

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

LEVEL: PGY V

I. PATIENT CARE

- A. Be reliable and honest.
- B. Be available and responsive to your NP's, interns, junior residents, and consultants.
- C. Develop mature judgment.
- D. Uniformly pay attention to fine details.
- E. Note subtle findings.
- F. Make patient management plans and decisions for complicated cases with minimal attending staff involvement.
- G. Dictate records in a timely fashion.
- H. Maintain legible medical records.
- I. Practice safe patient care.

II. MEDICAL KNOWLEDGE

- A. (See "Competency-Based Knowledge Objectives").
- B. Expand your clinical fund of knowledge to include tackling subject areas of controversy. Topics generally encountered include the evaluation and management of at the least the following: gastrointestinal emergencies, acute abdominal diseases, abdominal wall hernias, gallstone disease and soft tissue infections, including the relevant anatomy, physiology, pathology and bacteriology.
- C. Be familiar with the indications and complications associated specifically with advanced laparoscopic surgery.
- D. Smartly 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.
- G. Regularly read about each surgical problem you encounter as well as related topics in emergency and advanced laparoscopic surgery.
- H. Educate the residents, medical students, and NP's using case-based scenarios.
- I. Evaluate and manage pre and post-operative general surgical patients to a high level of sophistication.

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. Communicate to your team the indications and complications of different

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- radiologic and interventional studies such as CT, MRCP, HIDA scan, ERCP, EGD, Upper GI, Barium Swallow, Barium Enema, Angiogram, etc.
- F. Read all complex imaging studies obtained for the services' patients.
 - G. Personally review 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, PAC, arterial lines, chest tubes, Hickman catheter placement, upper GI endoscopy, endoscopic placement of post-pyloric feeding tubes, percutaneous endoscopic gastrostomy / jejunostomy, percutaneous tracheostomy, anoscopy, rigid sigmoidoscopy.
 - J. Be proficient and knowledgeable about ostomies, various types of abdominal drains, complex wound management, and management of the open abdomen.
 - K. Teach the basic concepts of tissue handling, suturing techniques, and operating room procedures.
 - L. Develop a complete understanding of complex procedures (pathophysiology, anatomy, and operative techniques) before you scrub in.
 - M. Pay close attention to pre-operative workup and learn operative setup.
 - N. Operate with economical and fluid maneuvers.
 - O. Be able to perform complex maneuvers well.
 - P. Begin to develop a sophisticated and meticulous operative style.
 - Q. Acquire advanced laparoscopic skills for cases such as: appendectomy, laparoscopy for acute abdomen/bowel obstruction, splenectomy, adrenalectomy, gastric by-pass (for obesity) fundoplication, groin and ventral hernia repair, common duct exploration, etc.
 - R. Take command of the operation and learn to be an efficient assistant to your junior resident during appendectomies, herniorrhaphies, drainage of abscesses, abdominal closure, as well as more advanced gastrointestinal procedures such as bowel resection and anastomosis, lysis of difficult adhesions, open cholecystectomy, etc.
 - S. Always think 1 or 2 steps ahead, anticipating instruments, movements, complications, etc.
 - T. Command Daily Resident Work rounds, Daily Attending rounds, weekly Trauma / EGS / ED conferences, 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. Function as a role model and mentor to junior residents as well as medical students.
- D. Practice honesty in the doctor-patient relationship and other medical interactions.
- E. Set the standard for your team in terms of cordiality and respect toward patients, fellow residents, and ancillary staff.

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- F. Be familiar with and teach your residents about the ethical issues such as informed consent, patient's rights, end of life issues, etc.
- G. Effectively teach other residents, interns, medical students, NP's, and ancillary health professionals.
- 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.
- I. Maintain the highest standards of profession.

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, NP's, other residents, and ancillary staff.
- D. Restrain from conflict with your peers or ancillary staff.
- E. Enhance 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. Critically assess the quality of care as discussed during Staff 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

VII. RESEARCH

- A. Develop a detailed understanding of and lead the evaluation of surgical literature for credibility and applicability.
- B. Encourage 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.