LOYOLA UNIVERSITY MEDICAL CENTER
RESIDENCY PROGRAM IN GENERAL SURGERY
CLINICAL ROTATION DESCRIPTION

Loyola — General Surgery

RESIDENT COMPLEMENT: PG1

ROTATION DURATION: PG1 – 1 month

GOALS (General Competencies - ACGME):
1. **Patient Care** that is compassionate, appropriate, and effective for the treatment of health programs and the promotion of health.
2. **Medical Knowledge** about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care.
3. **Practice-based learning and improvement** that involves the investigation of care for their patients, the appraisal and assimilation of scientific evidence, and improvements in patient care.
4. **Interpersonal and communication skills** that result in the effective exchange of information and collaboration with patients, their families, and other health professionals.
5. **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds.
6. **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.

ROTATION-SPECIFIC GOALS:
**GOAL #1: Patient Care**

**PGY 1**
- Perform and record complete H&P; construct differential diagnosis
- Evaluate soft tissue and post-op wounds
- Record clinical and operative observations
- Make pathological correlations
- With assistance, interpret diagnostic laboratory and imaging studies
- Select diagnostic studies to evaluate general surgery patients and describe findings
- Begin management of postop wounds
- With supervision, insert intestinal tubes, and manage wound drains and stomas
- Perform nutritional assessments of surgical patients
- Provide follow-up care to patients in outpatient clinic or office.
- Demonstrate proficiency in suturing technique
- Assist with and begin to perform repair of abdominal wall hernias
- Assist with abdominal incision closure;
- Assist during abdominal and other operations
- Perform with assistance I&D of superficial abscesses, excision of skin and subcutaneous lesions
- With supervision, insert central venous lines and chest tubes, perform thoracentesis, nasotracheal and orotracheal intubation, and cardiovascular monitoring
- With assistance, perform endoscopic procedures (bronchoscopy, esophagoscopy, anoscopy) and tracheostomy,
Patient Care will be assessed and measured by:
- Direct observation on rounds, in the Operating Room, in multidisciplinary conferences (for patient care presentations) and in clinics
- Service Chief and faculty surgeon summary (global) evaluations of clinical performance
- A 360-degree evaluation (students, faculty, nurses, other health care providers and workers) from key geographic locations.

GOAL #2: Medical Knowledge
PG 1
- Describe pathophysiology of referred pain, rebound tenderness, guarding, rigidity (e.g., ruptured spleen, biliary colic, basilar pneumonia, renal colic, pancreatitis, inguinal hernia)
- Specify characteristics of the history, physical examination findings, and mechanism of visceral and somatic pain for: appendicitis, bowel obstruction, perforated ulcer, ureteral colic, diffuse peritonitis
- Understand anatomy and surgical repair of primary abdominal wall hernias
- Define mechanisms of alimentary tract and digestive system diseases:
- Understand anatomy, embryology, biochemistry and physiology of GI tract, enterohepatic circulation, nutritional needs of surgical patients, and bacterial flora in the upper/lower GI tract
- Describe anatomy of liver & biliary system.
- Describe physiology and function of liver and biliary system including: glucose metabolism, protein synthesis, coagulation, drug metabolism, reticuloendothelial system
- Explain formation of bile, its composition and function
- Outline pathophysiology, evaluation, and management of common biliary/pancreatic problems: cholangitis, gallstone ileus, gallstone pancreatitis, acute and chronic cholecystitis, acalculous cholecystitis
- Describe anatomy of pancreas, including its vascular anatomy
- Discuss endocrine & exocrine function of pancreas
- Explain pancreatitis pathophysiology (gallstones, alcoholism, trauma, post-operative, post-ERCP)
- Summarize nutritional requirements for cancer patients, and describe how they differ from those recommended for patient with benign disease
- Describe indications for curative vs. palliative treatment

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

GOAL #3: Practice-based Learning & Improvement — PG 1
- Present cases concisely and clearly to peers, supervising surgeons and consultants.
- Do not use unapproved abbreviations in the medical record.
- Utilize fully the VA Computerized Patient Record System (CPRS).
• Search, evaluate, and critically review scientific evidence appropriate to the care of assigned patients Data will be presented on teaching rounds, in the Operating Room, while discussing indications for procedures or during the patient care review conferences.
• 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.

