



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER
Paul L. Foster School of Medicine™

Department of Surgery

Surgical Resident
Manual
2012-2013

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Texas Tech Health Sciences Center Surgical Faculty

Faculty Listing

General Surgery

Alan Tyroch, MD, FACS, Professor of Surgery, Chair and Trauma Medical Director

Steven Dougherty, MD, FACS Professor of Surgery and Residency Program Director and Clinical Medical Director

Brian R. Davis, MD, FACS Assistant Professor of Surgery, Associate Program Director, and Director of Surgical Simulation

Susan McLean, MD, FACS Associate Professor of Surgery, ICU Medical Director

Angel Morales, MD, Assistant Professor of Surgery and Student Clerkship Director

Ryan Freemyer, MD, Clinical Assistant Professor of Surgery

Victor Olivas MD, Assistant Professor of Surgery

Pediatric Surgery

Donald Meier MD, Professor of Surgery

William Spurbeck, MD, Assistant Professor of Surgery

Oral-Maxillo Facial Surgery

Trent Filler, DDS, Assistant Professor of Surgery

ENT

Miller Rhodes, MD, Clinical Assistant Professor of Surgery

Plastic Surgery

Frank Agullo, MD, Clinical Assistant Professor of Surgery

Humberto Palladino, MD, Clinical Assistant Professor of Surgery

Breast Care

Edward Saltzstein, MD, Professor of Surgery and Medical Director of UBCC
Resident Listing

PGY-5

Soumo Banerji, MD

Gino Casteneda, MD

Carrie Dieker, MD

PGY-3

Lee, MD

Jodi Smith, MD

PGY-1 Categoricals

Mohammad Farukhi, MD

Yuichi Ishida, MD

Rahul Rasheed, DO

PGY-4

Ziad Kronfol, MD

Kinzie Matlock, MD

Victor Phouc, MD

PGY-2

Nathaniel Ng, MD

Henry Reinhart, MD

Alex Rios-Tovar, MD

PGY-1 Non-Designated Preliminary

Mohamed El Zaeedi, MD

Feras Yamin, MD

Tristan Zhang, MD

Forward by Brian R. Davis MD, FACS

Texas Tech University Health Sciences Center of El Paso has served the communities of El Paso, Texas and Juarez Mexico as an approved ACGME resident training site for over thirty years. From the inception of Thomason Hospital through the transition to University Medical Center this institution has prided itself on training both surgeons throughout the community as well as graduates that have pursued excellent subspecialty training. Dr Edward Saltzstein was the chairman through 2002 followed by the current tenure of Alan Tyroch MD who became the founding chairman of Surgery at the Paul L Foster School of Medicine in 2009. Dr Steven Dougherty serves as program director at the zenith of a thirty-year career as an academic expert in surgical infectious disease.

Thomason Hospital first became a Trauma Level 1 certified center in 2005 and serves as the regional trauma center for El Paso, West Texas, and Southern New Mexico. Significant admissions also occur from our sister city Juarez, Mexico. Modernized ICU care is considered the best in the city with 30 private ICU beds including both separate pediatric and cardiac critical care units. Currently with the recent expansion of the emergency department we serve as the highest volume provider of outpatient urgent, emergency and trauma care in our region.

Surgical education has been championed by Dr Angel Morales who is in charge of the student clerkship. Dedication to student didactics has proven rewarding for residents and faculty who experience an exceptional quality of interaction with many students who matriculate into surgical residencies throughout the country. Recent additions to surgical education includes a simulation laboratory opened in 2010 with laparoscopic towers.

Research and other scholarly activity play an important role in resident development

for both those pursuing fellowship specialty training and surgeons pursuing community practice. Dr Tyroch has championed the National Trauma Practitioner Databank for studies on adrenal insufficiency and seatbelt sign outcomes. Dr McLean has proven an academic leader in the field of abdominal compartment syndrome and abdominal wall closure. Dr Davis has accompanied several residents to national conferences for poster presentations.

Surgical oncology has been a strong component of training in elective general surgery. The breast clinic has been staffed by Dr Edward Saltzstein. Laparoscopic approaches to colonic malignancies have been promoted with the recruitment of Angel Morales MD as staff colorectal surgeon. Hepatobiliary cases have been a focus of Brian Davis MD with a multidisciplinary approach with surgeon directed ERCP therapy followed by surgical resection of pancreatic, biliary and hepatic tumors.

Our philosophy at Texas Tech University Health Science Center Paul L. Foster School of Medicine Department of Surgery is to provide the highest level of service and care to our community as physicians committed to exceptional education and mentoring of the next generation of surgeons.

Texas Tech Health Sciences Center Surgical Resident Training Philosophy

Standardization of resident training has resulted in excellence throughout the United States. Specialization has been driven by technology with further advances in safety and quality. The foundation of innovation continues to be the domain of the broadly trained general surgeon. Training in general surgery has been the most arduous in medicine, producing the most skilled practitioners. The manpower prognostications of the last three decades have demonstrated an enormous demand for general surgeons with shortages predicted for the upcoming decade. Our program has not only adhered to requirements of the American Board of Surgery but has also provided exceptional exposure to all fields of general surgery in an experience of educational supervision and graduated autonomy.

Challenges to the training system have been prompted by recent demands for education and resident work hour accountability. These challenges require innovative solutions to provide the same education with fewer hours and more faculty constraints. Adequate participation in graduated teaching and responsibilities of residents as educators help bridge the gap. Standardized curricula have been endorsed to promote passage of the certifying and qualifying exams for the American Board of Surgery. Our philosophy is to empower trainees to access the evidence-based literature and achieve skills in life-long learning that will not only help them pass exams but also achieve optimum patient care.

Skill acquisition has to be demonstrated in a controlled environment with repeat performance to achieve automaticity within the 5 years required for competency. Recent hours restrictions have reinforced the need for instructional training whether through laparoscopic simulation boxes which can be used in a trainees home or under faculty observation in our lab.

No matter the environment, the emphasis remains that each resident demonstrate competency in the broad range of surgical skills needed to be a general surgeon prior to graduation.

Graduated autonomy refers to the process of graded responsibility for patient-care that occurs as a young surgeon progresses through our program. That autonomy includes an obligation to participate in the education of medical students and junior house staff. The era of limited work hours necessitates that autonomy be accompanied by communication for adept maintenance of quality care and patient safety.

Professional behavior encompasses both treatment of patients with compassionate care and respectful communication with faculty, consultants, and ancillary care staff. Every surgeon in training should focus on the most effective/efficient care of their patient who often relies on assistance and critical communication from a litany of specialists from nurses, to speech therapists and senior faculty from other disciplines. Cross-cultural sensitivity also plays a critical role in effective treatment of our population that may suffer trepidation from language and cultural barriers to medical screening and access to care.

Teamwork and effective mentoring plays the most important factor in shaping surgeons who enter our training program. To always keep the end in mind, we train our staff to be the kind of doctors we would want caring for ourselves or our family in the hour of our greatest trauma.

Educational Goals and Objectives for the General Surgery Residency Program

The Core Competencies in General Surgery

The Accreditation Council for Graduate Medical Education (ACGME), including the Residency Review Committee (RRC) for surgery has adopted a set of general competencies for all physicians who complete higher training programs in an effort to create measureable outcomes and improve standardization of the training process. In the future, all chief residents will be assessed as competent in these areas prior to certification for completion of residency training and examination for certification by the American Board of Surgery.

The 6 core competencies include:

Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Surgical residents must demonstrate manual dexterity appropriate for training level and be able to develop and execute patient care plans.

Medical Knowledge about established and evolving biomedical, clinical, and cognitive (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge to patient care. Surgical residents are expected to critically evaluate and demonstrate knowledge of pertinent scientific information.

Practice-Based Learning and Improvement involves investigation and evaluation of patient care, appraisal and assimilation of scientific evidence, and improvements in patient care. Surgical residents are expected to critique personal practice outcomes and demonstrate recognition of the importance of life-long learning in surgical practice.

Interpersonal and Communication Skills that result in effective information exchange and learning with patients, their families, and other health professionals. Surgical residents are

expected to communicate effectively with other health care professionals, counsel and educate patients and families and effectively document practice activities.

Professionalism is manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Surgical residents are expected to maintain high standards of ethical behavior, demonstrate a commitment to continuity of patient care, and demonstrate sensitivity to age, gender and culture of patients and other health care professionals.

Systems Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and systems of health care and the ability to effectively call on system resources to provide care that is of optimal value. Surgical residents are expected practice high quality, cost effective patient care, demonstrate knowledge of risk-benefit analysis, and demonstrate an understanding of the role of different specialists and other health care professionals in overall patient management.

The major educational goal of the General Surgery Residency Training Program in the Department of Surgery at Texas Tech University Health Sciences Center is to produce a board-certified surgeon capable of independently practicing general surgery of the highest quality. On completion of the program, the surgeon should possess general knowledge, clinical judgment, technical skills and personality attributes to establish rapport with patients and families for the practice of general surgery; and be assessed as competent in the areas outlined under the ACGME's six core competencies. The six core competencies will be acquired over 5 years of training by obtaining new knowledge through clinical experience, reading current literature through web-based media, attending conferences as well as preparing reports for presentation and publication. Knowledge of the clinical course of disease will be understood through

management of surgical patients in the clinics, hospital wards, emergency department and ICU. Technical skills to perform operations will be acquired through observation, simulation, and performance of a variety of surgical procedures over the training period. Intra-operative decision-making will be modeled by faculty in pre-operative checklists, intra-operative Socratic teaching as well as in post-operative debriefings. Decision making will also cover problem based learning and improvement during morbidity and mortality conferences. The resident will record each operation performed or assisted with, in keeping with practice based learning, in the ACGME case log system. This operative log will be reviewed as part of the resident's ongoing evaluation process. Communication skills will be developed by case presentations and resident prepared conferences where practice based learning and improvement will disclose scenarios of special import, exceptional decision making and cases of morbidity or mortality. The professional ability to interact appropriately with referring physicians and consultants as well as nursing staff will be acquired through 360 evaluations throughout the training period.

General Educational Goals and Objectives for Residents Rotating on All Services

The following goals and objectives are presented in the format of the ACGME's six core competencies and should be considered additive to the goals and objectives of individual rotations.

PGY-1

A. Medical Knowledge.

1. Learn in-depth the fundamentals of basic science as they apply to the clinical practice of surgery.

a. The resident will learn to prepare for and attend the Thursday morning didactics structures around the ACS Surgery textbook. The resident will analyze all assigned topics from using either ACCESS Surgery or other web-based media. The resident will demonstrate proficiency by testing on questions in the SCORE portal.

b. The resident will demonstrate cognitive proficiency in assessment of medical knowledge by taking the Surgical Core Curriculum tests and the annual ABSITE.

c. The resident will communicate in discussion during presentation of lectures from the ACS Surgery curriculum.

d. The resident will participate in weekly quizzes based on the ACS Surgery reading in preparation for the yearly ABSITE exam.

2. The resident will attend the following mandatory conferences.

Multi-Department Morbidity and Mortality

Trauma Morbidity and Mortality

Multi-Disciplinary Tumor Board

General Surgery Morbidity and Mortality

Trauma Grand Rounds

Anesthesia Peri-operative Grand Rounds

Mock Orals

3. Develop technical skills appropriate to level of training.

The resident will participate in simulation skills training sessions each month on Thursday afternoon from 1-4 PM and will obtain written sign-off in performance of open and laparoscopic skills stations appropriate for his or her level of training. The skills stations will include simple suturing, basic laparoscopic skills and trauma team training. Those residents post-call on simulation center days can schedule make-up sessions at time appropriate intervals. The resident will demonstrate proficiency in basic open suturing skills and basic laparoscopic skills including rope pass and bean drop drills. The resident will also demonstrate proficiency on a basic laparoscopic cholecystectomy model.

B. Patient Care.

1. The resident will assume care of all patients on the hospital ward and be responsible for admission/discharge of all patients on the hospital wards and day surgery units. The resident should assume care of all patients on the hospital wards and intensive care units.
2. The resident will perform a complete and accurate history and physical examination on every new admission to the service.
3. The resident will demonstrate proficiency in invasive procedures on ward and ICU patients, with appropriate supervision from faculty or a PGY-5 resident. The resident will obtain sign-off of all invasive procedures to demonstrate adequate supervision.

4. The resident will demonstrate planning for appropriate diagnostic and imaging tests on ward patients.
5. The resident should insure proper disposition and follow-up of all patients discharged from the hospital.

C. Interpersonal and Communication Skills.

1. The resident will demonstrate clear, accurate, and succinct patient information to faculty and senior residents regarding newly admitted patients.
2. The resident will consult the senior resident and faculty on all progress of all patients and will alert the senior resident and faculty of new problems on the service.
3. The resident will demonstrate clear, accurate, and respectful communication with nurses and other hospital employees.
4. The resident will perform clear, accurate, and respectful communication with referring and consulting physicians, including residents.
5. The resident will perform clear, accurate, and respectful communication with patients and appropriate members of their families about identified disease processes, the expected courses, operative findings and operative procedures.
6. The resident will 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.
7. The resident will participate in all morning report and evening sign-out sessions to relay patient information in a timely manner to communicate changes in patient condition and unfinished tasks.

8. The resident will demonstrate proficiency in obtaining consent that explains appropriate course of therapy including potential complications sensitive to patient education level and language barriers for consent.

9. The resident will ensure that all student ward notes are accurate, reflect a proper plan, and are countersigned by a physician each day.

10. The resident will demonstrate participation in the night-float system for one week of each month rotation and demonstrate proficiency in checkout and task completion between shifts.

D. Practice-Based Learning and Improvement

1. The resident will write an accurate, detailed and legible preoperative assessment note on all patients for which he/she serves as the surgeon of record.

2. The resident will perform self-assessment by entering all procedures and operative cases in which he /she is the surgeon of record into the ACGME database within 24 hours of completing the procedure.

3. The resident will dictate an accurate and descriptive narration of the operative procedure in which he/she is the primary surgeon within 24 hours of the procedure.

4. The resident will participate in discussions at morbidity and mortality conferences for cases in which they were involved with critical portions of the care.

5. The resident will dictate accurate discharge summaries of all patients under their care within 24 hours of discharge from the hospital.

E. Systems-Based Practice

1. The resident will be able to appropriately utilize, in a timely and cost efficient manner, ancillary services including social services, discharge planning, physical therapy, nutrition services, and pharmacy.

2. The resident will be able to determine and convey to appropriate individuals the instruments and other materials necessary for all procedures.
3. The resident will justify diagnostic tests (including laboratory studies) ordered and document when needed.
4. The resident will perform appropriate discharges utilizing social services and home health services to ensure timely care of the patient.

F. Professionalism

1. The resident will demonstrate honesty with all individuals at all times in conveying patient care issues.
2. The resident will plan to place the needs of the patient above all the needs or desires of him/herself.
3. The resident will demonstrate high ethical behavior in all professional activities.
4. The resident will demonstrate compliance with all required training designated by the Texas Tech Department of Compliance and University Medical Center.
5. The resident will demonstrate a commitment to the continuity of patient care through carrying out professional responsibilities or through assuring that those responsibilities are fully and accurately conveyed to others acting in his/her stead (e.g. checkout procedures).
6. The resident will understand the institutional policy on duty hours and remain compliant with all duty hour regulations.
7. The resident will be professionally attired at all times while engaged in patient care.
8. The resident will be professionally groomed at all times when engaged in patient care.
9. The resident will demonstrate sensitivity to issues of age, race, gender and religion with patients, families, and members of the health care team.

10. The resident will demonstrate respectful treatment of patients, families, and all members of the health care team.

11. The resident will participate in events in pre-arranged places at prearranged times except when actively engaged in the treatment of a medical or surgical emergency. The resident will notify the appropriate supervisor if he or she will be unable to be present.

PGY-2

A. Medical Knowledge

1. Learn in-depth the fundamentals of basic science as they apply to the clinical practice of surgery.

a. The resident will prepare for and attend the Thursday morning didactics structures. The resident will read all assigned topics from the curriculum using either ACS Surgery or other web-based media. The resident will take the tests in the SCORE portal.

b. The resident will participate in scheduled delivery and presentation of lectures from as assigned by faculty during Thursday morning didactics conferences.

c. The resident will prepare and deliver morbidity and mortality presentations for trauma morbidity and mortality and general surgery morbidity and mortality conferences.

d. The resident will analyze articles to provide summaries of outcomes following trauma and general surgery morbidities and mortalities.

e. The resident will participate in weekly quizzes based on the ACS Surgery reading in preparation for the yearly ABSITE exam.

2. The resident will attend the following mandatory conferences.

Multi-Department Morbidity and Mortality

Trauma Morbidity and Mortality

General Surgery Morbidity and Mortality

Trauma Grand Rounds

Mock Orals

3. Develop technical skills appropriate to level of training.

The resident will attend simulation skills training sessions each month on Thursday afternoon from 1-4 PM and will obtain written signoff in performance of laparoscopic skills stations appropriate for his or her level of training. The skills will include intermediate laparoscopic skills (rope pass and bean drop) and an orientation to upper GI endoscopy and lower GI endoscopy. Those residents post-call on simulation center days can schedule make-up sessions at time appropriate intervals.

B. Patient Care.

1. The resident will demonstrate care for all patients in the critical care units and hospital wards as well as responsibility for the evaluation and disposition of all consults generated by the emergency department or other hospital service.
2. The resident will perform a complete and accurate history and physical examination on every new admission to the critical care unit and from the emergency department.
3. The resident will make daily assessments plans on every patient in the intensive care unit and every inpatient consult, and have full knowledge of all medical problems and progress of such patients.
4. The resident will assist interns in completion of procedures and perform all invasive procedures on patients in the critical care units.
5. The resident will perform service based organization, including daily care plans for patients on the hospital ward and outpatient units.
6. The resident will demonstrate delegation of responsibilities to interns and medical students.

C. Interpersonal and Communication Skills.

1. The resident will be apply clear, accurate, and succinct presentation of patient information to critical care faculty regarding newly admitted patients.
2. The resident will demonstrate notification of the senior resident and faculty of all progress of all critical care unit patients and will alert the senior resident of new problems on the service.
3. The resident will apply clear, accurate, and respectful communication with nurses and other hospital employees in the critical care and intensive care units.
4. The resident should clearly, accurately, and respectfully communicate with referring and consulting physicians, including residents and students.
5. The resident should clearly, accurately, 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.
6. The resident should 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.
7. The resident should be able to clearly and accurately teach medical students about the procedures performed on this rotation.
8. The resident will determine that all ICU student notes are accurate, reflect a proper plan, and are countersigned by a physician each day.

9. The resident will gain competence in communicating with family members to deliver prognosis and describe patient care plans as well as obtaining advanced directives especially in critically ill patients.

D. Practice-Based Learning and Improvement

1. The resident will write an accurate, detailed and legible preoperative assessment note on all patients for which he/she serves as the surgeon of record.

