



## PROGRAM LETTER OF AGREEMENT

**This Program Letter of Agreement is used to implement the AAMC Uniform Terms and Conditions which address important legal and business terms between the Sponsoring Institution and the Participating Site. The Uniform Terms and Conditions include provisions on the administration of the residency program; resident salaries and benefits; immunizations, criminal background checks, licensure, access to resources, resident supervision and evaluation, insurance coverage, HIPAA and other important issues. This Program Letter of Agreement should not be signed before reading and fully understanding the AAMC Uniform Terms and Conditions.**

This Program Letter of Agreement is the residency training affiliation agreement between the Sponsoring Institution and the Participating Site with respect to a clinical training experience for the Sponsoring Institution's assigned residents, and the agreement of the parties to abide by all terms and conditions of the AAMC Uniform Terms and Conditions [dated January 22, 2018] which is hereby incorporated by reference, without modification or exception except as specified below. Any conflict between this Program Letter of Agreement and the AAMC Uniform Terms and Conditions are to be interpreted in favor of this Program Letter of Agreement.

This Program Letter of Agreement is effective from 03/01/2025, and will remain in effect for ten years or until updated or changed by the Sponsoring Institution and the Participating Site or terminated by either party.

### 1. Parties

Sponsoring Institution: Marshall University School of Medicine

Participating Site: University of Kentucky

### 2. Persons Responsible for Education and Supervision

Program Director at Sponsoring Institution: Paul C. Bown, MD

Site Director at Participating Site: Cortney Lee, MD

Other faculty at Participating Site (by name or general group): University of Kentucky General Surgery Faculty

The above named people are responsible for the education and supervision of the residents while rotating at the Participating Site.



### 3. Responsibilities

The faculty at Participating Site must provide appropriate supervision of residents in patient care activities and maintain a learning environment conducive to educating the residents in the competency areas identified by ACGME or other applicable accrediting bodies. Supervision must provide safe and effective care to patients; ensure development of skills, knowledge, and attitudes required to enter the unsupervised practice of medicine and establish a foundation for continued professional growth. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at the completion of the assignment.

### 4. Goals and Objectives of the Educational Experiences

The goals and objectives of the educational experiences have been developed according to ACGME Residency Program Requirements or other applicable accrediting bodies, and are delineated in the attached document.

The Program Director, Site Director and the program faculty at the Participating Site are together responsible for the day-to-day activities of the residents during the course of the educational experiences at the Participating Site in furtherance of the goals and objectives.

### 5. Policies, Rules and Regulations that Govern Resident Education

Residents will be under the general direction of their Sponsoring Institution Program's Policy and Procedure Manual regarding educational matters as well the Participating Site's policies, rules and regulations regarding patient care activities.

### 6. Financial Responsibility

Select one of the three options below:

#### Sponsoring Institution Responsible Financially

Sponsoring Institution or its affiliate as otherwise described under Section 7 herein shall continue to employ the residents and is responsible for the payment of any salary and compensation to the residents, as well as providing or requiring health insurance coverage and workers compensation coverage, and withholding all applicable taxes. Sponsoring Institution understands that its residents will not be covered by or entitled to any social security, unemployment compensation, retirement, pension and/or any other benefits programs or workers' compensation program offered or provided by Participating Site, and no resident shall have any right, title or claim to participate in the same.

Or

Participating Site Responsible Financially

Sponsoring Institution or its affiliate as otherwise described under Section 7 herein shall continue to employ the residents and is responsible for the payment of any salary and compensation to the residents, as well as providing or requiring health insurance coverage and workers compensation coverage, and withholding all applicable taxes. Sponsoring Institution understands that its residents will not be covered by or entitled to any social security, unemployment compensation, retirement, pension and/or any other benefits programs or workers' compensation program offered or provided by Participating Site, and no resident shall have any right, title or claim to participate in the same. Since Sponsoring Institution cannot claim the residents on its cost report for graduate medical education reimbursement from the CMS, the Participating Site shall reimburse Sponsoring Institution or its affiliate as may be described under Section 7 herein for the applicable pro rata portion of any resident's salary and benefits. Sponsoring Institution or its affiliate as otherwise described under Section 7 herein may provide the Participating Site an invoice for payment, which shall be paid by Participating Site within ninety (90) days of the date that such invoice is posted in the U.S. mail or other agreed upon means. Any additional expenses for any specific Rotation shall be set forth in [Exhibit \_\_\_, attached.]

Or

Financial Responsibility

Sponsoring Institution and Participating Site agree to the following terms regarding cost sharing with respect to costs associated with the education of residents: [insert terms].

**7. Other Modifications or Exceptions to the AAMC Uniform Residency Training Terms and Conditions**

Modifications or Exceptions (if none, please indicate by writing "none")

**RISK MANAGEMENT STATEMENT:**

The SPONSORING INSTITUTION's Administrator and PARTICIPATING SITE Hospital's Office of Risk Management will notify each other of any lawsuit which is threatened, or any patient care event which causes or contributes to injury or death, and could result in a lawsuit, if a SPONSORING INSTITUTION resident or fellow is involved with said patient's care.

**PERSONAL INFORMATION AND BREACH:**

To the extent SPONSORING INSTITUTION receives Personal Information as defined by and in accordance with Kentucky's Personal Information Security and Breach Investigation Procedures and Practices Act, KRS 61.931, 61.932 and 61.933 (the "Act"), SPONSORING INSTITUTION shall secure and protect the Personal Information by, without limitation: (i) complying with all requirements applicable to non-affiliated third parties set forth in the Act, (ii) utilizing security and breach investigation procedures that are appropriate to the nature of the Personal Information disclosed, at least as stringent as PARTICIPATING SITE's and

UKCMC

reasonably designed to protect the Personal Information from unauthorized access, use, modification, disclosure, manipulation, or destruction; (iii) notifying PARTICIPATING SITE of a security breach relating to Personal Information in the possession of SPONSORING INSTITUTION or its agents or subcontractors within seventy-two (72) hours of discovery of an actual or suspected breach unless the exception set forth in KRS 61.932(2)(b)2 applies and SPONSORING INSTITUTION abides by the requirements set forth in that exception; (iv) cooperating with PARTICIPATING SITE in complying with the response, mitigation, correction, investigation, and notification requirements of the Act, (v) paying all costs of notification, investigation and mitigation in the event of a security breach of Personal Information suffered by SPONSORING INSTITUTION; and (vi) at PARTICIPATING SITE's discretion and direction, handling all administrative functions associated with notification, investigation and mitigation.

**CORPORATE COMPLIANCE:**

SPONSORING INSTITUTION affirms that it is not excluded from participation, and is not otherwise ineligible to participate in a "Federal health care program" as defined in 42 U.S.C. section 1320a-7b(f) or in any other state or federal government payment program. In the event that SPONSORING INSTITUTION is excluded from participation, or becomes otherwise ineligible to participate in any such program, during the term of this agreement, SPONSORING INSTITUTION will notify the University of Kentucky Chandler Medical Center, hereinafter "UKCMC", Office of Compliance, 2333 Alumni Park Plaza, Suite 200, Lexington, Kentucky 40517, in writing, by certified mail within 48 hours after said event, and upon the occurrence of any such event, whether or not appropriate notice is given, the University of Kentucky shall immediately terminate this Agreement upon written notice.

Additionally, SPONSORING INSTITUTION affirms that it is aware that UKCMC operates in accordance with a corporate compliance program, employs a Corporate Compliance Officer and operates a 24-hour, seven day a week compliance Comply-line. SPONSORING INSTITUTION has been informed that a copy of the UKCMC compliance plan is on file in the Purchasing Office or can be viewed online at <http://ukhealthcare.uky.edu/staff/corporate-compliance/policy-manual> and is encouraged to review the plan from time to time during the term of this agreement. It is understood that should SPONSORING INSTITUTION be found to have violated the UKCMC compliance plan, UKCMC can, at its sole discretion, terminate this Agreement upon written notice. SPONSORING INSTITUTION recognizes that it is under an affirmative obligation to immediately report to UKCMC's Corporate Compliance Officer through the comply-line 1-877-898-6072, in writing, or directly (859) 323-8002 any actions by an agent, trainee, or employee of UKCMC which SPONSORING INSTITUTION believes, in good faith, violate an ethical, professional or legal standard.

