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 CABELL HUNTINGTON HOSPITAL, INC. ([CHH] Participating Site)

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

This Program Letter of Agreement is effective from **October 1, 2024**, 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 CHH

At MUSOM:

Paul Bown, MD, Program Director

At CHH:

Curtis Harrison, 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 CHH 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. Paul Bown, is ultimately responsible for the content and conduct of the educational activities at all sites, including CHH. The MUSOM Program Director/CHH 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 CHH, MUSOM will provide to CHH, 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 CHH at the conclusion of the assignment.

5. Policies and Procedures for Education

During assignments at CHH, 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 CHH, including but not limited to, policies related to patient confidentiality, patient safety, medical records.

6. Authorized Signatures

СНН	
Curtis Harrison, MD Site Director	/ o / 14 /24 Date
Kevin Yingling, MD CEO, Marshall Health Network & President of Cabell Huntington Hospital	Date
Hoyt Burdick, MD Hoyt Burdick, MD CMO, Marshall Health Network	10/25/24 Date
MUSOM	
Paul Bown, MD Program Director	10/16/24 Date
Paulette Wehner, MD DIO & Vice Dean for Education	10 22 24 Date
David Gozal, MD Dean & Vice President of Health Affairs	10/22/24 Date

Exhibit A: List of Faculty Members

Paul Bown, MD

Rahman Barry, MD

Jenalee Corsello, MD

John Dinsmore, MD

Adel Faltaous, MD

Scott Gibbs, MD

Curtis Harrison, MD, Site Director

Diane Krutzler-Berry, MD

Mary Legenza, MD

Semeret Munie, MD

Blaine Nease, MD

Juan Sanabria, MD

Errington Thompson, MD

Andrew Weaver, MD

Stephen Wilson, MD

Exhibit B: Goals and Objectives

Please see Attachment.



CHH GED set

General Surgery Residency

Rotation Goals & Objectives

Reviewed & Approved by the Education Sub-Committee & PEC on May 13. 2024.

Approved by the Education Sub-Committee & PEC on June 12. 2023.

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General Surgery Rotation

Facility

Cabell Huntington Hospital

PGY-1 Clinical Duties

- Review and perform milestones for promotion.
- Exposure to General Surgery.

PGY-1 Administrative Duties

- See Handbook.
- Complete rotation evaluation at the completion of the rotation.

PGY-1 Rotation Curriculum

Review and complete all assigned SCORE modules and quizzes.

General Surgery - Cabell Huntington Hospital

Core Competencies

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 for surgical patients.
- Develop proficiency in basic surgical technical skills including both minor procedures and operations appropriate for intern level experience.

- 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 (Ex: arrhythmia, hypoxia, shock, etc.).
- Prioritize clinical responsibilities.
- · Plan discharge.
- Facility to acquire pertinent information from patients and other sources in a timely manner.
- Understand General 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, ACS/APDS Skills Curriculum, SCORE, and other materials for detailed clinical and/or basic science information relative to patient care.

- 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 patients 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, and 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 their 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.

- 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 and 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.

- 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:

- Place the needs of the patient above all the needs or desires of oneself.
- 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 over the course of training.
- Practice proper and professional grooming at all times, including appropriate 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.

- 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 ordered, including laboratory studies, 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 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
- New Innovations evaluations by peers
- · Weekly attending rounds

Medical Knowledge:

- Annual ABSITE
- New Innovations evaluations by faculty
- New Innovations evaluations by peers
- · Mock oral exams
- · Weekly attending rounds

Practice-Based Learning and Improvement:

- New Innovations evaluations by faculty
- New Innovations evaluations by peers
- Weekly M&M conference
- Weekly attending rounds
- Journal Club

Professionalism:

- 360 evaluations by inpatient and outpatient clinical and administrative staff and medical students
- New Innovations evaluations by faculty
- · New Innovations evaluations by peers

Interpersonal and Communication Skills:

- 360 evaluations by inpatient and outpatient clinical and administrative staff and medical students
- New Innovations evaluations by faculty
- · New Innovations evaluations by peers
- Mock oral exams

Systems-Based Practice:

- Weekly M&M conference
- · Trauma peer review conference

Curriculums:

- SCORE
- TrueLearn question bank
- Surgery Residency curriculum

Intensive Care Unit Rotation

Facility:

Cabell Huntington Hospital

PGY-1 Clinical Duties

- · Review and perform milestones for promotion.
- Exposure to General, Trauma and Pediatric Surgery Critical Care Patients.

PGY-1 Administrative Duties

- See Handbook.
- Complete rotation evaluation at the completion of the rotation.

PGY-1 Rotation Curriculum

Review and complete all assigned SCORE modules and quizzes.

Intensive Care Unit - Cabell Huntington Hospital

Core Competencies

Patient Care

Goals:

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

- Initial evaluation and management of the critically ill postoperative patient.
- Institute therapeutic interventions such as managing fluid orders, ventilator settings, and pharmacologic support drugs.
- Obtain and maintain ACLS and ATLS certification.
- Achieve Independent status to perform the following bedside procedures:
 - Central Lines
 - Chest Tube Insertion
 - Arterial Lines
 - Conscious Sedation
 - PICC Line
 - Insertion of Foley Catheter
 - Seclusion and Restraints
- Learn protocols and serve on code and trauma team when appropriate.

Medical Knowledge

Goals:

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

- Outline criteria for admitting patients to the intensive care unit.
- · Describe indications for ventilator support including:
 - Airway evaluation
 - Indications for weaning
- Review acid-base & electrolyte abnormalities common in the critically ill patient.
- Discuss the major categories of acid-based disturbances (metabolic acidosis/alkalosis, respiratory acidosis/alkalosis) in the context of the patients' overall physiology.
- Review respiratory physiology with specific reference to ventilation vs respiratory problems (ventilation profusion 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 physiologic responses 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
 - Noninvasive cardiac monitors
 - Intracranial pressure monitors
- 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 such as:
 - Vasopressors
 - Vasodilators
 - Inotropic agents
 - Bronchodilators
 - 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 in critical care management:
 - Neurosurgery
 - Urology
 - Orthopedics
 - Pediatric surgery
 - Cardiac surgery
 - Thoracic surgery
 - Burns
 - o 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:

- Develop insight to identify their 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:

- 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 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 and 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.

- 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.

- Place the needs of the patient above all the needs or desires of oneself.
- 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 over the course of training.
- Practice proper and professional grooming at all times, including appropriate 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.

- 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 ordered, including laboratory studies, 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 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
- New Innovations evaluations by peers
- Weekly attending rounds

Medical Knowledge:

- Annual ABSITE
- New Innovations evaluations by faculty
- New Innovations evaluations by peers
- Mock oral exams
- · Weekly attending rounds

Practice-Based Learning and Improvement:

- · New Innovations evaluations by faculty
- New Innovations evaluations by peers
- Weekly M&M conference
- · Weekly attending rounds
- Journal Club

Professionalism:

- 360 evaluations by inpatient and outpatient clinical and administrative staff and medical students
- · New Innovations evaluations by faculty
- New Innovations evaluations by peers

Interpersonal and Communication Skills:

- 360 evaluations by inpatient and outpatient clinical and administrative staff and medical students
- New Innovations evaluations by faculty
- · New Innovations evaluations by peers
- Mock oral exams

Systems-Based Practice:

- · Weekly M&M conference
- Trauma peer review conference

Curriculums:

- SCORE
- TrueLearn question bank
- Surgery Residency curriculum

Night Float General Surgery Rotation

Facility

Cabell Huntington Hospital

PGY-1 Clinical Duties

- Review and perform milestones for promotion.
- Exposure to General Surgery.

PGY-1 Administrative Duties

- See Handbook.
- Complete rotation evaluation at the completion of the rotation.

PGY-1 Rotation Curriculum

Review and complete all assigned SCORE modules and quizzes.

General Surgery Night Float - Cabell Huntington Hospital

Core Competencies

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 for surgical patients.
- Develop proficiency in basic surgical technical skills including both minor procedures and operations appropriate for intern level experience.

- 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 (Ex: arrhythmia, hypoxia, shock, etc.).
- Prioritize clinical responsibilities.
- Evaluate ER consultations, direct admits and hospital consults for the general surgery, surgical subspecialties and pediatric surgery services.
- Facility to acquire pertinent information from patients and other sources in a timely manner.
- Understand General 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.
- Develop an understanding about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
- 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 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, ACS/APDS Skills Curriculum, SCORE, and other materials for detailed clinical and/or basic science information relative to patient care.

- 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 patients 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, and 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 their 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 general and trauma team service.

- 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 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 and 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.
- Assist the on-call mid-level lead an effective sign out for the incoming team.

- 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:

- Place the needs of the patient above all the needs or desires of oneself.
- 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 over the course of training.
- Practice proper and professional grooming at all times, including appropriate 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.