2. The resident will enter all procedures and operative cases in which he /she is the surgeon of record into the ACGME database within 24 hours of completing the procedure.

3. The resident must dictate an accurate and descriptive narration of the operative procedure in which he/she is the primary surgeon within 24 hours.

4. The resident will prepare presentations of complications from the emergency department or critical care unit for discussions at Trauma morbidity and mortality conferences for cases in which they were involved.

5. The resident will analyze the literature and perform self-assessment of complications in the intensive care unit.

6. The resident will demonstrate formation of an evidence- base plan for patient treatment in daily progress notes in the critical care unit and on floor patients.

E. Systems-Based Practice

1. The resident will be able to appropriately utilize, in a timely and cost efficient manner, ancillary services including social services, pastoral care, discharge planning, physical therapy, occupational therapy, speech therapy, nutrition services, and pharmacy.

2. The resident will be able to summarize the financial costs, the risks and benefits of the proposed diagnostic studies and therapeutic procedures in the intensive care unit.

3. The resident will be able to determine and convey to appropriate individuals the instruments and other materials necessary for all procedures in the operating room and intensive care unit.
4. The resident will be able to justify all diagnostic tests (including laboratory studies) ordered.
5. The resident will demonstrate coordination of care in the intensive care unit to include daily rounds, discharge planning with rehabilitation hospitals, and coordination with organ donation services.

E. Professionalism

1. The resident will demonstrate honesty with all individuals at all times in conveying issues of patient care in the intensive care unit and surgical floor.
2. The resident will perform completion of the needs of the patient above all the needs or desires of him/herself.
3. The resident will demonstrate high ethical behavior in all professional activities.
4. The resident will perform compliance with all required training designated by the Texas Tech Department of Compliance and University Medical Center.
5. The resident will demonstrate commitment to the continuity of patient care through carrying out professional responsibilities or through assuring that those responsibilities are fully and accurately conveyed to others acting in his/her stead (e.g. checkout procedures).
6. The resident will understand the institutional policy on duty hours and remain compliant with all duty hour regulations. Residents will enter the number of hours spent in the hospital into the departmental datasheet within four days of duty.
7. The resident will be professionally attired at all times while engaged in patient care.
8. The resident will be professionally groomed at all times when engaged in patient care.

9. The resident will demonstrate sensitivity to issues of age, race, gender and religion with patients, families, and members of the health care team.
10. The resident will at all times treat patients, families, and all members of the health care team with respect.
11. The resident will demonstrate proficiency and compassion in delivering critical difficult information to families, communicating with critically ill patients, and placing do not resuscitate orders.
12. The resident will participate reliably in pre-arranged places at prearranged times except when actively engaged in the treatment of a medical or surgical emergency. The resident will notify the appropriate supervisor if he or she will be unable to be present.

PGY-3

A. Medical Knowledge.

1. Learn in-depth the fundamentals of clinical science and decision making as they apply to the practice of surgery.
 - a. The resident will prepare for and attend the Thursday morning didactics structures. The resident will read all assigned topics from the curriculum using either ACS Surgery or other web-based media. The resident will take the tests in the SCORE portal.
 - b. The resident will participate in scheduled delivery and presentation of lectures from as assigned by faculty during Thursday morning didactics conferences.
 - c. The resident will prepare and deliver morbidity and mortality presentations for trauma and general surgery morbidity and mortality conferences.

d. The resident will analyze articles to provide discussions of clinical patient care for mortality and morbidity presentations focusing on decision making and clinical judgment.

e. The resident will participate in weekly quizzes based on the ACS Surgery reading in preparation for the yearly ABSITE exam.

2. The resident will attend the following mandatory conferences.

Multi-Department Morbidity and Mortality

Trauma Morbidity and Mortality

General Surgery Morbidity and Mortality

Trauma Grand Rounds

Multi-Disciplinary Tumor Board

Anesthesia Peri-operative Grand Rounds

Mock Orals

3. Develop technical skills appropriate to level of training.

The resident will attend simulation skills training sessions each month on Thursday afternoon from 1-4 PM and will obtain written signoff in performance laparoscopic skills stations appropriate for his or her level of training. Those residents post call on simulation center days can schedule make-up sessions at time appropriate intervals. The resident will demonstrate proficiency in advanced laparoscopic skills including laparoscopic intra-corporeal suturing and laparoscopic intestinal anastomosis.

B. Patient Care.

1. The resident will assume care of all patients on the hospital ward, emergency department and intensive care unit; and be responsible for admission/discharge of all patients on the hospital wards, ICU, emergency department and day surgery units.
2. The resident will perform a complete and accurate history and physical examination on every new admission to the service.
3. The resident will assess and plan care strategies on every ward patient on the service and will have full knowledge of all medical problems and progress of all ward and ICU patients.
4. The resident will perform invasive procedures on ward and ICU patients and assist junior residents in these procedures providing education and supervision.
5. The resident will perform arrangements for appropriate diagnostic and imaging tests on ward and ICU patients.
6. The resident will ensure proper disposition and follow-up of all patients discharged from the hospital.
7. The resident will perform service as the senior resident responsible for the service with accurate communication with chief residents and faculty including delegation of responsibilities to junior residents.

C. Interpersonal and Communication Skills.

1. The resident will demonstrate clear, accurate, and succinct communication of patient information to faculty and chief residents regarding newly admitted patients.
2. The resident will communicate with the chief resident and faculty resident to create awareness of progress of all patients and will alert the faculty of new problems on the service.

3. The resident will demonstrate clear, accurate, and respectful communication with nurses and other hospital employees.
4. The resident will demonstrate clear, accurate, and respectful communication with referring and consulting physicians, residents and students.
5. The resident should clearly, accurately, 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.
6. The resident should 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.
7. The resident should be able to clearly and accurately teach medical students about the procedures performed.
8. The resident will ensure that all student ward notes are accurate, reflect a proper plan, and are countersigned by a physician each day.
9. The resident will gain competence in communicating with family members to deliver prognosis and describe patient care plans as well as obtaining advanced directives.
10. The resident will gain competence in leadership with delegation of responsibility to junior residents and enforcement of discipline to ensure effective management of the service.

D. Practice-Based Learning and Improvement

1. The resident will write an accurate, detailed and legible preoperative assessment note on all patients for which he/she serves as the surgeon of record.
2. The resident will enter all procedures and operative cases in which he /she is the surgeon of record into the ACGME database within 24 hours of completing the procedure.

3. The resident will demonstrate dictation of an accurate and descriptive narration of the operative procedure in which he/she is the primary surgeon within 24 hours.
4. The resident will participate in discussions at morbidity and mortality conferences for cases in which they were involved with critical portions of the care.
5. The resident will deliver morbidity and mortality presentations for cases in which they were involved in critical portions of the care.
6. The resident will analyze the literature for written discussions following morbidity and mortality presentations to demonstrate clinical decision making and judgment.

E. Systems-Based Practice

1. The resident will be able to appropriately utilize, in a timely and cost efficient manner, ancillary services including social services, discharge planning, physical therapy, nutrition services, and pharmacy.
2. The resident will be able to summarize the financial costs, the risks and benefits of the proposed diagnostic studies and therapeutic procedures on the surgical floors, intensive care unit and emergency department.
3. The resident will be able to determine and convey to appropriate individuals the instruments and other materials necessary for all procedures in the emergency department, surgical floors and intensive care unit.
4. The resident will be able to justify all diagnostic tests (including laboratory studies) ordered and document when needed.
5. The resident will delegate responsibilities to junior residents and make appropriate use of ancillary services including physician extenders.

6. The resident will demonstrate proficiency in leadership roles as senior resident on the surgical services and in the intensive care unit.

D. Professionalism

1. The resident will demonstrate honesty with all individuals at all times in conveying patient care issues.

2. The resident will practice placing needs of the patient above needs or desires of him/herself.

3. The resident will demonstrate high ethical behavior in all professional activities.

4. The resident will demonstrate compliance with all required training designated by the Texas Tech Department of Compliance and University Medical Center.

5. The resident will demonstrate a commitment to the continuity of patient care through carrying out professional responsibilities or through assuring that those responsibilities are fully and accurately conveyed to others acting in his/her stead (e.g. checkout procedures).

6. The resident will understand the institutional policy on duty hours and remain compliant with all duty hour regulations. Residents will enter the number of hours spent in the hospital into the departmental datasheet within four days of duty.

7. The resident will be professionally attired at all times while engaged in patient care.

8. The resident will be professionally groomed at all times when engaged in patient care.

9. The resident will demonstrate sensitivity to issues of age, race, gender and religion with patients, families, and members of the health care team.

10. The resident will demonstrate respect for patients, families, and all members of the health care team.

11. The resident will participate in pre-arranged places at prearranged times except when actively engaged in the treatment of a medical or surgical emergency. The resident will notify the appropriate supervisor if he or she will be unable to be present.
12. The resident will demonstrate effective leadership skills in delegating authority to junior residents and ensuring completion of service tasks.
13. The resident will perform disciplinary actions to motivate and correct junior residents in a compassionate and effective manner.
14. The resident will direct medical student assignments to patients and surgeries, resolving conflicts and providing mentorship and educational opportunities.

PGY-4

A. Medical Knowledge.

1. Learn in-depth the fundamentals of judgment and clinical science as they apply to the practice of surgery.
 - a. The resident will prepare for and attend the Thursday morning didactics structures. The resident will read all assigned topics from the curriculum using either ACS Surgery or other web-based media. The resident will take the tests in the SCORE portal.
 - b. The resident will participate in scheduled delivery and presentation of lectures as assigned by faculty during Thursday morning didactics conferences.
 - c. The resident will participate in weekly quizzes based on the ACS Surgery reading in preparation for the yearly ABSITE exam.
2. The resident will attend the following mandatory conferences.
Multi-Department Morbidity and Mortality Trauma Morbidity and Mortality

General Surgery Morbidity and Mortality

Trauma Grand Rounds

Multi-Disciplinary Tumor Board

Anesthesia Peri-operative Grand Rounds

Mock Orals

3. Develop technical skills appropriate to level of training.

The resident will attend simulation skills training sessions each month on Thursday afternoon from 1-4 PM and will obtain written signoff in performance of laparoscopic skills stations appropriate for his or her level of training. Those residents post-call on simulation center days can schedule make-up sessions at time appropriate intervals.

Residents on away or out of town rotations will schedule make-up simulation sessions to attain appropriate skill levels. The resident will demonstrate proficiency in laparoscopic intra-corporeal suturing skills, laparoscopic intestinal anastomosis skills, and laparoscopic Nissen fundoplication model skills.

B. Patient Care.

1. The resident will assume care of all patients on the hospital ward and be responsible for admission/discharge of all patients on the hospital wards ICU, and day surgery units at community hospitals for all external clinical rotations.
2. The resident will perform a complete and accurate history and physical examination on every new admission to the community surgeon's service.
3. The resident will perform daily assessments and plans on every patient on the community surgeon's service and will have full knowledge of all medical problems and progress of all patients.
4. The resident will arrange for appropriate diagnostic and imaging tests on patients.

C. Interpersonal and Communication Skills.

1. The resident will demonstrate clear, accurate, and succinct patient presentations to community surgeons regarding newly admitted patients.
2. The resident will inform the community surgeons of progress of patients and will alert the surgeon of new problems on the service.
3. The resident will communicate clearly, accurately, and respectfully with nurses and other hospital employees at community hospitals.
4. The resident will communicate clearly, accurately, and respectfully with referring and consulting physicians.
5. The resident will communicate clearly, accurately, and respectfully with patients and appropriate members of their families about identified disease processes (including complications), the expected courses, operative findings and operative procedures.
6. The resident will 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.

D. Practice-Based Learning and Improvement

1. The resident will enter all procedures and operative cases in which he /she is the surgeon of record into the ACGME database within 24 hours of completing the procedure.
2. The resident will dictate an accurate and descriptive narration of the operative procedure in which he/she is the primary surgeon within 24 hours.
3. The resident will participate in morbidity and mortality conferences at community hospitals where they will present patients in conjunction with community surgeons.

E. Systems-Based Practice

1. The resident will demonstrate utilization of ancillary services including social services, discharge planning, physical therapy, nutrition services, pharmacy and physician extenders in community hospitals.
2. The resident will summarize the financial costs, the risks and benefits of the proposed diagnostic studies and therapeutic procedures in community hospitals.
3. The resident will determine and convey to appropriate individuals the instruments and other materials necessary for all procedures at community hospitals.
4. The resident will justify all diagnostic tests (including laboratory studies) ordered and document when needed at community hospitals.
5. The resident will demonstrate an understanding of procedural coding and insurance issues associated with private practice.

F. Professionalism

1. The resident will demonstrate honesty with all individuals at all times in conveying patient care issues.
2. The resident will place the needs of the patient above all the needs or desires of him/herself.
3. The resident will maintain high ethical behavior in all professional activities.
4. The resident will understand the institutional policy on duty hours and remain compliant with all duty hour regulations.
5. The resident will be professionally attired at all times while engaged in patient care.
6. The resident will be professionally groomed at all times when engaged in patient care.
7. The resident will demonstrate sensitivity to issues of age, race, gender and religion with patients, families, and members of the health care team.

8. The resident will demonstrate respect for patients, families, and all members of the health care team.

9. The resident will participate reliably in pre-arranged places at prearranged times except when actively engaged in the treatment of a medical or surgical emergency. The resident will notify the appropriate supervisor if he or she will be unable to be present.

10. The resident will maintain a professional relationship with surgeons at community hospitals respecting the private-practice environment and the private surgeons authority to deliver prognoses and discuss treatment plans.

PGY-5 Chief Year

A. Medical Knowledge.

1. Learn in-depth the fundamentals of judgment and clinical science as they apply to the practice of surgery.

a. The resident will assist in the preparation of the curriculum for the Thursday morning didactics.

b. The resident will read all assigned topics from the ACS Surgery curriculum using either ACS Surgery or other web-based media. The resident should take the tests in the SCORE portal.

c. The resident will participate in scheduled delivery and presentation of lectures from as assigned by faculty during Thursday morning didactics conferences.

d. The resident will prepare and deliver morbidity and mortality presentations for trauma and general surgery morbidity and mortality conferences.

- e. The resident will analyze articles to provide discussions of clinical patient care for mortality and morbidity presentations focusing on decision making and clinical judgment.
- f. The resident will participate in weekly quizzes based on the ACS Surgery reading in preparation for the yearly ABSITE exam.
- g. The resident should prepare for and participate in the Mock Orals conference.
- h. The resident will participate in assessment of medical knowledge by taking the semi-monthly Surgical Core Curriculum tests and the annual ABSITE.

2. The resident will attend the following mandatory conferences.

Multi-Department Morbidity and Mortality	Trauma Morbidity and Mortality
General Surgery Morbidity and Mortality	Trauma Grand Rounds
Multi-Disciplinary Tumor Board	Anesthesia Peri-operative Grand Rounds
Mock Orals	

3. Develop technical skills appropriate to level of training.

The resident will attend simulation skills training sessions each month on Thursday afternoon from 1-4 PM and will obtain written signoff in performance of laparoscopic skills stations appropriate for his or her level of training. Those residents post-call on simulation center days can schedule make-up sessions at time appropriate intervals.

The resident will demonstrate proficiency in laparoscopic intra-corporeal suturing, laparoscopic intestinal anastomosis skills, and a laparoscopic common bile duct exploration model.

B. Patient Care.

1. The resident will assume care of all patients on the hospital wards emergency department and intensive care units and be responsible for admission/discharge of all patients.
2. The resident will perform rounds on service patients daily to supervise assessments and plans on every patient on the service and will have full knowledge of all medical problems and progress of all patients.
3. The resident will perform proper disposition and follow-up of all patients discharged from the hospital.
4. The resident will perform in the capacity of faculty during trauma evaluations caring for all trauma and emergency department patients in the absence of direct supervision.
5. The resident will perform supervision all intern/ PGY-1 residents in the completion of bedside procedures on the wards and intensive care units.

C. Interpersonal and Communication Skills.

1. The resident will demonstrate clear, accurate, and succinct communication to present patient information to faculty regarding newly admitted patients.
2. The resident will keep the faculty aware of all progress of all patients and will alert the faculty of new problems on the service.
3. The resident will demonstrate clear, accurate, and respectful communication with nurses and other hospital employees.
4. The resident will demonstrate clear, accurate, and respectful communication with referring and consulting physicians, including residents.

4. The resident will clearly, accurately, 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.
5. The resident will 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.
6. The resident will teach medical students about the procedures performed on this rotation.
7. The resident will develop leadership skills in discipline and delegation in working with junior residents in a supervisory role.
8. The resident will perform in a supervisory role with junior and senior residents in administering delegation of authority and discipline as well as determining remediation.

D. Practice-Based Learning and Improvement

1. The resident must enter all procedures and operative cases in which he /she is the surgeon of record into the ACGME database within 24 hours of completing the procedure.
2. The resident must dictate an accurate and descriptive narration of the operative procedure in which he/she is the primary surgeon within 24 hours.
3. The resident will determine which cases will be presented for the general surgery morbidity and mortality conference in keeping with quality improvement initiatives for the elective surgery services.
4. The resident will participate in discussions at morbidity and mortality conferences for cases in which they were involved with critical portions of the care.
5. The resident will prepare general surgery morbidity and mortality presentations to discuss clinical decision making, quality improvement and outcome measures.

E. Systems-Based Practice

1. The resident will be able to appropriately utilize, in a timely and cost efficient manner, ancillary services including social services, discharge planning, physical therapy, nutrition services, pharmacy and physician extenders.
2. The resident will summarize the financial costs, the risks and benefits of the proposed diagnostic studies and therapeutic procedures.
3. The resident will determine and convey to appropriate individuals the instruments and other materials necessary for all procedures in the intensive care unit, operating room and emergency department.
4. The resident will justify all diagnostic tests (including laboratory studies) ordered and document when needed.
5. The resident will direct the morning report and evening checkout rounds assuring accurate and efficient exchange of patient information to on-call and night float residents and faculty.

F. Professionalism

1. The resident will demonstrate honesty with all individuals at all times in conveying issues of patient care.
2. The resident will place the needs of the patient above all the needs or desires of him/herself.
3. The resident will maintain high ethical behavior in all professional activities.
4. The resident will demonstrate compliance with all required training designated by the Texas Tech Department of Compliance and University Medical Center.
5. The resident will demonstrate a commitment to the continuity of patient care through carrying out professional responsibilities or through assuring that those responsibilities are fully and accurately conveyed to others acting in his/her stead (e.g. checkout procedures).

