University of Illinois, Metropolitan Group Hospitals Program in General Surgery

Rotation Title: General Surgery, Breast, Thoracic / Vascular, Advanced Laparoscopic surgery, Upper Endoscopy

Level of Training: PGY 1, PGY II, PGY III, PGY IV and PGY V

Attending in Charge of Rotation: Dr Perez Tamayo (Chairman Surgery)

Faculty: Dr. Kacey, Dr. Perrott, Dr. Lutfi, Dr. Gasior, and Dr. Richards

Rotation description:

There are two surgical services, the CVT Service and the General Surgery Service. Both services cover their own patients in the Intensive Care Unit. The cardiovascular/thoracic service consists of a 3rd year and a 1st year resident. The cardiovascular/ thoracic and vascular attendings see outpatients on the premises with the residents Monday, Friday and, occasionally, Saturday morning. The CVT residents may operate any day of the week. Resident involvement in open-heart surgery is expected only if educational. An endovascular experience is also available in the cardiac catheterization lab, and resident participation is encouraged.

The General Surgery services have been combined into a single general surgery service. One PGY-3 is assigned to follow Dr. Perez Tamayo as a junior fellow on an apprenticeship type rotation. Another PGY-3 is assigned to run the CVT service and will act like a junior fellow on that service. In fact, the PGY-3 on the breast service will spend time with Pathology, Radiology, Radiation Oncology, and participate intimately with Breast Conference. These assignments are to be addressed on day 1 of the rotation so that your attendings can make arrangements based on OR and Call schedules.

PGY 4 is primarily is assigned to advanced laparoscopic service with Dr. Lutfi. The service is primarily dedicated to complete spectrum of Bariatric surgery in an indegent population. Mercy hospital is the only institution in the entire city of Chicago who deals with obesity surgery in the underserved population.

As of July 2011, Mercy hospital will also provide limited Upper endoscopy experience. The resident will have undergone training at St Francis Hospital and completed the OSATS which includes the technical and cognitive aspect of Upper endoscopy.

The inpatient team rounds daily and sees all E.R. and floor consults. This team is led by the PG-4, or PG-5 and includes a PG-2 and a PG-1. The PG-2 manages the intensive care patients

On Mondays the Mercy Family Health Center's General Surgery and Tumor Clinics start at 8:00 a.m. and are run by Dr. Kacey. From 9:30 a.m. to noon Drs. Perez-Tamayo/Kacey see patients in the Doctor's Office Center. From 1:00 p.m. to 4:00 p.m. Drs. Perez-Tamayo/Kacey see patients at the Pulaski office, while from 1:00 p.m. to 4:00 p.m. Dr. Perrott runs the Wound Clinic at Mercy. On Wednesdays and Fridays Drs. Perez-Tamayo/Kacey see patients in the Doctor's Office Center from 9:30 a.m. to noon. On Thursdays Dr. Perrott runs the Wound Clinic from 1:00 p.m. to 4:00 p.m. at Mercy. Residents are responsible for the initial evaluation of all these patients and for developing a treatment plan with the guidance of the attending staff. Office procedures including ultrasound, needle biopsies, FNA's, excisional biopsies, I & D's, debridements and wound coverages are an integral part of this experience as well.

The 5th and/or 4th year residents are responsible for reviewing the next day's operative schedule and assigning a resident and medical student to each case. One of the goals of the system is to provide an operative experience commensurate with the training level of the resident to maximize the educational benefit for all residents.

Each afternoon the 5th or 4th year resident is to review the entire inpatient service with the team and to call the attending-on-call with an update. This review will also serve as sign out rounds for the on-call team, as a continuity of care.

