

Surgical Residency Rotation Specific Goals and Objectives

2009-2010

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Tulane University Hospital and Clinic - Acute Care
Faculty Supervisor: C. McGinness
PGY-1

Faculty: C Bellows, J. Brown, S. Jones, E Kandil, J. Korndorffer, C McGinness, J McGee
Faculty:Resident Ratio 2:1

The following critical learning experiences will be emphasized:

- critical care
- surgical management of acute disease processes
-

Patient Care

Goal

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

Competencies

- Facilitate the outpatient evaluation, management and follow-up of patients in the surgical clinics.
- Formulate the diagnostic and therapeutic surgical plan for patients with acute surgical processes
- Understand and explain the indications for and risks of surgical treatments and alternative therapies in the process of obtaining consent.
- Manage patients in the post-operative period.

Objectives

The resident will:

- Perform appropriate resuscitation in patients with acute surgical problems.
- Perform and document a comprehensive history and physical, including past medical history, review of systems, social and family history, and comprehensive physical examination in the patient with acute surgical problems
- Interpret medical tests and imaging results in the patient with an acute surgical problem,
- Develop a differential diagnosis and treatment plan.
- Perform the following procedures
 - Procedures on skin and subcutaneous lesions
 - Laparoscopic appendectomy
 - Open appendectomy
 - Drainage of breast abscess
 - Incision and drainage of perirectal abscess
 - Lower extremity amputations
 - Basic wound and drain care

- Dictate within 24 hours of patient discharge a comprehensive discharge summary that includes a concise, accurate assessment of the patient's hospital course, including any complications and an accurate, appropriate follow-up plan.
- Work with nurse practitioners, nurse coordinators and other members of the healthcare team to ensure effective discharge planning.

Medical Knowledge

Goal

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

Competencies

- Understand the basic science and pathophysiology of common acute general surgical disease.
- Understand the fundamental principles of laparoscopic surgery.

Objectives

The resident will:

- Utilize and interpret diagnostic laboratory testing in patients with acute surgical conditions.
- Utilize and interpret diagnostic radiological tests in patients with acute surgical processes.
- Correctly use invasive monitoring and non-surgical invasive procedures to diagnose and treat surgical complication.
- Understand principles of treatment of common surgical problems in patients with surgical emergencies.
- Understand the pathophysiology of cholecystitis and bowel obstruction
- Describe the repair of an inguinal hernia.
- Describe the repair of an incisional hernia.
- Describe the effective management of patients presenting with acute abdominal process.

Practice-Based Learning and Improvement

Goal

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

Competencies

- Identify and perform appropriate learning activities.
- Use information technology to optimize learning.

Objectives

The resident will:

- Demonstrate improvement in laparoscopic technique using the laparoscopic simulation and skills lab.
- Demonstrate effectiveness in teaching medical students.
- Present a topic at weekly educational conference.
- Analyze surgical complications for presentation at the Morbidity and Mortality patient improvement conference in a constructive and educational manner.

Systems Based Practice

Goal

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

Competencies

- Coordinate patient care within the healthcare system relevant to clinical specialty.
- Incorporate considerations of cost awareness and risk/benefit analysis in patient care.

Objectives

The resident will:

- Appropriately utilize other specialists and healthcare professionals to optimize efficiency in patient care.
- Describe and document the steps necessary in planning an outpatient surgical procedure, including consultations, laboratory and radiographic testing, the consent process and a consideration of adequate post-procedure care.

Professionalism

Goal

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

Competencies

- Accountability to patients, society and profession.
- Sensitivity and responsiveness to a diverse patient population.

Objectives

The resident will:

- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
- Act in a consultative role to other physicians and healthcare professionals.

Interpersonal and Communication Skills

Goal

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

Competencies

- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
- Provide surgical consultation in a timely effective manner when requested, and provide a clear, timely communication of evaluation and management plan to the consulting physician after verification with surgical faculty.

Objectives

The resident will:

- Communicate effectively with patients and families in the interpretation of medical information, especially technical information.
- Communicate effectively the patient's condition, treatment plan and expected outcome.
- Demonstrate the ability to communicate and describe to the healthcare team the interpretation of medical information and data, including laboratory and microbiology results.

Teaching Methods

- Faculty supervision in clinic, operating room and rounds for inpatients.
- Core curriculum conferences.
- Morbidity and Mortality/patient safety conference.
- Breast conference.
- Tumor board.
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- Fundamentals of Surgery e-learning.
- Journal Club
- Teaching of Medical Students

Assessment Method (Residents)

- Evaluate assessment tool
 - Faculty of resident
 - Peer to peer
 - Self assessment
 - 360° (nurses and students)

- At mid-rotation the supervisory faculty reviews rotation goals and objectives with the resident to determine achievements and deficiencies to date.

Assessment Method (Program Evaluation)

- E value rotation assessment at completion of rotation.
- E value resident evaluation of faculty at completion of rotation.

Level of Supervision

Resident is supervised by attending faculty at all times during the rotation.

Educational Resources

- Surgical resident library text and journal material
- Laparoscopic skills laboratory
- Core curriculum conferences
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- Fundamentals of Surgery e-learning

Tulane University Hospital and Clinic - Elective
Faculty Supervisor: J. Korndorffer
PGY-1

Faculty: C. Bellows, J. Brown, S. Jones, E Kandil, **J. Korndorffer**, C McGinness, J McGee
Faculty:Resident Ratio 2:1

The following critical learning experiences will be emphasized:

- hernias, acquired and congenital
- alimentary tract surgery
- management of benign and malignant skin lesions
- outpatient surgical management/ambulatory surgery
- skin and soft tissue surgery

Patient Care

Goal

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

Competencies

- Facilitate the outpatient evaluation, management and follow-up of patients in the surgical clinics.
- Formulate the diagnostic and therapeutic surgical plan for patients with abdominal pain, hernia, tumors of the gastrointestinal tract, skin and thyroid.
- Understand and explain the indications for and risks of surgical treatments and alternative therapies in the process of obtaining consent.
- Manage patients in the post-operative period.

Objectives

The resident will:

- Perform and document a comprehensive history and physical, including past medical history, review of systems, social and family history, comprehensive physical examination for patients with non-emergent surgical processes

- interpret medical tests and imaging results
- Develop a differential diagnosis and treatment plan.
- Perform the following procedures
 - procedures on skin and subcutaneous lesions
 - Tracheal intubation
 - Placement of venous access devices
 - Flexible and rigid proctoscopy
 - Anoscopy
 - Gastrostomy
 - Anorectal procedures
 - Routine wound closure
 - Appendectomy
 - Hernia repair (inguinal, femoral, umbilical)
- Work with nurse practitioners, nurse coordinators and other members of the healthcare team to ensure effective discharge planning.
- Dictate within 24 hours of patient discharge a comprehensive discharge summary that includes a concise, accurate assessment of the patient's hospital course, including any complications and an accurate, appropriate follow-up plan.

Medical Knowledge

Goal

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

Competencies

- Understand the basic science and pathophysiology of common general surgical disease.
- Understand the fundamental principles of laparoscopic surgery.

Objectives

The resident will:

- Present an evidence-based review of recommendations for management of patients endocrine disorders
- Describe the open repair of an inguinal hernia.
- Describe the open repair of an incisional hernia.
- Describe the effective management of patients presenting with abdominal process.

Practice-Based Learning and Improvement

Goal

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

Competencies

- Identify and perform appropriate learning activities.

- Use information technology to optimize learning.

Objectives

The resident will:

- Demonstrate improvement in laparoscopic technique using the laparoscopic simulation and skills lab.
- Demonstrate effectiveness in teaching medical students.
- Present a topic at weekly educational conference.
- Analyze surgical complications for presentation at the Morbidity and Mortality patient improvement conference in a constructive and educational manner.

Systems Based Practice

Goal

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

Competencies

- Coordinate patient care within the healthcare system relevant to clinical specialty.
- Incorporate considerations of cost awareness and risk/benefit analysis in patient care.

Objectives

The resident will:

- Appropriately utilize other specialists and healthcare professionals to optimize efficiency in patient care.
- Describe and document the steps necessary in planning an outpatient surgical procedure, including consultations, laboratory and radiographic testing, the consent process and a consideration of adequate post-procedure care.

Professionalism

Goal

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

Competencies

- Accountability to patients, society and profession.
- Sensitivity and responsiveness to a diverse patient population.

Objectives

The resident will:

- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
- Act in a consultative role to other physicians and healthcare professionals.

Interpersonal and Communication Skills

Goal

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

Competencies

- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
- Provide surgical consultation in a timely effective manner when requested, and provide a clear, timely communication of evaluation and management plan to the consulting physician after verification with surgical faculty.

Objectives

The resident will:

- Communicate effectively with patients and families in the interpretation of medical information, especially technical information.
- Communicate effectively the patient's condition, treatment plan and expected outcome.
- Demonstrate the ability to communicate and describe to the healthcare team the interpretation of medical information and data, including laboratory and microbiology results.

Teaching Methods

- Faculty supervision in clinic, operating room and rounds for inpatients.
- Core curriculum conferences.
- Morbidity and Mortality/patient safety conference.
- Breast conference.
- Tumor board.
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- Fundamentals of Surgery e-learning.
- Journal Club
- Teaching of medical students

Assessment Method (Residents)

- Evaluate assessment tool
 - Faculty of resident
 - Peer to peer
 - Self assessment
 - 360° (nurses and students)
- At mid-rotation the supervisory faculty reviews rotation goals and objectives with the resident to determine achievements and deficiencies to date.

Assessment Method (Program Evaluation)

- E value rotation assessment at completion of rotation.
- E value resident evaluation of faculty at completion of rotation.

Level of Supervision

Resident is supervised by attending faculty at all times during the rotation.

Educational Resources

- Surgical resident library text and journal material
- Laparoscopic skills laboratory
- Core curriculum conferences
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- American College of Surgeons Fundamentals of Surgery e-learning
- Endocrine Tumour Board
- Joint GI/Surgery case conference

**Tulane University Hospital & Clinic – Hepatobiliary
Faculty Supervisor: Sander Florman, MD
PGY 1**

Faculty: S. Florman, M. Killackey, A. Paramesh, D. Slakey

Faculty:Resident Ratio 4:2

Adjunct faculty fully involved in teaching: L. Balart, F. Regenstein, & C. Mallikarjun (hepatology); B. Alper, R. Zhang, & I. Lukitsch (nephrology)

The following critical learning experiences will be emphasized:

- management of patients with end-stage liver and renal disease
- management of diabetic patients
- dialysis access
- hepatobiliary surgery for benign and malignant lesions.
- pancreas and endocrine surgery
- organ transplantation
- immunosuppression
- critical care
- endocrine surgery

Patient Care**Goal**

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

Competencies

- Demonstrate the ability to assess patients with general surgical diagnoses in the intensive care unit, outpatient clinic and inpatient settings.
- Formulate a diagnostic and therapeutic surgical plan for patients with hernia, bowel obstruction, abdominal pain, gastrointestinal bleeding, renal failure, liver disease and diabetes.
- Facilitate the care of patients for whom a surgical consult has been requested.
- Demonstrate ability to assess patients and formulate plans of care in the outpatient setting.

Objectives

The PGY-1 resident will:

- Manage surgical service post-operative patients
- Prioritize patient care activity and clinical responsibilities
- Interpret patient acuity and intervene appropriately based upon assessment of patient need
- Manage ward emergencies, i.e., arrhythmia, hypoxia, shock, electrolyte abnormality, etc.
- Appropriately become involved in and facilitate discharge planning
- Complete a pre-operative history and physical, consent, and order appropriate tests.
- Develop and execute an appropriate post-operative plan in the clinic setting.
- Perform or have experience with the following procedures:
 - arterial line placement
 - naso-gastric tube placement
 - feeding tube placement
 - chest tube placement
 - wound debridement
 - management of surgical incisions
 - central venous line placement
- Perform or have experience with the following operative procedures:
 - abdominal exploration
 - common procedures of the alimentary tract
 - cholecystectomy, laparoscopic and open
 - hernia repair
 - closure of incision
 - repair of lacerations
 - management of skin and soft tissue infections
 - dialysis access procedures
 - kidney and liver biopsy

Medical Knowledge

Goal

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

Competencies

- The PGY-1 resident on this rotation will have a comprehensive understanding of basic science principles related to the care of the surgical patient, including fluids and electrolytes, wound healing, assessment of operative risk (including cardiac risk) and assessment of pulmonary physiology.
- The resident will develop an understanding of general surgical principles, including the pathophysiology of common general surgical diagnoses, such as acute cholecystitis, liver cancer and hernia.
- The resident will develop an understanding of the management of patients with general surgical conditions and general medical conditions.
- The resident will understand the indications and interpretations of routine laboratory studies and radiologic studies.
- The resident will understand the indications for kidney, liver, pancreas and intestine transplants.
- The resident will understand the criteria for brain death, non-heart beating donation and living organ donation.
- The resident will understand basic transplant immunology and immunosuppressive medications.
- The resident will understand the complications unique to transplant patients including rejection and infection.

Objectives

The PGY-1 resident will:

- Document in a timely fashion in the medical record relevant medical information, including patient history, review of systems, physical examination and interpretation of medical data.
- Document the indications for and the interpretation of laboratory and radiologic tests.
- Dictate a discharge summary for each patient within 24 hours of patient discharge. The dictation will include clear and concise explanation of the patient's presenting signs and symptoms, relevant hospital course, critical data, procedures performed and their outcomes, any complications, discharge medications with a specific notation documenting the reason for any medication change relative to patient's pre-hospitalization medications, and a discharge plan including follow-up.
- Demonstrate the ability to be involved in comprehensive discharge planning with all members of the healthcare team, and will be able to document in the medical record the discharge plan and communication of that plan with the family.
- Present a scientific review article relating to a current patient under the care of the service each week.

Practice-Based Learning and Improvement

Goal

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

Competencies

- Identify strengths, deficiencies and limits in knowledge and expertise.
- Set learning and improvement goals.

Objectives

The PGY-1 resident will:

- Communicate effectively to the attending surgeon and other members of the healthcare team the patient's current clinical evaluation, interpretation of test results, differential diagnosis and treatment plan before, during and after surgical consult.
- Listen to feedback, identify deficiencies in knowledge and correct as necessary.
- Evaluate medical literature and present their findings to the residents and medical students on daily rounds.
- Analyze surgical complications and present them at the weekly Morbidity and Mortality patient safety conference in a constructive and educational manner.

