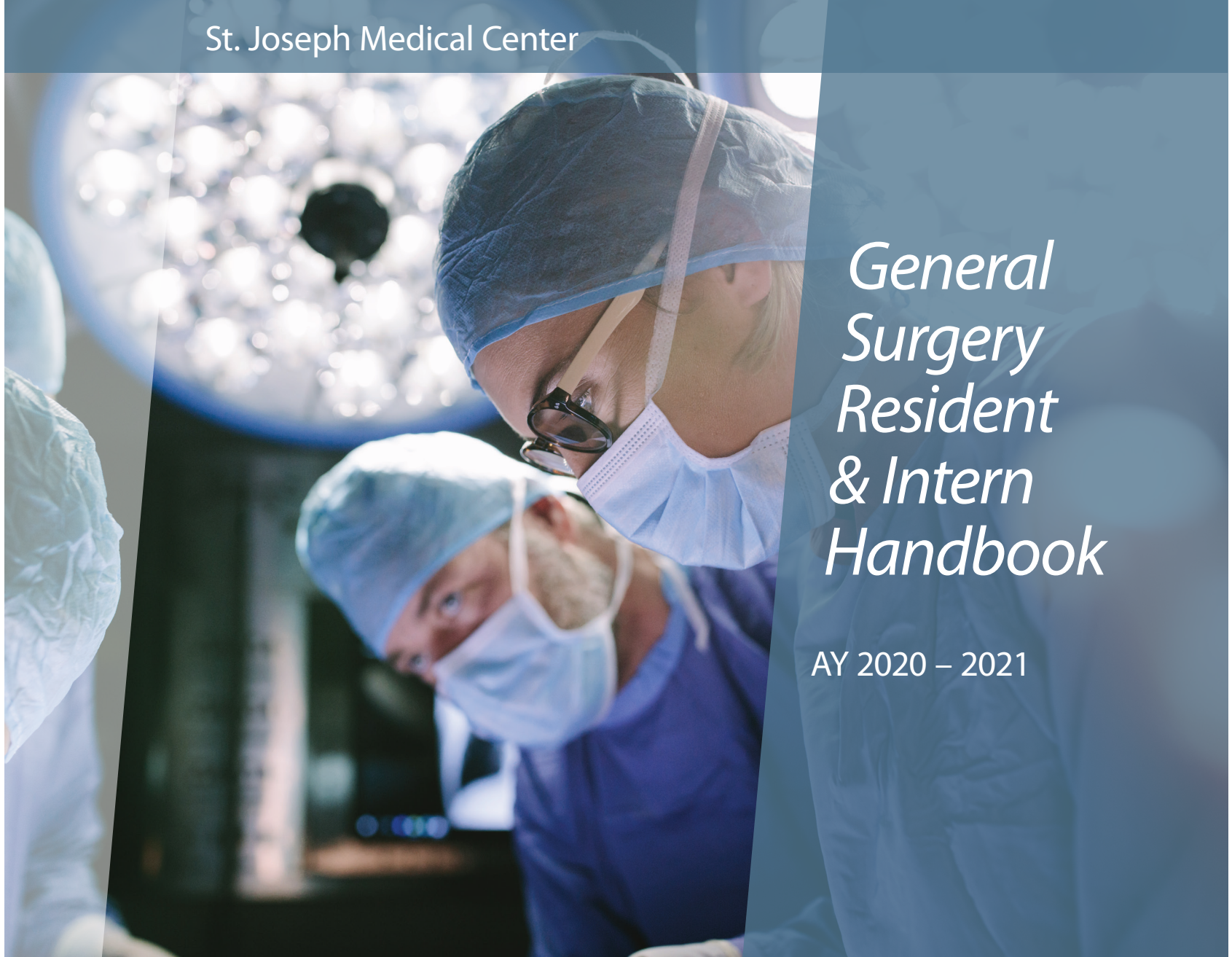


St. Joseph Medical Center



*General
Surgery
Resident
& Intern
Handbook*

AY 2020 – 2021

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PROGRAM DIRECTOR'S STATEMENT: OVERALL EDUCATIONAL GOALS FOR THE PROGRAM

The General Surgery Residency at St. Joseph Medical Center provides the highest quality of care to our patients and community, while simultaneously training our residents in the principles of general surgery. We believe the most important attribute of physicians is selfless care and dedication to their patients. Secondly, we believe general surgery residents should be well trained across a broad spectrum of surgical disciplines to provide comprehensive care to the patient with surgical disorders of the abdomen and its contents; the alimentary tract; skin, soft tissues, and breast; endocrine organs; and trauma. Comprehensive care includes (but is not limited to) the evaluation, diagnosis, and treatment (both operative and non-operative) of surgical disorders, as well as the appropriate disposition and follow-up of the patients with those disorders. To provide optimal comprehensive care, the surgeon must effectively function in interprofessional and, often, multidisciplinary teams, frequently in a leadership role. Therefore, we have designed a program which places emphasis on the relationship between physicians and their patients while spending more in-depth time in various surgical subspecialties. Residents are involved in all phases of surgical treatment to include preoperative evaluations, operative interventions and postoperative care on each of the service rotations. Rotations are typically scheduled for 2-4 months on a single discipline to allow for improved continuity of care between residents and patients. Rotations include Surgical Oncology, Colorectal Surgery, Cardiothoracic Surgery, Vascular Surgery, Trauma and Acute Care Surgery, Gynecologic Oncology, Urologic Oncology, Bariatric Surgery, Breast Surgery, Neurosurgery, Gastroenterology, General Surgery, Transplant, Pediatric Surgery and opportunity for electives in other subspecialties. All procedures are performed under the supervision and guidance of the faculty.

The overall objectives include the following:

1) *Patient Care*

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

2) *Medical Knowledge*

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

3) *Practice-based Learning and Improvement*

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

4) *Interpersonal and Communication Skills*

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

5) *Professionalism*

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

6) *Systems-based Practice*

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

The overall goal of the surgical residency program is to prepare the resident (1) to perform the role of a surgeon at the advanced level expected of a board-certified specialist, and (2) to direct interprofessional and multispecialty teams necessary for the care of surgical patients. We aim to produce surgeons who are fully capable as general surgeons, and who also are confident across the spectrum of surgical procedures including thoracic, head and neck, abdominal and pelvic procedures. Our graduates should be comfortable operating in any part of the body and therefore, be fully competent to practice in the most rural of environments or in a busy tertiary care setting. Along the way, we expect that our trainees will perform well on the yearly general surgery in-training examination, pass oral examinations, present or publish an original scientific work at a national meeting or in a peer reviewed journal, serve as an administrative chief resident, and, most importantly, diligently and compassionately care for all patients with whom they have the privilege to be charged.

The St. Joseph Medical Center program will prepare residents for a wide variety of career opportunities ranging from private practice, to university and academic medicine, to a career as a sole missionary surgeon in a remote area of the world. As physicians, we have been given a gift of being allowed to care for people on an intimate level during the most trying times in their lives. We have all worked diligently with great sacrifice to hone our skills. Our hope and mission is in whatever career path you choose, we will have prepared you well to give abundantly back to those you serve.

TOMMY BROWN M.D. FACS
Program Director, General Surgery Residency
St Joseph Medical Center

PARTICIPATING INSTITUTIONS

Virginia Mason Franciscan Health - St. Joseph Medical Center

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Virginia Mason Franciscan Health - St. Francis Hospital

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Swedish Medical Center

747 Broadway

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Block Diagram
St. Joseph's Hospital General Surgery Residency Program

Year 1

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1
Rotation	General Surgery	General Surgery	Trauma Acute Surgery Service	Thoracic Surgery	General Surgery	Neurosurgery	General Surgery	GYN Oncology	General Surgery	Urology	General Surgery	Breast Surgery
% Outpatient	20	20	10	30	20	30	20	30	20	30	20	30
%inpatient	70	70	90	70	70	70	70	70	70	70	70	70
%research	10	10	0	70	10	70	10	70	10	70	10	70

Note: Vacation will be scheduled electively during any rotation month based on resident preference.

Year 2

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Site 1	Site 1	Site 2	Site 2	Site 1	Site 1	Site 1	Site 1	Site 3	Site 3	Site 1	Site 5
Rotation	GI	GI	Bariatric Surgery	Bariatric Surgery	Breast Surgery	Breast Surgery	General Surgery	General Surgery	General Surgery	General Surgery	Surgical ICU	Transplant
% Outpatient	50	50	20	20	30	30	20	20	20	30	20	30
%inpatient	50	50	70	70	70	70	70	70	70	70	70	70
%research	0	0	10	10	0	0	10	10	10	70	10	70

Note: Vacation will be scheduled electively during any rotation month based on resident preference.

Year 3

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Site 1	Site 1	Site 1	Site 1	Site 4	Site 4	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1
Rotation	ENT	ENT	Vascular Surgery	Vascular Surgery	Pediatric Surgery	Pediatric Surgery	General Surgery	General Surgery	General Surgery	General Surgery	Trauma Acute Surgery Service	Trauma Acute Surgery Service
% Outpatient	30	30	30	30	30	30	20	20	20	20	10	10
%inpatient	70	70	70	70	70	70	70	70	70	70	90	90
%research	0	0	0	0	0	0	10	10	10	10	0	0

Note: Vacation will be scheduled electively during any rotation month based on resident preference.

Year 4

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1
Rotation	General Surgery	General Surgery	General Surgery	General Surgery	General Surgery	General Surgery	Trauma Acute Surgery Service	Trauma Acute Surgery Service	Thoracic Surgery	Thoracic Surgery	GYN Oncology	GYN Oncology
% Outpatient	20	20	20	20	20	20	10	10	30	30	10	10
%inpatient	70	70	70	70	70	70	90	90	70	70	90	90
%research	10	10	10	10	10	10	0	0	10	10	0	0

Note: Vacation will be scheduled electively during any rotation month based on resident preference.

Year 5

Block	1	2	3	4	5	6	7	8	9	10	11	12
Site	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1	Site 1
Rotation	General Surgery	General Surgery	General Surgery	General Surgery	General Surgery	General Surgery	Trauma Acute Surgery Service	Trauma Acute Surgery Service	Trauma Acute Surgery Service	Thoracic Surgery	Thoracic Surgery	Thoracic Surgery
% Outpatient	20	20	20	20	20	20	10	10	10	30	30	30
%inpatient	70	70	70	70	70	70	90	90	90	70	70	70
%research	10	10	10	10	10	10	0	0	0	0	0	0

Note: Vacation will be scheduled electively during any rotation month based on resident preference.

Possible Electives (all site 1): GYN Oncology, Neurosurgery, Urology, Thoracic surgery, Plastic Surgery.

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PROGRAM ORGANIZATION

- A. The General Surgery Residency program is an RRC-accredited residency within the Department of Surgery. The General Surgery Residency Program Director, Dr Tommy Brown, is directly responsible for maintaining the scope and quality of residency training in accordance with RRC standards and additional educational mandates determined by SJMC Office of Graduate Medical Education (GMEC). Local monitoring of the educational environment for SJMC training programs is the responsibility of the GMEC, which meets quarterly to consider matters relevant to residency training programs. The membership of this committee is composed of Program Directors and representatives of various medical specialties within SJMC as well as resident representatives. An elected/appointed general surgery resident representative is a full voting member of this committee. The chairman of the GMEC is Eugene Cho, MD. The SJMC Designated Institutional Official (DIO) is Michael Anderson, MD.
- B. The academic staff of the St Joseph Medical Center General Surgery Residency Program are chosen directly by the Program Director. The staff are responsible for the surgical education and evaluation of all house officers in the program and rotating on the service.
- C. The Residency Coordinator is responsible for the maintenance of all education files and to advise the Program Director on all education requirements.
- D. The General Surgery Residency at St. Joseph Medical Center is presently approved for full accreditation by the RRC, with 10 approved resident complements.
- E. It is an RRC requirement that all Residents in a program are advised in writing whenever there is any adverse RRC action against that program (program placed on probation, etc.). There are currently no adverse actions against the General Surgery program.

SERVICE STANDARDS FOR SURGICAL RESIDENTS

- A. This memorandum provides documentation of housestaff orientation to the goals, expectations, and policies of the General Surgery Service at St Joseph Medical center (SJMC). Each surgical house officer is required to review this information carefully and to clarify any points that are unclear with the Program Director or his designated representative. This information will also be reviewed verbally during the intern/resident orientation process by the Program Director or his designee. Each house officer will be provided with an individual copy of these service standards for his/her reference. The signed signature sheet will be kept in the permanent service-level academic file, which is maintained for each house officer. This orientation document is in accordance with the requirements of the Residency Review Committee for Surgery ("the RRC"), which sets general standards for postgraduate surgical education in the United States.
- B. **Professionalism:** In addition to mastering the cognitive knowledge and skills of manual dexterity, which are necessary to becoming a competent surgical practitioner, residents are also expected to adhere to a high standard of personal professionalism and to hone their skills of communication and diplomacy in day-to-day contact with other health care providers. Considering the inherent stresses in the medical profession, this is not always easy, but the principles of equanimity should always be followed. **Be nice to everyone!**
- C. **Interactions with Patients:** Nothing is more central to building confidence with patients than physicians who conduct themselves with a high standard of professional maturity. Although honing one's "art of medicine" skills is a lifelong task, some indicators of maturity in this area are as follows:
- a. Adult patients should be addressed by their last name with appropriate honor: (Mr. Smith, Mrs. Jones); adult patients should virtually never be addressed on a "first-name basis" (however, first-name address is proper for children and young adolescent patients). Active duty and retired military patients should be addressed by their appropriate rank.
 - b. Residents should respect patients' rights of privacy and avoid "casual clinical discussions" in any public setting. (Example of ill-advised dialogue between Doctor A to Doctor B while removing staples from Mr. Smith's recent laparotomy: "Fred, did you hear that ALL of Mrs. Crawford's nodes are positive for malignancy!!").
 - c. Residents should be very circumspect in their criticism of other health care providers. In this business, we ALL live in glass houses. (Another example of ill-advised bedside conversation: "Mr. Smith, I just can't believe that the ER doctors sent you home yesterday.) This type of interaction will not be tolerated. Critical or argumentative language should NOT be used in the written or electronic patient record.

- F. **Administrative Responsibilities:** In addition to clinical responsibilities, Residents are responsible for a variety of personal and institutional administrative tasks. Failure to maintain or complete these requirements can result in adverse actions at the program or hospital level. Residents must remain up to date on all vaccinations and licensing/certification requirements. All assigned administrative tasks should be completed by the suspense or due date given. You will be given a work email account which you should check daily whether on or off-service, for notices and important information.
- G. **Lab Results:** Residents are also responsible for regularly checking alerts and lab/pathology results on the clinical computer systems (EPIC) and taking appropriate actions for significant results. Do not simply delete a lab or pathology result that requires action (i.e. critical lab value, cancer diagnosis) or assume that someone else will take care of it. That is poor patient care and you will be held responsible for all results that are sent to your EPIC account. If you are away, coordinate and forward your results to an accepting provider.
- H. **Conference Attendance:** A structured curriculum has been developed to provide didactic surgical instruction to all surgical Residents. Every Thursday is a formal conference day during which all non-emergent clinic and operating room functions are curtailed. **Resident participation in operative cases during scheduled academic time on Thursdays must be cleared by the Program Director.** Conferences will begin on time, and Residents are expected to plan their arrival accordingly.
- I. **Responsiveness:** Residents are expected to promptly answer all beeper pages. When scrubbed in the OR, pages should still be answered in a timely fashion via the circulating nurse or covering house officer. *A timely fashion is considered 10 minutes or less.*
- J. **Medical students** will make no independent medical management decisions. All medical student notes must be countersigned by the supervising physician or resident after appropriate review of the case.
- K. Male physicians will conduct no examination of anatomically sensitive body parts of female patients without a chaperone. Female physicians are held to the same standard when conducting an opposite-gender exam. Anyone may request a chaperone whenever there is a perceived need.
- L. **Operative Case Logs:** Tracking and entry of operative cases into the online ACGME database will be done by the individual resident. You will be assigned a username and initial password by the residency coordinator, which will provide access to your case log files.
- M. **The American Board of Surgery and the American College of Surgeons:** All Residents are encouraged to join the Candidate Group of the American College of Surgeons, which identifies them for appropriate mailings of the College, as well as granting free admission to the annual College meetings.

- N. **Autonomy and Communication:** There is no quicker pathway to trouble for a house officer than failure to use common sense and to failure to communicate in the process of making management decisions. The more junior the house officer, the greater the need for liberal and timely communication with higher ups on actions taken or proposed actions. **The principle of assuring maximum patient safety should always be uppermost. Do not operate in a vacuum. The patient will get hurt and you will get burned. Communicate. Communicate! If you are unsure of what to do, talk to someone senior to you!!!**
- O. **Proceeding with an operation without the expressed consent of the staff or altering an operation without informing staff will result in TERMINATION from the program.**
- P. If you cannot contact a staff by his pager, call his cell and his home phone. If all this fails, call the Program Director. (See Section VI – Supervision Policy)
- Q. **Morale:** Of all the responsibilities of the Program Director, none is more important than being attentive to the personal needs of the surgical housestaff. Every resident selected for this program has the talent to succeed in surgery. However, ANY personal situation (family, financial, work-stress, interpersonal conflict, etc.) which causes a distraction from the demanding task of continuing to be a high-quality surgical house officer is of great concern to the Program Director. A good physician is a balanced physician. The Program Director is your greatest advocate during residency. Please contact him with any concerns.
- R. **Patient Death:** For all of us, human mortality is a fact of life. As physicians, responsibilities of attending to the dying are every bit as great as our responsibilities to those for whom cure and recovery is expected. Housestaff should learn to deal with death and dying on a realistic, mature basis, and to not turn away from the dying person who needs the comfort of human presence and compassion even if recovery or survival is no longer a possibility. There is far, far more to the role of the surgeon in caring for dying patients and their families than to write a "Continue DNR" order in the chart every three days.
- a. Regardless of whether he/she is on call or not, and regardless of the hour of the day or night, the responsible staff attending and the service chief should be promptly informed on ALL deaths, whether "expected" or unexpected.
- S. **Personal Time:** There are certain life events that are quite infrequent. Take the time to experience them. There will always be another surgery. A good physician is a balanced physician.

RESIDENT EVALUATIONS

Self-Education: Postgraduate medical education is a partnership between the faculty and the residents. To succeed, both parties must be committed to the educational process. The faculty must be available and eager to share their knowledge, wisdom, and perspective. The house officer must realize that one's own medical education must also be derived from self-initiative and a receptive, inquiring mind. In addition to the weekly didactic schedule additional learning tools such as journal articles, detailed monographs and textbooks, audiovisual tapes, ward rounds, and the give-and-take of physician-to-physician conversation are all valuable sources of self-education. Residents should utilize the following educational resources within the Service:

- A. Virginia Mason Franciscan Health Library current resources include:
 - a. Cochran Library
 - b. OVID journal collection
 - c. OVID Medicine
 - d. ProQuest (includes access to Lancet and New England Journal of medicine - both with 3 month delay)
 - e. Harrison's Online
 - f. Print textbooks: Library catalog (and online resources) available via Library Community web page:
<https://chifh.catholichealth.net/comm/lib/Pages/default.aspx>
 - g. Up-To-Date
 - h. Access Surgery
- B. SCORE online surgical curriculum. This includes weekly curriculum, study guides, videos, and educational question banks.
- C. ACS Fundamentals of Surgery Curriculum. This online, interactive, case-based curriculum provides practice in case management and helps develop critical thinking skills by working through more than 109 typical and unique cases. During the next year, you will meet, evaluate, and treat virtual patients in a familiar environment using the same tools that are available to you in real life. All incoming residents are expected to log-in to ACS during on-boarding month in June and complete all modules prior to their July start of their clinical rotation. Residents will have access throughout the year as well.
- D. TrueLearn. General Surgery Smartbanks filled with highly-relevant ABS-formatted test items written based on the same SCORE blueprint used to create the actual ABS exams.
- E. The General Surgery Simulation Center located in St Joseph Medical Clinic will be open daily for the development and practice of surgical skills. Skills should be practiced in the simulation center prior to operative experience. Skills and simulation labs sessions will be conducted periodically throughout the academic year to include the following sessions.

Evaluations:

- A. With the input of each service, educational goals and objectives for housestaff rotating on that service are published. **(Reference: Educational goals and objectives included within this information handbook.)** Evaluations will be based on the ability to accomplish the goals and objectives. Residents will receive orientation to all rotations with online goals and objectives provided at the beginning of the check and in a year and

prior to each monthly rotation. The residents should also receive an oral orientation to each rotation by primary faculty. The new resident should politely, but firmly, insist on an orientation from a service if one is not offered spontaneously. Problems with unclear expectations MUST be communicated to the General Surgery Program Director at the earliest possible time!

- B. It is the responsibility of each service to provide mid-rotation feedback of performance to the resident. Again, each resident should politely, but firmly, insist on such feedback if it is not forthcoming. Mid-rotation feedback need not be provided in writing unless there are serious performance deficiencies. Brief oral feedback suffices in most cases.
- C. **New Innovations** online evaluation system is utilized for all faculty and resident evaluations. All housestaff are monitored throughout their residency on both "on-service" and on "off-service" rotations. The various evaluations are included below. Examples of following evaluations are included in the appendix.
 - a. **Monthly Global Assessment** rotation evaluations are rendered on each house officer, reviewed by the Program Director, and maintained in the house staff's individual dossier. The house officer is expected to logon to www.new-innov.com, and review, comment on, and sign their evaluation. End-of-rotation evaluations for PGY-1 through PGY-5 residents are completed by the teaching faculty. House staff should discuss the evaluation with the Program Director if there is concern as to accuracy, fairness, or other reason for discussion. Housestaff are required to achieve a grade of average or above on Global assessment evaluations. Below average evaluations may result in focused mentorship/remediation/probation to remedy deficiencies.
 - b. **Mini-CEX** (Mini Clinical Exercise) evaluations to provide "on-the-spot" feedback to Residents on specific tasks. These evaluations represent a method to provide day to day feedback on specific tasks related to medical care and performance. Housestaff are required to achieve a grade of average or above on Mini-CEX evaluations. Below average evaluations may result in focused mentorship/remediation/probation to remedy deficiencies.
 - c. **ABSITE** written examination is a standardized examination performed by the American Board of surgery. This examination is given only one weekend a year and includes all surgery residents throughout the United States. This is a mandatory examination and residents will not be allowed to take vacation, other than for emergency situations, during this examination time frame. This examination is given on the last weekend in the month of January. Residents are expected to score above the 35% minimum on ABSITE exams and pass. **The importance of the ABSITE site exam cannot be over emphasized.** Scores on this examination may affect future fellowship applications and job opportunities. A total test score below 35% on the ABSITE exam may result in consideration of /remediation/probation and consistent scores below 35% is potential grounds for

consideration of termination from the program. ABSITE scores are considered in context with the resident's overall academic and clinical performance

- d. **Mock Oral Exams.** Resident's from the R3 – R5 levels will participate in mock oral examinations twice yearly. The mock oral exams closely approximate the American Board of Surgery experience, with a "2 on 1" examiner/examinee format in two, thirty-minute, intense oral sessions which assess cognitive knowledge and the ability to think clearly under the stress of an evolving clinical scenario. Results of the mock oral exams are reviewed with each participating resident by the Program Director. A summary of oral exam performance is included in the biannual resident comprehensive evaluation. Failure to pass mock oral examinations may result in focused mentorship/remediation/probation to remedy deficiencies.
- e. Residents will receive biannual **Multi-source/Multi-rater Assessment** providing feedback from a variety of health care providers, ancillary staff and support services. This evaluation provides the residents with a broad perspective of their communication skills, patient care, professionalism, systems-based practice and practice-based improvement within the larger context of team healthcare. Below average evaluations may result in focused mentorship/remediation/probation to remedy deficiencies.
- f. The residents will maintain an online **Portfolio** through New Innovations software. The portfolio will allow the residents to track progress through the residency, complete self-evaluation, and assess practice-based learning and improvement. The portfolios provide the resident with a central location for all certifications, evaluations and results. The resident portfolios will be reviewed biannually by the program director.
- g. The residents will complete a biannual **Milestones** self-assessment which will be followed by a compare/contrast comparison with the Milestones rating performed by the Clinical Competency Committee (CCC). Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME competencies organized in a developmental framework from less to more advanced. They are descriptors and targets for resident performance as a resident moves from entry into residency through graduation. As part of the Milestones self-assessment the resident will set learning and improvement goals; and with staff assistance, identify and perform appropriate learning activities to achieve self-identified goals. Success in achieving goals will be evaluated during the following biannual review. Residents are expected to achieve scores consistent with their level of training and the milestones evaluations will be used in determining progression within the residency to the next appropriate level of training.
- h. **Global Biannual Evaluation.** The Clinical Competency Committee (CCC) will meet twice yearly to review the academic progress of each resident and intern. A written summary of that discussion is prepared by the Program Director and

maintained in the individual resident's file. Benchmarks on performance are required for progression in the residency. Benchmarks include adequate performance of all of the aforementioned evaluation tools. Case logs will also be reviewed to determine appropriate number of index cases are achieved, as dictated by the ABS RRC standards.

D. **Skills Evaluations:** The housestaff will also have intermittent skills evaluations to assess progression of surgical skills and promote ongoing improvement throughout the residency. The skills evaluations typically are not formally graded however are used as an evaluation tool for decisions concerning resident progression and operative complexity and patient care. The following evaluation and training sessions are included:

- a. **Monthly Basic Surgical Skills OSCE** to evaluate suturing and knot tying skills. All PGY levels evaluated monthly at the primary site.
- b. **Yearly Comprehensive Surgical Skills OSCE** to evaluate suturing, knot tying, laparoscopic skills, bedside procedure skills, clinical exam skills, and trauma evaluations. All PGY levels evaluated annually at primary site.
- c. **Focused Abdominal Sonography for Trauma (FAST)** and bedside ultrasound skills simulation lab performed yearly for all residents at primary site.
- d. **Trauma Simulation Lab** to include animal models and simulation models performed annually for all PGY3 and higher levels, performed at Joint Base Lewis McChord.
- e. **daVinci® Robotic Simulation** training platform required for all residents. Includes basic to advanced training levels on robotic simulator over the initial three years of the residency, performed at the primary site.
- f. **Bedside Basic Procedural Skills** training session. Includes training for central line placement, intubation, arterial line placement, chest tube placement, nasogastric tube placement, and Foley catheter placement. For all PGY1 residents, performed annually at the primary site.

E. The Program Director is also responsible for additional special written evaluations on surgical housestaff: (Examples included in appendix)

- a. A "first 90 days" evaluation on all PGY-1 surgical interns.
- b. An end-of-year evaluation on PGY-1 surgical interns.
- c. An end-of-residency summative evaluation for all graduating PGY-5 residents.
- d. A final evaluation for any resident who withdraws or is terminated from training.

- F. Written statements of concern may be forwarded to the Program Director from an attending at any time for just cause. After review, the Program Director may take such action as seems appropriate, and may elect to document the incident in the educational file of a house officer. Incidents placed in a resident's file, and other documents of formal counseling must be discussed with the involved resident by the Program Director or his representative, and must be signed by the resident involved.
- G. The Program Director's annual / final evaluations are kept in a permanent file in the Program Director's Office.
- H. **Certification Courses:** Residents must maintain certification as denoted below and turn in a front/back copy of their certification cards to the residency coordinator for their academic file.
- a. **Basic Life Support (BLS):** All health care personnel assigned to duties involving the provision of patient care will possess and maintain BLS certification of training. BLS is offered through individual departments and Resuscitative Services. Contact the residency coordinator to receive instructions on how to register for BLS classes. Failure to maintain BLS certification may result in a temporary hold on patient care until certification is completed.
 - b. **Advanced Trauma Life Support (ATLS):** This course is offered during advancement to the second and third year residency. All residents will obtain ATLS certification and be encouraged to become ATLS instructors during residency.
 - c. **Advanced Cardiac Life Support (ACLS):** The ACLS course is coordinated through Resuscitative Services in the St. Joseph Consolidated Education Office. ACLS certification classes will be arranged by the program director for all residents. Of note, ACLS is not a substitution for maintenance of BLS certification.
- I. **Unique Learning Opportunities:**
- a. **Lifeline Project:** Residents will complete two Lifeline Projects during residency. The Lifeline Project involves the selection of a patient with a potentially terminal illness who is in the initial stages of their surgical care. The patient selected should differ from the resident in some manner such as race, gender, religion,

disability or sexual orientation. The resident will be involved in all clinic appointments, operations, inpatient care and medical related care of the patient to the completion of their residency or the death of the patient. The resident is expected to get to know the patient in-depth and be responsive to the needs of the patient through their illness. The resident will need to understand the family dynamics, religion, cultural context, sexual orientation and disabilities of the patient and how these factors may impact the care of the patient throughout their illness. The resident will be encouraged, with the permission of the family, to visit the patient in their home environment, rehab facilities and hospice centers as possible. During the final year of residency or the final year of medical care for the patient, the resident will provide a presentation of his/her Lifeline patient. The presentation will include the patient's history and care provided as well as self-reflection by the resident focusing on his/her biases, growth and lessons learned through the care of this patient. This will include focus on patient privacy and autonomy; accountability to patients, society, and the profession; and sensitivity and responsiveness to a diverse patient population, including to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

- b. **Ethics Review:** Residents will participate in Ethics Review yearly. This activity includes a dedicated academic day of education in ethics. As part of the yearly program the residents are to write a minimum one page summary of an ethical dilemma they encountered during the year. They will be expected to have researched their ethical topic and provide a brief educational background and literature review. The residents will review the ethics case with the program director for approval. During yearly Ethics Review, the resident will then discuss the ethical dilemma in detail and the resolution to include lessons learned. This is a yearly requirement through the course of the 5-year program.