- 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 ordered, including laboratory studies, 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 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
- New Innovations evaluations by peers
- · Weekly attending rounds

Medical Knowledge:

- Annual ABSITE
- New Innovations evaluations by faculty
- · New Innovations evaluations by peers
- Weekly M&M conference

Practice-Based Learning and Improvement:

- New Innovations evaluations by faculty
- New Innovations evaluations by peers
- Weekly M&M conference
- Journal Club

Professionalism:

- 360 evaluations by inpatient and outpatient clinical and administrative staff and medical students
- New Innovations evaluations by faculty
- New Innovations evaluations by peers

Interpersonal and Communication Skills:

- 360 evaluations by inpatient and outpatient clinical and administrative staff and medical students
- New Innovations evaluations by faculty
- New Innovations evaluations by peers
- Mock oral exams

Systems-Based Practice:

- Weekly M&M conference
- Trauma peer review conference

Curriculums:

- SCORE
- TrueLearn question bank
- Surgery Residency curriculum

Note: Start time on Wednesdays are recommended to be 6PM instead of 5PM due to attendance at conferences on Wednesday mornings.

Breast Rotation

Facilities:

- Cabell Huntington Hospital
- Edwards Comprehensive Cancer Center

PGY-2 Clinical Duties

- Review and perform milestones for promotion.
- Assigned clinic hours per attendee.
- OR coverage, per scheduling.
- · Sign clinic attendance sheet.
- Supervision of PGY-1 residents.

PGY-2 Administrative Duties

- See Handbook.
- Attend Tumor Board on Thursday at Cabell Huntington Hospital.
- Present Breast surgery list at the M & M Conference on the last Wednesday of the rotation month.
- Complete a list of all cases for Residency Program Administrator.
- Complete rotation evaluation at the end of the rotation.
- Obtain completed CAMEO and Operative Assessment from attending at end of rotation.

PGY-2 Rotation Curriculum

- Read landmark papers per breast surgeons' recommendations see attached list.
- Review and complete all assigned SCORE modules and guizzes.

Breast Surgery - Cabell Huntington Hospital & Edwards Comprehensive Cancer Center

Core Competencies

Patient Care

Goals:

- Provide appropriate and effective outline of treatment of breast diseases.
- Develop knowledge and clinical competence of common breast procedures:
 - Percutaneous biopsy
 - Partial mastectomy
 - Sentinel lymph node biopsy
 - Mastectomy
 - Axillary lymph node dissection
- Communicate effectively, compassionately, and professionally with patients, families, and colleagues.

- Make evidence-based decisions about diagnostic and therapeutic interventions, utilizing upto- date scientific literature and clinical judgment.
- Use information technology to support patient care decisions and patient education.
- Acquire skills to work with healthcare professionals including those from other disciplines to provide multidisciplinary patient-focused care.

Objectives:

- Perform a competent and complete breast and lymphatic exam.
- Obtain a complete history to assess risk factors for breast cancer.
- · Identify and treat benign breast disorders.
- Identify high risk patients and who to refer for genetic consultation.
- · Identify and management options for high-risk lesions.
- Outline workup and treatment options for patients with breast cancer.

Medical Knowledge

Goals:

- Understand the anatomy of the breast and axilla including vasculature and lymphatic drainage.
- · Diagnosis and treatment of benign breast conditions.
- Diagnosis and treatment of malignancies of the breast.
- Use surveillance protocols for breast cancer survivors.
- Use surveillance protocols for high-risk patients.
- Know the surgical treatment options of early breast cancer.
- Know the role of sentinel node biopsy and identify candidates for the procedure.
- Know the difference between DCIS and LCIS and treatment options for both.
- Know how to treat breast cancer in pregnancy.
- Know how to treat locally advanced and inflammatory cancer.
- Know basic principles associated with adjuvant chemotherapy, hormonal therapy, and radiation therapy.
- Know the role of neoadjuvant chemotherapy.

- Recognize mammographic and sonographic abnormalities and correlate them with clinical findings.
- Understand screening protocols.
- Understand breast cancer staging.
- Understand how to recognize breast cancer recurrence.

Practice-Based Learning and Improvement

Goals:

- Develop insight to identify their 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:

- 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.
- Analyze practice-based improvement activities using a systematic methodology.
- Obtains and uses information about their population of patients and the larger population where patients are drawn.
- Facilitates the learning of medical students.
- Exhibit and recognizes the importance of lifelong learning in surgical practice.

Interpersonal and 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.

- Collegially interact with surgical faculty as well as the various consulting medical teams, 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, 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.

<u>Professionalism</u>

Goals:

- Interact with patients and families, colleagues, ancillary staff, and administrative personnel in a professional manner.
- Maintain high ethical behavior in all professional activities.
 - This includes documentation of medical records and timeliness of documentation.
- Take personal responsibility for actions and decisions regarding patients.
- Exhibit knowledge of and utilize privacy policies.

Objectives:

- Place the needs of the patient above all the needs or desires of oneself.
- 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 over the course of training.
- Practice proper and professional grooming at all times, including appropriate attire.
- Attend to administrative responsibilities in a timely manner.
- Complete timely medical records and dictations.

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.

- Appropriately utilize, in a timely and cost-efficient manner, ancillary services including social services, discharge planning, physical therapy, nutrition services, pharmacy, and physician extenders.
- Understand the financial costs, the risks and benefits of the proposed diagnostic studies and therapeutic procedures.
- Justify all diagnostic tests ordered, including laboratory studies, and document when needed.
- Appreciate the continuity between clinic and hospital-based care.
- Practice cost-effective and appropriate preoperative evaluation and postoperative follow up.
- Utilize hospital information technology to provide cost-effective and optimal patient care.
- Seek 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:

- Feedback from attendings in clinic and OR
- · New Innovations evaluations by faculty
- New Innovations evaluations by peers
- Weekly attending rounds

Medical Knowledge:

- Annual ABSITE
- Feedback from attendings in clinic and OR
- New Innovations evaluations by faculty
- New Innovations evaluations by peers
- Mock oral exams
- Weekly attending rounds

Practice-Based Learning and Improvement:

- New Innovations evaluations by faculty
- New Innovations evaluations by peers
- Weekly M&M conference
- · Weekly attending rounds
- Journal Club

Professionalism:

- 360 evaluations by inpatient and outpatient clinical and administrative staff and medical students
- New Innovations evaluations by faculty
- New Innovations evaluations by peers

Interpersonal and Communication Skills:

- 360 evaluations by inpatient and outpatient clinical and administrative staff and medical students
- New Innovations evaluations by faculty
- New Innovations evaluations by peers
- Mock oral exams

Systems-Based Practice:

- Weekly M&M conference
- Trauma peer review conference
- Multidisciplinary Tumor Board

Curriculums:

- Landmark cases, as recommended by Breast Surgery Faculty (see attached reading list)
- SCORE
- TrueLearn question bank
- Surgery Residency curriculum

Resident Reading List

- 20-year follow—up of a Randomized Study Comparing Breast-Conserving Surgery with Radical Mastectomy for Early Breast Cancer N Engl J Med, Vol. 347, No 16, October 17, 2002+
- 20 years follow up of a Randomized Trial Comparing Total Mastectomy, Lumpectomy, and Lumpectomy plus Irradiation for the Treatment of Invasive Breast Cancer (NSABP B-06)
 N Engl J Med 2002; 347:1233-1241: DOI: 10.1056/NEJMoa022152
- Surgical Excision Without Radiation for Ductal Carcinoma in Situ of the Breast: 12-year Results From the ECOG-ACRIN E5194 Study
 J Clin Oncol. 2015 Nov 20; 33(33): 3938–3944: doi: 10.1200/JCO.2015.60.8588
- Effect of Axillary Dissect vs No axillary Dissection on 10-year Overall survival Among Women with Invasive Breast Cancer and Sentinel Node Metastasis (ACOSOG Z0011)
 JAMA. 2017;318(10):918-926. doi:10.1001/jama.2017.11470
- Network Met-analysis of Margin Threshold for Women with Ductal Carcinoma In Situ J Natl Cancer Inst. 2012 Apr 4; 104(7): 507–516. doi: 10.1093/jnci/djs142
- The Association of Surgical Margins and Local Recurrence in Women with Early –Stage Invasive Breast Cancer Treated with Breast Conserving Therapy: A Meta-Analysis Ann Surg Oncol. 2014 Mar;21(3):717-30. doi: 10.1245/s10434-014-3480-5.
- Radiotherapy or surgery of the axilla after a positive sentinel node in breast cancer (EORTC 10981-22023 AMAROS): a randomized, multicenter, open-label, phase 3 non-inferiority trial Lancet Oncol. 2014 Nov;15(12):1303-10. doi: 10.1016/S1470-2045(14)70460-7. Epub 2014 Oct 15.
- Adjuvant Chemotherapy Guided by a 21-Gene Expression Assay in Breast Cancer (Tailor x)
 N Engl J Med 2018; 379:111-121: DOI: 10.1056/NEJMoa1804710
- 21-Gene Assay to Inform Chemotherapy Benefit in Node-Positive Breast Cancer (RxPonder)
 N Engl J Med 2021; 385:2336-2347: DOI: 10.1056/NEJMoa2108873
- Long-Term effects of continuing adjuvant tamoxifen to 10 years versus stopping at 5 years after diagnosis
 of estrogen receptor-positive breast cancer: ATLAS, a randomized trial
 Lancet Vol 381, issue 9869, P805-816 Mar 2013
- Aromatase inhibitors versus tamoxifen in premenopausal women with estrogen receptor-positive earlystage breast cancer treated with ovarian suppression: a patient-level meta-analysis of 7030 women from four randomized trials
 Lancet Vol 23, issue 3 P-382-392, March 2022

Intensive Care Unit Rotation

Facility

Cabell Huntington Hospital

PGY-2 Clinical Duties

- Review and perform milestones for promotion.
- Exposure to General and Trauma and Surgery Critical Care Patients.
- Supervision of PGY-1 residents.