Systems Based Practice

Goal

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

Competencies

- Work effectively in various healthcare delivery system settings, relevant to clinical specialty.
- Participate in identifying systems errors and implementing potential system solutions.

Objectives

The PGY-1 resident will:

- Organize work flow, including medical students, nurses, other residents and other members of the healthcare team in providing efficient, quality patient care.
- Recognize systems errors, describing them to faculty.
- Develop systems for accurate hand-offs of patients.

Professionalism

Goal

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

Competencies

Sensitivity and responsiveness to diverse patient populations

Objectives

PGY-1 resident will:

- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.

Interpersonal and Communication Skills

Goal

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates.

Residents are expected to:

Competencies

- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
- Provide surgical consultation in a timely manner when requested.
- Provide a clear, timely communication of evaluation and management plan to the consulting physician after verification with surgical faculty.

Objectives

The PGY-1 resident will:

- Demonstrate the ability to communicate and describe to the healthcare team the interpretation of medical information and data, including laboratory and microbiology results.
- Communicate effectively the patient's condition, treatment plan and expected outcome.
- Effectively communicate with patients and families the interpretation of medical information, especially technical information.

Teaching Methods

- Participation in ward rounds.
- Journal presentations.
- Teaching of medical students assigned to the rotation.
- Patient safety conferences (Morbidity and Mortality).
- Participate in patient selection conferences.
- Participate in liver tumor conference.

Assessment Method (Residents)

- Evaluate assessment tool
 - Faculty of resident
 - Peer to peer
 - Self assessment
 - 360° (nurses and students)
- At mid-rotation the supervisory faculty reviews rotation goals and objectives with the resident to determine achievements and deficiencies to date.

Assessment Method (Program Evaluation)

- E value rotation assessment at completion of rotation.
- E value resident evaluation of faculty at completion of rotation.

Level of Supervision

Resident is supervised by attending faculty at all times during the rotation.

Educational Resources

- Surgical resident library text and journal material
- Laparoscopic skills laboratory
- Core curriculum conferences
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- American College of Surgeons Fundamentals of Surgery e-learning

Tulane University Hospital & Clinic – Vascular/Peds
Faculty Supervisor: Michael Weaver, MD
PGY 1

Faculty: M. Weaver, J. Dorotan, J. Pigott, R. Steiner, T Yeh
Faculty:Resident Ratio 2:1

The following critical learning experience competencies will be emphasized:

- management of peripheral vascular disease
- management of vascular aneurysms
- management of venous insufficiency
- management of lymphedema
- management of pediatric surgical emergencies

Patient Care

Goal

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

Competencies

- Demonstrate the ability to assess patients with vascular diagnoses in the intensive care unit, outpatient clinic and inpatient settings.
- Formulate a diagnostic and therapeutic surgical plan for patients with vascular disease
- Facilitate the care of patients for whom a surgical consult has been requested.
- Demonstrate ability to assess patients and formulate plans of care in the outpatient setting.

Objectives

The PGY-1 resident will:

- Manage surgical service post-operative patients
- Prioritize patient care activity and clinical responsibilities
- Interpret patient acuity and intervene appropriately based upon assessment of patient need
- Manage ward emergencies, i.e., arrhythmia, hypoxia, shock, electrolyte abnormality, etc.
- Appropriately become involved in and facilitate discharge planning
- Complete a pre-operative history and physical, consent, and order appropriate tests.
- Develop and execute an appropriate post-operative plan in the clinic setting.
- Perform or have experience with the following procedures:
 - arterial line placement
 - naso-gastric tube placement
 - chest tube placement
 - wound debridement
 - management of surgical incisions
 - central venous line placement
- Perform or have experience with the following operative procedures:
 - management of skin and soft tissue infections
 - toe amputation
 - below knee amputation
 - above knee amputation
 - insertion of tunneled catheter with a subcutaneous port

- pediatric hernia repair
- pediatric appendectomy

Medical Knowledge

Goal

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

Competencies

- The PGY-1 resident on this rotation will have a comprehensive understanding of basic science principles related to the care of the surgical patient, including fluids and electrolytes, wound healing, assessment of operative risk (including cardiac risk) and assessment of pulmonary physiology.
- The resident will understand cardiac risk assessment in vascular patients
- The resident will develop an understanding of vascular surgical principles, including the pathophysiology vascular disease, and pharmacology of antiplatelet, anticoagulation and thrombolysis medications
- The resident will develop an understanding of the management of patients with vascular disease
- The resident will understand the indications and interpretations of routine laboratory studies, radiologic studies, invasive and noninvasive vascular studies..

Objectives

The PGY-1 resident will:

- Document in a timely fashion in the medical record relevant medical information, including patient history, review of systems, physical examination and interpretation of medical data.
- Document the indications for and the interpretation of laboratory and radiologic tests.
- Dictate a discharge summary for each patient within 24 hours of patient discharge. The dictation will include clear and concise explanation of the patient's presenting signs and symptoms, relevant hospital course, critical data, procedures performed and their outcomes, any complications, discharge medications with a specific notation documenting the reason for any medication change relative to patient's pre-hospitalization medications, and a discharge plan including follow-up.
- Demonstrate the ability to be involved in comprehensive discharge planning with all members of the healthcare team, and will be able to document in the medical record the discharge plan and communication of that plan with the family.

Practice-Based Learning and Improvement

Goal

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

Competencies

- Identify strengths, deficiencies and limits in knowledge and expertise.
- Set learning and improvement goals.

Objectives

The PGY-1 resident will:

- Communicate effectively to the attending surgeon and other members of the healthcare team the patient's current clinical evaluation, interpretation of test results, differential diagnosis and treatment plan before, during and after surgical consult.
- Listen to feedback, identify deficiencies in knowledge and correct as necessary.
- Evaluate medical literature and present their findings to the residents and medical students on daily rounds.
- Analyze surgical complications and present them at the weekly Morbidity and Mortality patient safety conference in a constructive and educational manner.

Systems Based Practice

Goal

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

Competencies

- Work effectively in various healthcare delivery system settings, relevant to clinical specialty.
- Participate in identifying systems errors and implementing potential system solutions.

Objectives

The PGY-1 resident will:

- Organize work flow, including medical students, nurses, other residents and other members of the healthcare team in providing efficient, quality patient care.
- Recognize systems errors, describing them to faculty.
- Develop systems for accurate hand-offs of patients.

Professionalism

Goal

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

Competencies

Sensitivity and responsiveness to diverse patient populations

Objectives

PGY-1 resident will:

- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.

Interpersonal and Communication Skills

Goal

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates.

Residents are expected to:

Competencies

- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
- Provide surgical consultation in a timely manner when requested.
- Provide a clear, timely communication of evaluation and management plan to the consulting physician after verification with surgical faculty.

Objectives

The PGY-1 resident will:

- Demonstrate the ability to communicate and describe to the healthcare team the interpretation of medical information and data, including laboratory and microbiology results.
- Communicate effectively the patient's condition, treatment plan and expected outcome.
- Effectively communicate with patients and families the interpretation of medical information, especially technical information.

Teaching Methods

- Faculty supervision in clinic, operating room and rounds for inpatients.
- Core curriculum conferences.
- Morbidity and Mortality/patient safety conference.
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- Fundamentals of Surgery e-learning
- Teaching of medical Students

- Journal Club

Assessment Method (Residents)

- Evaluate assessment tool
 - Faculty of resident
 - Peer to peer
 - Self assessment
 - 360° (nurses and students)
- At mid-rotation the supervisory faculty reviews rotation goals and objectives with the resident to determine achievements and deficiencies to date.

Assessment Method (Program Evaluation)

- Evaluate rotation assessment at completion of rotation.
- Evaluate resident evaluation of faculty at completion of rotation.

Level of Supervision

Resident is supervised by attending faculty at all times during the rotation.

Educational Resources

- Surgical resident library text and journal material
- Laparoscopic skills laboratory
- Core curriculum conferences
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- American College of Surgeons Fundamentals of Surgery e-learning

Plastic Surgery
Faculty Supervisor: Newsome, MD
PGY-1

Faculty: Newsome, Chiu, Colon, Chaffin
Faculty to Resident Ratio: 4:1

The following critical learning experiences will be emphasized:

- Management of acute, chronic, and neoplastic defects not requiring complex reconstruction.
- Management of patients undergoing breast reconstruction
- Management of disorders of the hand

Patient Care

Goal

Residents must be able to demonstrate compassion and commitment in care of plastic surgery patients and their families.

Objectives

The resident will

- Perform wound care and debridement
- Perform simple suture technique
- Perform applications of splints/casts for common hand injuries
- Perform basic examination of the hand
- Perform first assistant skills for breast reconstruction

Medical Knowledge

Goal

Demonstrate an understanding of the pathophysiology of wound care and tissue transfer.

Objectives

The resident will:

- Demonstrate an understanding of the nature and principles of correction and

- reconstruction of congenital and acquired defects of the head, neck , trunk, and extremities
- Understand the principles of wound healing and wound care
 - Understand the principles of grafts and flaps
 - Demonstrate the ability to evaluate simple wounds
 - Recognize common skin lesions
 - Understand of basic aesthetic surgery principles

Practice-Based Learning and Improvement

Goal

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

Competencies

- Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
- Use information technology to optimize learning

Objectives

The resident will:

- Evaluate the literature regarding quality assurance methods and objectives for aesthetic surgery
- Listen to feedback, identify deficiencies in knowledge and correct as necessary.
- Evaluate medical literature and present their findings to the fellows and medical students on daily rounds.

Systems Based Practice

Goal

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

Competencies

- Coordinate patient care
- Work in inter-profession teams

Objectives

The resident will:

- Outline the plan for coordination of patient care involving interdisciplinary team for home wound care

- Document in patient chart improvement in patient quality of care by follow-up during clinic visits.

Professionalism

Goal

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

Competencies

- Demonstrate responsiveness to patient needs in an ethical manner
- Work with the OR team in a courteous and professional manner

Objective

The resident will:

- Demonstrate appropriate responsiveness to patient needs and team member concerns
- Demonstrate effective team involvement

Interpersonal and Communication Skills

Goal

Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and teaming with patients, their families, and professional associates. :

Objectives

The resident will:

- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
- Communicate effectively with physicians and other healthcare professionals
- Communicate effectively the patient's condition, treatment plan and expected outcome.
- Demonstrate the ability to communicate and describe to the healthcare team the interpretation of medical information and data, including laboratory and microbiology results.
- Outline a comprehensive anesthetic treatment plan based upon interpretation of the patient's medical condition, relevant medical data and evaluation of relevant literature.

Teaching Methods

- Faculty supervision in clinic, operating room and rounds for inpatients.
- Core curriculum conferences.
- Weekly journal presentations
- Morbidity and Mortality/patient safety conference.
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.

- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- Fundamentals of Surgery e-learning
- Teaching of medical Students
- Journal Club

Assessment Method (Residents)

- Evaluate assessment tool
 - Faculty of resident
 - Peer to peer
 - Self assessment
 - 360° (nurses and students)

- At mid-rotation the supervisory faculty reviews rotation goals and objectives with the resident to determine achievements and deficiencies to date.

Assessment Method (Program Evaluation)

- E value rotation assessment at completion of rotation.
- E value resident evaluation of faculty at completion of rotation.

Level of Supervision

Resident is supervised by attending faculty at all times during the rotation.

Educational Resources

- Surgical resident library text and journal material
- Laparoscopic skills laboratory
- Core curriculum conferences
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- American College of Surgeons Fundamentals of Surgery e-learning

**Medical Center of Louisiana New Orleans Trauma
and Emergency Surgery
Faculty Supervisor: Juan Duchesne, MD
PGY-1**

Faculty: J. Duchesne, P. Meade, C. McGinness, N. McSwain, J. Hunt, A Marr
Faculty:Resident Ratio 2:1

The following critical learning experiences will be emphasized:

- trauma and burn surgery
- vascular surgery
- surgical critical care

Patient Care

Goal

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

Competencies

- Demonstrate the ability to assess critically injured patients in the emergency room setting.
- Institute the fundamental principles of advanced trauma life support.
- Appropriately manage patients in the surgical intensive care unit, inpatient setting and outpatient clinic.

Objectives

The resident will:

- Describe and apply the principles learned in the ATLS course.
- Prioritize patient care activity and patient care responsibilities.
- Interpret patient acuity and intervene appropriately based on assessment of patient need
- Manage ICU emergencies, i.e., arrhythmia, hypotension, shock, hypoxia, electrolyte abnormality, etc.
- Appropriately become involved in and facilitate discharge planning
- Perform or have experience with the following procedures:
 - Arterial line placement
 - Nasogastric tube placement
 - Feeding tube placement
 - Chest tube placement and removal
 - Central venous line placement
 - Foley catheter placement
 - Wound debridement
 - Management of surgical incisions
 - Exploratory laparotomy
 - Closure of incision
 - Repair of laceration
 - Management of skin and soft tissue infections

Medical Knowledge

Goal

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

Competencies

- Understand the epidemiology of trauma
- Understand the pathophysiology of trauma
- Diagnosis and management of shock
- Understand priorities for the management of various organ systems in the multiply injured patient
- Understand the organization of the emergency response system, both pre-hospital and within the ER/trauma center

Objectives

The resident will:

- Document in the medical record the relevant medical information
- Discuss and demonstrate the sequential steps in the management of the multiply injured patient

- Describe the activation of the emergency response system
- Dictate discharge summary for each patient within 24 hours of discharge, including a clear, concise explanation of the patient's presenting signs and symptoms, relevant hospital course, critical data, procedures performed and their outcomes, any complications, and a discharge plan including follow-up

Practice-Based Learning and Improvement

Goal

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

Competencies

- Identify strengths, deficiencies and limits in one's knowledge and expertise.
- Identify and perform appropriate learning activities.

Objectives

The resident will:

- Become ATLS certified
- Listen to feedback and document plans to review the literature to increase knowledge.
- Present an evaluation of relevant medical literature to the faculty, residents and medical students weekly.
- Analyze complications and present them at Morbidity and Mortality patient safety conference in a constructive and educational manner.

Systems-Based Practice

Goal

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

Competencies

- Coordinate patient care within the healthcare system relevant to clinical specialty

Objectives

The resident will:

- Participate in trauma conference
- Participate in and document multidisciplinary discharge planning.

Professionalism

Goal

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

Competencies

- Responsiveness to patient needs that supersedes self-interest.