The chief resident's responsibilities are divided into academic, clinical and administrative. Academic responsibilities include preparation of the daily morning conference schedule. The chief resident will work with the program director to develop, assign and moderate topics for discussion. The chief resident is to report

all surgical morbidities and mortalities and, in conjunction with the chairman of the department, prepare and research the pertinent literature for their presentation. Some of the clinical responsibilities of the chief (5th year) resident have been elucidated above; but, in addition, they are responsible for alternating home call with the senior resident on a weekly basis for the complex cases. Administratively, they are responsible for the call schedule, upholding the 80-hour workweek mandate for all residents under their direction and acting as liaison between the attending staff and residents.

The Surgical Intermediate Resident (either PGY2 or PGY3) who takes, on average, every 3rd night call, will continue to cover surgical patients when on call.

ASSESSMENT:

Monitoring of the accomplishment of the stated objectives will be performed using the following methods:

1. 360 degree evaluation: End of rotation evaluation of resident performance to assess the Resident's demonstration of Core Competencies with respect to the stated objectives by faculty, other team resident members, students, nursing staff, and patients using multiple tools.

2. Case Logs: Auditing of operative cases pertinent to the specialty in the Surgical Operative Log.

3. Written Examination: Performance on the annual ABSITE examination, Gastrointestinal, Skin and Soft Tissue, thoracic and vascular systems section.

Surgical Skills Advancement:

The resident will exhibit surgical performance skills based on the following guidelines:

By the end of the rotation, have completed (per necessity) the OSAT/OSCA for the following procedures:

PGY 2: open appendectomy, open inguinal hernia repair
PGY 3 on breast: Breast OSCA
PGY 3 on CVT: Chest tube placement, Femoropopliteal Bypass
PGY 4: Gastric Banding planned for 2011- 2012, Laparscopic Inguinal hernia, Laparoscopic cholecystectomy

PGY 5: Upper Endoscopy

COMPETENCY BASED LEARNING OBJECTIVES

Patient Care:

1. Perform a complete and thorough history and physical examination, with emphasis in elements unique to laparoscopic, oncologic, thoracic / vascular and general surgery patients.
2. Initiate the laboratory evaluation and any other initial diagnostic studies with an understanding of the tests to be ordered.
3. Make informed decisions about diagnostic and therapeutic interventions on general, laparoscopic, and oncologic surgery patients with the guidance of senior residents and faculty.
4. Be proficient in the preoperative preparation of the patients for general, thoracic / vascular, laparoscopic, and oncologic surgery and routine postoperative care.
5. Understand basic pathophysiology of oncologic disease and begin to master the skills necessary to care for the ICU patient under the guidance of the senior residents and faculty members.
6. Understand basic pathophysiology of oncologic surgical disease, principles of resuscitation, preoperative and postoperative care of oncologic, general and laparoscopic surgery patients under the guidance of the senior residents and attendings.
7. Understand the basic indications for common radiological and interventional studies used in the care of laparoscopic, oncologic and general surgery patients such as plain chest, CT scans, MRCP, ERCP, non- invasive cardiac function tests, and mammography.
8. Demonstrate the ability to effectively set priorities and coordinate the care of these patients.
9. Physical Examination
a. To understand the significance of observational signs, such as skin color and texture, swelling, fever, and weight loss.
b. To detect and evaluate abdominal masses, breast masses, abnormal mammograms.
c. To develop the skills necessary to palpate the abdomen, neck, and extremities in order to localize sites of tenderness, enlarged lymph nodes, and to recognize the presence of masses and abnormal pulsations.
d. To be capable of performing basic surgical evaluations.
e. To interpret physical findings, understand how they contribute to the diagnosis, recognize their limitations, and be aware of other diseases that might mimic the findings.
f. To be familiar with commonly used noninvasive instruments and screening

modalities, such as magnetic resonance imaging (MRI), digital mammography, and computerized tomography (CT).

Curriculum/Goals

MORNING REPORT / WEEKLY SCHEDULE

Morning report is held at 7:00 a.m., Monday-Friday. The cases admitted overnight are presented by the students and residents who were on call. It is the responsibility of the more senior members of the call team to make sure the student does well.

The presentation and the case management are critiqued.

