

Vanderbilt University Medical Center
Emergency General Surgery Service
Surgical Residency Rotation and Curriculum

LEVEL: PGY III

I. PATIENT CARE

- A. Be reliable and honest.
- B. Be available and responsive to your junior residents, your consultants and as a consultant.
- C. Develop appropriate judgment and involve your chief resident and attendings.
- D. Obtain detailed history with high degree of accuracy.
- E. Regularly perform complete and thorough physical examinations.
- F. Note subtle findings.
- G. Make patient management plans and decisions for complicated cases with chief resident and attending staff guidance.
- H. Maintain legible medical records.
- I. Dictate records in a timely fashion.
- J. Be able to write medically appropriate, legible and error free orders for complex cases, including those going to the intensive care unit.
- K. Practice safe patient care.

II. MEDICAL KNOWLEDGE

- A. (See “Competency-Based Knowledge Objectives”).
- B. Develop a broad fund of clinical knowledge to include the evaluation and management of at the least the following: acute abdominal diseases, abdominal wall hernias, gallstone disease, and skin and soft tissue infections, including the relevant anatomy, physiology, pathology and bacteriology.
- C. Be familiar with the indications and complications associated specifically with basic laparoscopic surgery.
- D. Be able to evaluate surgical risk in both the elective and emergency setting especially for complex cases.
- E. Use mature judgment when deciding which patient is a surgical candidate.
- F. Develop treatment plans for complex situations, including management in the intensive care unit.
- G. Regularly read about each surgical problem you encounter as well as related topics in emergency surgery and basic laparoscopy.
- H. Educate the junior residents and medical students using case-based scenarios.

III. PRACTICE-BASED LEARNING

- A. (See “Competency-Based Knowledge Objectives”).
- B. Learn specific laboratory evaluation tailored to each emergent and elective scenario.
- C. Provide a logical and organized analysis of data.
- D. Learn to utilize diagnostic studies effectively.
- E. Understand the indications and complications of different radiologic and interventional studies such as CT, MRCP, HIDA scan, ERCP, EGD, Upper GI, Barium Swallow, Barium Enema, Angiogram, etc.

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- F. Be able to read and analyze radiologic studies, such as MRCP, HIDA scan, Upper GI, Barium Enema, angiogram, etc.
- G. Get in the habit of personally reviewing all films.
- H. Attempt to be present for key interventional or diagnostic procedures.
- I. Be able to guide your junior resident through the placement of central lines, arterial lines, chest tubes, anoscopy and rigid sigmoidoscopy.
- J. Be proficient in placement of Hickman catheter, upper GI endoscopy, bronchoscopy, percutaneous gastrostomy tubes, endoscopic placement of post-pyloric feeding tubes, and percutaneous tracheostomy, under supervision.
- K. Be proficient and knowledgeable about ostomies, various types of abdominal drains, complex wound management, and management of the open abdomen.
- L. Read about cases (pathophysiology, anatomy, operative techniques) before you scrub in.
- M. Teach the basic concepts of tissue handling, suturing techniques, and operating room procedures
- N. Operate with economical and fluid maneuvers.
- O. Be able to easily perform and/or guide a junior resident through basic operating room procedures such as laparoscopic cholecystectomy, laparoscopic appendectomy, herniorrhaphy, drainage of abscesses, adhesiolysis, abdominal closure, etc.
- P. Perform more complex open appendectomies, recurrent open hernia repairs, etc.
- Q. Take command of the operation and learn to be an efficient assistant to your junior resident during appendectomies, herniorrhaphies, drainage of abscesses, abdominal closure, etc. Always think 1 or 2 steps ahead, anticipating instruments, movements, etc.
- R. Learn more advanced gastrointestinal procedures such as bowel resection and anastomosis, lysis of difficult adhesions, open cholecystectomy, etc.
- S. Participate actively in daily work rounds, daily attending rounds, weekly Trauma / EGS, ED Conference, weekly M & M, Grand Rounds, monthly Trauma / EGS Journal Club, and resident teaching conferences.

IV. PROFESSIONALISM

- A. Be responsible and dependable.
- B. Show self-initiative and integrity.
- C. Practice honesty in the doctor-patient relationship and other medical interactions.
- D. Set the standard for your team in terms of cordiality and respect toward patients, fellow residents, and ancillary staff.
- E. Be familiar with ethical issues such as informed consent, patient's rights, end of life issues, etc.
- F. Effectively teach other residents, interns, medical students, and ancillary health professionals.
- G. Actively participate in discussions and become a leading part of rounds,

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attending staff conference, etc.

H. Maintain a presentable appearance that sets the standard for the hospital. This includes but is not limited to adequate hygiene and appropriate dress. Scrubs should be worn only when operating or while on call.

V. INTERPERSONAL RELATIONSHIPS & COMMUNICATION

A. Inform your patients during daily rounds about the care plan for the day and/or what they should expect in the future.

B. Discuss with the patient and their families, in layman's terms, their probable diagnosis, its implications, the recommended treatment and any operations under consideration.

C. Communicate effectively with your residents, attendings, other residents, and ancillary staff.

D. Restrain from conflict with your peers or ancillary staff.

E. Set the tone for team morale.

F. Interact effectively with other team members.

G. Assume additional responsibility.

H. Be able to plan, prepare for and carry out an educational presentation.

VI. SYSTEMS-BASED PRACTICE

A. Be able to critically assess the quality of care as discussed during Attending Rounds and the weekly M & M conference.

B. Deliver patient care with an understanding of cost vs. benefit considerations, medical economics, outcome analysis, quality improvement and medicolegal issues.

C. Tailor your practice of "Evidence Based Medicine" to include the use of Practice Guidelines and Clinical Pathways.

VII. RESEARCH

A. Develop a basic understanding of and participate in the evaluation of surgical literature for credibility and applicability.

B. Participate in some clinical research to develop a perception of how it is done, its potential shortcomings and its importance to the improvement in patient care.

C. Participate in on going clinical studies, and provide an initial insight in clinical research of the Emergency General Surgery Patient.