PGY-2 Administrative Duties

- See Handbook.
- Complete rotation evaluation at the completion of the rotation.
- Obtain completed CAMEO and Operative Assessment from attending at end of rotation.

PGY-2 Rotation Curriculum

- Review and complete all assigned SCORE modules and quizzes.
- Required text The ICU Book Marino.

Intensive Care Unit - Cabell Huntington Hospital

Core Competencies

Patient Care

Goals:

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

- 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:
 - Adult vent management
 - Adult intubation

- Serve on code and trauma team.
- Manage severe burn patients.
- 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.
- Manage the nutritional and metabolic components of the patient's illness.

Medical Knowledge

Goals:

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

- 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 profusion 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 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 delivery 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 pharmacotherapeutics of drugs used for support and treatment of the critically ill
 patient, such as the following:
 - 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 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.

- 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 immediately post procedure.
- Dictate an accurate and descriptive narration of the operative procedure in which he/she is the primary surgeon immediately post-op.

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.

- Place the needs of the patient above all the needs or desires of oneself.
- 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 over the course of training.
- Practice proper and professional grooming at all times, including appropriate 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 optimal patient care by utilizing resources available throughout the system.
- Interact with other specialties referring patients to the general surgery service.

- Appropriately utilize, in a timely and cost-efficient manner, ancillary services including social services, discharge planning, physical therapy, nutrition services, pharmacy, and physician extenders.
- Read and understand the ICU Book by Marino.
- 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 procedures.
- Justify all diagnostic tests ordered, including laboratory studies, 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 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 improving patient care.
- Participate in identifying system errors and implementing potential systems solutions.

Assessment Methods

Patient Care:

- New Innovations evaluations by faculty
- New Innovations evaluations by peers
- Weekly attending rounds

Medical Knowledge:

- Annual ABSITE
- New Innovations evaluations by faculty
- New Innovations evaluations by peers
- Mock oral exams
- · Weekly attending rounds

Practice-Based Learning and Improvement:

- New Innovations evaluations by faculty
- New Innovations evaluations by peers
- Weekly M&M conference
- · Weekly attending rounds
- Journal Club

Professionalism:

- 360 evaluations by inpatient and outpatient clinical and administrative staff and medical students
- New Innovations evaluations by faculty
- New Innovations evaluations by peers

Interpersonal and Communication Skills:

- 360 evaluations by inpatient and outpatient clinical and administrative staff and medical students
- · New Innovations evaluations by faculty
- New Innovations evaluations by peers
- Mock oral exams

Systems-Based Practice:

- Weekly M&M conference
- Trauma peer review conference

Curriculums:

- SCORE
- TrueLearn question bank
- Surgery Residency curriculum

Minimally Invasive Surgery Rotation

Facility:

Cabell Huntington Hospital

PGY-2 Clinical Duties

- Review and perform milestones for promotion.
- Exposure to minimally invasive surgery techniques endoscopy, laparoscopy, and robotics.
- Attend Dr. Bown's clinic Monday, 1pm to 4pm.
- Attend Dr. Munie's bariatrics clinic Tuesday, 8am noon.
- Supervision of PGY-1 residents.

PGY-2 Administrative Duties

- See Handbook.
- Complete rotation evaluation at the completion of the rotation.
- Obtain completed CAMEO and Operative Assessment from attending at end of rotation.

PGY-2 Rotation Curriculum

- Review and complete all assigned SCORE modules and quizzes.
- Complete all assigned FLS, FES and Robotics requirements.

Minimally Invasive Surgery - Cabell Huntington Hospital

Core Competencies

Patient Care

Goals:

- Provide appropriate and effective treatment of surgical diseases that may or may not require surgical intervention.
- Communicate effectively, compassionately, and professionally with patients, families, and colleagues.
- Make evidence-based decisions about diagnostic and therapeutic interventions, utilizing upto-date scientific literature and clinical judgment.
- Use information technology to support patient care decisions and patient education.
- Acquire skills to work with healthcare professionals including those from other disciplines to provide multidisciplinary patient-focused care.
- Develop a knowledge of multiple minimally invasive techniques, such as:
 - Multi-port laparoscopy
 - Hand assisted laparoscopy
 - Robotic Surgery
 - Indications for conversion to open

Objectives:

- Evaluate pre-operative patients and formulate a diagnosis and treatment and/or management plan to discuss with the chief resident and/or attending.
- When appropriate suggest minimally invasive techniques for general surgery procedures.
- Utilize the EMR to review previous history and hospitalizations.
- Take a complete history and physical examination and present findings to a senior resident and/or attending.
- Evaluate acute surgical conditions and discuss with senior resident and/or attending.
- Report fluid volume and electrolytes in post-operative pediatric surgery patients.
- Solicit patients' preferences and incorporate them into therapeutic intervention.
- Prioritize patient acuity in the outpatient clinic.
- Review, track, evaluate and report clinical data.
- Manage post-operative patients.
- Present patient information in a concise manner to a senior resident and/or attending.
- Exhibit manual dexterity appropriate for PGY-2.
- Exhibit awareness of psychomotor skills and judgment related to his/her role in the performance of operative surgical procedures.
- Arrive in the OR prepared for the cognitive components of his/her role in individual operative surgical procedures.
- Proceed through various steps of operative procedures in a manner that is consistent with the flow of the operation with supervision.
- Develop awareness of timely decisions with respect to the operative procedure.
- Demonstrate competence in performing less complex surgical procedures.
- Identify the benefits and limitations of operative surgical techniques.
- Assist attending staff with surgical procedures.
- Perform competently all essential medical and invasive procedures with supervision.
- Provide health care services aimed at preventing health problems and maintaining health.
- Cooperate with health care professionals, including those from other disciplines, to provide patient-focused care.
- Employ active listening while interviewing patients and their families to consider specific preferences and/or needs.
- Develop the ability to perform and/or exposure to the following:
 - Multi-port laparoscopy
 - Hand assisted laparoscopy
 - Convert to open laparotomy

Medical Knowledge

Goals:

- Apply established and evolving biomedical and clinical sciences to patient care.
- Build upon the fundamental basic science knowledge and apply it to clinical surgical practice.

- Illustrate clinical knowledge necessary to treat a broad range of pediatric diseases.
- Identify the pathophysiologic and pharmacologic basis for pediatric diseases treated and operations performed.

Objectives:

- Review surgical pathophysiology and critical care, pharmacology, physiology, and interpretation of hemodynamic data.
- Discuss current literature and surgical texts on daily rounds and in the OR.
- Explain the embryology, anatomy, and physiology of common neonatal surgical diseases.
- Formulate a diagnostic and treatment plan for pediatric diseases based upon the evolving biomedical and clinical sciences of pediatric surgical intervention.
- Consult with referring physician and consider previous history in decision making process.
- Outline the basics of the multimodality treatment for pediatric patients.
- Apply surgical literature and extensive areas of basic surgical disease to daily patient care.
- Critically evaluate and incorporate pertinent scientific information into daily patient care.
- Illustrate surgical competence using acquired surgical knowledge and skill to achieve a
 performance that produces appropriate and anticipated outcomes.
- Integrate surgical continuity of care principles into the total care plan for all pediatric surgical patients.
- Through leadership and teaching medical students, demonstrate an understanding of the significance of the natural history of pediatric 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 surgical team for all components of surgical care.
- Demonstrate a broad scope of medical knowledge in educating pediatric patients and their parents.
- Attend the following mandatory conferences:
 - Grand Rounds
 - Tumor Board
 - Journal Club and Mortality and Morbidity Conference

Practice-Based Learning and Improvement

Goals:

- Develop insight to identify their 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:

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 recognize the importance of lifelong learning in surgical practice.

Interpersonal and 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.

- 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.

- Place the needs of the patient above all the needs or desires of oneself.
- 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 over the course of training.
- Practice proper and professional grooming at all times, including appropriate attire.

- Attend to administrative responsibilities in a timely manner.
- Complete timely medical records and dictations.
- Answer pages promptly and professionally.
- Enter cases in 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.

- 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 ordered, including laboratory studies, 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 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
- New Innovations evaluations by peers
- · Weekly attending rounds

Medical Knowledge:

- Annual ABSITE
- · New Innovations evaluations by faculty
- New Innovations evaluations by peers
- Mock oral exams
- · Weekly attending rounds
- Multidisciplinary Tumor Board

Practice-Based Learning and Improvement:

- · New Innovations evaluations by faculty
- New Innovations evaluations by peers
- Weekly M&M conference
- · Weekly attending rounds
- Journal Club

Professionalism:

- 360 evaluations by inpatient and outpatient clinical and administrative staff and medical students
- · New Innovations evaluations by faculty
- New Innovations evaluations by peers

Interpersonal and Communication Skills:

- 360 evaluations by inpatient and outpatient clinical and administrative staff and medical students
- · New Innovations evaluations by faculty
- · New Innovations evaluations by peers
- Mock oral exams

Systems-Based Practice:

- Weekly M&M conference
- Trauma peer review conference

Curriculums:

- SCORE
- TrueLearn question bank
- Surgery Residency curriculum

General Surgery Night Float:

Facility

Cabell Huntington Hospital

PGY-2 Clinical Duties

- Review and perform milestones for promotion.
- Exposure to General Surgery.