Objectives

The resident will:

- Effectively prioritize patient acuity and demonstrate the ability to provide patient care efficiently.
- Respond promptly to the emergency room when requested or paged.

Interpersonal and Communication Skills

Goal

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

Competencies

Communicate effectively with physicians, other health professionals and related agencies. Demonstrate ability to communicate effectively in a trauma response setting.

Objectives

The resident will:

Present patients on rounds accurately and effectively.

Teaching Methods

- Faculty supervision in clinic, operating room and rounds for inpatients.
- Core curriculum conferences.
- Weekly journal presentations
- Morbidity and Mortality/patient safety conference.
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- Fundamentals of Surgery e-learning
- Teaching of medical Students
- Journal Club

Assessment Method (Residents)

- Evaluate assessment tool
 - Faculty of resident

- Peer to peer
 - Self assessment
 - 360° (nurses and students)
- At mid-rotation the supervisory faculty reviews rotation goals and objectives with the resident to determine achievements and deficiencies to date.

Assessment Method (Program Evaluation)

- E value rotation assessment at completion of rotation.
- E value resident evaluation of faculty at completion of rotation.

Level of Supervision

Resident is supervised by attending faculty at all times during the rotation.

Educational Resources

- Surgical resident library text and journal material
- Laparoscopic skills laboratory
- Core curriculum conferences
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- American College of Surgeons Fundamentals of Surgery e-learning

Tulane University Hospital and Clinic - Acute Care
Faculty Supervisor: C. McGinness
 PGY-2

Faculty: C Bellows, J. Brown, S. Jones, E Kandil, J. Korndorffer, C McGinness, J McGee
 Faculty:Resident Ratio 2:1

The following critical learning experiences will be emphasized:

- critical care
- surgical management of acute disease processes
-

Patient Care

Goal

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

Competencies

- Facilitate the outpatient evaluation, management and follow-up of patients in the surgical clinics.
- Formulate the diagnostic and therapeutic surgical plan for patients with abdominal pain, gastrointestinal bleeding, bowel obstruction, hernia, tumors of the gastrointestinal tract, skin and thyroid.
- Understand and explain the indications for and risks of surgical treatments and alternative therapies in the process of obtaining a consent.
- Manage patients in the post-operative period.

Objectives

The resident will:

- Perform and document a comprehensive history and physical, including past medical history, review of systems, social and family history, comprehensive physical examination, interpretation of medical tests and imaging results, a differential diagnosis and treatment plan.
- Perform the following procedures
 - procedures on skin and subcutaneous lesions
 - Laparoscopic appendectomy
 - Laparoscopic cholecystectomy
 - Repair of strangulated incisional or inguinal hernia
 - Colostomy
 - exploratory laparotomy, i.e., lysis of adhesions
 - appendectomy
 - cholecystectomy
 - procedures for the treatment of anal/rectal disease, including hemorrhoids, fissures and fistulas
 - placement of central lines and implantable ports
- Work with nurse practitioners, nurse coordinators and other members of the healthcare team to ensure effective discharge planning.
- Dictate within 24 hours of patient discharge a comprehensive discharge summary that includes a concise, accurate assessment of the patient's hospital course, including any complications and an accurate, appropriate follow-up plan.

Medical Knowledge

Goal

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

Competencies

- Understand the basic science and pathophysiology of common acute general surgical disease.
- Understand the fundamental principles of laparoscopic surgery.

Objectives

The resident will:

- Utilize and interpret diagnostic laboratory testing in patients with acute surgical conditions.
- Utilize and interpret diagnostic radiological tests in patients with acute surgical processes.
- Correctly use invasive monitoring and non-surgical invasive procedures to diagnose and treat surgical complication.
- Understand principles of treatment of common surgical problems in patients with surgical emergencies.
- Understand the pathophysiology of cholecystitis and bowel obstruction
- Describe the repair of an inguinal hernia.
- Describe the repair of an incisional hernia.
- Describe the effective management of patients presenting with acute abdominal process.

Practice-Based Learning and Improvement

Goal

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

Competencies

- Identify and perform appropriate learning activities.
- Use information technology to optimize learning.

Objectives

The resident will:

- Demonstrate improvement in laparoscopic technique using the laparoscopic simulation and skills lab.
- Demonstrate effectiveness in teaching medical students.
- Present a topic at weekly educational conference.
- Analyze surgical complications for presentation at the Morbidity and Mortality patient improvement conference in a constructive and educational manner.

Systems Based Practice

Goal

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

Competencies

- Coordinate patient care within the healthcare system relevant to clinical specialty.
- Incorporate considerations of cost awareness and risk/benefit analysis in patient care.

Objectives

The resident will:

- Appropriately utilize other specialists and healthcare professionals to optimize efficiency in patient care.
- Describe and document the steps necessary in planning an outpatient surgical procedure, including consultations, laboratory and radiographic testing, the consent process and a consideration of adequate post-procedure care.

Professionalism

Goal

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

Competencies

- Accountability to patients, society and profession.
- Sensitivity and responsiveness to a diverse patient population.

Objectives

The resident will:

- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
- Act in a consultative role to other physicians and healthcare professionals.

Interpersonal and Communication Skills

Goal

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

Competencies

- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
- Provide surgical consultation in a timely effective manner when requested, and provide a clear, timely communication of evaluation and management plan to the consulting physician after verification with surgical faculty.

Objectives

The resident will:

- Communicate effectively with patients and families in the interpretation of medical information, especially technical information.
- Communicate effectively the patient's condition, treatment plan and expected outcome.
- Demonstrate the ability to communicate and describe to the healthcare team the interpretation of medical information and data, including laboratory and microbiology results.

Teaching Methods

- Faculty supervision in clinic, operating room and rounds for inpatients.
- Core curriculum conferences.
- Weekly journal presentations
- Morbidity and Mortality/patient safety conference.
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- Fundamentals of Surgery e-learning
- Teaching of medical Students
- Journal Club

Assessment Method (Residents)

- Evaluate assessment tool
 - Faculty of resident
 - Peer to peer
 - Self assessment
 - 360° (nurses and students)
- At mid-rotation the supervisory faculty reviews rotation goals and objectives with the resident to determine achievements and deficiencies to date.

Assessment Method (Program Evaluation)

- E value rotation assessment at completion of rotation.
- E value resident evaluation of faculty at completion of rotation.

Level of Supervision

Resident is supervised by attending faculty at all times during the rotation.

Educational Resources

- Surgical resident library text and journal material
- Laparoscopic skills laboratory
- Core curriculum conferences
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- American College of Surgeons Fundamentals of Surgery e-learning

Tulane University Hospital and Clinic - Elective
Faculty Supervisor: J Korndorffer
PGY-2

C Bellows, J. Brown, S. Jones, E Kandil, **J. Korndorffer**, C McGinness, N McSwain
Faculty:Resident Ratio 2:1

The following critical learning experiences will be emphasized:

- hernias, acquired and congenital
- alimentary tract surgery
- management of benign and malignant skin lesions
- outpatient surgical management/ambulatory surgery
- skin and soft tissue surgery
- endocrine surgery

Patient Care

Goal

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

Competencies

- Facilitate the outpatient evaluation, management and follow-up of patients in the surgical clinics.
- Formulate the diagnostic and therapeutic surgical plan for patients with abdominal pain, gastrointestinal bleeding, bowel obstruction, hernia, tumors of the gastrointestinal tract, skin and thyroid.
- Understand and explain the indications for and risks of surgical treatments and alternative therapies in the process of obtaining a consent.
- Manage patients in the post-operative period.

Objectives

The resident will:

- Perform and document a comprehensive history and physical, including past medical history, review of systems, social and family history, comprehensive physical examination, interpretation of medical tests and imaging results, a differential diagnosis and treatment plan.
- Perform the following procedures

- procedures on skin and subcutaneous lesions
- hernia repair (open and laparoscopic)
- exploratory laparotomy, i.e., lysis of adhesions
- appendectomy
- cholecystectomy
- procedures for the treatment of anal/rectal disease, including hemorrhoids, fissures and fistulas
 - placement of central lines and implantable ports
 - thyroidectomy
 - parathyroidectomy
 - adrenalectomy
 - ultrasound guided biopsy of endocrine neoplasm
- Work with nurse practitioners, nurse coordinators and other members of the healthcare team to ensure effective discharge planning.
- Dictate within 24 hours of patient discharge a comprehensive discharge summary that includes a concise, accurate assessment of the patient's hospital course, including any complications and an accurate, appropriate follow-up plan.

Medical Knowledge

Goal

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

Competencies

- Understand the basic science and pathophysiology of common general surgical disease.
- Understand the fundamental principles of laparoscopic surgery.

Objectives

The resident will:

- Present an evidence-based review of recommendations for management of patients endocrine disorders
- Describe the laparoscopic repair of an inguinal hernia.
- Describe the laparoscopic repair of an incisional hernia.
- Describe the effective management of patients presenting with acute abdominal process.

Practice-Based Learning and Improvement

Goal

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

Competencies

- Identify and perform appropriate learning activities.
- Use information technology to optimize learning.

Objectives

The resident will:

- Demonstrate improvement in laparoscopic technique using the laparoscopic simulation and skills lab.
- Demonstrate effectiveness in teaching medical students.
- Present a topic at weekly educational conference.
- Analyze surgical complications for presentation at the Morbidity and Mortality patient improvement conference in a constructive and educational manner.

Systems Based Practice

Goal

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

Competencies

- Coordinate patient care within the healthcare system relevant to clinical specialty.
- Incorporate considerations of cost awareness and risk/benefit analysis in patient care.

Objectives

The resident will:

- Appropriately utilize other specialists and healthcare professionals to optimize efficiency in patient care.
- Describe and document the steps necessary in planning an outpatient surgical procedure, including consultations, laboratory and radiographic testing, the consent process and a consideration of adequate post-procedure care.

Professionalism

Goal

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

Competencies

- Accountability to patients, society and profession.
- Sensitivity and responsiveness to a diverse patient population.

Objectives

The resident will:

- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
- Act in a consultative role to other physicians and healthcare professionals.

Interpersonal and Communication Skills

Goal

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

Competencies

- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
- Provide surgical consultation in a timely effective manner when requested, and provide a clear, timely communication of evaluation and management plan to the consulting physician after verification with surgical faculty.

Objectives

The resident will:

- Communicate effectively with patients and families in the interpretation of medical information, especially technical information.
- Communicate effectively the patient's condition, treatment plan and expected outcome.
- Demonstrate the ability to communicate and describe to the healthcare team the interpretation of medical information and data, including laboratory and microbiology results.

Teaching Methods

- Faculty supervision in clinic, operating room and rounds for inpatients.
- Core curriculum conferences.
- Morbidity and Mortality/patient safety conference.
- Breast conference.
- Tumor board.
- Evidence Based Reviews in Surgery.

- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- Fundamentals of Surgery e-learning.
- Journal Club
- Teaching of medical students

Assessment Method (Residents)

- Evaluate assessment tool
 - Faculty of resident
 - Peer to peer
 - Self assessment
 - 360° (nurses and students)

- At mid-rotation the supervisory faculty reviews rotation goals and objectives with the resident to determine achievements and deficiencies to date.

Assessment Method (Program Evaluation)

- Evaluate rotation assessment at completion of rotation.
- Evaluate resident evaluation of faculty at completion of rotation.

Level of Supervision

Resident is supervised by attending faculty at all times during the rotation.

Educational Resources

- Surgical resident library text and journal material
- Laparoscopic skills laboratory
- Core curriculum conferences
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- American College of Surgeons Fundamentals of Surgery e-learning
- Endocrine Tumour Board
- Joint GI/Surgery case conference

Tulane University Hospital & Clinic – Vascular/Peds
Faculty Supervisor: Michael Weaver, MD
PGY 2

Faculty: M. Weaver, J. Dorotan, J. Pigott, R. Steiner, T Yeh
Faculty:Resident Ratio 2:1

The following critical learning experience competencies will be emphasized:

- management of peripheral vascular disease
- management of vascular aneurysms
- management of venous insufficiency
- management of lymphedema
- management of pediatric surgical emergencies

Patient Care

Goal

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

Competencies

- Demonstrate the ability to assess patients with vascular diagnoses in the intensive care unit, outpatient clinic and inpatient settings.

- Formulate a diagnostic and therapeutic surgical plan for patients with vascular disease
- Facilitate the care of patients for whom a surgical consult has been requested.
- Demonstrate ability to access patients and formulate plans of care in the outpatient setting.

Objectives

The resident will:

- Manage surgical service post-operative patients
- Correctly perform noninvasive vascular evaluations
- Prioritize patient care activity and clinical responsibilities
- Interpret patient acuity and intervene appropriately based upon assessment of patient need
- Manage ward emergencies, i.e., arrhythmia, hypoxia, shock, electrolyte abnormality, etc.
- Appropriately become involved in and facilitate discharge planning
- Complete a pre-operative history and physical, consent, and order appropriate tests.
- Develop and execute an appropriate post-operative plan in the clinic setting.
- Perform or have experience with the following operative procedures:
 - Arteriovenous fistula formation
 - Peripheral artery bypass procedures
 - Abdominal aortic reconstruction
 - management of skin and soft tissue infections
 - insertion of tunneled catheter with a subcutaneous port
 - pediatric hernia repair
 - pediatric appendectomy

Medical Knowledge

Goal

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

Competencies

- The resident will understand cardiac risk assessment in vascular patients
- The resident will develop an understanding of vascular surgical principles, including the pathophysiology vascular disease, and pharmacology of antiplatelet, anticoagulation and thrombolysis medications
- The resident will develop an understanding of the management of patients with vascular disease
- The resident will understand the indications and interpretations of routine laboratory studies, radiologic studies, invasive and noninvasive vascular studies..

Objectives

The resident will:

- Document in a timely fashion in the medical record relevant medical information, including patient history, review of systems, physical examination and interpretation of medical data.
- Document the indications for and the interpretation of laboratory tests.
- Document the indications for and the interpretation of angiographic evaluation for vascular disease.
- Dictate a discharge summary for each patient within 24 hours of patient discharge. The dictation will include clear and concise explanation of the patient's presenting signs and symptoms, relevant hospital course, critical data, procedures performed and their outcomes, any complications, discharge medications with a specific notation documenting the reason for any medication change relative to patient's pre-hospitalization medications, and a discharge plan including follow-up.
- Demonstrate the ability to be involved in comprehensive discharge planning with all members of the healthcare team, and will be able to document in the medical record the discharge plan and communication of that plan with the family.