RESIDENT SUPERVISION POLICY

- A. It is the policy of the General Surgery Program to follow requirements of the Graduate Medical Education Committee (GMEC) and ACGME regarding supervision of residents. Residents at St. Joseph Medical Center (SJMC) and participating sites will be supervised by faculty physicians in a manner that is consistent with the ACGME common program requirements and program-specific requirements.
- B. The Program Director shall provide explicit written descriptions of lines of responsibility for the care of patients, which shall be made clear to all members of the teaching teams. Residents shall be given a clear means of identifying supervising physicians who share responsibility for patient care on each rotation. In outlining the lines of responsibility, the Program Director will use the following classifications of supervision:
 - a. Direct Supervision: the supervising physician is physically present with the resident and patient.
 - b. Indirect Supervision, with Direct Supervision immediately available: the supervising physician is physically within the hospital or other site of patient care and is immediately available to provide Direct Supervision.
 - c. Indirect Supervision with Direct Supervision available: the supervising physician is not physically present within the hospital or other site of patient care but is immediately available to provide Direct Supervision.
 - d. Oversight: the supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.
- C. Supervision shall be structured to provide residents with progressively increasing responsibility commensurate with their level of education, ability, and attainment of program-specific milestones.
- D. The Program Director in conjunction with the program's faculty members shall make determinations on advancement of house officers to positions of higher responsibility, readiness for a supervisory role in patient care, and conditional independence through assessment of competencies based on specific criteria. Faculty members functioning as supervising physicians should assign portions of care to residents based on the needs of the patient and the skills of the resident.
- E. Based on these same criteria and in recognition of their progress toward independence, senior residents shall serve in a supervisory role for junior residents.
- F. Each resident must know the limits of his/her scope of authority and the circumstances under which he/she is permitted to act with conditional independence. PGY-1 residents will be supervised either directly or indirectly with direct supervision immediately

available. Programs will define, based on the appropriate Residency Review Committee's guidelines, the competencies that PGY-1 residents must achieve in order to progress to supervision indirectly with direct supervision available.

- G. Residents will be assigned a faculty supervisor for each clinical experience (inpatient or outpatient). The faculty supervisor shall provide to the Program Director a written evaluation of each resident's performance during the period that the resident was under his or her direct supervision. The Program Director will structure faculty supervision assignments of sufficient duration to assess the knowledge and skills of each resident and delegate to him/her the appropriate level of patient care authority and responsibility.

OPERATIVE AND ENDOSCOPIC SUPERVISION

- A. The degree of supervision a surgical resident requires in the operating room is dependent upon his/her level of training and individual development. As a rule, regardless of personal development, all PGY-1, PGY-2, and PGY-3 residents require staff or senior resident DIRECT supervision in the operating room and endoscopy suites.
- B. At the PGY-4 and PGY-5 levels, the degree of supervision is potentially less. At the discretion of the responsible staff surgeon, with concurrence from the Program Director, PGY-4 and PGY-5 residents who have demonstrated competence and skills commensurate with their level of training, may be allowed to perform certain procedures with indirect staff supervision, or act as teaching assistant for a junior resident. The staff must be advised of any surgical or endoscopic procedure prior to the procedure and the responsible staff will remain available to provide direct supervision if needed. The monthly staff evaluations and direct observation of the resident will determine competence. The degree of "independence" in the operating room will be determined on a case by case basis, and will also comply with all hospital and Department of Anesthesia and Operative Services guidelines. However, the staff physician always will remain responsible for the patient and all actions of the resident(s) involved.
- C. In a true emergency, the Junior Resident (R2 or R3) may perform any life threatening emergent procedure as indicated until a more senior resident or staff arrives. Likewise, the intern (R1) may perform any life-saving procedure indicated on the wards until more senior help arrives. In a life-threatening situation, it is expected that an R4 or R5 can initiate a laparotomy, thoracotomy, or any other procedure until staff arrives to assist.
- D. Minor procedures performed in the General Surgery Clinic may be performed by an R2-R5 with indirect supervision or by an R1 with direct supervision from a more senior resident, as deemed appropriate by the attending faculty. The same guidelines hold true for procedures done on the surgical ward, emergency department, and intensive care units. Procedures performed by R1-R5 residents with indirect supervision will be determined by the program director, based upon resident experience and defined procedure benchmarks. The procedure benchmarks are clearly defined. Review of these benchmarks are included in biannual evaluations.

****A Resident should NEVER perform a non-emergent procedure in the operating room without the foreknowledge and consent of the attending surgeon. This is grounds for immediate dismissal from the program****

SPECIFIC EXPLANATIONS

R1-R5, INDIRECT SUPERVISION REQUIRED.

A. Patient Management Competencies

- a. Evaluation and management of a patient admitted to hospital, including initial history and physical examination, formulation of a plan of therapy, and necessary orders for therapy and tests.
- b. Pre-operative evaluation and management, including history and physical examination, formulation of a plan of therapy, and specification of necessary tests.
- c. Evaluation and management of post-operative patients, including the conduct of monitoring and orders for medications, testing and other treatments.
- d. Transfer patients between hospital units or hospitals.
- e. Discharge patients from hospital
- f. Interpretation of laboratory results.

B. Procedural Competencies

- a. Perform basic venous access procedures, including establishing of intravenous access.
- b. Placement and removal of nasogastric tubes and Foley catheters.

R1: Direct supervision required. R2-R5: Indirect supervision allowed.

A. Patient Management Competencies

- a. Initial evaluation and management of patients in the urgent or emergent situation, including urgent consultations, trauma, and emergency department consultations (ATLS required).

- b. Evaluation and management of postoperative complications, including anuria, cardiac arrhythmias, change in neurologic status, change in respiratory rate, compartment syndromes, hypertension, hypotension, hypoxemia, and oliguria.
 - c. Evaluation and management of critically-ill patients, either immediately post-operatively or in the intensive care unit, including the conduct of monitoring and orders for medications, testing and other treatments.
 - d. Management of patients in cardiac or respiratory arrest (ACLS required).
- B. Procedural Competencies (once competency demonstrated by attaining benchmarks)
- a. Carry out advanced vascular access procedures, including central venous catheterization, temporary dialysis access, and, arterial cannulation.
 - b. Repair of surgical incisions of the skin and soft tissues.
 - c. Repair of lacerations of the skin and soft tissues.
 - d. Excision of lesions of the skin and subcutaneous tissues.
 - e. Tube thoracostomy
 - f. Paracentesis
 - g. Endotracheal intubation
 - h. Bedside debridement
 - i. Arterial Line

POLICY ON TRIGGER PROTOCOLS FOR URGENT ATTENDING PHYSICIAN NOTIFICATION

- A. Attending notification guidelines, known as “trigger protocols”, identify specific criteria that should trigger a phone call by a resident to an attending physician to inform the attending of a change in patient condition. Expected communication practices when there is a critical change in the patient’s condition are that the attending will be notified following evaluation. These include:
- a. Unplanned transfer to the ICU or more monitored setting (e.g. PCU)
 - b. Unplanned intubation, or ventilator support (e.g. BiPAP or C-PAP)
 - c. Unexpected cardiovascular support (e.g. addition of pressors)

- d. Cardiac arrest, Code, or Rapid Response Team called
- e. Development of significant neurological changes (suspected CVA, seizure, new onset paralysis)
- f. Iatrogenic event: serious complications from medical interventions
- g. Unexpected blood transfusion without prior attending knowledge or instruction
- h. Development of any clinical problem that requires an invasive procedure/operation for treatment or need for more expensive scanning (i.e. CT, MRI)
- i. Concern on the part of the resident for potential need for initial operative intervention
- j. Possible question/s that might require a return to surgery
- k. Signing out against medical advice (AMA)
- l. Suicide attempt
- m. Death unless expected or discussed with attending prior to occurrence that there is no need to contact them at the time of the death

NOTE: This protocol is designed to ensure communication, but *should not preclude* communication for any issue short of the above criteria. Any member of the team should feel comfortable to contact the attending of record at any time for questions of clinical management.

****Inability to reach the faculty should NOT impede needed or emergent clinical care.****

*****If faculty do not answer pager, call cell, then call home, then REPEAT all x 1, then call Program Director if no response by faculty.*****

RESIDENT DUTY HOURS AND WORK ENVIRONMENT

- A. **General and Defined Time-Off:** The profession of surgery unavoidably involves long hours. To ensure efficiency and to minimize error secondary to fatigue, the General Surgery Residency will adhere to an 80-hour work week. It is the policy of the General Surgery Program and Graduate Medical Education Committee to follow duty hour guidelines established by the ACGME. The Program Director(s) must monitor and enforce compliance with duty hour guidelines.

- B. Duty hours include all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

- C. Residents are responsible for using New Innovations Metrics to report accurately their duty hours, including all time spent Moonlighting when approved by the Program Director(s).

- D. **Maximum Hours of Work per Week:** Duty hours must be limited to 80 hours, averaged over a four-week period per rotation or a four-week period within a rotation excluding vacation or approved leave. Requests for exceptions to the maximum weekly limit on duty hours must be presented by a Program Director to the GMEC for review and approval prior to submission of any requests for exceptions to the ACGME.

- E. **Moonlighting:** Residents who have an unrestricted medical license from the state of Washington may participate in limited moonlighting opportunities within the scope of their license. Moonlighting activities cannot exceed two 12-hour periods in 1 month. Moonlighting must not interfere with the ability of the resident to achieve the goals and objectives of the educational program, and must not interfere with the resident's fitness for work nor compromise patient safety. Time spent in Moonlighting will be counted toward the eighty-hour maximum weekly hour limit. All moonlighting must be approved by the program director prior to participation. Residents must provide a monthly update to the program director of moonlighting hours. See additional Moonlighting guidelines below.

- F. **Mandatory Time Free of Duty:** Residents must be scheduled for a minimum of one day free of duty every seven days averaged over four weeks. "Duty" includes all clinical and academic activities related to the program as described above. At-home call cannot be assigned on these free days.

- G. **Maximum Duty Period Length**
 - a. Duty hour periods of PGY-1 residents must not exceed 16 hours in duration.

- b. PGY-2-5 residents may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Residents may be allowed to remain on site for an additional 4 hours to ensure effective transitions in care; however, they may not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.
- c. St. Joseph Medical Center encourages residents to use alertness management strategies, including strategic napping, in the context of patient care responsibilities, especially after 16 hours of continuous duty and between the hours of 10pm and 8am.
- d. On their own initiative, PGY-2-5 residents may on occasion remain beyond their scheduled period of duty to continue to provide continuity care for individual patients, to provide continuity care for a single severely ill or unstable patient, or to attend a transpiring event of unusual academic importance. The resident must appropriately turn over care for all other patients to oncoming residents responsible for continuing management. The resident must provide documentation to the Program Director explaining reasons for remaining to care for the patient in question. The Program Director is responsible for tracking both individual resident and program-wide episodes of additional duty.

H. Minimum Time Off Between Scheduled Duty Periods

- a. PGY-1 residents should have 10 hours and must have 8 hours free of duty between scheduled duty periods.
- b. PGY-2-5 residents should have 10 hours free of duty, must have 8 hours between scheduled duty periods, and must have at least 14 hours free of duty after 24 hours of in-house duty.
- c. “Should” is understood to mean residents never will be scheduled in a fashion which results in less than 10 hours off between duty periods.
- d. Residents in the final years of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular and extended periods. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances when senior or chief residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. In all instances, such circumstances must be monitored by the Program Director.

I. Maximum Frequency of In-House Night Float: Residents must not be scheduled for more than 5 consecutive nights of night float.

J. Maximum In-House On-Call Frequency: In-house call will occur no more frequently than every third night, averaged over a four-week period.

K. **At-Home Call:** At-home call, or “pager call,” is defined as call taken from outside the assigned site. When residents are called into the hospital from home, they may care for new or established patients and the hours spent in-house, exclusive of travel time, are counted toward the eighty-hour limit. Such episodes will not initiate a new “off-duty period.” At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. At-home call may not be scheduled on the resident’s one free day per week (averaged over four weeks).

L. **Monitoring**

- a. The Program Director(s) must monitor call-from-home duty hours in terms of frequency and characteristics to assure that residents are following basic guidelines established by the ACGME.
- b. Residents are expected to log duty hours at least weekly into New Horizons.
- c. Exceptions to duty hour limitations should be reported to the Program Director at the time of occurrence, but must be reported to the Program Director within 24 hours.
- d. The Program Director(s) must provide aggregate duty hour reports as well as individual instances of exceptions to the duty hour limitations to the GMEC at quarterly meetings. Plans for limiting recurrences of duty hour infractions should be presented for each occurrence when possible.
- e. GMEC Chair and the DIO will receive automotive monthly updates from New Innovations providing resident work hours based on resident’s work hours entered into New Innovations. If there is any incidents of non-compliance or violations of work hours, the DIO and GMEC Chair will receive an immediate notification. The Program Director will be required to report work hours to the GMEC and the DIO on a monthly basis. The GMEC will have formal reviews of work hours at each meeting.

M. **Education:** Annual presentation by program faculty be provided to residents and faculty members regarding effects of loss of sleep and chronic fatigue.

N. **Reporting:** Any concerns regarding compliance with duty hour guidelines should be reported to the Chief Resident(s). If a Chief Resident does not respond to the concern, the resident should report directly to the Program Director. If the Program Director does not respond to the concern, the resident may report directly to the Designated Institutional Official. The resident may notify the GMEC at any time by contacting one of the resident representatives on the GMEC.

MOONLIGHTING POLICY

- A. It is the policy of the General Surgery Program to follow guidelines established by the ACGME regarding Moonlighting for residents in accredited training programs. Program policies are well defined and may not conflict with the established GME policy outlined below:
- a. “Moonlighting” refers to a service performed by a resident in the capacity of an independent physician, completely outside the scope of his/her residency-training program.
 - b. “External moonlighting” refers to moonlighting at a facility that is not part of the resident’s training program.
 - c. “Internal moonlighting” refers to moonlighting at a location within the St. Joseph Medical Center System but outside the scope of the training program where the resident would normally be expected to provide care.
- B. Residents must possess a valid, unrestricted medical license in the State of Washington to be eligible for moonlighting.
- C. Moonlighting is always voluntary and residents are never required to engage in moonlighting.
- D. External and Internal moonlighting hours must be counted toward the 80-hour duty hour limit.
- E. Residents are prohibited from external or internal moonlighting unless they have the written approval of their Residency Program Director. The Residency Program Director is under no obligation to allow moonlighting and may withdraw (in writing) permission to moonlight at any time if such moonlighting conflicts with smooth functioning of the program.
- F. If moonlighting is allowed within an accredited program, then the Program Director must monitor resident academic and clinical performance and must counsel moonlighting residents if performance deteriorates according to competency evaluations and assessments. In all circumstances, training needs/requirements of the program will supersede any prior permission to moonlight.
- G. Professional liability coverage is not provided by SJMC for external moonlighting activities, as these activities are outside the scope of the residency program

TRANSFER OF PATIENTS: HAND-OFF POLICY

Common Program Requirements: Programs must design clinical assignments to minimize the number of transitions in patient care. Sponsoring institutions and programs must ensure and monitor effective, structured hand-over processes to facilitate both continuity of care and patient safety. Programs must ensure that residents are competent in communicating with team members in the hand-over process.

SJMC GME Handoff Policy:

- A. Handoffs must include the following elements:
 - a. Patient Name and identifying data
 - b. Members of the daytime team and consultants involved
 - c. Allergies, medications, and code status.
 - d. A brief synopsis of the hospital course with emphasis on last 24 hours
 - e. Recent pertinent lab and X-ray data
 - f. Contingency plans for most likely scenarios
 - g. Things to do (Pending tests, consults, etc.)
- B. EPIC handoff tool may be used during the handoffs to help meet these requirements. If the CHART tool is not used, another form should be used that contains the items noted above.
- C. Handoffs should routinely occur face-to-face. Interruptions must be minimized and time must be allotted for questions at the end of the handoff.
- D. If handoffs are given by trainees below the PGY-2 level, the plan should be discussed with more senior providers prior to the handoff.
- E. During intern orientation, a handoff workshop run by the director of intern training will occur. This will be followed by on the job specialty specific training within departments.
- F. Determination of Competency - Evaluation at program level will be documented on monthly evaluations and documented in the resident's training file.
- G. Proficiency in handoffs should occur within the first month of training to ensure competent patient care.

RESEARCH

- A. Every surgical house officer is REQUIRED to have an ongoing, specific, staff-approved research project, which can lead to presentation and possible publication. A general goal is to carry at least two research projects through to completion and presentation/publication during the five-year residency.

- B. Numerous local, regional and national venues exist which are suitable for housestaff presentation. Venues that have been very useful in past years include:
 - a. The Clinical Congress of the American College of Surgeons (national – October).
 - b. The North Pacific Surgical Association (regional– November).
 - c. The Washington Chapter of the American College of Surgeons (regional – June).
 - d. The Seattle Surgical Society (local – January).
 - e. Pacific Coast Surgical Association (regional – February).

- C. TDY funding is available to financially support residents who present papers at these venues. As such, IRB–approved protocols with requests for funding are an important part of the research process to help secure proper funding for travel and should, with rare exception, be completed every time.

- D. **Quality Improvement Studies:** The residents participate in Quality Improvement studies as a component of the research curriculum. They have a detailed interaction with the personnel in Quality Assurance/Risk Management/Patient Safety at St Joseph’s Medical Center. The resident will select a specific topic related to Quality/Safety/Risk Management and perform a research study on this topic. This will include obtaining study approval, chart review when indicated, data analysis and write up of results. The topic will be presented as part of the institution quality assurance program for consideration for change in practice and patient care. The specific topic will be reviewed and approved by the program director. Residents are required to complete a minimum of two quality improvement studies during the five-year residency.

ACADEMIC AND PROFESSIONAL ACTIONS POLICY

PURPOSE

To providing high-quality Graduate Medical Education (GME) by outlining the process by which residents within Virginia Mason Franciscan Health St. Joseph Medical Center are notified of corrective actions and explaining the process by which these actions may be reviewed at the institutional level.

PROCEDURE

- A. Interns/Residents:
 - a. are first and foremost learners;
 - b. are expected to pursue the acquisition of competencies that will qualify them for careers in their chosen field;
 - c. are expected to adhere to standards of professional conduct appropriate to level of training.

- B. Due process refers to an individual's right to be adequately notified of charges or proceedings against that individual and the opportunity to respond to these actions.

- C. Program appointment, advancement, and completion are not assured or guaranteed to the resident but are contingent upon the resident's satisfactory demonstration of progressive advancement in scholarship and continued professional growth. Unsatisfactory resident evaluation can result in required remedial activities, temporary suspension from duties, non-promotion, non-renewal of appointment, or termination of appointment and residency education.

- D. The policies and procedures described in this document are designed to ensure that actions which might adversely affect a resident's status are fully reviewed and affirmed by neutral parties while at the same time ensuring patient safety, quality of care, and the orderly conduct of training programs.

- E. The policies and procedures described in this section are the exclusive means of review of academic actions within GME programs sponsored by Virginia Mason Franciscan Health St. Joseph Medical Center.

- F. Academic Actions Not Subject to Review. The following academic actions are not reviewable, meaning there is no opportunity for a resident to seek external evaluation of the program's decision/action.
 - a. *Resident Evaluations:*
 - i. The Accreditation Council for Graduate Medical Education requires programs to conduct formal performance reviews with residents at least once every six months.

- ii. Evaluation of resident performance includes assessment of clinical competence, professional behavior, and humane qualities. In situations where residents exhibit sub-standard performance, the program director may provide notice to, or request assistance for, a remediation from the faculty advisor, residency training committee, and/or the entire departmental or divisional faculty or an appropriate mental health specialist.
- iii. Upon notification of a problem in cognitive or interpersonal performance, the program director will decide whether the problem can be addressed through the normal evaluation processes or requires a formal intervention and remediation program. Residents may submit written responses to their evaluations within thirty (30) calendar days. These written responses will be retained in the resident's program file; but such responses are for informational/explanatory purposes only.

b. *Program Letter of Warning:*

- i. The Program Letter of Warning is documentation describing serious issue(s) of resident performance or behavior that requires remediation. A Program Letter of Warning shall include recommended actions or remediation the resident should follow to resolve any issue(s) described in the letter. Failure to adequately address areas of concern or repeated undesirable behaviors may lead to progressive discipline including probation, suspension, non-renewal of appointment, or termination.
- ii. The Program Letter of Warning will be given to the individual and will not normally be considered part of the resident's program file or reported by program directors as negative evaluations if the recommended actions or remediation are completed within the required time frame. Program Letters of Warning can be made part of the file at the discretion of the program director if complete remediation is not achieved. A resident may request the Program Letter of Warning be removed from the individual's program file; but the Program Director remains the ultimate authority regarding removal of Program Letters of Warning in such circumstances. The Program Director will confirm with the resident that this removal has taken place or provide an explanation why it has not occurred

c. *Removal from Patient Care Activities*

- i. A resident will automatically be removed from patient care activities for any of the reasons listed below following notification in writing. The period of removal will extend until the deficiency described is resolved to the satisfaction of the Program Director. Residents may be assigned to

non-clinical duties, vacation, or other status at the discretion of the Program Director. If assignment to another activity is not practical, the removal from patient care may result in an unpaid status.

- ii. Lack of an unrestricted physician or physician-in-training license in the State of Washington;
- iii. Failure to obtain or maintain credentials required for the clinical practice, such as Drug Enforcement Administration license;
- iv. Failure to complete required orientation and/or annual training requirements;
- v. Failure to comply with the Program's Moonlighting Policy;
- vi. Failure to maintain compliance with the St. Joseph Medical Center or other training site immunization requirements; and
- vii. Failure to maintain proper immigration status for legal employment.
- viii. Residents who become ineligible for employment due to changes in their immigration status will be removed from the active payroll and may not work in any capacity. They will be placed on inactive, unpaid status until their work eligibility status is resolved.

G. Actions by Non-GME Agencies

- a. If a resident violates policies and procedures outside the control of the GME program, the resident may not appeal the action through the GME Academic Action Review Procedures. The resident is, however, free to exercise due process procedures as may be available from the agency taking the action.

H. Reviewable Academic Corrective Actions: The following academic actions are reviewable, affording opportunity for a resident to seek external evaluation of the program's decision.

- a. Non-Reappointment
 - i. A decision on non-reappointment of a resident will be made by the established Clinical Competency Committee. The resident will be notified of non-reappointment by April 15th, or at least two months prior to the normal termination date of the resident's existing appointment if the date of appointment is any date other than June 30th. The notification will be by letter to the resident and will contain the reasons for the non-reappointment.

- ii. The program at its sole discretion may revisit any non-reappointment decision at a later date and may rescind the non-reappointment notice and offer reappointment at that time.

b. Non-Promotion

- i. The established Clinical Competency Committee within a program may determine a resident has not performed to a level that would allow the resident to progress to the next year of their training program. The program may in that case ask the resident to repeat the year at the same R-level. A resident will be notified of non-promotion by April 15th, or at least two months prior to the normal termination date of the resident's existing appointment if the date of appointment is any date other than June 30th. The notification will be by letter to the resident and will contain a summary of the resident's performance that necessitates the non-promotion action.
- ii. In some cases, residents will be required to make up partial-year rotations or assignments due to performance problems or absence following medical or personal leave. If the program delays the resident's commencement of the next level of training but issues a new agreement at the R-level for which the resident would have otherwise been eligible, then the resident may not seek review.
- iii. When a resident at the end of their training must make up less than a full year of rotations due to repeating rotations or because of medical or personal leave, those extensions to the resident's current agreement or new agreements will not be subject to review. In such cases, the agreement extension will include stipends and benefits at the current level for the resident until they have completed all required assignments.

c. Probation

- i. Probation is a serious academic action that is taken in response to continued documented substandard performance or behavioral issues, violations of educational standards or policy, or inability to remediate according to requirements outlined in a Program Letter of Warning. The Program Director will notify residents in writing of their probationary status, the reasons for the probationary status, the expectations that must be satisfied to remediate the probationary status, and the time limit for satisfactory remediation.
- ii. Documentation of probation will become part of the resident's program file and will be disclosed upon request to other agencies or persons when

the individual seeks hospital privileges or licensure, or if the individual continues training in a different program.

- iii. The program director will notify the resident in writing when a probationary status has been successfully remediated. This letter will be retained in the resident's program file.
- iv. The resident's failure to successfully correct the behavior or deficit giving rise to the probationary designation may result in extension of probation, suspension, nonrenewal of appointment, or termination.

d. Suspension

- i. A program may suspend a resident from some or all activities related to their education in response to the resident's inability to provide safe patient care, or for failure to meet other obligations of the educational program or the Residency Position Appointment. Bases for suspension may include, but are not limited to, the following:
 - 1. Unprofessional behavior;
 - 2. Egregious violation of patient privacy rules, including but not limited to HIPAA regulations;
 - 3. Unexcused absence without reporting to the program director;
 - 4. Any action that is illegal, unethical, or in conflict with St. Joseph Medical Center's professional conduct code;
 - 5. Performing resident duties while in an impaired physical or mental state;
 - 6. Failure to comply with conditions of probation or other progressive corrective action;
 - 7. Academic deficiencies warranting removal of the resident from patient care.
- ii. The duration of the suspension should be appropriate to address the reasons underlying the suspension. A suspension may be indefinite in length if it requires the action of the resident, for instance in obtaining proper credentials. Suspension may be paid or unpaid depending on the circumstances and the judgment of the program director.

e. Termination for Cause

- i. A resident's appointment may be terminated for cause if the resident fails to meet standards of performance expected at the resident's level of training, fails to fulfill the conditions of appointment to the program, or fails to meet the requirements of the hospital or clinic to which the resident is assigned. The overall academic performance and professional behavior of the resident shall be considered in decisions to terminate for cause.

Academic and Professional Action Review Process

- A. The process outlined below is the exclusive means of review or appeal of academic actions within St. Joseph Medical Center Sponsored GME Programs:
- B. The purpose of this procedure is to allow secondary review of the program's actions based on the assessment of the resident's academic and professional performance.
- C. The review procedure is not an adversarial legal proceeding but is instead the exercise of academic and professional judgment by GME faculty and officials on whether the resident has the necessary ability to uphold the academic and professional standards of the St. Joseph Medical Center GME program and to perform adequately as a physician.
- D. Request for Review
 - a. When considering recommending the suspension, non-renewal of appointment, non-promotion, or termination of a resident, the Program Director shall inform the resident of the basis for the consideration of the action and discuss the matter with the resident in a face-to-face conference. A written summary of this meeting shall be prepared and provided to the resident. The matter may be concluded by mutual consent at this point.
 - b. If at any time during the preliminary proceedings described in the paragraph above it appears to the Program Director that mutual resolution is not possible and the Program Director decides that non-renewal of appointment, non-promotion, suspension, or termination for cause is necessary, the Program Director or designee shall submit a letter of recommendation to the Chair of the Graduate Medical Education Committee (GMEC). The recommendation shall include a statement of the grounds for the recommended action.
 - c. The Program Director shall notify the resident in writing of the recommended action, via certified mail. This Notice shall contain:
 - i. A copy of the recommendation
 - ii. A statement informing the resident that if the Chair of GMEC receives a written request for review from the resident within fourteen (14) calendar days of the date of the mailing of the Notice, then the recommendation will be reviewed by the St. Joseph Medical Center Graduate Medical Education Committee.
 - iii. A copy of the current Residency Position Appointment plus a copy of this policy.
 - d. A written request for review of the recommendation must be received by Chair of GMEC within fourteen (14) calendar days of the date of mailing of the Notice. If

no request for review is received within this timeframe, the Program Director's recommendation shall become final and no further review will be available.

- e. Within five (5) working days of receipt of a resident's written request for review, the Chair of the GMEC shall provide the Department chair a copy of the resident's written request for review.

- f. The GMEC Chair will convene a closed, special meeting of the GMEC no sooner than thirty (30) calendar days following the forwarding of notice of request for hearing to the Program Director
 - i. A quorum (outlined within the GMEC Charter) must be present to review the Academic Action;
 - ii. At least one resident member of the GMEC must be present;
 - iii. The DIO or designee must be present;
 - iv. The Program Director or designee must be present, but will not vote in proceedings or take part in Committee deliberations;

- g. The Program Director, or his/her designee, shall provide the following information to the Review Committee no later than five (5) working days before the hearing date:
 - i. A statement of the matters asserted by the Program Director;
 - ii. A list of witnesses who may be presented at the Committee meeting by the Program Director.
 - iii. A list of documents to be presented at the Review Committee meeting by the Program Director.