PGY-2 Administrative Duties

- See Handbook.
- Complete rotation evaluation at the completion of the rotation.

PGY-2 Rotation Curriculum

Review and complete all assigned SCORE modules and quizzes.

General Surgery Night Float - Cabell Huntington Hospital

Core Competencies

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 for surgical patients.
- Provide trainee with an opportunity to become proficient in assessing and triaging trauma patients.
- Develop proficiency in basic surgical technical skills including both minor procedures and operations appropriate for junior level experience.
- Develop proficiency in evaluating patients, deciding a plan of treatment and executing that plan.

- Evaluate pre-operative patients with complex GI issues (Ex: hepatobiliary, colorectal, upper, and lower GI), and oncologic surgical processes.
- Evaluate trauma patients
- Manage ICU/ward/postoperative patients.
- Prioritize patient acuity.

- Manage ward/ICU emergencies (Ex: arrhythmia, hypoxia, shock, etc.).
- Prioritize clinical responsibilities.
- Evaluate ER consultations, direct admits and hospital consults for the general surgery, surgical subspecialties and pediatric surgery services.
- Facility to acquire pertinent information from patients and other sources in a timely manner.
- Teach intern level residents how to do bedside procedures
- Help intern level residents develop skills in evaluating patients
- Understand General 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 junior level 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.
- Develop an understanding about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
- 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 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, ACS/APDS Skills Curriculum, SCORE, and other materials for detailed clinical and/or basic science information relative to patient care.

Objectives:

 Possess an understanding of surgical pathophysiology, pharmacology, physiology, and interpretation of hemodynamic data appropriate for junior level.

- 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 patients 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.
- Demonstrate a working knowledge in the management of ICU patients
- Demonstrate a working knowledge in the management of acute trauma patients and workup for various injuries
- 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, and 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 their 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 general and trauma team service.

Objectives:

- 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 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 and 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.
- Lead an effective sign out of floor and ICU patients for the incoming team.

- 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.

- Place the needs of the patient above all the needs or desires of oneself.
- 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 over the course of training.
- Practice proper and professional grooming at all times, including appropriate 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:

- 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 ordered, including laboratory studies, 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 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
- New Innovations evaluations by peers
- · Weekly attending rounds

Medical Knowledge:

- Annual ABSITE
- New Innovations evaluations by faculty
- New Innovations evaluations by peers
- · Weekly M&M conference

Practice-Based Learning and Improvement:

- New Innovations evaluations by faculty
- New Innovations evaluations by peers
- Weekly M&M conference
- Journal Club

Professionalism:

- 360 evaluations by inpatient and outpatient clinical and administrative staff and medical students
- New Innovations evaluations by faculty
- New Innovations evaluations by peers

Interpersonal and Communication Skills:

- · 360 evaluations by inpatient and outpatient clinical and administrative staff and medical students
- · New Innovations evaluations by faculty
- New Innovations evaluations by peers
- Mock oral exams

Systems-Based Practice:

- Weekly M&M conference
- Trauma peer review conference

Curriculums:

- SCORE
- TrueLearn question bank
- · Surgery Residency curriculum

Burn/Plastics Rotation

Facility:

Cabell Huntington Hospital

PGY-3 Clinical Duties

- Review and perform milestones for promotion.
- Exposure to soft tissue injury care and reconstruction.
- Monday Surgery with assigned attending.
- Tuesday Dr. Ray's clinic, 8:30am to noon.
- Wednesday Burn patients on unit.
- Thursday Cabell Huntington Hospital Surgery Center with assigned attending.
- Friday Surgery Cabell Huntington Hospital with assigned attending.

PGY-3 Administrative Duties

- See Handbook.
- Present M&M list at M&M Conference last Wednesday of each month during rotation.
- Complete rotation evaluation at the completion of the rotation.
- Obtain completed CAMEO and Operative Assessment from attending at end of rotation.
- Submit a list of all cases in which the resident participated for the rotation and clinic attendance sheets to the Program Administrator at the end of the rotation.

PGY-3 Rotation Curriculum

Review and complete all assigned SCORE modules and quizzes.

Burns/Plastics - Cabell Huntington Hospital

Core Competencies

Patient Care

Goals:

- Deliver compassionate and respectful care when interacting with patients and/or their families.
- Formulate accurate decisions about diagnostic and therapeutic interventions for burn and plastics admissions and acute interventions.
- Provide health care services aimed at preventing health problems and maintaining health for the burn and plastic patients admitted to each service.
- Gather essential and accurate information about patients from families, associates, or EMS workers on the scene of the injury in a professional manner to optimize care.
- Discuss the indications for admitting a burn or plastic patient to the hospital versus treatment in an outpatient setting.

Objectives:

- Review patient EMR for history and hospitalization.
- Discuss initial treatment plan for stabilization and fluid resuscitation of a burned patient based on the evaluation in a framework of first 24 hours, second 24 hours, and then continued care.
- Demonstrate caring and respectful behaviors when interacting with patients and/or their families.
- Incorporate the patient preferences in making decisions about diagnostic and therapeutic interventions and involve hospital services when ethical dilemmas arise.
- Develop and discuss treatment plans with senior level resident and/or attending. Executes
 patient care plans and communicate system constraints when necessary.
- Appreciate the importance of pain and anxiety associated with procedures.
- Take a complete history and physical on patients.
- Manage ambulatory patients on an outpatient basis.
- Recognize and discuss typical presentations and clinical manifestations for different types of burns including more rare diagnoses such as chemical or industrial material contact burns.
- Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
- Perform competently all essential medical and invasive procedures (airway control, arterial monitoring, central venous access, escharotomy) and maintain vigilance regarding known complications.
- Provide health care services aimed at preventing health problems and maintaining health.
- Coordinate with health care professionals, including those from other disciplines, to provide patient-focused care.
- Discuss the rationale of specific techniques and procedures involving burn and plastics procedures.
- Assess the appearance of the burn wound in relation to its depth, bacteriologic condition, healing potential, and requirement for intervention.
- Describe the indications, techniques for harvest, application, immobilization, and care of split-and full-thickness skin grafts.
- Select and apply appropriate dressings and antibacterials.
- Demonstrate competence in managing the most complex burn procedures.
- Know the benefits and limitations of burn techniques.
- Assist senior level residents and/or attending staff with complex procedures.

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:

- Review the criteria and assess burned patients, including historical aspects of the type of burn and subjective physical findings.
- Describe the clinical factors necessitating immediate intervention to preserve life, limb, and function.
- Outline the principles of burn shock, immunologic alteration, and bacteriologic pathology of burned skin.
- Explain the special circumstances created by electrical, chemical, and inhalation burn injury, and apply their relation to management.
- Discuss the physics and pathology of electrical burns and its relation to associated organ injury, including current, neurological injury, entrance and exit wounds, vascular problems, deep tissue involvement.
- Explain the principles of wound contracture, and report desirable and harmful effects of contracture on initial management of the burn victim, closure of the burn wound, and rehabilitation of the burn patient.
- Describe the following terms:
 - o compartment syndrome
 - o burn eschar
 - fasciotomy
 - escharotomy incisions and techniques
- Administer airway management on the burned patient.
- Manage systemic effects of the burn wound in the critically injured surgical patient, considering sepsis, gastrointestinal (GI) effects, immunologic problems cardio-respiratory effects.

Practice-Based Learning and Improvement

Goals:

- Develop insight to identify their 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:

Receive and utilize constructive criticism to make improvements.

- 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.

- Place the needs of the patient above all the needs or desires of oneself.
- 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 over the course of training.

- Practice proper and professional grooming at all times, including appropriate attire.
- Attend to administrative responsibilities in a timely manner.
- Complete timely medical records and dictations
- Answer pages promptly and professionally
- · Enter cases in 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.
- Understand documentation requirements for accurate, complete, and timely physician services.
- 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 and managing the burn unit beds.
- Develop understanding of coding, billing, and finances.
- Participate in identifying system errors and implementing practical potential systems solutions.

Objectives:

- 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 medical 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 ordered, including laboratory studies, 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 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
- New Innovations evaluations by peers
- · Weekly attending rounds

Medical Knowledge:

- Annual ABSITE
- New Innovations evaluations by faculty
- New Innovations evaluations by peers
- · Mock oral exams
- Weekly attending rounds

Practice-Based Learning and Improvement:

- · New Innovations evaluations by faculty
- · New Innovations evaluations by peers
- Weekly M&M conference
- · Weekly attending rounds
- · Monthly Club

Professionalism:

- 360 evaluations by inpatient and outpatient clinical and administrative staff and medical students
- · New Innovations evaluations by faculty
- New Innovations evaluations by peers

Interpersonal and Communication Skills:

- 360 evaluations by inpatient and outpatient clinical and administrative staff and medical students
- New Innovations evaluations by faculty
- · New Innovations evaluations by peers
- Mock oral exams

Systems-Based Practice:

- Weekly M&M conference
- Trauma peer review conference

Curriculums:

- SCORE
- TrueLearn question bank
- Surgery Residency curriculum

Pediatric Surgery Rotation

Facility:

- Cabell Huntington Hospital
- Hoops Family Childrens' Hospital

PGY-3 Clinical Duties

- Review and perform milestones for promotion.
- Exposure to Pediatric surgical care.
- Attend both Pediatric Clinics each week and sign attendance sheet each time.