Practice-Based Learning and Improvement

Goal

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

Competencies

- Identify strengths, deficiencies and limits in knowledge and expertise.
- Set learning and improvement goals.

Objectives

The resident will:

- Communicate effectively to the attending surgeon and other members of the healthcare team the patient's current clinical evaluation, interpretation of test results, differential diagnosis and treatment plan before, during and after surgical consult.
- Listen to feedback, identify deficiencies in knowledge and correct as necessary.
- Evaluate medical literature and present their findings to the residents and medical students on daily rounds.
- Analyze surgical complications and present them at the weekly Morbidity and Mortality patient safety conference in a constructive and educational manner.

Systems Based Practice

Goal

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

Competencies

- Work effectively in various healthcare delivery system settings, relevant to clinical specialty.
- Participate in identifying systems errors and implementing potential system solutions.

The resident will:

- Organize work flow, including medical students, nurses, other residents and other members of the healthcare team in providing efficient, quality patient care.
- Recognize systems errors, describing them to faculty.
- Develop systems for accurate hand-offs of patients.

Professionalism

Goal

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

Competencies

Sensitivity and responsiveness to diverse patient populations

Objectives

The resident will:

- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.

Interpersonal and Communication Skills

Goal

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

Competencies

- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
- Provide surgical consultation in a timely manner when requested.

- Provide a clear, timely communication of evaluation and management plan to the consulting physician after verification with surgical faculty.

Objectives

The resident will:

- Demonstrate the ability to communicate and describe to the healthcare team the interpretation of medical information and data, including laboratory and microbiology results.
- Communicate effectively the patient's condition, treatment plan and expected outcome.
- Effectively communicate with patients and families the interpretation of medical information, especially technical information.

Teaching Methods

- Faculty supervision in clinic, operating room and rounds for inpatients.
- Core curriculum conferences.
- Morbidity and Mortality/patient safety conference.
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- Fundamentals of Surgery e-learning
- Teaching of medical Students
- Journal Club

Assessment Method (Residents)

- Evaluate assessment tool
 - Faculty of resident
 - Peer to peer
 - Self assessment
 - 360° (nurses and students)
- At mid-rotation the supervisory faculty reviews rotation goals and objectives with the resident to determine achievements and deficiencies to date.

Assessment Method (Program Evaluation)

- Evaluate rotation assessment at completion of rotation.
- Evaluate resident evaluation of faculty at completion of rotation.

Level of Supervision

Resident is supervised by attending faculty at all times during the rotation.

Educational Resources

- Surgical resident library text and journal material
- Laparoscopic skills laboratory
- Core curriculum conferences
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- American College of Surgeons Fundamentals of Surgery e-learning

Surgical Intensive Care Unit/ Endoscopy
Faculty Supervisor: Juan Duchesne, MD
PGY-2

Faculty: J. Duchesne, N. McSwain, P Meade, R Bulat, L Bulart
Faculty:Resident Ratio 2:1

The following critical learning experiences will be emphasized:

- management of surgical patients requiring critical care
- management of hospital acquired infections
- assessment and management of nutrition
- assessment and management of ventilatory support
- assessment and management of cardiovascular function
- flexible endoscopic techniques

Patient Care

Goal

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

Competencies

- Organize patient data by organ/body systems
- Develop and explain differential diagnoses for complex medical and surgical patient problems.
- Develop and explain a comprehensive assessment and management plan referencing peer reviewed literature
- Prioritize tasks in the management of patients based upon an accurate assessment of patient acuity
- Manage ICU emergencies such as arrhythmia, hypertension, hypotension, hemorrhage and codes
- Demonstrate leadership ability on rounds, organizing and prioritizing patient care, managing emergencies.
- Demonstrate an understanding of end-of-life decisions.
- Understand the indications for upper and lower GI endoscopy

Objectives

The PGY-2 resident will:

- Document appropriately all management, assessment and treatment plans within the medical record
- Participate in planning for transfer
- Recognize need for involving consultants and do so appropriately
- Instruct PGY-1 resident performing procedures after discussing with faculty.
- Respond to consults promptly; dictate an accurate evaluation, including an assessment and management plan.
- Participate in discussion of end-of-life decisions with families in a compassionate manner, understanding the importance of living wills and organ and tissue donation.
- Communicate assessment and plan to faculty in a timely manner.
- Perform the following procedures:
 - Arterial line placement
 - Central venous line placement

- Pulmonary artery catheter placement
- Naso-gastric tube placement
- Nasal feeding tube placement
- Intubation
- Chest tube placement
- Bronchoscopy
- Tracheostomy exchange
- Esophagogastroduodenoscopy
- Colonoscopy
- Polypectomy
- Endoscopic biopsy

Medical Knowledge

Goal

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

Competencies

- Upon completion of the ICU rotation, the resident should understand basic science principles related to cardiovascular physiology, pulmonary physiology, nutrition, metabolism, infection and wound healing.
- Understand trauma surgery principles, including Advanced Trauma Life Support
- Understand life support principles, including Basic Life Support and Advanced Cardiac Life Support
- Apply principles of pharmacologic management, including antibiotic cardiovascular agents, fluids and electrolytes.
- Interpret ICU radiographic studies, including their indications and interpretation.
- Understand the role of the intensivist in cost-effective, high-quality patient care.
- Understand the diagnosis of brain death, deceased organ and tissue donation and donation after cardiac death.

Objectives

The PGY-2 resident will:

- Discuss evidence-based scientific studies relating to SICU care.
- Present a review of a scientific article weekly
- Interpret ICU principles to medical students on this rotation.
- Discuss the indications for endoscopy
- Discuss the treatment options for colonic polyps
- Become an ATLS instructor by the completion of PGY-2 year.
- Maintain current status in BLS and ACLS by the AHA.
- Present a discussion of literature supporting the role of the intensivist in patient care.

- Present a discussion detailing the procedure to declare brain death, including a description of the proper procedure for discussing organ donation with families.

Practice-Based Learning and Improvement

Goal

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

Competencies

- Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
- Use information technology to optimize learning

Objectives

The PGY-2 resident will:

- Evaluate the literature regarding quality assurance methods and objectives in the intensive care unit setting.
- Identify four areas of intensive care, for example ventilator management, and demonstrate application of evidence-based medical practice to the management of the patient by verbally presenting to the ICU attending, other residents and medical students.
- Present a teaching session each week describing the use of information technology, for example, pulmonary artery catheter, within the ICU setting.
- Analyze surgical complications and present at the Morbidity and Mortality patient improvement conference in an constructive and educational manner.

Systems Based Practice

Goal

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

Competencies

- Coordinate patient care
- Work in inter-profession teams

Objectives

The PGY-2 resident will:

- Outline the plan for coordination of patient care involving interdisciplinary team and its effect on patient safety
- Document in patient chart improvement in patient quality of care by follow-up during clinic visits.

Professionalism

Goal

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

Competencies

- Demonstrate responsiveness to patient needs in an ethical manner

Objective

The PGY-2 resident will:

- Demonstrate appropriate responsiveness to patient needs with particular emphasis on management of emergencies and prioritization of clinical responsibilities.
- Teach junior residents effective time management strategies.
- Work in an interdisciplinary manner with the gastroenterology staff

Interpersonal and Communication Skills

Goal

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

Competencies

- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
- Communicate effectively with physicians and other healthcare professionals

Objectives

The PGY-2 resident will:

- Effectively communicate with patients and families the interpretation of medical information, especially technical information.
- Communicate effectively the patient's condition, treatment plan and expected outcome.
- Participate in discussions regarding end-of-life care and organ donation.

- Demonstrate the ability to communicate and describe to the healthcare team the interpretation of medical information and data, including laboratory and microbiology results.
- Outline a comprehensive treatment plan based upon interpretation of the patient's medical condition, relevant medical data and evaluation of relevant literature.

Teaching Methods

- Faculty supervision in clinic, operating room and rounds for inpatients.
- Core curriculum conferences.
- Morbidity and Mortality/patient safety conference.
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- Fundamentals of Surgery e-learning
- Teaching of medical Students
- Journal Club
- Work cooperatively with members of the end-of-life hospital team when necessary.

Assessment Method (Residents)

- Evaluate assessment tool
 - Faculty of resident
 - Peer to peer
 - Self assessment
 - 360° (nurses and students)
- At mid-rotation the supervisory faculty reviews rotation goals and objectives with the resident to determine achievements and deficiencies to date.

Assessment Method (Program Evaluation)

- Evaluate rotation assessment at completion of rotation.
- Evaluate resident evaluation of faculty at completion of rotation.

Level of Supervision

Resident is supervised by attending faculty at all times during the rotation.

Educational Resources

- Surgical resident library text and journal material
- Laparoscopic skills laboratory
- Core curriculum conferences
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.

- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- American College of Surgeons Fundamentals of Surgery e-learning

**Tulane-Lakeside Hospital/Breast
Faculty Supervisor: S Jones
PGY-2**

Faculty: S. Jones, R. Steiner, J Brown

Faculty:Resident Ratio 3:1

The following critical learning experiences will be emphasized:

- general surgical care of patients with benign and malignant breast lesions
- hernias, acquired and congenital
- management of benign and malignant skin lesions
- outpatient surgical management/ambulatory surgery
- skin and soft tissue surgery
- pediatric surgery

Patient Care

Goal

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

Competencies

- Understand the diagnostic and therapeutic plan for patients with benign and malignant breast disease
- Facilitate the outpatient evaluation, management and follow-up of patients in the surgical clinics.
- Understand and explain the indications for and risks of surgical treatments and alternative therapies in the process of obtaining a consent.
- Manage patients in the post-operative period.

Objectives

The PGY-2 resident will:

- Perform and document a comprehensive history and physical, including past medical history, review of systems, social and family history, comprehensive physical examination, interpretation of medical tests and imaging results, a differential diagnosis and treatment plan.

- Perform the following procedures
 - breast ultrasound
 - radiographically guided breast biopsy
 - excisional breast biopsy
 - procedures on skin and subcutaneous lesions
 - placement of central lines and implantable ports
 - repair inguinal hernia in a child
 - management of alimentary tract abnormality, including pyloric stenosis
 - exploratory laparotomy
 - appendectomy
 - bronchoscopy and esophogectomy for the removal of bronchial or esophageal foreign bodies

- Work with nurse practitioners, nurse coordinators and other members of the healthcare team to ensure effective discharge planning.
- Dictate within 24 hours of patient discharge a comprehensive discharge summary that includes a concise, accurate assessment of the patient's hospital course, including any complications and an accurate, appropriate follow-up plan.

Medical Knowledge

Goal

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

Competencies

- Understand the basic science and pathophysiology of breast disease.
- Understand the basic science and pathophysiology of common general surgical disease

Objectives

The PGY-2 resident will:

- Present an evidence-based review of recommendations for management of patients with breast cancer.
- Describe the laparoscopic repair of an inguinal hernia.
- Describe the laparoscopic repair of an incisional hernia.
- Describe the effective management of patients presenting with acute abdominal process.

Practice-Based Learning and Improvement

Goal

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

Competencies

- Identify and perform appropriate learning activities.
- Use information technology to optimize learning.

Objectives

The PGY-2 resident will:

- Present at weekly Multidisciplinary Breast Conference
- Demonstrate improvement in laparoscopic technique using the laparoscopic simulation and skills lab.
- Demonstrate effectiveness in teaching medical students.
- Analyze surgical complications for presentation at the Morbidity and Mortality patient improvement conference in a constructive and educational manner.

Systems Based Practice

Goal

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

Competencies

- Coordinate patient care within the healthcare system relevant to clinical specialty.
- Incorporate considerations of cost awareness and risk/benefit analysis in patient care.

Objectives

The PGY-2 resident will:

- Describe the requirements to develop a breast clinic for the underserved population
- Appropriately utilize other specialists and healthcare professionals to optimize efficiency in patient care.
- Describe and document the steps necessary in planning an outpatient surgical procedure, including consultations, laboratory and radiographic testing, the consent process and a consideration of adequate post-procedure care.

Professionalism

Goal

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

Competencies

- Accountability to patients, society and profession.
- Sensitivity and responsiveness to a diverse patient population.

Objectives

The PGY-2 resident will:

- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
- Act in a consultative role to other physicians and healthcare professionals.

Interpersonal and Communication Skills

Goal

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

Competencies

- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
- Provide surgical consultation in a timely effective manner when requested, and provide a clear, timely communication of evaluation and management plan to the consulting physician after verification with surgical faculty.

Objectives

The PGY-2 resident will:

- Communicate effectively with patients and families in the interpretation of medical information, especially technical information.
- Communicate effectively the patient's condition, treatment plan and expected outcome.
- Demonstrate the ability to communicate and describe to the healthcare team the interpretation of medical information and data, including laboratory and microbiology results.

Teaching Methods

- Faculty supervision in clinic, operating room and rounds for inpatients.
- Core curriculum conferences.
- Morbidity and Mortality/patient safety conference.
- Breast conference.
- Tumor board.

- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- Fundamentals of Surgery e-learning
- Teaching of medical Students
- Journal Club

Assessment Method (Residents)

- Evaluate assessment tool
 - Faculty of resident
 - Peer to peer
 - Self assessment
 - 360° (nurses and students)

- At mid-rotation the supervisory faculty reviews rotation goals and objectives with the resident to determine achievements and deficiencies to date.

Assessment Method (Program Evaluation)

- Evaluate rotation assessment at completion of rotation.
- Evaluate resident evaluation of faculty at completion of rotation.

Level of Supervision

Resident is supervised by attending faculty at all times during the rotation.

Educational Resources

- Surgical resident library text and journal material
- Laparoscopic skills laboratory
- Core curriculum conferences
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- American College of Surgeons Fundamentals of Surgery e-learning

**Medical Center of Louisiana New Orleans Trauma
and Emergency Surgery
Faculty Supervisor: Juan Duchesne, MD
PGY-2**

Faculty: J. Duchesne, C. McGinness, N. McSwain, J. Hunt, A Marr, P Meade
Faculty:Resident Ratio3:1

The following critical learning experiences will be emphasized:

- trauma and burn surgery
- vascular surgery
- surgical critical care

Patient Care

Goal

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

Competencies

- Demonstrate the ability to assess critically injured patients in the emergency room setting.
- Institute the fundamental principles of advanced trauma life support.