- h. All materials, documentation, and exhibits that the resident wishes to submit shall be submitted to the Review Committee during the course of the review meeting. The resident may also submit materials or documentation in advance of the review meeting;

- i. Legal discovery, such as but not limited to interviews of parties to the action, requests for records, interrogatories, or depositions, is not available under the GME Academic Action.

- j. The resident may be accompanied by an advisor or accompanied by legal counsel at the resident's own expense. The Program Director may request legal counsel from St. Joseph Medical Center. However, legal counsel for either party will not be allowed to speak at the review meeting on behalf of any person or actively participate in the proceedings unless permission is granted by the Chair of the GMEC;

- k. The resident and Program Director are entitled to hear all presentations and examine all documents presented at the review meeting. The resident and

Program Director or designee may present documents and witnesses in support of their respective positions and may ask questions of any other witnesses

- l. The Chair of the Review Committee shall, within reason, give all parties full opportunity to submit and respond to statements and positions;
- m. All components of the review are will be closed to public observation. All components of the review and all associated documents created, collected, or maintained for the review are part of the St. Joseph Medical Center Quality Improvement Plan and Peer Review Process. The confidentiality and privilege associated with quality improvement and peer review activities therefore applies to the review.
- n. All testimony of parties and witnesses shall be made under oath or affirmation.
- o. No communications are permitted by the resident, the Program Director, or their respective representatives to the Review Committee members regarding any issue in the proceeding other than communications necessary to procedural aspects of maintaining an orderly process. All other communications regarding the review are to be directed to the Chair of the Committee.
- p. The resident does not have the right to be present during the deliberations of the Committee;
- q. All proceedings of the Review Committee will be conducted with reasonable dispatch and be completed as soon as possible, consistent with fairness to all parties involved.
- r. An adequate summary of the proceedings will be documented within GMEC minutes. Such a summary shall include all documents that were considered by the Review Committee and may include a tape recording of the presentations and any other documents related to the hearing.
- s. The Committee is charged with responsibility to review the decision of the Program Director and issue a Recommended Outcome. The question before the Committee is whether the Program Director's decision was arbitrary or capricious.
- t. The burden of proof is on the resident to show that the decision was arbitrary or capricious.
- u. Arbitrary and capricious action is willful and unreasoning action, without consideration and in disregard of facts or circumstances. Where there is room for two opinions, action is not arbitrary or capricious when exercised honestly and upon due consideration even though it may be believed an erroneous conclusion has been reached.

- v. The submission of a Recommended Outcome by the Committee shall require a simple majority vote.
 - w. If the Committee is unable to achieve a simple majority vote, the Recommended Outcome(s) of the Committee should reflect the views of each of the eligible committee members.
- E. Within thirty (30) calendar days of the Committee's recommendation, the Chair of the GMEC will forward a written final decision to the resident and to the Program Director via certified mail. The final decision shall include a statement of findings and conclusions.
- a. Recommendations from the GMEC are final and there is no process for further appeal.
 - b. If the final decision is termination for cause, the termination shall be effective thirty (30) calendar days after the date of the final decision.
 - c. The stipend and fringe benefits of the resident shall be continued during the period necessary to assure due process provided that such stipend and fringe benefits shall cease at the expiration of the resident's appointment or the effective date of termination by the GMEC, whichever shall occur first.
 - d. Rulings by the Committee that are made in favor of the resident may not include remedies beyond reinstatement and recovery of any stipend and benefits lost as a result of the disciplinary action.

EQUAL EDUCATIONAL OPPORTUNITY / SEXUAL HARASSMENT

- A. SJMC policy prohibits discrimination or harassment against a member of the SJMC community because of race, color, creed, religion, national origin, citizenship, sex, age, marital status, sexual orientation, disability, or military status; prohibits any member of the hospital staff including, but not limited to, the faculty, staff, or trainees, from discriminating against or unlawfully harassing a member of the public on any of the above grounds while engaged in activities directly related to the nature of their SJMC affiliation; and prohibits retaliation against any individual who reports concerns regarding discrimination or harassment, or who cooperates with or participates in any investigation of allegations of discrimination, harassment, or retaliation.
- B. **“Harassment”** is conduct directed at a person because of the person’s race, color, creed, religion, national origin, citizenship, sex, age, marital status, sexual orientation, disability, or military status that is unwelcome and sufficiently severe, persistent, or pervasive that: (1) it could reasonably be expected to create an intimidating, hostile, or offensive work or learning environment, or (2) it has the purpose or effect of unreasonably interfering with an individual’s work or academic performance.
- C. **“Sexual harassment”** is a form of harassment based on the recipient’s sex that is characterized by: (1) Unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature by a person who has authority over the recipient when (a) submission to such conduct is made either an implicit or explicit condition of the individual's employment, academic status, or ability to use SJMC facilities and services, or (b) submission to or rejection of the conduct is used as the basis for a decision that affects tangible aspects of the individual's employment, academic status, or use of SJMC facilities; or (2) Unwelcome and unsolicited language or conduct that is of a sexual nature or that is sufficiently severe, persistent, or pervasive that it could reasonably be expected to create an intimidating, hostile, or offensive working or learning environment, or has the purpose or effect of unreasonably interfering with an individual’s academic or work performance.
- D. **Complaint Resolution:** SJMC encourages prompt investigation and resolution of complaints about the behavior of its employees, and encourages employees to seek resolution assistance regarding behaviors that include but are not restricted to: harassing, discriminatory or threatening behavior; violation of SJMC policy; or mistreatment of members of the public. Residents who believe they are being harassed or discriminated against should seek help from their Chief Residents, Faculty, Program Director, and may also seek assistance from the GMEC if lower-level attempts at resolution are unsuccessful. A comprehensive list of additional complaint resolution resources, if needed, is available through SJMC Human Resources.

HOSPITAL CONTACTS

Virginia Mason Franciscan Health

Franciscan Café Menus

<https://chifh.catholichealth.net/Comm/fns/Pages/cafe.aspx>

Medical Records

HIM Central Office – *St. Joseph Medical Center*
Office Hours: 8:00 a.m. – 4:30 p.m. Monday-Friday
Patient Care services are supported 24/7
Department Telephone: 253.426.6673 (127.6673)
Department FAX: 253.426.6924 (127.6924)
HIM Central Office located at St. Joseph Medical Center, Ground Floor

St. Francis Hospital
(HIM on Ground Floor near Human Resources)
34515 Ninth Avenue South
Federal Way, WA 98003
Phone: 253-944-4019 (HIM)

St. Anthony Hospital
(2nd Floor)
11567 NW Canterwood Drive
Gig Harbor, WA 98332
Phone: 253.530.2290 (HIM)

Security

St. Joseph Hospital – 253-426-4888
St. Anthony Hospital- 253-530-2130
St. Francis Hospital – 253-944-4233

Help Desk (National IT Service) – 866-236-0441

Medical Staff Office –

<https://chifh.catholichealth.net/Comm/ma/Pages/default.aspx>

Kim Nighswonger, Medical Affairs Coordinator
e-mail: KimNighswonger@chifranciscan.org

Michael Anderson, MD (also the program's DIO), Chief Medical Officer
E-mail: MichaelAnderson@catholichealth.net
Department: CMU Office

Internal # (On Net): 180-2180 Outside # (Off Net): 253-680-2180
Fax Internal # (On Net): 180-2179
Fax External # (Off Net): 253-680-2179

Franciscan Inpatient Team (FIT)

For all FIT locations:

Main Number 253-426-6341 (On Net: 127-6341)

OR

Page a provider through FCC on the Virginia Mason Franciscan Health Intranet page

<https://chifh.catholichealth.net/ToolsApplications/Pages/FCC.aspx>

**must use general log-in credentials to access the Franciscan Contact Center Online (FCC)

Diagnostic Imaging

Tacoma

St. Joseph Medical Center, 1717 South J Street, Tacoma, WA 98405

Phone: 253.426.6620;

St. Joseph Outpatient Center, 1617 South J Street, Tacoma, WA 98405

Phone: 253.426.6620

Carol Milgard Breast Center, 4525 South 19th Street, Tacoma, WA 98405

Phone: 253.759.2622

Federal Way

St. Francis Hospital, 34515 Ninth Avenue South, Federal Way, WA 98003

Phone: 253.944.4133;

St. Francis Outpatient Center, 34515 Ninth Avenue South, Federal Way, WA 98003

Phone: 253.944.4133

Gig Harbor

St. Anthony Hospital, 11567 Canterwood Drive NW, Gig Harbor, WA 98332

Phone: 253.530.2150 (Front Desk); 253.573.7320 (Appointment Center)

MultiCare Health System

Medical Records

Attn: Health Information Department

PO Box 5299

Tacoma WA 98405

PHONE: 253-403-1081

FAX: 253-333-2419

Security – 253-403-1013

Diagnostic Imaging

PHONE: 253-403-2302

FAX: 253-403-1574

Swedish Medical Center

Medical Records

Attn: Health Information Management

747 Broadway

Seattle, WA 98122

PHONE: 206-320-3850

FAX: 206-320-2626

Security- 206-386-2322

Graduate Medical Education Office – 206-386-2265 (Switch board)

Diagnostic Imaging

First Hill Medical Imaging: Monday-Friday 7 a.m. - 8 p.m.; Saturday-Sunday 7

a.m. - 5:30 p.m.; 206-386-3990

EDUCATIONAL GOALS AND OBJECTIVES

GENERAL SURGERY RESIDENCY GOALS AND OBJECTIVES

(Revised May 2018)

PGY-1 Program Administration and Implementation

The General Surgery curriculum at St. Joseph Medical Center is designed by the General Surgery Residency Program Director based on the ACGME General Surgery RRC requirements. Specific rotation requirements are as dictated by these ACGME regulations. All PGY-1 rotations are 1 month in duration.

The first year of training provides an organized educational experience with faculty guidance and close supervision of each resident to begin to learn the practice of surgery. This facilitates professional and personal growth while ensuring safe and effective patient care. The program relies on the integration of didactic activities in a structured environment along with guided experience in the diagnosis and management of patients. A proper balance between educational quality and patient care service is maintained. All patients admitted for a surgical procedure are assigned to an attending physician. The attending staff member supervises all preoperative, operative, and postoperative care of the patient – regardless of whether the patient is referred by another physician or assigned to the physician upon entrance to the emergency room. The attending staff member has the responsibility of delegating appropriate duties to each resident on the service according to the resident’s level of training and ability, as well as his or her individual skills and degree of competence. This is under the oversight of the General Surgery Program Director.

The first-year resident is expected to study and incorporate elements of the Core Clinical Competencies (Medical Knowledge, Patient Care, Interpersonal Skills and Communication, Professionalism, Systems-Based Practice and Practice-Based Learning and Improvement) into his or her practice on a longitudinal basis.

1) Patient Care

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

2) Medical Knowledge

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

3) Practice-based Learning and Improvement

Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

4) Interpersonal and Communication Skills

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

5) Professionalism

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

6) Systems-based Practice

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

These overall Goals and Objectives are then supplemented by the rotation specific PGY-1 Goals and Objectives as specified below for each rotation.

R-1 LEVEL ROTATIONS

Rotation - General Surgery – R1 Year Level

At St. Joseph Medical Center, the General Surgical Service performs a variety of surgical procedures including those for abdominal and gastrointestinal disorders, surgical oncology, and endocrine lesions. The resident will spend 7 months on the general surgery service over the course of the R1 year. The faculty have advanced fellowship training in colorectal surgery, surgical oncology, laparoscopic surgery, and trauma/critical care. The General Surgery Service is divided into two teams, GS1 and GS2. The surgery teams have 6 (six) assigned OR's per week and operate 2 to 3 days a week per service. Two days are spent in clinic each week seeing preoperative and postoperative patients, thus ensuring continuity of care. The remaining day is devoted to academic conferences and research with no scheduled surgery or clinic during this day. Attendings are present in clinic with supervision of all activities. The clinic also includes minor surgery rooms. The service typically will perform these procedures on assigned clinic days.

The first-year resident has primary responsibility for patient care - from their History and Physical Examination to their perioperative needs, both medical and surgical. This allows for a considerable degree of continuity of patient care. During the general surgery rotation, residents are required to attend all the didactic sessions provided by the General Surgery Program.

Goals: The PGY-1 will learn effective and efficient techniques of contemporary surgical practice, including the diagnosis of patients with a variety of surgical illnesses, optimal patient preparation for surgical intervention, and appropriate postoperative care.

Objectives:

A. Medical Knowledge:

1. Demonstrate knowledge of the basic science, anatomy and clinically supportive sciences of surgical diseases within the spectrum of the PGY-1 surgeon. These include, but are not limited to, postoperative fevers, mental status changes, and surgical infections, physiologic response to surgery, electrolyte disorders, cholelithiasis, hernias, breast diseases, appendicitis, hemorrhoids, and basic surgical diseases.
2. Demonstrates basic understanding of the symptoms, signs and treatments of the broad diseases of surgery such AS anal fistula, colon and rectal cancer, diverticulitis, lower GI bleeding, inflammatory bowel disease, hernia, cholecystitis, biliary pancreatitis, hiatal hernias, paralytic ileus, colon neoplasms and polyps, anorectal abscesses/fistulas/fissures, ileus, gastrointestinal bleeding, .
3. Demonstrates a basic understanding of the essential surgical operations of colon and rectal, general, and hepatobiliary surgery such AS fistulotomy, open colectomy, colostomy, colonoscopy, excision condyloma, appendectomy, cholecystectomy, ex lap, lysis of

adhesions, exploratory laparotomy - open and lap, hernia repair, cholecystectomy with or without cholangiogram, lap antireflux procedures, colectomy - open and lap, anal fistulotomy/Seton, hemorrhoidectomy and banding, pilonidal surgery, open or laparoscopic cholecystectomy, open or laparoscopic liver biopsy.

4. Understands perioperative risk assessment.
5. Understand the systematic evaluation of an abdominal CT scan.

B. *Patient Care:*

1. Perform a focused, efficient, and accurate history and physical for a patient presenting with a common hepatobiliary, general surgery, and colon and rectal surgery presentation (such AS obstructive jaundice, cholangitis, choledocholithiasis, hepatic mass or abscess, hernia, cholecystitis, biliary pancreatitis, hiatal hernias, paralytic ileus, colon neoplasms and polyps, anorectal fistulas/fissures anal fissure, diverticulitis, perirectal abscess, small/large bowel obstruction, lower GI bleed, inflammatory bowel disease, and colon and rectal cancer).
2. Manage common post-operative problems of the patient with direct supervision (senior residents or staff physically present).
3. Demonstrates basic surgical skills such AS instrument handling, knot-tying, and simple suturing.
4. Perform basic (but not all) steps with direct supervision in some common operations (such AS proctoscopy, exploratory laparotomy, anal fistulotomy/seton placement, drainage anorectal abscess, perianal condyloma excision, hemorrhoidectomy and banding, and creation of a colostomy, hernia repair, open or laparoscopic cholecystectomy with or without cholangiogram, anal fistulotomy/Seton, hemorrhoidectomy and banding, pilonidal surgery, ileostomy closure, small bowel resection, laparoscopic liver biopsy).
5. Demonstrate competence with bedside techniques to include: central placement, tube thoracostomy, arterial line placement, Foley catheter insertion, and proctoscopy.

C. *Interpersonal Skills and Communication:*

1. Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families.
2. Demonstrate the ability to create a therapeutic relationship with patients including good listening skills, and clear, understandable and appropriate education, and discussion of their medical diseases.
3. Uses a variety of communication techniques with patients when necessary
4. Responds politely to requests for consultation services of the colon and rectal, general and hepatobiliary surgery service.
5. Perform a basic consent for common colon and rectal, general, and hepatobiliary surgery operations.
6. Performs face-to-face handoffs
7. Demonstrate effective and collegial communication skills with other physicians in the General Surgery Service, as well as consultants, nursing and ancillary staff.
8. Demonstrate competence in the ability to present cases to the junior and senior residents with the specific focus on addressing surgical diseases and life-threatening illnesses generated by the chief complaint. This communication should be appropriate in timing and effective in

demonstrating the degree of concern regarding the patient's overall condition and need for emergent -intervention.

9. Demonstrate precise, comprehensive, efficient and accurate charting to include daily charting on each patient.

D. *Practice Based Learning and Improvement:*

1. Demonstrate competence and understanding the use of medical literature to effectively and cognitively evaluate surgical conditions and symptoms, and suggest appropriate management plans based on the information obtained.
2. Demonstrate receptiveness to feedback by the surgery staff and the senior residents during the rotation with appropriate modifications to behavior to improve performance.
3. Utilize simulation activities to prepare for case and improve skills utilizing formative feedback.
4. Participates in colon and rectal, general, and hepatobiliary surgery rounds/conferences and contributes appropriate comments and questions.

E. *Professionalism:*

1. Demonstrate a commitment to patient care and learning by timeliness, responsibility for patients seen, and sensitivity to cultural diversity, age, gender and disabilities.
2. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.
3. The resident is expected to review the rotation schedule and comply with ACGME work hour rules. It is the responsibility of the resident to notify the Program Director of the General Surgery Residency if any of these rules are violated.
4. Remain compliant with all required training designated by the institution.
5. The resident is polite and respectful, takes personal responsibility for patient care outcomes.
6. Responds in a timely manner to pages and consultations on the colon and rectal, general, and hepatobiliary surgery service.

F. *System Based Practice:*

1. Demonstrates a basic understanding of the team members coordinating care for the colon and rectal, general, and hepatobiliary surgery patient.
2. Demonstrate an understanding of the cost issues related to lab tests, radiographic studies and medications used in the treatment of patients in the surgery department.
3. Demonstrate competence in the understanding of the essential differences between the general surgeon as a consultant and as a primary patient care manager within the hospital.
4. Demonstrate competence in the retrieval of patient's imaging studies, lab studies, prior surgical reports and chart access integrating the various databases available for patient information.
5. Demonstrate the ability to appropriately admit a patient, transfer the patient from one level of care to another, discharge the patient, and make appropriate referrals as necessary.

Rotation – Urology – R1 Year Level

The PGY-1 rotation in Urologic Surgery is a comprehensive experience with four staff urologists. Half of the time is assigned to the clinic and half to the operating room. There is a high volume of cystoscopic procedures that helps familiarize the residents with the equipment and techniques involved with endoscopic techniques. There are many surgical cases (including hydrocelectomy, herniorrhaphy, and vasectomy) that lend themselves to PGY-1 involvement. The residents are expected to attend the general surgery conferences and workshops while on the urology rotation.

Goals: PGY-1 on the urological Surgery rotation will gain familiarization and competence in the evaluation and management of patients with urological diseases.

Objectives:

A. Medical Knowledge:

1. Demonstrates a basic understanding of the symptoms, signs and treatments of the broad diseases of urology (such AS bladder cancer, bladder syndrome, GU malignancy, kidney cancer, kidney stones, male health, penile cancer, prostate cancer, prostate disease, stone disease, testicular cancer, ureteral cancer, urinary incontinence, urinary tract cancers, urological oncology).
2. Demonstrates a basic understanding of the essential-common surgical operations of urology (such AS laser surgery, minimally invasive surgery, percutaneous procedures, robotic surgery)

B. Patient Care:

1. Perform a focused, efficient, and accurate history and physical for a patient presenting with a common urology presentation (such AS bladder cancer, bladder syndrome, GU malignancy, kidney cancer, kidney stones, male health, penile cancer, prostate cancer, prostate disease, stone disease, testicular cancer, ureteral cancer, urinary incontinence, urinary tract cancers, urological oncology).
2. Manage common post-operative problems of the neurosurgery patient with direct supervision (senior residents or staff physically present).
3. The resident has basic surgical skills such AS instrument handling, knot-tying, and simple suturing.
4. Perform basic (but not all) steps with direct supervision in some common operations such AS laser surgery, minimally invasive surgery, percutaneous procedures, and robotic surgery.

C. Interpersonal Skills and Communication:

1. Demonstrate the ability to create a therapeutic relationship with patients including good listening skills and clear, understandable and appropriate education and discussion of their medical diseases.
2. Demonstrate competence and willingness to perform as a team member in the evaluation and management of the urology patient.
3. Demonstrate effective and collegial communication skills with other physicians in the Urology Service, as well as consultants, nursing and ancillary staff.
4. Demonstrate competence and the ability to present cases to staff with a specific focus on addressing specific urologic surgical diseases generated by the chief complaint. This communication should be appropriate in timing and effective in demonstrating the degree of concern regarding the patient's overall condition and need for emergent intervention.
5. Demonstrate precise comprehensive efficient and accurate charting to include daily charting on each patient.

D. *Practice Based Learning and Improvement:*

1. Demonstrate competence and the understanding of using the medical literature to effectively and cognitively evaluate urologic conditions and symptoms and suggest appropriate modifications to management plans based on the information obtained.
2. Demonstrate receptiveness to the feedback provided by the urology staff and during the rotation with appropriate modification to behavior to improve performance.
3. Demonstrate the ability to take a single clinical question, review relevant literature, and provide an evidenced based answer to the clinical question raised on your urology rotation.
4. The resident changes behaviors in response to feedback from supervisors.

E. *Professionalism:*

1. Demonstrate a commitment to patient care and learning by timeliness, responsibility for patients seen, and sensitivity to cultural diversity, age, gender and disabilities.
2. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.
3. The resident is expected to review the rotation schedule and comply with ACGME work hour rules. It is the responsibility of the resident to notify the Program Director of General Surgery if any of these rules are violated.

F. *System Based Practice:*

1. Demonstrate an understanding of the interrelationships with the Urology team, the other providing teams within the hospital, and their role in the management of both the isolated urology patient in the ICU and on the wards, as well as their role in the multiply injured trauma patient with urologic disease.
2. Demonstrate competence in the retrieval of patient's imaging studies, lab studies, and prior surgical reports.

3. Demonstrate the ability to appropriately admit a patient, transfer the patient from one level of care to another, discharge the patient, and make appropriate referrals as necessary utilizing system resources.

Rotation – Thoracic Surgery – R1 Year Level

The PGY-1 rotation in Thoracic Surgery is a comprehensive experience with cardiothoracic faculty with an emphasis on thoracic surgery. Residents will spend 4 weeks on this service, becoming proficient in the indications for operation, workup, and postoperative care of common cardiac and thoracic conditions. Residents will learn basic surgical and endoscopic skills, including sternotomy, wound closure, bronchoscopy/endoscopy, chest tubes placement, and handling of tissues. Finally, residents may have the opportunity to practice procedures and situations in robotic simulation advancing to bedside assist and moving toward operations on the robotic console.

The residents are expected to attend the general surgery conferences and workshops while on the thoracic rotation.

Goals: PGY-1 on the Thoracic Surgery rotation will gain familiarization and competence in the evaluation and management of patients with cardiothoracic diseases.

Objectives:

A. *Medical Knowledge:*

1. Demonstrate knowledge of the basic science, anatomy and clinically supportive sciences of cardiothoracic surgical diseases within the spectrum of the PGY-1 surgeon.
2. Understand the anatomy, embryology, physiology and pathology of the trachea, lungs, esophagus, pleura, and mediastinum.
3. Understand the general principles of preoperative assessment and postoperative management of thoracic surgical patients.
4. Understand common postoperative care issues in the thoracic surgery patient, including pain management, exercise expectations/limitations, need for home oxygen, and indications for SNF/rehab facility.
5. Develop an understanding of the technology, interpretation and complications of invasive and noninvasive diagnostic methods, including CT and MRI scanning, respiratory function tests, PET scan, and echocardiography, ABGs, ventilation-perfusion tests, MVO₂ studies, and esophageal manometry studies.

B. *Patient Care:*

1. Perform a focused, efficient, and accurate history and physical for a patient presenting with a common Thoracic surgery presentation (such as hemothorax, pleural effusion, empyema, and pneumothorax).
2. Manage common post-operative problems of the Thoracic surgery patient with direct and subsequent indirect supervision.
3. The resident has basic surgical skills such as instrument handling, knot-tying, and simple suturing
4. Demonstrate ability to perform daily resident work rounds efficiently, including dictation of operative cases, daily progress notes, and dictation of discharge summary.

5. Develop competence with bedside techniques to include: central placement, tube thoracostomy, arterial line placement, Foley catheter insertion, and removal of tubes and lines.
6. Develop robotic skills in simulation and bedside assist, preparing for console surgery.

C. *Interpersonal Skills and Communication:*

1. Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families.
2. The resident should ensure that the attending is aware of the progress of all patients on the service
3. Demonstrate effective and collegial communication skills with other physicians on the Thoracic Surgery Service, as well as consultants, nursing and ancillary staff.
4. Demonstrate competence in the ability to present cases to the junior and senior residents with the specific focus on addressing surgical diseases and life-threatening illnesses generated by the chief complaint. This communication should be appropriate in timing and effective in demonstrating the degree of concern regarding the patient's overall condition and need for emergent -intervention.
5. Demonstrate precise, comprehensive, efficient and accurate charting to include daily charting on each patient.

D. *Practice Based Learning and Improvement:*

1. Participates in the thoracic surgery clinic and conference with comments and questions.
2. Demonstrate receptiveness to feedback by the surgery staff and the senior residents during the rotation with appropriate modifications to behavior to improve performance.
3. Demonstrate the ability to take a single clinical question, review relevant literature, and provide an evidenced based answer to the clinical question raised on your thoracic surgery rotation.
4. Utilize simulation activities to prepare for case and improve skills utilizing formative feedback.

E. *Professionalism:*

1. Demonstrate a commitment to patient care and learning by timeliness, responsibility for patients seen, and sensitivity to cultural diversity, age, gender and disabilities.
2. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest.
3. The resident is expected to review the rotation schedule and comply with ACGME work hour rules. It is the responsibility of the resident to notify the Program Director of the General Surgery Residency if any of these rules are violated.
4. Remain compliant with all required training designated by the institution.

F. *System Based Practice:*

1. Demonstrates a basic understanding of the team members coordinating care for the thoracic surgery patient.
2. Demonstrate the ability to appropriately consult other services, as appropriate to patient care, to include intervention radiology, internal medicine, cardiology, etc.
3. Demonstrate competence in the retrieval of patient's imaging studies, lab studies, prior surgical reports and chart access integrating the various databases available for patient information.
4. Demonstrate the ability to appropriately admit a patient, transfer the patient from one level of care to another, discharge the patient, and make appropriate referrals as necessary utilizing system resources.

Rotation – Neurosurgery – R1 Year Level

The PGY-1 rotation in Neurosurgery is a comprehensive experience with three neurosurgeons. Time is divided between clinic and the operating room. There are many surgical cases that lend themselves to PGY-1 involvement. Although this is a highly specialized surgical service, the general surgery resident will gain valuable education and skills in various neurosurgical techniques such as burr holes and craniotomies, neck exposures, spine exposures and care of the neurosurgical patient on the wards.

The residents are expected to attend the general surgery conferences and workshops while on the neurosurgery rotation.

Goals: PGY-1 on the Neurosurgery rotation will gain familiarization and competence in the evaluation and management of patients with neurosurgical diseases.

Objectives:

A. Medical Knowledge:

1. Demonstrates a basic understanding of the symptoms, signs and treatments of the broad diseases of neurosurgery (such AS acoustic neuromas, back disorders, brain cancer, brain tumors, cerebrovascular disease, cervical disc herniation, cervical spine, degenerative disc disease, hydrocephalus, lumbar spinal disorders, lumbar stenosis, neck disorders, nerve compression, neck pain, pituitary diseases, spinal cancer, spinal cord tumors, spinal fusions, spinal stenosis, spine cancer, spine pain, spine fractures, spine tumors, traumatic brain injury, vascular conditions, vertebral compression fracture).
2. Demonstrates a basic understanding of the essential-common surgical operations of neurosurgery (such AS aneurysm surgery, back surgery, brain surgery, complex spine surgery, general neurological surgery, intrathecal pump placement, minimally invasive spine surgery, radiosurgery, skull base surgery, trigeminal neuralgia surgery)
3. Understand the comprehensive neurological exam.
4. Understand the fundamentals of Neuro-Imaging

B. Patient Care:

1. Perform a focused, efficient, and accurate history and physical for a patient presenting with a common neurosurgery presentation (such AS acoustic neuromas, back disorders, brain cancer, brain tumors, cerebrovascular disease, cervical disc herniation, cervical spine, degenerative disc disease, hydrocephalus, lumbar spinal disorders, lumbar stenosis, neck disorders, nerve compression, neck pain, pituitary diseases, spinal cancer, spinal cord tumors, spinal fusions, spinal stenosis, spine cancer, spine pain, spine fractures, spine tumors, traumatic brain injury, vascular conditions, vertebral compression fracture).
2. Manage common post-operative problems of the neurosurgery patient with direct and subsequent indirect supervision (senior residents or staff physically present).
3. The resident has basic surgical skills such AS instrument handling, knot-tying, and simple suturing.

4. Perform basic (but not all) steps with direct supervision in some common operations such AS aneurysm surgery, back surgery, brain surgery, complex spine surgery, general neurological surgery, intrathecal pump placement, minimally invasive spine surgery, radiosurgery, skull base surgery, trigeminal neuralgia surgery.
5. Understand and assign the Glasgow Coma Score.