Nothing in this Agreement contemplates or requires that any party act in violation of federal or state law. Nonetheless, should any term or condition set forth in this Agreement later be creditably alleged, suspected or determined to be illegal, the

parties agree to immediately cease the questioned activity and negotiate modification to the effected portion of the Agreement for a thirty (30) day period. If at the end of this period, no compromise can be reached, the Agreement will terminate.

The individuals executing this program letter of agreement are authorized to sign on behalf of their institutions and certify that their institutions have accepted the AAMC Uniform Terms and Conditions for Program Letters of Agreement and further agree to comply with its terms except as noted above.

Compensation - While on rotation at PARTICIPATING SITE, trainees will continue to receive a stipend and benefits through the SPONSORING INSTITUTION, and will not be paid by PARTICIPATING SITE. SPONSORING INSTITUTION shall maintain the right to count all trainees FTEs on its Medicare cost report for purposes of medical education reimbursement. Unless otherwise stipulated, faculty/supervisor(s) will not receive monetary compensation for supervision of trainees under this agreement.

PARTICIPATING SITE complies with the federal and state constitutions, and all applicable federal and state laws, regarding nondiscrimination. PARTICIPATING SITE provides equal opportunities for qualified persons in all aspects of PARTICIPATING SITE operations, and does not discriminate on the basis of race, color, national origin, ethnic origin, religion, creed, age, physical or mental disability, veteran status, uniformed service, political belief, sex, sexual orientation, gender identity, gender expression, pregnancy, marital status, genetic information, social or economic status, or whether the person is a smoker or nonsmoker, as long as the person complies with PARTICIPATING SITE policy concerning smoking.

SPONSORING INSTITUTION agrees to provide only residents who meet the following health requirements and provide documentation to PARTICIPATING SITE prior to the rotation:

- (a) Evidence of Medical Health Insurance (coverage must be in effect during any clinical rotation).
- (b) Recent TB risk assessment, TB test, chest x-ray, or history of any treatment for TB disease. TB Test must be from a health department, other hospitals' employee health program, the military, or other clinic where TB testing is performed frequently (Occupational Medicine Clinic). Acceptability of TB Test provider shall remain in PARTICIPATING SITE's sole discretion. The TB documentation must include the date given, the date read, and the reading in millimeters. It must also be signed by the clinician who performed the read test. If positive, include the physician documentation of the positive test and negative chest x-ray. If resident has history of a prior positive TB test, all documentation about the positive test, follow up evaluations (including chest X-rays), and any other treatment must be provided to PARTICIPATING SITE.

- (c) Written documentation of the individual's immunity history for measles, mumps and rubella (MMR). The following are acceptable forms of documentation: (i) Documentation of two MMR vaccines, with the first dose having been given at age 12 months or older; (ii) Documentation by a physician of having had MMR disease; or (iii) Documentation of protective rubeola, rubella and mumps titers (if one titer is negative resident must receive a booster and have titer rechecked). If there is a medical reason an individual cannot receive an MMR vaccine, physician documentation acceptable to PARTICIPATING SITE must be provided.
- (d) Written documentation of immunization with the varicella vaccine, or a positive oral history of having the disease or documentation of a positive antibody titer.
- (e) Written documentation of immunization with the Tdap (tetanus, diphtheria, pertussis) vaccine.
- (f) Written documentation of hepatitis B vaccination or documented refusal.
- (g) All residents and faculty at PARTICIPATING SITE facilities between October 1 and March 31 must provide proof of a seasonal influenza vaccination for that year; the vaccine shall not be required of those with a medical contraindication to the vaccine or a religious objection as defined by the Americans with Disabilities Act.

Prior to starting with PARTICIPATING SITE, each resident must provide the following background documents:

- (1) License verification - resident must possess all the licenses listed on the application, resume, or cover letter or otherwise cited by the candidate that qualify the individual for the position sought and verification of any license required for the position, including verification of the status of such licenses. This includes any motor vehicle driver's licenses required for the associated position.
- (2) Criminal history check -- verification that the resident does not have any undisclosed criminal history in every jurisdiction where the candidate currently resides or has resided or has been employed.
- (3) Sex offender registry check - verification that resident does not have undisclosed convictions of sex crimes in every jurisdiction where the candidate currently resides, has resided or has been employed.
- (4) Healthcare sanctions check -- verification that resident is not a sanctioned individual. Sanctioned individuals are those who have been determined to be fraudulent in their field, and/or those individuals who have had adverse actions taken against them by the licensing boards of state governments. Reported actions may include: reprimands, probations, suspensions and revocations of provider licenses, cease and desist orders, exclusions for failure to pay resident loans, Drug Enforcement Agency (DEA) violations, child support violations, professional misconduct, other similar sanctions and exclusions.
- (5) Prohibited parties check -- verification that resident is not a prohibited party. Prohibited party means specially designated nationals, terrorists, narcotics traffickers, blocked persons and parties subject to various economic sanctioned programs who are forbidden from conducting business in the United States, as well as entities subject to license requirements because of their proliferation of weapons



of mass destruction. The Prohibited Parties search is also used in the financial services industry to look for potential money launderers.

(6) 9 panel standard urinalysis (marijuana, cocaine, PCP, amphetamines, opiate metabolites, barbiturates, benzodiazepines, methadone, and propoxyphene).

All documents which need to be submitted to meet the requirements imposed by this Agreement shall be submitted to PARTICIPATING SITE prior to the commencement of any rotation in a form acceptable to PARTICIPATING SITE, the acceptability of which shall be in PARTICIPATING SITE's sole discretion. SPONSORING INSTITUTION shall comply with all PARTICIPATING SITE rules and regulations regarding the submission of documents to meet the requirements imposed by this Agreement.

PARTICIPATING SITE reserves the right to revise or issue new health and background requirements at any time during the term of this Agreement. Should new requirements be issued or existing requirements revised, written notice shall be sent to SPONSORING INSTITUTION at the address indicated below. SPONSORING INSTITUTION's residents, whether new or already on rotation at PARTICIPATING SITE, shall be given thirty (30) days from the date notice is sent to SPONSORING INSTITUTION to come into compliance with any new or revised health or background requirement.

Duration of Rotation 1 Month

Sponsoring Institution: Marshall University School of Medicine

By: Paulette Wehner, MD

Signature

Title: DIO & Vice Dean for Education

Date: 3-11-2025

Address: 1600 Medical Center Drive, Suite 2500  
Huntington, WV 25701

Participating Site: University of Kentucky

By: Katherine McKinney, MD, MS

Signature:

Title: Senior Associate Dean for Graduate Medical Education

Date: 3-11-2025

Address: 800 Rose Street, Room HQ-101  
Lexington, KY 40536-0293



**Additional Necessary Party: University of Kentucky**

By: Cortney Lee, MD

Signature: \_\_\_\_\_

Title: Program Director

Date: 2/27/25

Address: 800 Rose Street  
Lexington, KY 40536

**Additional Necessary Party: Marshall University School of Medicine**

By: Paul Bown, MD

Signature: \_\_\_\_\_

Title: Program Director

Date: 3-5-2025

Address: 1600 Medical Center Drive, Suite 2500  
Huntington, WV 25701

**Additional Necessary Party: University of Kentucky**

By: Charles Griffith, III, MD, MSPH

Signature: \_\_\_\_\_

Title: Dean of College of Medicine

Date: 3/18/25

Address: 800 Rose Street  
Lexington, KY 40536



## Inpatient Transplant Expectations

Provider	Pharmacist
-Reorder home medications on admission	-Med history -Verify admit med orders -Review and finalize admit med rec with team
-Electrolyte replacement (before AM rounds)	-Review AM electrolyte repletion and recommend adjustments when appropriate
-Enter AM rounding orders (including Thymo)	-Verify AM rounding orders
-Enter PM rounding med orders when PharmD not at PM rounds	-Enter PM rounding med orders when at PM rounds
	-Pharmacy to dose consults (ex: vancomycin) -Renal dose meds -Retime meds -IV to PO -PT to PO
-Order labs (including CNI/mTOR levels, and POC glucose)	-Double check that CNI/mTOR levels are ordered
-Order imaging and testing	
-Order consults (ex: Endocrine) -Communicate consult recommendations and make changes to orders as appropriate	
-Transfer med recs (order clean up)	-Double check transfer med recs (order clean up)
-Double check discharge med recs -Discharge pain scripts -Discharge OPAT orders	-Discharge med recs* -Communicate discharge med rec completion with team -Recommend dosing for discharge OPAT orders -Communicate with meds2beds -Discharge medication education
	-Inpatient rapid liver evaluation pharmacy visits
*Hepatobiliary cases, rapid liver evals and cancelled transplant med recs to be done by provider	

## **Transplant Nutrition**

There are four transplant dietitians available Monday through Friday during normal business hours. The best way to contact them is either with a nutrition consult or via Epic Secure Chat under TXP Dietitians.

### **Weekends/Holidays:**

One dietitian provides coverage for UK (including transplant) and Good Samaritan. If you need assistance with a patient's diet, tube feedings, etc., please order a nutrition consult and provide a brief description in the comments section. Should you need to speak with a dietitian directly, start a new Epic Secure Chat message by typing "Dietitian" then select "Dietitians Chandler" under groups. The group will always have a dietitian opted in during the day.

### **Assigned Coverage**

Mary Plowman: Primary abdominal inpatient dietitian.

Lindsay Turner: Primary cardiothoracic inpatient/outpatient dietitian.

Susan Ibanez: Outpatient abdominal dietitian.

Jordan Ellis: Outpatient abdominal dietitian.

Note: If Mary is off, please contact Lindsay, Susan, and Jordan via Epic Secure Chat (TXP Dietitian group) as they provide inpatient coverage in Mary's absence (Monday through Friday)

# RE-ADMISSIONS

## Order Set: "TXP General Admission"

ALL PATIENTS RECEIVE AN INFECTIOUS WORKUP

### TXP Admission General:



1. **CBC** (Order with differential if Leukopenia or Leukocytosis)
2. **Metabolic Panel/Electrolytes:**
  - Livers or SLK (liver + kidney): CMP + magnesium
  - Kidney: Kidney function panel + magnesium
3. **Immunosuppression Level: DAILY** Cyclosporine or Tacrolimus to be drawn **ONLY** at 0500 [Medicine dose only @ 06 / 1800]
4. **CMV PCR**
5. **EBV PCR**
6. **Blood Cultures** x 2 (peripheral stick)
7. **Urinalysis C & S**
8. **If GI symptoms:** comprehensive GI panel & C. diff
9. **If Respiratory symptoms:** COVID-19 nasopharyngeal swab, respiratory panel, chest x-ray
  - If infiltrates on chest x-ray: urine strep pneumoniae antigen, Legionella antigen, histo urine antigen.

### ITEMS TO COMPLETE ON ADMIT

1. **Write H & P**
  - Add any medical history or surgical history to their problem list
2. **Restart Home Medications**
  - a. **MUST RESTART IMMUNOSUPPRESSION**, HOWEVER – mycophenolate dose may be reduced by 50% or held if suspicion of sepsis
  - b. Infection prophylaxis (e.g., Valcyte, Bactrim)
  - c. Other critical medications (anti-seizure, anti-arrhythmic, anti-hepatitis, etc.)



### ITEMS TO COMPLETE DAILY

1. **Check AM labs & replete electrolytes** (see protocol in packet)
2. **Make sure ALL patients have been seen & notes are written** prior to table rounds at 0930
3. **Bring list of patients** to rounds for the attending
4. **Prior to afternoon rounds, update the handoff with the immunosuppression level** for the day



### APPs

Ellen Ratcliffe, phone 859-509-4166  
Hender Rojas, phone 859-699-3095  
Tonya Moline, phone 859-608-5478