- Appropriately manage patients in the surgical intensive care unit, inpatient setting and outpatient clinic.

Objectives

The resident will:

- Describe and apply the principles learned in the ATLS course.
- Prioritize patient care activity and patient care responsibilities.
- Interpret patient acuity and intervene appropriately based on assessment of patient need
- Manage ICU emergencies, i.e., arrhythmia, hypotension, shock, hypoxia, electrolyte abnormality, etc.
- Appropriately become involved in and facilitate discharge planning
- Perform or have experience with the following procedures:
 - Arterial line placement
 - Nasogastric tube placement
 - Feeding tube placement
 - Chest tube placement and removal
 - Central venous line placement
 - Foley catheter placement
 - Wound debridement
 - Management of surgical incisions
 - Exploratory laparotomy
 - Closure of incision
 - Repair of laceration
 - Management of skin and soft tissue infections

Medical Knowledge

Goal

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

Competencies

- Understand the epidemiology of trauma
- Understand the pathophysiology of trauma
- Diagnosis and management of shock
- Understand priorities for the management of various organ systems in the multiply injured patient
- Understand the organization of the emergency response system, both pre-hospital and within the ER/trauma center

Objectives

The resident will:

- Document in the medical record the relevant medical information

- Discuss and demonstrate the sequential steps in the management of the multiply injured patient
- Describe the activation of the emergency response system
- Dictate discharge summary for each patient within 24 hours of discharge, including a clear, concise explanation of the patient's presenting signs and symptoms, relevant hospital course, critical data, procedures performed and their outcomes, any complications, and a discharge plan including follow-up

Practice-Based Learning and Improvement

Goal

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

Competencies

- Identify strengths, deficiencies and limits in one's knowledge and expertise.
- Identify and perform appropriate learning activities.

Objectives

The resident will:

- Become an ATLS instructor
- Listen to feedback and document plans to review the literature to increase knowledge.
- Present an evaluation of relevant medical literature to the faculty, residents and medical students weekly.
- Analyze complications and present them at Morbidity and Mortality patient safety conference in a constructive and educational manner.

Systems-Based Practice

Goal

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

Competencies

- Coordinate patient care within the healthcare system relevant to clinical specialty

Objectives

The resident will:

- Participate in trauma conference
- Participate in and document multidisciplinary discharge planning.

Professionalism

Goal

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

Competencies

- Responsiveness to patient needs that supersedes self-interest.

Objectives

The resident will:

- Effectively prioritize patient acuity and demonstrate the ability to provide patient care efficiently.
- Respond promptly to the emergency room when requested or paged.

Interpersonal and Communication Skills

Goal

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

Competencies

Communicate effectively with physicians, other health professionals and related agencies. Demonstrate ability to communicate effectively in a trauma response setting.

Objectives

The resident will:

Present patients on rounds accurately and effectively.

Teaching Methods

- Faculty supervision in clinic, operating room and rounds for inpatients.
- Core curriculum conferences.
- Weekly journal presentations
- Morbidity and Mortality/patient safety conference.
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- Fundamentals of Surgery e-learning
- Teaching of medical Students

- Journal Club

Assessment Method (Residents)

- Evaluate assessment tool
 - Faculty of resident
 - Peer to peer
 - Self assessment
 - 360° (nurses and students)
- At mid-rotation the supervisory faculty reviews rotation goals and objectives with the resident to determine achievements and deficiencies to date.

Assessment Method (Program Evaluation)

- Evaluate rotation assessment at completion of rotation.
- Evaluate resident evaluation of faculty at completion of rotation.

Level of Supervision

Resident is supervised by attending faculty at all times during the rotation.

Educational Resources

- Surgical resident library text and journal material
- Laparoscopic skills laboratory
- Core curriculum conferences
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- American College of Surgeons Fundamentals of Surgery e-learning

Touro Infirmary – General Surgery

Faculty Supervisor: M Adenolfi, MD

PGY-3

Faculty: M. Adenolfi, S. Danos, J. Walsh, A. Levin, E. Staudinger
Faculty:Resident Ratio 5:1

The following critical learning experiences will be emphasized:

- management of benign and malignant endocrine disease
- management of general surgical patients

- management of general surgical conditions of the alimentary tract and skin
- management of surgical oncology patients

Patient Care

Goal

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

Competencies

- Facilitate the outpatient evaluation, management and follow-up of patients in the surgical clinics.
- Formulate the diagnostic and therapeutic surgical plan for patients with endocrine disorders, abdominal pain, gastrointestinal bleeding, bowel obstruction, hernia, tumors of the gastrointestinal tract, and skin.
- Understand the diagnostic and therapeutic plan for patients with oncologist disorders
- Understand and explain the indications for and risks of surgical treatments and alternative therapies in the process of obtaining a consent.
- Manage patients in the post-operative period.

Objectives

The resident will:

- Perform and document a comprehensive history and physical, including past medical history, review of systems, social and family history, comprehensive physical examination, interpretation of medical tests and imaging results, a differential diagnosis and treatment plan.
- Perform the following procedures
 - thyroidectomy
 - parathyroidectomy
 - procedures on skin and subcutaneous lesions
 - hernia repair (open and laparoscopic)
 - exploratory laparotomy, i.e., lysis of adhesions
 - appendectomy
 - cholecystectomy
 - placement of central lines and implantable ports
- Work with nurse practitioners, nurse coordinators and other members of the healthcare team to ensure effective discharge planning.
- Dictate within 24 hours of patient discharge a comprehensive discharge summary that includes a concise, accurate assessment of the patient's hospital course, including any complications and an accurate, appropriate follow-up plan.

Medical Knowledge

Goal

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

Competencies

- Understand the basic science and pathophysiology of common general surgical disease.
- Understand the basic science and pathophysiology of endocrine disease
- Understand the fundamental principles of oncologic surgery.

Objectives

The resident will:

- Present an evidence-based review of recommendations for management of patients with breast cancer.
- Describe a thyroidectomy
- Describe the treatment of hyperparathyroidism.
- Describe the effective management of patients presenting with acute abdominal process.

Practice-Based Learning and Improvement

Goal

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

Competencies

- Identify and perform appropriate learning activities.
- Use information technology to optimize learning.

Objectives

The resident will:

- Demonstrate improvement in laparoscopic technique using the laparoscopic simulation and skills lab.
- Demonstrate effectiveness in teaching medical students.
- Present a topic at weekly Tuoro Tumor conference.
- Analyze surgical complications for presentation at the Morbidity and Mortality patient improvement conference in a constructive and educational manner.

Systems Based Practice

Goal

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

Competencies

- Coordinate patient care within the healthcare system relevant to clinical specialty.
- Incorporate considerations of cost awareness and risk/benefit analysis in patient care.

Objectives

The resident will:

- Appropriately utilize other specialists and healthcare professionals to optimize efficiency in patient care.
- Describe and document the steps necessary in planning an outpatient surgical procedure, including consultations, laboratory and radiographic testing, the consent process and a consideration of adequate post-procedure care.

Professionalism

Goal

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

Competencies

- Accountability to patients, society and profession.
- Sensitivity and responsiveness to a diverse patient population.

Objectives

The resident will:

- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
- Act in a consultative role to other physicians and healthcare professionals.

Interpersonal and Communication Skills

Goal

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

Competencies

- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
- Provide surgical consultation in a timely effective manner when requested, and provide a clear, timely communication of evaluation and management plan to the consulting physician after verification with surgical faculty.

Objectives

The resident will:

- Communicate effectively with patients and families in the interpretation of medical information, especially technical information.
- Communicate effectively the patient's condition, treatment plan and expected outcome.
- Demonstrate the ability to communicate and describe to the healthcare team the interpretation of medical information and data, including laboratory and microbiology results.

Teaching Methods

- Faculty supervision in clinic, operating room and rounds for inpatients.
- Core curriculum conferences.
- Weekly journal presentations
- Morbidity and Mortality/patient safety conference.
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- Fundamentals of Surgery e-learning
- Teaching of medical Students
- Journal Club

Assessment Method (Residents)

- Evaluate assessment tool
 - Faculty of resident
 - Peer to peer
 - Self assessment
 - 360° (nurses and students)
- At mid-rotation the supervisory faculty reviews rotation goals and objectives with the resident to determine achievements and deficiencies to date.

Assessment Method (Program Evaluation)

- Evaluate rotation assessment at completion of rotation.
- Evaluate resident evaluation of faculty at completion of rotation.

Level of Supervision

Resident is supervised by attending faculty at all times during the rotation.

Educational Resources

- Surgical resident library text and journal material
- Laparoscopic skills laboratory
- Core curriculum conferences
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- American College of Surgeons Fundamentals of Surgery e-learning

Touro Infirmary
Thoracic and Vascular Surgery
Faculty Supervisor: Nick Moustoukas, MD
PGY-3

Faculty: J. Gilmore, G. Kukuy, **N. Moustoukas**, M. Weaver
Faculty:Resident Ratio 4:1

The following critical learning experiences will be emphasized:

- thoracic surgery
- management of benign and malignant thoracic lesions
- general thoracic surgery
- peripheral vascular surgery
- cardiac surgery

Patient Care

Goal

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

Competencies

- Formulate a diagnostic and therapeutic plan for patients with disorders of the cardiovascular system.
- Formulate a management plan and identify candidates with heart disease who are appropriate for surgical intervention.
- Recognize and be competent in the management of patients with carotid occlusive disease, coronary artery disease, valvular heart disease, aorto-iliac and aneurysmal disease, infra-inguinal arterial and venous disease.
- Be competent in the management of patients with benign and malignant thoracic lesions.

Objectives

The resident will:

- Describe the indications for coronary artery bypass
- Describe the indication for surgical repair of cardiac valvular disease and the different types of valves available.
- Evaluate the management of pre- and post-operative patients with special attention to identification of risk factors in both settings.
- Describe surgical approaches for thoracic and cardiac surgery.

- Interpret diagnostic studies, include MRI, CT and angiography as they relate to surgical intervention.
- Perform the following procedures:
 - bronchoscopy
 - insertion of pacemaker or other implantable cardiac device
 - vein harvest
 - thoracotomy
 - lung resection
 - place and remove chest tube
 - carotid endarterectomy
 - dialysis fistulas
 - peripheral vascular surgery

Medical Knowledge

Goal

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

Competencies

- Recognize and describe the normal anatomy of the thorax on imaging studies.
- Understand the pathophysiology of malignant thoracic disease.
- Appropriately interpret the findings on history and physical examination with respect to cardiac and thoracic disease.

Objectives

The resident will:

- Document in the medical record and describe to the healthcare team the differential diagnosis of abnormalities found on thoracic imaging.
- Demonstrate competence by documenting a complete history and physical, including review of systems, interpretation of existing medical data, assessment including differential diagnosis, and providing and communicating to the attending a management plan.
- Describe the natural history of common surgical indications for the management of cardiac and thoracic disease.
- Describe the physiologic effects of cardiopulmonary bypass.
- Choose, identify and perform appropriate learning activities and identify the strengths, deficiencies and limits of knowledge and expertise.
- Present evaluation of a current article chosen from the medical literature on a topic of the surgical management of cardiac, thoracic or vascular disease.
- Describe and apply clinical trials data to patient management.
- Attend all educational conferences, both core curriculum and specialty.

Practice-Based Learning and Improvement

Goal

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

Competencies

- Set learning and improvement goals.

Objectives

The resident will:

- Analyze surgical complications for presentation at the Morbidity and Mortality patient safety conference in a constructive and educational manner.

Systems Based Practice

Goal

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

Competencies

- Incorporate considerations of cost awareness and risk/benefit analysis in patient care.
- Advocate for quality patient care and optimal patient care systems.

Objectives

The resident will:

- Understand the indication for peri-operative beta blockade, aspirin use, anticoagulation and other medical management, and ensure patients receive appropriate treatments.
- Analyze for presentation complications on the service in a constructive and educational manner.

Professionalism

Goal

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

Competencies

- Compassion, integrity and respect for others.
- Respect for patient privacy and autonomy.

Objectives

The resident will:

- Demonstrate compassion, integrity and respect for others in all discussions regarding patient care and management.
- Demonstrate the ability to work effectively with affiliated hospital staff and other members of the healthcare team.

Interpersonal and Communication Skills

Goal

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

Competencies

- Communicate effectively with physicians, other healthcare professionals and health-related agencies.
- Maintain comprehensive, timely and legible medical records.

Objectives

The resident will:

- Interact collegially with faculty in formulating and instituting therapeutic plans.
- Demonstrate understanding of the importance in effectively communicating with referring physicians and consultants.

Teaching Methods

- Faculty supervision in clinic, operating room and rounds for inpatients.
- Core curriculum conferences.
- Weekly journal presentations
- Morbidity and Mortality/patient safety conference.
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- Fundamentals of Surgery e-learning
- Teaching of medical Students
- Journal Club

Assessment Method (Residents)

- Evaluate assessment tool
 - Faculty of resident
 - Peer to peer
 - Self assessment
 - 360° (nurses and students)

- At mid-rotation the supervisory faculty reviews rotation goals and objectives with the resident to determine achievements and deficiencies to date.

Assessment Method (Program Evaluation)

- Evaluate rotation assessment at completion of rotation.
- Evaluate resident evaluation of faculty at completion of rotation.

Level of Supervision

Resident is supervised by attending faculty at all times during the rotation.

Educational Resources

- Surgical resident library text and journal material
- Laparoscopic skills laboratory
- Core curriculum conferences
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- American College of Surgeons Fundamentals of Surgery e-learning

Children's Hospital
Faculty Supervisor: Rodney Steiner, MD
PGY-3

Faculty: C. Hill, **R. Steiner**, V. Valerie

Faculty:Resident Ratio 3:1

The following critical learning experiences will be emphasized:

- congenital pediatric surgery
- embryologic pediatric surgery
- general pediatric surgery

Patient Care

Goal

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

Competencies

- Formulate the diagnostic and therapeutic surgical plan for infants and children having any of the common pediatric surgical diseases, including inguinal hernias, pyloric stenosis, congenital abdominal wall defects, congenital lung abnormalities, chest wall abnormalities, necrotizing enterocolitis, tracheoesophageal anomalies, and congenital anomalies of the head and neck, as well as anorectal anomalies and Hirschsprung's disease.

- Understand the specific requirements of infants and children with respect to fluid, electrolyte, nutrition and pharmacologic management.