PGY-3 Administrative Duties

- See Handbook.
- Log all Pediatric cases and submit them to Academic Office at the end of each month of rotation.
- Present Pediatric M&M list at M&M Conference last Wednesday of each month of rotation.
- Complete rotation evaluation at the completion of the rotation.
- Obtain completed CAMEO and Operative Assessment from attending at end of rotation.
- Obtain PALS Certification.

PGY-3 Rotation Curriculum

- Review and complete all assigned SCORE modules and quizzes.
- Utilize APSA Pediatric Surgery Library.
 - Found under the resources tab on the SCORE website.

Pediatrics - Cabell Huntington Hospital & Hoops Family Childrens' Hospital

Core Competencies

Patient Care

Goals:

- Provide appropriate and effective treatment of surgical diseases that may or may not require surgical intervention.
- Develop knowledge of multiple pediatric surgery procedures, including the following:
 - Pediatric herniorrhaphy
 - Pediatric alimentary tract procedures
 - Pediatric abdominal solid organ procedures
 - o Pediatric trauma
- Communicate effectively, compassionately, and professionally with patients, families, and colleagues.
- Make evidence-based decisions about diagnostic and therapeutic interventions, utilizing upto- date scientific literature and clinical judgment.
- Use information technology to support patient care decisions and patient education.

- Acquire skills to work with healthcare professionals including those from other disciplines to provide multidisciplinary patient-focused care.
- Obtain PALS Certification.

- Evaluate pre-operative pediatric patients and formulate a diagnosis and treatment and/or management plan to discuss with the chief resident and/or attending.
- Perform or have exposure to:
 - Pediatric herniorrhaphy
 - Pediatric alimentary tract procedures
 - Pediatric abdominal solid organ procedures
 - o Pediatric trauma
- Utilize EMR to review previous history and hospitalizations.
- Take a complete history and physical examination and present findings to senior resident and/or attending.
- Evaluate acute surgical conditions and discuss with senior resident and/or attending.
- Report fluid volume and electrolytes in post-operative pediatric surgery patients.
- Solicit guardian and patients' preferences and incorporate into therapeutic intervention.
- · Prioritize patient acuity in the outpatient clinic.
- · Review, track, evaluate and report clinical data.
- Manage post-operative patients.
- Present patient information in a concise manner to senior resident and/or attending.
- Exhibit manual dexterity appropriate for a PGY-3 resident.
- Exhibit awareness of psychomotor skills and judgment related to his/her role in the performance of operative surgical procedures.
- Arrive in the OR prepared for the cognitive components of his/her role in individual operative surgical procedures.
- Proceed through various steps of operative procedures in a manner that is consistent with the flow of the operation with supervision.
- Develop awareness of timely decisions with respect to the operative procedure.
- Demonstrate competence in performing less complex surgical procedures.
- Identify the benefits and limitations of operative surgical techniques.
- Assist attending staff with surgical procedures.
- Perform competently all essential medical and invasive procedures with supervision.
- Provide health care services aimed at preventing health problems and maintaining health.
- Cooperate with health care professionals, including those from other disciplines, to provide patient-focused care.
- Employ active listening while interviewing patients and their families to consider specific preferences and/or needs.

Medical Knowledge

Goals:

- Apply established and evolving biomedical and clinical sciences to patient care.
- Build upon the fundamental basic science knowledge and apply it to clinical surgical practice.
- Illustrate clinical knowledge necessary to treat a broad range of pediatric diseases.
- Identify the pathophysiologic and pharmacologic basis for pediatric diseases treated and operations performed.

- Review surgical pathophysiology and critical care, pharmacology, physiology, and interpretation of hemodynamic data.
- Discuss current literature and surgical texts on daily rounds and in the OR.
- Explain the embryology, anatomy, and physiology of common neonatal surgical diseases.
- Formulate a diagnostic and treatment plan for pediatric diseases based upon the evolving biomedical and clinical sciences of pediatric surgical intervention.
- Consult with referring physician and consider previous history in decision making process.
- Outline the basics of the multimodality treatment for pediatric patients.
- Apply surgical literature and extensive areas of basic surgical disease to daily patient care.
- Critically evaluate and incorporate pertinent scientific information into daily patient care.
- Illustrate surgical competence using acquired surgical knowledge and skill to achieve a
 performance that produces appropriate and anticipated outcomes.
- Integrate surgical continuity of care principles into the total care plan for all pediatric surgical patients.
- Through leadership and teaching medical students, demonstrate an understanding of the significance of the natural history of pediatric 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 surgical team for all components of surgical care.
- Demonstrate a broad scope of medical knowledge in educating pediatric patients and their parents.
- Attend the following mandatory conferences or rounds:
 - Grand Rounds
 - Journal Club
 - Mortality and Morbidity Conference
 - Any Pediatric Service Conference
 - In-hospital Patient rounds

Practice-Based Learning and Improvement

Goals:

- Develop insight to identify their 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:

- 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.
- Facilitate the learning of medical students.
- Exhibit and recognize the importance of lifelong learning in surgical practice.

Interpersonal and 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.

- 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:

- Place the needs of the patient above all the needs or desires of oneself.
- 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 over the course of training.
- Practice proper and professional grooming at all times, including appropriate 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:

- 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.

- 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 ordered, including laboratory studies, 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 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
- New Innovations evaluations by peers
- Weekly attending rounds

Medical Knowledge:

- Annual ABSITE
- New Innovations evaluations by faculty
- New Innovations evaluations by peers
- Mock oral exams
- · Weekly attending rounds

Practice-Based Learning and Improvement:

- New Innovations evaluations by faculty
- New Innovations evaluations by peers
- Weekly M&M conference
- · Weekly attending rounds
- Journal Club

Professionalism:

- 360 evaluations by inpatient and outpatient clinical and administrative staff and medical students
- New Innovations evaluations by faculty
- New Innovations evaluations by peers

Interpersonal and Communication Skills:

- 360 evaluations by inpatient and outpatient clinical and administrative staff and medical students
- New Innovations evaluations by faculty
- New Innovations evaluations by peers
- Mock oral exams

Systems-Based Practice:

- Weekly M&M conference
- Trauma peer review conference

Curriculums:

- SCORE
- TrueLearn question bank
- Surgery Residency curriculum

Vascular Surgery Rotation

Facility:

Cabell Huntington Hospital

PGY-3 Clinical Duties

- Review and perform milestones for promotion.
- Attend Vascular Clinics on Tuesdays and sign attendance sheet.

PGY-3 Administrative Duties

- See Handbook.
- Log all vascular cases and turn them in to Academic Office at end of rotation.
- Present M&M list at M&M Conference last Wednesday of each month of rotation.
- Complete rotation evaluation at the completion of the rotation.
- Obtain completed CAMEO and Operative Assessment from attending for each month of rotation.

PGY-3 Rotation Curriculum

Review and complete all assigned SCORE modules and quizzes.

Vascular Surgery - Cabell Huntington Hospital

Core Competencies

Patient Care

Goals:

- Provide trainees an opportunity to participate in the perioperative and operative aspects of vascular surgery.
- Upon completion of the clinical rotation in Vascular Surgery the resident should be able to discuss current literature and surgical texts on daily rounds and in the OR.

- Capacity and ability to participate in the perioperative and operative aspects of vascular surgery.
- Experience reading vascular imaging including duplex US and CTA.
- Managed patients on the vascular service.
- Evaluated patients with vascular diseases.
- Participated in or observed endovascular procedures.
- Managed patients with postoperative surgical complications including infection, anastomotic stenosis and leaks, end organ failure, and limb/organ loss.

Medical Knowledge

Goals:

- Know the pathophysiologic and pharmacologic basis for the vascular diseases treated.
- Know the medical, open, and endovascular treatment options for vascular pathology and the risks and benefits of each.
- Recognize the morbidity and mortality associated with the vascular 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:

ANEURYSMAL DISEASE

- To understand the natural history of abdominal aortic aneurysms.
- To understand the genetic distribution of the disease.
- To understand the incidence and prevalence of aneurysmal disease according to age
- To understand the roles of ultrasound, angiography, CT and MRI/MRA in screening and in planning surgery.
- To understand the indications for surgical repair and the factors which contribute to surgical decision making.