6. The resident will understand the institutional policy on duty hours and remain compliant with all duty hour regulations.
7. The resident will be professionally attired at all times while engaged in patient care.
8. The resident will be professionally groomed at all times when engaged in patient care.
9. The resident will demonstrate sensitivity to issues of age, race, gender and religion with patients, families, and members of the health care team.
10. The resident will demonstrate respect for patients, families, and all members of the health care team.
11. The resident will participate reliably in pre-arranged places at prearranged times except when actively engaged in the treatment of a medical or surgical emergency. The resident will notify the appropriate supervisor if he or she will be unable to be present.
12. The resident will demonstrate leadership skills in delegating authority, administering discipline and determining remediation for junior and senior residents.
13. The resident will perform as a clinical instructor during faculty absence in the emergency department for trauma and in the supervision of junior residents.
14. The resident will demonstrate compassion and understanding in supervising tasks and responsibilities for junior residents and medical students.

Goals and Objectives for Specific Services

General Surgery Service A- Brian R. Davis MD and Stephen Dougherty MD

PGY1

A. Medical Knowledge

1. The resident will learn in-depth the fundamentals of basic science as they apply to patients with elective surgical problems. Examples include elements of wound healing, pathophysiology of cholelithiasis, and surgical anatomy of hernias.
2. The resident will be able to discuss the evaluation and treatment of gallbladder disease.
3. The resident will understand the principles and rationale for ambulatory management of surgical patients. This will include the preoperative assessment, preoperative management and post-operative care of patients. Examples include assessment of patient risk, selection of patients for outpatient versus inpatient surgery, knowledge of anesthetic options for procedures, and principles of postoperative pain management and wound care. The resident will understand the pathophysiology of appendicitis.

B. Patient Care

1. The resident will perform a complete history and physical examination in patients with common surgical problems.
2. The resident will demonstrate an understanding of the principles of surgical decision-making, with particular reference to the appropriateness of treating problems in an ambulatory setting.
3. The resident will efficiently utilize and interpret diagnostic laboratory testing. Examples of appropriate tests include serum chemistries, hematological profiles, and coagulation tests.
4. The resident will efficiently utilize and interpret diagnostic radiological tests. Examples of studies include gallbladder ultrasonography and gastrointestinal studies.

5. The resident will participate in the night-float system for one week of each month on service assuming care for all floor patients during this float period.

6. The resident will be able to assess patients on the ward when called for cross-coverage.

Examples include evaluation of patients with fever, oliguria, hypotension, respiratory insufficiency, and intractable pain.

7. The resident, under appropriate supervision, will perform basic surgical procedures such as:

Open lymph node biopsy (cervical, axillary, groin)

Hernia repair (inguinal, femoral, and umbilical)

Excision of small subcutaneous masses

Open and laparoscopic appendectomy

C. Interpersonal and Communication Skills

1. The resident will create sound relationships and working partnerships with patients and families.

2. The resident will demonstrate the ability to explain the rationale for tests ordered and treatments, recommended, obtain informed patient consent, and educate and counsel patients regarding their health and health management.

3. The resident will work effectively with all members of the health care team.

4. The resident will perform an accurate and complete history and physical examination.

5. The resident will exhibit effective listening skills and respond well to constructive feedback.

D. Practice-Based Learning and Improvement

1. The resident will recognize the indications for surgical intervention.

2. The resident will demonstrate the ability to determine the physical findings and develop a differential diagnosis in a patient with abdominal pain.

3. The resident will manage data efficiently and record documentation will be timely, concise, and understandable (legible and interpretable).

4. The resident will learn to develop clinical questions, search the literature effectively, and use evidence-based criteria to determine the value of information for decision making.
5. The resident will learn to utilize the computer, personal digital assistant (PDA), and web-based resources to make patient care decisions.
6. The resident will use all such electronic resources to educate and teach others (including their patients).
7. The resident will know when to call for assistance.

E. Systems-Based Practice

1. The resident will make appropriate and timely referrals.
2. The resident will become familiar with the proper and efficient utilization of surgical intervention.
3. The resident will participate as an integral member of the academic surgery resident team.
4. The resident will actively partner with health care managers and care providers to assess, coordinate, and improve the health care provided to patients.
5. The resident will begin to understand how patients' insurance status and financial resources affect health care.
6. The resident will develop an understanding of how to coordinate care between the inpatient and outpatient settings and utilize community resources to facilitate the delivery of patient care.
7. The resident will understand the basic principles of a multidisciplinary approach to the treatment of cancer and general surgery patients in particular and patients in general.

F. Professionalism

1. The resident will demonstrate an awareness of the importance of the physician's own attitudes and beliefs and how they can affect patient care.
2. The resident will demonstrate punctuality by exhibiting timely responses to pages, evaluating patients, and the requests of faculty, staff, and patients and by providing timely documentation of patient assessment and the care provided.
3. The resident will recognize and respect patients' rights, confidentiality, and privacy.

4. The resident will be expected to discuss patients and their care with appropriate staff, attendings, and fellow residents in private areas or in a private manner and with respectful language;
5. The resident will be expected to demonstrate sensitivity to and awareness of the impact of the patient's culture, values, age, gender, and disabilities.
6. The resident will be expected to address (bring to light) any ethical issues that may arise in the care of the patient.
7. The resident will demonstrate compassion, integrity, and respect for others and will recognize her/his own limitation(s) and take personal responsibility.

General Surgery Service A- Brian R. Davis MD and Stephen Dougherty MD

PGY-2

A. Medical Knowledge

1. The resident will learn pertinent scientific information applicable to preoperative and postoperative conditions.
2. The resident will learn detailed surgical anatomy applicable to procedures. Examples include anatomy of lymphatic's (neck, groin, axilla); anatomy of the structures of the porta hepatic and structures within the triangle of Calot; and anomalous biliary anatomy.
3. The resident will have an in-depth understanding of the various options available for hernia repair and be able to discuss the preoperative variables important in selection of the most appropriate type of repair. Examples include pre-peritoneal repair, laparoscopic repair, and open mesh vs. tissue repairs.
4. The resident will be able to demonstrate an understanding of the principles of surgical decision-making.

B. Patient Care

1. The resident will obtain detailed operative consent and participate in “time out” procedures prior to operations.
2. The resident will be able to identify instruments and supplies that will be necessary for operative procedures on which he or she will serve as surgeon of record.
3. The resident will understand the value of local and regional anesthesia in surgery.
4. The resident will, under appropriate supervision, perform surgical procedures such as:
Open and needle-localization breast biopsy
Laparoscopic cholecystectomy Incisional hernia repair
Sentinel node biopsy Recurrent inguinal hernia repair

C. Interpersonal and Communication Skills

1. The resident will manage data efficiently and record documentation.
2. The resident will create and sustain ethically sound relationships with patients.
3. The resident will demonstrate the ability to explain the rationale for tests ordered and treatments.
4. The resident will recommended, obtain informed patient consent, and educate and counsel patients regarding their health and health management;
5. The resident will work as a team leader and work effectively with all members of the health care team.
6. The resident will perform an accurate and complete history and physical examination.
7. The resident will educate the interns (PGY-1) and medical students.
8. The resident will demonstrate exhibit effective listening skills and respond to constructive criticism.

D. Practice-Based Learning and Improvement

1. The resident will recognize the indications for surgical intervention.

2. The resident will demonstrate the ability to determine the physical findings and develop a differential diagnosis in a patient with abdominal pain.
3. The resident will manage data efficiently and record documentation will be timely, concise, and understandable (legible and interpretable).
4. The resident will learn to develop clinical questions, search the literature effectively, and use evidence-based criteria to determine the value of information for decision making.
5. The resident will learn to utilize the computer, personal digital assistant (PDA), and web-based resources to make patient care decisions.
6. The resident will use electronic resources to educate and teach others (including their patients, interns, and medical students).
7. The resident will participate in morbidity and mortality conference discussions for general surgery cases where they were involved in the care.
8. The resident will know when to call for assistance.

E. Systems-Based Practice

1. The resident will make appropriate and timely referrals.
2. The resident will become familiar with the proper and efficient utilization of surgical intervention.
3. The resident will participate as an integral member of the academic surgery resident team.
4. The resident will actively partner with health care managers and care providers to assess, coordinate, and improve the health care provided to patients.
5. The resident will learn how to coordinate disability status, enrollment in medicaid and financial resources to affect health care.
6. The resident will develop an understanding of how to coordinate care between the inpatient and outpatient settings and utilize community resources to facilitate the delivery of patient care.
and
7. The resident will understand the basic principles of a multidisciplinary approach to the treatment of cancer and general surgery in particular and patients in general.
8. The resident will learn to become a team leader and take responsibility for intern and medical student education.

F. Professionalism

1. The resident will demonstrate an awareness of the importance of the physician's own attitudes and beliefs and how they can affect patient care;
2. The resident will demonstrate punctuality by exhibiting timely responses to pages, evaluating patients, and the requests of faculty, staff, and patients and by providing timely documentation of patient assessment and the care provided;
3. The resident will recognize and respect patients' rights, confidentiality, and privacy.
4. The resident will be expected to discuss patients and their care with appropriate staff, attendings, and fellow residents in private areas or in a private manner and with respectful language.
5. The resident will be expected to demonstrate sensitivity to and awareness of the impact of the patient's culture, values, age, and gender, disabilities.
6. The resident will be expected to address (bring to light) any ethical issues that may arise in the care of the patient.
7. The resident will demonstrate compassion, integrity, and respect for others and will recognize her/his own limitation(s) and take personal responsibility;
8. The resident will be accountable to patients, society, and the profession and will actively promote comprehensive and continuing patient-centered care.

General Surgery Service A- Brian R. Davis MD and Stephen Dougherty MD

PGY-3

A. Medical Knowledge

1. The resident will understand the pathophysiology, presentation, and treatment of acute surgical illness. Examples include peritonitis, acute bowel ischemia, small and large bowel obstruction, esophageal perforation, gastric ulcers, duodenal ulcers, and ascending cholangitis.
2. The resident will be able to differentiate acute and subacute clinical conditions in the spectrum of disease. Examples include biliary tract disease, duodenal ulcer disease, and diverticulitis.

3. The resident will be able to recognize and treat comorbid conditions in the patient with acute surgical illness.
4. The resident will be able to discuss management options for patients with acute surgical illness. Examples include medical management of complications bowel disease, use of percutaneous cholecystostomy, and creation of colostomy vs. primary anastomosis to treat colon perforation.

B. Patient Care

1. The resident will assume supervisory responsibility for the overall care of patients on the service, including personally examining every new admission, knowing the daily progress and new complications of every patient, and making discharge plans.
2. The resident will demonstrate an understanding of the principles of surgical decision-making, including making therapeutic plans for every patient and determining timing of operative intervention.
3. The resident will serve as the senior resident and team leader delegating responsibility for task completion and patient follow up to junior residents.
4. The resident will, under appropriate supervision, perform intermediate surgical procedures such as:

Laparoscopic cholecystectomy for acute cholecystitis	Gastric resections
Colectomy	Entrectomy/enterolysis

C. Interpersonal and Communications Skills

1. The resident will be able to clearly, accurately, and succinctly present pertinent information to faculty regarding newly admitted patients.
2. The resident will keep the faculty aware of all progress of all critical care unit patients and will alert the respective faculty of new problems on the service.

3. The resident will clearly, accurately, respectfully, and professionally communicate with referring and consulting physicians, physician assistants, nurse practitioners, and other residents.
4. The resident will clearly, accurately, and respectfully communicate with patients and appropriate members of their families about identified disease processes, complications, the expected courses, operative procedures, and operative findings.
5. The resident will maintain clear, concise, accurate, and timely medical records including but not limited to history and physical examination documentation, consultation notes, progress notes, written and verbal orders, operative notes, and discharge summaries;
6. The resident will be able to clearly and accurately teach medical students and junior residents about the procedures performed.
7. The resident will demonstrate the ability to explain the rationale for tests ordered and treatments recommended, obtain informed patient consent, and educate and counsel patients regarding their health and health management.
8. The resident will communicate as team leader and delegate responsibility to work effectively with all members of the health care team.
9. The resident will exhibit effective listening skills and perform well under constructive criticism.

D. Practice-Based Learning and Improvement

2. The resident will write an accurate, detailed and legible preoperative assessment and counseling note on all patients for which he/she serves as surgeon of record.
3. The resident will enter all procedures and operative cases in which he/she is the surgeon of record into the ACGME case log system within 24 hours of completing the procedure or operation.
4. The resident will dictate an accurate and descriptive narration of the operative procedure in which s/he is the primary surgeon within 24 hours.
5. The resident will be prepare presentation cases at the bi-monthly morbidity and mortality conference.
6. The resident will demonstrate the ability to determine the physical findings and develop a differential diagnosis in a patient with abdominal pain.
7. The resident will learn to develop clinical questions, search the literature effectively and use evidence-based criteria to determine the value of information for decision making;

8. The resident will learn to utilize the computer and web-based resources to make patient care decisions.

9. The resident will use all such electronic resources to educate and teach others (including their patients).

E. Systems-Based Practice

1. The resident will be able to appropriately utilize, in a timely and cost efficient manner, ancillary services including social services, discharge planning, physical therapy, nutrition services, pharmacy, and physician extenders.

2. The resident will be able to summarize the financial costs, the risks and benefits of the proposed diagnostic studies and therapeutic procedures;

3. The resident will be able to justify all diagnostic tests (including laboratory studies) ordered.

4. The resident will make appropriate and timely referrals.

5. The resident will become familiar with the proper and efficient utilization of surgical intervention.

6. The resident will participate as team leader of an integral member of the academic surgery resident team responsible for educating junior surgical residents and students.

7. The resident will actively partner with health care managers and care providers to assess, coordinate and improve the health care provided to patients.

8. The resident will develop an understanding of how to coordinate care between the inpatient and outpatient settings and utilize community resources to facilitate the delivery of patient care.

9. The resident will understand the basic principles of a multidisciplinary approach to the treatment of cancer and general surgery patients in particular and patients in general.

F. Professionalism

1. The resident will demonstrate punctuality by exhibiting timely responses to pages, evaluating patients, and the requests of faculty, staff, and patients and by providing timely documentation of patient assessment and the care provided;

2. The resident will discuss patients and their care with appropriate staff, attendings, and fellow residents in private areas or in a private manner and with respectful language.

3. The resident will demonstrate sensitivity to and awareness of the impact of the patient's culture, values, age, gender, and disabilities.
4. The resident will address (bring to light) any ethical issues that may arise in the care of the patient.
5. The resident will demonstrate compassion, integrity, and respect for others and will recognize her/his own limitation(s) and take personal responsibility;
6. The resident will be responsive to the needs of the patient and society, keeping self-interest in appropriate perspective.
7. The resident will be accountable to patients, society, and the profession and will actively promote comprehensive and continuing patient-centered care.

General Surgery Chief Resident Service A-Brian R. Davis MD and Stephen Dougherty MD

PGY-5

A. Medical Knowledge

1. The chief resident will be able to correctly explain the operative approaches for acute surgical conditions of the abdominal cavity and retroperitoneal organs.
2. The chief resident will be able to accurately explain the physiologic rationale for vagotomy, pyloroplasty, gastric resection and reconstructive techniques for ulcer disease, and stoma formation.
3. The chief resident will be able to correctly explain the indications and contraindications for diagnostic and therapeutic endoscopy in the acute setting.
4. The chief resident will be able to discuss the management alternatives for common bile duct stones.

B. Patient Care

1. The chief resident will assume the overall responsibility for all patients on the service, including supervision of the residents assuming direct care responsibilities.
2. The chief resident will serve as teaching assistant for PGY 1-3 residents as they perform operations appropriate to their level.
3. The chief resident will attend weekly outpatient clinics.
4. Under appropriate supervision, the chief resident should perform advanced operative procedures such as:

Subtotal Gastrectomy	Total Gastrectomy
Pancreatectomy	Hepaticojejunostomy

C. Interpersonal and Communication Skills

1. The resident will be able to clearly, accurately, and succinctly present pertinent information to faculty regarding newly admitted patients and present complete therapeutic plans.
1. The resident will keep the faculty aware of all progress of all critical care unit patients and will alert the respective faculty of new problems on the service as well as assist in managing patients.
2. The resident will clearly, accurately, and respectfully communicate with nurses, peers, ancillary staff and all hospital employees and direct activities of junior residents.
3. The resident will clearly, accurately, respectfully, and professionally communicate with referring and consulting physicians, physician assistants, nurse practitioners, and other residents. They will direct junior residents in a respectful fashion.
4. The resident will clearly, accurately, and respectfully communicate with patients and appropriate members of their families about identified disease processes, complications, the expected courses, operative procedures, and operative findings. They will communicate prognoses and see patients in follow-up in clinic.
5. The resident will maintain clear, concise, accurate, and timely medical records including but not limited to history and physical examination documentation, consultation notes, progress notes, written and verbal orders, and operative notes.
6. The resident will be able to clearly and accurately teach medical students and junior residents about the procedures performed when qualified (credentialed) to do so by hospital and program policy.
7. The resident will create and sustain ethically sound relationships with patients.

8. The resident will demonstrate the ability to explain the rationale for tests ordered and treatments recommended, obtain informed patient consent, and educate and counsel patients regarding their health and health management.
9. The resident will serve as a clinical instructor in the faculty absence during trauma resuscitations effectively communicating with anesthesia and other services during trauma resuscitations.
10. The resident will assist in delegation of service responsibilities as well as disciplining junior residents.
11. The resident will identify any gaps or errors in communication during checkout proceedings and report them to faculty for quality improvement review.

D. Practice-Based Learning and Improvement

2. The resident will enter all procedures and operative cases in which he/she is the surgeon of record into the ACGME case log system within 24 hours of completing the procedure or operation;
3. The resident will dictate an accurate and descriptive narration of the operative procedure in which s/he is the primary surgeon within 24 hours.
4. The resident will present cases at the bimonthly general surgery Morbidity and Mortality Conference.
5. The resident will assist junior residents in identification and presentation of complications.
6. The resident will learn to develop clinical questions, search the literature effectively and use evidence-based criteria to determine the value of information for decision-making.
7. The resident will learn to utilize the computer and web-based resources to make patient care decisions.
8. The resident will use all such electronic resources to educate and teach others (including their patients, students and junior residents).
9. The resident will assist in formation of the didactic curriculum and in review of the weekly quizzes to assist junior resident in obtaining knowledge and clinical judgment.
10. The resident will assist in quality improvement by identifying gaps or errors in communication during checkout proceedings and report them to faculty for quality improvement review.

E. Systems-Based Practice

3. The resident will be able to appropriately utilize, in a timely and cost efficient manner, ancillary services including social services, discharge planning, physical therapy, nutrition services, pharmacy, and physician extenders.
4. The resident will be able to summarize the financial costs, the risks and benefits of the proposed diagnostic studies and therapeutic procedures.
5. The resident will be able to justify all diagnostic tests (including laboratory studies) ordered.
6. The resident will become familiar with the proper and efficient utilization of surgical intervention.
7. The resident will participate as an integral leader of the academic surgery resident team.
8. The resident will develop an understanding of how to coordinate care between the inpatient and outpatient settings and utilize community resources to facilitate the delivery of patient care.
9. The resident will understand the basic principles of a multidisciplinary approach to the treatment of cancer and elective general surgery in particular and patients in general.
10. The resident will learn to serve as an instructor and educator within the academic educational setting responsible for delegation of authority and discipline of junior residents.