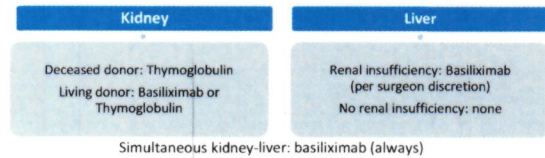
# DISCHARGES

DISCHARGE LOGISTICS		DISCHARGE SUMMARY	
<p style="text-align: center; background-color: #e0e0e0; margin: 0;"><b>Liver or Liver/Kidney</b></p> <p><b>FOR INDEX TXP – must secure message or call on-call liver coordinator (859-323-7329)</b></p> <p><b>FOR ALL - Schedule clinic appt:</b></p> <ul style="list-style-type: none"> <li>- (A-F last name) 859-562-0898 or email at <a href="mailto:bwhe227@uky.edu">bwhe227@uky.edu</a></li> <li>- (G-N last name) 859-323-2107 or email at <a href="mailto:gmlc228@uky.edu">gmlc228@uky.edu</a></li> <li>- (O-Z last name) 859-323-1966 or email at <a href="mailto:jahc232@uky.edu">jahc232@uky.edu</a></li> </ul> <p>Liver Coordinators: Mary "Vanessa" Greer   Sam Strayer Christine Tohaneanu  </p> <p style="text-align: center; color: red; font-weight: bold;">Post Txp Liver Clinic: Tuesday/Friday</p>	<p style="text-align: center; background-color: #e0e0e0; margin: 0;"><b>Kidney</b></p> <p><b>FOR INDEX TXP – must secure message or call on-call kidney coordinator (859-699-0030)</b></p> <p><b>FOR ALL - Schedule clinic appt:</b></p> <ul style="list-style-type: none"> <li>- (A-K last name) 859-323-2673 or email at <a href="mailto:elking2@uky.edu">elking2@uky.edu</a></li> <li>- (L-Z last name) 859-323-9250 or email at <a href="mailto:afshar2@uky.edu">afshar2@uky.edu</a></li> </ul> <p>Kidney Coordinators: Donna Argus   Kimi Ferda   April McKee Ashley Szczygielski   Jessica Titzer (Norton)</p> <p style="text-align: center; color: red; font-weight: bold;">Post Txp Kidney Clinic: Monday/Thursday</p>	<p style="text-align: center; background-color: #e0e0e0; margin: 0;"><b>DISCHARGE SUMMARY</b></p> <p><b>*Utilize the discharge templates*</b></p> <p><b>A COMPLETE discharge summary needs to include:</b></p> <p><b>Index Admissions:</b> find this info on txp done or possible txp email</p> <ul style="list-style-type: none"> <li>- Serologies: CMV, EBV (kidney), HCV or HBV if pertinent</li> <li>- Kidney: PRA, KDPI</li> </ul> <p><b>Antibiotics on discharge:</b> type of infection, organism (if found), anti-infective treatment and duration</p> <p><b>Rehab Discharge:</b> Facility the patient will be going to &amp; plan/expectations for care while in rehab</p> <p><b>Wound care:</b> instructions, home health arrangements (have they been made &amp; when do they start)</p> <p><b>Non-txp Outpatient Follow-up (eg, neuro or cardio consult):</b> write approximate time to follow up and with whom</p> <p><b>ALL PATIENTS:</b> Return to clinic appt date/time based on type</p> <p style="text-align: center; color: red; font-weight: bold;">Post Surgical Clinic: Wednesday</p>	
MISCELLANEOUS DISCHARGE TIPS & TRICKS FOR			
Meds to Beds (M2B)	Home Health – Wound Vac	Dialysis	Home Health – Home Abx
<p>In order to qualify for M2B delivery, <b>discharge from hospital orders</b> must be placed BY:</p> <ul style="list-style-type: none"> <li>- Weekdays: 5 PM ideally, 6 PM LATEST (last delivery 7 pm)</li> <li>- Weekends/Holidays: 3 PM ideally, 4 pm latest (last delivery 5 pm)</li> </ul>	<ul style="list-style-type: none"> <li>- Inform Renita Dear ASAP</li> <li>- WxLxD of wound needs to be outlined</li> <li>- Negative pressure required</li> </ul>	<p>IF patient was not on dialysis pre-tpx OR if they lost their dialysis chair:</p> <ul style="list-style-type: none"> <li>- Communicate w/ Txp Nephrology &amp; dialysis social worker</li> <li>- THIS TAKES SEVERAL DAYS TO ARRANGE LOCALLY</li> </ul>	<ul style="list-style-type: none"> <li>- Inform Renita Dear ASAP</li> <li>- ENSURE ACCESS (i.e., PICC)</li> <li>- Send Rx: Discharge -&gt; Order Sets -&gt; Outpatient Microbials (<b>SEND ORDER ASAP ONCE PLAN IS DETERMINED SO RENITA CAN COORDINATE</b> - usually 1 business day to coordinate)</li> <li>- Rx MUST INCLUDE: antibiotic, dose, frequency, route, end date</li> <li>- Send Rx to "Bioscript Infusion Services Lexington KY" – will need paper rx if elsewhere</li> <li>- Pt must receive at least 1 dose of antibiotic before discharge</li> </ul>
Outpatient PT/OT   Walkers	Home Health – Tube Feeds		Cardinal Hill Discharges
<ul style="list-style-type: none"> <li>- <b>Write a paper script "Patient needs outpatient PT/OT therapy as determined by PT/OT evaluation for strength and conditioning s/p transplant"</b></li> <li>- <b>Home walker: Renita Dear will facilitate</b></li> </ul>	<ul style="list-style-type: none"> <li>- Inform Renita Dear ASAP</li> <li>- Formula type</li> <li>- CCs/hour AND # hours</li> <li>- How often to flush</li> <li>- REQUIRED Documentation: "It is the only source of nutrition" AND "needed for greater than 90 days" for insurance to cover – helpful to include if there's a mechanical barrier or other barrier to PO intake.</li> </ul>		<ul style="list-style-type: none"> <li>- Consult PM&amp;R if PT/OT recommending acute rehab</li> <li>- Last pick up for Cardinal Hill bus is 5 PM <b>by appointment only!!!</b></li> <li>- Call <b>859-303-8178</b> to arrange appt for pick up.</li> <li>- <b>PATIENT MUST BE AT DISCHARGE AREA</b> 10 minutes prior to shuttle scheduled pick up time</li> <li>- Have discharge note COMPLETED (Cardinal Hill uses this for admission)</li> </ul> <p>Questions/assistance: contact social work</p>

## INDUCTION

### INDUCTION OVERVIEW

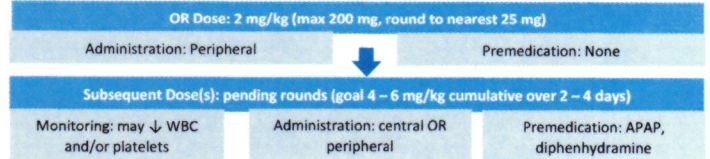
Who gets what:



**All transplant recipients:** methylprednisolone 500 mg intraoperatively (does NOT need to be ordered, included in anesthesia kit) **AND** methylprednisolone taper per order set

### INDUCTION MEDICATIONS

**Thymoglobulin:** order under attending's name



**Basiliximab:** 1st dose given POD0, 2nd dose given POD4

- Monitoring & premedication: None
- Administration: Peripheral or central

## MAINTENANCE

### MAINTENANCE OVERVIEW

*Medication goal may vary based on post-transplant course*

**Kidney Transplant Recipients: Tacrolimus (OR cyclosporine) + Mycophenolate + Prednisone (ALL LIFELONG)**

Post-txp	Tacrolimus Goal	Cyclosporine Goal
0 – 6 months	6 – 9	175 – 225
7 – 12 months	5 – 7	150 – 200
> 12 months	4 – 6	100 – 150

**Liver Transplant Recipients: Tacrolimus (or cyclosporine) (LIFELONG) + Mycophenolate (Varies) + Prednisone (Varies)**

- Prednisone: discontinued at 3 months UNLESS rejection episodes or ESLD indication: autoimmune hepatitis
- Mycophenolate: discontinued at 12 months UNLESS rejection episodes or ESLD indication: autoimmune hepatitis, PSC or PBC

Post-txp	Tacrolimus Goal	Cyclosporine Goal
0 – 6 months	6 – 8	150 – 250
6 – 24 months	4 – 6	100 – 150
> 24 months	2 – 4	50 – 100

### MAINTENANCE: CALCINEURIN INHIBITORS

**Formulations Available:**

1. Prograf (tacrolimus IR): given BID at 0600 & 1800
2. Envarsus (tacrolimus XR): given daily at 0600

**Trough Monitoring:** see goal levels in previous section

- Order levels at 0500 for ALL patients
- GIVE THE NEW DOSE TIME TO WORK → 3 doses before reflected in level; 5 doses until steady state
- Level seem off? Check lab draw timing, missed doses, change in patient condition/meds/diet

**Tacrolimus Initiation Post-Op:** THIS IS PER ATTENDING; information below is guidance for USUAL approach

	Kidney Transplant	Liver Transplant
Timing	POD 0-1	POD 1-3
Dose	2 mg BID	1-2 mg BID

**Tacrolimus Conversion:**

- Prograf capsule to suspension: 1:1 (no change)
- Prograf capsule to sublingual: 2:1 (50% reduction)
- Contact pharmacist for other conversion needs

### MAINTENANCE: MYCOPHENOLATE

**Formulations Available:**

1. Mycophenolate Mofetil (Cellcept, "MMF"): given BID at 0900 and 2100
2. Mycophenolic Acid (Myfortic, "MPA"): given BID at 0900 and 2100 – *MAY reduce GI side effects*

**Initiation Post-Op:** Start MMF 1000 mg BID on POD0 (per order set)

**Mycophenolate Conversion: Pharmacist can help!**

	MMF	MPA
<b>Formulation</b>	Regular release	Enteric coated, delayed release
<b>Standard dose</b>	1000 mg PO Q12H	720 mg PO Q12H
<b>NG Use</b>	Suspension available, do not open capsules	Unavailable, do not crush
<b>IV Use</b>	Yes (conversion 1:1)	No

## ANTI-INFECTIVES

### Anti-PJP

First-line: Bactrim SS daily start POD7 or at DC

- Duration: Kidneys = 12 months | Livers = 6 months
- Alternatives: dapsone 100 mg weekly, atovaquone 1500 mg daily

### Anti-Viral (Depends on serologies)

D+/R-	CMV High Risk	Valganciclovir
D-/R+	CMV Moderate Risk	Valganciclovir
D-/R-	CMV Low Risk	Acyclovir (anti-HSV)

Start POD7 or at DC | Duration = 3 – 6 months

### Anti-Fungal

- Kidneys = clotrimazole during inpatient hospitalization
  - Livers = fluconazole x30 days
- Both automatic in post-op order set*

### Hepatitis

- **Hep C (Eplclusa, Mavyret) – CANNOT MISS DOSE.** Reorder from home med list, specify "patient home med" in order. **Patient must have own supply.**
- **Hep B (entecavir) – hospital stocks.**

## Tips & Tricks (Abdominal Transplant)

### Admits –

1. Kidney Biopsy pts – admitted under Inpatient Attending name only, patient care belong to TXP Nephrology for an observation stay. (assign orders to TXP Nephrologist covering service)
2. Kidney Rejection treatment or post biopsy complications are admitted to TXP service.
3. ED patients – we admit only within the 1st year of transplant date, unless they have specific txp surgical complications.