The differential diagnosis, the specific disease process and the treatment plan are then discussed by the attendings present. After the case presentations, the formal weekly schedule is as follows: Monday, morbidity and mortality conference; Tuesday, basic science; Wednesday, CVT conference; Thursday, critical care conference; Friday, director's conference.

Daily Conferences

MONDAY: MORBIDITY AND MORTALITY CONFERENCE
All general surgical complications are presented from the previous week by the resident who operated.
The attending of record's presence is mandatory.
After discussion of "what could have been done differently," the resident is responsible for presenting pertinent literature related to the complication.

TUESDAY: CARDIOVASCULAR/THORACIC CONFERENCE
This conference is the responsibility of the 3rd year resident on the CVT service. Once a month CVT morbidities and mortalities are discussed. Once a month cardiovascular/thoracic attendings give a formal lecture. The other days are the responsibility of the 3rd year resident. A specific topic or a case with x-rays can be discussed. A cardiovascular-thoracic attending is present to make comments.

WEDNESDAY: BASIC SCIENCE CONFERENCE
The executive program director has distributed a schedule of topics to be followed on a weekly basis.
The chapter to be discussed is distributed well in advance of the conference. A junior resident presents the topic, and a senior resident provides questions to

emphasize the most important points from that chapter. Once a month a test is given. Immediately following the test, the answers are reviewed with the site program director.

THURSDAY: CRITICAL CARE CONFERENCE
The Schraier Intensive Care Unit (SICU) is a 14-bed combined surgical/medical ICU with post-op cardiac patients. Board certified critical care surgical and medical attendings will direct the conference.

The Thursday Morning Conference is somewhat flexible in its content; however, these textbook chapters will be covered during one or more of the Thursday Morning Conferences each month.

FRIDAY: DIRECTOR'S CONFERENCE
The site program director or chief of surgery uses this conference to directly question the more senior residents on the indications, technique, pathologic results, complications and future treatment plans of patients they operated that week. Often, oral board type scenarios are presented to the residents.

OTHER MANDATORY CONFERENCES

TUMOR BOARD: The site program director runs the tumor conference which is held every Wednesday at 8:00 a.m. All residents on the General Surgery service and any residents on the CVT service not in the O.R. attend.

MONTHLY MULTIDISCIPLINARY BREAST CONFERENCE
Open to all surgical services, but mandatory for the General Surgery service residents, this multidisciplinary group will review prospective breast cancer cases and recommend management. It will be held in the breast center, 12th floor conference room, the second Monday of each month, from 7:30 a.m. to 8:30 a.m.

MORNING REPORT
Competency-Based Knowledge and Performance Objectives

JUNIOR

GENERAL
Present a history and physical in a cogent fashion
Develop an accurate differential diagnosis
Understand the treatment plan

MONDAY
Be familiar with the common pitfalls resulting in general surgical complications
Recognize signs and symptoms of postoperative complications

TUESDAY
To read the week's basic science
To start to assimilate these basic science principles into the clinical arena

WEDNESDAY
Be able to interpret the findings of the vascular exam
Understand the work up and treatment involved in common cardiovascular and thoracic problems
Know the initial management of common CVT emergencies: cardiac tamponade, tension pneumothorax, acute arterial insufficiency, aortic aneurysm and aortic dissection

THURSDAY
Know the indications for admission to ICU
Review
Fluid electrolyte management
Treatment of shock
Indications for enteral and parenteral nutrition
Management of acute respiratory failure
Management of the oliguric patient
Prevention, diagnosis and treatment of DVT and PE
Interpretation of basic hemodynamic monitoring including the Pulmonary Artery Catheter

FRIDAY
Know indications for common surgical procedures
Be familiar with techniques of
Central line insertion
Chest tube insertion
Simple hernia repairs
Appendectomy

MORNING REPORT
Competency-Based Knowledge and Performance Objectives

SENIOR

GENERAL

Be able to critique the students' and junior residents' case presentations

Develop a more thoughtful differential diagnosis
Be responsible for the treatment plan
Develop teaching/and administrative skills (to teach skills and principles and then be able to delegate responsibilities)