F. Professionalism

1. The resident will demonstrate an awareness of the importance of the physician's own attitudes and beliefs and how they can affect patient care.
1. The resident will recognize and respect patients' rights, confidentiality, and privacy.
2. The resident will discuss patients and their care with appropriate staff, attendings, and fellow residents in private areas or in a private manner and with respectful language.
3. The resident will demonstrate sensitivity to and awareness of the impact of the patient's culture, values, age, gender, and disabilities.
4. The resident will address (bring to light) any ethical issues that may arise in the care of the patient.
5. The resident will demonstrate compassion, integrity, and respect for others and will recognize

her/his own limitation(s) and take personal responsibility;

7. The resident will serve as a role model for junior residents and medical students in the conduct of professional and ethical behavior.

Trauma and Colorectal Service B-

Alan Tyroch MD, Susan McLean MD and Angel Morales MD

PGY1

A. Medical Knowledge

1. The resident should understand the principles of Advanced Trauma Life Support.
2. The resident should be able to identify different forms of shock associated with the injured patient. Examples include hemorrhagic, neurogenic, cardiogenic and septic shock.
3. The resident should understand the indications for, and different types of agents used in prophylactic and therapeutic antibiotic use.
4. The resident should understand appropriate fluid and electrolyte resuscitation.
5. The resident should understand the basic principles in the diagnostic evaluation of single organ system injury.
6. The resident should understand his or her role in the trauma resuscitation team, and be able to perform the appropriate tasks of that role. The resident must be familiar with trauma protocols.
7. The resident should be able to discuss the costs, risks and expected information obtained from non-invasive diagnostic tests to evaluate the injured patient. Examples include plain films, ultrasonography and CT scanning.
8. The resident should understand the costs, risks and expected information obtained from invasive diagnostic tests to evaluate the injured patient. Examples include wound exploration.

B. Patient Care

1. The resident must be aware of his or her limitations and know when to call for help.
2. The resident should assist with resuscitation in trauma patients presenting to the emergency department.
3. The resident should assume responsibility for care of all patients on the hospital ward including initial assessment, evaluation of daily progress, and initial assessment of new problems.
4. The resident should be able to assess patients on the ward when called for cross-coverage. Examples include evaluation of patients with fever, oliguria, hypotension, respiratory insufficiency, and intractable pain.
5. The resident should assume responsibility for discharging patients, including dictating the discharge summary, writing prescriptions, and ensuring appropriate follow-up.
6. The resident should participate in the night-float system for one week of each month on service assuming care for all floor patients during this float period.
7. Under appropriate supervision, the resident should perform basic operative cases such as:
Insertion of central venous lines Tracheal intubation
Placement of thoracostomy tubes Tracheostomy

C. Interpersonal and Communications Skills

1. The resident will create and sustain ethically sound relationships with patients.
2. The resident will perform an accurate and complete history and physical examination.
3. The resident will advise patients regarding the indications, anticipated benefits, and risks and complications of bedside and operative procedures.
4. The resident will acquire a working knowledge in the psychosocial issues concerning:

- a. communications with patient on the ventilator.
 - b. dealing with the families of critically injured or ill patients.
 - c. ethics of do-not-resuscitate orders.
 - d. dealing with multiple consultants and coordinating multiple recommendations in the care of the critically ill patient.
 - f. effective and positive communication with ICU nurses and ancillary ICU personnel.
5. The resident will demonstrate the ability to explain the rationale for tests ordered and treatments recommended, obtain informed patient consent, and educate and counsel patients regarding their health and health management.
 6. The resident will work effectively with all members of the health care team.
 7. The resident will exhibit effective listening skills and respond to constructive criticism.

D. Practice-Based Learning and Improvement

1. The resident will recognize the indications for surgical intervention.
2. The resident will demonstrate the ability to determine the physical findings and develop a differential diagnosis in a patient with abdominal pain.
3. The resident will manage data efficiently and maintain record documentation in a timely, concise, and understandable (legible and interpretable) manner.
4. The resident will learn to develop clinical questions, search the literature effectively, and use evidence-based criteria to determine the value of information for decision making.
5. The resident will learn to utilize the computer, personal digital assistant (PDA), and web-based resources to make patient care decisions.
6. The resident will know when to call for assistance.

E. Systems-Based Practice

1. The resident will make appropriate and timely referrals.
 2. The resident will become familiar with the proper and efficient utilization of surgical intervention.
1. The resident will actively partner with health care managers and providers to assess, coordinate, and improve the health care provided to patients.

2. The resident will develop an understanding of how to coordinate care between the inpatient and outpatient settings and utilize community resources to facilitate the delivery of patient care.
3. The resident will understand the basic principles of a multidisciplinary approach to the treatment of trauma and colorectal surgery patients.

F. Professionalism

1. The resident will demonstrate an awareness of the importance of the physician's own attitudes and beliefs and how they can affect patient care.
2. The resident will demonstrate punctuality by exhibiting timely responses to pages, evaluating patients, and the requests of faculty, staff, and patients and by providing timely documentation of patient assessment and the care provided.
3. The resident will recognize and respect patients' rights, confidentiality, and privacy.
4. The resident will discuss patients and their care with appropriate staff, attendings, and fellow residents in private areas or in a private manner and with respectful language.
5. The resident will demonstrate sensitivity to and awareness of the impact of the patient's culture, values, age, gender, and disabilities.
6. The resident will address (bring to light) any ethical issues that may arise in the care of the patient.
7. The resident will demonstrate compassion, integrity, and respect for others and will recognize her/his own limitation(s) and take personal responsibility.

Trauma and Colorectal Surgery Service B-

Alan Tyroch MD, Susan McLean MD and Angel Morales MD

PGY-2

A. Medical Knowledge

1. The resident should learn the principles of triage and be able to demonstrate appropriate triage of injured patients based on number of patients, severity of injury and available resources.
2. The resident should review the principles of ATLS and be able to perform a rapid primary survey of the trauma patient, followed by an in depth secondary survey to detect all injuries.

3. The resident should be able to prioritize injuries in the multiply injured trauma patient.
4. The resident should understand the principles of resuscitation of the injured patient, including airway management, fluid administration, blood transfusion, and hemodynamic support.
5. The resident should be able to outline the signs and symptoms as well as the etiology of respiratory failure in the injured patient.
6. The resident should understand the indications for, and the complications of blood component therapy. Examples include PRBC's, FFP, platelets and cryoprecipitate.
7. The resident should understand indications/institution of the massive transfusion protocol.
8. The resident should understand the factors associated with non-surgical bleeding in the injured patient. Examples include hypothermia, delusional and consumptive coagulopathy.

B. Patient Care

1. The resident should institute the trauma resuscitation protocol in trauma patients presenting to the emergency department.
2. The resident should assume responsibility for care of all patients in the emergency department, including initial assessment, identification of all injuries, creation of a therapeutic plan based on priority of injuries, initial resuscitation, and determination of admission to the hospital ward or to the ICU.
3. Under appropriate supervision, the resident should perform basic procedures such as:
Tracheal intubation Tracheostomy
Focused abdominal ultrasound for trauma Initial trauma resuscitation laparotomy

C. Interpersonal and Communications Skills

1. The resident will create and sustain ethically sound relationships with patients.
2. The resident will perform an accurate and complete history and physical examination.

3. The resident will advise patients regarding the indications, anticipated benefits, and risks and complications of bedside and operative procedures.
4. The resident will acquire a working knowledge in the psychosocial issues concerning:
 - a. communications with patient on the ventilator.
 - b. dealing with the families of critically injured or ill patients.
 - c. ethics of do-not-resuscitate orders.
 - d. dealing with multiple consultants and coordinating multiple recommendations in the care of the critically ill patient.
 - e. guidance and counseling of families towards and through difficult decisions.
 - f. effective and positive communication with ICU nurses and ancillary ICU personnel.
5. The resident will demonstrate the ability to explain the rationale for tests ordered and treatments recommended, obtain informed patient consent, and educate and counsel patients regarding their health and health management;
6. The resident will work effectively with all members of the health care team.
7. The resident will serve as coordinating senior resident for ICU rounds coordinating effective communication and patient care with nurses, faculty, and discharge planners.
8. The resident will serve as admitting trauma doctor communicating effectively with staff in the emergency department including emergency medicine faculty, residents, and nurses.
9. The resident will exhibit effective listening skills and respond to constructive criticism.

D. Practice-Based Learning and Improvement

1. The resident will recognize the indications for surgical intervention.
2. The resident will demonstrate the ability to determine the physical findings and develop a differential diagnosis in a patient with abdominal pain.
3. The resident will manage data efficiently and maintain record documentation in a timely, concise, and understandable (legible and interpretable) manner.
4. The resident will learn to develop clinical questions, search the literature effectively, and use evidence-based criteria to determine the value of information for decision making in treating patients in the intensive care unit and emergency department.

5. The resident will learn to utilize the computer, personal digital assistant (PDA), and web-based resources to make patient care decisions about antibiotic treatment of pneumonias and treatment of deep venous thrombosis.
6. The resident will use all such electronic resources to educate and teach others (including patients, intern residents and medical students).
7. The resident will organize presentations for trauma morbidity and mortality conferences to discuss complications in which they were involved including deep venous thrombosis, ventilator associated pneumonias and mortalities.
8. The resident will understand quality measures and work to reduce quality measure lapses in the intensive care unit.
9. The resident will know when to call for assistance.

E. Systems-Based Practice

1. The resident will make appropriate and timely referrals.
2. The resident will become familiar with the proper and efficient utilization of surgical intervention.
3. The resident will participate as an integral team leader of the academic surgery resident team during ICU rounds and in organizing the care of trauma patients.
4. The resident will actively partner with health care managers and providers to assess, coordinate, and improve the health care provided to patients.
5. The resident will understand the basic principles of a multidisciplinary approach to the treatment of trauma and colorectal surgery patients in particular and patients in general.
6. The resident will learn to organize and facilitate effective transfer from the ICU to rehabilitation hospitals.

F. Professionalism

1. The resident will demonstrate an awareness of the importance of the physician's own attitudes and beliefs and how they can affect patient care.
2. The resident will demonstrate punctuality by exhibiting timely responses to pages, evaluating patients, and the requests of faculty, staff, and patients and by providing timely documentation of patient assessment and the care provided.
3. The resident will recognize and respect patients' rights, confidentiality, and privacy.
4. The resident will discuss patients and their care with appropriate staff, attendings, and fellow

residents in private areas or in a private manner and with respectful language.

5. The resident will demonstrate sensitivity to and awareness of the impact of the patient's culture, values, age, gender, and disabilities.
6. The resident will address (bring to light) any ethical issues that may arise in the care of the patient.
7. The resident will demonstrate compassion, integrity, and respect for others and will recognize her/his own limitation(s) and take personal responsibility.
8. The resident will be responsive to the needs of the patient and society, keeping self-interest in appropriate perspective.
9. The resident will be accountable to patients, society, and the profession and will actively promote comprehensive and continuing patient-centered care.
10. The resident will demonstrate compassion and sensitivity when explaining do not resuscitate orders and communicating complex patient prognoses.

**Trauma and Colorectal Surgery Service B - Alan Tyroch MD, Susan McLean MD and
Angel Morales MD**

PGY-3

A. Medical Knowledge

1. The resident should be familiar with all organ-based trauma scoring systems.
2. The resident should learn in detail the management of intra-abdominal injuries. Examples include injuries of the liver, spleen, stomach, intestine, colon, pancreas, kidney, bladder, urethra, and diaphragm.
3. The resident should understand rationale and indications for the operative as well as non-operative management of the injured patient.
4. The resident should understand the rationale and indications for the use of adjuncts to both operative and non-operative management of injured patients. Examples include utilization of therapeutic interventional radiological techniques.

5. The resident should understand the pathophysiology of traumatic brain injury, altered mental status and spinal cord injury. The resident should also be able to discuss stabilization and initial treatment of patients with severe neurologic injuries.

B. Patient Care

1. The resident should assume responsibility for the care of all patients on the trauma service.
2. The resident should examine every patient admitted to the service, ensure that all injuries and co morbid medical problems have been identified, and ensure that adequate therapeutic and diagnostic plans have been made.
3. The resident should ensure that all prophylactic precautions are taken to prevent complications such as DVT, stress gastritis, pressure ulceration, and aspiration pneumonia.
4. The resident should make daily rounds and have full knowledge of the medical problems and progress of all patients on the service.
5. The resident should see every consult and ensure that proper disposition has been made.
6. The resident is responsible for ensuring proper posting in the operating room, ensuring that all information regarding communicable illness has been relayed, and alerting the operating room personnel about specific instrument and equipment needs.
7. Under appropriate supervision, the resident should perform intermediate procedures such as:

Exploratory laparotomy	Acquisition of surgical airway
Colostomy, colostomy closure	Emergency thoracotomy
Repair of gastrointestinal injuries	Open splenectomy

C. Interpersonal and Communications Skills

1. The resident will create and sustain ethically sound relationships with patients.
2. The resident will perform an accurate and complete history and physical examination.

3. The resident will advise patients regarding the indications, anticipated benefits, and risks and complications of bedside and operative procedures.
4. The resident will acquire a working knowledge in the psychosocial issues concerning:
 - a. communications with patient on the ventilator,
 - b. dealing with the families of critically injured or ill patients,
 - c. ethics of do-not-resuscitate orders,
 - d. dealing with multiple consultants and coordinating multiple recommendations in the care of the critically ill patient,
 - e. guidance and counseling of families towards and through difficult decisions,
 - f. effective and positive communication with ICU nurses and ancillary ICU personnel,
 - g. asking for organ donation;
5. The resident will demonstrate the ability to explain the rationale for tests ordered and treatments recommended, obtain informed patient consent, and educate and counsel patients regarding their health and health management;
 6. The resident will work effectively with all members of the health care team.
 7. The resident will exhibit effective listening skills and respond to constructive criticism.
 8. The resident will serve as admitting trauma physician coordinating care of the trauma patient by communicating with emergency department faculty, resident and nurses.
 9. The resident will serve as resident director of the intensive care unit communicating with nurses, junior residents, and faculty to coordinate patient care and disposition.

D. Practice-Based Learning and Improvement

1. The resident will recognize the indications for surgical intervention.
2. The resident will demonstrate the ability to determine the physical findings and develop a differential diagnosis in a patient with abdominal pain.
3. The resident will manage data efficiently and maintain record documentation in a timely, concise, and understandable (legible and interpretable) manner.

4. The resident will learn to develop clinical questions, search the literature effectively, and use evidence-based criteria to determine the value of information for decision making concerning advanced critical care issues including ventilator management and management of endocrine disorders.
5. The resident will learn to utilize the computer, personal digital assistant (PDA), and web-based resources to make patient care decisions.
6. The resident will use all such electronic resources to educate and teach others (including their patients, junior residents and medical students).
7. The resident will complete presentations at trauma morbidity and mortality conferences to include trauma mortality and complications related to delayed diagnosis and delayed intervention.
8. The resident will know when to call for assistance.

E. Systems-Based Practice

1. The resident will make appropriate and timely referrals.
2. The resident will become familiar with the proper and efficient utilization of surgical intervention.
3. The resident will participate as an leader of the academic surgery resident team during trauma resuscitations and trauma rounds in the ICU.
4. The resident will actively partner with health care managers and providers to assess, coordinate, and improve the health care provided to patients.
5. The resident will understand the basic principles of a multidisciplinary approach to the treatment of trauma and colorectal surgery patients in particular and patients in general.

F. Professionalism

1. The resident will demonstrate an awareness of the importance of the physician's own attitudes and beliefs and how they can affect patient care.
2. The resident will demonstrate punctuality by exhibiting timely responses to pages, evaluating patients, and the requests of faculty, staff, and patients and by providing timely documentation of patient assessment and the care provided.
3. The resident will recognize and respect patients' rights, confidentiality, and privacy.
4. The resident will discuss patients and their care with appropriate staff, attendings, and fellow residents in private areas or in a private manner and with respectful language.

5. The resident will demonstrate sensitivity to and awareness of the impact of the patient's culture, values, age, gender, and disabilities.
6. The resident will address (bring to light) any ethical issues that may arise in the care of the patient.
7. The resident will demonstrate compassion, integrity, and respect for others and will recognize her/his own limitation(s) and take personal responsibility.
8. The resident will be responsive to the needs of the patient and society, keeping self-interest in appropriate perspective.
9. The resident will be accountable to patients, society, and the profession and will actively promote comprehensive and continuing patient-centered care.
10. The resident will demonstrate compassion and sensitivity when delivering critical prognoses and do-not resuscitate orders.
11. The resident will demonstrate leadership and preserve dignity when delegating responsibility to junior residents and students.

Trauma and Colorectal Surgery Service B-Alan Tyroch MD, Susan McLean MD and Angel Morales MD

PGY-5

A. Medical Knowledge

1. The chief resident should be able to discuss in detail the management of complex traumatic injuries. This includes diagnosis, timing of intervention, and therapeutic options. Examples include traumatic disruption of the thoracic aorta, renovascular injuries, injuries of the portal triad, retro hepatic caval injuries, complex cervical spine fractures, facial fractures, and complex pelvis fractures.
2. The chief resident should be able to explain in detail advanced surgical procedures for management of injuries in the neck, torso and extremities. Examples include management of tracheal injuries, management of flail chest, and management of the mangled extremity.

3. The chief resident should be able to summarize areas of trauma surgery in which patient management is controversial and areas in which change is taking place. Examples include management of penetrating neck injuries, management of colon injuries, and management of minimal vascular injuries.

B. Patient Care

1. The chief resident should be able to direct the entire team through the trauma resuscitation.

2. The chief resident should be able to correctly triage the diagnostic evaluation of the patient with multiple injuries.

3. The chief resident should be able to perform advanced surgical procedures to manage injuries in the neck, torso and extremities.

4. The chief resident should be able to correctly utilize consultants, yet remain responsible for ultimate patient care issues.

5. The chief resident should be able to manage patients with multiple injuries using operative and non-operative techniques correctly.

6. Under appropriate supervision, the chief resident should perform advanced procedures such as

Liver resection for injury Repair of abdominal, chest, or pelvic vascular injury

Duodenal diverticularization Repair of urethral injury

Pancreatic resection for trauma Nephrectomy for trauma

C. Interpersonal and Communications Skills

1. The resident will create and sustain ethically sound relationships with patients.

2. The resident will perform an accurate and complete history and physical examination.

3. The resident will advise patients regarding the indications, anticipated benefits, and risks and complications of bedside and operative procedures.