PERIPHERAL VASCULAR OCCLUSIVE DISEASE (ACUTE AND CHRONIC)

- To define the normal arterial anatomy of the peripheral vascular system including commonly encountered anatomic variations.
- To recognize the physiologic and pathophysiologic collateral circulatory routes which commonly develop in response to occlusive disease.
- To appreciate the multiple etiologies of chronic peripheral vascular ischemia including atherosclerosis, aneurysm, entrapment syndromes, trauma, and a variety of nonatherosclerotic occlusive entities.
- To understand the signs and symptoms characteristic of acute arterial ischemia and the
 differential diagnosis, the importance of assessing the degree of acute ischemia and
 appreciate the significance of the duration of acute ischemia.
- To recognize the importance of antecedent clinical entities which may predispose to acute peripheral ischemia including atrial fibrillation, prior myocardial infarction, aortic dissection and hypercoagulopathies.
- To appreciate the significance of initial electrolyte, acid base and other laboratory parameters useful in assessing the magnitude of ischemia to define the indications for appropriate therapy.

- To understand the characteristic signs and symptoms of chronic peripheral vascular ischemia relative to the patient's history and physical examination.
- To appreciate the sequelae of reperfusion following acute ischemia in terms of systemic effects as well as local effects warranting fasciotomy including the anatomy and physiology of fasciotomy.
- To understand indications for primary amputation.

RENAL ARTERY DISEASE

- To define normal renal artery anatomy and collateral pathways important in renal artery disease.
- To understand the etiology, pathology, and natural history of these renal artery Lesions:
 - Renal artery atherosclerosis
 - Renal artery fibro muscular dysplasia
 - Renal artery aneurysm
 - Embolic occlusion
- To understand the exocrine and endocrine function of the kidney and relate these to the structure and function of the nephron unit.
- To understand the renin-angiotensin axis in the absence and presence of renal artery disease.
- To describe the mechanisms of renovascular hypertension and renovascular insufficiency (i.e., ischemic nephropathy) and to understand how these differ for unilateral and bilateral renal artery disease.
- To describe the clinical features of renovascular hypertension and renovascular insufficiency, and to contrast these with essential hypertension and parenchymal renal failure.
- To define the applications and limitations of available screening/imaging studies for renal artery disease.
- To describe the strategies, options, and anticipated results of medical management for the various renal artery lesions.

VISCERAL ISCHEMIA

- To define the normal arterial and venous anatomy of the mesenteric circulation and to be familiar with the more frequently encountered anatomic variations.
- To recognize the physiologic and pathophysiologic collateral circulation to the gastrointestinal tract that may develop in response to occlusive disease of the main mesenteric vessels.
- To understand the multiple etiologies of acute mesenteric ischemia including embolism, thrombosis, dissection, venous occlusion, trauma, and gut ischemia following aortic reconstruction

- To understand the multiple possible etiologies of syndromes of chronic mesenteric ischemia including atherosclerosis, aneurysm, extrinsic compression syndromes, and other nonatherosclerotic arteriopathies.
- To understand the characteristic initial signs and symptoms suggestive of acute mesenteric ischemia and how symptoms and physical findings may differ from other causes of the acute abdomen.
- To define preexistent clinical conditions that may predispose to, or support the clinical diagnosis of acute mesenteric ischemia, e.g., atrial fibrillation, previous myocardial infarction (mesenteric embolism), severe cardiopulmonary dysfunction (non-occlusive ischemia), history of post-prandial pain and weight loss, known aortic dissection (mesenteric thrombosis), hypercoaguable states (mesenteric venous thrombosis).
- To define the appropriate diagnostic evaluation for suspected intestinal ischemia following aortic surgery.
- To understand the usefulness of alternative imaging techniques (CT, MRI) for the diagnosis of acute mesenteric venous thrombosis.
- To understand the characteristic signs and symptoms of chronic mesenteric ischemia and how other aspects of patients' history (e.g., previous aortic surgery) or physical examination (e.g., aortoiliac occlusive disease) may suggest the presence of associated visceral arterial occlusive disease.
- To understand the usefulness of porto-mesenteric duplex ultrasound scanning for elective noninvasive evaluation of the major visceral vessels.
- To define the indications for arteriography (or alternative vascular imaging studies) in patients with suspected chronic mesenteric ischemia and understand the arteriographic findings that are considered diagnostic of this condition.
- To recognize the characteristic arteriographic findings in atypical causes of mesenteric arterial compromise.

CEREBROVASCULAR DISEASE

- To describe the anatomy of the arch, great vessels, and intracranial arteries.
- To understand the different etiologies of carotid artery disease.
 - Atherosclerosis
 - Fibromuscular dysplasia
 - Traumatic occlusion
 - Acute Dissection
- To define hemispheric, non-hemispheric, and non-specific symptoms.
- To differentiate between transient ischemic attack (TIA), reversible ischemic neurologic deficit (RIND), stroke in evolution and completed stroke.
- To describe the arterial and neurologic examination and their importance in caring for patients with carotid artery disease.
- To describe the relationship between carotid artery atherosclerosis and the clinical syndrome of vertibrobasilar insufficiency.

- To describe the appropriate evaluation for patients with each of the above clinical presentations including the role of Duplex scans, CT scans, MRA and conventional angiography.
- To discuss the non-surgical and surgical treatment of acute ischemic syndromes including stroke.
- To be able to discuss the potential role of endovascular treatment for cerebrovascular disease

THORACIC OUTLET SYNDROME

- To understand the anatomy of the thoracic outlet to include anatomic variations in bones, muscles, and cervical ribs.
- To understand that pain is a principal symptom of neurologic type of thoracic outlet and that distribution of pain according to the site of compression
- To recognize the arterial symptoms (embolization to hand and forearm, post stenotic dilatation, and subclavian artery occlusion) and venous symptoms (subclavian vein thrombosis for clinical diagnosis).
- To define differential diagnoses of thoracic outlet to include cervical disc syndrome, carpal tunnel syndrome, orthopedic shoulder problems, spinal cord tumor disease, angina pectoris, and Pancoast's tumor.
- To understand and have knowledge of tests used to evaluate thoracic outlet, i.e., Adson's test, hyper abduction test, and costoclavicular test.
- To understand the role of vascular lab in the diagnosis using duplex evaluation to detect thrombosis of the subclavian vein and arterial studies of the upper extremity.
- To be familiar with thrombolytic therapy in the management of subclavian vein thrombosis.
- To understand the treatment options to include conservative approaches such as physical therapy and treatment of muscle spasm.

DIABETIC FOOT PROBLEMS

- To define the normal arterial and venous anatomy of the circulation of the foot.
- To demonstrate an understanding of. Ischemia, neuropathy, and infection as part of the pathogenic mechanisms underlying problems of the diabetic foot.
- To demonstrate an understanding of the presenting signs and symptoms of three pathogenic mechanisms underlying problems of the diabetic foot.
- To understand the limitations of various non-invasive tests in the diagnosis of ischemia in the presence of diabetes.
- To understand the role of angiography in the evaluation of ischemia for patients with diabetes.

- To understand priorities of management in diabetic patients with foot problems to include timing and methods of debridement in drainage for sepsis, metabolic control, evaluation of ulcer, depth, sepsis, involvement of bone, tendon options for conservative management, role of foot gear, weight bearing, when to evaluate for ischemia, options in the management of the non-ischemic, purely neuropathic ulcer.
- To understand the principles and techniques of wound care, dressing changes, debridement.
- To maintain appropriate control of diabetes peri-operatively.

COMPLICATIONS OF VASCULAR THERAPY

- To understand the expected incidence and etiologies of wound healing complications including hematoma, infection, and lymphocele.
- To recognize non-vascular complications associated with arterial therapy including cardiac ischemia, renal failure, and neurologic deficits.
- To recognize the clinical manifestations of pseudoaneurysm following arteriography, percutaneous transluminal angioplasty, and bypass grafting.
- To understand characteristic symptoms and signs of secondary aortoenteric fistula/erosion including prior aortic graft implantation, herald gastrointestinal bleeding, fever, and concomitant anastomotic false aneurysm.
- To understand the characteristic signs and temporal presentation of acute versus lateappearing graft infections including sepsis, GI or perigraft bleeding, fever, malaise, false aneurysm, abdominal, back, or groin pain.
- To understand the characteristic initial signs and symptoms suggestive of colon ischemia.
- To define the appropriate diagnostic evaluation for suspected colon ischemia following aortic surgery including the use of rigid and flexible sigmoidoscopy, colonoscopy, and operative exploration.
- To recognize the symptoms and signs of limb ischemia associated with graft thrombosis.
- To define the appropriate diagnostic evaluation of graft occlusion based on severity of limb ischemia.
- To understand the clinical symptoms and signs, and ECG features of cardiac ischemic.
- To define the parameters of serologic and urine testing that characterize acute renal failure.
- To understand the role of prophylactic antibiotics in the prevention of wound and graft infections.
- To understand the role of pre-operative testing, intra-operative monitoring, and postoperative measures to prevent cardiac ischemia.

VASULAR TRAUMA

- To understand the mechanism of vascular injury to the upper extremity, thoracic aorta, abdominal aorta and its branches, and lower extremities.
- To understand the characteristic signs and symptoms of acute vascular compromise.