MONDAY
Understand why the complication occurred and how best to avoid the complication
Have evidence-based literature to support any opinion

TUESDAY
To review the week's basic science chapter, finding the most pertinent points to stress to the junior residents
More fully assimilate basic science principles in daily patient care

WEDNESDAY
Be facile with the interpretation of vascular flow studies
Develop an evidence-based cost effective work up for common vascular and thoracic problems: to include arterial insufficiency, aortic aneurysm, venous insufficiency, carotid occlusive disease, esophageal cancer, lung cancer, spontaneous pneumothorax and malignant pleural effusion

THURSDAY
Be facile in ventilator management particularly as it relates to acute respiratory failure and ARDS
Understand the use of the Pulmonary Artery Catheter in septic shock including oxygen calculations
Be able to calculate caloric and protein needs and write orders for enteral or total parenteral nutrition for any surgical patient
Be able to stratify the risk of DVT in patients undergoing surgery

Know how to manage the massive or recurrent pulmonary embolus
Understand the causes for antibiotic resistance in the ICU and the principles used to prevent antibiotic resistance

FRIDAY
Be able to state the indication for surgery, describe the technique used and know the final pathology of any case operated the preceding week
Be able to answer mock board questions in a thoughtful, cogent manner

CRITICAL CARE
Daily and On-Call Management

MEDICAL KNOWLEDGE:

Competency-based performance objectives

Manage the surgical ICU patients while on 2nd call keeping the senior residents and attending staff involved.

Be able to perform the following procedures:
arterial catheter insertion
central line placement
placement of tube thoracostomy
pulmonary artery catheter placement (with senior resident or attending)
orotrachial intubation using anesthesia attending on call as a resource

Manage shock using vasopressors, inotropics, vasodilators and volume appropriately.

Manage basic dysrhythmias in hemodynamically stable and unstable patients.

Manage post-op hypertension in general surgical, vascular and open-heart patients.
Be able to calculate protein/calorie goals and write enteral and parenteral nutrition orders.

Manage mechanical ventilators in the post-op patient, especially in ARDS.

Manage a patient with septic shock.

GENERAL SURGERY SERVICE
Competency-Based Knowledge and Performance Objective

1ST YEAR RESIDENTS

AMBULATORY SURGERY
Perform an accurate, focused history and physical for ambulatory surgery
Perform simple excision of skin and subcutaneous lesions in the treatment room and office
Suture simple wounds
Be able to utilize the seldinger technique for insertion of central venous lines

DAILY INPATIENT CARE

Fluids & Electrolytes
Manage IV fluids

Nutrition/Metabolism
Write routine TPN and enteral feeding orders

Pharmacology
Provide appropriate DVT prophylaxis

Surgical Infections
Provide appropriate antibiotic prophylaxis
Recognize and treat simple wound infections

Wound Healing
Be familiar with the fundamentals of wound healing as they relate to debridement and chronic wounds

Abdominal
Evaluate patients with RLQ pain, develop a differential diagnosis, order appropriate diagnostic studies
Adequately resuscitate a patient with appendicitis for the operating room
Understand basic inguinal hernia anatomy
Be able to recognize a groin or ventral hernia
Be exposed to the repair of inguinal hernias
Be able to read an obstructive series
Recognize and resuscitate patients with a simple bowel obstruction
Be familiar with the most common etiologies of small and large bowel obstruction
Be able to recognize diffuse peritonitis
Be able to recognize uncomplicated diverticulitis and provide initial treatment

Biliary
Diagnose and provide initial treatment of patients with acute cholecystitis
Recognize gallstone pancreatitis and cholangitis
Be facile with the camera in laparascopic Cholecystectomy

Oncology
Understand the operative approach to colon cancer
Be able to stage colon cancer