4. The resident will acquire a working knowledge in the psychosocial issues concerning:

- a. communications with patient on the ventilator,
 - b. dealing with the families of critically injured or ill patients,
 - c. ethics of do-not-resuscitate orders,
 - d. dealing with multiple consultants and coordinating multiple recommendations in the care of the critically ill patient,
 - e. guidance and counseling of families towards and through difficult decisions,
 - f. effective and positive communication with ICU nurses and ancillary ICU personnel,
 - g. asking for organ donation;
5. The resident will effectively lead the team delegating responsibility to junior residents and students.
 6. The resident will communicate with intern (pgy-1) residents in a supervisor and instructor role for the completion of observed clinical procedures at the bedside on the floor and in the ICU.
 7. The resident will effectively lead members of the health care team.
 8. The resident will exhibit effective listening skills and respond to constructive criticism.
 8. The resident will serve as a clinical instructor acting in proxy of the faculty in their absence during trauma resuscitations effectively communicating with emergency medicine faculty, residents and nurses to ensure effective treatment of the trauma patient.

D. Practice-Based Learning and Improvement

1. The resident will recognize the indications for surgical intervention.
2. The resident will manage data efficiently and maintain record documentation in a timely, concise, and understandable (legible and interpretable) manner.
4. The resident will learn to develop clinical questions, search the literature effectively, and use evidence-based criteria to determine the value of information for decision making.
5. The resident will learn to utilize the computer, personal digital assistant (PDA), and web-based resources to make patient care decisions.
6. The resident will use all such electronic resources to educate and teach others (including their patients, junior residents and medical students).

7. The resident will help select cases to be reviewed during trauma morbidity and mortality conference based on quality improvement initiatives.
8. The resident will report any errors noted during morning report or evening checkout rounds to the faculty to facilitate communication and quality improvement initiatives.
9. The resident will know when to call for assistance.

E. Systems-Based Practice

1. The resident will make appropriate and timely referrals.
2. The resident will become familiar with the proper and efficient utilization of surgical intervention.
3. The resident will participate as a clinical instructor of the academic surgery team.
4. The resident will actively partner with health care managers and providers to assess, coordinate, and improve the health care provided to patients.
6. The resident will understand the basic principles of a multidisciplinary approach to the treatment of trauma and colorectal surgery patients in particular and patients in general.
7. The resident will ensure proper delegation of authority among junior residents and supervise completion of tasks critical to patient care in the ICU and floors including proper supervision of morning report and evening checkout rounds.

F. Professionalism

1. The resident will demonstrate an awareness of the importance of the physician's own attitudes and beliefs and how they can affect patient care.
2. The resident will demonstrate punctuality by exhibiting timely responses to pages, evaluating patients, and the requests of faculty, staff, and patients and by providing timely documentation of patient assessment and the care provided.
2. The resident will recognize and respect patients' rights, confidentiality, and privacy.
3. The resident will discuss patients and their care with appropriate staff, attendings, and fellow residents in private areas or in a private manner and with respectful language.
4. The resident will demonstrate sensitivity to and awareness of the impact of the patient's culture, values, age, gender, and disabilities.
5. The resident will address (bring to light) any ethical issues that may arise in the care of the patient.

6. The resident will demonstrate compassion, integrity, and respect for others and will recognize her/his own limitation(s) and take personal responsibility.
7. The resident will be responsive to the needs of the patient and society, keeping self-interest in appropriate perspective.
8. The resident will be accountable to patients, society, and the profession and will actively promote comprehensive and continuing patient-centered care.
9. The resident will assist faculty in disciplining junior residents with respect and dignity to ensure timely care of the patient.
10. The resident will assist in evaluation and remediation of junior residents.

Surgical Intensive Care Unit-Alan Tyroch MD and Susan McLean MD

PGY1

A. Medical Knowledge

1. The resident should learn in depth the fundamentals of basic science as they apply to patients in the intensive care unit. Examples include anatomy, physiology and pathophysiology of the cardiovascular, respiratory, genitourinary, gastrointestinal, musculoskeletal, hematologic, and endocrine systems.
2. The resident should understand the rationale for admission and discharge criteria in the ICU.
3. The resident should understand factors associated with assessment of preoperative surgical risk. Examples include evaluation of the high risk cardiac patient undergoing non-cardiac surgery.
4. The resident should understand fluid compositions and the effect of the losses of such fluids as gastric, pancreatic and biliary from fistulas at various levels.
5. The resident should understand the indications for, and complications of blood component therapy.

6. The resident should be able to discuss the pathophysiology of respiratory failure.
7. The resident should be able to demonstrate an understanding of acid-base disorders, including diagnosis, etiology, and instituting appropriate treatment.
8. The resident should be able to discuss the pathophysiology, indications, and complications associated with various modes of mechanical ventilation. Examples include ventilator management of ALI, ARDS and thoracic trauma, as well as weaning from ventilatory support.
9. The resident should understand the role of hormones and cytokines in the graded metabolic response to injury, surgery and infection.
10. The resident should understand the indications, routes and complications of administration of parenteral and enteral forms of nutrition.
11. The resident should understand the risk factors and common pathogens that are associated with nosocomial infections.
12. The resident should understand the factors associated with altered mental status. Examples include traumatic, septic, metabolic and pharmacologic causes.
13. The resident should understand the risk factors associated with stress gastritis.
14. The resident should understand the causes and treatment regimens for gastrointestinal bleeding. Examples include bleeding from upper and lower GI sources.

B. Patient Care. Under appropriate supervision, the resident should be able to:

1. Perform endotracheal intubation.
2. Perform the following aspects of ventilatory management: Set up initial and advanced ventilator settings, wean patients from ventilator support, and treat common complications of mechanical ventilation including tube thoracostomy.
3. Correctly utilize prophylaxis for stress gastritis in high risk ICU patients.

4. Initiate appropriate nutritional support through the most optimal route.
5. Manage complications of nutritional support. Examples include hyperglycemia.
6. Assist in managing patients with intracranial hypertension and neurovascular disease.

C. Interpersonal and Communications Skills

3. The resident will create and sustain ethically sound relationships with patients.
4. The resident will advise patients regarding the indications, anticipated benefits, and risks and complications of bedside and operative procedures in the intensive care unit.
5. The resident will acquire a working knowledge in the psychosocial issues concerning:
 - a. communications with patient on the ventilator,
 - b. dealing with the families of critically injured or ill patients,
 - c. dealing with multiple consultants and coordinating multiple recommendations in the care of the critically ill patient,
 - d. effective and positive communication with ICU nurses and ancillary ICU personnel,
6. The resident will demonstrate the ability to explain the rationale for tests ordered and treatments recommended, obtain informed patient consent, and educate and counsel patients regarding their health and health management.
7. The resident will participate in evening checkout rounds and effectively checkout patient information and tasks for completion prior to leaving a shift.
8. The resident will exhibit effective listening skills and respond to constructive criticism.

D. Practice-Based Learning and Improvement

1. The resident will recognize the indications for intervention for intensive care unit procedures and invasive monitoring.
2. The resident will demonstrate the ability to determine the physical findings and develop a differential diagnosis in a patient with altered mental status and hypotension.
3. The resident will manage data efficiently and maintain record documentation in a timely, concise, and understandable (legible and interpretable) manner.
4. The resident will learn to develop clinical questions, search the literature effectively, and use evidence-based criteria to determine the value of information for decision making concerning

patient care in the ICU for enteral nutrition and resuscitation.

5. The resident will learn to utilize the computer, personal digital assistant (PDA), and web-based resources to make patient care decisions.

6. The resident will know when to call for assistance.

E. Systems-Based Practice

1. The resident will make appropriate and timely referrals.

2. The resident will become familiar with the proper and efficient utilization of surgical intervention.

3. The resident will participate as an integral member of the intensive care unit team.

4. The resident will actively partner with health care managers and providers to assess, coordinate, and improve the health care provided to patients in the intensive care unit.

5. The resident will develop an understanding of how to coordinate care between the intensive care unit and rehabilitation settings and utilize community resources to facilitate the delivery of patient care for long-term rehabilitation.

6. The resident will understand the basic principles of a multidisciplinary approach to the treatment of intensive care unit patients.

F. Professionalism

1. The resident will demonstrate an awareness of the importance of the physician's own attitudes and beliefs and how they can affect patient care.

2. The resident will demonstrate punctuality by exhibiting timely responses to pages, evaluating patients, and the requests of faculty, staff, and patients and by providing timely documentation of patient assessment and the care provided.

3. The resident will recognize and respect patients' rights, confidentiality, and privacy.

4. The resident will discuss patients and their care with appropriate staff, attendings, and fellow residents in private areas or in a private manner and with respectful language.

5. The resident will demonstrate sensitivity to and awareness of the impact of the patient's culture, values, age, gender, and disabilities.

6. The resident will address (bring to light) any ethical issues that may arise in the care of the patient.

7. The resident will demonstrate compassion, integrity, and respect for others and will recognize

her/his own limitation(s) and take personal responsibility.

8. The resident will be responsive to the needs of the patient and society, keeping self-interest in appropriate perspective.
9. The residents will demonstrate compassion when communicating do-not resuscitate orders and difficult prognoses to family members.
10. The resident will understand advanced directives and patient preferences for care in the intensive care unit in reference to religion and culture.
11. The resident will be accountable to patients, society, and the profession and will actively promote comprehensive and continuing patient-centered care.

Surgical Intensive Care Unit-Alan Tyroch MD and Susan McLean MD

PGY-2

A. Medical Knowledge

1. The resident should have an in depth understanding of the basic science related to problems commonly seen in the intensive care unit setting. Examples include sepsis, respiratory failure, coronary ischemia, shock, malnutrition, stress ulceration, nonocclusive intestinal ischemia, antibiotic associated colitis, antibiotic resistance, jaundice, and renal insufficiency.
2. The resident should understand the pathophysiology of hemodynamic instability. Examples include types of shock, cardiac arrest.
3. The resident should know and apply treatments for arrhythmias, congestive heart failure, acute ischemia and pulmonary edema.
4. The resident should understand adjuncts to the analysis of respiratory mechanics and gas exchange. Examples include work of breathing, rapid shallow breathing index, single breath CO₂ analysis and dead space measurements.

5. The resident should understand fluid and electrolyte as well as acid/base abnormalities associated with complex surgical procedures and complications. Examples include massive fluid shifts associated with trauma, shock and resuscitation, high output fistulas and renal failure.
6. The resident should understand the pathophysiology associated with endocrine emergencies in the ICU. Examples include thyroid storm, hyper, hypoparathyroid states and adrenal insufficiency.
7. The resident should be able to discuss the mechanism of action as well as the spectrum of antimicrobial activity of the different antibiotic classes. Examples include carbapenams, extended spectrum penicillin's and fluoroquinolones.
8. The resident should understand the risk factors that result in multiply resistant organisms. Examples include antibiotic dosing, antibiotic synergy and transmission patterns.
9. The resident should be able to discuss the factors that result in an immune-compromised state. Examples include malignancy, major trauma and steroids.
10. The resident should understand the factors associated with bleeding disorders. Examples include DIC, ITP, hemophilia, coagulopathy associated with shock and hypothermia.
11. The resident should understand the pathophysiology of traumatic brain injury and neural disease. Examples include knowledge of intracranial pressure monitoring and maneuvers to normalize ICP.
12. The resident should be able to discuss the pathophysiology, presentation, and causes of hepatic failure.

B. Patient Care. Under appropriate supervision, the resident should be able to:

1. Insert pulmonary artery, central venous and arterial lines, with and without ultrasound guidance.

2. Resuscitate patients from shock and cardiac arrest.
3. Recognize and treat ischemia and arrhythmias on ECG.
4. Utilize correct class of anti-arrhythmic, vasodilators and diuretics as they pertain to cardiac disease.
5. Correctly determine the protein, caloric, electrolyte, fat and vitamin needs of surgical patients, taking into account their underlying disease process.
7. Correctly diagnose and treat gastrointestinal bleeding associated with ulcers, portal hypertension and lower GI sources.
8. Diagnose cause and appropriately alter treatment regimens to compensate for hepatic failure. Examples include altering fluid, protein and drugs regimens.

C. Interpersonal and Communications Skills

1. The resident will create and sustain ethically sound relationships with patients.
2. The resident will perform an accurate and complete history and physical examination.
3. The resident will advise patients regarding the indications, anticipated benefits, and risks and complications of bedside and operative procedures.
4. The resident will acquire a working knowledge in the psychosocial issues concerning:
 - a. communications with patient on the ventilator.
 - b. dealing with the families of critically injured or ill patients.
 - c. ethics of do-not-resuscitate orders.
 - d. dealing with multiple consultants and coordinating multiple recommendations in the care of the critically ill patient.
 - e. guidance and counseling of families towards and through difficult decisions.
 - f. effective and positive communication with ICU nurses and ancillary ICU personnel.
5. The resident will demonstrate the ability to explain the rationale for tests ordered and treatments recommended, obtain informed patient consent, and educate and counsel patients

regarding their health and health management

6. The resident will assist in delegating responsibilities to intern residents and students.
 9. The resident will learn to assist in ICU rounds for organization of patient care and disposition.
 10. The resident will participate in evening checkout rounds and checkout with fellow residents prior to completing completion of their shift to ensure proper continuity of patient care.
 11. The resident will exhibit effective listening skills and respond to constructive criticism.

D. Practice-Based Learning and Improvement

1. The resident will recognize the indications for intervention for invasive procedures in the intensive care unit.
2. The resident will manage data efficiently and maintain record documentation in a timely, concise, and understandable (legible and interpretable) manner.
3. The resident will learn to develop clinical questions, search the literature effectively, and use evidence-based criteria to determine the value of information for decision making concerning intensive care unit issues including ventilator associated pneumonia and deep venous thrombosis prophylaxis.
4. The resident will learn to utilize the computer, personal digital assistant (PDA), and web-based resources to make patient care decisions.
5. The resident will use all such electronic resources to educate and teach others (including their patients, junior residents and medical students).
6. The resident will participate in evening checkout rounds and help monitor for errors in checkout and patient handoffs notifying faculty and chief residents for quality improvement measures.
7. The resident will participate and prepare presentations for trauma morbidity and mortality concerning deep venous thrombosis and ventilator acquired pneumonias.
8. The resident will know when to call for assistance.

E. Systems-Based Practice

1. The resident will make appropriate and timely referrals.
2. The resident will become familiar with the proper and efficient utilization of invasive intervention in the intensive care unit.

3. The resident will participate as an organizing team leader in the intensive care unit.
4. The resident will actively partner with health care managers and providers to assess, coordinate, and improve the health care provided to patients.
5. The resident will develop an understanding of how to coordinate care between the inpatient and rehabilitation settings and utilize community resources to facilitate the delivery of long term rehabilitation based patient care.
6. The resident will understand the basic principles of a multidisciplinary approach to the treatment of intensive care unit patients.

F. Professionalism

1. The resident will demonstrate an awareness of the importance of the physician's own attitudes and beliefs and how they can affect patient care.
2. The resident will demonstrate punctuality by exhibiting timely responses to pages, evaluating patients, and the requests of faculty, staff, and patients and by providing timely documentation of patient assessment and the care provided.
3. The resident will recognize and respect patients' rights, confidentiality, and privacy.
4. The resident will discuss patients and their care with appropriate staff, attendings, and fellow residents in private areas or in a private manner and with respectful language.
5. The resident will demonstrate sensitivity to and awareness of the impact of the patient's culture, values, age, gender, and disabilities.
6. The resident will address (bring to light) any ethical issues that may arise in the care of the patient.
7. The resident will demonstrate compassion, integrity, and respect for others and will recognize her/his own limitation(s) and take personal responsibility.
8. The resident will be responsive to the needs of the patient and society, keeping self-interest in appropriate perspective.
9. The residents will demonstrate compassion when communicating do-not resuscitate orders and difficult prognoses to family members.
10. The resident will understand advanced directives and patient preferences for care in the intensive care unit in reference to religion and culture.
11. The resident will demonstrate leadership and dignity when delegating responsibility to interns and medical students in the care of intensive care unit patients.

12. The resident will be accountable to patients, society, and the profession and will actively promote comprehensive and continuing patient-centered care.

Surgical Intensive Care Unit-Alan Tyroch MD and Susan McClean MD

PGY-3

A. Medical Knowledge

1. The resident should have an in depth understanding of the basic science related to problems commonly seen in the intensive care unit setting. Examples include sepsis, respiratory failure, coronary ischemia, shock, malnutrition, stress ulceration, non-occlusive intestinal ischemia, antibiotic associated colitis, antibiotic resistance, jaundice, and renal insufficiency.
2. The resident should understand the pathophysiology of hemodynamic instability. Examples include types of shock, cardiac arrest.
3. The resident should know and apply treatments for arrhythmias, congestive heart failure, acute ischemia and pulmonary edema.
4. The resident should understand adjuncts to the analysis of respiratory mechanics and gas exchange. Examples include work of breathing, rapid shallow breathing index, single breath CO₂ analysis and dead space measurements.
5. The resident should understand fluid and electrolyte as well as acid/base abnormalities associated with complex surgical procedures and complications. Examples include massive fluid shifts associated with trauma, shock and resuscitation, high output fistulas and renal failure.
6. The resident should understand the pathophysiology associated with endocrine emergencies in the ICU. Examples include thyroid storm, hyper, hypoparathyroid states and adrenal insufficiency.

7. The resident should be able to discuss the mechanism of action as well as the spectrum of antimicrobial activity of the different antibiotic classes. Examples include carbapenams, extended spectrum penicillin's and fluoroquinolones.
8. The resident should understand the risk factors that result in multiply resistant organisms. Examples include antibiotic dosing, antibiotic synergy and transmission patterns.
9. The resident should be able to discuss the factors that result in an immune-compromised state. Examples include malignancy, major trauma and steroids.
10. The resident should understand the factors associated with bleeding disorders. Examples include DIC, ITP, hemophilia, coagulopathy associated with shock and hypothermia.
11. The resident should understand the pathophysiology of traumatic brain injury and neural disease. Examples include knowledge of intracranial pressure monitoring and maneuvers to normalize ICP.
12. The resident should be able to discuss the pathophysiology, presentation, and causes of hepatic failure.

B. Patient Care

1. Under appropriate supervision, the resident should assist the junior residents with placement of central venous lines, pulmonary artery catheters, and other invasive procedures.
2. The resident should be able to identify and minimize factors associated with nosocomial infections and be able to utilize appropriate adjunctive measures to diagnose and treat nosocomial infection.
3. The resident should be able to utilize pharmacokinetics and drug levels to adjust antibiotic dosing, utilize appropriate combinations of antibiotics to achieve synergy, and appropriately utilize isolation precautions.

4. The resident should be able to appropriately use intracranial pressure monitoring, including interpretation of hemodynamic and ICP data.
5. The resident should be able to initiate therapy to maintain cerebral perfusion pressure and minimize secondary brain injury.
6. The resident should be able to initiate and maintain salvage modes of ventilation such as airway pressure release, bi-level and oscillatory ventilation.