Practice based learning will be assessed and measured by:
• Identify at least one evidence based publication per day for operations performed by the resident during the rotation (PG1) and discuss the publication with the attending surgeon.
• Evaluate M&M presentations of PG3 and PG5 residents for clarity and quality. Feedback will be provided immediately and during their semi-annual resident evaluations feedback sessions.

GOAL #4 Interpersonal & Communication Skills — PG 1
• Discuss planned procedure with patient defining course of treatment and potential complications
• Present patients on teaching rounds and during patient care review conferences
• Assist students to prepare for patient presentations on rounds

Communication skills will be assessed and measured by:
• Direct observation on rounds or in clinic. PGY1 residents will be observed discussing recommended treatment for several patients
• Direct observation of patient presentations during patient care review, rounds and conferences (PGY1 residents)
• Evaluations by students on the service will be obtained regarding residents’ abilities to assist them with presentations, procedures and patient care management decisions

GOAL #5 Professionalism — PG 1
• Administer patient care conscientiously with highest standard of professional, ethical and moral conduct in all circumstances.
• Work with students, peers, superiors, nurses, health care professionals and other hospital staff colleagues in a courteous and thoughtful manner

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 PGY1 resident will be evaluated and feedback provided immediately. This exercise will occur weekly during the rotation for each resident.
• A 360-degree evaluation system (students, peers, faculty, nurses, other health care providers) will be used to evaluate residents’ performances in all geographic locations and throughout the day and night.

GOAL #6 Systems-based Practice — PG 1
• Understand the impact of surgical disease on an individual patient
• Identify needs of the patient as soon as possible (in clinic, on wards, in SICU, the Operating Room) to recruit assistance for the patient from appropriate sources (e.g. primary care, social services, pastoral support, hospice care, support groups, etc.).
• Teach junior residents and medical students.

Systems Based Practice will be assessed and measured by:
• A report of experience either in outpatient clinic, during a multidisciplinary planning conference, hospice or support group planning session that specifically addresses the role of surgeons
• A 360-degree evaluation (students, peers, faculty, nurses, other health care providers) will be used to evaluate residents’ performances in all geographic locations, and throughout the day and night.

RECOMMENDED READING:

REQUIRED CONFERENCES and ROUNDS:
A. Mortality and Morbidity
B. Residents’Conference
C. Grand Rounds
D. Tuesday rounds
E. Every other Tuesday afternoon Multidisciplinary Tumor Board
F. Saturday and Sunday rounds with on-call attending surgeon

TARGET NUMBER OF OPERATIONS:
Residents are expected to experience the following surgical procedures/operations. Minimum number of cases is indicated by PGY Level. PGY 1 residents are expected to assist/observe 3-5 cases prior to meeting these minimum requirements.

<table>
<thead>
<tr>
<th>Procedure</th>
<th>PGY1</th>
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<tbody>
<tr>
<td>Skin and soft tissue</td>
<td>5</td>
</tr>
<tr>
<td>Esophagus</td>
<td>0</td>
</tr>
<tr>
<td>Stomach</td>
<td>0</td>
</tr>
<tr>
<td>Small intestine</td>
<td>0</td>
</tr>
<tr>
<td>Large intestine</td>
<td>0</td>
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<tr>
<td>Abdomen general</td>
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</tr>
<tr>
<td>Liver</td>
<td>0</td>
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<tr>
<td>Biliary Tract</td>
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<tr>
<td>Pancreas</td>
<td>0</td>
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<tr>
<td>Spleen</td>
<td>0</td>
</tr>
<tr>
<td>Hernia</td>
<td>5</td>
</tr>
<tr>
<td>Abscess Drainage</td>
<td>2</td>
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</tbody>
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FACULTY:
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