- To understand the usefulness and define the characteristic diagnostic finding of alternative imaging techniques (i.e., two plane x-ray, Doppler/duplex color flow ultrasonography, venography, angiography, MRI, and CT scans) in the management of vascular trauma.
- To understand the characteristic signs and symptoms of acute arterial injury.
- · To define the clinical features of major arterial injury.
- To understand the indications for noninvasive (Doppler or duplex color flow ultrasonography CT, MRI) and invasive (arteriography, venography) diagnostic studies.
- To define the preoperative assessment and management of the patient with a major arterial injury.
- To understand the characteristic signs and symptoms of acute venous injury.
- To define the clinical features of major venous injury.
- To understand the indications for noninvasive (Doppler or duplex color flow ultrasonography CT, MRI) and invasive (venography) diagnostic studies.
- To define the preoperative assessment and management of the patient with a major venous injury.
- To understand the characteristic signs and symptoms of AVFs.
- To define the mechanism of the iatrogenic injury.
- To understand the management and potential complications associated with an iatrogenic injury.

VENOUS THROMBOEMBOLIC DISEASE

- To understand the classic triad of stasis, hypercoagulable state and vein wall damage leading to venous thrombosis
- To understand other risk factors such as malignancy, older age, obesity, long bone fractures, joint replacement, pelvic operations, and a previous history of DVT/PE.
- To be familiar with the known hypercoagulable states including anticardiolipin/antiphospholipid antibodies, lupus anticoagulant, protein C and protein S deficiency, antithrombin III deficiency, hyperfibrinogenemia, plasminogen deficiency, factor V Leiden mutation (activated protein C resistance), heparin induced thrombocytopenia, Coumadin (warfarin) induced skin necrosis.
- To be familiar with the signs, symptoms and non-invasive and invasive tests currently used in the diagnosis of DVT and PE.
- To describe the management of DVT and PE including heparin treatment and the role of chronic anticoagulation.
- To recognize the importance of monitoring platelet counts during heparin therapy, and the diagnosis and treatment of heparin induced thrombosis.
- To know reasons why warfarin should be avoided during pregnancy.
- To understand the typical signs/symptoms and the usual chest x-ray, blood gas and EKG findings in patients with large pulmonary emboli.

CHRONIC VENOUS INSUFFICIENCY

- To review normal venous anatomy: superficial, deep, and perforating veins, greater saphenous vein (GSV), lesser saphenous vein (LSV), femoral, popliteal & tibial vessels.
- To review the epidemiology of chronic venous insufficiency.
- To understand that chronic venous disease is defined as an abnormally functioning venous system caused by venous valvular incompetence with or without venous outflow obstruction which may affect the superficial venous system, the deep venous system or both.
- To understand and differentiate the three etiologic categories of venous dysfunction: congenital, primary (acquired, undetermined cause) and secondary (acquired, e.g., post-thrombotic or post traumatic).
- To differentiate the clinical features of superficial venous insufficiency from deep vein (or combined) insufficiency.
- To review the noninvasive and invasive evaluation of the venous system including ascending & descending venography, photoplethysmography, air plethysmography, and duplex scanning.
- To describe the characteristics of venous stasis ulcers and differentiate them from other types of ulcers including arterial, neuropathic, malignant, infectious, and inflammatory (vasculitis).
- To differentiate stasis dermatitis from other causes of dermatitis in the lower leg.
- To describe the types of available therapy for superficial venous insufficiency (varicose veins) including elastic stockings, elevation, sclerotherapy, laser treatment, stab evulsion, stripping.
- To define the principles of non-operative management of lower extremity chronic venous insufficiency: ambulation, elevation, elastic support.
- To describe the non-operative management of venous stasis ulcers including UNNA Boot, etc.

LYMPHEDEMA

- To know the classification of causes of lymphedema, including primary lymphedema to include congenital (onset before one year of age) Non-familial, Familial (Milroy's Disease), primary lymphedema, praecox (onset 1 to 35 years of age) Non-familial, familial (Meige Disease), primary lymphedema, Tarda (onset after 35 years of age) and secondary lymphedema, including filariasis, lymph node excision and radiation, tumor invasion, infection, and trauma.
- To understand classic clinical classifications of lymphedema based on etiology (primary vs. secondary), genetics (familial vs sporadic), and time of onset.
- To understand the techniques of non-operative management of primary and secondary lymphedema.

EXTREMITY AMPUTATION

- To understand the various pathophysiologic conditions which lead to the need for an extremity amputation.
- To define when amputation offers improved quality of life.
- To understand the importance of proper amputation level selection.
- To define the methods of determining amputation level by clinical criteria

VASCULAR ACCESS

- To know that arterial and venous anatomy involved in the commonly placed grafts and sited for hemodialysis in the upper and lower extremities; know the options for unusual grafts sites when extremities are not available.
- To know the local and systemic, anatomic effects of creating an arteriovenous fistula for the purpose of hemodialysis.
- To know the anatomic and physiologic etiologies for arterial steal, decreased extremity flow and venous hypertension in AV fistulas created for hemodialysis.
- To know the physical exam and diagnostic tests used in selecting a site for vascular access including Allen's test and use of duplex screening of veins.

Assessment Methods

Patient Care:

- New Innovations evaluations by faculty
- New Innovations evaluations by peers
- · Weekly attending rounds

Medical Knowledge:

- Annual ABSITE
- New Innovations evaluations by faculty
- New Innovations evaluations by peers
- Mock oral exams
- · Weekly attending rounds

Practice-Based Learning and Improvement:

- New Innovations evaluations by faculty
- New Innovations evaluations by peers
- Weekly M&M conference
- Weekly attending rounds
- Journal Club

Professionalism:

- 360 evaluations by inpatient and outpatient clinical and administrative staff and medical students
- · New Innovations evaluations by faculty
- New Innovations evaluations by peers

Interpersonal and Communication Skills:

- 360 evaluations by inpatient and outpatient clinical and administrative staff and medical students
- New Innovations evaluations by faculty
- New Innovations evaluations by peers
- · Mock oral exams

Systems-Based Practice:

- Weekly M&M conference
- · Trauma peer review conference

Curriculums:

- SCORE
- TrueLearn question bank
- Surgery Residency curriculum

General Surgery Rotation

Facility:

Cabell Huntington Hospital

PGY-4 Clinical Duties

- Review and perform milestones for promotion.
- Exposure to General Surgery services, patients, and procedures.

PGY-4 Administrative Duties

- See Handbook.
- Complete rotation evaluation at the completion of the rotation.
- Obtain completed CAMEO and Operative Assessment from attending at end of rotation.
- Assist Chief Resident in completing monthly call schedule.
- Prepare and present weekly M&M list at conference in the absence of the Chief Resident.

PGY-4 Rotation Curriculum

- Review and complete all assigned SCORE modules and quizzes.
- Participate in assigned mock oral exams.
- Begin reviewing program provided Pass Machine curriculum for Qualifying Exam.

General Surgery - Cabell Huntington Hospital

Core Competencies

Patient Care

Goals:

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

- Evaluate general surgery patients and report to chief level resident and or attending with a differential diagnosis and comprehensive plan for the care of the patient.
- · Coordinate plan with junior level residents.
- Take a complete history and physical examination.
- Gathers essential and accurate information about patients.

- Identify non-verbal communications in interview with patients.
- Actively 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.
- Prioritize clinical responsibilities.
- 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 general surgery 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.
- 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 surgery wards, operating room, and outpatient clinic.
- Develop competence in interpretation of radiologic studies such as abdominal films, chest x-rays, CT scans, and other appropriate radiological studies.
- 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 organ failure.
- 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.

Medical Knowledge

Goals:

- Know the specific algorithms for initial treatment and subsequent management of complex general surgery patients.
- Know the indication for operative and non-operative therapy in the general surgery patients
- 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:

Identify and discuss primary surgical literature in an evaluative based manner.

- Assess patients, formulate a differential diagnosis, and order appropriate workup for patients.
- Outline the basics of the multimodality treatment of general surgery patients.
- Provide timely surgical assessment and operative management of the patient with an acute general surgical problem.
- Define the categories of shock based upon type and explain the etiology and pathophysiology of each type of shock: Cardiogenic, Hypovolemic, Septic.
- Recognize and treat cardiac tamponade and tension pneumothorax.
- Formulate and implement a diagnostic and treatment plan for critically ill patients and present findings to chief resident.
- Know policies and procedures for multi-disciplinary care of the surgical and/or critical care patient.
- Exhibit knowledge of surgical infections, complications of acute surgical disease, and surgical management.
- Identify and discuss surgical literature in areas of general surgery and critical care.
- Incorporate basic medical knowledge to daily patient care.
- Evaluate and demonstrate knowledge of pertinent scientific information.
- Exhibit knowledge base sufficient to teach medical students on the service.
- Integrate surgical continuity of care principles into the total care plan for general surgical and critically ill patients.
- Identify 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.
- · Demonstrate an understanding of:
 - Basic science principles
 - Ex: metabolism, wound healing
 - General Surgery principles
 - Ex: acute abdomen
 - General Medicine principles
 - Ex: infectious disease
 - Critical Care subjects
 - Ex: ARDS, SIRS, acid/base
 - Pharmacologic principles
 - Ex: antibiotic management
 - Radiographic studies
 - Indications and interpretation
- Attend the following mandatory conferences:
 - Departmental Grand Rounds
 - Level appropriate Basic Science
 - Journal Club
 - Mortality and Morbidity Case Conference
 - Trauma Conferences

Practice-Based Learning and Improvement

Goals:

- Develop insight to identify their 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:

- 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.
- 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 recognize the importance of lifelong learning in surgical practice.