Liver Post >1yr goes to Medicine team with Txp Sg consult for management. [in EPIC TXP Sg Consult (Renal-Liver)]

Kidney Post >1 yr goes to Medicine team with Txp Nephrology consult for management. [in EPIC Consult Nephrology, Renal Txp]

4. Rapid Liver Eval – 2 day testing to determine if candidate for TXP. Should be NPO until after CT/MRI/US Liver protocol is done and prior to cardiac testing. Cared for by APPs.

5. Transplantation – Patients being admitted for transplantation, should be admitted under the inpatient doc on the transplant service no matter who is scheduled for the OR case.

# Transplantation

## Description of Rotation or Educational Experience

The Transplantation rotation is designed to provide residents with exposure to solid organ transplantation including kidney, liver, and pancreas transplantation. Residents rotate on the service during the PGY 1 and 3 years. The length of the rotation varies depending on the level of the rotation.

**Faculty:** Dr. Roberto Gedaly is the Head of Abdominal Transplantation. Drs. Meera Gupta, Alexandre Ancheta, Sid Desai, and Malay Shah are faculty members in the section.

**Goals and Objectives:** At the end of the rotation, the resident will know the indications for solid organ transplantation, will be able to diagnose and manage acute rejection, regulate immunosuppression therapy, diagnose and manage complications of immunosuppression, and discuss the histocompatibility complex as relates to organ transplantation.

**Conferences:** The residents on the Transplantation service are required to attend the General Surgery conferences (Grand Rounds and Teaching Conference on Wednesdays, and Morbidity & Mortality on Thursdays, monthly intern conference and other transplant conferences held in the Transplant Section. Conferences that are not mandatory but are encouraged to attend are GI Tumor Conference on Tuesday, Liver Tumor Conference on Friday and Listing/Evaluation Conference on Monday and Wednesday.

## Teaching Methods

Residents will be taught in multiple ways. They will learn by:

- Performing procedures under the supervision of faculty.
- Participating in daily rounds where teaching points will be highlighted.
- Attending clinics which will expose them to new patients, giving them the opportunity to make an initial assessment and treatment plan.
- Participating in weekly conference that will emphasize and teach specific areas specific to the care of transplantation patients.
- Residents are expected to identify areas of deficiency and to actively pursue acquisition of information to address these issues.

## Assessment Method (Resident)

Residents will be assessed using:

- Clinical rotation evaluation
- Chart completion
- Review of case or procedure log
- Review of patient outcomes

Individual feed-back will be provided as indicated. Resident compliance with chart completion will be part of the program director's biannual evaluation.

## Assessment Method (Rotation Evaluation)

Residents will assess the rotation by:

- Rotation evaluation
- Review of case or procedure log
- ABSITE exams

- Yearly program evaluation

In order to maintain anonymity, these evaluations will be merged with other evaluations and a summary will be provided to the program director.

## Transplantation

### PGY 1

The primary responsibility of the PGY 1 on the Transplantation rotation will be to manage the patients admitted to the wards. The PGY 1 is responsible for basic preoperative work-up of transplantation patients and for the care of patients on the ward service and will focus primarily on the kidney transplant patients. A main component of the rotation will be the exposure to immunosuppression and will focus primarily on the kidney, pancreas, and liver transplant patients.

### Medical Knowledge

#### Goal

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.

#### Objectives

Residents are required to:

1. differentiate between hyperacute, acute, and chronic rejection of a kidney allograft;
2. discuss the principles for treatment used to prevent rejection;
3. outline the metabolic and infectious complications associated with immunosuppressive therapy;
4. distinguish between acute tubular necrosis and acute rejection;
5. describe the causes of early kidney dysfunction after transplantation and discuss the diagnostic tests used to differentiate these causes;
6. outline the mechanism of action for current immunosuppressive agents including prednisone, tacrolimus, thymoglobulin, and mycophenolate;
7. describe the side effects of the currently used immunosuppressive agents;
8. outline criteria for establishing brain death.

### Patient Care

#### Goal

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

#### Objectives

Residents are required to:

- demonstrate appropriate work up for a patient with a postoperative fever;
- manage diabetes postoperatively including patients on steroids;
- monitor immunosuppressive therapy and adjust medications:
  - after transplantation;
  - for elective surgery in patients on chronic immunosuppressive therapy;
  - for immunosuppressed patients undergoing emergent surgical therapy.

### Professionalism (P)

#### Goal

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:



## Competencies

- Compassion, integrity, and respect for others
- Responsiveness to patient needs that supersedes self-interest
- Accountability to patients, society and the profession
- High standards of ethical behavior, and (this is a duplicate of all the other competencies in professionalism)
- A commitment to continuity of patient care

## Objectives

- Demonstrates respectfulness towards other members of the healthcare team
- Uses appropriate speech and tone of voice when speaking to patients, families, and all other healthcare professionals
- Responds in a timely manner for patient care concerns throughout the duty shift
- Exhibits honesty, reliability, good communications skills, and appropriate judgement
- On time for scheduled procedures and lectures
- Develops an attitude of responsibility for patient care requests by senior residents and attendings
- Demonstrates a commitment to continuity of patient care by arranging appropriate follow-up
- Demonstrates a conscientious approach to patient care by minimizing delay at time of discharge

## Interpersonal and Communication Skills (IPCS)

### Goal

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to:

### Competencies

- Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
- Communicate effectively with physicians, other health professionals, and health related agencies
- Work effectively as a member or leader of a health care team or other professional group
- Act in a consultative role to other physicians and health professionals
- Maintain comprehensive, timely, and legible medical records if applicable
- Effectively document practice activities

### Objectives

- Communicates effectively with patients and their families
- Communicates in a timely manner all adverse events or the results of new studies to senior residents, attending staff, and patients
- Responds promptly and courteously to requests of staff, answer pages promptly
- Completes discharges and orders, and speaks with social worker and wound care nurses by phone or in person (M-F) on complicated discharges. For complicated weekend discharges, anticipate their needs (transportation, visiting nurse needs, wound care) and discuss with social worker and nurse coordinators during weekdays
- Works effectively with ancillary care such as social workers, pharmacists, and other medical fields

- Accountable for own actions
- Demonstrates method of consulting another service
- Completes in a timely manner all reports, history and physicals, progress note, consults, and discharge summaries in accordance with established hospital policies
- Completes OR logs, dictations, work hours on time
- Enters all cases in the Surgical Operative weekly on the ACGME site
- Takes personal accountability for own actions

### **Systems-based Practice (SBP)**

#### **Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

#### **Competencies**

- Coordinate patient care within the health care system relevant to their clinical specialty
- Work in inter-professional teams to enhance patient safety and improve patient care quality
- Demonstrate an understanding of the role of different specialists and other health care professionals in overall patient management

#### **Objectives**

- Discharges patients in a timely and appropriate manner
- Facilitates discharge planning by daily communication with inpatient care manager
- Works cooperatively with other disciplines to provide efficient and effective patient care.
- Understands the importance of supporting medical and ancillary services in the complete and efficient care of the patient

### **Practice-based Learning and Improvement (PBLI)**

#### **Goal**

Residents must demonstrate the ability to investigate and evaluate their care of patients to appraise and assimilate scientific evidence and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skill and habits to be able to meet the following goals:

#### **Competencies**

- Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvements
- Locate, appraise and assimilate evidence from scientific studies related to their patients' health problems

#### **Objectives**

- Accepts responsibility for the care of patients on the ward, learning and modifying practice management style
- Applies knowledge of scientific data to the care of the surgical patient
- Provide a 30-minute presentation on a transplant topic to the division and its faculty.