C. *Interpersonal Skills and Communication:*

1. Demonstrate the ability to create a therapeutic relationship with patients including good listening skills and clear, understandable and appropriate education and discussion of their medical diseases.
2. Demonstrate effective and collegial communication skills with other physicians in the neurosurgery service, as well as consultants, nursing and ancillary staff.
3. Demonstrate competence and the ability to present cases to staff with a specific focus on addressing specific neurosurgical diseases generated by the chief complaint. This communication should be appropriate in timing and effective in demonstrating the degree of concern regarding the patient's overall condition and need for emergent intervention.
4. Demonstrate precise comprehensive efficient and accurate charting to include daily charting on each patient.

D. *Practice Based Learning and Improvement:*

1. Demonstrate receptiveness to the feedback provided by the neurosurgery staff and during the rotation with appropriate modification to behavior to improve performance.
2. Demonstrate the ability to take a single clinical question, review relevant literature, and provide an evidenced based answer to the clinical question raised on your neurosurgery rotation.
3. Participates in the neurosurgery clinic and conference with comments and questions.

E. *Professionalism:*

1. Demonstrate a commitment to patient care and learning by timeliness, responsibility for patients seen, and sensitivity to cultural diversity, age, gender and disabilities.
2. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest.
3. The resident is expected to review the rotation schedule and comply with ACGME work hour rules. It is the responsibility of the resident to notify the Program Director of General Surgery if any of these rules are violated.
4. Responds in a timely manner to pages and consultations on the neurosurgery service.

F. *System Based Practice:*

1. Demonstrates a basic understanding of the team members coordinating care for the neurosurgery patient.
2. Demonstrate recognition of the need for other consultants to include intervention radiology, internal medicine, neurologists, and the ability to appropriately consult these different services as needed.
3. Demonstrate competence in the retrieval of patient's imaging studies, lab studies and prior surgical information.
4. Demonstrate the ability to appropriately admit a patient, transfer the patient from one level of care to another, discharge the patient, and make appropriate referrals as necessary.

Rotation – Gynecologic Oncology – R1 Year Level

The PGY-1 rotation in Gynecologic Oncology is a comprehensive experience with 2 fellowship trained gynecologic oncologist. Time is divided between clinic and the operating room. This rotation is designed to introduce the resident to pelvic surgery and gain a better depth of comfort with procedures such as hysterectomies, oophorectomies and pelvic nodal dissections. The residents are expected to attend the general surgery conferences and workshops while on the GYN oncology rotation.

Goals: PGY-1 on the GYN oncology rotation will gain familiarization and competence in the evaluation and management of patients with gynecologic malignancies.

Objectives:

A. *Medical Knowledge:*

1. Demonstrates a basic understanding of the symptoms, signs and treatments of the broad diseases of gynecology oncology (such AS abnormal bleeding, cancer, chemotherapy, colposcopy, endometrial cancer, endometriosis, female reproductive tract, menorrhagia, menstrual disorders, pelvic organ prolapse, and women's health).
2. Demonstrates a basic understanding of the essential-common surgical operations of gynecology oncology surgery (such AS advanced laparoscopic procedures, female pelvic surgery, minimally invasive GYN surgery, ovarian cancer surgery, robotic surgery)

B. *Patient Care:*

1. Perform a focused, efficient, and accurate history and physical for a patient presenting with a common gynecologic oncology surgery presentation (such AS abnormal bleeding, cancer, chemotherapy, colposcopy, endometrial cancer, endometriosis, female reproductive tract, menorrhagia, menstrual disorders, pelvic organ prolapse, and women's health).
2. Manage common post-operative problems of the gynecology oncology surgery patient with direct supervision (senior residents or staff physically present).
3. The resident has basic surgical skills such AS instrument handling, knot-tying, and simple suturing.
4. Perform basic (but not all) steps with direct supervision in some common operations such AS advanced laparoscopic procedures, female pelvic surgery, minimally invasive GYN surgery, ovarian cancer surgery, robotic surgery.

C. *Interpersonal Skills and Communication:*

1. Demonstrate the ability to create a therapeutic relationship with patients including good listening skills and clear, understandable and appropriate education and discussion of their medical diseases.
2. Demonstrate effective and collegial communication skills with other physicians on the gynecologic service, as well as consultants, nursing and ancillary staff.

3. Demonstrate competence and the ability to present cases to staff with a specific focus on addressing specific gynecologic diseases generated by the chief complaint. This communication should be appropriate in timing and effective in demonstrating the degree of concern regarding the patient's overall condition and need for emergent intervention.
4. Demonstrate precise comprehensive efficient and accurate charting to include daily charting on each patient.

D. *Practice Based Learning and Improvement:*

1. Participates in the gynecology oncology surgery clinic and conference with comments and questions.
2. Demonstrate receptiveness to the feedback provided by the gynecologic staff and during the rotation with appropriate modification to behavior to improve performance.
3. Utilize simulation activities to prepare for case and improve skills utilizing formative feedback.
4. Participates in the gynecology oncology surgery clinic and conference with comments and questions.

E. *Professionalism:*

1. Demonstrate a commitment to patient care and learning by timeliness, responsibility for patients seen, and sensitivity to cultural diversity, age, gender and disabilities.
2. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.
3. The resident is expected to review the rotation schedule and comply with ACGME work hour rules. It is the responsibility of the resident to notify the Program Director of General Surgery if any of these rules are violated.

F. *System Based Practice:*

1. Demonstrates a basic understanding of the team members coordinating care for the gynecology oncology surgery patient.
2. Demonstrate competence in the retrieval of patient's imaging studies, lab studies and prior surgical information.
3. Demonstrate the ability to appropriately admit a patient, transfer the patient from one level of care to another, discharge the patient, and make appropriate referrals as necessary.

Rotation – Breast Surgery – R1 Year Level

The PGY-1 Breast Surgery rotation is a 4-week rotation structured to allow the 1st year resident to experience management of a wide variety of breast diseases with an emphasis on benign breast disease and evaluation and management. In addition to breast surgery clinic and breast surgery perioperative and operative experience, the resident will have clinic experience with medical oncology and clinic and operative experience with plastic surgery. The breast surgery resident will also have exposure to ER and in-hospital consults related to breast disease.

Goals: PGY-1 on the breast surgery rotation will gain familiarization and competence in the evaluation and management of patients with various breast diseases.

Objectives:

A. Medical Knowledge:

1. Develop a basic knowledge of the anatomy related to breast (blood supply, innervation, spatial relationship to surrounding structures)
2. Develop a basic knowledge of benign breast disease (fibrocystic breast change, atypical hyperplasia, papilloma fibroadenoma)
3. Demonstrates a basic understanding of the essential-common surgical operations of Breast surgery (such AS axillary lymphadenectomy, sentinel lymph node, breast biopsy with or without wire localization, segmentectomy, simple mastectomy procedures)

B. Patient Care:

1. Perform a focused, efficient, and accurate history and physical for a patient presenting with a common Breast surgery presentation (such AS atypical ductal hyperplasia, breast mass, ductal carcinoma in situ, invasive ductal carcinoma, nipple discharge).
2. Manage common post-operative problems of the Breast surgery patient with direct supervision (senior residents or staff physically present).
3. The resident has basic surgical skills such AS instrument handling, knot-tying, and simple suturing
4. Perform basic (but not all) steps with direct supervision in some common operations such AS axillary lymphadenectomy, sentinel lymph node, breast biopsy with or without wire localization, segmentectomy, simple mastectomy procedures.
5. Demonstrate ability to perform daily resident work rounds efficiently, including dictation of operative cases, daily progress notes, and dictation of discharge summary.

C. Interpersonal Skills and Communication:

1. Demonstrate the ability to create a therapeutic relationship with patients including good listening skills and clear, understandable and appropriate education and discussion of their medical diseases.

2. Demonstrate competence and willingness to perform as a team member in the evaluation and management of the patient.
3. Demonstrate effective and collegial communication skills with other physicians on the breast service, as well as consultants, nursing and ancillary staff.
4. Demonstrate precise comprehensive efficient and accurate charting to include daily charting on each patient.

D. *Practice Based Learning and Improvement:*

1. Demonstrate receptiveness to the feedback provided by the surgical staff and during the rotation with appropriate modification to behavior to improve performance.
2. Demonstrate the ability to take a single clinical question, review relevant literature, and provide an evidenced based answer to the clinical question raised on your breast surgery rotation.
3. Participates in the Breast surgery clinic and conference with comments and questions.

E. *Professionalism:*

1. Demonstrate a commitment to patient care and learning by timeliness, responsibility for patients seen, and sensitivity to cultural diversity, age, gender and disabilities.
2. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.
3. The resident is expected to review the rotation schedule and comply with ACGME work hour rules. It is the responsibility of the resident to notify the Program Director of General Surgery if any of these rules are violated.
4. Remain compliant with all required training designated by the institution.

F. *System Based Practice:*

1. Demonstrate recognition of the need for other consultants to include intervention radiology, internal medicine, oncology, and other surgical services, and the ability to appropriately consult these different services as needed.
2. Demonstrate competence in the retrieval of patient's imaging studies, lab studies and prior surgical information.
3. Demonstrate the ability to appropriately admit a patient, transfer the patient from one level of care to another, discharge the patient, and make appropriate referrals as necessary.

Rotation – Trauma/Acute Care Surgery – R1 Year Level

The residents complete this 1-month block rotation in the R1 year. The PGY-1 serves as the intern for the trauma/acute care surgery team. The schedule will typically alternate with 1 day of trauma followed by acute care surgery the following day and the resident is responsible for assisting coverage of trauma and acute care surgery patients on the service. The resident is expected to attend the General Surgery Program conferences while on the trauma/acute care surgery service (TACSS).

Goals:

1. The PGY-1 on the TACSS rotation will familiarize themselves with the diagnosis and treatment of trauma patients at a level II trauma center.
2. The PGY-1 will begin to develop their basic surgical techniques in the treatment of traumatic injuries and the acute surgical abdomen.
3. The PGY-1 on the TACSS rotation will develop their competence in the diagnosis and treatment of acute surgical diseases.
4. The PGY-1 will continue to learn the methods of scientific investigation and critical review of scientific literature.

Objectives:

A. *Medical Knowledge:*

1. Demonstrate an investigatory and analytic thinking approach to clinical situations.
2. Demonstrate competence in understanding the pathophysiology and appropriate management of major life threats that need to be addressed in the trauma and acute surgical patients. These include, but are not limited to the following: penetrating extremity and truncal injuries, crush injuries, fall injuries, extensive burns, CNS and spinal cord injuries, the acute abdomen, visceral perforation, pancreatitis and others.
3. Demonstrate knowledge of the primary survey and its components and understand its role in the trauma patient and acute surgical patient.
4. Demonstrate knowledge and understanding of the ATLS guidelines in management of the trauma patient.
5. Develop and understanding of the timing of surgery in the acute surgical patients and distinguish between patients requiring emergent, urgent and routine surgeries.
6. Assist in the management of trauma resuscitations.
7. Assist in the management of multisystem injured patients.
8. Demonstrates knowledge of indications for emergency department and/or operative thoracotomy.
9. Demonstrates knowledge of and indications for retrograde endovascular balloon occlusion of the aorta.

B. *Patient Care:*

1. Demonstrate advocacy for patients through consistent, compassionate, effective and appropriate approach to the management of patients and their families in the Emergency Department.
2. Demonstrate competence as the assisting surgeon in the hospital responding to acute surgical consults and trauma activations and familiarization in running the course of the trauma in the ER setting.
3. Demonstrate knowledge of the role of the junior resident at a busy Level II Trauma Center.
4. Demonstrate competence in the performance of history and physical examinations and appropriate management of resources in the trauma and acute surgical patient.
5. Demonstrate competence in interpretation of laboratory studies and EKGs, as well as radiographic studies in the context of managing the trauma and acute surgical patient.
6. Demonstrate competence in making sound diagnostic and therapeutic decisions based on available evidence and patient preferences.
7. Demonstrate competence in carrying out effective management plans.
8. Become familiar with advanced trauma surgeries to include, but not limited to, exploratory laparotomy, conservative management of splenic injuries as well as splenectomies, management of solid organ and soft tissue injuries, trauma thoracotomy, and others.
9. Become familiar with acute care surgeries to include, but not limited to, exploratory laparotomy, bowel perforations, necrotizing pancreatitis, biliary sepsis, bowel obstructions, and others.
10. Demonstrate an initial competence of the skills required for non-operative management of patients with multiple traumas.
11. Demonstration familiarity with trauma laparotomy including packing, vascular control, and/or enteric content control.
12. Demonstration of open abdomen technique.
13. Assist with splenectomy, enterectomy with anastomosis, colectomy with colostomy and/or anastomosis, nasojejunal enteric tube placement, central/arterial/intraosseous line placements, bronchoscopy.

C. *Interpersonal Skills and Communication:*

1. Demonstrate the ability to create a therapeutic relationship with patients including good listening skills and clear, understandable and appropriate education and discussion of their medical diseases.
2. Demonstrate competence and willingness to perform as a team member in the resuscitation of the acutely ill patient who presents to the ED.
3. Demonstrate effective and collegial communication skills with other physicians in the Emergency Department, consultants, nursing and ancillary staff.
4. Demonstrate competence and the ability to effectively present cases to the attending physicians with focus on addressing specific life-threatening diseases.
5. Demonstrate precise, comprehensive, efficient, and accurate charting.
6. Demonstrate knowledge in dealing with the issues of death and dying as related to both the patients and their families.

D. *Practice Based Learning and Improvement:*

1. Demonstrate initial familiarity of using the medical literature to effectively and cognitively evaluate the emergent patient conditions and symptoms and suggest appropriate modifications to management plans based on the information obtained.
2. Demonstrate receptiveness to feedback by the TACSS staff during the rotation with appropriate modifications to behavior to improve performance.
3. Begin to demonstrate the ability to appropriately evaluate the multiply injured trauma patient, identify the relevant injuries, prioritize relevant injuries, review the literature and provide evidence-based answers to clinical questions raised on the rotation.
4. Review all complications and evaluate personal performance and care and presents cases for morbidity and mortality review to determine areas of improvement.

E. *Professionalism:*

1. Demonstrate commitment to patient care and learning by timeliness, responsibility for patients seen, and sensitivity to cultural diversity, as well as sensitivity to the acute impact of trauma and acute illness on both the patient and the patient's family.
2. The resident is expected to review the rotation schedule and comply with ACGME work hour rules. It is the responsibility of the resident to notify the Program Director, General Surgery Residency if any of these rules are violated.
3. Maintain appropriate professional bearing, attitude and dress always in the patient care setting.
4. Maintain appropriate composure and affect in the setting of multiple patients with severe trauma issues and perform appropriate triage of care and resources based on the immediate needs of the patients.
5. Demonstrate empathy and sensitivity in dealing with issues of death and dying in relationship to patient care and patients' families.
6. Demonstrate competence in maintaining current case logs and keeping portfolio up-to-date.

F. *System Based Practice:*

1. Demonstrate a familiarity of the cost issues related to lab tests, radiographic studies, and medications used in the treatment of patients with trauma and acute surgical diseases.
2. Demonstrate a familiarity with the various assigned levels of trauma care for the regional hospitals and the appropriate referral of trauma patients to the various levels of trauma centers based on the extent of injuries and available resources at the various levels of care.
3. Demonstrate an understanding of the essential differences between the trauma surgeon and other consultants within the hospital and resource management utilization within the trauma system.
4. Demonstrate understanding of the role of the various rehabilitation resources used for trauma surgery and the role of the surgeon on the trauma team in assuring long term follow-up and rehabilitation for patients with significant trauma related injuries.
5. Demonstrate competence in retrieval of patient's imaging studies, laboratory values and charts within the assigned TACSS system.

6. Demonstrate initial skills required for operative and non-operative management of patients with multiple traumas and the acute abdomen. Continue to expand surgical skill base with complete abdomen and thoracic trauma experience.

R1 Educational Benchmarks

	Expectation / Benchmark	Follow-up / Progress Plan (for those not meeting benchmark)	Remediation Steps
Mini-CEX	Passing	Meet with PD, Interim progress evaluation	
Global Assessment	Average score of 5/9 in each of the 6-core competencies	Meet with PD, Interim progress evaluation	If the Progress Plan did not result in expected improvement after 3 months: <ol style="list-style-type: none"> 1) Revised Progress Plan & Letter of Concern 2) In-Service Remediation 3) Probation 4) Suspension from Patient Care activities (reviewed by GME Committee) 5) Termination
Multi-source/Multi-rater	Average scores of 5 on each of the 6-core competencies	Meet with PD, Interim progress evaluation	
Semi-Annual Review	Meet expectation in each of the 6-core competencies, identify areas of improvement needed, identify overall professional goals	Semi-Annual meeting to review and assess discussed areas of needed improvement	
In-Service Exam	Score at or above the 35 th percentile	Strict enforcement of mentor reading assignment completion	
OR Op Logs	Meet minimum operative requirements by year group: R1=50; R2=150; R3=300; R4=550; R5=750	Meet with PD, Interim progress evaluation	
Oral Exams	Passing Score	Meet with PD, Interim progress evaluation	
OSCE	Passing	Meet with PD, Interim progress evaluation	

R-2 LEVEL ROTATIONS

The PGY-2 & 3 rotations provide a natural progression of responsibility for the surgery residents. The PGY-2 & 3 residents provide the initial evaluation and management decisions on inpatient surgery consultations and Emergency Department consultations. The complexity and number of operative cases increases as well as the degree of independence in patient care. The daily of patient care also increases as the residents begin management of patients in the intensive care unit. The PGY-2 & 3 residents continue to have supervision on all rotations provided by a senior or chief residents and faculty to ensure quality of care.

Rotation – Intensive Care Unit – R2 Year Level

The PGY-2 & 3 rotations provide a natural progression of responsibility for the surgery residents. The PGY-2 & 3 residents provide the initial evaluation and management decisions on inpatient surgery consultations and Emergency Department consultations. The complexity and number of operative cases increases as well as the degree of independence in patient care. The daily of patient care also increases as the residents begin management of patients in the intensive care unit. The PGY-2 & 3 residents continue to have supervision on all rotations provided by a senior or chief residents and faculty to ensure quality of care.

Rotation – Intensive Care Unit – R2 Year Level

At St. Joseph Medical Center this service provides care for Medical and Surgical ICU patients to include trauma patients. The PGY-2 resident participates in the global care of patients in these areas, with emphasis on patient care continuity issues. The ICU team is the primary manager of medical admissions and many subspecialty surgical admissions. The ICU team provides a roll as consultant on some General Surgery admissions. Residents are supervised by dedicated general surgery service faculty and trauma faculty with ICU support. Specific didactic sessions related to this service are included covering selected topics of ICU management. The residents are expected to attend the general surgery conferences and workshops while on the ICU rotation.

Goals: The PGY-2 resident on the ICU Service will focus on care of the critically ill patient. Principles of critical care, acute and chronic (both medical and surgical) will be applied in a comprehensive manner. This will be accomplished through supervised patient care, bedside teaching, didactic sessions, virtual monitoring and required readings.

Objectives:

A. Medical Knowledge:

1. Demonstrate an investigatory and analytic thinking approach to clinical situations.
2. Demonstrate knowledge of the basic science and clinically supportive sciences of surgical diseases in the intensive care unit patient with many different presentations that include but are not limited to hypotension, MI, sepsis, trauma, altered mental status, gastrointestinal bleeding and stroke, COPD.
3. Demonstrate knowledge in the use and management of automated defibrillator and their indications for use.
4. Demonstration of basic ventilator management.
5. Demonstrates knowledge on appropriate resuscitation for ICU patients.
6. Demonstrates knowledge of Advance trauma life support guidelines

B. *Patient Care:*

1. Communicate effectively and demonstrate caring and respectful behavior when interacting with patients and their families.
2. Work with health care professionals, including those from other disciplines, to provide patient-focused care.
3. Gather accurate and essential information in the performance of histories and physical exams based on chief complaints.
4. Demonstrate competence in making sound diagnostic and therapeutic decisions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
5. Demonstrate competence in carrying out effective management plan.
6. Demonstrate competence in the following ICU skills; central line placement, Swan-Ganz catheter placement and management, arterial lines, femoral lines and intubations.
7. Demonstrate the ability to recognize and manage various cardiac arrhythmias.
8. Demonstrate the understanding of nutritional support of the critically ill patient.
9. Demonstrate the ability to manage patients with isotropic, presser and vasodilator agents.

C. *Interpersonal Skills and Communication:*

1. The resident should ensure that the attending is aware of the progress of all patients on the service.
2. Demonstrate the ability to create a therapeutic relationship with patients including good listening skills, and clear, understandable and appropriate education, and discussion of their medical diseases.
3. Demonstrate willingness to perform as a team member in the ICU working with various patient populations including medical, surgical, and trauma patients.
4. Demonstrate effective and collegial communication skills with other physicians in the Intensive Care Unit to include consultants, nursing and ancillary staff.
5. Demonstrate competence in the ability to present cases to the ICU staff, senior residents and attending physicians with focusing on in-depth presentation of each of the physiologic systems with daily presentations of patients to the staff.
6. Demonstrate precise, comprehensive, efficient and accurate charting to include daily charting on each patient.

D. *Practice Based Learning and Improvement:*

1. Demonstrate competence and understand the use of medical literature to effectively and cognitively evaluate ICU conditions and symptoms, and suggest appropriate modifications to management plans based on the information obtained.
2. Demonstrate receptiveness to feedback provided by the ICU staff and the residents during the rotation with appropriate modifications of behavior to improve performance.
3. Demonstrate the ability to evaluate a single question in the ICU patient, review relevant literature, and provide evidenced based answer to the clinical questions.

E. *Professionalism:*

1. Demonstrate a commitment to patient care and learning by timeliness, responsibility for patients seen, and sensitivity to cultural diversity, as well as to the sensitivity to the end of life issues and responsiveness to the families concerning these issues.
2. The resident is expected to review the rotation schedule and comply with ACGME work hour rules. It is the responsibility of the resident to notify the Program Director of General Surgery if any of these rules are violated.
3. Maintain appropriate professional bearing, attitude and dress always in the patient care setting.
4. Remain honest with all individuals always in conveying issues of patient care

F. *System Based Practice:*

1. Demonstrate an understanding of the cost issues related to lab tests, radiographic studies and medications used, and prolonged stay in the Intensive Care Unit setting.
2. Demonstrate competence in the understanding of the essential differences between the intensive care unit physicians with emphasis on differential diagnosis, resource management disposition.
3. Demonstrate confidence in understanding the role of the critical care physician in the management of patients in the critical care arena and their role as both a consultant and primary managing team. This includes an understanding of interactions with the various surgical and medical primary care teams and the hierarchy of care within the Intensive Care Unit.
4. Demonstrate competence in the retrieval of patient's imaging studies, lab studies, prior surgical reports and chart access integrating the various databases available for patient information.
5. Demonstrate an understanding of the transfer of patients into and out of the ICU from the operating room, as well as from outside referral systems, and from the ICU to the step-down unit and the wards.

Rotation – St. Anthony Hospital General Surgery – R2 Year Level

Each PGY-2 resident spends 2 months as junior resident on the St. Anthony Hospital (SAH) General Surgery Service. This rotation is guided by 3 attending surgeons with a focus on rural surgical care and robotic surgery.

Prior to beginning this rotation, residents will have completed all initial level Da Vinci simulator training for robotic surgery to include on-site training in Sunnyvale, California and the prerequisite bedside assist required prior to surgery on the console. The residents will address consults generated from the wards and the emergency department, at the discretion of the faculty. The residents will care for patients in both the inpatient and outpatient setting allowing for continuity of care.

The residents are expected to attend the St Joseph Hospital general surgery conferences and workshops while on the SAH rotation.

Goals:

1. The PGY-2 resident on the SAH General Surgery Service will become competent in the assessment and care of the general surgery patient, especially in the determination of need for emergent/urgent surgical intervention.
2. The PGY-2 will concentrate on the foundation of basic science knowledge integral to general surgical disease.
3. The PGY-2 will develop their basic surgical techniques under close supervision and perform procedures appropriate for their technical level.
4. The PGY-2 will continue to develop their ability and utilizing the da Vinci surgical system, while increasing competence with basic robotic procedures, under the direct supervision of faculty surgeons
5. The PGY-2 will continue to learn the methods of scientific investigation and critical review of scientific literature as it relates to rural medicine as well as robotic surgery.

Objectives:

A. *Medical Knowledge:*

1. Demonstrate knowledge of the basic science and clinically supportive sciences of surgical diseases within the spectrum of the PGY-2 surgeon. These include, but are not limited to, robotic surgery, hypotension, sepsis, ARDS, pulmonary failure, hepatobiliary diseases, thyroid diseases, pancreatic diseases and gastrointestinal malignancies.
2. Demonstrate an investigatory and analytic thinking approach to clinical situations.
3. Demonstrate knowledge of the basic science and clinically supportive sciences of surgical diseases and build on the knowledge gained in the PGY-1 academic year.
4. Demonstrate improvement in knowledge deficits with emphasis on the basic science after reviewing the previous year ABSITE exam.
5. Introduction to interpretation of radiologic studies such as GI fluoroscopy and CT scans.
6. Interpretation of foregut diagnostic studies including but not limited to esophageal motility, pH studies and Gastric emptying studies.

7. Improve knowledge of the anatomy of the anterior abdominal wall with respect to ileofemoral hernia repair
8. Improve knowledge of biliary disease with respect to more complex presentations of acute cholecystitis, pancreatitis, peptic ulcer disease, diverticulitis and others.
9. Complete all pre-console requirements for the Da Vinci robotic system.

B. *Patient Care:*

1. Demonstrate competence in gathering accurate and essential information in the performance of histories and physical exams, as well as evaluation of all laboratory and x-ray data and present a logical and effective management plan.
2. Demonstrate advocacy for the patient through consistent, compassionate, effective, and appropriate management of the patient and their families.
3. Demonstrate competence in making sound diagnostic and therapeutic decisions based on available patient information and patient preferences, up-to-date scientific evidence, and clinical judgment.
4. Demonstrate a clear progression in skills and knowledge developed during the PGY-1 year, as well as the ability to act independently in the evaluation and care of the surgical ward patients, and in the initial evaluation and care of trauma patients in the ER.
5. Continue to develop technical skills in both open, laparoscopic and robotic surgery and should now be able to complete index PGY-2 procedures.
6. Demonstrate mastery of basic instrumentation and suturing skills.
7. Be able to perform basic inguinal and ventral/incisional herniorrhaphy and routine laparoscopic cholecystectomy.
8. Demonstrate ability to begin to advance to more technically difficult procedures to include open and robotic hernia surgery, open and robotic cholecystectomy and small/large bowel operations.
9. Demonstrate ability to independently manage surgical ward and ICU patients, as well as outpatients on the surgical service and begin to develop skills in the management of the surgical case scheduling and management of the surgery clinic flow.

C. *Interpersonal Skills and Communication:*

1. The resident should ensure that the attending is aware of the progress of all patients on the service
2. Demonstrate the ability to create a therapeutic relationship with patients including good listening skills and clear, understandable and appropriate education and discussion of their medical diseases.
3. Demonstrate the ability to instruct and evaluate the intern on the surgical service with feedback for continued learning as appropriate.
4. Demonstrate competence in presenting emergent cases and inpatient consults with complete and accurate presentation of physiologic conditions and clear and concise communication skills and management plans.
5. Demonstrate the ability to act as the junior resident managing surgical patients in the Intensive Care Unit with appropriate interactions with the ER staff and faculty.

6. Demonstrate the ability for appropriate interaction during inpatient consultation within the hospital and interactions with the consulting services in the review of various disease processes.
7. Demonstrate effective and collegial communication with the staff physicians caring for the surgical patient.
8. Demonstrate effective communication with the interns also working in the intensive care unit and oversight of their education and skills.
9. Demonstrate precise and comprehensive and efficient, accurate charting.

D. *Practice Based Learning and Improvement:*

1. Demonstrate competence and understanding the use of the medical literature to effectively and cognitively evaluate the surgical patient and suggest appropriate modifications to management plans based on the information obtained.
2. Demonstrate receptiveness to feedback by the surgical staff and the senior residents during the rotation with appropriate modifications to behavior to improve performance.
3. Demonstrate the ability to take a single clinical question, review relevant literature, and design appropriate studies to answer these clinical questions.
4. Demonstrate the ability to evaluate multiple patients as the oversight resident in the General Surgery Service and make relevant and timely management decisions to ensure the best possible care of the patients.
5. Use formative feedback to advance robotic and laparoscopic skills.

E. *Professionalism:*

1. Demonstrate commitment to patient care and learning by timeliness, responsibility for patients seen, and sensitivity to cultural diversity.
2. The resident is expected to review the rotation schedule and comply with ACGME work hour rules. It is the responsibility of the resident to notify the Program Director of General Surgery if any of these rules are violated.
3. Maintain professional bearing, attitude and dress always in the patient care setting.
4. Maintain appropriate composure and affect in the setting of multiple postoperative ward patients with appropriate care attending to the immediate needs of the patients.
5. Demonstrate competence and sensitivity in dealing with issues of death and dying in relationship to patient care and patient's families.
6. Remain compliant with all required training designated by the institution.
7. Maintain timely and complete medical records.

F. *System Based Practice:*

1. Act as the surgeon on call, as the accepting surgeon on call for all regional referrals both inpatient and outpatient, as deemed appropriate by the faculty.
2. Manage surgical beds on the ward and the ICU for the region in the capacity as the surgeon on call.
3. Understand the time and cost constraints of referrals with the system for studies, diagnostic procedures and invasive procedures.