Interpersonal and 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.

- 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:

- Place the needs of the patient above all the needs or desires of oneself.
- 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 over the course of training.
- Practice proper and professional grooming at all times, including appropriate attire.
- Attend to administrative responsibilities in a timely manner.
- Complete timely medical records and dictations.
- Answer pages promptly and professionally.
- Enter cases in the 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.

- 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 ordered, including laboratory studies, 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 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
- · New Innovations evaluations by peers
- · Weekly attending rounds

Medical Knowledge:

- Annual ABSITE
- New Innovations evaluations by faculty
- New Innovations evaluations by peers
- Mock oral exams
- Weekly attending rounds

Practice-Based Learning and Improvement:

- New Innovations evaluations by faculty
- New Innovations evaluations by peers
- Weekly M&M conference
- Weekly attending rounds
- Journal Club

Professionalism:

- 360 evaluations by inpatient and outpatient clinical and administrative staff and medical students
- New Innovations evaluations by faculty
- New Innovations evaluations by peers

Interpersonal and Communication Skills:

- 360 evaluations by inpatient and outpatient clinical and administrative staff and medical students
- New Innovations evaluations by faculty
- New Innovations evaluations by peers
- Mock oral exams

Systems-Based Practice:

- Weekly M&M conference
- Trauma peer review conference

Curriculums:

- SCORE
- TrueLearn question bank
- Surgery Residency curriculum

General Surgery, Associate Program Director's Service Rotation

Facility:

Cabell Huntington Hospital

PGY-5 Clinical Duties

- Exposure to Complex General Surgery and Trauma Surgery.
- Attend clinic.
- Direct every aspect of clinical care, including pre- and post-operative management, and staff patients with attendings daily.
- Coordinate and lead the clinical education of fellow residents and medical students on the team.
- Take the lead in the technical aspects of operations and direct operative decision-making under the
 direct supervision of attending surgeons, refining their surgical skills and judgment to prepare for a life
 of independent practice.

PGY-5 Administrative Duties

- See Handbook.
- Fifth-year residents act as chief on all services, leading the team in every aspect.
- Fifth-year residents:
 - \circ Complete rotation evaluation at the completion of the rotation.
 - Obtain completed CAMEO and operative assessment from attending at end of rotation and submit to Academic office.
 - Fulfill all administrative responsibilities of the service to ensure the team functions smoothly by coordinating schedules to ensure all clinics and operating rooms are staffed, while guaranteeing that all ACGME and duty-hour restrictions are met.

PGY-5 Rotation Curriculum

- Review and complete all assigned SCORE modules and quizzes.
- Participate in assigned mock oral exams.
- Begin reviewing program provided Board Review curriculum for Qualifying Exam.

General Surgery, Associate Program Director's Service - Cabell Huntington Hospital

Core Competencies

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:

- 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 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 present a differential diagnosis.
- Supervise all aspects of the care of the patient and delegate tasks to appropriate level team members.
- 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.
- Collaborate with Cabell Huntington Chief Resident to 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.

- 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 ABCs 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 critically ill patients.
- 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' basics of surgical anatomy.
- Present level appropriate materials at Basic Science Conferences.
- Exhibit surgical competence using 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.
- · Attend the following mandatory conferences:
 - Grand Rounds
 - Basic Science
 - Journal Club
 - Mortality and Morbidity
 - 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.

- 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 recognize the importance of lifelong learning in surgical practice.

Interpersonal and 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.

- 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.

- Place the needs of the patient above all the needs or desires of oneself.
- 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 over the course of training.
- Practice proper and professional grooming at all times, including appropriate 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.

- 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 ordered, including laboratory studies, 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 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
- · New Innovations evaluations by peers
- · Weekly attending rounds

Medical Knowledge:

- Annual ABSITE
- New Innovations evaluations by faculty
- New Innovations evaluations by peers
- · Mock oral examinations
- · Weekly attending rounds

Practice-Based Learning and Improvement:

- · New Innovations evaluations by faculty
- New Innovations evaluations by peers
- Weekly M&M conference
- · Weekly attending rounds
- Journal Club

Professionalism:

- 360 evaluations by inpatient and outpatient clinical and administrative staff and medical students
- New Innovations evaluations by faculty
- New Innovations evaluations by peers

Interpersonal and Communication Skills:

- 360 evaluations by inpatient and outpatient clinical and administrative staff and medical students
- New Innovations evaluations by faculty
- New Innovations evaluations by peers
- Mock oral exams

Systems-Based Practice:

- Weekly M&M conference
- · Trauma peer review conference

Curriculums:

- SCORE
- TrueLearn question bank
- Surgery Residency curriculum

Assessment Methods

Patient Care:

- New Innovations evaluations by faculty
- New Innovations evaluations by peers
- · Weekly attending rounds

Medical Knowledge:

- Annual ABSITE
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Interpersonal and Communication Skills:

- 360 evaluations by inpatient and outpatient clinical and administrative staff and medical students
- New Innovations evaluations by faculty
- New Innovations evaluations by peers
- Mock oral exams

Systems-Based Practice:

- Weekly M&M conference
- Trauma peer review conference

Curriculums:

- SCORE
- TrueLearn question bank
- Surgery Residency curriculum

General Surgery Chief Rotation

Facility:

Cabell Huntington Hospital

PGY-5 Clinical Duties

- Exposure to Complex General Surgery and Trauma Surgery.
- Attend clinic.
- Direct every aspect of clinical care, including pre- and post-operative management, and staff patients with attendings daily.
- Coordinate and lead the clinical education of fellow residents and medical students on the team.
- Take the lead in the technical aspects of operations and direct operative decision-making under the
 direct supervision of attending surgeons, refining their surgical skills and judgment to prepare for a life
 of independent practice.

PGY-5 Administrative Duties

- See Handbook.
- Fifth-year residents act as chief on all services, leading the team in every aspect.
- Fifth-year residents:
 - \circ Complete rotation evaluation at the completion of the rotation.
 - Obtain completed CAMEO and operative assessment from attending at end of rotation and submit to Academic Office.
 - Fulfill all administrative responsibilities of the service to ensure the team functions smoothly by coordinating schedules to ensure all clinics and operating rooms are staffed, while guaranteeing that all ACGME and duty-hour restrictions are met.

PGY-5 Rotation Curriculum

- Review and complete all assigned SCORE modules and quizzes.
- Participate in assigned mock oral exams.
- Begin reviewing program provided Board Review curriculum for Qualifying Exam.

General Surgery, Chief - Cabell Huntington Hospital

Core Competencies

Patient Care

Goals:

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

Objectives:

- Manage and oversee patients brought into the ED, in the hospital, and in clinic.
- Take a leadership role in the Operating Room, Surgical ICU, and Surgical inpatient floor and in clinic.
- Organize the multidisciplinary care of complex patients.
- Function independently in all aspects of General Surgery and critically ill patient management.
- Exhibit working knowledge of medical problems and progress of all patients.
- Apply clinical screening and triage of individual services.
- Explain typical presentations and clinical manifestations associated with adult General Surgery and pediatric 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 present a differential diagnosis.
- Supervise all aspects of the care of the patient and delegate tasks to appropriate level team members.
- 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 surgical care and operations performed.
- Explain morbidity and mortality associated with the patients and operations performed.

- 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 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 critically ill patients.
- 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 general surgical units, outpatient clinic, consults and team responsibilities.
- Teach surgical anatomy to junior level residents and medical students.
- Present level appropriate materials at Basic Science Conferences.
- Exhibit surgical competence using 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.
- Attend the following mandatory conferences:
 - Grand Rounds
 - Basic Science
 - Journal Club
 - Mortality and Morbidity
 - Trauma Service Conference

Practice-Based Learning and Improvement

Goals:

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

- 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.
- 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 recognize the importance of lifelong learning in surgical practice.

Interpersonal and 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.

- 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:

- Place the needs of the patient above all the needs or desires of oneself.
- 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 over the course of training.
- Practice proper and professional grooming at all times, including appropriate attire.
- Attend to administrative responsibilities in a timely manner.
- Complete timely medical records and dictations.
- Answer pages promptly and professionally.
- Enter cases in the 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.

- 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 ordered, including laboratory studies, 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 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
- · New Innovations evaluations by peers
- · Weekly attending rounds

Medical Knowledge:

- Annual ABSITE
- New Innovations evaluations by faculty
- New Innovations evaluations by peers
- Mock oral exams
- · Weekly attending rounds

Practice-Based Learning and Improvement:

- New Innovations evaluations by faculty
- New Innovations evaluations by peers
- Weekly M&M conference
- · Weekly attending rounds
- Journal Club

Professionalism:

- 360 evaluations by inpatient and outpatient clinical and administrative staff and medical students
- New Innovations evaluations by faculty
- · New Innovations evaluations by peers

Interpersonal and Communication Skills:

- 360 evaluations by inpatient and outpatient clinical and administrative staff and medical students
- New Innovations evaluations by faculty
- · New Innovations evaluations by peers
- Mock oral exams

Systems-Based Practice:

- Weekly M&M conference
- Trauma peer review conference

Curriculums:

- Scientific American Surgery curriculum
- Surgery Residency curriculum
- TrueLearn question bank