GENERAL SURGERY SERVICE
Competency-Based Knowledge and Performance Objectives

FOR 2ND ON CALL RESIDENT
2ND AND 3RD YEAR RESIDENTS

GENERAL
Function effectively as the 2nd on call with home back up from senior residents and attendings

ABDOMINAL
Be able to recognize and treat an acute abdomen
Be able to recognize acute appendicitis on CT scan
Be able to recognize when a patient with a small bowel obstruction requires surgery
Outline the treatment plan for complicated diverticulitis

HERNIA
Effectively examine the pediatric patient for hernia
Specify the circumstances in which a tissue repair is more appropriate than a mesh repair for a ventral or inguinal hernia
Know when and how to reduce an incarcerated inguinal hernia

BILIARY
Distinguish between biliary colic and acute cholecystitis
Develop a treatment plan for the patient with gallstone pancreatitis
Describe which of these patients are most appropriate for pre-op ERCP and in which patients' cystic duct cholangiogram would be more cost effective
Specify the treatment plan for a patient with cholangitis

OPERATIVE EXPERIENCE
Perform part or all of the following procedures:
Appendectomy
Inguinal hernia repair
Ventral hernia repair
Laparoscopic cholcystectomy
Simple bowel obstruction
Colon resection

GENERAL SURGERY SERVICE
Competency-Based Knowledge and Performance Objectives

SENIORS 3RD & 4TH YEAR

SURGICAL ONCOLOGY

Be able to apply clinical screening for the most common cancers (to include prostate, breast, colorectal and cervical)

Stage specific neoplasms both clinically and pathologically using the TNM system

Be familiar with the fundamentals of radiation therapy
especially as it relates to breast and rectal cancers

Understand the use of chemotherapy in the adjuvant and neoadjuvant setting, especially as it relates to breast and
colorectal cancers

Be exposed to transrectal ultrasound

Perform intraoperative ultrasound of the liver to assess the presence or absence of metastasis

Understand the indications for FNA core biopsy, incisional biopsy and excisional biopsy for specific tumors

Understand the surgical fundamentals relating to resection of:

Melanoma with sentinel node biopsy

Sarcomas

Lung cancer

Esophageal cancer

Gastric cancer (R1 vs. R2 dissection)

Pancreatic cancer

Colon cancer

Rectal cancer

Non-melanoma skin cancer

Thyroid cancer

Participate in the weekly multidisciplinary tumor board conference (Wednesday, 8:00 a.m.-9:00 a.m.)

Participate in monthly multidisciplinary breast conference

SURGICAL PATHOLOGY

Review and discuss the details of surgical pathology reports with the attending surgeon

Review intraoperative frozen section and postoperative permanent section histology

Be able to recognize common benign and malignant breast diseases on core biopsy H & E stains and on FNA specimens

Manage the anticoagulation status of patients using heparin and coumadin

WOUND HEALING

Perform the initial evaluation of patients in the wound clinic
with special attention to the vascular exam and the nutritional assessment
Formulate a treatment plan with the wound care attending
Perform office debridements under the guidance of the wound care attending
Understand the treatment of necrotizing soft tissue infections

SURGICAL INFECTIONS

Use appropriate antibiotic prophylaxis
Diagnose serious post-op infections (abscess, leaks)
Initiate appropriate antibiotic treatment for primary infections (i.e. diverticulitis) and post-op infections (i.e. intra-abdominal abscesses)
Understand the problem of antibiotic resistance(VRE, MRSA) especially as it relates to ICU patients

ADVANCED LAPAROSCOPY

Perform bilateral inguinal hernia repair
Perform ventral hernia repair
Be exposed to hiatal hernia repair
Be exposed to colostomy closure
Be exposed to colon resection

CARDIOVASCULAR THORACIC SERVICE

Intern

VASCULAR

Assess patients' vascular systems using appropriate skills in history-taking and clinical examination
Review arterial and venous anatomy
Describe basic arterial and venous hemodynamics
Be familiar with the basic clinical manifestations of:
Obstructive arterial disease
Aneurysm arterial disease
Thromboembolic disease
Chronic venous insufficiency

