

# Emergency General Surgery

**Institution:** Vanderbilt University Medical Center

**Duration:** 2 months

**Supervising Physician:** Oliver Gunter

**Contact Information:** 615-347-7253

**Year of Training:** PGY-5

## Educational Objectives:

The Emergency General Surgery (EGS) service is comprised of faculty in the Department of Surgery, residents at the PGY-5, PGY-4, PGY-2, and PGY-1 levels, as well as dedicated Nurse Practitioners. The EGS service evaluates nearly 1,200 patients each year, and serves as the primary consult service for acute general surgical diseases from within Vanderbilt University Medical Center as well as surrounding communities. The primary mission of the EGS service is to provide timely surgical assessment and operative management of the patient with an acute general surgical problem. Core competencies as defined by the ACGME form the basis of resident evaluations.

### Patient Care and Procedural Skills

- ✓ For chief residents on the EGS service, this will largely take place in the context of emergent consults, operative cases, and perioperative care with support and mentoring from faculty. The PGY-5 resident functions as the leader of the EGS service, and the main operating surgeon or teaching assistant for most operative cases. It is one of the few rotations where a chief resident often has better continuity with patients than faculty.
- ✓ PGY-5 residents will continue to develop surgical skills while on the EGS rotation. At the chief level, attention should be paid to nuances of the operation as a whole, i.e. indications and alternatives, exposure techniques, conduct of the operation, communication with OR and perioperative staff etc.
- ✓ Learning to work with an assistant who is less experienced is an important milestone of the chief year. At the discretion of the faculty, the EGS chief resident will frequently take junior residents through appropriate level cases (e.g. appendectomy, inguinal hernia, and cholecystectomy). There are certain cases that are not appropriate for this model, and optimal patient care should supersede other considerations (e.g. a MICU patient in septic shock with bowel perforation or ischemia is a chief case).

### Medical Knowledge

- ✓ An opportunity exists during the chief residency year to fill any knowledge gaps with the goal of excelling on the general surgery qualifying and certifying examinations. The chief resident is also afforded the opportunity to teach junior residents, particularly in the first half of the academic year. Complex cases and decision-making may prompt literature search for review articles on a variety of relevant topics.

### Practice-based Learning and Improvement

- ✓ A good technique to achieve this objective is to review evidence-based guidelines (e.g. Cochrane Reviews: <http://www2.cochrane.org/reviews/>), as well as critical reading of relevant articles in the surgical literature. Self-evaluation as it relates to patient care is best performed in real-time by seeking feedback and discussion from senior residents and faculty (i.e. *What could I have done differently?*).
- ✓ Write an accurate, detailed, and legible preoperative assessment and counseling note on all patients for which he/she serves as surgeon of record.
- ✓ Utilize assigned journal articles as well as available textbook chapters and information technology (including PubMed search and literature review) to learn the principles of breast surgery during the rotation.
- ✓ Participate in the education of patients, families, students, residents, and other health professionals.
- ✓ Incorporate formative evaluation feedback into daily practice.

### Interpersonal and Communication Skills

- ✓ As the consulting surgeon, he/ she should have developed the necessary skills to give an EBM medical opinion to another surgical or non-surgical colleague about a patient. He / she should be able to take a junior resident through an appropriate level case.

- ✓ Residents are expected to conduct themselves in a courteous and professional manner when interacting with patients, families and nursing staff. Good communication is critical to patient care, particularly in the emergency setting. Examples of specific elements which are of value throughout surgical training and practice include:
  - Discussion of risk/benefit/nature of the operation with patients and families in the setting of informed consent.
  - Communication with the surgical team. While a Time-out is performed before every invasive procedure or operation, the communication ideally begins much sooner (i.e. with anesthesia re: anticipated need for antibiotics, blood products, etc, with scrub/circulating nurses regarding nature of the operation, needed equipment/suture etc).
  - Transition of patient care, i.e. sign out
  - Communication with consultants and nursing staff
  - working closely with the case management teams to ensure appropriate disposition planning for EGS patients
  - End-of-life discussions
- ✓ The resident should ensure that the attending is aware of the progress of all patients on the service.
- ✓ The resident should clearly, accurately, and respectfully communicate with nurses and other Hospital employees.
- ✓ The resident should clearly, accurately, and respectfully communicate with referring and consulting physicians, including residents.
- ✓ The resident should clearly, accurately, and respectfully communicate with patients and appropriate members with their families about identified disease processes (including complications), the expected courses, operative findings, and operative procedures.
- ✓ The resident should ensure that clear, concise, accurate, and timely medical records are maintained on all patients.
- ✓ The resident should be able to clearly and accurately teach medical students and junior residents about the procedures performed on this rotation when qualified to do so by hospital and program policy.
- ✓ Expected to establish expectations, roles, and responsibilities for junior residents, clerkship students and senior level students rotating on service.
- ✓ Expected to provide routine educational activities to junior residents and students while on service (such as teaching on rounds, chalk-talks, knot-tying, etc.)
- ✓ Expected to provide timely feedback and assessments to the program director, clerkship director and medical student supervisor as requested.

