



University of Illinois, Metropolitan Group Hospitals Program in General Surgery

Rotation Title: Service A – AIMMC

Level of Training: PGY I: One month, PGY II, III, and V: Two months

Attending in Charge of Rotation: Dr. Vijay K. Maker (Chairman Surgery)

Faculty: Dr. Nikolaos Dallas, Dr. Marc Adajar, Dr. David Shapiro, Dr. Barry Summers, Dr. Mark Keldahl, Dr. Maria Osipova, Dr. Omar Hassanein, Dr. Axel Joob, Dr. Michael Vercillo, Dr. Frank Lutrin, Dr. Heidi Memmel, Dr. Larry Iteld

Rotation description:

This general surgery rotation at Masonic consists of two services each with a component of wide spectrum of general surgery, surgical oncology, and specialty. Service A is a very busy service with wide spectrum of surgical experience. Residents also work with Thoracic and Vascular surgeons in thoracic, esophageal and vascular cases. Apart from the patient care and management, this service spends time in teaching cost effective medicine, professionalism and various quality assurance and patient safety topics.

Responsibilities of Chief Resident

The chief resident's responsibilities are divided into academic, clinical and administrative.

Academic responsibilities

- Preparation of the daily morning conference schedule
- The chief resident will work with the site 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.
- Teaching of residents, medical students during daily rounds, in the operating room, and at every opportunity

Clinical responsibilities

- Organize the day-to-day coverage of the OR cases, floor and ER coverage
- Assist and supervise the junior residents in daily care of patients.
- The Chief resident will round with the junior residents and provide them with direction in carrying our managements plan for all patients.
- The Chief resident will ensure that adequate chart documentation occurs on all patients, and that residents complete dictations.
- Operating room attendance at the majority of the team's cases is expected. The Chief resident's role will vary according to the case and the learning requirements of the junior members. The chief resident will act as a teaching assistant to junior resident on appropriate cases.
- All chief residents are expected to attend the OR in a timely fashion to help with patient positioning and to become familiar with the patient's chart if the case is being done on an outpatient basis.
- Available to assist junior residents with management of ER patients especially the very sick and or the complex patients.
- The chief resident is responsible to provide an operative experience commensurate with the training level of the resident to maximize the educational benefit for all residents.
- Each afternoon the chief 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 measure.
- Acts as a Role Model for Teamwork, teaching, sign outs and patient safety.

Administrative responsibilities

- Responsible for alternating home call with the other senior resident on a weekly basis
- Responsible for making call schedule
- Making sure the residents are in compliance with duty hour regulations
- Acting as liaison between the attending staff and residents.
- **In the preparation for Chief Resident to assume the role of attending, he/she is expected to review all the new consults with intermediate resident, attend and sign the consultation notes, document in the progress note any significant event in the patient's condition, call the primary care physician and family with the plan of care.**

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:

- 1) Utilize the simulation lab for improvement and experience with surgical procedures, offering the opportunity for advancement along the skills lab curriculum outlined in the simulation OSAT.
- 2) By the end of the rotation, have completed (per necessity) the OSAT/OSCA for the following procedures:
 - a) PGY I/II: open appendectomy, open inguinal hernia repair, breast surgery
 - b) PGY III: laparoscopic appendectomy, laparoscopic inguinal hernia repair, open and laparoscopic colon resection
 - c) PGY V: vascular bypass, embolectomy, lung resection (laparoscopic and open), proctectomy (low anterior resection/APR)
- 3) Requirements are that residents complete multiple OSATS with multiple faculty in order to assure a varied experience in pathology and technique in patient management

COMPETENCY BASED GOALS AND OBJECTIVES

MEDICAL KNOWLEDGE

PGY I Residents:

- Complete assigned reading in SCORE Curriculum as outlined both in SCORE website and outlined document on MGH website.
- Have a thorough understanding of preoperative assessment and preparations for the surgery.
- Identify the materials presented in routine surgical text about the care of simple, elective surgical problems
- Become proficient in routine bedside and Emergency department procedures
- Participate in Basic Science Reading Program and Lectures as defined by the monthly conference schedule

PGY II/III Residents:

- Complete assigned reading in SCORE Curriculum as outlined both in SCORE website and outlined document on MGH website.
- Have a thorough understanding of the standard surgical technique and be familiar with some of the common surgical journals as it relates to diseases and the evaluation and treatment of patients
- Participate in Basic Science Reading Program and Lectures

- Develop proficiency in routing surgical procedures and have a working knowledge about more complex surgical conditions.
- Become proficiency in the critical care management of septic patients.
- Develop and understanding of common malignancies encountered in surgical practice and how to begin the work-up.