Objectives

The PGY-3 resident will:

- Perform and document a comprehensive history and physical including past medical history, review of systems, social and family history, comprehensive physical examination, interpretation of medical tests and imaging results, a differential diagnosis and treatment plan.
- Prioritize patient care responsibilities.
- Accurately assess patient acuity and communicate changes in patient condition to the supervisory faculty.
- Ensure accurate hand-off of patient care responsibilities.
- Work with nurse practitioners, nurse coordinators and other members of the healthcare team to ensure effective discharge planning.
- Dictate within 24 hours of patient discharge a comprehensive discharge summary that includes a concise, accurate assessment of the patient's hospital course, including all complications and an accurate, appropriate follow-up plan.
- Discuss the discharge plan with the patient, family and other members of the healthcare team in an accurate, clear manner.
- Perform the following procedures:
 - placement of central venous catheter
 - repair inguinal hernia in a child
 - management of alimentary tract abnormality, including pyloric stenosis
 - exploratory laparotomy
 - appendectomy
 - bronchoscopy and esophagectomy for the removal of bronchial or esophageal foreign bodies
 - Nissen fundoplication
- Manage a patient with a congenital abdominal wall defect

Medical Knowledge

Goal

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

Competencies

- Understand the unique characteristics of physiology of infants and children as it relates to surgical care.

- Understand the principles of respiratory support of a newborn infant and child, including high-frequency ventilation.
- Describe the differential diagnosis and management of children with neoplasms of childhood, including neuroblastoma, Wilm’s tumor, rhabdomyosarcoma, germ cell tumors, and lymphoma.
- Understand the pathophysiology and evaluation of gastroesophageal reflux, jaundice, and bilious emesis in newborns.

Objectives

The PGY-3 resident will:

- Describe the clinical presentation, evaluation and management of intraception.
- Describe the presentation, evaluation and management of patients with gastroesophageal reflux, jaundice and bilious emesis.
- Present a discussion of the physiology and management of patients with diaphragmatic hernia.
- Discuss appropriate ordering of fluids and electrolytes and nutrition for pediatric patients of all ages.

Practice-Based Learning and Improvement

Goal

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

Competencies

- Identify and perform appropriate learning activities.
- Locate, appraise and assimilate evidence from scientific studies related to patients’ health problems.

Objectives

The PGY-3 resident will:

- Present an evidence-based discussion using scientific studies related to a patient for whom care is being provided.
- Present a tumor case at tumor board.
- Present a pediatric surgical topic to the medical students, residents and faculty each week that relates to a patient currently on the service.

Systems Based Practice

Goal

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

Competencies

- Coordinate patient care within the healthcare system relevant to clinical specialty.

Objectives

The PGY-3 resident will:

- Develop a coordinated patient care plan for a patient with a significant congenital anomaly requiring surgical care.

Professionalism

Goal

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

Competencies

- Demonstrate compassion, integrity and respect for others.
- Demonstrate understanding of the needs of parents/caregivers of pediatric surgical patients.

Objectives

The PGY-3 resident will:

- Demonstrate the ability to interact with family members, including parents and relatives, when caring for a pediatric surgical patient.

Interpersonal and Communication Skills

Goal

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

Competency

Communicate effectively with patients and families.

Objective

The PGY-3 resident will:

Obtain an accurate history and review of systems from family of a pediatric patient.

Teaching Methods

- Faculty supervision in clinic, operating room and rounds for inpatients.
- Core curriculum conferences.
- Pediatric tumor board.
- Pediatric radiology conference.
- Pediatric pathology conference.
- Morbidity and Mortality/patient safety conference.
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- Fundamentals of Surgery e-learning
- Teaching of medical Students
- Journal Club

Assessment Method (Residents)

- Evaluate assessment tool
 - Faculty of resident
 - Peer to peer
 - Self assessment
 - 360° (nurses and students)

- At mid-rotation the supervisory faculty reviews rotation goals and objectives with the resident to determine achievements and deficiencies to date.

Assessment Method (Program Evaluation)

- Evaluate rotation assessment at completion of rotation.
- Evaluate resident evaluation of faculty at completion of rotation.

Level of Supervision

Resident is supervised by attending faculty at all times during the rotation.

Educational Resources

- Surgical resident library text and journal material
- Laparoscopic skills laboratory
- Core curriculum conferences
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- American College of Surgeons Fundamentals of Surgery e-learning

East Jefferson General Hospital – General and Vascular Surgery
Faculty Supervisor: Jeff Griffin, MD
PGY-3

Faculty: J. Griffin, R. Karlin, R. Normand, J. Uddo, H. Roach, T. Engelhardt, J. Tubbs, M.
Brothers, E. McDonald

Faculty: Resident Ratio 9:2

The following critical learning experiences will be emphasized:

- management of general surgical patients
- management of general surgical conditions of the alimentary tract, skin, and breast
- management of vascular surgical conditions
- management of benign and malignant colorectal disease
- upper and lower gastrointestinal endoscopy

Patient Care

Goal

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

Competencies

- Facilitate the outpatient evaluation, management and follow-up of patients in the surgical clinics.
- Formulate the diagnostic and therapeutic surgical plan for patients with abdominal pain, gastrointestinal bleeding, bowel obstruction, hernia, and tumors of the gastrointestinal tract, skin and thyroid.
- Understand the diagnostic and therapeutic plan for patients with benign and malignant breast disease.
- Understand and explain the indications for and risks of surgical treatments and alternative therapies in the process of obtaining a consent.
- Manage patients in the post-operative period.

Objectives

The resident will:

- Perform and document a comprehensive history and physical, including past medical history, review of systems, social and family history, comprehensive physical examination, interpretation of medical tests and imaging results, a differential diagnosis and treatment plan.
- Perform the following procedures
 - breast ultrasound
 - radiographically guided breast biopsy
 - excisional breast biopsy
 - procedures on skin and subcutaneous lesions
 - hernia repair (open and laparoscopic)
 - exploratory laparotomy, i.e., lysis of adhesions
 - appendectomy
 - cholecystectomy
 - thyroidectomy
 - Arterio-venous fistula formation

- procedures for the treatment of anal/rectal disease (hemorrhoids, fissures and fistulas)
- placement of central lines and implantable ports
- peripheral vascular surgery
- endovascular techniques for the treatment of vascular disease
- Work with nurse practitioners, nurse coordinators and other members of the healthcare team to ensure effective discharge planning.
- Dictate within 24 hours of patient discharge a comprehensive discharge summary that includes a concise, accurate assessment of the patient's hospital course, including any complications and an accurate, appropriate follow-up plan.

Medical Knowledge

Goal

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

Competencies

- Understand the basic science and pathophysiology of common general surgical disease.
- Understand the basic science and pathophysiology of breast disease.
- Understand the fundamental principles of laparoscopic surgery.

Objectives

The resident will:

- Present an evidence-based review of recommendations for management of patients with breast cancer.
- Describe the laparoscopic repair of an inguinal hernia.
- Describe the laparoscopic repair of an incisional hernia.
- Describe the effective management of patients presenting with acute abdominal process.

Practice-Based Learning and Improvement

Goal

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

Competencies

- Identify and perform appropriate learning activities.
- Use information technology to optimize learning.

Objectives

The resident will:

- Demonstrate improvement in laparoscopic technique using the laparoscopic simulation and skills lab.
- Demonstrate effectiveness in teaching medical students.
- Analyze surgical complications for presentation at the Morbidity and Mortality patient improvement conference in a constructive and educational manner.

Systems Based Practice

Goal

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

Competencies

- Coordinate patient care within the healthcare system relevant to clinical specialty.
- Incorporate considerations of cost awareness and risk/benefit analysis in patient care.

Objectives

The resident will:

- Appropriately utilize other specialists and healthcare professionals to optimize efficiency in patient care.
- Describe and document the steps necessary in planning an outpatient surgical procedure, including consultations, laboratory and radiographic testing, the consent process and a consideration of adequate post-procedure care.

Professionalism

Goal

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

Competencies

- Accountability to patients, society and profession.
- Sensitivity and responsiveness to a diverse patient population.

Objectives

The resident will:

- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
- Act in a consultative role to other physicians and healthcare professionals.

Interpersonal and Communication Skills

Goal

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

Competencies

- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
- Provide surgical consultation in a timely effective manner when requested, and provide a clear, timely communication of evaluation and management plan to the consulting physician after verification with surgical faculty.

Objectives

The resident will:

- Communicate effectively with patients and families in the interpretation of medical information, especially technical information.
- Communicate effectively the patient's condition, treatment plan and expected outcome.
- Demonstrate the ability to communicate and describe to the healthcare team the interpretation of medical information and data, including laboratory and microbiology results.

Teaching Methods

- Faculty supervision in clinic, operating room and rounds for inpatients.
- Core curriculum conferences.
- Morbidity and Mortality/patient safety conference.
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- Fundamentals of Surgery e-learning
- Teaching of medical Students
- Journal Club

Assessment Method (Residents)

- Evaluate assessment tool
 - Faculty of resident
 - Peer to peer
 - Self assessment
 - 360° (nurses and students)

- At mid-rotation the supervisory faculty reviews rotation goals and objectives with the resident to determine achievements and deficiencies to date.

Assessment Method (Program Evaluation)

- Evaluate rotation assessment at completion of rotation.
- Evaluate resident evaluation of faculty at completion of rotation.

Level of Supervision

Resident is supervised by attending faculty at all times during the rotation.

Educational Resources

- Surgical resident library text and journal material
- Laparoscopic skills laboratory
- Core curriculum conferences
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- American College of Surgeons Fundamentals of Surgery e-learning

Tulane University Hospital and Clinic/Hepatobiliary
Faculty Supervisor: Sander Florman, MD
PGY-4

Faculty: S. Florman, M. Killackey, A. Paramesh, D. Slakey
Faculty:Resident Ratio 4:3

Adjunct faculty fully involved in teaching: L. Balart, F. Regenstein, & C. Mallikarjun (hepatology); B. Alper, R. Zhang, & I. Lukitsch (nephrology)

The following critical learning experiences will be emphasized:

- management of patients with end-stage liver and renal disease
- management of diabetic patients
- dialysis access
- hepatobiliary surgery for benign and malignant lesions.
- pancreas and endocrine surgery
- organ transplantation
- immunosuppression
- critical care
- endocrine surgery

Patient Care

Goal

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

Competencies

- Understand the impact of diabetes, renal failure, and liver disease on patient evaluation and management, with specific attention to impact on surgical decision making and post-operative care.
- Formulate comprehensive management plans for patients with lesions of the liver, bile ducts and pancreas
- Effectively communicate management plans to faculty, and institute treatment.
- Effectively interact with a multidisciplinary team to provide quality patient care.

Objectives

The resident will:

- Perform and document a comprehensive history and physical, including past medical history, review of systems, social and family history, comprehensive physical examination, interpretation of medical tests and imaging results, a differential diagnosis and treatment plan.
- Prioritize patient care responsibilities.
- Accurately assess patient acuity and communicate changes in patient condition to the supervisory faculty.
- Effectively distribute patient care responsibilities within multidisciplinary team.
- Ensure accurate hand-off of patient care responsibilities.
- Work with nurse practitioners, nurse coordinators and other members of the healthcare team to ensure effective discharge planning.
- Dictate within 24 hours of patient discharge a comprehensive discharge summary that includes a concise, accurate assessment of the patient's hospital course, including all complications and an accurate, appropriate follow-up plan.
- Discuss the discharge plan with the patient, family and other members of the healthcare team in an accurate, clear manner.
- Perform the following procedures:
 - hernia repair
 - establishment of enteral feeding access
 - dialysis access surgery
 - abdominal organ harvest
 - laparoscopic donor nephrectomy
 - kidney transplant
 - liver resection
 - pancreas resection
 - parathyroid resection
 - hepaticojejunostomy

Medical Knowledge

Goal

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

Competencies

- Understand the pathophysiology, immunology and indications for transplantation.
- Understand the criteria for brain death and the indications and contraindications for organ procurement from all types of donors.
- Describe the procedures used for the provision of dialysis.

- Describe the diagnosis and treatment options, including surgical procedures, for lesions of the hepatobiliary tract and pancreas.
- Describe the staging of liver and pancreas cancer.

Objectives

The resident will:

- Present a discussion of the principles of immunosuppression for transplant patients, including the indications for and expectations of drug monitoring, and appropriate and relevant pharmacologic information, including common side effects of medications.
- Accurately assess patients with dysfunction of transplant organs, describe appropriate diagnostic modalities, and describe appropriate treatment plan for patients with acute rejection.
- Describe the appropriate management of patients with benign and malignant lesions of the liver and pancreas.
- Write a management plan for a patient with new onset jaundice.
- Discuss the indications for and results of kidney, pancreas, liver and intestinal transplantation.

Practice-Based Learning and Improvement

Goal

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

Competencies

- Identify strengths, deficiencies and limits in one's knowledge and expertise.
- Locate, appraise and assimilate formative evaluative feedback into daily practice.

Objectives

The resident will:

- Assume a leadership role in daily rounds on the ward and in the clinic by presenting patients, including relevant clinical data, in a clear, concise manner, emphasizing relevance to quality care.
- Actively pursue answers to clinical situations in the literature, and will present findings to the healthcare team.
- Analyze surgical complications and present findings at the Morbidity and Mortality patient improvement conference in a constructive and educational manner.
- Review a scientific paper relating to a current patient and present a report each week.

Systems Based Practice

Goal

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

Competencies

- Work effectively in various healthcare delivery settings and systems relative to clinical specialty.
- Coordinate patient care within the healthcare system relevant to clinical specialty.

Objectives

The resident will:

- Participate in multidisciplinary rounds and effectively communicate with hepatology and nephrology fellows and nurse practitioners to coordinate patient care.
- Participate in discharge planning, documenting plan in the medical record.
- Participate in transplant selection conferences.
- Participate in liver tumor conference.

Professionalism

Goal

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

Competencies

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

Objectives

The resident will:

- Demonstrate commitment to transplant surgery patients by readiness to provide bedside and operative care irrespective of time of day.
- Demonstrate an understanding of the importance of efficient patient care when donor organs become available by following protocols for pre-transplant workup and operative orders.
- Demonstrate integrity and respect when working as a member of a multidisciplinary healthcare team by extending courtesy to all members of the team.

Interpersonal and Communication Skills

Goal

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

Competencies

- Communicate effectively with physicians, other healthcare professionals and health-related agencies.
- Maintain comprehensive, timely and legible medical records.