C. Interpersonal and Communications Skills

1. The resident will create and sustain ethically sound relationships with patients.
2. The resident will advise patients regarding the indications, anticipated benefits, and risks and complications of bedside and operative procedures.
3. The resident will acquire a working knowledge in the psychosocial issues concerning:
 - a. communications with patient on the ventilator,
 - b. dealing with the families of critically injured or ill patients,
 - c. ethics of do-not-resuscitate orders,
 - d. dealing with multiple consultants and coordinating multiple recommendations in the care of the critically ill patient,
 - e. guidance and counseling of families towards and through difficult decisions,
 - f. effective and positive communication with ICU nurses and ancillary ICU personnel,
 - g. asking for organ donation;
4. The resident will demonstrate the ability to explain the rationale for tests ordered and treatments recommended, obtain informed patient consent, and educate and counsel patients regarding their health and health management.
5. The resident will work effectively as team leader with all members of the health care team in the intensive care unit.
6. The resident will understand and facilitate ICU rounds for patient care and disposition.

7. The resident will participate in evening checkout rounds and ensure proper checkout with fellow residents prior to leaving shift to ensure proper continuity of patient care.
8. The resident will serve as resident intensive care unit director and delegate responsibilities to junior residents and medical students.
9. The resident will exhibit effective listening skills and respond to constructive criticism.

D. Practice-Based Learning and Improvement

1. The resident will recognize the indications for surgical intervention.
2. The resident will manage data efficiently and maintain record documentation in a timely, concise, and understandable (legible and interpretable) manner.
4. The resident will learn to develop clinical questions, search the literature effectively, and use evidence-based criteria to determine the value of information for decision making concerning complex intensive care unit ventilator management and long term patient rehabilitation issues.
5. The resident will learn to utilize the computer, personal digital assistant (PDA), and web-based resources to make patient care decisions.
6. The resident will use all such electronic resources to educate and teach others (including their patients, residents and medical students).
4. The resident will prepare presentations for trauma morbidity and mortality conference to review mortalities in the intensive care unit and complex complications.
5. The resident will assist in the identification of errors during checkout proceedings reporting these errors to chief residents and faculty to improve quality care measures.
8. The resident will know when to call for assistance.

E. Systems-Based Practice

1. The resident will make appropriate and timely referrals.
2. The resident will become familiar with the proper and efficient utilization of surgical intervention in the intensive care unit.
3. The resident will participate as a team leader for the intensive care unit resident team.
4. The resident will actively partner with health care managers and providers to assess, coordinate, and improve the health care provided to patients.
5. The resident will develop an understanding of how to coordinate care between the inpatient and rehabilitation settings and utilize community resources to facilitate the long term

rehabilitation.

6. The resident will understand the basic principles of a multidisciplinary approach to the treatment of the intensive care unit patient.

F. Professionalism

1. The resident will demonstrate an awareness of the importance of the physician's own attitudes and beliefs and how they can affect patient care.
2. The resident will demonstrate punctuality by exhibiting timely responses to pages, evaluating patients, and the requests of faculty, staff, and patients and by providing timely documentation of patient assessment and the care provided.
3. The resident will recognize and respect patients' rights, confidentiality, and privacy.
4. The resident will discuss patients and their care with appropriate staff, attendings, and fellow residents in private areas or in a private manner and with respectful language.
5. The resident will demonstrate sensitivity to and awareness of the impact of the patient's culture, values, age, gender, and disabilities.
6. The resident will address (bring to light) any ethical issues that may arise in the care of the patient.
7. The resident will demonstrate compassion, integrity, and respect for others and will recognize her/his own limitation(s) and take personal responsibility.
8. The resident will be responsive to the needs of the patient and society, keeping self-interest in appropriate perspective.
9. The residents will demonstrate compassion when communicating do-not resuscitate orders and difficult prognoses to family members.
10. The resident will understand advanced directives and patient preferences for care in the intensive care unit in reference to religion and culture.
11. The resident will demonstrate leadership and dignity when delegating responsibility to interns and medical students in the care of intensive care unit patients.
12. The resident will be accountable to patients, society, and the profession and will actively promote comprehensive and continuing patient-centered care.

Consult Service- All Faculty

PGY 2

A. Medical Knowledge

1 The resident should learn in-depth the fundamentals of basic science as they apply to the clinical practice of general surgery and, more specifically, to the practice of endocrine surgery, colorectal surgery, hernia surgery, open and laparoscopic gastrointestinal surgery. Examples include elements of wound healing, physiological principles of endocrinology, management of fluid and electrolyte balance, and surgical anatomy and surgical pathology of the intra-abdominal organs.

2. The resident should be able to demonstrate knowledge of the principles and rationale for management of surgical patients, including preoperative assessment, perioperative management and postoperative care of patients. Examples include assessment of patient risk, selection of patients for inpatient surgery, knowledge of anesthetic options for procedures, and principles of postoperative pain management and wound care.

3. The resident should be able to efficiently utilize and interpret diagnostic laboratory testing. Examples of appropriate tests include serum chemistries, liver function tests, arterial blood gas analysis, hematological profiles, coagulation tests and thyroid function studies.

4. The resident should be able to efficiently utilize and interpret diagnostic radiological tests. Examples of the types of studies include chest x-ray, computed tomography, radio nucleotide scintigraphy, ultrasonography, arteriography and gastrointestinal studies.

B. Patient Care

1. The resident should assume responsibility for all consultations from the emergency department for general surgery and trauma admissions his/her assigned service, including

performing an advanced history and physical examination, writing admission orders, and reviewing appropriate diagnostic tests.

2. Under appropriate supervision, perform basic surgical procedures such as:

Flexible and rigid proctoscopy

Laparoscopic and open appendectomy

Hernia repair (inguinal, femoral, umbilical)

Drainage of breast abscess – Incision

Drainage of perirectal abscess

C. Interpersonal and Communications Skills

1. The resident will create and sustain ethically sound relationships with patients.
2. The resident will perform an accurate and complete history and physical examination.
3. The resident will serve as admitting doctor for consults communicating effectively with emergency department faculty, residents and nursing staff.
4. The resident will respond to pages and see consults in an expedient fashion.
5. The resident will serve as the daytime trauma admitting resident and effectively communicate during trauma resuscitations and evaluations.
6. The resident will learn to communicate effectively with critically ill and intoxicated patients in the emergency department.
7. The resident will work effectively with all members of the health care team.
8. The resident will exhibit effective listening skills and respond to constructive criticism.

D. Practice-Based Learning and Improvement

1. The resident will recognize the indications for surgical intervention.
2. The resident will demonstrate the ability to determine the physical findings and develop a differential diagnosis in a patient with abdominal pain.
3. The resident will manage data efficiently and maintain record documentation in a timely, concise, and understandable (legible and interpretable) manner.
4. The resident will learn to develop clinical questions, search the literature effectively, and use evidence-based criteria to determine the value of information for decision making for critically

ill and trauma patients in the emergency department.

5. The patient will learn to utilize the computer, personal digital assistant (PDA), and web-based resources to make patient care decisions for consults to develop appropriate diagnoses and therapeutic care plans.

6. The resident will use all such electronic resources to educate and teach others (including their patients, interns, and medical students).

7. The resident will participate in trauma and general surgery morbidity and mortality conferences making presentation on cases where there was a delayed diagnosis or delayed therapeutic intervention.

8. The resident will know when to call for assistance.

E. Systems-Based Practice

1. The resident will make appropriate and timely referrals.

2. The resident will become familiar with the proper and efficient utilization of surgical intervention from the emergency department.

3. The resident will participate as an admitting doctor from the emergency department and respond to consults on the floor.

4. The resident will actively partner with health care managers and providers to assess, coordinate, and improve the health care provided to patients and ensure timely diagnosis and treatment of surgical consults.

5. The resident will understand the basic principles of a multidisciplinary approach to the treatment of trauma and general surgery consults with effective triage from the emergency department and wards to the intensive care unit or operating room.

F. Professionalism

1. The resident will demonstrate an awareness of the importance of the physician's own attitudes and beliefs and how they can affect patient care.

2. The resident will demonstrate punctuality by exhibiting timely responses to pages, evaluating patients, and the requests of faculty, staff, and patients and by providing timely documentation of patient assessment and the care provided in the emergency department and with ward consults.

3. The resident will recognize and respect patients' rights, confidentiality, and privacy.

4. The resident will discuss patients and their care with appropriate staff, attendings, and fellow residents in private areas or in a private manner and with respectful language.

5. The resident will demonstrate sensitivity to and awareness of the impact of the patient's culture, values, age, gender, and disabilities.
6. The resident will address (bring to light) any ethical issues that may arise in the care of the patient.
7. The resident will demonstrate compassion, integrity, and respect for others and will recognize her/his own limitation(s) and take personal responsibility.
8. The resident will demonstrate compassion for those patients who are critically ill and administer surgical consultation and analgesia in a timely fashion.
9. The resident will be responsive to the needs of the patient and society, keeping self-interest in appropriate perspective.
10. The resident will be accountable to patients, society, and the profession and will actively promote comprehensive and continuing patient-centered care.

Consult Service- All Faculty

PGY 3

A. Medical Knowledge

1. The resident should learn in depth the management of common surgical conditions that present to hospitals, including (but not limited to) upper and lower gastrointestinal bleeding, small and large bowel obstruction, pancreatitis, biliary obstruction, cholecystitis, and the acute abdomen.
2. The resident should be able to recognize and stratify co-morbid conditions in the patient with surgical illness.
3. The resident should be able to discuss management options for patients with co-morbid medical conditions to reduce the risk of morbidity and mortality, including treatment of the co-morbid condition, postponing the operation, and altering the type of operation or choosing a less invasive procedure.
4. The resident should be able to correctly diagnose and understand principles of treatment of common surgical complications and surgical emergencies. Examples include electrolyte

imbalance, failure of homeostasis, surgical infection, renal failure, pulmonary insufficiency, cardiac abnormalities, shock, peritonitis, limb ischemia, gastrointestinal hemorrhage, hypocalcaemia, neck hematoma and adrenal insufficiency.

B. Patient Care

1. The resident should assume responsibility for the care of all consult patients from the emergency department, including close supervision of the PGY 2 as they perform the direct care of these patients.
2. After discussions with the chief resident, the resident should discuss patient progress and any new problems with the attending faculty.
3. Under appropriate supervision, the resident should be able to perform intermediate operative procedures such as:

Emergency laparotomy for the acute abdomen

Colectomy with colostomy

Laparoscopic cholecystectomy for cholecystitis

Repair of incarcerated hernias

C. Interpersonal and Communications Skills

1. The resident will create and sustain ethically sound relationships with patients.
2. The resident will perform an accurate and complete history and physical examination.
3. The resident will advise patients regarding the indications, anticipated benefits, and risks and complications of bedside and operative procedures.
4. The resident will demonstrate the ability to explain the rationale for tests ordered and treatments recommended, obtain informed patient consent, and educate and counsel patients regarding their health and health management.
5. The resident will work effectively with all members of the health care team. The resident will serve as admitting doctor for consults communicating effectively with emergency department faculty, residents and nursing staff.
6. The resident will respond to pages and see consults in an expedient fashion.
7. The resident will serve as the daytime trauma admitting resident and effectively

communicate during trauma resuscitations and evaluations.

8. The resident will learn to communicate effectively with critically ill and intoxicated patients in the emergency department.
9. The resident will be expected to communicate a complete therapeutic plan to the chief resident and faculty.
10. The resident will be expected to help educate fellow residents in the emergency department and medicine services as to patient therapeutic plans and diagnosis.
11. The resident will exhibit effective listening skills and respond to constructive criticism.

D. Practice-Based Learning and Improvement

1. The resident will recognize the indications for surgical intervention.
2. The resident will demonstrate the ability to determine the physical findings and develop a differential diagnosis in a patient with abdominal pain.
3. The resident will manage data efficiently and maintain record documentation in a timely, concise, and understandable (legible and interpretable) manner.
4. The resident will learn to develop clinical questions, search the literature effectively, and use evidence-based criteria to determine the value of information for decision making for emergency department and floor consults.
5. The resident will learn to utilize the computer, personal digital assistant (PDA), and web-based resources to make patient care decisions and form therapeutic plans for admitted/consulted patients.
6. The resident will use all such electronic resources to educate and teach others (including their patients, junior residents, and medical students).
7. The resident will participate in trauma and general surgery morbidity and mortality making presentations to communicate delayed diagnoses and complications of delayed surgical intervention.
8. The resident will know when to call for assistance.

E. Systems-Based Practice

1. The resident will make appropriate and timely referrals.
2. The resident will become familiar with the proper and efficient utilization of surgical intervention. .

3. The resident will participate as the admitting consult resident effectively triaging patients to the operating room and intensive care unit.

4. The resident will actively partner with health care managers and providers to assess, coordinate, and improve the health care provided to patients admitted to surgical wards and in the emergency department.

5. The resident will understand the basic principles of a multidisciplinary approach to the treatment of trauma and general surgery patients admitted through the emergency department and on the medical wards.

F. Professionalism

1. The resident will demonstrate an awareness of the importance of the physician's own attitudes and beliefs and how they can affect patient care.
2. The resident will demonstrate punctuality by exhibiting timely responses to pages, evaluating patients, and the requests of faculty, staff, and patients and by providing timely documentation of patient assessment and the care provided.
3. The resident will recognize and respect patients' rights, confidentiality, and privacy.
4. The resident will discuss patients and their care with appropriate staff, attendings, and fellow residents in private areas or in a private manner and with respectful language.
5. The resident will demonstrate sensitivity to and awareness of the impact of the patient's culture, values, age, gender, and disabilities.
6. The resident will address (bring to light) any ethical issues that may arise in the care of the patient.
7. The resident will demonstrate compassion, integrity, and respect for others and will recognize her/his own limitation(s) and take personal responsibility.
8. The resident will demonstrate compassion for those patients who are critically ill and administer surgical consultation and analgesia in a timely fashion.
9. The resident will be responsive to the needs of the patient and society, keeping self-interest in appropriate perspective.
10. The resident will be accountable to patients, society, and the profession and will actively promote comprehensive and continuing patient-centered care.

Consult Service- All Faculty

PGY 5

A. Medical Knowledge

1. The chief resident should learn in depth the principles of management of complex surgical problems seen in the tertiary hospital setting. Examples include recurrent thyroid cancer, recurrent hyperparathyroidism, Barrett's esophagus, intestinal fistulas, and transected bile ducts.
2. The chief resident should be able to correctly describe the pathophysiology of multisystem problems of the alimentary tract and digestive system, including hormonal interactions.
3. The chief resident should be able to accurately analyze the medical preparation of patients for complex operations.
4. The chief resident should be able to accurately describe the surgical options for patients with complex problems, including an analysis of the risk vs. benefit for all procedures.
5. The chief resident should be able to accurately explain the physiologic rationale for the following gastrointestinal operations: vagotomy, pyloroplasty, gastric resection for ulcer disease, small bowel resection, stoma formation, and drainage of pancreatic pseudocysts (open internal vs. open external vs. percutaneous).
6. The chief resident should be able to accurately describe advanced operative procedures performed by the practicing general surgeon. Examples include thyroidectomy, parathyroidectomy, Heller myotomy, surgical procedures for gastroesophageal reflux, surgical procedures for gastroduodenal ulcer disease, bariatric procedures, subtotal colectomy, abdominoperineal resection, adrenalectomy and neck dissection for thyroid cancer.

B. Patient Care

1. The chief resident should assume overall responsibility for all patients' consults, including close supervision of the junior residents who are caring for the patients directly.

2. The chief resident should personally examine all patients who develop new problems in the emergency department and ensure that the attending has been notified.
3. The chief resident should serve as teaching assistant in appropriate cases for junior residents.
4. Under appropriate supervision, the resident should be able to perform intermediate operative procedures such as:

Emergency laparotomy for the acute abdomen and trauma	Total and partial gastrectomy
Colectomy and colostomy for intestinal perforation	Enterectomy with primary anastomosis

C. Interpersonal and Communications Skills

1. The resident will create and sustain ethically sound relationships with patients.
2. The resident will perform an accurate and complete history and physical examination.
3. The resident will advise patients regarding the indications, anticipated benefits, and risks and complications of bedside and operative procedures.
4. The resident will demonstrate the ability to explain the rationale for tests ordered and treatments recommended, obtain informed patient consent, and educate and counsel patients regarding their health and health management;
5. The resident will demonstrate leadership in supervising junior residents in trauma resuscitations and surgical consults.
6. The resident will communicate effectively to supervise interns in performance of procedures in the emergency department and medical wards.
7. The resident will provide feedback for junior residents and assist in their decision-making.
8. The resident will exhibit effective listening skills and respond to constructive criticism.

D. Practice-Based Learning and Improvement

1. The resident will recognize the indications for surgical intervention.
2. The resident will manage data efficiently and maintain record documentation in a timely, concise, and understandable (legible and interpretable) manner.

3. The resident will learn to develop clinical questions, search the literature effectively, and use evidence-based criteria to determine the value of information for decision making;
4. learn to utilize the computer, personal digital assistant (PDA), and web-based resources to make patient care decisions.
5. The resident will use all such electronic resources to educate and teach others (including their patients, residents and medical students).
6. The resident will know the pathophysiology, supportive care, and surgical indications in a patient with bowel obstruction.
7. The resident will assist in the determination of which complications will be presented at the general surgery morbidity and mortality conference.
8. The resident will identify errors in checkout occurring in morning report and evening checkout rounds and will report these errors to faculty to help with quality improvement initiatives.
9. The resident will learn to discipline junior residents and assist in remediation processes.
10. The resident will know when to call for assistance.

E. Systems-Based Practice

1. The resident will make appropriate and timely referrals.
2. The resident will become familiar with the proper and efficient utilization of surgical intervention.
3. The resident will participate as a leader of the consult service determining patient flow and timely diagnostic and therapeutic intervention.
4. The resident will actively partner with health care managers and providers to assess, coordinate, and improve the health care provided to patients.
5. The resident will develop an understanding of how to coordinate care between the inpatient and outpatient settings and utilize community resources to facilitate the delivery of patient care.
6. The resident will understand the basic principles of a multidisciplinary approach to the treatment of patients in the emergency department and medical wards.
7. The resident will understand the necessity for junior resident supervision and observation in the clinical setting to train interns in bedside procedures and in the operating room.

F. Professionalism

2. The resident will demonstrate an awareness of the importance of the physician's own

attitudes and beliefs and how they can affect patient care.

3. The resident will demonstrate punctuality by exhibiting timely responses to pages, evaluating patients, and the requests of faculty, staff, and patients and by providing timely documentation of patient assessment and the care provided.
4. The resident will recognize and respect patients' rights, confidentiality, and privacy.
5. The resident will discuss patients and their care with appropriate staff, attendings, and fellow residents in private areas or in a private manner and with respectful language.
6. The resident will demonstrate sensitivity to and awareness of the impact of the patient's culture, values, age, gender, and disabilities.
7. The resident will address (bring to light) any ethical issues that may arise in the care of the patient.
8. The resident will demonstrate compassion, integrity, and respect for others and will recognize her/his own limitation(s) and take personal responsibility.
9. The resident will understand how to deliver constructive criticism and supervise junior residents.
10. The resident will learn to assist in junior resident remediation with dignity and respect.
11. The resident will be responsive to the needs of the patient and society, keeping self-interest in appropriate perspective.
12. The resident will be accountable to patients, society, and the profession and will actively promote comprehensive and continuing patient-centered care.