### **Level of Supervision**

The residents are responsible to the attending designated for each patient. The resident is supervised through day to day activities by surgery attendings.

## Teaching Methods

Residents will be taught in multiple ways. They will learn by:

- Performing procedures under the supervision of faculty and senior residents.
- Participating in daily rounds where teaching points will be highlighted.
- Attending clinics which will expose them to new patients, giving them the opportunity to make an initial assessment and treatment plan.
- Participating in weekly conference that will emphasize and teach specific areas specific to the care of transplantation patients.
- Reviewing literature and giving a formal presentation to the faculty and other team members of the transplant team on an assigned topic related to transplantation.
- Residents are expected to identify areas of deficiency and to actively pursue acquisition of information to address these issues.

## Learning Methods

- Clinical Teaching
- Clinical Experiences
- Performance Feedback
- Departmental Conferences/Lectures
- Institutional Conferences/Lectures

## Evaluation Methods

- Clinical Performance Ratings (Monthly Rotation Evaluations)
- In-training Exams
- Work Hours
- Conference Attendance

## Transplantation

### PGY 3

The PGY 3 will serve as the acting chief of the service. This resident will be responsible for the ICU patients on the transplantation service and will care for post-liver, kidney, and pancreas transplant patients acutely. The PGY 3 will also be involved in the operative organ procurement procedures and other transplant cases, specifically kidney and pancreas transplantation, and assist in the liver transplant. In addition, the PGY 3 will participate in general surgical cases that are performed on the transplantation service (unless being done by a consulting service).

### Medical Knowledge

#### Goal

Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care.

#### Objectives

Residents are expected to:

1. outline the indications for liver transplantation;
2. discuss how to manage patients with acute and chronic liver failure;
3. outline the indications for kidney, pancreas, liver or pancreas/kidney transplantation;
4. discuss immunosuppressive strategies for kidney, liver and pancreas transplantation patients;
5. explain the HLA complex and difference between Class I and II antigens of the major histocompatibility complex;

6. explain the clinical definition of brain death and discuss the laboratory and radiological studies available to support the diagnosis;
7. outline short- and long-term risks of chronic immunosuppression as relates to opportunistic infections, cardiovascular problems, autoimmune diseases, lymphoproliferative disease, and rejection.

## **Patient Care**

### **Goal**

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

### **Objectives**

Residents are required to:

1. assist in multiple organ harvest;
2. perform a kidney transplant;
3. place a peritoneal dialysis catheter for dialysis access;
4. demonstrate appropriate pre-operative and post-operative management of patients undergoing solid organ transplantation:
5. manage peri-operative immunosuppression;
6. evaluate patients with organ rejection;
7. manage patients with postoperative surgical complications including infection, anastomotic stenoses and leaks, lymphocele;
8. serve as the acting chief resident of the service, provide oversight and aide for PGY 1s and
9. understand management of surgical drains, bleeding, bile leak, and ascites for liver transplant patients
10. understand management of nutrition among postoperative transplant and general surgical patients.

## **Professionalism**

### **Goal**

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

### **Competencies**

- Responsiveness to patient needs that supersedes self-interest
- Accountability to patients, society and the profession

### **Objectives**

- Place needs of patients and team above own self-interest

## **Interpersonal and Communication Skills (IPCS)**

### **Goal**

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

Residents are expected to:

### **Competencies**

- Communicate effectively with physicians, other health professionals, and health related agencies
- Act in a consultative role to other physicians and health professionals
- Maintain comprehensive, timely, and legible medical records if applicable
- Counsel and educate patients and families
- Effectively document practice activities

### **Objectives**

- Perfect the ability to respectfully and clearly communicate with other healthcare professionals
- Accountable for own actions
- Provide prompt consultations upon request
- Understand the documentation needed for coding and billing
- Counsel patients and families after adverse events
- Speaks with patient families appropriately after an operation
- Completes OR logs, dictations, work hours on time
- Enters all cases in the Surgical Operative Log weekly on the ACGME site
- Takes personal accountability for own actions

## **System-based Practice**

### **Goal**

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:

### **Competencies**

- Coordinate patient care within the health care system relevant to their clinical specialty
- Advocate for quality patient care and optimal patient care systems
- Work in inter-professional teams to enhance patient safety and improve patient care quality
- Participate in identifying system errors and implementing potential systems solutions
- Demonstrate an understanding of the role of different specialists and other health care professionals in overall patient management

### **Objectives**

- Refer patients to appropriate practitioners and agencies
- Assists patients in dealing with system complexities, including those arising from insurance coverage
- Demonstrate skill in working with other disciplines while assessing and managing consults, emergency room patients and critically ill patients so that efficient, safe and effective care is facilitated
- Partners with healthcare managers and providers to improve healthcare and understands how these activities can affect system performance

## **Practice-based Learning and Improvement (PBLI)**

### **Goal**

Residents must demonstrate the ability to investigate and evaluate their care of patients to appraise and assimilate scientific evidence and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skill and habits to be able to meet the following goals:

### **Competencies**

- Systematically analyze practice using quality improvement methods and implement changes with the goal of practice improvements

### **Objectives**

- Uses search engines to effectively search the medical literature

## **Level of Supervision**

The residents are responsible to the attending designated for each patient. The resident is supervised through day to day activities by surgery attendings.

## **Teaching Methods**

Residents will be taught in multiple ways. They will learn by:

- Performing procedures under the supervision of faculty and senior residents.
- Participating in daily rounds where teaching points will be highlighted.
- Attending clinics which will expose them to new patients, giving them the opportunity to make an initial assessment and treatment plan. The PGY 3 will attend Wednesday's and Thursday's surgical clinics or provide coverage through PGY 1 attendance if obligated by OR activity.
- Participating in weekly conference that will emphasize and teach specific areas specific to the care of transplantation patients.
- Reviewing literature and giving a formal presentation to the faculty and other team members of the transplant team on an assigned topic related to transplantation.
- Residents are expected to identify areas of deficiency and to actively pursue acquisition of information to address these issues.

### **Learning Methods**

- Clinical Teaching
- Clinical Experiences
- Performance Feedback
- Departmental Conferences/Lectures

### **Evaluation Methods**

- Clinical Performance Ratings (Monthly Rotation Evaluations)
- In-training Exams
- Work Hours

