UWHC General Surgery Preliminary Year – Radiology Learning Plan

Clinical Curriculum
- Colorectal Surgery
- Surgical Oncology
- Pediatric Surgery
- Surgery Elective (MIS, Endocrine, Vascular, Thoracic)
- Transplantation Surgery
- Trauma/Critical Care
- General Surgery (Meriter)
- Night Float
- General Surgery (VA)
- Radiology electives (2 months)

Didactic Curriculum
- Summer Core Competencies Seminar
- Professionalism seminars & workshops
- Education Retreat
- Resident Research Forum
- Surgical Ethics Rounds

Weekly Conference Schedule:
Department M&M and Grand Rounds       Wed., 6:30a – 8:20a (September – May)
Summer Core Competencies Seminar       Wed. 7:00a – 8:00a (June – August)
General Surgery Case Conference        Thurs. 4:30p – 5:30p
Evidence-Based Surgery Conference      Thurs. 4:30p – 5:30p (monthly)
Professor’s Hour Case Conference       Friday 6:45a – 7:45a

Rotation-specific conference schedule

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tbody>
<tr>
<td>Trauma case conference</td>
<td>Pediatric surgery conference</td>
<td>Vascular surgery conference</td>
<td>Transplant Lecture Series</td>
<td>VA General Surgery Teaching Rounds</td>
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<td>Hepatobiliary multi-disciplinary case conference</td>
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<td>Colorectal mutli-disciplinary case conference</td>
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<td>Colorectal Indications conference</td>
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PGY-1 Competency-Based Goals & Objectives

Patient Care

1. Manage a variety of surgical patients using a systematic approach, including recognizing and assessing symptoms and signs, ordering appropriate tests and procedures, evaluating data, and initiating appropriate actions.

2. Make appropriate decisions regarding involvement of other team members in patient care, including notification of more senior residents or attending surgeons, involvement of other health care professionals, and, when appropriate, implementation of independent decisions.

3. Assume care of all patients on the hospital floor and be responsible for admission/discharge of all patients on the hospital floor and day surgery units.

4. Perform a complete, accurate history and physical examination on every new admission to the service.

5. Make daily assessments and plans on every floor patient on the service and have full knowledge of all medical problems and progress of all floor patients.

6. Perform all invasive procedures on floor patients, with appropriate supervision.

7. Order appropriate diagnostic and imaging tests on floor patients.

8. Ensure proper disposition and follow-up of all patients discharged from the hospital.

Clinical management of common surgical diseases/conditions, including:

<table>
<thead>
<tr>
<th>Inguinal Hernia</th>
<th>Femoral Hernia</th>
<th>Ventral Hernia</th>
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<tbody>
<tr>
<td>Jaundice</td>
<td>Cholangitis</td>
<td>Acute Cholecystitis</td>
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<tr>
<td>Chronic Cholecystitis</td>
<td>Upper Gastrointestinal Bleeding</td>
<td>Large Bowel Obstruction</td>
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<td>Acute Appendicitis</td>
<td>Diverticulitis</td>
<td>Hemorrhoids</td>
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<td>Anal Fissure</td>
<td>Anorectal Abscess &amp; Fistulae</td>
<td>Breast Mass</td>
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<td>Nipple Discharge</td>
<td>Fibroadenoma</td>
<td>Gynecomastia</td>
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<tr>
<td>Pilonidal Cyst and Sinus</td>
<td>Venous Thrombosis-Embolism</td>
<td>Inguinal Hernia in Children</td>
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<tr>
<td>Acute Abdominal Pain</td>
<td>Intra-Abdominal Abscess</td>
<td>Rectus Sheath Hematoma</td>
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<tr>
<td>Postsplenectomy Sepsis</td>
<td>Duodenal Ulcer</td>
<td>Fat Necrosis</td>
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<tr>
<td>Benign Disease</td>
<td>Galactocele</td>
<td>Hypercalcemia</td>
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<tr>
<td>Hypocalcemia</td>
<td>Hyperthyroidism</td>
<td>Pelvic Inflammatory Disease</td>
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<tr>
<td>Upper Airway Obstruction</td>
<td>Management of Acute Pain</td>
<td>Umbilical Hernia</td>
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<td>Nevi</td>
<td>Evaluation of Soft Tissue Masses</td>
<td>Epidermal Cyst</td>
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<tr>
<td>Hidradenitis</td>
<td>Cellulitis</td>
<td>Paronychia</td>
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<tr>
<td>Wound Infection</td>
<td>Hypovolemic Shock</td>
<td>Septic Shock</td>
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<tr>
<td>Cardiogenic Shock</td>
<td>Neurogenic Shock</td>
<td>Respiratory Failure</td>
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<tr>
<td>Cardiac Failure</td>
<td>Derangements of Electrolytes and Acid Base</td>
<td>Anaphylaxis</td>
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<tr>
<td>Pneumonia - Hospital Acquired</td>
<td>Pneumothorax</td>
<td>Hemothorax</td>
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<tr>
<td>Pleural Effusion - Empyema</td>
<td>Cardiac Tamponade</td>
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Medical Knowledge

1. Demonstrate knowledge of the fundamentals of basic science as applied to the clinical practice of surgery.
   a. Prepare for and attend the monthly Basic Science/Evidence-Based Surgery Conference on Thursdays at 4:30 p.m. The resident should read about each basic science topic from a surgical textbook of his or her choice and take the multiple choice tests at the beginning of each conference. A minimum of 70% of the tests must be taken on time and a minimum test average of 70% must be maintained.
   b. Read the textbooks and articles required for each rotation and be able to discuss their application to peri-operative management of patients on the service.

