MARSHALL UNIVERSITY SCHOOL OF MEDICINE
SURGERY RESIDENCY TRAINING PROGRAM

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

This letter of agreement is an educational statement that sets forth the relationship between MUSOM and SMMC. This statement of educational purpose is not intended to 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 SMMC

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

1. Responsibilities

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

2. Content and Duration of the Educational Experiences

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

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

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

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

3. Assignments

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

4. Responsibility for supervision and evaluation of residents

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

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

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

5. Policies and Procedures for Education

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

6. Authorized Signatures

ST. MARY'S MEDICAL CENTER

David Denning, MD
Site Director

10/16/2024
Date

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

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

David Denning, MD, Site Director

Farzad Amiri, MD

Curtis Harrison, MD

Matthew Hofeldt, MD

J. Chris Kitchen, MD

Matthew Krantz, MD

Jake Rubenstein, MD

Errington Thompson, MD

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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PGY-1 General Surgery Residency Goals & Objectives

General Surgery Rotation

Facilities

- St. Mary's Medical Center
- Cornerstone Healthcare Group

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 – St. Mary's Medical Center & Cornerstone Healthcare Group

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

Objectives:

- Evaluate pre-operative patients with complex GI issues (ex: Hepatobiliary, colorectal, upper and lower GI), and oncologic surgical processes.
- Manage ward/postoperative patients.
- Prioritize patient acuity.
- Manage ward emergencies (arrhythmia, hypoxia, shock, etc.).
- Prioritize clinical responsibilities.
- Plan discharge.
- Facility to acquire pertinent information from patients and other sources in a timely manner.
- General understanding of immunological principles.

- Demonstrate caring and respectful behaviors when interacting with patients and/or their families.
- Incorporate patient preferences in making decisions about diagnostic and therapeutic interventions.
- Demonstrate manual dexterity appropriate for a first-year resident.
- Develop patient care plans appropriate for PGY-1 resident and discuss with senior level resident and/or attending.
- Execute treatment plans.
- Gather essential and accurate information about patients.
- Evaluate patients with surgical indications and present a differential diagnosis to senior level resident and/or attending.
- Compare laparoscopic versus open procedures for each case.
- Develop an understanding about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
- In less complex cases, may develop and carry out patient management plans as discussed with the chief resident and/or attending.
- Demonstrate an understanding of the indications and contraindications for various medications used in preparation or in the performance of procedures.
- Assist with the overall care of patients with the team of residents and students.
- Participate in daily rounds, outpatient clinics, and resident teaching conferences.

Medical Knowledge

Goals:

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

Objectives:

- Possess a basic understanding of surgical pathophysiology, pharmacology, physiology, and interpretation of hemodynamic data.
- Formulate, implement, and understand a diagnostic and treatment plan for common abdominal surgical conditions based upon GI and hepatobiliary published evidence.
- Be able to individualize that plan based upon co-morbidities.
- Have a full understanding of preoperative risk assessment and mitigation to include cardiac risk, pulmonary disability, vascular disease, infection prophylaxis and anticoagulation.

- Have a working knowledge of patient regimen and medication reconciliation for surgical patient to avoid drug interaction or undue disruption of regimen.
- Demonstrate a working knowledge of the natural history of common general surgery conditions and the logic of modifying that history by timely intervention.
- Demonstrate a working knowledge of transfusion, electrolyte management and surgical nutrition to include TPN.
- Have a command of concepts of laparoscopic surgery including indications, patient response, instrumentation, logistics and post-operative considerations.
- Recognize and initiate management for common surgical complications including oliguria, hypotension, hypertension, chest pain, wound infection, sepsis, and electrolyte abnormalities.
- Demonstrate a working knowledge of pain management to include recognition of implications of pain, analgesics, narcotics, adjunctive measures and PCA.
- Evaluate by astute history and physical examination and prepare treatment plan for the following specific conditions:
  - inguinal hernia (asymptomatic, symptomatic, irreducible, incarcerated)
  - hemorrhoids grade 1-3
  - anal fissure
  - fistula-in-ano
  - cholelithiasis (asymptomatic and symptomatic)
  - acute and chronic cholecystitis
  - acute abdomen
  - pancreatitis
  - small bowel obstruction
  - appendicitis
  - diverticulitis
  - GI hemorrhage
- Competence in the use of ophthalmoscope, otoscope, stethoscope, laryngoscope, Doppler, 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 own strengths and weaknesses and set learning goals.
- Evaluate published literature in critically acclaimed journals to continuously improve patient care.

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 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.

Objectives:

- 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.

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.

PGY-1 General Surgery Residency Goals & Objectives

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

PGY-2 General Surgery Residency Goals & Objectives

General Surgery Rotation

Facilities

- St. Mary's Medical Center
- Cornerstone Healthcare Group

PGY-2 Clinical Duties

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

General Surgery – St. Mary's Medical Center & Cornerstone Healthcare Group

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 of surgical patients.
- Develop proficiency in basic surgical technical skills including both minor procedures and operations appropriate for a PGY 2 Resident experience.

Objectives:

- Evaluate pre-operative patients with complex GI issues (ex: hepatobiliary, colo-rectal, upper and lower GI).
- Manage ward/postoperative patients.
- Prioritize patient acuity.
- Manage ward emergencies (arrhythmia, hypoxia, shock, etc.).
- Prioritize clinical responsibilities.
- Participate in simulation activity at each facility.

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

Medical Knowledge

Goals:

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

Objectives:

- 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.

<u>Practice-Based Learning and Improvement</u>

<u>Goals:</u>

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

PGY-2 General Surgery Residency Goals & Objectives

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 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.

Objectives:

- 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.

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.