## Outline for Pediatric Surgery Resident Orientation



- **Outstanding patient care and a dedication to KCH surgical patients is a must**
- Keep the Epic Specialty Comments up to date (log in under Pediatric Surgery)—**follow guide in Teams**
- Work as a team!
  - Attendings – APPs – Pharmacist – Residents – Interns – Office staff/Patient Navigator
  - Involve our patient navigators (Pam, Sabrina) or clinic nurses (Abbie, Brian, Katie, Lauren) as needed
  - Use pharmacy resources! (e.g., Katelyn Camera)
  - Keep CM, SW, Child Life in the loop and use them!
- Intra-team Communication using Microsoft Teams
  - Utilize Microsoft Teams for updates of non-urgent clinical information
    - This messaging does NOT replace direct communication of important clinical data
  - Provides an easy mechanism for sharing information with the entire team
  - Attendings will have team channels silenced when not on call—USE mention feature (e.g., @name)
    - Use Clinic Team tag to send messages directly to entire clinic team
  - Expectation is the overnight ESS resident will provide verbal handoff to the team every morning
  - Teams also has our service documents including CPGs, service guides, education resources!
- Department QI M&M/Grand Rounds and General Surgery Education Block
  - **All are protected and attendance is mandatory!**
    - **Residents are responsible for handing over pagers and forwarding Epic chat/messaging—no exceptions!**
  - Department QI M&M/Grand Rounds on Wednesday
    - 1) Off-service intern/resident (e.g., Anesthesia, ENT, OMFS, Pediatrics, Peds EM, Urology)
    - 2) APP
    - 3) Rounder of the Week
  - General Surgery Education Block on Thursday
    - 1) Off-service intern (e.g., Anesthesia, ENT, OMFS, Pediatrics, Urology); AI also allowed with back-up
    - 2) Visiting/Off-service resident (e.g., Bowling Green, Marshall, Peds EM, Plastics, CT)
    - 3) Dr. Walsh when in town
    - 4) Rounder of the Week or Back-up/Call Surgeon
  - Pediatric Surgery-specific Didactic on 2<sup>nd</sup>/4<sup>th</sup> Monday (11:30–12:30)
    - Sessions will be taught by the Rounder of the Week
    - This curriculum is based on SCORE and schedule can be viewed in the Teams app (folder called “Didactics”)
    - Senior residents can remain in OR for Index Pediatric Surgery cases; otherwise all must attend
    - Pagers and Epic chat will be covered by the Add-on/Back-up Surgeon
  - The best resource for reading/studying/preparing while on our service is **Pediatric Surgery NaT** (Not a Textbook)
    - Access via UK computers at [www.pedsurglibrary.com](http://www.pedsurglibrary.com) or download the app (log in via Unbound Medicine)
  - Coverage for the upcoming week will be discussed at the Friday Division Huddle
- Time-off for medical appointments, important life events, etc. → **We care about your personal well-being!**
  - We will respect these events and protect all of our team members in order to attend
  - This does not include doctor (or dentist) appointments—these are already protected by the ACGME!
  - Our expectation: be professional (schedule at least 1 week in advance when possible, take other team members into account, notify senior resident and attendings)

- Clinic
  - Current schedule includes a full day clinic Tues, Wed, Thurs, Fri; and half day on Mon
  - All residents (including R3/R4) are expected to attend at least one ½ day per week
- Consults – see all consults in a timely fashion
  - Do not wait for senior residents → Come staff consults with the attending—don't be shy
  - All consults require a note to be written and signed by the resident/APP in a timely fashion (same day)
- Rounding
  - Expectation is that you will pre-round as a resident team, make formal attending rounds with the “Rounder of the Week”, and then round in the afternoon as a resident team
    - The NICU and PICU patients do not need to be seen on AM pre-rounds (just have numbers)
  - SOAP-style presentations with attending; Residents/Interns/Students to have data ready for attending rounds!
  - Plan to run the list with the Rounder and/or Call surgeon each evening prior to leaving
- Inpatient APP Role (*currently 1 inpatient APP; growing to 2 by fall 2024; leaves by 3pm*)
  - Update Problem List (can be done while rounding or afterwards)
  - Final updates/plans texted out via Teams App after rounding
  - Manage inpatient G-tube/Ostomy concerns (during weekday business hours)
  - Patient discharges including med rec, instructions, orders, follow-up, and d/c summary
    - APP will be responsible for all discharges during weekday business hours unless significant workload in which case the discharges can be shared with the resident team
  - Will run NICU service (e.g., writing notes, consults, primary call) once we expand to 2 inpatient APPs (fall 2024)
- Discharges
  - Patient discharges (med rec, instructions, orders, follow-up, summary) will be responsibility of APP (see above).
    - Weekend discharges still responsibility of the Housestaff
  - Ensure the Problem list and Medical/Surgical History are updated
  - Confirm exact discharge planning with attending (e.g., timing/date of follow-up, who are they seeing, are they phone follow-up eligible, etc.)
  - Use the PDSDCINSTRUCTIONS template for discharge instructions to ensure consistency. Please write these in the Instructions Tab (under Discharge Documentation) of the Discharge Navigator (or Post-Procedure Navigator)—NOT the discharge summary
    - Use case-specific d/c instructions: Trauma (PDSTRAUMADC...), Nuss procedure (PDSNUSSDC...)
    - Use service-specific follow-up instructions for trauma patients (embedded in SmartList)
      - Look at their notes or call their team for follow-up plan
    - For activity restriction, ask the attending or use the following guide:
      - Neonates/Infants/Toddlers (up to 3-4 years of age) – No restrictions
      - Soft tissue cases – 2-3 days
      - Laparoscopic cases – 10 days
      - Adolescent hernias – 2 weeks
      - Laparotomy/thoracotomy – 4 weeks
- Transitions of Care (Phases of Care)
  - All patients transitioning phase of care require appropriate Navigator (e.g., Postprocedure, Transfer, etc)
  - Example: patients transferring out of PICU require Transfer Orders via Transfer Navigator (includes med rec)



- Documentation (i.e., writing notes)
  - **Use our PDS Templates (see below)** (do not copy and make your own as we regularly update them!)
    - Inpatient: Consult H&P, Progress, Trauma H&P, Trauma Tertiary
      - All patients admitted to our service require H&P note (not Consult)
      - If Peds EM “consults” us, safest to use *H&P* note type
      - If PICU or PHM “consults” us, okay to use *Consult* note type
    - Outpatient: use Clinic Consult and Progress Notes
      - Any patient being booked for surgery requires their note be written in the Prep for Surgery Navigator (do not write note in standard *Notes* area)
  - Cosign all notes to the Rounder of the Week (regardless of who did the operation)
  - **Be sure PMH, PSH, FH, and SH are relevant & completed—“PMH/PSH not on file” is incomplete**
  - Ensure a full PE for new patients
    - 2 elements in 9+ organ systems for PE
  - Be sure to update the **Comorbidities** portion carefully—be complete and accurate!
  - Avoid the copy-forward function unless you make all necessary changes
    - Be very weary of copying other providers’ notes—risky, plagiarism, etc
    - Do not have to copy all labs or full radiology reads; highlight pertinent info
    - Professionalism is at risk!
  - Assessment should be an ASSESSMENT, not a repeat of the ID statement above
    - **Must include assessment/plan for all diagnoses relevant to the care we are providing**
  - Do NOT add statements “rest of care per...” or “this note is not finalized until signed by...”
- Trauma Care
  - All providers must wear lead and full PPE for each trauma activation (hospital policy)
  - All Trauma Activations require an R3 or above (intern or R2 does NOT meet criteria)
    - Overnight this means touching base with Blue Surgery and/or senior resident to ensure proper coverage
    - Please use the pre-printed name tags to help with identifying individual roles
  - All Trauma patients get a Trauma H&P followed by a Tertiary Note (usually the next day); use PDS templates
  - Tertiary note is the progress note for the next day; can incorporate into d/c summary → goal 1 note/patient/day
  - Use C-spine clearance note to document clearance and technique (PDSCSPINECLEARANCE)
  - Ensure CRAFFT/ASC-6 screening completed for every patient (SW can perform, document in tertiary survey)
    - CRAFFT for substance abuse for age 12 and older; ASC-6 for traumatic stress for age 8 and older
    - Consult LCSW for completions; can use ED SW on the weekends
  - We have developed a number of pediatric-specific Trauma Care Algorithms to guide care
    - Access the algorithms via the Teams App (Files, CPG folder) or online at [UKPedsTrauma.blogspot.com](http://UKPedsTrauma.blogspot.com)