Anesthesiology Service

PGY-1

A. Medical Knowledge

1. Gain a more thorough understanding of depolarizing (succinylcholine) and nondepolarizing (vecuronium, rocuronium, cis-atracurium, pancuronium, etc.) muscle relaxants. Explore potential risks and benefits of each drug in different clinical settings.
2. Understand the indications for and dosing of a pharmacologic pressor agent

(epinephrine, phenylephrine, norepinephrine, dobutamine).

3. Understand the alternatives for and hemodynamic consequences of inhalational anesthetic (isoflurane, halothane, sevoflurane and nitrous oxide).
4. Review ACLS protocol for cardiac rhythm disturbances; local anesthetic pharmacology and dosing for use as a local, subarachnoid block (spinal anesthetic) or epidural use; regional anesthetics (spinal, epidural, Bier block, interscalene, axillary, etc.)

B. Patient Care

1. Apply principles of noninvasive monitoring.
2. Understand risks and indications for invasive hemodynamic monitoring.
3. Understand the alternatives, dosing and clinical indications for various intravenous anesthetic induction agents (Sodium thiopental, propofol, etomidate, ketamine, etc.)
4. Become familiar with conscious sedation techniques. Explore alternatives in intra operative and postoperative pain management (intravenous agents, local anesthetics, NSAIDS, PCA, epidural).
5. Improve technical skills for airway management including airway assessment and risk factors and approach for management of the difficult airway.
6. Learn the anesthetic machine checkout necessary prior to giving an anesthetic.
7. Improve technical skills for placing peripheral IVs central lines and arterial lines.

C. Interpersonal and Communication Skills

1. The resident will be able to clearly, accurately, and succinctly present pertinent information to faculty regarding pre-operative evaluation of the anesthesia patient.
2. The resident will clearly, accurately, and respectfully communicate with nurses, peers, ancillary staff and all hospital employees in the peri-operative environment.

3. The resident will maintain clear, concise, accurate, and timely medical records including but not limited to history and physical examination documentation, consultation notes, progress notes, written and verbal orders, and operative notes.
4. The resident will create and sustain ethically sound relationships with patients.
5. The resident exhibit effective listening and respond to constructive criticism.

D. Practice-Based Learning and Improvement

1. The resident should use textbooks, journal articles, internet access, and other available tools to learn in depth about anesthesiology.
2. The resident must attend all anesthesia department educational conferences.

E. Systems-Based Practice

1. The resident should have an appreciation for the close interactions between the general surgeon and the anesthesiologist.
2. The resident should develop an understanding of alternative options for pain control during and following surgery and their implications on overall patient care.

F. Professionalism

1. The resident will demonstrate an awareness of the importance of the physician's own attitudes and beliefs and how they can affect patient care.
2. The resident will demonstrate punctuality by exhibiting timely responses to pages, evaluating patients, and the requests of anesthesia faculty, staff, and patients and by providing timely documentation of patient assessment and the care provided.
3. The resident will recognize and respect patients' rights, confidentiality, and privacy.
5. The resident will be expected to discuss patients and their care with appropriate staff, anesthesia attendings, and fellow residents in private areas or in a private manner and with respectful language.
6. The resident will be expected to demonstrate sensitivity to and awareness of the impact of the patient's culture, values, age, and gender, disabilities.
7. The resident will be expected to address (bring to light) any ethical issues that may arise in the care of the patient.

8. The resident will demonstrate compassion, integrity, and respect for others and will recognize her/his own limitation(s) and take personal responsibility.
9. The resident will be accountable to patients, society, and the profession and will actively promote comprehensive and continuing patient-centered care.

GI Service

PGY-2

A. Medical Knowledge

1. The resident should learn advanced basic science as applied to gastrointestinal physiology.

Examples include the pathophysiology of esophageal motility disorders, gastroesophageal reflux disease, peptic ulcer disease, gastrointestinal bleeding, medical management of the complications of portal hypertension, hepatitis, hepatobiliary disease, intestinal dysmotility syndromes, pancreatic insufficiency, intestinal ischemia, diarrhea syndromes.

2. The resident should be able to recognize and diagnose gastrointestinal disorders.
3. The resident should be able to correctly describe the use of endoscopes in the diagnosis and treatment of upper and lower gastrointestinal hemorrhage.
4. The resident should be able to accurately assess the complications that may result from flexible endoscopic procedures, including hemorrhage and perforation.

B. Patient Care

1. The resident is expected to function as an integral member of the GI consultation service. In this regard, the resident must assume responsibility for initial evaluation of all new consults, including an advanced history and physical examination with a particular emphasis on GI physiology and co-morbid conditions.
2. The resident should assume responsibility for ensuring that each patient has been properly resuscitated prior to any endoscopic intervention.

3. The resident should assume responsibility for monitoring the daily progress on all patients on whom he or she has served as a consultant.

4. Under appropriate supervision, the resident should be able to perform endoscopic procedures such as Esophagogastroduodenoscopy - minimum 35 procedures total over five years

Flexible and rigid sigmoidoscopy Colonoscopy-minimum of 50 procedures over 5 years

Under appropriate supervision the resident should be able to perform the following therapeutic maneuvers utilizing the endoscope.

Dilation Laser ablation

Sclerotherapy Electrocautery

Polyp excision

C. Interpersonal and Communication Skills

1. The resident will be able to clearly, accurately, and succinctly present pertinent information to gastroenterology faculty regarding gastroenterology consults.

1. The resident will clearly, accurately, respectfully, and professionally communicate with referring and consulting physicians, physician assistants, nurse practitioners, and other residents.

2. The resident will clearly, accurately, and respectfully communicate with patients and appropriate members of their families about identified disease processes, complications, the expected courses, endoscopic procedures, and endoscopic findings.

3. The resident will maintain clear, concise, accurate, and timely medical records including but not limited to consultation notes, written and verbal orders, and notes in provation endoscopic documentation software.

D. Practice-Based Learning and Improvement

1. The resident will use textbooks, journal articles, internet access, and other available tools to learn in depth about medical and endoscopic treatment of gastrointestinal disorders.

2. The resident will learn to assist in service-specific clinics.
3. The resident will participate in service-specific conferences.
4. The resident will demonstrate documentation of endoscopy cases in the ACGME system.

E. Systems-Based Practice

1. The resident should have an appreciation for the close interactions between the general surgeon and the gastroenterologist.
2. The resident should develop an understanding of minimally invasive options available to treat gastrointestinal disorders.
3. The resident will develop an understanding of the medicine consult service and hospitalist service of admission of medicine patients.
4. The resident will understand the close teamwork between endoscopy nurses and gastroenterologists in completion of endoscopic procedures.

F. Professionalism

1. The resident will demonstrate an awareness of the importance of the physician's own attitudes and beliefs and how they can affect patient care.
2. The resident will demonstrate punctuality by exhibiting timely responses to pages, evaluating patients, and the requests of faculty, staff, and patients and by providing timely documentation of patient assessment and the care provided.
3. The resident will recognize and respect patients' rights, confidentiality, and privacy.
4. The resident will be expected to discuss patients and their care with appropriate gastroenterology attendings, and fellows in private areas or in a private manner and with respectful language.
5. The resident will be expected to demonstrate sensitivity to and awareness of the impact of the patient's culture, values, age, and gender, disabilities.
6. The resident will be expected to address (bring to light) any ethical issues that may arise in the care of the patient.

7. The resident will demonstrate compassion, integrity, and respect for others and will recognize her/his own limitation(s) and take personal responsibility.
6. The resident will be accountable to patients, society, and the profession and will actively promote comprehensive and continuing patient-centered care.

Surgical Oncology (Dr Landeros)

PGY-4

A. Medical Knowledge

1. The resident should be able to demonstrate knowledge of tumor staging based on the TNM classification system for malignancies. Examples include extremity soft tissue sarcoma, melanoma, and other cutaneous malignancy.
2. The resident should learn in depth the management of malignancies, including screening, diagnosis, medical and surgical treatment options, and follow-up.
3. The resident should be able to discuss prognosis for patients with cancer based on tumor site, pathology, stage, and the functional status of the patient.
4. The resident should be able to perform advanced assessment of risk/benefits for all interventions relevant to cancer management.
5. The resident should be able to discuss the difference between and indications for prophylactic surgery vs. palliative surgery vs. surgery with curative intent. The resident should be able to demonstrate knowledge of the patient factors (e.g. staging information) that may recommend one approach over another.
6. The resident should be able to demonstrate a thorough understanding of components and interventions involved in terminal care.

B. Patient Care

1. The resident should work closely with the attending and assume a major role in the care for designated patients, including inpatient and outpatient surgical oncology patients.
2. The resident should be able to perform ultrasound in the clinic and operating room for: evaluation of breast diseases, screening for liver metastases, evaluation of lymph nodes and soft-part tumors, guidance of tissue sampling procedures.
3. Under appropriate supervision, the resident should be able to perform advanced surgical procedures in cancer patients such as radical resection of soft tissue tumors, amputations, wide local excision of melanoma, sentinel lymph node staging, completion lymphadenectomy, gastrectomy, extended abdominal lymphadenectomy, liver resection, and colon and rectal resections.

C. Interpersonal and Communications Skills

1. The resident will be able to clearly, accurately, and succinctly present pertinent information to Dr Landeros regarding newly admitted patients.
2. The resident will understand the need to keep Dr Landeros aware of all progress of all critical care unit patients and will alert the respective faculty of new problems on the service.
3. The resident will clearly, accurately, and respectfully demonstrate communication with nurses, peers, ancillary staff and all hospital employees.
4. The resident will clearly, accurately, respectfully, and professionally demonstrate communication with referring and consulting physicians, physician assistants, and nurse practitioners.
5. The resident will learn to clearly, accurately, and respectfully communicate with patients and appropriate members of their families about oncologic prognoses, complications of oncologic operations, and operative findings of cancer.
6. The resident will maintain clear, concise, accurate, and timely medical records including but not limited to history and physical examination documentation, consultation notes, progress notes, written and verbal orders, and operative notes.
7. The resident will create and sustain ethically sound relationships with patients.
8. The resident exhibit effective listening skills.

D. Practice-Based Learning and Improvement

1. The resident will understand the coordination of office based oncologic procedures for early diagnosis of thyroid and breast cancer.
2. The resident will attend and present at tumor board for patients seen with Dr Landeros.
3. The resident should use books, journal articles, operative videotapes, internet access, and other tools available to learn about neoplastic diseases and treatment of patients with cancer.

E. Systems-Based Practice

1. The clinical resident should understand the team approach to treatment of cancer patients and be able to discuss how surgical oncologists interface with other services including medical oncology, radiation oncology, visiting nurses, and hospice care.
2. The clinical resident should understand the financial implications of cancer treatment, including hospital/physician costs, loss of employment time, outpatient chemotherapy, and nursing home care.

F. Professionalism

1. The resident will demonstrate an awareness of the importance of the physician's own attitudes and beliefs and how they can affect patient care.
2. The resident will demonstrate punctuality by exhibiting timely responses to pages, evaluating patients, and the requests of faculty, staff, and patients and by providing timely documentation of patient assessment and the care provided.
3. The resident will recognize and respect patients' rights, confidentiality, and privacy.
4. The resident will be expected to discuss patients and their care with Dr Landeros in private areas or in a private manner and with respectful language.
5. The resident will be expected to demonstrate sensitivity to and awareness of the impact of the patient's culture, values, age, and gender, disabilities.
6. The resident will be expected to address (bring to light) any ethical issues that may arise in the care of the patient.
7. The resident will demonstrate compassion, integrity, and respect for others and will recognize her/his own limitation(s) and take personal responsibility.

8. The resident will be expected to participate in the delivery of oncological prognoses with compassion and sensitivity to the patient's understanding of their condition.

9. The resident will be accountable to patients, society, and the profession and will actively promote comprehensive and continuing patient-centered care.

Cardiothoracic Surgery Service PGY-4

A. Medical Knowledge

1. The resident should understand advanced basic science as applied to cardiac, esophageal, and pulmonary physiology. Examples include the pathophysiology of atherosclerosis, pathophysiology and natural history of pulmonary malignancy, pulmonary function abnormalities in chronic obstructive pulmonary disease, and frequency/death rates of thoracic malignancies.

2. The resident should learn about the diagnosis and management of mediastinal tumors.

3. The resident should understand the indications and appropriate tests available for screening patients for thoracic disease. The resident should be able to discuss risk factors for cardiac/pulmonary/esophageal disease, typical presenting symptoms, and patterns of coexistence such as COPD and coronary artery disease in smokers.

4. The resident should be familiar with diagnostic tests available to detect and categorize cardiac disease. Examples include the treadmill exercise test, dipyridamole thallium scintigraphy, adenosine echocardiography, MUGA scan, CT-based coronary calcification score, CT angiography, catheter-based coronary angiography.

5. The resident should be able to perform advanced assessment of indications and risk/benefit for all interventions in patients with cardiovascular disease. Examples include optimal medical management, endovascular procedures, coronary bypass, and heart transplantation.

6. The resident should understand the stepwise evaluation and management of the patient with an asymptomatic lung lesion.

7. The resident should understand changes in pulmonary function after lung resection and be able to determine whether a lung lesion is resectable on the basis of baseline pulmonary function tests.

8.The resident should be familiar with valvular heart disease, including natural history, presentation, diagnosis, available therapeutic options, and postoperative management.

9.The resident should be familiar with the evaluation and management options for patients with esophageal disease, including functional disorders, traumatic injuries (perforation and caustic injuries), and neoplasm's.

B. Patient Care

1. The resident should function as a member of the cardiothoracic team and assume responsibility for all care on his or her assigned patients. This must include admission responsibilities, daily evaluation of progress and detection of new problems, preoperative preparation, and discharge responsibilities.

2. The resident should be able to demonstrate ability to manage thoracic and cardiovascular surgery patients in the critical care setting including management of patients who may or may not require surgical intervention such as those with endocarditis, pleural effusion, and empyema.

3.Under appropriate supervision, the resident should be able to perform more advanced procedures such as:

Open and video-assisted decortication

Pulmonary wedge resection

Thoracotomy Lung biopsy

Mediastinotomy and mediastinoscopy

Lobectomy and pneumonectomy

Thymectomy Chest wall resection

C. Interpersonal and Communication Skills

1.The resident will identify risks factors for cardiothoracic disease and perform a perioperative risk assessment based on history and physical examination of the patient.

2. The resident will obtain informed consent for the operative options for cardiac and thoracic surgery.

3. The resident will understand and articulate the instructions for operations on cardiac patients.

4. The resident will maintain therapeutic and ethically sound relationships with patients.

5. The resident will use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.

6. The resident will work effectively with others as a member of the cardiothoracic care team.

D. Practice-Based Learning and Improvement

1. The resident will utilize textbooks, journal articles, internet access, and other tools to learn advanced concepts in cardiothoracic surgery.
2. The resident will learn to assist in cardiothoracic surgery clinics.
3. The resident will participate in cardiothoracic surgery conferences and reviews of morbidity and mortality.

E. Systems-Based Practice

1. The resident should understand the interrelationship of the cardiothoracic surgeon, pulmonologist, cardiologist, medical oncologist, and rehabilitation specialist in the overall management of the patient with cardiothoracic disease.
2. The resident should be aware of community programs for risk factor modification smoking cessation clinics.
3. The resident should be aware of community screening programs such as cholesterol screening and vascular laboratory outreach programs.

F. Professionalism

1. The resident will demonstrate an awareness of the importance of the physician's own attitudes and beliefs and how they can affect patient care.
2. The resident will demonstrate punctuality by exhibiting timely responses to pages, evaluating patients, and the requests of faculty, staff, and patients and by providing timely documentation of patient assessment and the care provided.
3. The resident will recognize and respect patients' rights, confidentiality, and privacy.
 4. The resident will be expected to discuss patients and their care with appropriate staff, attendings, and fellow residents in private areas or in a private manner and with respectful language.
 5. The resident will be expected to demonstrate sensitivity to and awareness of the impact of the patient's culture, values, age, and gender, disabilities.
 6. The resident will be expected to address (bring to light) any ethical issues that may arise in

the care of the patient.

7. The resident will demonstrate compassion, integrity, and respect for others and will recognize her/his own limitation(s) and take personal responsibility;
8. The resident will be accountable to patients, society, and the profession and will actively promote comprehensive and continuing patient-centered care.

Vascular Surgery

PGY-4

A. Medical Knowledge

1. The resident should be able to demonstrate advanced knowledge of the medical management of atherosclerosis.
2. The resident should understand the natural history of common vascular problems including but not limited to asymptomatic aneurysm, asymptomatic carotid stenosis, transient ischemic attacks, asymptomatic renal artery stenosis, claudication, rest pain, and tissue loss.
3. The resident should be able to demonstrate detailed knowledge about the etiology, diagnosis, and treatment of the diabetic foot.
4. The resident should recognize common angiographic abnormalities including atherosclerosis, embolism, aneurysm, and vascular dissection.
5. The resident should demonstrate knowledge about the indications and outcomes for common vascular operations and endovascular procedures (lower extremity revascularization, aneurysm repair, carotid endarterectomy, mesenteric/renal bypass, and varicose vein ablation).

B. Patient Care

1. The resident should know all of the patients on the service. He or she must see every new admission and be aware of the problems and progress of all patients.
2. Activities will include examination and evaluation of new patients, perioperative and postoperative care of established patients, and surgical consultations under the supervision of attending surgeons.
3. Under appropriate supervision, the resident should be able to perform advanced vascular operations such as:

Balloon angioplasty and stenting of lower extremity arteries
Carotid endarterectomy Catheter based arteriography
Elective aortic revascularization Femoropopliteal and femorodistal bypass

C. Interpersonal and Communications Skills

1. The resident will identify risks factors for vascular disease and perform a perioperative risk assessment based on history and physical examination of the patient;
2. The resident will obtain informed consent for the operative options for vascular access.
3. The resident will understand and articulate the instructions for operations on vascular patients.
4. The resident will demonstrate an understanding and the ability to discuss with patients and colleagues the principles involved in the care of patients with extremity amputations.
5. The resident will maintain therapeutic and ethically sound relationships with patients.
6. The resident will use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.
7. The resident will work effectively with others as a member or leader of the health care team.

D. Practice-Based Learning and Improvement

1. The resident will utilize textbooks, journal article and internet tools to learn the principles of vascular surgery during the rotation.
2. The resident will participate in all service-based clinics.
3. The resident will participate and present at all vascular conferences and morbidity and mortality conferences at the community hospital to discuss vascular cases.