4. Demonstrate an understanding of the cost issues related to lab tests, radiographic studies and medications used in the treatment of patients.
5. Demonstrate competence in the retrieval of patient's imaging studies, lab studies, prior surgical reports and chart access integrating the various databases available for patient information.
6. Demonstrate an understanding of the various components of ICU care as related to consultants within the hospital and resource utilization in terms of bed availability, diagnostic recourse, consultants, and interventional tools.
7. Demonstrate competence in the understanding of the essential differences between the general surgeon as a consultant and as a primary patient care manager within the hospital.
8. Demonstrate recognition of the need for other consultants to include intervention radiology, internal medicine, gastroenterology, and the ability to appropriately consult these different services as needed.
9. Demonstrate the ability to appropriately admit a patient, transfer the patient from one level of care to another, discharge the patient, and make appropriate referrals as necessary.

Rotation – Gastroenterology – R2 Year Level

The 3-month Gastroenterology Rotation at St. Joseph Medical Center provides an in-depth experience in gastrointestinal diseases and endoscopy. The gastroenterology service has a robust staff and the resident will participate in variable learning experiences over the 3-month period. The resident will spend time on the outpatient service and focus on outpatient GI clinic visits and endoscopic procedures to include EGD, colonoscopy and ERCP. Secondly, residents will be involved in the evaluation and management of inpatient consults to gastroenterology working with an individual provider on call, typically over a 1-week period. The residents are expected to attend the General Surgery Academic Conferences during the rotation.

Goals:

1. The PGY- 2 will gain exposure to gastrointestinal diseases to include evaluation and medical management.
2. The PGY-2 will become competent in endoscopic procedures to include colonoscopy and esophagogastroduodenoscopy and gain exposure to ERCP and endoscopic ultrasound procedures.

Objectives:

A. *Medical Knowledge:*

1. Demonstrate knowledge of the basic science and clinically supportive sciences of gastrointestinal diseases. These may include, but are not limited to the following: achalasia, GERD, inflammatory bowel disease, polyps of the large and small bowel, gastrointestinal carcinoma, colitis, anal-rectal disease, mal-absorption syndromes.
2. Demonstrate an investigatory and analytic thinking approach to clinical situations.
3. Introduction to the work-up and surgical management of achalasia, GERD, and paraesophageal hernia.
4. Interpretation of foregut diagnostic studies including but not limited to esophageal motility, pH studies and Gastric emptying studies.

B. *Patient Care:*

1. Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families.
2. Demonstrate competence in the performance of the directed history and physical exams on patients presenting with gastrointestinal complaints.
3. Demonstrate technical competence in the performance of the following procedures: proctoscopy, sigmoidoscopy, colonoscopy, esophagogastroduodenoscopy, and percutaneous endoscopic gastrostomy placement.
4. Observe and gain experience in the following procedures: endoscopic ultrasound and ERCP, as well as, biliary stent placement.

C. *Interpersonal Skills and Communication:*

1. The resident should ensure that the attending is aware of the progress of all patients on the service.
2. Demonstrate competence and willingness to perform as a team member in the care and treatment of the gastric enterology patients.
3. Demonstrate effective and collegial communication skills with gastroenterologists, as well as consultants, nurses and ancillary staff.
4. Demonstrate competence in the ability to present cases to gastroenterology staff with specific focus on addressing gastrointestinal complaints.
5. Demonstrate precise, comprehensive, efficient and accurate charting to include efficient and accurate descriptions of gastrointestinal procedures performed.

D. *Practice Based Learning and Improvement:*

1. Demonstrate the ability to create a therapeutic relationship with patients including good listening skills and clear, understandable and appropriate education and discussion of their medical diseases.
2. Demonstrate competence and understanding of the use of medical literature to effectively and cognitively evaluate gastrointestinal conditions and symptoms and suggest appropriate modifications to management plans based on the information obtained.
3. Demonstrate receptiveness to feedback from the gastroenterology staff during the rotation with appropriate modifications of behavior to improve performance.
4. Demonstrate the ability to take a single clinical question relevant to gastrointestinal conditions, review the relevant literature, and provide evidenced based answers to the clinical questions raised on the gastrointestinal rotation.

E. *Professionalism:*

1. Demonstrate commitment to patient care and learning by timeliness, responsibility for patients seen, and sensitivity to cultural diversity and sensitivity to the gastrointestinal patient.
2. The resident is expected to review the rotation schedule and comply with ACGME work hour rules. It is the responsibility of the resident to notify the Program Director of General Surgery if any of these rules are violated.
3. Maintain appropriate professional bearing, attitude and dress always in the patient care setting.
4. Maintain appropriate composure and affect in the setting of multiple patients with gastrointestinal issues and perform appropriate triage of care and resources based on the immediate needs of the patients.
5. Remain honest with all individuals always in conveying issues of patient care

F. *System Based Practice:*

1. Demonstrate an understanding of the cost issues related to lab tests, radiographic studies and

medications used in the treatment of gastrointestinal diseases.

2. Demonstrate competence and understanding the role of the gastroenterologist as the consultant in the management of the patient or as the primary care manager of patients, including the role of other specialties in the overall management of patients and the interaction of various specialists in the overall care and management of patients, to include interventional radiology, surgery, medicine and gastroenterology.
3. Demonstrate competence in retrieval of patient's imaging studies, review of radiology reports, lab studies and chart reviews.
4. Demonstrate an understanding of the limitation of resources within the Gastroenterology Service and the effective use of outside resources as needed for the management of these patients, to include outside consultations for procedures that may not be done at St. Joseph and the timeliness and effectiveness of these outside portals of care.

Rotation – Swedish Transplant – R2 Year Level

This one-month long rotation experience is centered on all aspects of care for the patient with organ failure possibly requiring solid organ transplantation. The PGY-2 resident assists in surgical procedures and is responsible for the preoperative and postoperative status of such surgical patients, except for those in the Surgical Intensive Care Unit. The resident's time is equally split between clinic duties and the operating room. Faculty members with expertise in kidney, pancreas, and hepatobiliary transplantation oversee the residents and provide ongoing guidance. In addition, transplant specific conferences are held during this rotation each week.

Goals: The PGY-2 should be familiar with principles of management of patients undergoing solid organ transplantation including the use of medication to provide immune suppression and its effect on wound healing and infection.

Objectives:

A. *Medical Knowledge:*

1. Demonstrate knowledge of the basic science and clinically supportive sciences of surgical diseases and transplant within the spectrum of the PGY-2 surgeon. These include liver transplant, kidney/pancreas transplant, lung and heart transplant.
2. Demonstrate an investigatory and analytic thinking approach to clinical situations.
3. Demonstrate competence in the knowledge of various side effects of immunomodulation as related to the transplant patient to include knowledge of the various agents used for immune suppression.
4. Demonstrate a basic knowledge of the anatomy and technical skills involved in transplant surgery of the liver, lungs, kidney, and pancreas.

B. *Patient Care:*

1. Demonstrate advocacy for patients through consistent, compassionate, effective and appropriate approach to the management of patients and their families in the Transplant Service.
2. Demonstrate competence in the performance of directed history and physical exams on patients presenting after transplant surgery based upon their chief complaints.
3. Demonstrate competence in making sound diagnostic and therapeutic decisions based on available evidence and patient presentation.
4. Develop the surgical skills required to harvest donor organs, preserve them for transplant and procedures used in transplant of these organs.
5. Observe and gain experience and exposure to liver transplant, kidney/pancreas transplant, lung and heart transplant.
6. Demonstrate the ability to care for patients with potential graft rejections and the ability to recognize the various forms of graft versus host rejection.

C. *Interpersonal Skills and Communication:*

1. Demonstrate the ability to create a therapeutic relationship with patients including good listening skills and clear, understandable and appropriate education and discussion of their medical diseases.
2. Demonstrate competence and willingness to perform as a team member in the evaluation of transplant patients.
3. Demonstrate effective and collegial communication skills with other physicians, consultants, nursing and ancillary staff.
4. Demonstrate competence in the ability to present cases to the senior residents with the specific focus on addressing specific issues related to transplant surgery. This communication should be appropriate in timing and effective in demonstrating the degree of concern regarding the patient's overall condition and need for emergent intervention.
5. Demonstrate precise, comprehensive, efficient and accurate charting to include daily charting on each patient.

D. *Practice Based Learning and Improvement:*

1. Demonstrate receptiveness to feedback by the surgery staff and the senior residents during the rotation with appropriate modifications to behavior to improve performance.
2. Demonstrate the ability to take a single clinical question, review relevant literature, and provide an evidenced based answer to the clinical question raised on your surgery rotation.
3. Demonstrate competence and understanding in using the medical literature to effectively and cognitively evaluate the transplant patient and suggest appropriate modifications to management plans based on the information obtained.

E. *Professionalism:*

1. Demonstrate commitment to patient care and learning by timeliness, responsibility for patients seen, and sensitivity to cultural diversity and sensitivity to the transplant surgery setting.
2. The resident is expected to review the rotation schedule and comply with ACGME work hour rules. It is the responsibility of the resident to notify the Program Director of General Surgery if any of these rules are violated.
3. Maintain appropriate professional bearing, attitude and dress at all times in the patient care setting.
4. Maintain appropriate composure and affect in the setting of multiple patients with severe transplant issues and perform appropriate triage of care and resources based on the immediate needs of the patients.
5. Demonstrate competence and sensitivity in dealing with issues of death and dying in relationship to patient care and patients' families.

F. *System Based Practice:*

1. Demonstrate an understanding of the cost issues related to transplantation to include long term immunosuppression, organ procurement, organ donation, and transplant criteria.
2. Demonstrate an understanding of the priority given to transplant patients and defined criteria for potential organ transplant related to the various disease systems.

3. Demonstrate competence in the understanding of the essential components of a transplant team and interactions of the various medical fields involved in the care of the patient transplant patient to include gastroenterology, medicine, pharmacy, and transplant nurses.
4. Demonstrate competence in the understanding of the systems in place throughout the United States for organ procurement and the national and regional institutions involved in organ procurement as well as the national and regional laws concerning organ procurement and organ harvest.

Rotation – Breast Surgery – R2 Year Level

The PGY-2 Breast Surgery rotation is an 8-week rotation structured to allow the 2nd year resident to experience management of a wide variety of breast diseases with an emphasis on malignant breast disease and evaluation and management. In addition to breast surgery clinic and breast surgery perioperative and operative experience, the resident will be exposed to the highly integrated multidisciplinary approach to breast cancer therapy including radiology, medical oncology, radiation oncology, plastic surgery, pathology and cancer genetics.

The breast surgery resident will also have exposure to ER and in-hospital consults related to breast disease.

Goals: PGY-2 on the breast surgery rotation will gain familiarization and competence in the evaluation and management of patients with malignant breast diseases and the multidisciplinary approach to care of breast diseases.

Objectives:

A. *Medical Knowledge:*

1. Demonstrate knowledge of the basic science and clinically supportive sciences of breast diseases within the spectrum of the PGY 2 surgeon.
2. Develop an advanced knowledge of diagnostic tests utilized in the work-up and their indications of patients with common breast complaints (imaging: Mammogram, Ultrasound, MRI, galactogram; biopsy techniques: U/S, stereotactic, & MRI guided biopsies, excisional biopsy).
3. Develop an advanced knowledge of the anatomy related to breast (blood supply, innervation, spatial relationship to surrounding structures)
4. Develop an advanced knowledge of benign breast disease and malignant diseases of the breast.
5. Develop a basic knowledge of reconstructive options

B. *Patient Care:*

1. Communicate effectively and demonstrate caring and respectful behavior when interacting with patients and their families.
2. Work with health care professionals, including those from other disciplines, to provide Patient-focused care.
3. Demonstrate ability to perform daily resident work rounds efficiently, including dictation of operative cases, daily progress notes, and dictation of discharge summary.
4. Performs a complete and accurate history and physical examination, including a pertinent review of systems, about breast disease.
5. Demonstrate appropriate interpretation of mammogram & familiarity with other imaging modalities.
6. Performs a partial mastectomy, total mastectomy, sentinel lymph node mapping and biopsy and axillary lymph node dissection.

7. Utilizes ultrasound in guiding breast procedures.
8. Can discuss multidisciplinary management of breast cancer.
9. Incorporate formative evaluation feedback into daily practice.

C. *Interpersonal Skills and Communication:*

1. The resident should ensure that the attending is aware of the progress of all patients on the service.
2. Demonstrate the ability to create a therapeutic relationship with patients including good listening skills and clear, understandable and appropriate education and discussion of their medical diseases.
3. Demonstrate competence and willingness to perform as a team member in the evaluation and management of the patient.
4. Demonstrate effective and collegial communication skills with other physicians on the breast service, as well as consultants, nursing and ancillary staff.
5. Demonstrate competence and the ability to present cases to staff with a specific focus on addressing specific gynecologic diseases generated by the chief complaint. This communication should be appropriate in timing and effective in demonstrating the degree of concern regarding the patient's overall condition and need for emergent intervention.
6. Demonstrate precise comprehensive efficient and accurate charting to include daily charting on each patient.

D. *Practice Based Learning and Improvement:*

1. Demonstrate competence and the understanding of using the medical literature to effectively and cognitively evaluate gynecologic conditions and symptoms and suggest appropriate modifications to management plans based on the information obtained.
2. Demonstrate receptiveness to the feedback provided by the surgical staff and during the rotation with appropriate modification to behavior to improve performance.
3. Demonstrate the ability to take a single clinical question, review relevant literature, and provide an evidenced based answer to the clinical question raised on your breast surgery rotation.
4. Evaluate progress in operative skills in comparison to the R1 rotation.
5. Develops learning plans based on feedback and can modify his or her own practice to avoid errors.

E. *Professionalism:*

1. Demonstrate a commitment to patient care and learning by timeliness, responsibility for patients seen, and sensitivity to cultural diversity, age, gender and disabilities.
2. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.

3. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.
4. The resident is expected to review the rotation schedule and comply with ACGME work hour rules. It is the responsibility of the resident to notify the Program Director of General Surgery if any of these rules are violated.

F. *System Based Practice:*

1. Demonstrate an understanding of the interrelationships with the breast team, the other providing teams within the hospital, and their role in the management of the complex breast oncology patient with multiple services involved.
2. Demonstrate an understanding of the cost issues related to lab tests, radiographic studies and medications used in the treatment of patients on the breast service.
3. Demonstrate recognition of the need for other consultants to include intervention radiology, internal medicine, oncology, and other surgical services, and the ability to appropriately consult these different services as needed.
4. Demonstrate competence in the retrieval of patient's imaging studies, lab studies and prior surgical information.
5. Demonstrate the ability to appropriately admit a patient, transfer the patient from one level of care to another, discharge the patient, and make appropriate referrals as necessary.

Rotation – St. Francis Hospital Bariatric Surgery – R2/3 Year Level

Each resident will spend 4 months as junior resident on the St. Francis Bariatric Surgery Team. The rotation split with 2 consecutive months during the R2 year and 2 consecutive months during the R3 year. This experience affords the opportunity for an in-depth experience in bariatric surgery to include preoperative, intraoperative, and postoperative care as well as outpatient services. The resident's will also participate in general surgery cases with the bariatric staff as well as the general surgery staff. This experience allows for in-depth involvement in robotic surgery as well. Prior to beginning this rotation, residents will have completed all initial level Da Vinci simulator training for robotic surgery to include on-site training in Sunnyvale, California and the prerequisite bedside assist required prior to surgery on the console.

The residents are expected to attend academic conferences and workshops at St. Joseph Medical Center during her bariatric surgery rotation.

Goals:

1. The PGY-2/3 resident on the Bariatric Surgery Service will become competent in the assessment and care of the bariatric surgery patient, including preoperative assessment, nutritional pathways, various bariatric operative procedures, and postoperative care to include adjustments in diet and lifestyle. In progressing from the R2 to the R3 level, the resident will be expected to attain a greater mastery in the care of bariatric patients.
2. The PGY-2/3 will concentrate on the foundation of basic science knowledge integral to bariatric surgical disease.
3. The PGY-2/3 will develop their basic surgical techniques under close supervision and perform procedures appropriate for their technical level. The expectation is to see increasing levels of competence in bariatric procedures as the resident progresses from the R2 to the R3 level.
4. The PGY-3 will continue to develop their teaching skills through close interactions with first second year residents, and medical students, as available.
5. The PGY-2/3 will continue to learn the methods of scientific investigation and critical review of scientific literature. Residents are encouraged to consider following and safety studies related to bariatric surgery all completing this 4-month block of rotations.

Objectives:

A. *Medical Knowledge:*

1. Demonstrate knowledge of the basic science and clinically supportive sciences of bariatric and general surgical diseases within the spectrum of the PGY-2/3 surgeon. These include, but are not limited to, morbid obesity surgery, preoperative pathways for bariatric patients, hernia surgery, breast surgery, biliary disease and gastrointestinal malignancies.
2. Demonstrate an investigatory and analytic thinking approach to clinical situations.
3. Demonstrate knowledge of the basic science and clinically supportive sciences of surgical diseases and build on the knowledge gained in the PGY-1 and PGY-2 academic years.

4. Demonstrate improvement in knowledge deficits with emphasis on the basic science after reviewing the previous year ABSITE exam.

B. *Patient Care:*

1. Demonstrate competence in gathering accurate and essential information in the performance of histories and physical exams, as well as evaluation of all laboratory and x-ray data and present a logical and effective management plan.
2. Demonstrate advocacy for the patient through consistent, compassionate, effective, and appropriate management of the patient and their families.
3. Demonstrate competence in making sound diagnostic and therapeutic decisions based on available patient information and patient preferences, up-to-date scientific evidence, and clinical judgment.
4. Demonstrate a clear progression in skills and knowledge developed during the PGY-1 and PGY-2 years, as well as the ability to act independently in the evaluation and care of the surgical ward patients, and in the initial evaluation and care of patients in the ER.
5. Demonstrate knowledge and technique in the skills of upper and lower gastrointestinal endoscopy.
6. Demonstrate basic skills required to perform ultrasonography in the clinic to include evaluation of subcutaneous nodules and simple breast lesions.
7. Continue to develop technical skills in open, laparoscopic and robotic surgery and should now be able to master and be capable of completing indexed PGY-2 procedures and advancing to PGY-3 procedures.
8. Demonstrate ability to begin to advance to more technically difficult procedures to include panniculectomies, operations for morbid obesity and small/large bowel operations.
9. Demonstrate ability to independently manage surgical ward and ICU patients, as well as outpatients on the surgical service and continue to develop skills in the management of the surgical case scheduling and management of the surgery clinic flow.

C. *Interpersonal Skills and Communication:*

1. Demonstrate the ability to create a therapeutic relationship with patients including good listening skills and clear, understandable and appropriate education and discussion of their medical diseases.
2. Demonstrate the ability to instruct and evaluate rotating medical students on the surgical service with feedback for continued learning as appropriate.
3. Demonstrate competence in presenting emergent cases and inpatient consults to attending faculty with complete and accurate presentation of physiologic conditions and clear and concise communication skills and management plans.
4. Demonstrate the ability to act as the junior resident managing patients in the Intensive Care Unit.
5. Demonstrate the ability for appropriate interaction during inpatient consultation within the hospital and interactions with the consulting services in the review of various disease processes.

6. Demonstrate effective and collegial communication with staff physicians, nurses and allied health professionals caring for the surgical patient.
7. Demonstrate precise and comprehensive and efficient, accurate charting.
8. Demonstrate sensitivity and insight into the needs of the bariatric patient and gain a better understanding of the social implications of morbid obesity and the effects that this has on the patient's life.

D. *Practice Based Learning and Improvement:*

1. Demonstrate competence and understanding the use of the medical literature to effectively and cognitively evaluate the surgical patient and suggest appropriate modifications to management plans based on the information obtained.
2. Demonstrate receptiveness to feedback by the surgical staff during the rotation with appropriate modifications to behavior to improve performance.
3. Demonstrate the ability to take a single clinical question, review relevant literature, and design appropriate studies to answer these clinical questions.
4. Demonstrate the ability to evaluate multiple patients as the oversight resident in the Bariatric Surgery Service and make relevant and timely management decisions to ensure the best possible care of the patients.

E. *Professionalism:*

1. Demonstrate commitment to patient care and learning by timeliness, responsibility for patients seen, and sensitivity to cultural diversity and sensitivity to the often traumatic and severe illnesses seen on the ward and in the ICU setting.
2. The resident is expected to review the rotation schedule and comply with ACGME work hour rules. It is the responsibility of the resident to notify the Program Director of General Surgery if any of these rules are violated.
3. Maintain appropriate professional bearing, attitude and dress at all times in the patient care setting.
4. Maintain appropriate composure and affect in the setting of multiple patients with severe traumas and perform appropriate triage of care and resources based on the immediate needs of the patients.
5. Demonstrate competence and sensitivity in dealing with issues of death and dying in relationship to patient care and patient's families.
6. Demonstrate sensitivity and insight into the needs of the bariatric patient and gain a better understanding of the social implications of morbid obesity and the effects that this has on the patient's life.

F. *System Based Practice:*

1. Act as the surgeon on call, as the accepting surgeon on call for all regional referrals both inpatient and outpatient bariatric and general surgery patients.
2. Manage surgical beds on the ward and the ICU for the region in the capacity as the junior surgery resident.

3. Understand the time and cost constraints of referrals with the system for studies, diagnostic procedures and invasive procedures.
4. Demonstrate competence in the retrieval of patient's imaging studies, lab studies, prior surgical reports and chart access integrating the various databases available for patient information.
5. Demonstrate an understanding of the various components of bariatric care as related to consultants within the hospital and resource utilization in terms of, diagnostic resources, consultants and interventional tools.
6. Demonstrate competence in the understanding of the essential differences between the general surgeon as a consultant and as a primary patient care manager within the hospital.
7. Demonstrate recognition of the need for other consultants to include intervention radiology, internal medicine, gastroenterology, and the ability to appropriately consult these different services as needed.
8. Demonstrate the ability to appropriately admit a patient, transfer the patient from one level of care to another, discharge the patient, and make appropriate referrals as necessary.

R2 Educational Benchmarks

	Expectation / Benchmark	Follow-up / Progress Plan (for those not meeting benchmark)	Remediation Steps
Mini-CEX	Passing	Meet with PD, Interim progress evaluation	
Global Assessment	Average score of 5/9 in each of the 6-core competencies	Meet with PD, Interim progress evaluation	If the Progress Plan did not result in expected improvement after 3 months: <ol style="list-style-type: none"> 1) Revised Progress Plan & Letter of Concern 2) In-Service Remediation 3) Probation 4) Suspension from Patient Care activities (reviewed by GME Committee) 5) Termination
Multi-source/Multi-rater	Average scores of 5 on each of the 6-core competencies	Meet with PD, Interim progress evaluation	
Semi-Annual Review	Meet expectation in each of the 6-core competencies, identify areas of improvement needed, identify overall professional goals	Semi-Annual meeting to review and assess discussed areas of needed improvement	
In-Service Exam	Score at or above the 35 th percentile	Strict enforcement of mentor reading assignment completion	
OR Op Logs	Meet minimum operative requirements by year group: R1=50; R2=150; R3=300; R4=550; R5=750	Meet with PD, Interim progress evaluation	
Oral Exams	Passing Score	Meet with PD, Interim progress evaluation	
OSCE	Passing	Meet with PD, Interim progress evaluation	

R-3 LEVEL ROTATIONS

Rotation – St. Francis Hospital Bariatric Surgery – R2/3 Year Level

Each resident will spend 4 months as a junior resident on the St. Francis Bariatric Surgery Team. The rotation is split with 2 consecutive months during the R2 year and 2 consecutive months during the R3 year. This experience affords the opportunity for an in-depth experience in bariatric surgery to include preoperative, intraoperative, and postoperative care as well as outpatient services. The residents will also participate in general surgery cases with the bariatric staff as well as the general surgery staff. This experience allows for in-depth involvement in robotic surgery as well. Prior to beginning this rotation, residents will have completed all initial level Da Vinci simulator training for robotic surgery to include on-site training in Sunnyvale, California and the prerequisite bedside assist required prior to surgery on the console.

The residents are expected to attend academic conferences and workshops at St. Joseph Medical Center during their bariatric surgery rotation.

Goals:

1. The PGY-2/3 resident on the Bariatric Surgery Service will become competent in the assessment and care of the bariatric surgery patient, including preoperative assessment, nutritional pathways, various bariatric operative procedures, and postoperative care to include adjustments in diet and lifestyle. In progressing from the R2 to the R3 level, the resident will be expected to attain a greater mastery in the care of bariatric patients.
2. The PGY-2/3 will concentrate on the foundation of basic science knowledge integral to bariatric surgical disease.
3. The PGY-2/3 will develop their basic surgical techniques under close supervision and perform procedures appropriate for their technical level. The expectation is to see increasing levels of competence in bariatric procedures as the resident progresses from the R2 to the R3 level.
4. The PGY-3 will continue to develop their teaching skills through close interactions with first second year residents, and medical students, as available.
5. The PGY-2/3 will continue to learn the methods of scientific investigation and critical review of scientific literature. Residents are encouraged to consider following and safety studies related to bariatric surgery all completing this 4-month block of rotations.

Objectives:

A. *Medical Knowledge:*

1. Demonstrate knowledge of the basic science and clinically supportive sciences of bariatric and general surgical diseases within the spectrum of the PGY-2/3 surgeon. These include, but are not limited to, morbid obesity surgery, preoperative pathways for bariatric patients, hernia surgery, breast surgery, biliary disease and gastrointestinal malignancies.

2. Demonstrate an investigatory and analytic thinking approach to clinical situations.
3. Demonstrate knowledge of the basic science and clinically supportive sciences of surgical diseases and build on the knowledge gained in the PGY-1 and PGY-2 academic years.
4. Demonstrate improvement in knowledge deficits with emphasis on the basic science after reviewing the previous year ABSITE exam.

B. *Patient Care:*

1. Demonstrate competence in gathering accurate and essential information in the performance of histories and physical exams, as well as evaluation of all laboratory and x-ray data and present a logical and effective management plan.
2. Demonstrate advocacy for the patient through consistent, compassionate, effective, and appropriate management of the patient and their families.
3. Demonstrate competence in making sound diagnostic and therapeutic decisions based on available patient information and patient preferences, up-to-date scientific evidence, and clinical judgment.
4. Demonstrate a clear progression in skills and knowledge developed during the PGY-1 and PGY-2 years, as well as the ability to act independently in the evaluation and care of the surgical ward patients, and in the initial evaluation and care of patients in the ER.
5. Demonstrate knowledge and technique in the skills of upper and lower gastrointestinal endoscopy.
6. Demonstrate basic skills required to perform ultrasonography in the clinic to include evaluation of subcutaneous nodules and simple breast lesions.
7. Continue to develop technical skills in open, laparoscopic and robotic surgery and should now be able to master and be capable of completing indexed PGY-2 procedures and advancing to PGY-3 procedures.
8. Demonstrate ability to begin to advance to more technically difficult procedures to include panniculectomies, operations for morbid obesity and small/large bowel operations.
9. Demonstrate ability to independently manage surgical ward and ICU patients, as well as outpatients on the surgical service and continue to develop skills in the management of the surgical case scheduling and management of the surgery clinic flow.

C. *Interpersonal Skills and Communication:*

1. Demonstrate the ability to create a therapeutic relationship with patients including good listening skills and clear, understandable and appropriate education and discussion of their medical diseases.
2. Demonstrate the ability to instruct and evaluate rotating medical students on the surgical service with feedback for continued learning as appropriate.
3. Demonstrate competence in presenting emergent cases and inpatient consults to attending faculty with complete and accurate presentation of physiologic conditions and clear and concise communication skills and management plans.
4. Demonstrate the ability to act as the junior resident managing patients in the Intensive Care Unit.

5. Demonstrate the ability for appropriate interaction during inpatient consultation within the hospital and interactions with the consulting services in the review of various disease processes.
6. Demonstrate effective and collegial communication with staff physicians, nurses and allied health professionals caring for the surgical patient.
7. Demonstrate precise and comprehensive and efficient, accurate charting.
8. Demonstrate sensitivity and insight into the needs of the bariatric patient and gain a better understanding of the social implications of morbid obesity and the effects that this has on the patient's life.

D. *Practice Based Learning and Improvement:*

1. Demonstrate competence and understanding the use of the medical literature to effectively and cognitively evaluate the surgical patient and suggest appropriate modifications to management plans based on the information obtained.
2. Demonstrate receptiveness to feedback by the surgical staff during the rotation with appropriate modifications to behavior to improve performance.
3. Demonstrate the ability to take a single clinical question, review relevant literature, and design appropriate studies to answer these clinical questions.
4. Demonstrate the ability to evaluate multiple patients as the oversight resident in the Bariatric Surgery Service and make relevant and timely management decisions to ensure the best possible care of the patients.

E. *Professionalism:*

1. Demonstrate commitment to patient care and learning by timeliness, responsibility for patients seen, and sensitivity to cultural diversity and sensitivity to the often traumatic and severe illnesses seen on the ward and in the ICU setting.
2. The resident is expected to review the rotation schedule and comply with ACGME work hour rules. It is the responsibility of the resident to notify the Program Director of General Surgery if any of these rules are violated.
3. Maintain appropriate professional bearing, attitude and dress at all times in the patient care setting.
4. Maintain appropriate composure and affect in the setting of multiple patients with severe traumas and perform appropriate triage of care and resources based on the immediate needs of the patients.
5. Demonstrate competence and sensitivity in dealing with issues of death and dying in relationship to patient care and patient's families.
6. Demonstrate sensitivity and insight into the needs of the bariatric patient and gain a better understanding of the social implications of morbid obesity and the effects that this has on the patient's life.