### **Professionalism**

- ✓ Demonstrate compassion, integrity, and respect for others.
- ✓ Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
- ✓ Demonstrate sensitivity to issues of age, race, gender, and religion with patients, family, and members of the healthcare team.
- ✓ Demonstrate respect for patient privacy and autonomy.
- ✓ Remain honest with all individuals at all times in conveying issues of patient care.
- ✓ Respond to the needs of the patient above one's own needs and desires.
- ✓ Maintain high standards of ethical behavior in all professional activities.
- ✓ Demonstrate a commitment to the continuity of patient care to carrying out professional responsibilities or through assuring that those responsibilities are fully and accurately conveyed others acting in his/her stead.
- ✓ Understand 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 weekly..
- ✓ Be properly and professionally attired at all times while engaged in patient care.
- ✓ At all times treat patients, families, and all members of the healthcare team with respect.
- ✓ Reliably be present in prearranged places at prearranged 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 will be unable to be present.
- ✓ Remain compliant with all required training designated by the institution.

### **Systems-based Practice**

- ✓ The resident should be able to assess the risks and benefits of all options for treating patients with surgical illness.
- ✓ The resident should be able to summarize the financial costs, potential complications, and long-term expectations for planned procedures.
- ✓ The resident should recognize the differences between the three hospital systems in which he or she will participate: federal, university, and private.
- ✓ The resident should be able to determine the benefit of additional treatment by other services such as plastic surgery, interventional radiology, and orthopedics.
- ✓ The resident should be able to determine and convey to appropriate individuals the instruments and other materials necessary for all procedures.

### **Description of Clinical Experiences:**

- ✓ Have all information needed to run morning report, try to find teachable moments for junior residents of all levels and educate.
- ✓ Primary surgeon on all EGS or elective cases unless delegated or assigned otherwise. Frequently will function as first assistant to a junior resident on prototypical cases (lap chole, lap appy, skin/soft tissue, laparotomy).
- ✓ Run the service, assign tasks to juniors, delegating appropriately.
- ✓ Supervise clinic residents, discuss with clinic attending for non-standard patients
- ✓ If documenting notes, please ensure that they include appropriate detail.
- ✓ Supervise PGY-4 and communicate any delegation of responsibility.
- ✓ Discuss any system issues with attending or Dr. Gunter ASAP
- ✓ Engage EGS faculty in decisions regarding other surgical subspecialty consultation.

### **Description of Didactic Experiences:**

Attend all scheduled education and conferences while on rotation. Sign-out and communication the most important parts of an EGS day, the morning report system allows for patient sign-out, case assignment, debate, and time for instruction are critical with restricted work hours to ensure appropriate continuity of care. In order to provide additional educational benefit, it is expected that all members of the team be prepared to discuss patients, physiology, and surgical options, appropriate to his/her level of experience. The EGS morning report occurs every morning at 0700 except during M & M and grand rounds. On these days the morning report will occur after these educational activities.

### **Evaluation Process:**

Faculty and senior residents will evaluate the performance of each resident using these goals and objectives. Each resident on the service will evaluate the rotation, the service, faculty and any senior residents also on the rotation.

### **Other Important Rotation Information:**

Nurse practitioners: Lauren Fletcher (276) 701-5731, Shazma Ali Shaban (615) 335-5256, Molly Truesdale (615) 337-2782

EGS NP Phone: 615-491-8140

Clinical instructors 17/18: Bracken Armstrong, Seth Bellister, Richard Betzold, Jill Streams

Tammy Warrick (clinic): 615-343-1057

Dr. Gunter: 615-347-7253