PGY-2 General Surgery Residency Goals & Objectives

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

PGY-3 General Surgery Residency Goals & Objectives

Intensive Care Unit Rotation

Facilities:

- St. Mary's Medical Center
- Cornerstone Healthcare Group *(effective 1 20 2023)*

PGY-3 Clinical Duties

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

PGY-3 Administrative Duties

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

PGY-3 Rotation Curriculum

- Review and complete all assigned SCORE modules and quizzes.
- Required Text – *The ICU Book* – Marino.

Intensive Care Unit – St. Mary's Medical Center & Cornerstone Healthcare Group

Core Competencies

Patient Care

Goals:

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

Objectives:

- Do initial evaluation and management of the critically ill postoperative patient.
- Institute therapeutic interventions such as managing fluid orders, ventilator settings, and pharmacologic support drugs.
- Maintain ACLS and ATLS certification.
- Place central lines and pulmonary artery catheters.
- Perform:
  - Orotracheal intubation
  - Arterial catheter insertion

  - Cricothyroidotomy
  - Pericardiocentesis
- Serve on code and trauma team.
- Manage the following:
  - severe trauma patients
  - septic patients
  - multiple organ system failure
  - life threatening surgical infections
  - hypovolemic shock
  - renal failure
  - severe malnutrition
  - liver failure
- Place emergency transvenous access.
- Manage the nutritional and metabolic components of the patient's illness.
- Manage invasive monitoring catheters and interpret the data obtained.
- Teach and mentor lower-level residents in above listed objectives.

Medical Knowledge

Goals:

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

Objectives:

- 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 the pharmacotherapeutics of drugs used for support and treatment of the critically ill patient, including 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, as well as problems caused by overfeeding.
- 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
  - Cardiac Surgery
  - Thoracic Surgery
  - Burns
  - Trauma
- Describe endocrine-related problems associated with critical care including glucose control and the role of insulin drips verse subcutaneous insulin.
- Discuss the patient's overall hospital course to include preoperative, operative, and postoperative management in light of the altered physiologic state.
- Review the relationships of physicians, nurses, and administrators in managing patients assigned to the ICU.
- Discuss the moral and ethical problems encountered in ICU.

Practice-Based Learning and Improvement

Goals:

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

Objectives:

- 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 EMR within 24 hours of completing the procedures or operation.
- Dictate an accurate and descriptive narration of the operative procedure in which he/she is the primary surgeon within 24 hours.

Professionalism

Goals:

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

Objectives:

- 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.

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 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

PGY-3 General Surgery Residency Goals & Objectives

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

PGY-3 General Surgery Residency Goals & Objectives

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.

Objectives:

- 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.

PGY-3 General Surgery Residency Goals & Objectives

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 non-atherosclerotic 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 late-appearing 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

PGY-3 General Surgery Residency Goals & Objectives

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

PGY-4 General Surgery Residency Goals & Objectives

General Surgery Rotation

Facilities:

- St. Mary's Medical Center
- Cornerstone Healthcare Group *(effective 1 20 2023)*

PGY-4 Clinical Duties

- Review and perform milestones for promotion.
- Exposure to General Surgery services, patients, and procedures.
- Attend Dr. Denning's clinic.

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 – St. Mary's Medical Center & Cornerstone Healthcare Group

Core Competencies

Patient Care

Goals:

- Formulate accurate decisions about 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 surgical patient.

Objectives:

- Evaluate surgical patients and report to chief level resident and or attending with a differential diagnosis and comprehensive plan for the patient.
- Coordinate with junior level residents the work required.
- Take a complete history and physical examination.

- Gathers essential and accurate information about patients.
- Identify non-verbal communications in interview with patients.
- 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.
- 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.
- 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 outpatient clinic.
- Develop competence in interpretation of radiologic studies such as abdominal films and chest x-rays.
- Participate in the work-up and assist with plan to handle any possible abdominal crises.
- Deliver a medical opinion to another surgical or non-surgical colleague about a patient.

Medical Knowledge

Goals:

- Know the specific algorithms for initial treatment and subsequent management of the complex trauma patient.
- Know the indication for operative and non-operative therapy.
- Utilize web-based resources, journals, surgical texts, 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 trauma patients.

PGY-4 General Surgery Residency Goals & Objectives

- 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.
- Tamponade, 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 trauma 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 trauma 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 trauma 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
  - Trauma Surgery principles
    - Ex: ATLS, shock
  - 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

PGY-4 General Surgery Residency Goals & Objectives

Practice-Based Learning and Improvement

Goals:

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

Objectives

- 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.

Objectives:

- 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.

PGY-4 General Surgery Residency Goals & Objectives

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 to ACGME Operative Log.
- Enter duty hours weekly.

Systems-Based Practice

Goals:

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

Objectives:

- 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

PGY-4 General Surgery Residency Goals & Objectives

Curriculums:

- SCORE
- TrueLearn question bank
- Surgery Residency curriculum

PGY-5 General Surgery Residency Goals & Objectives

General Surgery, Chairman's Service Rotation

Facilities:

- St. Mary's Medical Center
- Cornerstone Healthcare Group *(effective 1 20 23)*

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:
    - 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, Chairman's Service – St. Mary's Medical Center & Cornerstone Healthcare Group

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.
- 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.

PGY-5 General Surgery Residency Goals & Objectives

Objectives:

- 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.

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.

Objectives:

- 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.
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- Answer pages promptly and professionally.
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Systems-Based Practice

Goals:

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

Objectives:

- 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.

PGY-5 General Surgery Residency Goals & Objectives

Assessment Methods

Patient Care:

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- New Innovations evaluations by peers
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Systems-Based Practice:

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Curriculums:

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- TrueLearn question bank
- Surgery Residency curriculum