F. *System Based Practice:*

1. Act as the surgeon on call, as the accepting surgeon on call for all regional referrals both inpatient and outpatient bariatric and general surgery patients.
2. Manage surgical beds on the ward and the ICU for the region in the capacity as the junior surgery resident.
3. Understand the time and cost constraints of referrals with the system for studies, diagnostic procedures and invasive procedures.
4. Demonstrate an understanding of the cost issues related to lab tests, radiographic studies and medications used in the treatment of patients.
5. Demonstrate competence in the retrieval of patient's imaging studies, lab studies, prior surgical reports and chart access integrating the various databases available for patient information.
6. Demonstrate an understanding of the various components of bariatric care as related to consultants within the hospital and resource utilization in terms of, diagnostic resources, consultants and interventional tools.
9. Demonstrate competence in the understanding of the essential differences between the general surgeon as a consultant and as a primary patient care manager within the hospital.
10. Demonstrate recognition of the need for other consultants to include intervention radiology, internal medicine, gastroenterology, and the ability to appropriately consult these different services as needed.
11. Demonstrate the ability to appropriately admit a patient, transfer the patient from one level of care to another, discharge the patient, and make appropriate referrals as necessary.

Rotation – Vascular Surgery – R3 Year Level

The Vascular Surgery Service at St. Joseph Medical Center has 3 vascular faculty dedicated to the care of vascular specific patients. The resident will be involved in the complete care of vascular patients to include outpatient visits, preoperative workup, intraoperative care and postoperative ward care. The resident will also be involved in evaluation of new consults from the emergency department and from the wards. The resident is expected to attend the General Surgery Program conferences while on the vascular surgery service.

Goals:

1. The PGY-3 on the Vascular Surgery rotation will gain competence in the evaluation and management of patients with peripheral and central vascular diseases.
2. The PGY-3 residents are responsible for the preoperative assessment, intraoperative management, and postoperative care of patients with circulatory disorders requiring surgical treatment. They must be ever-aware of the status of all patients on the service and are responsible for communication with the vascular staff concerning care of patients. Assessment of patients' cardiovascular function, circulatory health and graft success are emphasized. Intra-operative procedures that they are involved with include intravenous access procedures, arteriovenous fistula surgery for hemodialysis, and a variety of vascular bypass procedures.

Objectives:

a. *Medical Knowledge:*

1. Demonstrate knowledge of the basic science and clinically supportive sciences of vascular diseases within the spectrum of the PGY-3 surgeon. These include, but are not limited to, peripheral vascular occlusive disease, end stage renal disease and arterial venous shunts, abdominal aortic aneurismal disease, intestinal ischemia, carotid artery disease, varicose vein disease and peripheral vascular disease.
2. Demonstrate an investigatory and analytic thinking approach to clinical situations.
3. Demonstrate basic knowledge of the interpretation of vascular radiographic studies to include ultrasound, duplex and Doppler studies and arteriography.
4. Demonstrate a basic knowledge of the utility and indications for endovascular management of peripheral vascular and aneurismal disease.

b. *Patient Care:*

1. Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families.
2. Work with health care professionals, including those from other disciplines, to provide patient-focused care.
3. Gather accurate and essential information in the performance of histories and physical exams based on chief complaints.

4. Demonstrate competence in making sound diagnostic and therapeutic decisions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
5. Demonstrate competence in caring out effective management plan.
6. Demonstrate the ability to become familiar with surgical techniques of suturing, removal of skin and subcutaneous lesions, central placement, arterial and venous anastomotic techniques, arterial line placement, endovascular techniques and carotid endarterectomy.
7. Develop technical skills in both basic and advanced vascular surgeries to the point of becoming the primary surgeon on procedures as appropriate for the R3 level of training.
8. Demonstrate the ability to recognize impending signs of patient compromise as related to the vascular surgery patient, to include significant changes in vital signs, signs of graft thrombosis or occlusions, indications of endograft failure, and other life-threatening situations specific to the post-operative vascular surgery patient.

c. *Interpersonal Skills and Communication:*

1. Demonstrate the ability to create a therapeutic relationship with patients including good listening skills and clear, understandable and appropriate education and discussion of their medical diseases.
2. Demonstrate competence and willingness to perform as a team member in the evaluation and management of the vascular surgery patient.
3. Demonstrate effective and collegial communication skills with other vascular surgery physicians, as well as consultants, nursing and ancillary staff.
4. Demonstrate competence and the ability to present cases to the vascular surgery staff with a specific focus on addressing specific life threats generated by the chief complaint.
5. Demonstrate precise, comprehensive, efficient and accurate charting.

d. *Practice Based Learning and Improvement:*

1. Demonstrate competence and willingness to perform as a team member in the evaluation of vascular patients.
2. Demonstrate effective and collegial communication skills with other physicians in the Vascular Surgery Service, as well as consultants, nursing and ancillary staff.
3. Demonstrate competence in the ability to present cases to the junior and senior residents with the specific focus on addressing specific vascular diseases and life-threatening illnesses generated by the chief complaint. This communication should be appropriate in timing and effective in demonstrating the degree of concern regarding the patient's overall condition and need for emergent intervention.
4. Demonstrate precise, comprehensive, efficient and accurate charting to include daily charting on each patient.
5. Actively participate in the academic program of the Vascular Surgery Service as per assignments of the chief resident.

e. *Professionalism:*

1. Demonstrate a commitment to patient care and learning by timeliness, responsibility for patients seen, and sensitivity to cultural diversity, age, gender and disabilities.

2. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.
3. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.
4. The resident is expected to review the rotation schedule and comply with ACGME work hour rules. It is the responsibility of the resident to notify the Program Director of General Surgery if any of these rules are violated.
5. Responsible for attending daily staff rounds and giving comprehensive presentations to the vascular staff concerning the care and daily progress of the patients.

f. *System-Based Practice:*

1. Demonstrate an understanding of the cost issues related to lab tests, radiographic studies and medications used in the treatment of patients in the Vascular Surgery Service.
2. Demonstrate competence in the understanding of the essential differences between the vascular surgeon as a consultant and as a primary patient care manager within the hospital.
3. Demonstrate recognition of the need for other consultants to include intervention radiology, internal medicine, gastroenterology, and the ability to appropriately consult these different services as needed.
4. Demonstrate competence in the retrieval of patient's imaging studies, lab studies, prior vascular surgical reports and chart access integrating the various databases available for patient information.
5. Demonstrate the ability to appropriately admit a patient, transfer the patient from one level of care to another, discharge the patient, and make appropriate referrals as necessary.
6. Demonstrate the ability to work in conjunction with the podiatry service to ensure cohesive interaction and patient management in communication between the two services and the co-management of these complex patients.

Rotation – Head and Neck Surgery – R3 Year Level

This two-month Legacy Head and Neck rotation at St Joseph Hospital is completed at a tertiary care hospital with a dedicated group of head and neck surgeons. The PGY-3 serves as the only resident on the team. This rotation is designed for maximal exposure to operative cases with 3 days spent in the OR and 2 days in the clinic.

The residents are expected to attend the general surgery conferences and workshops while on the ENT rotation.

Goals:

1. The PGY-3 on the head and neck rotation will develop competence in the diagnosis and treatment of head and neck patients.
2. The PGY-3 will begin to develop their advanced surgical techniques in the treatment of head and neck diseases to include radical neck dissection, thyroidectomy and parathyroidectomy.
3. The PGY-3 will continue to learn the methods of scientific investigation and critical review of scientific literature.

Objectives:

A. *Medical Knowledge:*

1. Demonstrate knowledge of the basic science and clinically supportive sciences of head and neck diseases within the spectrum of the PGY-3 surgeon.
2. Demonstrate ability to build on the knowledge base gained in prior years concerning head and neck disease. This should include a comprehensive understanding of the anatomy and path-physiology as related to, but not limited to the following: head and neck oncologic disease, thyroid disease, parathyroid disease.
3. Demonstrate an investigatory and analytic thinking approach to clinical situations.

B. *Patient Care:*

1. Demonstrate the ability to continue to develop surgical techniques of advanced head and neck surgeries. The PGY-3 resident should now be working to master the performance of all the most difficult head and neck procedures to include: radical neck dissections, thyroidectomies, parathyroidectomies, resection of oral neoplasms and others.
2. Demonstrate effective communication and caring, respectful behavior when interacting with patients and their family.
3. Demonstrate the ability to work with health care professionals, including those from other disciplines to provide patient-focused care.
4. Demonstrate competence in developing, disseminating and overseeing the progress of an effective management plan.
5. Demonstrate the ability to independently operate and act as a teaching assistant to junior residents and interns at the discretion of the staff surgeon.
6. Perform a fine needle aspiration biopsy of a palpable thyroid nodule.

7. Perform the initial steps in thyroid surgery, including:
 - a) Patient positioning and marking
 - b) Skin incision and raising subplatysmal flaps
 - c) Opening strap muscles
 - d) Identification of recurrent laryngeal nerve
 - e) Ligation of the superior and inferior pole vessels
 - f) Mobilization of thyroid lobe
 - g) Close strap muscles, platysma and skin
8. Interpret thyroid and parathyroid ultrasound and parathyroid scan.

C. *Interpersonal Skills and Communication:*

1. Demonstrate the ability to create a therapeutic relationship with patients including good listening skills and clear, understandable and appropriate education and discussion of their medical diseases.
2. Demonstrate effective communication and caring, respectful behavior when interacting with patients and their family.
3. Demonstrate effective and collegial communication skills with other physicians, consultants, nursing and ancillary staff.
4. Demonstrate competence and willingness to perform as a team leader in the evaluation and treatment of patients with surgical disease of the head and neck.
5. Demonstrate competence in the ability to manage the clinical and academic responsibilities of a head and neck service and provide lectures to the staff as assigned.
6. Demonstrate the competence and ability to present cases to the faculty with the specific focus on addressing specific issues related to head and neck surgery.
7. Demonstrate precise, comprehensive, efficient and accurate charting of all patients.

D. *Practice Based Learning and Improvement:*

1. Demonstrate receptiveness to feedback by the surgery staff during the rotation with appropriate modifications to behavior to improve performance.
2. Demonstrate the ability to take a single clinical question, review relevant literature, and provide an evidenced based answer to the clinical question raised on your head and neck surgery rotation.
3. Demonstrate competence and understanding in using the medical literature to effectively and cognitively evaluate the head and neck patient and suggest appropriate modifications to management plans based on the information obtained.

E. *Professionalism:*

1. Demonstrate commitment to patient care and learning by timeliness, responsibility for patients seen, and sensitivity to cultural diversity and sensitivity to the head and neck surgery setting.
2. The resident is expected to review the rotation schedule and comply with ACGME work hour rules. It is the responsibility of the resident to notify the Program Director of General Surgery if any of these rules are violated.

3. Maintain appropriate professional bearing, attitude and dress always in the patient care setting.
4. Maintain appropriate composure and affect in the setting of multiple patients with head and neck issues and perform appropriate triage of care and resources based on the immediate needs of the patients.
5. Demonstrate competence and sensitivity in dealing with issues of death and dying in relationship to patient care and patients' families.

F. *System Based Practice:*

1. Demonstrate an understanding of the cost issues related to lab tests, radiographic studies, medications used in the treatment of patients.
2. Determine the need for access to surgical care for all referrals within the region.
3. Demonstrate understanding of the similarities and contrasts between the tertiary medical system and the smaller systems within the community and private practice.
4. Demonstrate clear competence in the role of the surgeon and the role of various consultants in the overall care of the surgical patient. Competently interact with all consultants within the hospital in providing timely and effective care for the patient throughout the system.
5. Demonstrate competence and understanding of the interaction of various rehabilitation services specific to advanced head and neck procedures to include the interactions of speech pathology, physical and occupational therapies, and nutritionists, and the roles of ENT surgeons or maxillofacial surgeons, and head and neck oncologic surgeons.

Rotation – Gynecologic Oncology – R3 Year Level

The PGY-3 rotation in Gynecologic Oncology is an 8-week comprehensive experience with 2 fellowship trained gynecologic oncologist. Time is divided between clinic and the operating room. This rotation is designed to allow the resident to become proficient in pelvic surgery and gain an in-depth skill set with procedures such as hysterectomies, oophorectomies and pelvic nodal dissections. The residents will be managing the team for the GYN oncology service. The residents are expected to attend the general surgery conferences and workshops while on the GYN oncology rotation.

Goals: PGY-3 on the GYN oncology rotation will become proficient in the evaluation and management of patients with gynecologic malignancies.

Objectives:

A. *Medical Knowledge:*

1. Demonstrate knowledge of the basic science and clinically supportive sciences of gynecologic surgical diseases within the spectrum of the PGY 3 surgeon. These include, but are not limited to, management of tumors of the female organs, in-depth knowledge of techniques for evaluation and treatment of pelvic disease.
2. Demonstrate an investigatory and analytic thinking approach to clinical situations.
3. Be proficient in the staging of gynecologic malignancies.
4. Understand the role of neoadjuvant and adjuvant chemotherapy in gynecologic malignancies.
5. Master pelvic anatomy and indications for hysterectomy and oophorectomy.
6. Understand potential side effects and complication of gynecologic surgeries and be able to manage all postoperative patients.

B. *Patient Care:*

1. Communicate effectively and demonstrate caring and respectful behavior when interacting with patients and their families.
2. Work with health care professionals, including those from other disciplines, to provide Patient-focused care.
3. Gather accurate and essential information in the performance of histories and physical exams based on chief complaints.
4. Demonstrate ability to perform daily resident work rounds efficiently, including dictation of operative cases, daily progress notes, dictation of discharge summary, and management of team.
5. Demonstrate competence in making sound diagnostic and therapeutic decisions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
6. Demonstrate competence in carrying out effective management plan and disseminate to the surgical team with appropriate resident oversight.
7. Become proficient in oophorectomies, hysterectomies, tumor de-bulking and pelvic lymph node dissections.
8. Differentiate pelvic anatomy on computerized images.

C. *Interpersonal Skills and Communication:*

1. Demonstrate the ability to create a therapeutic relationship with patients including good listening skills and clear, understandable and appropriate education and discussion of their medical diseases.
2. Demonstrate competence and willingness to perform as a team member in the evaluation and management of the gynecologic patient.
3. Demonstrate effective and collegial communication skills with other physicians on the gynecologic service, as well as consultants, nursing and ancillary staff.
4. Demonstrate competence and the ability to present cases to staff with a specific focus on addressing specific gynecologic diseases generated by the chief complaint. This communication should be appropriate in timing and effective in demonstrating the degree of concern regarding the patient's overall condition and need for emergent intervention.
5. Demonstrate precise comprehensive efficient and accurate charting to include daily charting on each patient.
6. Educate junior residents and medical students and effectively manage the patient care team at the resident level.

D. *Practice Based Learning and Improvement:*

1. Demonstrate competence and the understanding of using the medical literature to effectively and cognitively evaluate gynecologic conditions and symptoms and suggest appropriate modifications to management plans based on the information obtained.
2. Demonstrate receptiveness to the feedback provided by the gynecologic staff during the rotation with appropriate modification to behavior to improve performance.
3. Demonstrate the ability to take a single clinical question, review relevant literature, and provide an evidenced based answer to the clinical question raised on your gynecologic rotation.
4. Incorporate formative evaluation feedback into daily practice.

E. *Professionalism:*

1. Demonstrate a commitment to patient care and learning by timeliness, responsibility for patients seen, and sensitivity to cultural diversity, age, gender and disabilities.
2. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.
3. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.
4. The resident is expected to review the rotation schedule and comply with ACGME work hour rules. It is the responsibility of the resident to notify the Program Director of General Surgery if any of these rules are violated.
5. Remain honest with all individuals at all times in conveying issues of patient care

F. *System Based Practice:*

1. Demonstrate an understanding of the interrelationships with the gynecologic oncology team, the other providing teams within the hospital, and their role in the management of both the isolated gynecologic patient in the ICU and on the wards, as well as their role in the complex oncology patient with multiple services involved.
2. Demonstrate an understanding of the cost issues related to lab tests, radiographic studies and medications used in the treatment of patients on the gynecologic oncology service.
3. Demonstrate recognition of the need for other consultants to include intervention radiology, internal medicine, other surgical services, and the ability to appropriately consult these different services as needed.
4. Demonstrate competence in the retrieval of patient's imaging studies, lab studies and prior surgical information.
5. Demonstrate the ability to appropriately admit a patient, transfer the patient from one level of care to another, discharge the patient, and make appropriate referrals as necessary.

Rotation – Pediatric Surgery – R3 Year Level

The PGY-3 rotation in Pediatric Surgery at Tacoma General/Marybridge is an 8-week comprehensive experience with 4 fellowship trained pediatric surgeons in a pediatric center of excellence. This experience allows the resident to be immersed in the surgical care of pediatric surgery patients.

The residents are expected to attend the general surgery conferences and workshops while on the GYN oncology rotation.

Goals: PGY-3 will be comfortable with the surgical care of general pediatric surgical issues and become familiarized with complex pediatric surgical diseases and management.

Objectives:

A. *Medical Knowledge:*

1. Demonstrate knowledge of the basic science and clinically supportive sciences of pediatric surgical diseases within the spectrum of the PGY 3 surgeon.
2. Demonstrate an investigatory and analytic thinking approach to clinical situations.
3. Demonstrate understanding of general principles of care of children with surgical conditions.
4. Demonstrate understanding of differences in anatomy and physiology.
5. Demonstrate understanding of fluid and electrolyte and nutritional management in children.
6. Demonstrate understanding of pathophysiology of common surgical conditions in infants and children including pyloric stenosis, intestinal obstruction, appendicitis, foreign body of esophagus and airway, etc.
7. Demonstrate understanding of pathophysiology of surgical conditions in neonates and older children including esophageal atresia, congenital diaphragmatic hernia, Hirschsprung's disease, intestinal atresia, intussusception, Wilms tumor, neuroblastoma, etc.

B. *Patient Care:*

1. Demonstrate competence in the management of stable neonate.
2. Communicate effectively and demonstrate caring and respectful behavior when interacting with patients and their families.
3. Work with health care professionals, including those from other disciplines, to provide patient-focused care.
4. Gather accurate and essential information in the performance of histories and physical exams based on chief complaints.
5. Demonstrate ability to perform daily resident work rounds efficiently, including dictation of operative cases, daily progress notes, dictation of discharge summary, and management of team.
6. Demonstrate competence in making sound diagnostic and therapeutic decisions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
7. Become competent in interpretation of specialized radiologic studies including upper GI series, barium enema, CT scan, MRI, and Radionuclide scans.

8. Gain comfort with surgery for pyloric stenosis and inguinal hernia in infants.
9. Gain comfort in operating for complicated appendicitis, vascular access in infants and intestinal obstruction in older children.
10. Gain greater independence with on-call duties, functioning as senior resident, both with patient assessment and in the operating room.

C. *Interpersonal Skills and Communication:*

1. Demonstrate the ability to create a therapeutic relationship with pediatric patients including good listening skills and clear, understandable and appropriate education and discussion of their medical diseases with patients and their parents.
2. Demonstrate competence and willingness to perform as a team member in the evaluation and management of the pediatric patient.
3. Demonstrate effective and collegial communication skills with other physicians on the pediatric surgery service, as well as consultants, nursing and ancillary staff.
4. Demonstrate competence and the ability to present cases to staff with a specific focus on addressing specific pediatric diseases generated by the chief complaint. This communication should be age appropriate and effective in demonstrating the degree of concern regarding the patient's overall condition and need for emergent intervention.
5. Demonstrate precise comprehensive efficient and accurate charting to include daily charting on each patient.
6. Educate junior residents and medical students and effectively manage the patient care team at the resident level.

D. *Practice Based Learning and Improvement:*

1. Demonstrate competence and the understanding of using the medical literature to effectively and cognitively evaluate pediatric conditions and symptoms and suggest appropriate modifications to management plans based on the information obtained.
2. Demonstrate receptiveness to the feedback provided by the pediatric surgery staff and by patients' parents during the rotation with appropriate modification to behavior to improve performance.
3. Demonstrate the ability to take a single clinical question, review relevant literature, and provide an evidenced based answer to the clinical question raised on your pediatric surgery rotation.
4. Incorporate formative evaluation feedback into daily practice.

E. *Professionalism:*

1. Demonstrate a commitment to patient care and learning by timeliness, responsibility for patients seen, and sensitivity to cultural diversity, age, gender and disabilities.
2. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.
3. Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.

4. The resident is expected to review the rotation schedule and comply with ACGME work hour rules. It is the responsibility of the resident to notify the Program Director of General Surgery if any of these rules are violated.
5. Remain honest with all individuals at all times in conveying issues of patient care.

F. *System Based Practice:*

1. Demonstrate an understanding of the interrelationships with the pediatric surgery team, the other providing teams within the hospital, and their role in the management of both the isolated pediatric surgery patient in the ICU and on the wards, as well as their role in the complex pediatric surgery patient with multiple services involved.
2. Demonstrate an understanding of the cost issues related to lab tests, radiographic studies and medications used in the treatment of patients on the pediatric surgery service.
3. Demonstrate recognition of the need for other consultants to include intervention radiology, pediatric medicine, other services, and the ability to appropriately consult these different services as needed.
4. Demonstrate competence in the retrieval of patient's imaging studies, lab studies and prior surgical information.
5. Demonstrate the ability to appropriately admit a patient, transfer the patient from one level of care to another, discharge the patient, and make appropriate referrals as necessary.

R3 Educational Benchmarks

	Expectation / Benchmark	Follow-up / Progress Plan (for those not meeting benchmark)	Remediation Steps
Mini-CEX	Passing	Meet with PD, Interim progress evaluation	
Global Assessment	Average score of 5/9 in each of the 6-core competencies	Meet with PD, Interim progress evaluation	If the Progress Plan did not result in expected improvement after 3 months: <ol style="list-style-type: none"> 1) Revised Progress Plan & Letter of Concern 2) In-Service Remediation 3) Probation 4) Suspension from Patient Care activities (reviewed by GME Committee) 5) Termination
Multi-source/Multi-rater	Average scores of 5 on each of the 6-core competencies	Meet with PD, Interim progress evaluation	
Semi-Annual Review	Meet expectation in each of the 6-core competencies, identify areas of improvement needed, identify overall professional goals	Semi-Annual meeting to review and assess discussed areas of needed improvement	
In-Service Exam	Score at or above the 35 th percentile	Strict enforcement of mentor reading assignment completion	
OR Op Logs	Meet minimum operative requirements by year group: R1=50; R2=150; R3=300; R4=550; R5=750	Meet with PD, Interim progress evaluation	
Oral Exams	Passing Score	Meet with PD, Interim progress evaluation	
OSCE	Passing	Meet with PD, Interim progress evaluation	

R-4 LEVEL ROTATIONS

The PGY-4 rotations at St. Joseph Medical Center mark the transition to the role of team supervisor. On most of the rotations, the PGY-4 is the senior resident on the team and therefore, responsible for the supervision of the residents and the overall care of the patient with continued staff oversight. The complexity of operative cases continues to increase, and the PGY-4 resident is expected to be aware of all aspects of his or her patient's condition and the proposed management plan.

Rotation – Trauma/Acute Care Surgery – R4 Year Level

The residents complete this 3-month block rotation in the R4 year. The PGY-4 serves as the chief resident for the trauma/acute care surgery team. The schedule will typically alternate with 1 day of trauma followed by acute care surgery the following day and the resident is responsible for coverage of all trauma and acute care surgery patients on the service. The PGY-4 has oversight over 1-3 junior physicians and potential medical students. The resident is expected to attend the General Surgery Program conferences while on the trauma/acute care surgery service (TACSS).

Goals:

5. The PGY-4 on the TACSS rotation will develop their competence in the diagnosis and treatment of trauma patients at a level II trauma center.
6. The PGY-4 will begin to develop their advanced surgical techniques in the treatment of complex trauma injuries and the acute surgical abdomen.
7. The PGY-4 on the TACSS rotation will develop their competence in the diagnosis and treatment of acute surgical diseases.
8. The PGY-4 will continue to learn the methods of scientific investigation and critical review of scientific literature.

Objectives:

A. Medical Knowledge:

10. Demonstrate an investigatory and analytic thinking approach to clinical situations.
11. Demonstrate competence in understanding the pathophysiology and appropriate management of major life threats that need to be addressed in the trauma and acute surgical patients. These include but are not limited to the following: penetrating extremity and truncal injuries, crush injuries, fall injuries, extensive burns, CNS and spinal cord injuries, the acute abdomen, visceral perforation, pancreatitis and others.
12. Demonstrate knowledge of the primary survey and its components and understand its role in the trauma patient and acute surgical patient.
13. Demonstrate knowledge and understanding of the ATLS guidelines in management of the trauma patient.

14. Develop and understanding of the timing of surgery in the acute surgical patients and distinguish between patients requiring emergent, urgent and routine surgeries.
15. Management of trauma resuscitations.
16. Management of multisystem injured patients.
17. Understands current-era management of rectal injuries including proximal diversion.
18. Demonstrates knowledge of indications for emergency department and/or operative thoracotomy.
19. Demonstrates knowledge of and indications for Retrograde endovascular balloon occlusion of the aorta.

B. *Patient Care:*

14. Demonstrate advocacy for patients through consistent, compassionate, effective and appropriate approach to the management of patients and their families in the Emergency Department.
15. Demonstrate competence as the primary surgeon in the hospital responding to acute surgical consults and trauma activations and competence in running the course of the trauma in the ER setting.
16. Demonstrate knowledge of the role of the senior resident at a busy Level II Trauma Center and the ability to manage an operative trauma team and provide education and training to the junior residents.
17. Demonstrate competence in the performance of history and physical examinations and appropriate management of resources in the trauma and acute surgical patient.
18. Demonstrate competence in interpretation of laboratory studies and EKGs, as well as radiographic studies in the context of managing the trauma and acute surgical patient.
19. Demonstrate competence in making sound diagnostic and therapeutic decisions based on available evidence and patient preferences.
20. Demonstrate competence in carrying out effective management plans.
21. Become proficient in advanced trauma surgeries to include, but not limited to, exploratory laparotomy, conservative management of splenic injuries as well as splenectomies, management of solid organ and soft tissue injuries, trauma thoracotomy, and others.
22. Become proficient in acute care surgeries to include, but not limited to, exploratory laparotomy, bowel perforations, necrotizing pancreatitis, biliary sepsis, bowel obstructions, and others.
23. Demonstrate a mastery of the skills required for non-operative management of patients with multiple traumas.
24. Demonstration of trauma laparotomy including packing, vascular control, and/or enteric content control.
25. Demonstration of open abdomen technique.
26. Independently performs gastrotomy, splenectomy, enterectomy with anastomosis, colectomy with colostomy and/or anastomosis, nasojejunal enteric tube placement, central/arterial/intraosseous line placements, bronchoscopy.

C. *Interpersonal Skills and Communication:*

7. Demonstrate the ability to create a therapeutic relationship with patients including good listening skills and clear, understandable and appropriate education and discussion of their medical diseases.
8. Demonstrate competence and willingness to perform as a team leader in the resuscitation of the acutely ill patient who presents to the ED.
9. Demonstrate effective and collegial communication skills with other physicians in the Emergency Department, consultants, nursing and ancillary staff.
10. Demonstrate the ability to manage the clinical and academic responsibilities of a service and provide lectures to the junior residents and to the staff as assigned by the senior resident with effective and competent presentation of the disease processes.
11. Demonstrate competence and the ability to effectively present cases to the attending physicians with focus on addressing specific life-threatening diseases.
12. Demonstrate precise, comprehensive, efficient, and accurate charting.
13. Demonstrate competence and effective management in dealing with the issues of death and dying as related to both the patients and their families.

D. *Practice Based Learning and Improvement:*

5. Demonstrate competence and understanding using of the medical literature to effectively and cognitively evaluate the emergent patient conditions and symptoms and suggest appropriate modifications to management plans based on the information obtained.
6. Demonstrate receptiveness to feedback by the TACSS staff during the rotation with appropriate modifications to behavior to improve performance.
7. Demonstrate the ability to appropriately evaluate the multiply injured trauma patient, identify the relevant injuries, prioritize relevant injuries, review the literature and provide evidence-based answers to clinical questions raised on the rotation.
8. Review all complications and evaluate personal performance and care and presents cases for morbidity and mortality review to determine areas of improvement.

E. *Professionalism:*

7. Demonstrate commitment to patient care and learning by timeliness, responsibility for patients seen, and sensitivity to cultural diversity, as well as sensitivity to the acute impact of trauma and acute illness on both the patient and the patient's family.
8. The resident is expected to review the rotation schedule and comply with ACGME work hour rules. It is the responsibility of the resident to notify the Program Director, General Surgery Residency if any of these rules are violated.
9. Maintain appropriate professional bearing, attitude and dress always in the patient care setting.
10. Maintain appropriate composure and affect in the setting of multiple patients with severe trauma issues and perform appropriate triage of care and resources based on the immediate needs of the patients.
11. Demonstrate competence and sensitivity in dealing with issues of death and dying in relationship to patient care and patients' families.
12. Demonstrate competence in maintaining current case logs and keeping portfolio up-to-date.