Demonstrate skill in basic surgical techniques including:
Knot tying
Exposure and retraction
Knowledge of instrumentation
Incisions
Closure of incisions
Handling of graft materials
Demonstrate proficiency in venous access procedures
Participate in surgery for varicose vein disease and in the creation of arteriovenous fistula for hemodialysis

THORACIC

Review anatomy of the lung and esophagus
Be familiar with the appropriate diagnostic and therapeutic modalities for the following conditions:
Spontaneous pneumothorax
Empyema
Malignant pleural effusion
Esophageal cancer
Lung cancer
Evaluate the operative risk for a patient undergoing thoracic surgery
Perform tube thoracostomy
Attend tumor conferences relating to new lung or esophageal tumors

CARDIAC

Know the risk factors for cardiovascular disease (family history, smoking, HTN, DM, hyperlipidemia, obesity)
Review coronary anatomy
Describe the indications for CABG and valve replacement
Be familiar with the complications of cardiac surgery including: MI, stroke, bleeding, arrhythmias, low cardiac output syndrome, cardiac tamponade, sternal and extremity wound infections, respiratory and renal failure
Attend the weekly cardiac cath conference

SENIORS 3RD YEAR

VASCULAR

Outline indications for operations for lower extremity occlusive arterial disease,

aortic aneurysm, aortic dissection, carotid stenosis, amputation
Outline the procedures for managing vascular surgical emergencies such as acute tissue ischemia or ruptured aortic aneurysm
Illustrate the operative exposure of major vessels including:

a. Aortic arch
b. Carotid artery
c. Descending thoracic aorta
d. Proximal subclavian artery
e. Suprarenal aorta
f. Femoral artery
g. Infrarenal aorta
h. Popliteal artery

Perform selected operative procedures or selected parts of the following procedures:
Aortic aneurysm repair including endovascular stenting

Carotid endarterectomy
Aorto-iliac occlusive disease
Femoral popliteal occlusive disease
Arteriovenous fistula
Ligation and stripping of varicose vein disease

THORACIC

Describe the evaluation of a solitary pulmonary nodule versus a centrally located lung mass
Discuss the indications for mediastinoscopy
Discuss the value of PET scanning in lung cancer
Describe the work up of an esophageal cancer
Be familiar with the surgical options for esophageal cancers at the gastroesophageal junction
Be able to clinically stage lung and esophageal cancers
Perform selected operative procedures or selected parts of the following procedures:
Pacemaker insertion
Video assisted thoracic surgery (VATS) for empyema and spontaneous pneumothorax, lobectomy for lung cancer, mediastinoscopy, and gastroesophagectomy for esophageal cancer
Attend tumor board conferences relating to new lung or esophageal tumors

CARDIAC

Discuss the classification of aortic dissections
Describe the diagnosis and treatment of aortic dissection as it relates to the classification

Specifically concentrate on the use of
Inotropic agents (dopamine, dobutamine, epinephrine, norepinephrine and amrinone)
Pre-/after-load agents (nipride, nitroglycerine, neosynephrine
Beta blockers
Attend the weekly cardiac cath conference

Practice Based and Life Long Learning:

1. Develop a personal program of self-study and professional growth with guidance from the teaching staff and senior residents. An understanding of the etiology, pathogenesis, pathophysiology, diagnosis and management of oncologic and general surgery disorders will allow for sound surgical judgment, which relies on knowledge, rational thinking and the surgical literature.
2. Utilize current literature resources to obtain up-to-date in information in the oncologic and general surgery patients and practice evidence-based medicine.
3. Participate in teaching and organization of the educational weekly conferences.
4. Participate in activities of the Department of Surgery (including all teaching conferences) and assume responsibility for teaching and supervision of subordinate surgical house staff, and medical students.
5. Participate in the Department Morbidity & Mortality conference and utilize information to further improve patient care.
6. Participate in daily teaching rounds and be able to present patients in an organized and complete fashio
7. Topic of the day in the computerized life long learning portfolio