Resident will demonstrate medical knowledge applied to patient care in the following areas:

- Fluids, electrolytes and acid-balance
- Immunology
- Geriatric surgery and end-of-life care
- Immunology
- Infection and antimicrobial therapy
- Oncology and tumor biology
- Nutrition and metabolism
- Pharmacology

Interpersonal and Communication Skills

1. Demonstrate being an effective member in the team management of patients
   a. Clearly, accurately, and succinctly present pertinent information to faculty and senior residents regarding newly admitted patients.
   b. Keep senior residents aware of progress of all patients and alert them of new problems on the service.
   c. Clearly, accurately, and respectfully communicate with nurses and other hospital employees.
   d. Clearly, accurately, and respectfully communicate with referring and consulting physicians, including residents.

2. Clearly, accurately, and respectfully communicate with patients and appropriate members of their families about identified disease processes (including complications), the expected courses, operative findings, and operative procedures with assistance from upper level residents.

3. Maintain clear, concise, accurate, and timely medical records including (but not limited to) admission history and physical examination notes, consultation notes, progress notes, written and verbal orders, operative notes, and discharge summaries.
4. Write an accurate, detailed, and legible preoperative assessment and counseling note on all patients for which he/she serves as surgeon of record.

5. Dictate an accurate and descriptive narrative of the operative procedure in which he/she is the primary surgeon within 24 hours.

6. Clearly and accurately teach medical students about pathophysiology of common diseases and condition of general surgery patients and options for treatment.

7. Begin developing skills in formal presentation of medical information, as demonstrated by a minimum of one formal presentation during year (e.g., each PG1 presents basic science topic at Evidence Based Surgery Conference. Other opportunities include: case presentations at rotation conferences, presentations to medical students, research presentation at Resident Research Day or national conference).

**Practice-Based Learning and Improvement**

1. Be able to explain decisions regarding treatment and management of surgical patients by citing relevant research, standards and protocols.

2. Describe indications for procedures performed, including explanation of disease, diagnosis, treatment options, risks, complications, and pre- and post-operative patient management, both in clinical setting and didactic conferences.

3. Perform a PubMed search and literature review on the surgical treatment of common surgical diseases and treatments.

4. Know the basic aspects and principles of Evidence Based Surgery, including, as demonstrated by the ability to:

   a. ask a focused question
   b. describe levels of evidence
   c. describe the evidence based surgery process
   d. apply evidence based surgery process to clinical decisions

5. Assess learning needs, as demonstrated by the following:

   a. semi-annual self-assessment of procedural skills and training needs
   b. semi-annual progress meeting with faculty mentor
   c. decision whether to pursue two years of research outside of clinical residency

6. Begin working with faculty on at least one research project before the end of first year.

7. If planning to do research for two years between 2\textsuperscript{nd} and 3\textsuperscript{rd} clinical years:

   a. Research and choose a research PI for your two-years of research
   b. Identify training needs related to your research and/or long-term career goals.

**Systems-Based Practice**
1. Demonstrate proficiency in use of HealthLink electronic medical record for all aspects of patient care.

2. Appropriately utilize, in a timely and cost-efficient manner, ancillary services, including social services, discharge planning, physical therapy, nutrition services, pharmacy, and physician extenders.

3. Summarize the financial costs, the risks and benefits of the proposed diagnostic studies and therapeutic procedures.

4. Advocate for quality patient care and assist patients in dealing with system complexities.

5. Demonstrate an understanding of primary types of purchasers, insurers, providers and users in the US healthcare system.

**Professionalism**

1. Demonstrate honesty with all individuals at all times in conveying issues of patient care.

2. Maintain high ethical behavior in all professional activities.

3. Demonstrate a commitment to the continuity of patient care through carrying out individual professional responsibilities, including assuring that those responsibilities are fully and accurately conveyed to others involved in the team management of the patient.

4. Demonstrate the ability to discuss with patient informed consent, including knowledge of:
   a. ethical principles and issues involved
   b. how to communicate risk
   c. common situations in which religion, gender, race and age factor into informed consent discussions.

5. Remain compliant with all required training designated by the institution and the residency program.

6. Demonstrate understanding of the institutional policy on duty hours and remain compliant with all duty hour regulations. Residents must enter the number of hours spent in the hospital into the tracking system (E-Value) within four days of duty.

7. Be properly and professionally attired at all times while engaged in patient care.

8. Demonstrate sensitivity to issues of age, race, gender, and religion with patients, families, and members of the health care team.

9. Treat patients, families, and all members of the health care team with respect.

10. Reliably be present in pre-arranged places at pre-arranged times except when actively engaged in the treatment of a medical or surgical emergency. The resident must notify the appropriate supervisor if he or she cannot be present.
11. Attend all mandatory conferences