F. *System Based Practice:*

7. Demonstrate an understanding of the cost issues related to lab tests, radiographic studies, and medications used in the treatment of patients with trauma and acute surgical diseases.
8. Demonstrate an understanding of the various assigned levels of trauma care for the regional hospitals and demonstrate competence in the appropriate referral of trauma patients to the various levels of trauma centers based on the extent of injuries and available resources at the various levels of care.
9. Demonstrate competence and understanding of the essential differences between the trauma surgeon and other consultants within the hospital and resource management utilization within the trauma system.
10. Demonstrate competence and understanding of the role of the various rehabilitation resources used for trauma surgery and the role of the surgeon on the trauma team in assuring long term follow-up and rehabilitation for patients with significant trauma related injuries.
11. Demonstrate competence in retrieval of patient's imaging studies, laboratory values and charts within the assigned TACSS system.
12. Demonstrate a master of the skills required for operative and non-operative management of patients with multiple traumas and the acute abdomen. Continue to expand surgical skill base with complete abdomen and thoracic trauma experience.

Rotation – General Surgery – St Joseph Hospital - R4 Year Level

Goals:

1. The PGY-4 resident on the General Surgery Service will become competent in the overall management of the general surgery patient, especially in the determination of need for emergent/urgent interventions. The rotations on the GS services covers the spectrum of general surgery services as well as subspecialty surgical care in HPB, colorectal and MIS surgery.
2. The PGY-4 will build on the foundation of basic science knowledge integral to general surgical disease to expand knowledge of complex diseases and their management.
3. The PGY-4 will master their basic surgical techniques and develop the ability to perform these procedures under indirect supervision, while now progressing to advanced surgical procedures with direct supervision.
4. The PGY-4 will develop their teaching skills and take on a leadership role through close interactions with first year residents and students.
5. The PGY-4 will continue clinical investigations and critical review of scientific literature and apply to their practice. More emphasis is placed on self-assessment and practice-based improvement.

Objectives:

A. Medical Knowledge

1. Demonstrate knowledge of the basic science and clinically supportive sciences of surgical diseases within the spectrum of the PGY-4 level surgeon. This now includes complex presentation of diseases such as necrotizing pancreatitis, toxic megacolon, sepsis, malignancy and others.
2. Determine an investigatory and analytic thinking approach to clinical situations, including comprehensive assessment of patient in the context of a comorbid factors.
3. Demonstrate competence in the knowledge of various surgical procedures within the spectrum of the PGY-4 level surgeon. This includes complex surgical procedures such as liver and pancreas resections, abdominoperineal resections, etc.
4. Demonstrate an advanced knowledge of the anatomy and technical skills involved in surgical procedures as a PGY-4 level surgeon.

B. Patient Care:

1. Demonstrate ability to completely manage a surgical service that provides complete care of the surgical patient.
2. Demonstrate ability to be responsible for the entire care of the surgical patient, from pre-operative evaluation, preparation for surgery, admission, surgery and post-operative care and follow-up within a community setting.

3. Demonstrate and be responsible for all the administrative needs of a surgical service within a community setting.
4. Demonstrate ability to enhance and develop open and laparoscopic surgical skills inherent to a high-volume surgical experience within a community practice.
5. Demonstrate ability to independently, with indirect supervision, perform basic procedures such as hernia repair, laparoscopic cholecystectomy and appendectomy.

C. *Interpersonal Skills and Communication:*

1. Demonstrate the ability to create a therapeutic relationship with patients including good listening skills and clear, understandable and appropriate education and discussion of their medical diseases.
2. Demonstrate competence and willingness to perform as a team member in the evaluation of surgical patients in a community setting.
3. Demonstrate effective and collegial communication skills with other physicians, consultants, nursing and ancillary staff in a community setting.
4. Demonstrate competence in the ability to present cases to mentoring staff physicians with the specific focus on addressing specific issues related to surgery. This communication should be appropriate in timing and effective in demonstrating the degree of concern regarding the patient's overall condition and need for intervention.
5. Demonstrate precise, comprehensive, efficient and accurate charting of all patients and review of the charting of the junior residents and interns.

D. *Practice Based Learning and Improvement:*

1. Demonstrate receptiveness to feedback by the staff during the rotation with appropriate modifications of behavior to improve performance. Review own practice carefully and offer suggestions for improvement.
2. Demonstrate the ability to take a complex patient presentation, review relevant literature, and provide an evidenced based answer to the clinical question raised on your surgery rotation.
3. Demonstrate competence and understanding in using the medical literature to effectively and cognitively evaluate the complex surgical patient and suggest appropriate modifications to management plans based on the information obtained.

E. *Professionalism:*

1. Demonstrate commitment to patient care and learning by timeliness, responsibility for patients seen, and sensitivity to cultural diversity and sensitivity in the community surgery setting.
2. The resident is expected to review the rotation schedule and comply with ACGME work hour rules. It is the responsibility of the resident to notify the Program Director of General Surgery if any of these rules are violated.
3. Maintain appropriate professional bearing, attitude and dress at all times in the patient care setting.
4. Maintain appropriate composure and affect in the setting of multiple patients with severe

surgical issues and perform appropriate triage of care and resources based on the immediate needs of the patients.

5. Demonstrate competence and sensitivity in dealing with issues of death and dying in relationship to patient care and patients' families.

F. *System Based Practice:*

1. Demonstrate an understanding of the cost issues related to lab tests, radiographic studies, medications used in the treatment of surgical patients in the tertiary care setting.
2. Determine the need for access to surgical care for all referrals with the region.
3. Demonstrate understanding of the similarities and contrasts between the tertiary medical system and the smaller care facilities within the community and private practice.
4. The resident should be able to assess the risks and benefits of all options for treating patients with surgical illness.
5. Demonstrate clear competence in the role of the surgeon and the role of various consultants in the overall care of the surgical patient. Competently interact with all consultants within the hospital in providing timely and effective care for the patient throughout the system.

Rotation – Gastroenterology – R4 Year Level

The 3-month R4 Gastroenterology Rotation at St. Joseph Medical Center provides an in-depth experience in gastrointestinal diseases and endoscopy for the senior surgical resident. This provides the resident the opportunity to manage complex GI disease from both the endoscopic and medical perspective to round out their surgical education. The gastroenterology service has a robust staff and the resident will participate in variable learning experiences over the 3-month period. The resident will spend time on the outpatient service and focus on outpatient GI clinic visits and endoscopic procedures to include EGD, colonoscopy and ERCP. The residents will also be involved in the evaluation and management of inpatient consults to gastroenterology working with an individual provider on call, typically over a 1-week period.

The residents are expected to attend the General Surgery Academic Conferences during the rotation.

Goals:

- 1) The PGY- 4 will develop a mastery of gastrointestinal diseases to include evaluation, medical management and endoscopic therapy.
- 2) The PGY-4 will become competent in independent endoscopic procedures to include colonoscopy and esophagogastroduodenoscopy and gain continued exposure to ERCP and endoscopic ultrasound procedures.

Objectives:

A. *Medical Knowledge:*

1. Demonstrate knowledge of the basic science and clinically supportive sciences of gastrointestinal diseases. These may include, but are not limited to the following: achalasia, GERD, inflammatory bowel disease, polyps of the large and small bowel, gastrointestinal carcinoma, colitis, anal-rectal disease, mal-absorption syndromes.
2. Demonstrate an investigatory and analytic thinking approach to clinical situations.
3. Introduction to the work-up and surgical management of achalasia, GERD, and paraesophageal hernia.
4. Interpretation of foregut diagnostic studies including but not limited to esophageal motility, pH studies and Gastric emptying studies.
5. Understanding of common hepatobiliary diseases such as hepatic and biliary neoplasms, portal hypertension, hepatic failure, biliary strictures, and biliary stone disease.)
Understanding of the work-up of a liver mass and therapeutic modalities.
6. Understanding of common pancreatic disorders such as pancreatitis and pseudocyst.

B. *Patient Care:*

1. Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families.

2. Demonstrate competence in the performance of the directed history and physical exams on patients presenting with gastrointestinal complaints.
3. Demonstrate technical competence in the performance of the following procedures: proctoscopy, sigmoidoscopy, colonoscopy, esophagogastroduodenoscopy, and percutaneous endoscopic gastrostomy placement.
4. Demonstrate appropriate evaluation of hepatobiliary, pancreatic and gastrointestinal disorders and understand treatment options.
5. Demonstrate management of pancreatitis, hepatic failure, encephalopathy, hemorrhage, coagulopathy, immunosuppression, and prophylactic antibiotics.

C. *Interpersonal Skills and Communication:*

1. Demonstrate competence and willingness to perform as a team leader in the care and treatment of the GI patients.
2. Demonstrate effective and collegial communication skills with gastroenterologists, as well as consultants, nurses and ancillary staff.
3. Demonstrate competence in the ability to present cases to gastroenterology staff with specific focus on addressing gastrointestinal complaints.
4. Demonstrate precise, comprehensive, efficient and accurate charting to include efficient and accurate descriptions of gastrointestinal procedures performed.
5. The resident should be able to clearly and accurately teach medical students and junior residents about the procedures performed on this rotation when qualified to do so by hospital and program policy.

D. *Practice Based Learning and Improvement:*

1. Demonstrate the ability to create a therapeutic relationship with patients including good listening skills and clear, understandable and appropriate education and discussion of their medical diseases.
2. Demonstrate competence and understanding of the use of medical literature to effectively and cognitively evaluate gastrointestinal conditions and symptoms and suggest appropriate modifications to management plans based on the information obtained.
3. Demonstrate receptiveness to feedback from the gastroenterology staff during the rotation with appropriate modifications of behavior to improve performance.
4. Demonstrate the ability to take a single clinical question relevant to gastrointestinal conditions, review the relevant literature, and provide evidenced based answers to the clinical questions raised on the gastrointestinal rotation.

E. *Professionalism:*

1. Demonstrate commitment to patient care and learning by timeliness, responsibility for patients seen, and sensitivity to cultural diversity and sensitivity to the gastrointestinal patient.
2. The resident is expected to review the rotation schedule and comply with ACGME work hour rules. It is the responsibility of the resident to notify the Program Director of General Surgery if any of these rules are violated.

3. Maintain appropriate professional bearing, attitude and dress always in the patient care setting.
4. Maintain appropriate composure and affect in the setting of multiple patients with gastrointestinal issues and perform appropriate triage of care and resources based on the immediate needs of the patients.
5. Demonstrate a commitment to the continuity of patient care to carrying out professional responsibilities or through assuring that those responsibilities are fully and accurately conveyed others acting in his/her stead.

F. *System Based Practice:*

1. Demonstrate an understanding of the cost issues related to lab tests, radiographic studies and medications used in the treatment of gastrointestinal diseases.
2. Demonstrate competence and understanding the role of the gastroenterologist as the consultant in the management of the patient or as the primary care manager of patients, including the role of other specialties in the overall management of patients and the interaction of various specialists in the overall care and management of patients, to include interventional radiology, surgery, medicine and gastroenterology.
3. Demonstrate competence in retrieval of patient's imaging studies, review of radiology reports, lab studies and chart reviews.
4. Demonstrate an understanding of the limitation of resources within the Gastroenterology Service and the effective use of outside resources as needed for the management of these patients, to include outside consultations for procedures that may not be done at St. Joseph and the timeliness and effectiveness of these outside portals of care.
5. The resident should be able to determine the benefit of additional treatment by other services such as general surgery, interventional radiology, and medicine.

R4 Educational Benchmarks

	Expectation / Benchmark	Follow-up / Progress Plan (for those not meeting benchmark)	Remediation Steps
Mini-CEX	Passing	Meet with PD, Interim progress evaluation	
Global Assessment	Average score of 5/9 in each of the 6-core competencies	Meet with PD, Interim progress evaluation	If the Progress Plan did not result in expected improvement after 3 months: <ol style="list-style-type: none"> 1) Revised Progress Plan & Letter of Concern 2) In-Service Remediation 3) Probation 4) Suspension from Patient Care activities (reviewed by GME Committee) 5) Termination
Multi-source/Multi-rater	Average scores of 5 on each of the 6-core competencies	Meet with PD, Interim progress evaluation	
Semi-Annual Review	Meet expectation in each of the 6-core competencies, identify areas of improvement needed, identify overall professional goals	Semi-Annual meeting to review and assess discussed areas of needed improvement	
In-Service Exam	Score at or above the 35 th percentile	Strict enforcement of mentor reading assignment completion	
OR Op Logs	Meet minimum operative requirements by year group: R1=50; R2=150; R3=300; R4=550; R5=750	Meet with PD, Interim progress evaluation	
Oral Exams	Passing Score	Meet with PD, Interim progress evaluation	
OSCE	Passing	Meet with PD, Interim progress evaluation	

R-5 LEVEL ROTATIONS

The PGY-5 resident spends 3 months each on the general surgery GS 1 team, GS2 team, the Trauma/Acute Care Surgery Service and the Thoracic surgery service. The two PGY-5 residents serve as the Administrative Chief Resident for 6 months of the year. As Administrative Chief Resident, they oversee the weekend call schedule, resident OR schedule and conference schedule. In this capacity, the resident helps the Program Director assure administrative compliance amongst the program's residents while learning leadership and administrative skills.

Rotation – General Surgery – R5 Year Level

The PGY-5 resident spends 6 months on the general surgery service. The rotation on the GS service covers the spectrum of general surgery services as well as subspecialty surgical care in HPB, colorectal and MIS surgery. The resident on service is the primary surgeon for complex surgical procedures and is expected to be intimately involved in all aspects of the patients care. The PGY-5 is expected to perform routine preoperative assessment, treatment planning and postoperative care for all surgical patients on their service. The resident is expected to be familiar with the patient's clinical history, exam and treatment plan, as well as having reviewed all preoperative studies and consultations, and confirmed completion of all necessary documentation (i.e., H & P, informed consent). In addition, the involved resident should have in-depth knowledge of the specific disease process and planned surgical procedure through reading and study. The PGY-5 resident is responsible for the oversight of all junior residents on the team and plays a significant role in leading the junior residents and interns through the more basic general surgeries.

Goals:

1. The PGY-5 will become competent in the diagnosis and management of the tertiary care general surgery patient, emphasizing their Chief Resident leadership skills in the overall multidisciplinary management of the General Surgery Service.
2. The PGY-5 will continue to build upon on their foundation of general surgical knowledge with further in-depth study into general surgical subspecialty areas.
3. The PGY-5 will become competent in advanced surgical techniques by performing progressively more advanced procedures appropriate for their technical development.
4. The PGY-5 will become competent in their teaching skills through continuous interactions with junior residents and medical students as chief resident.
5. The PGY-5 will become competent in the methods of scientific investigation, critical review of scientific literature, and the research process from conceptual plan to manuscript publication.

Objectives:

A. *Medical Knowledge:*

1. Demonstrate knowledge of the basic science and clinically supportive sciences of surgical diseases within the full spectrum of general surgery.
2. Demonstrate a clear progression of knowledge from the PGY-4 year leading to the ability to independently care for a surgical service, manage the clinical, administrative and academic responsibilities, as well as serve as an educator and evaluator of more junior residents on the service.
3. Mastery of surgical pathophysiology and critical care, pharmacology, physiology, and interpretation of hemodynamic data.
4. Familiarity with basic surgical literature and extensive areas of basic surgical diseases in general and GI surgery.
5. Competence in advanced laparoscopic procedures such as antireflux procedure, laparoscopic knot tying skills, knowledge of biliary tract anatomy, pathology, and procedures.
6. Knowledge of disorders of foregut pathophysiology including GERD, achalasia, and PUD.
7. Comprehensive knowledge of the surgical treatment of colon and rectal disease processes including the indications, contraindications, surgical options, and complications.
8. Comprehensive knowledge of complex anorectal disease processes and the possible methods of treatment.
9. Comprehensive knowledge of the diagnosis and management of the complications of surgical treatment of colon and rectal disease.
10. Comprehensive knowledge of the anatomy, pathology, and pathophysiology of the colon, rectum and anus.
11. Understands pathophysiology, treatment, surgical options and possible complications related to the treatment of IBD.
12. Understand pathophysiology, treatment, surgical options and possible complications related to the treatment of diverticular disease
13. Clear understanding of pathophysiology, staging, surgical treatment options, and possible complications related to colon and rectal cancer
14. Understanding of common hepatobiliary diseases such as hepatic and biliary neoplasms, portal hypertension, hepatic failure, biliary strictures, and biliary stone disease.
15. Understanding of the work-up of a liver mass and therapeutic modalities.
16. Understanding of common pancreatic disorders such as pancreatitis and pseudocyst.
17. Understanding of pancreatic malignancies to include appropriate work-up and treatment.
18. Understanding of the management of metastatic colorectal cancer to the liver

b. *Patient Care:*

1. Master all surgical skills to be able to operate independently as a staff surgeon.
2. Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families.
3. Work with health care professionals, including those from other disciplines, to provide patient focused care.
4. Gather accurate and essential information in the performance of histories and physical exams based on chief complaints.
5. Demonstrate competence in making sound diagnostic and therapeutic decisions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.

6. Demonstrate technical ability to work as a teaching assistant for junior residents in cases as defined by the staff surgeon.
7. Mastery of a broad variety of general surgical cases including gastric, esophageal, and biliary tract procedures.
8. Mastery of basic laparoscopic skills for cholecystectomy, appendectomy, bariatrics, and diagnostic laparoscopy.
9. Competence in advanced laparoscopic procedures such as fundoplication and hernia repair. }
10. Adequately expose all parts of GI tract and perform small bowel resections and anastomoses.
11. Able to perform dissection for lap gastric bypass and perform jejunojejunostomy.
12. Ability to teach junior house staff introductory surgical level cases.
13. Ability to teach medical students surgical care and surgical principles of surgical diseases.
14. Development of leadership skills and ability to run an effective multi-level service with numerous residents and medical students on the service.
15. Competency in laparoscopic colon resection.
16. Proficiency in performing a proper oncologic colon/rectum resection.
17. Demonstrate ability to perform a proper oncologic left colon resection
18. Ability to perform a laparoscopic right hemicolectomy
19. Appropriate evaluation of hepatobiliary, pancreatic and gastrointestinal disorders and understand treatment options.
20. Demonstrate ability to mobilize the liver including aspects of approaching retro hepatic veins.
21. Demonstrate ability to complete portal dissection during liver surgery.
22. Demonstrate ability to perform an intra-operative liver ultrasound with visualization of the hepatic and portal veins.
23. Be proficient in performing hepatic resections, pancreas resection, and gastrointestinal procedures.

C. Interpersonal Skills and Communication:

1. Demonstrate the ability to create a therapeutic relationship with patients including good listening skills and clear, understandable and appropriate education and discussion of their medical diseases.
2. Demonstrate the ability to independently manage the General Surgery Services, to include the administrative, clinical, and academic responsibilities.
3. Conduct lectures for the residents and staff on different aspects of general surgery as deemed appropriate by the staff surgeons.
4. Demonstrate competence and willingness to serve as team leader in the treatment of surgical disease and in resuscitation of patients on the General Surgery Service.
5. Demonstrate competence in the ability to present cases to the attending physicians with specific focus on addressing specific life threats within your patient population.
6. Demonstrate precise, comprehensive, efficient, and accurate charting of all patients and review of the charting of the junior residents and interns.
7. Demonstrate the ability to appropriately advise and engage staff in a timely fashion of specific threats to the patient and of proposed changes in the management plan.

D. Practice Based Learning and Improvement:

1. Continue development of surgical literature foundation and the resident should clearly be able discuss pertinent literature as it relates to a clinical problem with in-depth reviews of even the most complex of general surgical cases and a thorough knowledge of the literature surrounding those cases.
2. The resident should be near completing or completed at least one research project that has either been published in a peer reviewed journal or presented at a national meeting prior to graduation.
3. Demonstrate the ability to understand the medical literature and review literature and suggest appropriate modifications to the management plan based on your review of the literature.
4. Demonstrate the ability to address complex clinical patients, review appropriate literature, and provide evidenced based answers to clinical questions raised and appropriate prioritization of the various medical issues on the team with appropriate management.
5. Demonstrate the ability to evaluate morbidity and mortality, review literature, and make objective decisions to modify practice as appropriate to improve patient outcomes.

E. *Professionalism:*

1. Chief resident is responsible to organize and be responsible for the conduct of the academic program and the oversight of the junior residents in this endeavor.
2. Demonstrate successful completion of all administrative requirements as per St. Joseph Hospital.
3. Demonstrate the ability to increase participation in the academic program and be responsible for a significant portion in the education of the junior residents and interns.
4. Demonstrate commitment to patient care and learning by timeliness, responsibility for patients seen, and sensitivity to cultural diversity.
5. The resident is expected to review the rotation schedule and comply with ACGME work hour rules and with oversight of the junior resident and intern work hours to ensure adherence to the guidelines. It is the responsibility of the resident to notify the Program Director of General Surgery if any of these rules are violated.
6. Maintain appropriate professional bearing, attitude and dress at all times in the patient care setting.
7. Demonstrate competence and sensitivity in dealing with issues of death and dying in relationship to patient care and patients' families.
8. Demonstrate the ability to work independently with consulting physicians for both inpatient and outpatient consults, as well as ER evaluations maintaining a level of professionalism consistent with the staff surgeon.

F. *System Based Practice:*

1. Demonstrate an understanding of the cost issues related to lab tests, radiographic studies, and medications used in the treatment of patients.
2. Determine the need for access to surgical care for all referrals within the region.
3. Demonstrate understanding of the similarities and contrasts between the military medical system and the systems within the community and private practice.

4. Demonstrate clear competence in the role of the surgeon and the role of various consultants in the overall care of the surgical patient. Competently interact with all consultants within the hospital in providing timely and effective care for the patient throughout the system.
5. Demonstrate competence in interacting with outside sources for referrals within the military and civilian systems and acting as the primary point of contact for accepting patients on referral from outside sources with appropriate and timely evaluation and management.
6. Determine the need for access to surgical care from all referrals from the outside region and coordinate appropriate referrals within the system and appropriate movement of the patient within St. Joseph Medical Center among the different services and different consultants.

Rotation – Trauma/Acute Care Surgery – R5 Year Level

The residents complete this 3-month block rotation on the Trauma/Acute Care Surgery Service (TACSS) in the R5 year. The PGY-5 serves as the chief resident for the trauma/acute care surgery team. The schedule will typically alternate with 1 day of trauma followed by acute care surgery the following day and the resident is responsible for coverage of all trauma and acute care surgery patients on the service. The PGY-5 has oversight over 1-3 junior physicians and potential medical students.

The TACSS serves as the primary consult service for trauma and acute general surgical diseases from the greater Tacoma area as well as surrounding communities. The primary mission of the TACSS is to provide timely surgical assessment and operative management of the patient with an acute general surgical problem and trauma patients presenting to this level II trauma center.

The resident is expected to attend the General Surgery Program conferences while on the TACSS.

Goals:

- 1) The PGY-5 on the TACSS rotation will master their competence in the diagnosis and treatment of trauma patients at a level II trauma center.
- 2) The PGY-5 will begin to master their advanced surgical techniques in the treatment of the complex acute surgical abdomen.

Objectives:

A. *Medical Knowledge:*

1. An opportunity exists during the chief residency year to fill any knowledge gaps with the goal of excelling on the general surgery qualifying and certifying examinations. The chief resident is also afforded the opportunity to teach junior residents, particularly in the first half of the academic year. Complex cases and decision-making may prompt literature search for review articles on a variety of relevant topics.
2. Demonstrate knowledge in a broad variety of general surgical areas focusing in emergent surgical conditions and trauma. Knowledge level should encompass ability to manage all disease processes as listed in patient care below.
3. Ability to discuss with the patient / family operative risk in an emergent operative scenario (i.e., acute abdomen).
4. Ability to discuss with patient / family end of life issues in the setting of futile care.
5. Management of trauma resuscitations with ability to lead the trauma team.
6. Management of multisystem injured patients.
7. Demonstrates knowledge of indications for emergency department and/or operative thoracotomy.

B. *Patient Care:*

1. For chief residents on the TACSS, this will largely take place in the context of emergent consults, operative cases, and perioperative care with support and mentoring from faculty. The PGY-5 resident functions as the leader of the TACSS, and the main operating surgeon or teaching assistant for most operative cases.
2. The PGY-5 should be able to appreciate a patient with an acute abdomen. The ability to coordinate the ED work-up and perform an exploratory laparotomy with a plan to handle any possible abdominal catastrophe.
3. PGY-5 residents will continue to develop surgical skills while on the TACSS rotation. At the chief level, attention should be paid to nuances of the operation as a whole, i.e. indications and alternatives, exposure techniques, conduct of the operation, communication with OR and perioperative staff etc.
4. Learning to work with an assistant who is less experienced is an important milestone of the chief year. At the discretion of the faculty, the TACSS chief resident will frequently take junior residents through appropriate level cases (e.g. appendectomy, inguinal hernia, and cholecystectomy). There are certain cases that are not appropriate for this model, and optimal patient care should supersede other considerations (e.g. a MICU patient in septic shock with bowel perforation or ischemia is a chief case).
5. The PGY-5 should demonstrate competence in surgical care of all of the following:
 - a. Diagnostic Laparoscopy
 - b. Exploratory Laparotomy
 - c. Open drainage of abdominal abscess
 - d. Incarcerated or strangulated hernias
 - e. Open and laparoscopic cholecystectomy
 - f. Open and laparoscopic appendectomy
 - g. CBD exploration
 - h. Partial and subtotal colectomy
 - i. Debridement for necrotizing infections
 - j. Pancreatic debridement
 - k. Pseudocyst drainage procedures
 - l. Open and percutaneous tracheostomy
 - m. Open, laparoscopic and percutaneous gastrostomy
 - n. Repair of duodenal perforation
 - o. Partial gastrectomy
 - p. Enterolysis
 - q. Enterectomy
 - r. Ileostomy
 - s. Colostomy
 - t. Managing the full spectrum of traumatic injuries.
 - u. Trauma laparotomy including packing, vascular control, and/or enteric content control.
 - v. Demonstration of open abdomen technique.

C. Interpersonal Skills and Communication:

1. Demonstrate the ability to create a therapeutic relationship with patients including good listening skills and clear, understandable and appropriate education and discussion of their medical diseases.
2. Demonstrate the ability to independently manage the TACSS, to include the administrative, clinical, and academic responsibilities.
3. Conduct lectures for the residents and staff on different aspects of trauma and acute care surgery as deemed appropriate by the staff surgeons.
4. Demonstrate competence and willingness to serve as team leader in the treatment of surgical disease and in resuscitation of patients on the TACSS.
5. Demonstrate competence in the ability to present cases to the attending physicians with specific focus on addressing specific life threats within your patient population.
6. Demonstrate precise, comprehensive, efficient, and accurate charting of all patients and review of the charting of the junior residents and interns.
7. Demonstrate the ability to appropriately advise and engage staff in a timely fashion of specific threats to the patient and of proposed changes in the management plan.

D. *Practice Based Learning and Improvement:*

1. Continue development of surgical literature foundation and the resident should clearly be able discuss pertinent literature as it relates to a clinical problem with in-depth reviews of even the most complex of general surgical cases and a thorough knowledge of the literature surrounding those cases.
2. The resident should be near completing or completed at least one research project that has either been published in a peer reviewed journal or presented at a national meeting prior to graduation.
3. Demonstrate the ability to understand the medical literature and review literature and suggest appropriate modifications to the management plan based on your review of the literature.
4. Demonstrate the ability to address complex clinical patients, review appropriate literature, and provide evidenced based answers to clinical questions raised and appropriate prioritization of the various medical issues on the team with appropriate management.
5. Demonstrate the ability to evaluate morbidity and mortality, review literature, and make objective decisions to modify practice as appropriate to improve patient outcomes.

E. *Professionalism:*

1. Chief resident is responsible to organize and be responsible for the conduct of the academic program and the oversight of the junior residents in this endeavor.
2. Demonstrate successful completion of all administrative requirements as per St. Joseph Hospital.
3. Demonstrate the ability to increase participation in the academic program and be responsible for a significant portion in the education of the junior residents and interns.
4. Demonstrate commitment to patient care and learning by timeliness, responsibility for patients seen, and sensitivity to cultural diversity.
5. The resident is expected to review the rotation schedule and comply with ACGME work hour rules and with oversight of the junior resident and intern work hours to ensure adherence to

the guidelines. It is the responsibility of the resident to notify the Program Director of General Surgery if any of these rules are violated.

6. Maintain appropriate professional bearing, attitude and dress at all times in the patient care setting.
7. Demonstrate competence and sensitivity in dealing with issues of death and dying in relationship to patient care and patients' families.
8. Demonstrate the ability to work independently with consulting physicians for both inpatient and outpatient consults, as well as ER evaluations maintaining a level of professionalism consistent with the staff surgeon.