Professionalism:

1. Practice compassionate patient care maintaining the highest moral and ethical values with a professional attitude.
2. Demonstrate understanding of the needs and feelings of others, including the patient's family members, allied health care personnel (nurses, clerical staff, etc.), fellow residents, and medical students.
3. Communicate and collaborate effectively in a team of health care providers
4. Demonstrate respect, compassion and integrity in the care of oncologic and general surgery patients on a daily basis
5. Demonstrate mature and educated approach to Ethical issues commonly encountered in an oncologic and general surgery setting.
6. Show sensitivity to patients' culture, age, gender and disabilities
7. Recognize and appropriately handle sensitive cases of abuse
8. Be self-aware and have knowledge of professional limits by practicing on-going medical education and self-improvement.

9. Be accountable to profession in their actions and decisions

INTERPERSONAL AND COMMUNICATION SKILLS

1. Create and sustain a therapeutic and ethically sound relationship with patients and patient families
2. Work effectively with other members of the medical team including allied health care personnel (nurses, clerical staff, etc.), fellow residents, and medical students.
3. Maintain professional interactions with other health care providers and hospital staff
4. Be able to communicate patient presentations and findings in an effective manner with colleagues.

CHIEF RESIDENT

Oversee all services and be able to intervene clinically or administratively to assist the other residents
Oversee morning report assuring that the scheduled conferences proceed successfully
Be a resource for the residents and the nurses in the care of ICU patients
Perform teaching rounds with special attention to the junior residents and students
Act as a liaison between the residents/students and the attendings

Systems Based Practice:

Mercy Hospital has a particular indigent patient population. This poses many challenges for a thorough medical evaluation and care. This provides an ample opportunity for the resident to learn and improve on communication skills and interaction with other specialists. The Lap-Band program provides particular exposure to a genuine multidisciplinary approach to chronic diseases in the socio-economically challenging patient.

1. Understand how the health care organization affects surgical practice of oncologic and laparoscopic general surgery
2. Demonstrate cost effective health care
3. Be able to coordinate multi-specialty and multidisciplinary trauma care practice including discharge planning, social service, rehabilitation, and long-term care
4. Be able to discuss the influence of local and national political health care systems and their effects on the practice and feasibility of general surgery.
5. Follow established practices, procedures, and policies of the Department of Surgery and integrated and affiliated hospitals.

6. Maintain complete of medical records operative notes staff sheets and notes, patient database cards and other patient care related documentation in a timely, accurate and succinct manner.

READING MATERIALS:

Educational materials which will function as guides for resident education during this course include but are not limited to:

1. The SCORE General Surgery Resident Curriculum Portal accessed at https://portal.surgicalcore.org/home
2. Schwartz's Principles of Surgery
3. Zollinger's Atlas of Surgical Operations
4. The Surgical Core Curriculum accessed via Access Surgery through the University of Illinois-Chicago website

GETTING THROUGH A SURGICAL RESIDENCY
PGY 1
Reading:
Cope's early diagnosis of the acute abdomen (master it)
O'Leary Basic Science text

Shortcuts:
Washington Manual; Manual of Surgical Therapeutics

Atlas
Zollinger or Nora, Mastery of Surgery; Nyhus' Hernia chapter 2

Skills:
Lumps & bumps
Opening/closing
Plastic skin closures
Central venous access
Art lines, cut downs
Intubation
Knowledge of sutures and square knot tying
IV's

Procedures:
Tube thoracostomy
Hernia
appendectomy

tracheostomy
simple breast biopsy
open g/j tubes

Pitfalls:
Not reading Schwartz Part 1
Not reviewing anatomy preop
Not mastering basic suturing skills
Not assisting in O.R.
Failing to be systematic in approach to acute abdomen
Not bringing closure to clinical ward issues, such as IV orders, antibiotics, analgesics and TPN