PGY V Residents:

- Complete assigned reading in SCORE Curriculum as outlined both in SCORE website and outlined document on MGH website.
- Demonstrate a thorough understanding of a wide variety of basic and complex surgical conditions.
- In particular the one should develop an understanding for the surgical resection of commonly encountered malignancies.
- Participate and lead morbidity and mortality conferences.
- Lead the educational conferences

PATIENT CARE

PGY I Residents:

- Perform comprehensive history and physical examination of the abdomen, especially acute abdomen. Inform and explain to patient and family the results of tests done in the hospital including laboratory tests and x-rays
- Master the technique of basic suturing and tying. Master the use of computerized information services including ability to plot trends in lab values over time
- Master the sterile technique in the operating room and on the floor while maintaining universal precautions
- Demonstrate and apply pain management procedures and methods of postoperative pain control
- Demonstrate the ability to benchmark cases: lipoma excision and open inguinal hernia repair.

PGY II/III Residents:

- Conduct patient care for more complicated surgical problems including the care of some patients in the critical care unit.
- Develop proficiency with routine General Surgical cases
- Manage the General surgery service at night with the assistance of support physicians who are out of the hospital
- Provide appropriate care to complex patients in the intensive care unit with the assistance of the critical care service.

PGY V Residents:

- Lead the care of all general surgical patients.
- Available as a senior back up to help the more junior residents on night calls.
- Supervise the care of critically ill patients
- Participate in complex operative procedures including colectomies, gastrectomies and pancreatic resections.
- Demonstrate leadership and patient management skills by being a resource for complicated critical care problems.
- Facilitate a weekly morbidity and mortality conference.

INTERPERSONAL AND COMMUNICATION SKILLS

PGY I Residents:

- Develop and apply effective communication strategies to effectively interact with patients and their families.
- Develop and apply effective communication with senior residents.
- Educate and counsel patients on the service
- Gather essential information from patients; and accurately document patient encounters
- Interact with nurses, residents, attending surgeons, and ancillary staff to achieve the health-related goals of the patient

PGY II/III Residents:

- Develop and apply effective communication strategies to effectively interact with critically ill patients and their families
- Educate and counsel patients on the service
- Gather essential information from patients; and accurately document patient encounters
- Interact with nurses, residents, attending surgeons, and ancillary staff to achieve the health-related goals of the patient
- Communicate with senior residents and attending physicians in a concise yet thorough manner.

PGY V Residents:

- Develop and apply effective communication strategies to effectively interact with critically ill patients and their families
- Educate and counsel patients on the service
- Gather essential information from patients; and accurately document patient encounters
- Interact with nurses, residents, attending surgeons, and ancillary staff to achieve the health-related goals of the patient
- Provide good leadership to the junior residents on the service

- Refine communication techniques with attending physicians as well as junior residents and medical students.

PROFESSIONALISM

PGY I, II, III, V Residents:

- Relate as a team member with other residents from other departments
- Relate with all patients and support staff politely and with respect
- Respond to pages and consults in a timely manner
- Be punctual and display effective time management skills
- Respond to criticism and correction with calm and attentive demeanor
- Demonstrate appropriate dress and decorum while on duty
- Handle all patient information confidentially and not discuss it in hallways or other public places
- Use and know the chain of command on the resident service
- Demonstrate kindness, empathy and maturity in the interrelationship with patients with routine surgical problems
- Demonstrate the ability to maintain composure in an emergency department environment
- Demonstrate the ability to maintain a mature relationship in the midst of adversity, especially, when family members and love ones learn about serious injuries to relatives
- Demonstrate the ability to resolve disagreements between patient relatives and members of the treating team
- Apply effective methods in calming the grieving relative
- Demonstrate appropriate dress and decorum while on duty; conversations in public places to be free of patient information
- Respond to criticism and correction with calm and attentive demeanor

PRACTICE-BASED LEARNING AND IMPROVEMENT

PGY I Residents:

- Practice the daily care of routine surgical problems and attain an understanding of the natural history of these diseases
- Understand how treatment affects change in the natural history related to complicated diseases

PGY II/III Residents:

- Demonstrate improved comprehension of the natural history of more complicated disease and the emergency problems seen within the acute care facility

PGY V Residents:

- Recognize the affects that treatment has on the natural history of complicated diseases being treated in critically ill patients
- Demonstrate full progression in operative technical ability
- Master patient care practices of the critically ill patient and complicated intra-operative procedures with practice
- Demonstrate intra-operative skills to junior members of the team
- Participate in morbidity and mortality conferences in order to analyze mistakes and improve the quality of care provided.

SYSTEMS-BASED PRACTICE**PGY I Residents:**

- Interrelate with medical students and more senior residents as a team member when caring for patients with routine surgical problems

PGY II/III Residents:

- Be adept at being a supportive mid-level team player providing appropriate communications between the younger members and the more senior members

PGY V Residents:

- Be adept at communicating succinctly the assignments for the junior members of the team
- Demonstrate proficiency at providing care for the most complicated surgical problems and supervise the care of less complicated surgical diseases and techniques
- Be a strong leader of the surgical team and be able to communicate all surgical problems to the attending surgeons
- Coordinator of the morbidity and mortality conference.

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>
 - i. The expected medical knowledge, essential & complex procedures along with system base practice principles as outlined above can be found with their corresponding name under the SCORE module portion.
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

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.