**Definition of Specialty:** Colon and rectal surgery (CRS) is the specialty that focuses on the medical, surgical, endoscopic and perioperative management of disorders involving the colon, rectum and anus, and related problems of the abdomen, pelvis and perineum.

**Faculty:**
Joshua M. Eberhardt, MD, MBA, FACS, FASC
Marc Singer, MD, FACS, FASCRS

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<tr>
<th>Resident Compliment</th>
<th>Duration on Service</th>
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<td>PG1</td>
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<td>PG3</td>
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**Goals:**
Residents must achieve success in two goal categories. The first goal category is “general goals.” These apply to all residents regardless of PG year. The second category are PG year specific goals; they differ based on level of training.

**General goals:**
1. Provide Patient Care that is compassionate, appropriate, and effective for the treatment of disease and the promotion of health.
2. Display Medical Knowledge about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care.
3. Demonstrate Practice-based learning and improvement that involves the investigation of care for patients, the appraisal and assimilation of scientific evidence, and improvements in patient care.
4. Exhibit interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals.
5. Practice professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds.
6. Understand and implement systems-based practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.
**PG Level Specific Goals**

**PGY1**

**Patient Care:**
- Perform and document complete H&P; construct differential diagnosis
- Evaluate post-op wounds for complications
- Conduct medical management of pre and post-surgical patients for pain, common medical conditions (afib/DMII), and electrolyte abnormalities
- Interpret diagnostic laboratory and imaging studies
- With supervision, insert nasogastric tubes and manage drains and ostomies
- Demonstrate proficiency in suturing
- Assist with abdominal incision/port site closure and during operations
- Be assistant surgeon for minor anorectal operations including fissure, fistula, EUA/biopsy, flex sig, I&D abscesses.
- Manage patients within the context of the Enhanced Recovery after Surgery (ERAS) protocol

**Medical Knowledge**
- Demonstrate an understanding of the pathophysiology behind postoperative CRS issues including the following: wound infection, ostomy pouching problems, electrolyte disorders, hyperglycemia, stroke, MI, arrhythmia, anastomotic leak, intra-abdominal abscess, ileus and small-bowel obstruction.

**Practice Based Learning**
- Search, evaluate, and critically review scientific evidence appropriate to the care of assigned patients.
- Present the information on teaching rounds, in the Operating Room while discussing indications for procedures, or during our Thurs AM teaching conference.
- Include evidence-based references in M&M presentations and on rounds
- Use information technology to access clinical information, including performing on-line searches to support self-directed learning.

**Interpersonal & Communication Skills**
- Present cases concisely and clearly to peers, supervising surgeons and consultants.
- Avoid use of unapproved abbreviations in the medical record.
- Fully utilize the electronic medical record (EPIC).
- Have clear, considerate, honest, empathetic, and positive interactions with patients, families, and ancillary staff
- Discuss the risks related to surgical and endoscopic procedures and effectively obtain informed consent from patients

**Professionalism**
- Arrive to work at the expected time and follow duty hour restrictions
- Arrive to work dressed and groomed to allow you to function comfortably, protect you from routine health-care related occupational hazards, and reflect your position as a member of the health care team striving for excellence.
- Immediately escalate to the attending or chief resident any issue whatsoever that you feel is threatening or concerning to a patient or yourself.
- Immediately escalate to the attending or chief resident any situation that you feel requires knowledge or training beyond your ability.

**Systems-based practice**
- Demonstrate proficiency using the LUMC system to determine which consultants are on call and how to contact them, how to document in the medical record, how to contact the RN staff on the floor to
communicate care issues, how to discharge patients with proper medications, follow-up appointments,
and contact information.
Demonstrate proficiency determining when specific ancillary support services might be needed to
accomplish patient care and get them involved; for example social work, ostomy nurses, care
management, pastoral care, home health, and hospice services.

PGY3
Patient Care:
Perform and document complete H&P; construct differential diagnosis
Evaluate post-op wounds for complications
Assist the PGY-1 with medical management of pre and post-surgical patients for pain, common medical
conditions(afib/DMII), and electrolyte abnormalities
Interpret diagnostic laboratory and imaging studies and formulate a care plan based on them
With supervision, insert central lines, apply wound vacs
With supervision, perform colonoscopy and flexible sigmoidoscopy.
With supervision, be the primary or assistant surgeon for major intra-abdominal and pelvic operations
including all forms of intestinal resections. Become proficient in fascial closure, laparoscopic port
insertion, and robot docking.
With supervision, be the primary surgeon for all forms of outpatient anorectal operations including
fissure, fistula, hemorrhoidectomy, EUA/biopsy, flex sig, I&D abscesses.
Under supervision, see new patients in the outpatient setting, work up their presenting complaints and
develop plans for evaluation and treatment, provide follow-up care to patients in outpatient clinic or
office.
See consults in the ED or hospital and present them to the chief resident or attending focusing on the
symptom, evaluation, work-up, and plan of action.