Objectives

The resident will:

- Assess, and then effectively communicate to all members of the multidisciplinary team significant clinical patient findings and significant medical data in a timely and accurate manner.
- Present to the attending physician in an accurate, timely manner the results of tests and diagnostic studies and describe any consequential alterations to treatment plan.

Teaching Methods

- Faculty interaction in clinic and multidisciplinary ward rounds.
- Selected readings.
- Laparoscopic surgical skills lab.

Teaching Methods

- Faculty supervision in clinic, operating room and rounds for inpatients.
- Core curriculum conferences.
- Morbidity and Mortality/patient safety conference.
- Faculty interaction in operating room.
- Transplant required reading.
- Transplant selection meetings.
- Liver tumor board.
- Transplant research conference.
- Transplant journal club.
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- Fundamentals of Surgery e-learning
- Teaching of medical Students

Assessment Method (Residents)

- Evaluate assessment tool
 - Faculty of resident
 - Peer to peer
 - Self assessment
 - 360° (nurses and students)

- At mid-rotation the supervisory faculty reviews rotation goals and objectives with the resident to determine achievements and deficiencies to date.

Assessment Method (Program Evaluation)

- Evaluate rotation assessment at completion of rotation.
- Evaluate resident evaluation of faculty at completion of rotation.

Level of Supervision

Resident is supervised by attending faculty at all times during the rotation.

Educational Resources

- Surgical resident library text and journal material
- Laparoscopic skills laboratory
- Core curriculum conferences
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- American College of Surgeons Fundamentals of Surgery e-learning

**Medical Center of Louisiana New Orleans Trauma
and Emergency Surgery**

Faculty Supervisor: Juan Duchesne, MD

PGY-4

Faculty: J. Duchesne, C. McGinniss, N. McSwain, P. Meade, J. Hunt, A. Marr

Faculty:Resident Ratio 2:1

The following critical learning experiences will be emphasized:

- trauma and burn surgery
- vascular surgery
- surgical critical care

Patient Care

Goal

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

Competencies

- Demonstrate the ability to assess and supervise the assessment of critically injured patients in the emergency room setting.
- Institute the fundamental principles of advanced trauma life support.
- Appropriately manage patients in the surgical intensive care unit, inpatient setting and outpatient clinic.

Objectives

The PGY-4 resident will:

- Describe and apply the principles learned in the ATLS course.
- Function as the leader (with faculty supervision) of the trauma response team.
- Prioritize patient care activity and patient care responsibilities.
- Explain and demonstrate an understanding of the triage of injured patients.
- Interpret patient acuity and intervene appropriately based on assessment of patient need
- Manage ward emergencies, i.e., arrhythmia, hypotension, shock, hypoxia, electrolyte abnormality, etc.
- Supervise surgical intensive care.
- Appropriately become involved in and facilitate discharge planning
- Describe and institute the management of a burned patient.
- Perform or have experience with the following procedures:
 - Arterial line placement
 - Chest tube placement and removal
 - Central venous line placement
 - Wound debridement
 - Exploratory laparotomy
 - Closure of incision
 - Repair of laceration
 - Management of skin and soft tissue infections
 - Exploratory thoracotomy
 - Control of hemorrhage
 - Management of the open abdomen.

Medical Knowledge

Goal

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

Competencies

- Understand the epidemiology and pathophysiology of trauma
- Diagnosis and management of shock
- Understand priorities for the management of various organ systems in the multiply injured patient

- Understand the organization of the emergency response system, both pre-hospital and within the ER/trauma center.
- Understand the principles of operative versus non-operative management of trauma.

Objectives

The PGY-4 resident will:

- Document in the medical record the relevant medical information
- Discuss and demonstrate the sequential steps in the management of the multiply injured patient
- Describe the activation of the emergency response system
- Review and present scientific information about the management of blunt trauma, specifically including injury to heart, lungs, liver, kidney, pancreas and spleen. Present this information in an evidence-based format to the students, residents and faculty.
- Describe the steps in the management of a penetrating injury to the neck, the thorax (including the heart), and the abdomen.

Practice-Based Learning and Improvement

Goal

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

Competencies

- Identify strengths, deficiencies and limits in one's knowledge and expertise.
- Locate, appraise and assimilate scientific evidence-based literature into patient management.

Objectives

The PGY-4 resident will:

- Listen to feedback and document plans to review the literature to increase knowledge.
- Present an evaluation of relevant medical literature to the faculty, residents and medical students weekly.
- Analyze complications and present them at Morbidity and Mortality patient safety conference in a constructive and educational manner.

Systems-Based Practice

Goal

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

Competencies

- Coordinate patient care within the healthcare system relevant to clinical specialty

Objectives

The PGY-4 resident will:

- Participate in trauma conference
- Participate in and document multidisciplinary discharge planning.
- Assume a leading role in assuring high quality, efficient patient care.

Professionalism

Goal

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

Competencies

- Responsiveness to patient needs that supersedes self-interest.

Objectives

The PGY-4 resident will:

- Effectively prioritize patient acuity and demonstrate the ability to provide patient care efficiently.
- Respond promptly to the emergency room when requested or paged.

Interpersonal and Communication Skills

Goal

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

Competencies

- Communicate effectively with physicians, other health professionals and related agencies.
- Demonstrate ability to communicate effectively in a trauma response setting.

Objectives

The PGY-4 resident will:

- Present patients on rounds accurately and effectively.

Teaching Methods

- Faculty supervision in clinic, operating room and rounds for inpatients.
- Core curriculum conferences.
- Weekly journal presentations
- Morbidity and Mortality/patient safety conference.
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- Fundamentals of Surgery e-learning
- Teaching of medical Students
- Journal Club

Assessment Method (Residents)

- Evaluate assessment tool
 - Faculty of resident
 - Peer to peer
 - Self assessment
 - 360° (nurses and students)
- At mid-rotation the supervisory faculty reviews rotation goals and objectives with the resident to determine achievements and deficiencies to date.

Assessment Method (Program Evaluation)

- Evaluate rotation assessment at completion of rotation.
- Evaluate resident evaluation of faculty at completion of rotation.

Level of Supervision

Resident is supervised by attending faculty at all times during the rotation.

Educational Resources

- Surgical resident library text and journal material
- Laparoscopic skills laboratory
- Core curriculum conferences
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- American College of Surgeons Fundamentals of Surgery e-learning

West Jefferson Medical Center General Surgery
Faculty Supervisor: E. Minard, MD
PGY-4

Faculty: T. Belott, E. Minard

Faculty:Resident Ratio 2:1

The following critical learning experiences will be emphasized:

- management of complex malignant disease
- management of advance laparoscopic surgical patients including bariatric surgery
- management of general surgical conditions of the alimentary tract, skin, breast, head and neck and endocrine

Patient Care

Goal

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

Competencies

- Demonstrate the ability care for surgical patients in ambulatory and in-patient services.
- Formulate the diagnostic and therapeutic plan for the management of patients with acute abdominal pathology, neoplasms of the alimentary tract, and neoplasms of abdominal solid organs, including liver, adrenal glands and pancreas, obesity, thyroid and parathyroid glands.
- Facilitate the outpatient evaluation, management and follow-up of patients in the surgical clinic.
- Understand and explain the indications for and risks of surgical treatments for morbid obesity
- Understand and explain the indications for and risks of surgical treatments and alternative therapies in the process of obtaining a consent.
- Understand the diagnostic and therapeutic uses of upper and lower endoscopy.
- Prioritize tasks in the management of patients based upon an accurate assessment of acuity.

Objectives

The resident will:

- Perform and document a comprehensive history and physical, including past medical history, review of systems, social and family history, comprehensive physical examination, interpretation of medical tests and imaging results, a differential diagnosis and treatment plan.
- Dictate within 24 hours of patient discharge a comprehensive discharge summary that includes a concise, accurate assessment of the patient's hospital course, including any complications and an accurate, appropriate follow-up plan.

- Prioritize patient care activity and clinical responsibilities.
- Manage and respond to ward emergencies, i.e., arrhythmia, hypoxia, shock, electrolyte abnormality, etc.
- Appropriately become involved in and facilitate discharge planning.
- Assist in management of intensive care unit patients, recognizing patient factors indicating the requirement for ICU care.
- Formulate diagnostic and management plans for ambulatory surgery patients.
- Perform the following procedures:
 - Abdominal exploration
 - Small and large bowel resections and anastomoses
 - Colostomy
 - Advanced laparoscopic procedures including bariatric surgery
 - Head and neck surgery
 - Hernia surgery
 - Breast surgery
 - Upper and lower endoscopy

Medical Knowledge

Goal

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

Competencies

- Understand the diagnosis, pathophysiology and indications for surgery and specific procedures to definitively manage the common abdominal malignancies seen in adult patients.
- Understand the pathophysiology of patients undergoing laparoscopic surgery
- Understand the unique issues for surgery for the morbidly obese.
- Understand the principles of pre-operative assessment and post-operative management.
- Differential diagnosis and management of adult with acute abdominal pain.

Objectives

The resident will:

- Present evidence-based review of management of a patient with morbid obesity.
- Explain the evaluation, including appropriate basic and radiographic studies for a patient with a bowel obstruction.
- Explain the cardiovascular changes created during laparoscopic surgery
- Explain the evaluation, management and staging for patients with common malignancies, including those of the breast, skin, thyroid and liver, describing the post-surgical follow-up for each tumor type.

- Describe the risk factors for malignancies of the breast, thyroid, colon, liver and skin.

Practice-Based Learning and Improvement

Goal

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

Competencies

- Locate, appraise and assimilate evidence from scientific studies related to patient health problems.

Objectives

The resident will:

- Present a scientific article weekly to the faculty regarding the diagnosis of a current patient.
- Analyze surgical complications and present them at Morbidity and Mortality patient safety conference in a constructive and educational manner.

Systems-Based Practice

Goal

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

Competencies

- Coordinate patient care within the health system relative to clinical specialty.

Objectives

The PGY-4 resident will:

- Document coordination of patient care with specific reference to the use of consultants and allied health professionals where necessary
- Document discharge planning.
- Document and effect planning for ambulatory surgical procedures, including patient instructions and appropriate testing.

Professionalism

Goal

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

Competencies

- Compassion, integrity and respect for others.

Objectives

The resident will:

- Demonstrate ability to supervise others with respect and integrity.
- Demonstrate basic knowledge in ethical coding

Interpersonal and Communication Skills

Goal

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

Competencies

- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
- Provide surgical consultation in a timely manner when requested.
- Provide a clear, timely communication of evaluation and management plan to the consulting physician after verification with surgical faculty.

Objectives

The resident will:

- Demonstrate the ability to communicate and describe to the healthcare team the interpretation of medical information and data, including laboratory and microbiology results.
- Communicate effectively the patient's condition, treatment plan and expected outcome.
- Effectively communicate with patients and families the interpretation of medical information, especially technical information.
- Effectively interact with the staff in a private office setting

Teaching Methods

- Faculty supervision in clinic, operating room and rounds for inpatients.
- Core curriculum conferences.
- Weekly journal presentations
- Morbidity and Mortality/patient safety conference.
- Evidence Based Reviews in Surgery.

- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- Journal Club

Assessment Method (Residents)

- Evaluate assessment tool
 - Faculty of resident
 - Peer to peer
 - Self assessment
 - 360° (nurses and students)

- At mid-rotation the supervisory faculty reviews rotation goals and objectives with the resident to determine achievements and deficiencies to date.

Assessment Method (Program Evaluation)

- Evaluate rotation assessment at completion of rotation.
- Evaluate resident evaluation of faculty at completion of rotation.

Level of Supervision

Resident is supervised by attending faculty at all times during the rotation.

Educational Resources

- Surgical resident library text and journal material
- Laparoscopic skills laboratory
- Core curriculum conferences
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning

Tulane University Hospital and Clinic/Acute Care
Faculty Supervisor: McGinness, MD
PGY-5

Faculty: C. Bellows, **C. McGinness**, E. Kandil, J. McGee, J. Brown, S. Jones, J. Korndorffer
Faculty: Resident Ratio 2:1

The following critical learning experiences will be emphasized:

- critical care
- surgical management of acute disease processes

Patient Care

Goal

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

Competencies

- Formulate comprehensive management plans for patients with acute surgical processes
- Effectively communicate management plans to faculty, and institute treatment.
- Effectively interact with a multidisciplinary team to provide quality patient care.

Objectives

The resident will:

- Assume the overall responsibility (with direct supervision from faculty) for all patients on the service, including supervision of the residents assuming direct care responsibilities.
- Serve as teaching assistant for PGY 1-3 residents as they perform operations appropriate to their level. .
- Under appropriate supervision, perform advanced operative procedures such as

Subtotal gastrectomy
Total gastrectomy
Pancreatectomy
Hepaticojejunostomy
Peustow procedure

- Design and execute an appropriate plan of care for surgical patients including preoperative workup (incl. assessment of co-morbid conditions), intraoperative technique and appropriate postoperative follow-up for disorders of the stomach, small intestine, colon, and anorectum
- Perform and document a comprehensive history and physical, including past medical history, review of systems, social and family history, comprehensive physical examination, interpretation of medical tests and imaging results, a differential diagnosis and treatment plan.
- Prioritize patient care responsibilities.
- Accurately assess patient acuity and communicate changes in patient condition to the supervisory faculty.
- Effectively distribute patient care responsibilities within multidisciplinary team.
- Ensure accurate hand-off of patient care responsibilities.
- Work with nurse practitioners, nurse coordinators and other members of the healthcare team to ensure effective discharge planning.

Medical Knowledge

Goal

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

Competencies

- Understand the pathophysiology, indications for acute surgical processes.
- Understand the indications for and contraindications for surgical treatment of acute processes.

Objectives

The resident will:

- Understand the pathophysiology, presentation, and treatment of acute surgical illness including perforated viscus, ischemic bowel, bowel obstruction, cholangitis.
- Differentiate acute and subacute clinical conditions in the spectrum of disease.
- Correctly explain the operative approaches for acute surgical conditions of the abdominal cavity and retroperitoneal organs.
- Correctly explain the indications and contraindications for diagnostic and therapeutic endoscopy in the acute setting.
- Recognize and treat comorbid conditions in the patient with acute surgical illness.

- Discuss management options for patients with acute surgical illness.

Practice-Based Learning and Improvement

Goal

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

Competencies

- Identify strengths, deficiencies and limits in one's knowledge and expertise.
- Locate, appraise and assimilate formative evaluative feedback into daily practice.