Behavior:
Work hard
Ask questions
Remember mistakes
Get help

PGY 2

READING:

Reread Cope
Master Part 1 of Schwartz and go to Part II, chapters 13, 14, then 22-36 as a minimum.
Buy Marino or Civetta in critical care,, start Cameron

Shortcuts:
Join ACS candidate group and marry into SESAP

Atlas:
Nyhus hernia chapter 2, Zollinger or Nora 'til binding breaks

Skills:
Competent @ PGY 1 stuff / learn & earn anastomotic technique

Procedures:
Expl lap, ulcer patch, +/- lap chole, all PGY 1 operations

Pitfalls:
Not understanding Cope or Schwartz through chapter 36

Behavior:
"Charger" who self-starts and contributes to dialogue, show growth by (remembering and having internal agenda)

PGY 3 & 4

Reading:
Rutherford / Ravitch / Goligher or Gordon / Maingot / Mattox. Every recommended specialty book on specialty service! Make some new friends! If you aren't done with Schwartz, quit now! Welcome DeVita and Shackelford into your busy life.

Shortcuts:
Hamilton Bailey's emergency surgery

Behavior:
Display independent cognitive/organization skills while you seek senior counsel /support
Make every effort to present at every conference: discuss!

Pitfalls:
Acting like PGY 2; entering year with major PGY 1-2 deficiency

PGY 5 +

Review relevant sections Schwartz/Maingot/Shackelford/
Goligher /Townsend/ACS textbook of surgery, etc. PRN
Comport self as if you were a junior attending surgeon
Assume responsibility for every patient on your service (night or day)
Act as a role model for resident staff
Delegate authority and hold juniors responsible to you
Make people want to work for you for you, teach them!
Feel really bad when something is missed or goes wrong
(esp. your fault)
Don't hide deficiencies, mistakes; present cases every bonference possible
Read ACS journal, master every SESAP you can find
Save Cameron for certifying exam (after you pass qualifying exam!)
Use Norton/Steele/Eiseman as initial and final prep for oral boards

Ask good questions, debate with literature, espouse concepts over constructs, and

find out what you do not know.

OUTCOMES:

Outcomes for the various goals and procedures in this curriculum will be assessed along the following standards:

1. Superior: the resident exhibits conceptual understanding beyond that which is described in this bulletin, and practice performance which is at a standard for a resident at a more advanced PGY year.
2. Above-Average: the resident has shown understanding and performance that is above what is expected for the rotation.
3. Competent: the resident exhibits conceptual understanding and practice based performance standards that are minimal, for the appropriate PGY year, for advancing towards general surgical practice.
4. In Need of Remediation: the resident has failed to grasp the basic concepts and practices necessary to advance past this rotation for the PGY year, and shows need of repeating or training augmentation.

ADDITIONAL OPERATIVE FREEDOM

May act as a "teaching attending" to assist another resident in appropriate cases as determined by the attending of record. Freedom to scrub on any of the three surgical services as well as the following uncovered surgical services: The urology service for nephrectomies, radical cystectomies with ileal conduct and radical prostatectomies The head and neck service for parotids and radical necks
Plastic Surgery - For flaps and breast reconstruction

CARDIOVASCULAR THORACIC SERVICE

On the vascular service the PGY-3 acts as the chief resident much like the mini-breast fellowship, this is a CVT mini-fellowship. Conference Monday is mandatory for CVT residents and CVT M&M is at least one time monthly.

FINAL WORD

This residency is a legacy of Drs. Robert Schmitz, William Allen and William Tito. Dr. Tito brought this outline to morning report in 1996. The message: Be committed to your chosen profession from the start (PG-1). Have attainable yearly

goals that you build on. Only then can you enjoy and benefit from the opportunities and responsibilities your senior and chief years will bring.

Alejandra Perez-Tamayo, M.D.
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