Medical Knowledge
Demonstrate understanding of pathophysiology behind postoperative CRS issues included in PGY1 goals
Demonstrate an understanding of pathophysiology, workup, medical and surgical treatment, and
common complications for the following:
    Anorectal:
       Anal fissure
       Cryptoglandular abscess and fistula
       Internal and External hemorrhoids
       Condyloma

    Abdomen/pelvis:
       Colon cancer
       Diverticulitis
       Rectal Cancer
       Inflammatory bowel disease

    Demonstrate an understanding of the common procedural and postprocedural complications associated
    with colonoscopy and flexible sigmoidoscopy

Practice Based Learning
Search, evaluate, and critically review scientific evidence appropriate to the care of assigned patients.
Present the information on teaching rounds, in the Operating Room while discussing
indications for procedures, or during our Thurs AM teaching conference.
Include evidence-based references in M&M presentations and on rounds
Use information technology to access clinical information, including performing on-line searches to
support self-directed learning.

Interpersonal & Communication Skills
Present cases concisely and clearly to peers, supervising surgeons and consultants.
Avoid use of unapproved abbreviations in the medical record.
Fully utilize the electronic medical record (EPIC).
Have clear, considerate, honest, empathetic, and positive interactions with patients, families, and ancillary staff
Manage psychosocial aspects of surgical disease and utilize appropriate ancillary resources
When the chief resident is not available serve as the main liaison between the CRS service and other services including ER, consultants – this may involve explaining the CRS “opinion” on a consult or discussing the case with other teams to formulate preliminary plans.
Record clinical and operative findings in an objective manner that is easy to follow by other health professionals
Discuss end of life issues with terminal patients and families
Discuss the risks related to surgical and endoscopic procedures and effectively obtain informed consent from patients

Professionalism
Arrive to work at the expected time and follow duty hour restrictions
Arrive to work dressed and groomed to allow you to function comfortably, protect you from routine health-care related occupational hazards, and reflect your position as a member of the health care team striving for excellence.
Immediately escalate to the attending or chief resident any issue whatsoever that you feel is threatening or concerning to a patient or yourself.
Immediately escalate to the attending or chief resident any situation that you feel requires knowledge or training beyond your ability.

Systems-based practice
Demonstrate proficiency using the LUMC system to determine which consultants are on call and how to contact them, how to document in the medical record, how to contact the RN staff on the floor to communicate care issues, how to discharge patients with proper medications, follow-up appointments, and contact information.
Demonstrate proficiency determining when specific ancillary support services might be needed to accomplish patient care and get them involved; for example social work, ostomy nurses, care management, pastoral care, home health, and hospice services.

PGYS5
Patient Care:
Perform and document complete H&P; construct differential diagnosis, come up with algorithm for management
Lead the team on rounds, direct inquiry into any deviations from normal post op recovery
Lead the team regarding work/task division
Assist the PGY-1 and PGY-3 in all aspects of patient management
Interpret diagnostic laboratory and imaging studies and formulate a care plan based on them
Be the primary surgeon for major intra-abdominal and pelvic operations including all forms of intestinal resections. Under supervision, direct the PGY-3 on how to become proficient in fascial closure, laparoscopic port insertion, and robot docking.
Under supervision direct the PGY-3 for outpatient anorectal operations including fissure, fistula, hemorrhoidectomy, EUA/biopsy, flex sig, I&D abscesses.
Independently see new patients (in an attending’s clinic) in the outpatient setting, work up their presenting complaints and develop plans for evaluation and treatment, provide follow-up care to patients in outpatient clinic or office.
See consults in the ED or hospital and present them to the attending focusing on the symptom, evaluation, work-up, and plan of action.
Under supervision, conduct bedside procedures or assist the PGY3 in doing so – for example wound opening or ED perianal abscess drainage.
Direct the postoperative care of patients within the context of ERAS protocol

Medical Knowledge
Demonstrate understanding of pathophysiology behind postoperative CRS issues included in PGY1&3 goals
Demonstrate an understanding of pathophysiology, workup, medical and surgical treatment, and common complications for the following:
   
   Anorectal:
      - Anal fissure
      - Cryptoglandular abscess and fistula
      - Internal and External hemorrhoids
      - Perianal Crohn’s disease
      - Pruritis Ani
      - STD, Condylooma, AIN
      - Fecal Incontinence
      - Retrorectal neoplasms

   Abdomen/pelvis:
      - Colon cancer, management of large premalignant polyps
      - Diverticulitis, management of associated abscess, fistula, stricture
      - Inflammatory bowel diseases
      - Rectal Cancer, decisions regarding neoadjuvant and type of operation
      - Rectal Prolapse, decision regarding type of operation
      - Pelvic Floor dysfunction
      - Transanal Excision/TEM/TAMIS

Demonstrate an understanding of the common procedural and postprocedural complications associated with colonoscopy and flexible sigmoidoscopy

Practice Based Learning
Search, evaluate, and critically review scientific evidence appropriate to the care of assigned patients.
Present the information on teaching rounds, in the Operating Room while discussing indications for procedures, or during our Thurs AM teaching conference.
Include evidence-based references in M&M presentations and on rounds
Use information technology to access clinical information, including performing on-line searches to support self-directed learning.