Objectives

The resident will:

- Assume a leadership role in daily rounds on the ward and in the clinic by presenting patients, including relevant clinical data, in a clear, concise manner, emphasizing relevance to quality care.
- Actively pursue answers to clinical situations in the literature, and will present findings to the healthcare team.
- Analyze surgical complications and present findings at the Morbidity and Mortality patient improvement conference in a constructive and educational manner.
- Review a scientific paper relating to a current patient and present a report each week.

Systems Based Practice

Goal

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

Competencies

- Work effectively in various healthcare delivery settings and systems relative to clinical specialty.
- Coordinate patient care within the healthcare system relevant to clinical specialty.

Objectives

The resident will:

- Participate in multidisciplinary rounds and effectively communicate with nurses and nurse practitioners to coordinate patient care.
- Participate in discharge planning, documenting plan in the medical record.

Professionalism

Goal

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

Competencies

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

Objectives

The resident will:

- Demonstrate commitment to surgery patients by readiness to provide bedside and operative care irrespective of time of day.
- Demonstrate an understanding of the importance of efficient cost effective patient care.
- Demonstrate integrity and respect when working as a member of a multidisciplinary healthcare team by extending courtesy to all members of the team.

Interpersonal and Communication Skills

Goal

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

Competencies

- Effectively supervise lower level residents in the care of patients in the hospital and in the operating room.
- Communicate effectively with physicians, other healthcare professionals and health-related agencies.
- Maintain comprehensive, timely and legible medical records.

Objectives

The resident will:

- Assess, and then effectively communicate to all members of the multidisciplinary team significant clinical patient findings and significant medical data in a timely and accurate manner.
- Present to the attending physician in an accurate, timely manner the results of tests and diagnostic studies and describe any consequential alterations to treatment plan.

Teaching Methods

- Faculty supervision in clinic, operating room and rounds for inpatients.

- Core curriculum conferences.
- Morbidity and Mortality/patient safety conference.
- Breast conference.
- Tumor board.
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- Fundamentals of Surgery e-learning.
- Journal Club
- Teaching of Medical Students

Assessment Method (Residents)

- Evaluate assessment tool
 - Faculty of resident
 - Peer to peer
 - Self assessment
 - 360° (nurses and students)

- At mid-rotation the supervisory faculty reviews rotation goals and objectives with the resident to determine achievements and deficiencies to date.

Assessment Method (Program Evaluation)

- Evaluate rotation assessment at completion of rotation.
- Evaluate resident evaluation of faculty at completion of rotation.

Level of Supervision

Resident is supervised by attending faculty at all times during the rotation.

Educational Resources

- Surgical resident library text and journal material
- Laparoscopic skills laboratory
- Core curriculum conferences
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- Fundamentals of Surgery e-learning

Tulane University Hospital and Clinic/Elective
Faculty Supervisor: Korndorffer, MD
PGY-5

Faculty: J. Korndorffer, C. Bellows, C. McGinness, E. Kandil, J. McGee, J. Brown, S. Jones,
Faculty:Resident Ratio 2:1

The following critical learning experiences will be emphasized:

- critical care
- endocrine surgery
- surgical management of benign and malignant GI pathology
- reoperative surgery
- advanced laparoscopic surgery
- leadership development

Patient Care

Goal

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

Competencies

- Formulate comprehensive management plans for patients with benign and malignant disease of the GI tract and endocrine system
- Effectively communicate management plans to faculty, and institute treatment.
- Effectively interact with a multidisciplinary team to provide quality patient care.

Objectives

The resident will:

- Design and execute an appropriate plan of care for surgical patients including preoperative workup (incl. assessment of co-morbid conditions), intraoperative technique and appropriate postoperative follow-up for disorders of the stomach, small intestine, colon, and anorectum
- Perform and document a comprehensive history and physical, including past medical history, review of systems, social and family history, comprehensive physical examination, interpretation of medical tests and imaging results, a differential diagnosis and treatment plan.
- Prioritize patient care responsibilities.
- Accurately assess patient acuity and communicate changes in patient condition to the supervisory faculty.
- Effectively distribute patient care responsibilities within multidisciplinary team.
- Ensure accurate hand-off of patient care responsibilities.

- Work with nurse practitioners, nurse coordinators and other members of the healthcare team to ensure effective discharge planning.
- Dictate within 24 hours of patient discharge a comprehensive discharge summary that includes a concise, accurate assessment of the patient's hospital course, including all complications and an accurate, appropriate follow-up plan.
- Discuss the discharge plan with the patient, family and other members of the healthcare team in an accurate, clear manner.
- Perform the following procedures:
 - reoperative surgery
 - hernia repair
 - establishment of enteral feeding access
 - thyroid resection
 - parathyroid resection
 - lysis of adhesions
 - GI oncologic surgery
 - advanced laparoscopic surgery

- Gain exposure to new technologies (i.e. robotic surgery)

Medical Knowledge

Goal

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

Competencies

- Understand the pathophysiology, indications for surgically treatable diseases of the GI and endocrine systems.
- Understand the use of TNM classification models for purposes of staging and prognosis
- Understand the indications for and contraindications for basic and advanced laparoscopic procedures

Objectives

The resident will:

- Explain the pathophysiology of carcinoma of the GI system to include: typical history and presentation, diagnostic evaluation (CT, ERCP, PTC, MRCP, laparoscopy, laparotomy), indications for operative versus nonoperative drainage, stenting, and surgical resection
- Summarize the intra-abdominal laparoscopic procedures currently being performed, including: cholecystectomy, hernia repairs, anti-reflux procedures, adrenalectomy, splenectomy
- Summarize the best methods to use in reoperative surgery to prevent or minimize surgical complications.
- Describe the appropriate management of patients with hernia defects.
- Write a management plan for a patient with newly diagnosed adrenal mass.

Practice-Based Learning and Improvement

Goal

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

Competencies

- Identify strengths, deficiencies and limits in one's knowledge and expertise.
- Locate, appraise and assimilate formative evaluative feedback into daily practice.

Objectives

The resident will:

- Assume a leadership role in daily rounds on the ward and in the clinic by presenting patients, including relevant clinical data, in a clear, concise manner, emphasizing relevance to quality care.
- Actively pursue answers to clinical situations in the literature, and will present findings to the healthcare team.
- Analyze surgical complications and present findings at the Morbidity and Mortality patient improvement conference in a constructive and educational manner.
- Review a scientific paper relating to a current patient and present a report each week.

Systems Based Practice

Goal

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

Competencies

- Work effectively in various healthcare delivery settings and systems relative to clinical specialty.
- Coordinate patient care within the healthcare system relevant to clinical specialty.

Objectives

The resident will:

- Participate in multidisciplinary rounds and effectively communicate with nurses and nurse practitioners to coordinate patient care.
- Participate in discharge planning, documenting plan in the medical record.

Professionalism

Goal

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

Competencies

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

Objectives

The resident will:

- Demonstrate commitment to surgery patients by readiness to provide bedside and operative care irrespective of time of day.
- Demonstrate an understanding of the importance of efficient cost effective patient care.
- Demonstrate integrity and respect when working as a member of a multidisciplinary healthcare team by extending courtesy to all members of the team.

Interpersonal and Communication Skills

Goal

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

Competencies

- Effectively supervise lower level residents in the care of patients in the hospital and in the operating room.
- Communicate effectively with physicians, other healthcare professionals and health-related agencies.
- Maintain comprehensive, timely and legible medical records.

The resident will:

- Assess, and then effectively communicate to all members of the multidisciplinary team significant clinical patient findings and significant medical data in a timely and accurate manner.
- Present to the attending physician in an accurate, timely manner the results of tests and diagnostic studies and describe any consequential alterations to treatment plan.

Teaching Methods

- Faculty supervision in clinic, operating room and rounds for inpatients.
- Core curriculum conferences.
- Morbidity and Mortality/patient safety conference.
- Breast conference.
- Tumor board.
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- Fundamentals of Surgery e-learning.
- Journal Club
- Teaching of medical students

Assessment Method (Residents)

- Evaluate assessment tool

- Faculty of resident
 - Peer to peer
 - Self assessment
 - 360° (nurses and students)
- At mid-rotation the supervisory faculty reviews rotation goals and objectives with the resident to determine achievements and deficiencies to date.

Assessment Method (Program Evaluation)

- E value rotation assessment at completion of rotation.
- E value resident evaluation of faculty at completion of rotation.

Level of Supervision

Resident is supervised by attending faculty at all times during the rotation.

Educational Resources

- Surgical resident library text and journal material
- Laparoscopic skills laboratory
- Core curriculum conferences
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- American College of Surgeons Fundamentals of Surgery e-learning
- Endocrine Tumour Board
- Joint GI/Surgery case conference

East Jefferson General Hospital – Colorectal Surgery

Faculty Supervisor: Jeff Griffin, MD

PGY-5

Faculty: J. Griffin, R. Karlin, R. Normand, J. Uddo, H. Roach, T. Engelhardt, J. Tubbs, M. Brothers, E. McDonald

Faculty: Resident Ratio 9:2

The following critical learning experiences will be emphasized:

- management of benign and malignant colorectal disease
- management of general surgical patients
- management of general surgical conditions of the alimentary tract, skin, breast and peripheral vascular system
- endovascular treatment of central and peripheral vascular system
- upper and lower gastrointestinal endoscopy

Patient Care

Goal

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

Competencies

- Demonstrate the ability care for surgical patients in ambulatory and in-patient services.
- Formulate the diagnostic and therapeutic plan for the management of patients with acute abdominal pathology, neoplasms of the alimentary tract, and neoplasms of abdominal solid organs, including liver, adrenal glands and pancreas, obesity, thyroid and parathyroid glands.
- Facilitate the outpatient evaluation, management and follow-up of patients in the surgical clinic.
- Understand the diagnostic and therapeutic plan for patients with benign and malignant breast disease.
- Understand and explain the indications for and risks of surgical treatments and alternative therapies in the process of obtaining a consent.
- Understand the diagnostic and therapeutic uses of upper and lower endoscopy.
- Prioritize tasks in the management of patients based upon an accurate assessment of acuity.

Objectives

The resident will:

- Perform and document a comprehensive history and physical, including past medical history, review of systems, social and family history, comprehensive physical examination, interpretation of medical tests and imaging results, a differential diagnosis and treatment plan.

- Dictate within 24 hours of patient discharge a comprehensive discharge summary that includes a concise, accurate assessment of the patient's hospital course, including any complications and an accurate, appropriate follow-up plan.
- Prioritize patient care activity and clinical responsibilities.
- Manage and respond to ward emergencies, i.e., arrhythmia, hypoxia, shock, electrolyte abnormality, etc.
- Appropriately become involved in and facilitate discharge planning.
- Assist in management of intensive care unit patients, recognizing patient factors indicating the requirement for ICU care.
- Formulate diagnostic and management plans for ambulatory surgery patients.
- Perform the following procedures:
 - Abdominal exploration
 - Small and large bowel resections and anastomoses
 - Colostomy
 - Advanced laparoscopic procedures
 - Head and neck surgery
 - Hernia surgery
 - Peripheral vascular surgery
 - Endovascular surgery
 - Breast surgery
 - Upper and lower endoscopy

Medical Knowledge

Goal

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

Competencies

- Understand the diagnosis, pathophysiology and indications for surgery and specific procedures to definitively manage the common abdominal malignancies seen in adult patients.
- Understand the principles of pre-operative assessment and post-operative management.
- Differential diagnosis and management of adult with acute abdominal pain.

Objectives

The resident will:

- Present evidence-based review of management of a patient with colon cancer.
- Explain the evaluation, including appropriate basic and radiographic studies for a patient with a bowel obstruction.

- Explain the evaluation, management and staging for patients with common malignancies, including those of the breast, skin, thyroid and liver, describing the post-surgical follow-up for each tumor type.
- Describe the risk factors for malignancies of the breast, thyroid, colon, liver and skin.

Practice-Based Learning and Improvement

Goal

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

Competencies

- Locate, appraise and assimilate evidence from scientific studies related to patient health problems.

Objectives

The resident will:

- Present a scientific article weekly to the medical students, residents and faculty regarding the diagnosis of a current patient.
- Analyze surgical complications and present them at Morbidity and Mortality patient safety conference in a construction and educational manner.

Systems-Based Practice

Goal

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

Competencies

- Coordinate patient care within the health system relative to clinical specialty.

Objectives

The resident will:

- Document coordination of patient care with specific reference to the use of consultants and allied health professionals where necessary
- Document discharge planning.
- Document and effect planning for ambulatory surgical procedures, including patient instructions and appropriate testing.

Professionalism

Goal

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

Competencies

- Compassion, integrity and respect for others.

Objectives

The resident will:

- Demonstrate ability to supervise others with respect and integrity.

Interpersonal and Communication Skills

Goal

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

Competencies

- Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.
- Provide surgical consultation in a timely manner when requested.
- Provide a clear, timely communication of evaluation and management plan to the consulting physician after verification with surgical faculty.

Objectives

The resident will:

- Demonstrate the ability to communicate and describe to the healthcare team the interpretation of medical information and data, including laboratory and microbiology results.
- Communicate effectively the patient's condition, treatment plan and expected outcome.
- Effectively communicate with patients and families the interpretation of medical information, especially technical information.

Teaching Methods

- Faculty supervision in clinic, operating room and rounds for inpatients.
- Core curriculum conferences.
- Morbidity and Mortality/patient safety conference.
- Evidence Based Reviews in Surgery.

- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- Fundamentals of Surgery e-learning
- Teaching of medical Students
- Journal Club

Assessment Method (Residents)

- Evaluate assessment tool
 - Faculty of resident
 - Peer to peer
 - Self assessment
 - 360° (nurses and students)

- At mid-rotation the supervisory faculty reviews rotation goals and objectives with the resident to determine achievements and deficiencies to date.

Assessment Method (Program Evaluation)

- Evaluate rotation assessment at completion of rotation.
- Evaluate resident evaluation of faculty at completion of rotation.

Level of Supervision

Resident is supervised by attending faculty at all times during the rotation.

Educational Resources

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- Core curriculum conferences
- Evidence Based Reviews in Surgery.
- Journals and texts from surgical resident library.
- Laparoscopic simulation and training laboratory.
- SCORE Curriculum e-learning
- American College of Surgeons Fundamentals of Surgery e-learning