendings in pre-operative discussions.
- Demonstrate advanced skills in pre and post- operative care.
- Discuss with patient/family end of life issues in the setting of futile care.

MEDICAL KNOWLEDGE

GOALS

- Apply knowledge base to patients
- Prepare for and participate in weekly departmental M&M conferences presenting entire case list and deaths and complications.
- Discuss pathophysiology and pharmacologic basis for trauma care and operations performed.
- Explain morbidity and mortality associated with the patients and operations performed.

OBJECTIVES

The PGY 5 resident should demonstrate the ability to:

- Initiate plan for self-learning.
- Apply knowledge of primary surgical literature to daily patient care.
- Review patient workup of junior level resident and discuss pros and cons of proposed treatment plan.
- Teach basic medical knowledge of the ABC's of Trauma, fluids and electrolytes, and critical care to junior level residents and other health care professionals.
- Discuss favored modality and coordinate treatment in the multimodality care of patients.
- Incorporate surgical pathophysiology, pharmacology, physiology, and interpretation of scientific data in diagnosing and managing the critically ill patient.
- Teach junior level residents reasoning for treatment plans and care relative to patients.

- Systematically delegate responsibilities to team members.
- Manage day to day patient care in the trauma unit, outpatient clinic, consults and team responsibilities.
- Teach junior level residents and medical students surgical anatomy.
- Present level appropriate materials at Basic Science Conferences.
- Exhibit surgical competence by the use of significant surgical knowledge and advanced skill to achieve a performance that produces appropriate and anticipated outcomes.
- Integrate surgical continuity of care principles into the total care plan for the patients.
- Through leadership and teaching, demonstrate understanding of the significance of the natural history of surgical disease, the consequence of surgical care (both positive and negative), and the influence of continuity of care upon surgical outcomes.
- Incorporate the knowledge of ethical, legal, economic, and/or social factors into the activities of the entire trauma and/or critical care team for all components of patient care.
- Know primary surgical literature beyond that in textbooks and review articles.
- The resident must attend the following mandatory conferences: Grand Rounds, Basic Science, Journal Club, Mortality and Morbidity and Trauma Service Conference

PRACTICE-BASED LEARNING AND IMPROVEMENT

GOALS

- Develop insight to identify own strengths and weaknesses and set learning goals. Learn the basic principles of biostatistics, study design, and epidemiology.
- Evaluate published literature in critically acclaimed journals.

OBJECTIVES

The PGY- 5 should demonstrate the ability to:

- Receive and utilize constructive criticism to make improvements.
- Recognize strengths and build upon them.
- Identify weaknesses and set learning goals.
- Explore scientific literature concerning patient management questions.
- Define the concepts of “best practice” and “evidence-based medicine.”
- Utilize technology and medical informatics in day to day patient care.
- Review current literature to gain insight into practices using quality improvement through review of cases at M&M conferences.
- Apply clinical data to trauma team patient care.
- Recognize the principles of biostatistics, study design, and epidemiology.
- Complete weekly reading assignments related to Basic Science.
- Analyze practice-based improvement activities using a systematic methodology.
- Obtains and uses information about their population of patients and the larger population from which patients are drawn.
- Facilitates the learning of medical students.
- Exhibit and recognizes the importance of lifelong learning in surgical practice.

INTERPERSONAL COMMUNICATION SKILLS

GOALS

- Deliver patient information to consulting physicians, patients, their families and other health care professionals that is effective, accurate and complete.
- Effectively interact and communicate with multidisciplinary teams to deliver optimal patient care.
- Participate in daily rounds

OBJECTIVES

Residents at the PGY-5 level should:

- Collegially interact with surgical faculty as well as the various consulting medical teams and emergency department physicians and staff.
- Cultivate ethical and appropriate patient relationships.
- Display/reflect empathy and compassion for all patients.
- Develop effective listening skills, including observing nonverbal clues and using explanatory questioning.
- Clearly, accurately, and succinctly present pertinent information to faculty and senior residents regarding newly admitted patients.
- Clearly and respectfully communicate with patients and appropriate members of their families about identified disease processes (including complications), the expected courses, operative findings, and operative procedures with assistance from upper level residents
- Execute effective and thorough patient hand-off/sign out.
- Appraise the senior resident of all progress of all patients and alert them of any new problems on the service.
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- Dictate an accurate and descriptive narration of the operative procedure in which he/she is the primary surgeon within 24 hours.

PROFESSIONALISM

GOALS

- Interact with patients and families in a professional manner.
- Maintain high ethical behavior in all professional activities.
- Take personal responsibility for actions and decisions regarding patients.
- Exhibit knowledge of and utilize privacy policies, informed consent, business and medical ethics.
- Follow institutional behavior policies (i.e. Sexual harassment, etc.).
- Exhibit professionalism through timely completion of required administrative responsibilities (evaluations, recording hours, chart documentation, medical record dictations, etc.).
- Interact with colleagues, ancillary staff, and administrative personnel in a professional manner.

OBJECTIVES

The PGY 5 resident must:

- Place the needs of the patient above all the needs or desires of him/herself.
- Receive and utilize feedback on performance to improve outcomes.
- Identify ethical issues and apply standards of ethical care and behavior.
- Participate in end-of-life discussions and decisions with senior level residents and/or attendings.
- Exhibit sensitivity to gender, age, race, and cultural issues
- Model ethical and professional behavior in clinical setting by example.
- Display leadership qualities that can be cultivated in the course of training.
- Practice proper and professional groomed at all times including appropriate dress attire.
- Attend to administrative responsibilities in a timely manner:
- Complete timely medical records and dictations
- Answer pages promptly and professionally
- Enter cases in to ACGME Operative Log
- Enter duty hours weekly

SYSTEMS-BASED PRACTICE

GOALS

- Demonstrate an awareness of and responsiveness to the larger context and system of health care.
- Coordinate patient care within the health care system.
- Participate in multidisciplinary discussions to elicit system resources to reduce errors and improve patient care.
- Provide optimal patient care by utilizing resources available throughout the system.
- Understand the impact system resources have on patient outcomes.
- Develop understanding of coding, billing and finances.
- Participate in identifying system errors and implementing potential systems solutions.

OBJECTIVES

The PGY-5 resident should:

- Appropriately utilize, in a timely and cost efficient manner, ancillary services including social services, discharge planning, physical therapy, nutrition services, pharmacy, and physician extenders.
- Outline the financial costs, the risks and benefits of the proposed diagnostic studies and therapeutic procedures.
- Determine and convey to appropriate individuals the instruments and other materials necessary for all procedures.
- Justify all diagnostic tests (including laboratory studies) ordered and document when needed.
- Appreciate the continuity between clinic and hospital based care.
- Practice cost-effective and appropriate preoperative evaluation and postoperative follow up.
- Recognize resource allocation issues.
- Exhibit sensitivity to medical-legal issues
- Utilize hospital information technology to provide cost effective and optimal patient care.
- Seek out assistance in identifying additional resources to maximize outcomes for patients.
- Participate in inter-disciplinary conversations to understand problematic system issues.
- Participate in root cause analysis to understand solutions that address the problems.

ASSESSMENT METHODS

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Professionalism:

360 evaluations
Faculty evaluations
Evaluations by Residents and Students

Interpersonal Relationships & Communication:

360 evaluations
Faculty evaluations
Evaluations by Residents and Students
Mock Oral Exams

System-Based Practice:

Weekly M&M Conference

Curriculums:

SCORE Curriculum
TrueLearn Question Bank