F. *System Based Practice:*

1. Demonstrate an understanding of the cost issues related to lab tests, radiographic studies, and medications used in the treatment of patients.
2. Determine the need for access to surgical care for all referrals within the region.
3. Demonstrate understanding of the similarities and contrasts between the military medical system and the systems within the community and private practice.
4. Demonstrate clear competence in the role of the surgeon and the role of various consultants in the overall care of the surgical patient. Competently interact with all consultants within the hospital in providing timely and effective care for the patient throughout the system.
5. Demonstrate competence in interacting with outside sources for referrals within the military and civilian systems and acting as the primary point of contact for accepting patients on referral from outside sources with appropriate and timely evaluation and management.
6. Determine the need for access to surgical care from all referrals from the outside region and coordinate appropriate referrals within the system and appropriate movement of the patient within St. Joseph Medical Center among the different services and different consultants.

Rotation – Thoracic Surgery – R5 Year Level

The residents complete this 3-month block rotation on the Thoracic Surgery Service (TACSS) in the R5 year. The PGY-5 serves as the chief resident for the thoracic surgery team. The thoracic surgery rotation includes 2 faculty dedicated to thoracic surgery and 3 faculty who serve focus on cardiac surgery. During this rotation, the resident will better understand the pathophysiology of thoracic diseases including lung, esophagus, and chest wall diseases. The resident will identify the general risks and complications of thoracic surgery operations and learn the preoperative and postoperative care of patients undergoing thoracic surgery operations. The residents will have opportunity for involvement in cardiac surgery and patient care as well, with the primary focus on thoracic surgery.

The resident is expected to attend the General Surgery Program conferences while on the TACSS.

Goals:

- 1) The PGY-5 on the thoracic surgery rotation will gain skill and competence in the diagnosis and treatment of thoracic surgical diseases.
- 2) The PGY-5 will participate in advanced surgical techniques in the treatment of thoracic disease.

Objectives:

A. *Medical Knowledge:*

1. Understands the arterial, venous and bronchial anatomy of the lungs and their inter-relationships.
2. Understands the lymphatic anatomy of the lungs, the major lymphatic nodal stations, and lymphatic drainage routes of the lung segments.
3. Knows the indications for different thoracic incisions, the surgical anatomy encountered, and the physiological impact.
4. Knows the indications for plain radiography, CT scan, magnetic resonance imaging, and PET scanning for staging of lung cancer.
5. Knows the indications, interpretation, and use of nuclear medicine ventilation /perfusion scanning (V/Q scan) to determine the operability of candidates for pulmonary resection.
6. Understands the methods of invasive staging (e.g., endobronchial ultrasound (EBUS) mediastinoscopy, Chamberlain procedure, scalene node biopsy, thoracoscopy).
7. Knows how to interpret pulmonary function tests.
8. Understands TNM staging of lung carcinoma and its application to the diagnosis, therapeutic planning, and management of patients with lung carcinoma.
9. Evaluates and diagnoses neoplasia of the lung, using a knowledge of the histologic appearance of the major types.
10. Knows the signs of inoperability.
11. Understands the complications of pulmonary resection and their management.

12. Understands the indications for resection of benign lung neoplasms.
13. Understands the indications for resection of pulmonary metastases.
14. Understands the anatomy, embryology, innervation, and vascular supply of the esophagus and adjacent structures.
15. Understands the physiologic function of the esophagus and pharynx.
16. Understands the radiographic evaluation of the esophagus.

B. *Patient Care:*

1. Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families.
2. Work with health care professionals, including those from other disciplines, to provide patient focused care.
3. Gather accurate and essential information in the performance of histories and physical exams based on chief complaints.
4. Demonstrate competence in making sound diagnostic and therapeutic decisions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
5. Reads and interprets pulmonary function studies, ventilation/perfusion scans, pulmonary arteriograms and arterial blood gases, and correlates the results with operability.
6. Applies knowledge of thoracic anatomy to the physical examination of the chest, heart, and vascular tree.
7. Uses knowledge of chest, pulmonary, and cardiac physiology to interpret tests involving the thoracic cavity and to understand and treat diseases of the chest and its contents.
8. Reads and interprets plain radiography, CT scans, magnetic resonance imaging, and PET scanning of the chest.
9. Performs operations to extirpate neoplasms of the lung (e.g., local excision, wedge resection, lobectomy).
10. Performs bedside bronchoscopies and placement of tracheostomies and/or mini-tracheostomies.
11. Places tube thoracostomy and performs chemical or mechanical pleurodesis.
12. Performs operative treatment of adults with delayed presentation of diaphragmatic hernias;
13. Interprets esophageal plain radiographs, contrast studies, CT scans, MRI, intraluminal echo.
14. Orders and interprets manometric and pH studies of the esophagus.
15. Performs rigid and flexible endoscopy of the pharynx and esophagus.
16. Performs reflux operations, gastric resections and esophageal resections.

C. *Interpersonal Skills and Communication:*

8. Demonstrate the ability to create a therapeutic relationship with patients including good listening skills and clear, understandable and appropriate education and discussion of their medical diseases.
9. Demonstrate the ability to independently manage the thoracic surgery patients, to include the administrative, clinical, and academic responsibilities.
10. Conduct lectures for the residents and staff on different aspects of thoracic surgery as deemed appropriate by the staff surgeons.

11. Demonstrate competence in the ability to present cases to the attending physicians with specific focus on addressing specific life threats within your patient population.
12. Demonstrate precise, comprehensive, efficient, and accurate charting of all patients and review of the charting of the junior residents and interns.
13. Demonstrate the ability to appropriately advise and engage staff in a timely fashion of specific threats to the patient and of proposed changes in the management plan.

D. *Practice Based Learning and Improvement:*

6. Continue development of surgical literature foundation and the resident should clearly be able discuss pertinent literature as it relates to a clinical problem with in-depth reviews of even the most complex of thoracic surgical cases and a thorough knowledge of the literature surrounding those cases.
7. The resident should be near completing or completed at least one research project that has either been published in a peer reviewed journal or presented at a national meeting prior to graduation.
8. Demonstrate the ability to understand the medical literature and review literature and suggest appropriate modifications to the management plan based on your review of the literature.
9. Demonstrate the ability to address complex clinical patients, review appropriate literature, and provide evidenced based answers to clinical questions raised and appropriate prioritization of the various medical issues on the team with appropriate management.
10. Demonstrate the ability to evaluate morbidity and mortality, review literature, and make objective decisions to modify practice as appropriate to improve patient outcomes.

E. *Professionalism:*

9. Chief resident is responsible to organize and be responsible for the conduct of the academic program and the oversight of the junior residents in this endeavor.
10. Demonstrate successful completion of all administrative requirements as per St. Joseph Hospital.
11. Demonstrate the ability to increase participation in the academic program and be responsible for a significant portion in the education of the junior residents and interns.
12. Demonstrate commitment to patient care and learning by timeliness, responsibility for patients seen, and sensitivity to cultural diversity.
13. The resident is expected to review the rotation schedule and comply with ACGME work hour rules and with oversight of the junior resident and intern work hours to ensure adherence to the guidelines. It is the responsibility of the resident to notify the Program Director of General Surgery if any of these rules are violated.
14. Maintain appropriate professional bearing, attitude and dress at all times in the patient care setting.
15. Demonstrate competence and sensitivity in dealing with issues of death and dying in relationship to patient care and patients' families.
16. Demonstrate the ability to work independently with consulting physicians for both inpatient and outpatient consults, as well as ER evaluations maintaining a level of professionalism consistent with the staff surgeon.

F. *System Based Practice:*

7. Demonstrate an understanding of the cost issues related to lab tests, radiographic studies, and medications used in the treatment of patients.
8. Determine the need for access to surgical care for all referrals within the region.
9. Demonstrate understanding of the similarities and contrasts between the tertiary medical system and the systems within the community and private practice.
10. Demonstrate clear competence in the role of the surgeon and the role of various consultants in the overall care of the surgical patient. Competently interact with all consultants within the hospital in providing timely and effective care for the patient throughout the system.
11. Demonstrate competence in interacting with outside sources for referrals within the community hospital systems and acting as the primary point of contact for accepting patients on referral from outside sources with appropriate and timely evaluation and management.
12. Determine the need for access to surgical care from all referrals from the outside region and coordinate appropriate referrals within the system and appropriate movement of the patient within St. Joseph Medical Center among the different services and different consultants.

R5 Educational Benchmarks

	Expectation / Benchmark	Follow-up / Progress Plan (for those not meeting benchmark)	Remediation Steps
Mini-CEX	Passing	Meet with PD, Interim progress evaluation	
Global Assessment	Average score of 5/9 in each of the 6-core competencies	Meet with PD, Interim progress evaluation	If the Progress Plan did not result in expected improvement after 3 months: <ol style="list-style-type: none"> 1) Revised Progress Plan & Letter of Concern 2) In-Service Remediation 3) Probation 4) Suspension from Patient Care activities (reviewed by GME Committee) 5) Termination
Multi-source/Multi-rater	Average scores of 5 on each of the 6-core competencies	Meet with PD, Interim progress evaluation	
Semi-Annual Review	Meet expectation in each of the 6-core competencies, identify areas of improvement needed, identify overall professional goals	Semi-Annual meeting to review and assess discussed areas of needed improvement	
In-Service Exam	Score at or above the 35 th percentile	Strict enforcement of mentor reading assignment completion	
OR Op Logs	Meet minimum operative requirements by year group: R1=50; R2=150; R3=300; R4=550; R5=750	Meet with PD, Interim progress evaluation	
Oral Exams	Passing Score	Meet with PD, Interim progress evaluation	
OSCE	Passing	Meet with PD, Interim progress evaluation	

RESOURCE LINKS

ACGME- Resident Case Log System

www.acgme.org

American Board of Surgery

<http://www.absurgery.org/>

CHI Wellness Center

<http://home.catholichealth.net/portal/site/hsep>

New Innovations – Clinical and Educational Work Hours

<http://www.new-innov.com/pub/>

Prism GraphPad

<https://www.graphpad.com/main/login/?returnUrl=/myaccount/>

Score Curriculum

<http://www.surgicalcore.org>

ACS Fundamentals of Surgery Curriculum® (ACS FSC)

<http://fsc.facs.org>

TrueLearn

<https://www.truelearn.net/Index.html>

Virginia Mason Franciscan Health

<http://www.chifranciscan.org>

Virginia Mason Franciscan Health Library

<https://chifh.catholichealth.net/comm/lib/Pages/default.aspx>

Virginia Mason Franciscan Health – SJMC General Surgery Residency Program webpage

<https://www.chifranciscan.org/about-us/residencies/st-joseph-medical-center-general-surgery-residency-program.html>

Swedish Medical Center

<http://www.swedish.org>

MultiCare Health Systems

<http://www.multicare.org>

SECTION XII

APPENDICES

APPENDIX 1

DUTY HOURS EXCEPTION REQUEST

General Surgery Service
Tommy A. Brown, MD – Program Director

Duty Hour Exception

Resident Name: _____ **PGY:** _____

Date of Violation: _____ **Hours:** _____

Justification:

- Required continuity for a severely ill or unstable patient
- Academic importance of the events transpiring
- Humanistic attention to the needs of a patient or family

Comments:

Resident Signature: _____ **Date:** _____

Attending Signature: _____ **Date:** _____

APPENDIX 2

EVALUATION TOOLS



Subject Name

Status
Employer
Program
Rotation
Evaluation Dates

**Evaluated by:
Evaluator Name**

Status
Employer
Program

Resident Evaluation of Staff

Instructions:
Anonymous

• 1*

How is the Attending's knowledge in their specialty?

Unsatisfactory	Meets expectations	Exceptional
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improvement needed	Exceeds Expectations	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

• 2*

How is the Attending at teaching the medical knowledge of his specialty?

Unsatisfactory	Meets expectations	Exceptional
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improvement needed	Exceeds Expectations	Not observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

• 3*

How well does the Attending incorporate medical scientific knowledge to patient problems?

Unsatisfactory	Meets expectations	Exceptional
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improvement needed	Exceeds Expectations	Not observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

• 4*

How well does the attending demonstrate altruism?

Unsatisfactory	Meets expectations	Exceptional
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improvement needed	Exceeds Expectations	Not observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

• 5*

How well does the Attending demonstrate accountability?

Unsatisfactory	Meets expectations	Exceptional
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improvement needed	Exceeds Expectations	Not observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6*

How well does the Attending demonstrate excellence?

Unsatisfactory	Meets expectations	Exceptional
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improvement needed	Exceeds Expectations	Not observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7*

How well does the attending demonstrate integrity?

Unsatisfactory	Meets expectations	Exceptional
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improvement needed	Exceeds Expectations	Not observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8*

How well does the Attending demonstrate the attitudes, behaviors and interpersonal skills essential in relation to patients and educating them, their families, and other health care professionals?

Unsatisfactory	Meets expectations	Exceptional
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improvement needed	Exceeds Expectations	Not observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9*

How well does the attending communicate?

Unsatisfactory	Meets expectations	Exceptional
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improvement needed	Exceeds Expectations	Not observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10*

The Attending showed respect for the residents.

Unsatisfactory	Meets expectations	Exceptional
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improvement needed	Exceeds Expectations	Not observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11

How is this Attending at making themselves available?

Unsatisfactory	Meets expectations	Exceptional
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improvement needed	Exceeds Expectations	Not observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How is this Attending at maintaining reasonable office hours?

Unsatisfactory	Meets expectations	Exceptional
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improvement needed	Exceeds Expectations	Not observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Encouraged resident participation

Unsatisfactory	Meets expectations	Exceptional
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improvement needed	Exceeds Expectations	Not observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How well does the attending weight alternatives?

Unsatisfactory	Meets expectations	Exceptional
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improvement needed	Exceeds Expectations	Not observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How well does the Attending demonstrate operative skills in the OR?

Unsatisfactory	Meets expectations	Exceptional
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improvement needed	Exceeds Expectations	Not observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The Attending allows an appropriate level of participation by the resident in the OR.

Unsatisfactory	Meets expectations	Exceptional
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improvement needed	Exceeds Expectations	Not observed
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you recommend this Attending remain on staff as teaching faculty?

- Yes
- No

Comments

Overall Comment

APPENDIX 3

SUMMATIVE EVALUATION

General Surgery - St. Joseph Medical Center
 June 6, 2018

Residency Training Summative Evaluation

Resident/Fellow Name: _____

Training Program: St Joseph Hospital General Surgery Residency

Period of Training: _____ to _____

This is to verify that _____, M.D. has successfully completed the St Joseph Medical Center General Surgery Residency program from _____ to _____.

Summary of Previous Training (if applicable)

Dr. _____ completed residency training with _____ from _____ to _____

Dr. _____ successfully completed our training program on _____.

During the course of his/her training, Dr. _____ progressively gained proficiency in all areas of General Surgery. His/Her skills as a clinician and his/her surgical aptitude as a General Surgeon steadily advanced during the course of training. Dr. _____ achieved ongoing improvement in the six ACGME General Competencies.

The following is derived from a composite of multiple evaluations by supervisors in this resident's rotations and experiences during his or her residency training. The evaluation is based upon the Accreditation Council for Graduate Medical Education (ACGME) General Competencies, which define the essential components of clinical competence.

	Unsatisfactory	Satisfactory
Medical Knowledge		
Patient Care		
Professionalism		
Communication and Interpersonal Skills		
Practice Based Learning		
Systems Based Practice		

Resident performance during the final period of training was unsatisfactory/satisfactory in all evaluation sub-categories and on all evaluations. All faculty evaluations during the final year judged him/her competent to complete the St Joseph Hospital General Surgery program.

In summary, I verify that _____, M.D. has demonstrated sufficient competence to enter practice without direct supervision in the specialty of General Surgery.

Tommy Brown, MD, FACS, Program Director, St Joseph Hospital General Surgery Date _____

APPENDIX 4

ROBOTIC CURRICULUM

Appendix 5

Robotic Curriculum

St. Joseph Medical Center Resident Robotic Surgery Training Curriculum

Access to robotic operating systems and surgical applications have dramatically increased over the last few years. Robotic surgery is performed in many disciplines today, including cardiac surgery, otolaryngology, urology, gynecology, thoracic surgery, general surgery, and colorectal surgery. While general surgery was one of the last disciplines to begin utilizing robotic technology, it is currently the fastest growing arena of robotic surgery.

With the growth of robotic surgery and anticipated continued growth within the area of general surgery, it is becoming increasingly important that today's general surgery residents complete their training with a fundamental working knowledge of robotic surgery. This robotic surgery curriculum has been developed to guide your robotic training throughout your residency.

LEARNING OBJECTIVES

1. Describe the potential advantages and disadvantages unique to robotic surgery.
2. Understand the basic components of a robotic operating system and how they interact with each other.
3. Identify operations appropriate for a robotic approach.
4. Recognize patient safety issues unique to robotic surgery.
5. Learn how to dock the robot on to the patient and insert and exchange robotic instruments.
6. Become comfortable with basic manipulation of robotic instruments, to include camera control and clutching.

OPPORTUNITY FOR MORE ADVANCED TRAINING

Residents that anticipate performing robotic operations after residency will have the opportunity to gain additional console experience, with the goal of being able to operate independently on the robot at the completion of residency. In addition, residents will obtain an equivalency training certificate from Intuitive Surgical, and opportunities for credentialing at future hospitals. Trainees who meet these requirements and are deemed competent on the console by at least two robotic surgeons, will be provided with a letter at the completion of their residency documenting their experience and competency. Many hospitals have different requirements regarding surgical readiness with regards to robotic surgery, and documentation of adequate robotic training as well training certification from Intuitive should streamline the credentialing process.

REQUIREMENTS

The following requirements are to be completed by all residents sequentially during their residency.

1. Complete online robotic training at www.davincisurgerycommunity.com
2. Attend a workshop for introduction to docking, instrument exchange, simulator, and console training.
3. Bedside assistant in 5 robotic cases, with responsibility for docking, instrument exchange, and assisting.*

4. Complete 6 designated modules on the simulator with a score of 90% or greater.
5. Console surgeon for minimum 5 cases.

*Residents who have completed simulator training can log themselves both as bedside assistant and console surgeon if they docked the robot and inserted the instruments, and operated from the console in the same case.

Residents who desire a letter documenting their experience and competency at the time of graduation, and equivalency training certificate from Intuitive, need to meet the following **additional requirements**:

1. Completion of more advanced modules on the simulator with a score of 90% or greater
2. Completion of 10 total bedside assist Cases
3. Console surgeon for minimum of 30 cases
4. Minimum of 5 cases as console surgeon must include a post case review with the attending surgeon. Must be deemed as competent on the console for these five cases. All cases should not be performed with the same attending, and must be performed during the final year of residency.

Instructions for Online Robotics Training

Completing the pre-requisite Preparation & System Training for the daVinci® Xi Surgical System will yield a more productive experience in that you will have already covered the basics and have a working knowledge of the Xi System prior to hands-on experience.

Below is a step-by-step outline of the procedure modules & evaluation process:

1. Go to www.davincisurgerycommunity.com. You will need to establish an account and password.
2. From the menu, select “Sign In” and create an account.
 - a. After account is set up, log on and select “Training” >>” Academic programs” >> “Phase 1”
 - b. Fill out skills tracker and send to Dr Brown. TommyBrown@chifranciscan.org.
 - c. We have a daVinci® Xi system. You are to do the following modules. Make sure you are doing them on the Xi system.
 - d. "daVinci® Xi System Overview"
 - e. "Docking"
 - f. "Advanced Surgeon Console Controls"
 - g. "Safety Features"
 - h. "Assessment" (Save and Print your Assessment Certificate)
3. Turn in your assessment certificate to Dr Brown, Program Director.

You may want to spend some time exploring the website. You will find links to papers about robotic surgery, as well as videos of common robotic operations.

If you have questions or need assistance with either on-line training or simulator training, please contact:

Jay Evangelista (Intuitive)
Jay.evangelista@intusurg.com
(312) 343-2665

Simulator Training

The robotic simulator is located in the main ORs and can be coordinated with the Intuitive representative, Anthon Brueggeman, anthon.brueggeman@intusurg.com, 626-808-6975.

I suggest you start with the overview and work through the simulator exercises. While I encourage you to explore all the exercises, the following are required. To meet the requirement, you need to achieve a 90% score on the console, (or a “pass” is indicated on the MIMIC simulator by a green check mark). Some will be easy, but others will take multiple attempts to improve your skills and reach 90%. Please photograph and record your score and the date you achieved it below. Once you have finished all the required modules with a 90% or greater, turn your sheet in to Dr Brown.

Case Preparation

There will be case-specific training modules that will require completion prior to operating on the console for that procedure. Completion of these modules will be verified by the staff surgeon prior to the case, and will count towards the mandatory simulation curriculum. Below are the case-specific training modules:

Case	Module(s)
Cholecystectomy	1. Camera Targeting 1 2. Energy Switching 1
Inguinal Hernia Repair	1. Thread the rings 2. Suture Sponge 2
Ventral Hernia Repair	1. Tubes 2. Suture Sponge 3
Sleeve Gastrectomy	1. Peg Board 2 2. Ring Walk 2
Colectomy/Procetectomy/Rectopexy	1. Camera Targeting 2 2. Ring and Rail 2

Basic Simulator Modules

Module	Date Completed	Score (%)
Camera and Clutching → Camera Targeting		
Endowrist Manipulation 1 → Peg Board 2		
Energy & Dissection → Energy Switching 1		
Camera and Clutching → Ring Walk 2		
Needle Control → Thread the Rings		
Needle Driving → Suture Sponge 2		

Resident:

Name

Signature

Verified by:

Attending

Date

Advanced Simulator Modules

Module	Date Completed	Score (%)
Camera and Clutching → Camera Targeting 2		
Endowrist Manipulation 2→ Ring and Rail 2		
Camera and Clutching → Ring Walk 3		
Needle Driving → Tubes		
Needle Driving → Suture Sponge 3		
Endowrist Manipulation 2→ Ring and Rail 3		

Resident:

Name

Signature

Verified by:

Attending

Date

Robotic Case Log- Bedside Assistant

Please place stickers from cases in which you were the bedside assistant and participated in inserting trocars, docking the robot, and inserting and exchanging instruments. You need a minimum of five cases.

Patient Sticker	Date	Attending	Operation

Name

Signature

Robotic Case Log- Console Surgeon

Please place stickers from a minimum of 5 cases in which you were the console surgeon and performed a significant portion of the case. You may copy this page as many times as necessary.

Patient Sticker	Date	Attending	Operation

Name

Signature

Console Surgeon Evaluation

This form is for residents in their final year who have already performed 25 cases as console surgeon. The evaluation is to be completed by the attending physician and reviewed with the resident at the completion of the case.

Patient Sticker	Resident	Date
	Operation	

Skill	Adequate	More Practice Recommended
Demonstrates understanding of trocar placement and spacing		
Understands principles of docking and is able to dock in a timely fashion		
Uses camera appropriately and is able to focus the camera		
Demonstrates appropriate clutching and maintains hands in a comfortable workspace		
Demonstrates ability to use third arm and switch between instruments		
SAFETY: Does not move instruments that are not in view		
SAFETY: Recognizes tissue response to assess grip strength and handles tissue appropriately		
Demonstrates ability to troubleshoot system and manage collisions		

Please comment on areas of strength:

Please comment on opportunities for improvement:

The resident demonstrates competency on the robotic system. YES NO

Attending Name

Attending Signature

APPENDIX 5

RESIDENT MISTREATMENT

GME Policy – Guidelines and Procedures for Educating and Monitoring to Prevent Resident Mistreatment

I. Standard of Conduct

All residents at St. Joseph Medical Center have the right to function in a respectful educational environment. This environment will be conducive to learning, respecting the diversity of opinion, race, gender, religion, sexual orientation, age, disability and socioeconomic status. The environment will be free of belittlement, humiliation, or hostility.

II. Purpose

The goal of these guidelines is to provide tools and procedures for residents to report mistreatment against them or mistreatment that residents witness against others. The intention of this policy is to prevent resident mistreatment. These guideline and procedures also inform residents what happens to their reports of mistreatment. The Graduate Medical Education Committee (GMEC) is committed to addressing the issue of mistreatment of residents by other residents and faculty.

III. Definition of Mistreatment Against Residents

Mistreatment is defined on the Association of American Medical Colleges Graduation Questionnaire as follows: *“Mistreatment arises when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process. It can take the form of physical punishment, sexual harassment, psychological cruelty, and discrimination based on race, religion, ethnicity, sex, age or sexual orientation”*.

Specific examples of mistreatment include (but not limited to) being:

- Belittled or humiliated
- Spoken to in a sarcastic or insulting manner
- Threatened with or experiencing physical harm
- Subjected to offensive remarks or names
- Required to perform personal services (i.e. babysitting, shopping)
- Denied opportunities for training or rewards based on gender, race, ethnicity, religion, or sexual orientation
- Receiving lower grades/evaluations based upon gender, race, ethnicity, religion, or sexual orientation

Overall, actions taken in good faith by faculty to correct unacceptable performance is not considered mistreatment. Pointing out during rounds, conferences, operating rooms, or other

settings that a learner is not adequately prepared for his/her assignments or required learning material is not mistreatment unless it is done in an inappropriate manner.

IV. Procedures for Reporting Mistreatment based on Sexual Harassment or Discrimination

Sexual harassment and other forms of discriminatory harassment are prohibited under the GME policy – Resident Position Appointment Document (section VIII). Sexual harassment and other forms of discriminatory harassment are prohibited under this policy. A comprehensive list of additional complaint resolution resources, if needed, are available through St. Joseph Medical Center Human Resources.

V. Procedures for Reporting Mistreatment Other than Sexual Harassment or Discrimination

A. Informal Procedure to Report Mistreatment

Residents are encouraged to discuss concerns or complaints regarding their program, a faculty member, another resident, the learning environment, etc. with their Chief Resident, Program Director, Faculty, Mentor, or Program Administrator as appropriate. Concerns that cannot be resolved at the individual level may be brought to the attention of the SJMC Graduate Medical Education Committee via trainee members sitting on this committee.

B. Administrative Procedure for Reporting Mistreatment

SJMC has an online incident reporting tool IRIS that can be used to report adverse events, near misses and unsafe conditions at the hospital or clinics. SJMC also has a Human Resources Department on the fifth floor of the South Pavilion where trainees can report an incident. The Human Resources hotline is 253-426-6958. Residents should report ANY event or condition that could cause or has caused injury or illness to a patient, staff member, or visitor. These reporting tools generally provide real time event notification to managers, faculty, and other identified subject matter experts. Incident report entries, and any follow-up, are part of each hospital's or clinic's quality improvement programs and are subject to quality improvement privilege and confidentiality laws.

The SJMC Compliance Office is responsible for establishing institutional policy, standards and expectations pertinent to research, clinical billing, privacy, information security, employment, personal and environmental safety, purchasing, ethics and records retention. The office provides safe mechanisms for reporting compliance concerns, including hotlines that enable anonymous reporting. Concerns may be reported confidentially to the Ethics at Work Line, 1-800-261-5607 or file your report online at www.ethicspoint.com and clicking on "File a New Report". Our Compliance Office can be reached at 253-680-4046.

C. Grievance Policy and Procedure

A "grievance" is defined as any controversy or claim arising out of an alleged violation of any provision of the Residency Position Appointment or written Program policies other than the evaluation of academic or clinical performance or professional behavior, the non-reappointment decision, or any other academic matters including but not limited to the failure to attain the educational objectives or requirements of the training program. Appeals related to these academic matters are covered under the Academic and Professional Action Policy.

Grievances may be filed by individual residents or by groups of residents. The Grievance Policy and Procedure is intended to be an informal process to resolve disagreements internally and is not intended to be an adversarial forum. At each step, residents and program directors are encouraged to resolve differences through collegial discussion and negotiation. However, the procedure as set forth in the Grievance Policy and Procedure provides for those instances in which outside assistance in resolving conflict is needed.

VI. Mechanism for Investigating Mistreatment and Monitoring

The (GMEC) will thoroughly consider any reported allegations of resident mistreatment, and monitor trends, as well as by individual residents and faculty. This subject will be a continued topic at each GMEC quarterly meeting so that any issues are immediately identified and monitored.

VII. Protection from Retaliation and Malicious Accusations

Every effort will be made to protect alleged victims of mistreatment from retaliation if they seek redress. Retaliation will not be tolerated. To help prevent retaliation, those who are accused of mistreatment will be informed that retaliation is regarded as a form of mistreatment. Accusations that retaliation has occurred will be handled in the same manner as accusations concerning other forms of mistreatment. A complainant or witness found to have been dishonest or malicious in making the allegation of mistreatment may be subject to disciplinary action.

VIII. Education

Education is the cornerstone in the prevention of resident mistreatment. A thorough and on-going effort should be made to inform all involved individuals about the appropriate treatment of residents, and of these guidelines for dealing with alleged mistreatment. To that end, the following notification mechanisms will be utilized:

Residents

A written copy of these guidelines regarding appropriate treatment of residents will be included in packet of information provided to students at Resident Orientation. A discussion of mistreatment in general will take place each year during annual orientations, which will be presented by the Program Director.

Faculty

Department chairs and program directors will convey this information to all teaching faculty on an annual basis.

References:

John A. Burns School of Medicine, University of Hawaii at Manoa. *Medical Student Mistreatment Guidelines & Procedures*

UW Medicine, School of Medicine, University of Washington Graduate Medical Education Policy: *Residency and Fellowship Appointment Agreement Grievance Policy and Procedure.*

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