- Operative Cases
  - **All cases must be booked via the Preprocedure (inpatient) or Prep for Surgery (outpatient) Navigator**
    - This workflow includes the H&P note and the periop orders (COM Pediatric PreOP Orders for our service)
    - For orders: include the Case Request, Admission status, Antibiotics (when appropriate), and Consult to Pediatric Anesthesiology (all cases)
    - After booking Inpatients using the Navigator, message Patient Navigators (Pam and Sabrina) for any TSA
  - For inpatients, please complete the Prep for Procedure Note (PDSPREOPNOTE) the day prior
    - This includes discussing the note with the primary team to ensure all components completed/followed
    - NPO Plan should include specific times based on anticipated case time (leave a cushion for later cases)
  - Be sure all patients have an updated H&P and consent form in pre-op
    - This needs to be done by 6:30am for the first case start of the day (5 days a week!)
    - The Attending surgeon will update the 1<sup>st</sup> start patient on Wednesday to protect residents during GR/M&M
  - Be sure any site marking is done in pre-op (mark with “YES”, not your initials)
  - All consents to be done using the e-consent form in Epic starting 4/1/24! (email Dr. Walsh if problems)
  - All patients require Operative Note by arrival to PACU—you are expected to write Brief Op Note unless attending specifies otherwise
  - All operative patients require a postop check and a note documenting said evaluation
- Bedside Procedures (use guide: “Things to Get For...”)
- Include APP, bedside nursing, and Child Life. Perform brief “Procedure Pause” that includes pain plan
- Important PDS Notes to add to your SmartPhrases
  - Go to My Tools, My SmartPhrases, change User to Worhunsky, click “Add to my List” on the right

PDSCLINICCONSULTNOTE	PDSCSPINECLEARANCE	PDSDCINSTRUCTIONS
PDSCLINICPROGRESSNOTE	PDSTERTIARYNOTE	PDSNUSSDCINSTRUCTIONS
PDSCONSULTANDHPNOTE	PDSTRAUMADC SUMMARY	PDSTRAUMADCINSTRUCTIONS
PDSPREOPNOTE	PDSTRAUMAHISTORYANDPHYSICAL	
PDSPROGRESSNOTE		

***I attest that I have read and understand the UK Pediatric Surgery service orientation.***

<b><i>Date:</i></b>	<b><i>Signature:</i></b>	<b><i>Reviewed with: (if appropriate)</i></b>
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Please return signed form to Robin Jaegar, pediatric surgery admin

<b>Attendings</b>	
Andrea N. Doud, MD	313-570-7077
Lindel K. Dewberry, MD	404-718-9905
Abigail E. Martin, MD	302-331-1542
Eric J. Rellinger, MD	615-440-6268
David A. Rodeberg, MD	412-251-2173
Danielle S. Walsh, MD	252-481-1238
David J. Worhunsky, MD	617-694-3903
<b>APRNs/Pharmacist</b>	
Katelyn Camera, PharmD	502-514-1532
Meagan Komondoreas, NP	270-871-2968
Amanda Thomas, NP	817-932-2720
<b>Admins</b>	
Sabrina Elliott (Patient Navigator)	555-2762
Pam Helton (Patient Navigator)	323-5676
Robin Jaegar (Admin)	218-5527
<b>Clinic Nurses</b>	
Abbie Lansdale, RN	859-536-1800
Lauren Morales, RN	859-421-9842
Brian Siples, RN	859-644-9178

# PGY-2 General Surgery Residency Goals & Objectives

## Transplant Rotation

### Facility:

- University of Kentucky Chandler Medical Center

### PGY-2 Clinical Duties

- **Note:** The resident will have exposure to immune-compromised patients.
- Review and perform milestones for promotion.
- Participate in all care rendered to inpatient Transplant Surgery patients at the University of Kentucky Medical Centers including (but not limited to) admission, diagnostic work-up, operations, post-operative care, and discharge.
- In addition, the surgical residents will participate in the care and operations of Transplant Surgery patients during Transplant Surgery Clinic and attending physicians' office hours.

### PGY-2 Administrative Duties

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

### PGY-2 Rotation Curriculum

- Complete all assigned SCORE modules and quizzes (see table below).

Transplantation/Immunology 1	Brain Death
	Organ Donors and Selection Criteria
	En Bloc Abdominal Organ Retrieval
	Organ Preservation
	Live Donor Hepatectomy
	Live Donor Nephrectomy
Transplantation/Immunology 2	Liver Transplantation
	Pancreas Transplantation
	Renal Transplantation
	Infections – Opportunistic
Transplantation/Immunology 3	Transplant Immunology
	Components of the Immune System
	Immune Response to Injury and Infection
	Surgery and Surgical Conditions in Immunocompromised Hosts

# PGY-2 General Surgery Residency Goals & Objectives

## Transplant – University of Kentucky Chandler Medical Center

### Core Competencies

#### Patient Care

##### Goals:

- To expose the PGY-2 resident to management of the immune compromised patients.
- Involve the resident in the procurement of organs.
- Include the resident in the operative procedures during procurement and transplantation.

##### Objectives:

- Managed immune suppressed patients on the transplantation services.
- Evaluated patients with organ rejection.
- Participated in or observed multiple organ harvests.
- Participated in or observed transplantation operations.
- Managed patients with postoperative surgical complications including infection, anastomotic stenosis and leaks and lymphocele.

#### Medical Knowledge

##### Goals:

- To understand short and long-term risks of chronic immunosuppression as it relates to opportunistic infections, cardiovascular problems, autoimmune diseases, lymphoproliferative disease, and rejection.
- To understand the indications for liver and kidney transplantation.

##### Objectives:

- Apply immunosuppressive therapy to kidney, liver, and pancreas transplantation patients.
- Explain the clinical definition of brain death and discuss the laboratory and radiological studies available to support the diagnosis.
- Discuss current literature and surgical texts on daily rounds and in the OR.

#### Practice-Based Learning and Improvement

##### Goals:

- Develop insight to identify their strengths and weaknesses and set learning goals. Learn the basic principles of biostatistics, study design, and epidemiology.

# PGY-2 General Surgery Residency Goals & Objectives

## 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.”

## 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.

### Objectives:

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

## Professionalism

### Goals:

- Interact with patients and families in a professional manner.
- Maintain high ethical behavior in all professional activities.

## PGY-2 General Surgery Residency Goals & Objectives

- 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 attending's.
- Exhibit sensitivity to gender, age, race, and cultural issues.
- Model ethical and professional behavior in clinical setting by example.
- Display leadership qualities that can be cultivated over the course of training.
- Practice proper and professional grooming at all times, including appropriate attire.
- Attend to administrative responsibilities in a timely manner.
- Complete timely medical records and dictations.
- Answer pages promptly and professionally.
- Enter cases in the ACGME Operative Log.
- Enter duty hours weekly.

### Systems-Based Practice

#### Goals:

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

## PGY-2 General Surgery Residency Goals & Objectives

### 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-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

## Pediatric Surgery Rotation

### Facility:

- Cabell Huntington Hospital
- Hoops Family Childrens' Hospital

### PGY-3 Clinical Duties

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

### PGY-3 Administrative Duties

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

### PGY-3 Rotation Curriculum

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

## Pediatrics – Cabell Huntington Hospital & Hoops Family Childrens' Hospital

### Core Competencies

#### Patient Care

##### Goals:

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

## PGY-3 General Surgery Residency Goals & Objectives

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

### Objectives:

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

# PGY-3 General Surgery Residency Goals & Objectives

## Medical Knowledge

### Goals:

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

### Objectives:

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

# PGY-3 General Surgery Residency Goals & Objectives

## Practice-Based Learning and Improvement

### Goals:

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

### Objectives:

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

## Interpersonal and Communication Skills

### Goals:

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

### 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.

## PGY-3 General Surgery Residency Goals & Objectives

- 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-3 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 into ACGME Operative Log.
- Enter duty hours weekly.

## Systems-Based Practice

### Goals:

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

### 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.

# PGY-3 General Surgery Residency Goals & Objectives

- 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:

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### Professionalism:

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### Interpersonal and Communication Skills:

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- 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-3 General Surgery Residency Goals & Objectives

## Curriculums:

- SCORE
- TrueLearn question bank
- Surgery Residency curriculum