D. Systems-Based Practice

1. The general surgery resident will interact successfully with the vascular team and participate fully in clinical activities of the vascular service.
2. The general surgery resident will work with nursing staff, care managers, and the

vascular team to assess and coordinate quality patient care and make every effort to assist patients dealing with the office/hospital nuances and complexities.

F. Professionalism

1. The resident will demonstrate an awareness of the importance of the physician's own attitudes and beliefs and how they can affect patient care.
2. The resident will demonstrate punctuality by exhibiting timely responses to pages, evaluating patients, and the requests of faculty, staff, and patients and by providing timely documentation of patient assessment and the care provided.
3. The resident will recognize and respect patients' rights, confidentiality, and privacy.
4. The resident will be expected to discuss patients and their care with appropriate staff, attendings, and fellow residents in private areas or in a private manner and with respectful language.
5. The resident will be expected to demonstrate sensitivity to and awareness of the impact of the patient's culture, values, age, and gender, disabilities.
6. The resident will be expected to address (bring to light) any ethical issues that may arise in the care of the patient.
7. The resident will demonstrate compassion, integrity, and respect for others and will recognize her/his own limitation(s) and take personal responsibility;
8. The resident will be accountable to patients, society, and the profession and will actively promote comprehensive and continuing patient-centered care.

Pediatric Surgery Service

PGY4

A. Medical Knowledge

1. The resident should learn in depth the fundamentals of basic and embryologic science as applied to congenital anomalies. Examples include embryologic development of the peritoneal cavity, normal rotation and fixation of the abdominal viscera, the physiologic changes of birth, fluid and electrolyte requirements by weight, normal physiologic parameters in newborns and children, VACTERL association, imperforate anus, congenital diaphragmatic hernia, intestinal atresia, tracheoesophageal fistula and major physiologic and anatomic differences of babies and children compared to adults.

2. The resident should be able to recognize, diagnose, and initiate treatment for complex surgical problems and emergencies unique to the neonatal pediatric surgical patient, including resuscitation, evaluation of coexistent abnormalities, diagnostic tests, and treatment options in premature newborns and infants. Examples include biliary atresia, tracheoesophageal fistula, congenital diaphragmatic hernia, omphalocele, gastroschisis, imperforate anus, meconium ileus, Hirschsprung's disease, malrotation, mid-gut volvulus, intestinal atresias, necrotizing enterocolitis, intestinal obstruction, congenital abdominal masses, ovarian cyst, intestinal duplication, Meckel's diverticulum and non-accidental trauma.

3. The resident should learn the assessment and management logistics of a multi-discipline pediatric trauma system in which patient care is delivered by Pediatric Surgery trauma teams, Pediatric Critical Care teams, Pediatric Emergency Medicine teams, numerous physician assistants and advanced trauma surgery nurse practitioners.

4. The resident should learn the appropriate adjuvant and surgical treatment for pediatric solid tumors. Examples are hepatoblastoma, hepatic cell carcinoma, teratoma, germ cell tumors, Wilm's tumor, neuroblastoma, and rhabdo-myosarcoma.

5. The resident should learn to assess and treat newborn, infants and children with surgical amenable critical care problems. Examples include venous and arterial access, feeding access, hemo- and peritoneal dialysis access, supplemental enteral and parenteral nutrition strategies, and pediatric ventilator management modalities.

B. Patient Care

1. The resident should assume responsibility for committed participation in a service management team consisting of pediatric surgery faculty, pediatric resident peers, advanced surgical nurse practitioners and physician assistants for the care of all patients.

2. The resident should assume shared responsibility for care of all Pediatric ICU and Neonatal ICU patients with a critical care management team consisting of NICU personnel and pediatric surgery faculty. Responsibilities include daily assessment, comprehensive documentation and orders, bedside operative procedures, and comprehensible and appropriate communication between surgical and non-surgical teams.

3. The resident should be able to participate in surgery for problems in neonates and all children with complex surgical problems. Examples of such procedures are:

Insertion of central venous catheter and arterial line in infants	
Exploratory laparotomy and stoma formation for necrotizing enter colitis	
Pull through procedure for Hirschsprung's disease	Thoracotomy for tumor removal
Video assisted thoroscopic surgery (VATS) for empyema	
Assessment for bilaterality in inguinal hernia	Nissen fundoplication (laparoscopic and open)
Splenectomy (laparoscopic and open)	Repair of intestinal atresia
Operative reduction of intussusception	Exploratory laparotomy for trauma
Posterior sagittal anoplasty for imperforate anus	Repair of chest wall deformity
Pyloromyotomy	Repair of incarcerated inguinal hernia
Nephrectomy for Wilm's tumor	

E. Interpersonal and Communication Skills

1. The resident will demonstrate clear, accurate, and succinct communication to faculty regarding newly admitted patients.

3. The resident will demonstrate clear, accurate, and respectful communication with nurses, peers, ancillary staff and all hospital employees.

4. The resident will demonstrate clear, accurate, respectful, and professional communication with referring and consulting physicians, physician assistants, nurse practitioners, and other residents.

5. The resident will demonstrate clear, accurate, and respectful communication with patients and appropriate members of their families about identified disease processes, complications, the expected courses, operative procedures, and operative findings.

6. The resident will maintain clear, concise, accurate, and timely medical records including but not limited to history and physical examination documentation, consultation notes, progress notes, written and verbal orders, and operative notes.

7. The resident will create and sustain ethically sound relationships with patients.

8. The resident will demonstrate the ability to explain the rationale for tests ordered and treatments recommended, obtain informed patient consent, and educate and counsel patients regarding their health and health management.

7. The resident will understand the consent process and the role of the parent obtaining consent.

8. The resident will understand how to screen the family for issues of child abuse and neglect.
9. The resident will understand how to educate the families about long-term patient care issues.
10. The resident exhibit effective listening and counseling skills.

D. Practice Based Learning and Improvement

1. The resident should use textbooks, journal articles, Internet access, and other available tools to learn about diseases of infants and children.
2. The resident will understand how to assist in service-based clinics on a weekly basis.

E. Systems-Based Practice

1. The resident will demonstrate communication with families, referring physicians, and consultants, under the supervision and direction of the attending.
2. The resident will have an appreciation of pediatric conditions that warrant treatment in a medical setting that is designed to meet the special needs of infants and children.
3. The resident will understand the close interactions between pediatrician and pediatric surgeon in the care of children and infants with surgical illness.
4. The resident will be able to discuss the problem of child abuse, including identifying injuries consistent with abuse, understanding the need to admit victims for protection, and knowing how to contact the appropriate authorities to report suspected cases of abuse.

F. Professionalism

1. The resident will demonstrate an awareness of the importance of the physician's own attitudes and beliefs and how they can affect patient care.
2. The resident will demonstrate punctuality by exhibiting timely responses to pages, evaluating patients, and the requests of faculty, staff, and patients and by providing timely documentation of patient assessment and the care provided.
3. The resident will recognize and respect patients' rights, confidentiality, and privacy.
4. The resident will be expected to discuss patients and their care with appropriate staff, attendings, and fellow residents in private areas or in a private manner and with respectful

language.

5. The resident will be expected to demonstrate sensitivity to and awareness of the impact of the patient's culture, values, age, and gender, disabilities.
6. The resident will be expected to address (bring to light) any ethical issues that may arise in the care of the patient.
7. The resident will demonstrate sensitivity to family cultural and educational issues when obtaining consent for pediatric patients.
8. The resident will demonstrate sensitivity when screening for child abuse and neglect.
9. The resident will demonstrate compassion, integrity, and respect for others and will recognize her/his own limitation(s) and take personal responsibility;
10. The resident will be accountable to patients, society, and the profession and will actively promote comprehensive and continuing patient-centered care.

Colorectal Surgery (Dr Gomez)

PGY-4

A. Medical Knowledge

1. The resident will gain knowledge of diagnosis, management, treatment options (surgical/non- surgical), long-term prognosis, complications, patient risk, and cost considerations associated with general concerns of the colorectal patient including fluid management, drug dosage, nutrition, blood replacement, and metabolic management.
2. The resident will gain knowledge of anal/rectal function to include normal physiologic functions of the colon, rectum, and anus, and the disorders that may cause abnormal function.
3. The resident will gain knowledge of anorectal diseases including hemorrhoids, anal fissure, anal rectal abscesses and fistula, pruritus ani, and condylomata acuminata.
4. The resident will gain knowledge of tumors of the colon, rectum, and anus, including the diagnosis, staging, and treatment options for these diseases.
5. The resident will gain knowledge of diagnosis and treatment of colorectal injuries including foreign bodies.

6. The resident will gain knowledge of dysfunctional problems of the colon and rectum to include rectal prolapse, volvulus of the cecum or sigmoid colon; and megacolon secondary to laxative abuse.
7. The resident will gain knowledge of chronic inflammatory bowel disease including the diagnosis, non-surgical management, and surgical treatment for complications of ulcerative colitis and Crohn's disease.
8. The resident will gain knowledge of infectious diseases involving the colon and rectum to include diagnosis and management of sexually transmitted diseases and acute infections.

B. Patient Care

1. The general surgery resident will learn to perform a complete colorectal examination, including historical factors of pertinence to colorectal diseases.
2. The resident will perform anoscopy, rigid proctoscopy, and flexible colonoscopy.
3. The resident will develop advanced operative skills necessary to complete those procedures common to colorectal surgeons.
4. The resident will perform initial evaluation and follow-through of all patients admitted to the service.
5. The resident will be responsible for pre- and postoperative patient care.
6. The resident will participate in the operating room and endoscopy suite.
7. The resident will take part in daily rounds with Dr Gomez.

C. Practice-Based Learning and Quality Improvement

1. The resident will exhibit self-directed learning.
2. The resident will demonstrate improvement in clinical management of patients by continually improving colorectal-related knowledge and skills during the rotation.
3. The resident will participate in tumor conferences and morbidity and mortality conferences at community hospitals.

D. Interpersonal and Communication Skills

1. The resident will establish rapport with patients and their families.
2. The resident will perform a patient-centered medical interview.
3. The resident will engage patients in shared decision-making and participate in family discussions.
4. The resident will effectively and considerately communicate with team staff in a manner that promotes care coordination.
5. The resident will discuss patient's fears regarding anorectal diseases.
6. The resident will discuss patient's fear of stomas and their impact on self-image.

E. Systems-Based Practice

1. The resident will demonstrate understanding of medical delivery systems as they relate to both inpatient and outpatient resources.
2. The resident will perform with multidisciplinary teams by coordinating care and effectively working with colorectal surgeons and other providers in a team setting.

F. Professionalism

1. The resident will demonstrate an awareness of the importance of the physician's own attitudes and beliefs and how they can affect patient care.
2. The resident will demonstrate punctuality by exhibiting timely responses to pages, evaluating patients, and the requests of faculty, staff, and patients and by providing timely documentation of patient assessment and the care provided.
3. The resident will recognize and respect patients' rights, confidentiality, and privacy.
4. The resident will be expected to discuss patients and their care with appropriate staff, attendings, and fellow residents in private areas or in a private manner and with respectful language.
5. The resident will be expected to demonstrate sensitivity to and awareness of the impact of the patient's culture, values, age, and gender, disabilities.
6. The resident will be expected to address (bring to light) any ethical issues that may arise in the care of the patient.

7. The resident will demonstrate sensitivity and compassion when describing prognosis for colorectal cancer.
8. The resident will demonstrate sensitivity and compassion when consenting for and describing potentially embarrassing anorectal conditions.
9. The resident will demonstrate compassion, integrity, and respect for others and will recognize her/his own limitation(s) and take personal responsibility;
10. The resident will be accountable to patients, society, and the profession and will actively promote comprehensive and continuing patient-centered care.

Laparoscopic Surgery (Dr Arellano)

PGY-4

A. Medical Knowledge

1. The resident should be able to demonstrate knowledge of laparoscopic surgery setup including proper troubleshooting of a laparoscopic system.
2. The resident should learn in depth the management of upper gastrointestinal conditions addressed by laparoscopy including reflux disease, hiatal hernias, and achalasia.
3. The resident should be able to discuss laparoscopic surgical complications and the prevention of occult laparoscopic injury.
4. The resident should be able to perform advanced assessment of risk/benefits for all interventions relevant to advanced laparoscopic surgery.

B. Patient Care

1. The resident should work closely with Dr Arrellano and assume a major role in the care for designated patients, including inpatients and outpatients.
2. The resident should be able to perform diagnostic laparoscopy in the operating room for the treatment of incarcerated inguinal, ventral and hiatal hernias and acute abdominal conditions.
3. Under appropriate supervision, the resident should be able to perform advanced laparoscopic surgical procedures to include:

Hiatal hernia repair	Nissen fundoplication
Heller myotomy	Inguinal hernia repair

Incisional hernia repair

Common bile duct exploration

C. Interpersonal and Communications Skills

1. The resident will demonstrate clear, accurate, and succinct communication to Dr Arrellano regarding newly admitted patients.
2. The resident will demonstrate clear, accurate, and respectful communication with nurses, peers, ancillary staff and all hospital employees.
3. The resident will demonstrate clear, accurate, respectful, and professional communication with referring and consulting physicians, physician assistants, nurse practitioners, and other residents.
4. The resident will demonstrate clear, accurate, and respectful communication with patients and appropriate members of their families about identified disease processes, complications, the expected courses, operative procedures, and operative findings.
5. The resident will maintain clear, concise, accurate, and timely medical records including but not limited to history and physical examination documentation, consultation notes, progress notes, written and verbal orders, and operative notes.
6. The resident will create and sustain ethically sound relationships with patients.
7. The resident will demonstrate the ability to explain the rationale for tests ordered and treatments recommended, obtain informed patient consent, and educate and counsel patients regarding their health and health management.

D. Practice-Based Learning and Improvement

1. The resident should use books, journal articles, operative videotapes, internet access, and other tools available to learn about complex laparoscopic surgical intervention.
2. The resident will participate in morbidity and mortality conferences at community hospitals.

E. Systems-Based Practice

1. The clinical resident should understand the team approach to treatment of advanced laparoscopic surgery patients and be able to discuss how surgeons interface with other services including gastroenterology and interventional radiology to deliver optimal care.

3. The clinical resident should understand the financial implications of advanced laparoscopic surgical care including reduced hospital length of stay and improved time to return to work.
4. The resident should understand the cost-benefit analysis of laparoscopic versus open surgery.

F. Professionalism

1. The resident will demonstrate an awareness of the importance of the physician's own attitudes and beliefs and how they can affect patient care.
2. The resident will demonstrate punctuality by exhibiting timely responses to pages, evaluating patients, and the requests of faculty, staff, and patients and by providing timely documentation of patient assessment and the care provided.
3. The resident will recognize and respect patients' rights, confidentiality, and privacy.
4. The resident will be expected to discuss patients and their care with appropriate staff, attendings, and fellow residents in private areas or in a private manner and with respectful language.
5. The resident will be expected to demonstrate sensitivity to and awareness of the impact of the patient's culture, values, age, and gender, disabilities.
6. The resident will be expected to address (bring to light) any ethical issues that may arise in the care of the patient.
7. The resident will demonstrate compassion, integrity, and respect for others and will recognize her/his own limitation(s) and take personal responsibility;
8. The resident will be accountable to patients, society, and the profession and will actively promote comprehensive and continuing patient-centered care.

Transplant Surgery Service PGY 4- Texas Transplant Institute- San Antonio, TX

A. Medical Knowledge

1. The resident will develop and understanding of the specific clinical problems encountered in recipients of organ transplants, especially the liver.

2. The resident will learn through experience participating in the management and by review of pertinent medical literature, become knowledgeable regarding criteria of organ donation.
3. The resident will understand the social and ethical issues relating to organ supply and recipient designation and selection.
4. The resident will understand the pathophysiology and clinical manifestations of more common diseases causing liver failure.
5. The resident will understand the timing of referral for transplant evaluation based on the natural history and clinical manifestations of those diseases commonly resulting in the need for liver transplantation.
6. The resident will become aware of the clinical problems specific to transplant patients.

B. Patient Care

1. The resident will understand utilization of the clinical examination as well as diagnostic, biochemical and microbiologic tests and radiologic intervention in the management of the immunocompromised patient.
2. The resident will be familiar with the management of the following in the transplant patient: hypokalemia, fluid balance, diabetes, fever of unknown origin, hypertension, sepsis, wound infection and malnutrition.
3. The resident will learn the manifestations of transplant rejection.
4. The resident will understand the roles of renal nuclear scans, ultrasonography, arteriography, and biopsy in the diagnosis of liver graft dysfunction.
5. The resident will develop a detailed understanding of the longitudinal care of the (potential) recipient both before and after transplant.
6. The resident will develop an expertise in formulating a comprehensive hepatic transplant consultation.
7. The resident will appreciate the complexities of planning and implementing cadaveric hepatic transplantation.
8. The resident will become competent in the management of post-transplant hepatic patients.

9. The resident will gain operative experience in judgment and technically demanding cases that require high levels of intellectual and manual skill.

10. The resident will become thoroughly familiar with the anatomy of the retroperitoneal-portal-hepatic and inferior vena caval arterial and venous area. Understand the technical variations between arterial and venous anastomoses.

11. Develop an understanding of the problems associated with performing vascular anastomoses in the deep restricted fields typically encountered in hepatic transplant.

C. Interpersonal and Communication Skills

1. Demonstrate compassion for the families of donor organs when appropriate.

2. Discuss the ethical implications of transplantation with recipient patients.

D. Practice Based Learning and Improvement

The resident will participate in any quality review or morbidity and mortality conferences held at the Texas Transplant Institute in San Antonio.

E. Systems Based Practice

1. Discuss the organ shortage and societal solutions to address the ethical implications of living donor transplants.

2. Discuss the costs and ethics of the transplant process including organ donor collection organizations, waiting lists and state/Medicare/Medicaid reimbursement for organ transplant services.

F. Professionalism

1. The resident will treat the faculty, nurses and ancillary staff of Texas Transplant Institute with the utmost authority and respect while visiting their institution.

2. The resident will respect all rules and restrictions of transplant/organ collection agencies while participating in organ harvest operations.

3. The resident will demonstrate an awareness of the importance of the physician's own attitudes and beliefs and how they can affect patient care.

4. The resident will demonstrate punctuality by exhibiting timely responses to pages, evaluating patients, and the requests of faculty, staff, and patients and by providing timely documentation of patient assessment and the care provided.
5. The resident will recognize and respect patients' rights, confidentiality, and privacy.
6. The resident will be expected to discuss patients and their care with appropriate staff, attendings, and fellow residents in private areas or in a private manner and with respectful language.
7. The resident will be expected to demonstrate sensitivity to and awareness of the impact of the patient's culture, values, age, and gender, disabilities.
8. The resident will be expected to address (bring to light) any ethical issues that may arise in the care of the patient.
9. The resident will demonstrate compassion, integrity, and respect for others and will recognize her/his own limitation(s) and take personal responsibility;
10. The resident will be accountable to patients, society, and the profession and will actively promote comprehensive and continuing patient-centered care.