Interpersonal & Communication Skills
Present cases concisely and clearly to peers, supervising surgeons and consultants.
Avoid use of unapproved abbreviations in the medical record.
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Have clear, considerate, honest, empathetic, and positive interactions with patients, families, and ancillary staff
When the chief resident is not available serve as the main liaison between the CRS service and other services including ER, consultants – this may involve explaining the CRS “opinion” on a consult or discussing the case with other teams to formulate preliminary plans.
Record clinical and operative findings in an objective manner that is easy to follow by other health professionals
Manage psychosocial aspects of surgical disease and utilize appropriate ancillary resources
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Systems-based practice
Demonstrate proficiency using the LUMC system to determine which consultants are on call and how to contact them, how to document in the medical record, how to contact the RN staff on the floor to communicate care issues, how to discharge patients with proper medications, follow-up appointments, and contact information.
Demonstrate proficiency determining when specific ancillary support services might be needed to accomplish patient care and get them involved; for example social work, ostomy nurses, care management, pastoral care, home health, and hospice services.

Goal Assessment
For residents of all PGY levels, Drs Eberhardt and Singer will assess each resident’s performance with regard to attainment of the goals in the following way:

Patient Care will be assessed and measured by:
Direct observation on rounds, in clinic, in the Operating Room, and in multidisciplinary conferences (for patient care presentations)
A 360-degree evaluation (students, faculty, nurses, other health care providers and workers)

Medical and surgical knowledge will be assessed by:
Daily queries on rounds and in the Operating Room
American Board of Surgery In-Training Examination (ABSITE)
Oral Exams for PGY 1-5

Practice based learning will be assessed and measured by:
Presentation of at least one evidence based publication per type of operation performed by the resident during the rotation (PG1, 3, 5) and discuss the publication with the attending surgeon.
Evaluation of M&M presentations of PG3 and PG5 residents for clarity and quality. Feedback will be provided immediately and during their end of rotation review.

Interpersonal & Communication Skills will be assessed and measured by:
Direct observation on rounds or in clinic. Residents will be observed discussing recommended treatment for several patients
Direct observation of patient presentations during patient care review, rounds, and conferences
Evaluations by students on the service will be obtained regarding residents’ abilities to assist them with presentations, procedures, and patient care management decisions

Professionalism will be assessed and measured by:
Direct observation by attending surgeons of postoperative or post procedural care plans and
instructions as outlined by the resident with the patient and/or family members (at least one discussion per resident will be evaluated and feedback provided immediately. This exercise will occur weekly during the rotation for each resident.
Direct report from the Program Director regarding the residents adherence to duty hours

Systems-based Practice will be assessed and measured by:
Direct observation or Query of ancillary personnel including SW/CM as to that residents use of systems to facilitate patient care and throughput in a timely fashion.
A 360-degree evaluation (students, peers, faculty, nurses, other health care providers) will be used to evaluate residents’ performances.

**RECOMMENDED READING:**

1) ASCRS Textbook of Colon and Rectal Surgery: this book should be used for reading around specific colorectal surgery subjects including disease/pathophys/operations.

2) General Surgery Texts
Surgery: Scientific Principles and Practice. Greenfield (most recent edition)
Sabiston’s Textbook of Surgery (most recent edition)
Current Therapy of Surgery – Cameron ed.(most recent edition)
Selected Readings from the SCORE modules that deal with colorectal and anorectal topics

NOTE: Any of the above can be used for reading around colorectal surgery topics. The above are especially recommended for the PGY-1 as they include introductory basic issues as well as complex/controversial issues.

**REQUIRED CONFERENCES**: residents must attend these
A. Mortality and Morbidity: Monday’s 5pm
B. Grand Rounds: Wednesday 7am
C. Resident Learning Conference: Wednesday 8 to 11
D. Thursday morning colorectal conference
   * CC GI Onc Multidis clinic is 1pm on Thursdays – try and attend if possible

**Weekly Schedule**

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The Chief resident is responsible for reviewing the upcoming week’s agenda and divvying up the clinic and OR time so that all get equal exposure. The Chief resident will send out an email on Sunday assigning the residents to their specific cases for the week. This should give adequate time for reading and preparation prior.