

## Surgery I&II Objectives

### **General:**

1. Medical Knowledge and Patient Care:
  - a. Resident is able consistently perform a complete history and physical examination that is appropriate for the patient. Surgery 1 & 2
  - b. Resident is able to collect essential and accurate data from the patient Surgery 1 & 2
  - c. Resident is able to recognize the severity of the patient's condition Surgery 1 & 2
  - d. Resident reads and consults information sources for patient care Surgery 1 & 2
  - e. Resident is able to interpret the data correctly Surgery 1 & 2
  - f. Resident offers an adequate differential diagnosis Surgery 1 & 2
  - g. Resident's management plans are appropriate and complete. Surgery 1 & 2
2. Problem Based Learning
  - a. Resident exhibits and investigatory approach to knowledge deficits: generates questions, knows where to look up information, can apply the information to the clinical situation, responds to feedback Surgery 1 & 2
  - b. Resident is able to analyze patient problems and identifies what knowledge is needed. Surgery 1 & 2
  - c. Resident is able to demonstrate improved proficiency when encountering repeat diagnoses or problems (assimilates and applies new knowledge). Surgery 1 & 2
  - d. Resident does self-evaluation of clinical encounters and learns from those clinical encounters. Surgery 2
3. Interpersonal and Communication Skills
  - a. Resident provides clear verbal explanations or presentations to patients, patient families, or others on the health care team Surgery 2
  - b. Resident's written or dictated communication is organized and easy to follow, accurate and complete Surgery 1 & 2
  - c. Resident works effectively with others on the health care team Surgery 1 & 2
4. Professionalism
  - a. Resident consistently exhibits the following character traits: promptness, respectful of others, honesty, hard-working, responsible, teachable, compassionate toward others, altruistic Surgery 1 & 2
  - b. Resident responds to pages promptly Surgery 1 & 2
  - c. Resident exhibits appropriate physician-patient relationships, maintains emotional control. Surgery 1 & 2
  - d. Resident knows his limitations as a physicians Surgery 1 & 2
  - e. Resident follows informed consent and patient confidentiality Surgery 1 & 2
5. System Based Practice
  - a. Resident is able to create high quality medical records Surgery 1 & 2
  - b. Resident demonstrates patient advocacy Surgery 1 & 2
  - c. Resident works to create safe transitions of care by creating a current and complete discharge summary and/or communicating with the patient's primary care provider. Surgery 1

### **Pre-operative care**

1. Medical Knowledge:
  - a. Recognize common surgical conditions and know how to initiate an appropriate work up including but not limited to laboratory data, imaging and consultation with a surgeon Surgery 1

- b. understand the steps necessary to pre-operatively risk stratify a patient Surgery 2
- c. List the appropriate screening methods and indications for breast cancer, colon cancer, AAA's/peripheral vascular disease. Surgery 1 & 2

2. Patient Care:

- a. Elicit a focused history relevant to common surgical conditions (see below for list) Surgery 1 & 2
- b. Perform a targeted physical exam to differentiate common surgical conditions Surgery 1 & 2
- c. Select and interpret appropriate laboratory and imaging data in the work up of common surgical conditions Surgery 1 & 2
- d. Recognize patients in need of urgent vs emergent vs elective surgery and initiate surgical consultation as appropriate Surgery 1
- e. Perform complete pre-operative evaluation in the ambulatory setting Surgery 2

3. Interpersonal & Communication Skills

- a. Advise patients on the risks, benefits and alternative of proposed surgical interventions Surgery 1
- b. Explain to patients and their families indications for surgery, expected outcomes and necessary follow up. Surgery 2

4. Professionalism

- a. Initiate early consultation with a surgeon when appropriate Surgery 1

5. System-based Practice

- a. Discuss with surgeons any pre-operative risk concerns that need addressing prior to surgery or that may delay surgery. Surgery 2

**OR and procedural skills**

1. Medical Knowledge

- a. Recognize the difference and understand the indications for various types of suture (absorbable vs permanent, which size to use, etc) Surgery 1
- b. recognize the difference and understand the indications for various types of scalpel blades Surgery 1
- c. Recognize the difference and understand the indications for various types of needles Surgery 1
- d. Review the procedural steps in the ambulatory setting prior to beginning a procedure and recognize appropriate resources to use for review Surgery 1
- e. Review relevant anatomy related to surgical cases Surgery 1 & 2

2. Patient Care

- a. Practice sterile technique, including but not limited to gowning, skin prep, draping, irrigating, and initial dressing of the post-op wound. Surgery 1 & 2
- b. Administer local anesthesia such lidocaine proficiently Surgery 1
- c. Perform simple laceration repair and/or assist in the closing of a wound, including but not limited to simple interrupted suturing, tissue glue, skin staples, and/or steri-strips. Surgery 1 & 2
- d. Participate in rotation-appropriate required ambulatory procedures (see list on separate page) Surgery 1 & 2
- e. Participate in common surgical interventions in the operating room (see list on separate page) Surgery 1 & 2
- f. Utilize strategies to prevent common post-operative complications Surgery 1

3. Interpersonal & Communication Skills

- a. Obtain informed consent, including communicating risks, benefits, and alternative to patient/family Surgery 1
- b. Discuss indications and contraindications to surgical procedures with patient/family Surgery 1 & 2
- c. Communicate expected follow up and necessary wound care with patient/family Surgery 2
- 4. Professionalism
  - a. Recognize indications for surgical consultation Surgery 1
- 5. System-based Practice
  - a. Appropriately bill for ambulatory procedures Surgery 1
  - b. Communicate to out-patient physicians any intra-operative complications and expected follow up needs. Surgery 1

### **Post-operative care**

- 1. Medical Knowledge
  - a. Review causes of post-operative fever and appropriate work up Surgery 1
  - b. List common strategies used to prevent common post-operative complications (VTE, infection, ileus, etc) Surgery 1
  - c. Describe diagnosis and management of common surgical complications Surgery 1
  - d. Describe appropriate post-operative care after bariatric surgery including monitoring of potential nutritional deficiencies Surgery 1
  - e. Define appropriate colorectal and breast cancer screenings Surgery 1
- 2. Patient Care
  - a. Accurately identify and treat common post-operative complications Surgery 1 & 2
  - b. Utilize strategies to prevent common post-operative complications Surgery 1 & 2
  - c. Manage both acute and chronic post-operative pain Surgery 1 & 2
  - d. Arrange for appropriate follow up based on patients surgical intervention and clinical course Surgery 1
  - e. Recognize the importance of nutrition to wound healing and initiate appropriate steps to ensure proper nutrition in post-operative patients (including advancing diet, monitoring labs, initiating TPN, and consulting nutrition as warranted) Surgery 1
- 3. Interpersonal & Communication Skills
  - a. Communicate to patient and family expected post-operative course Surgery 1
  - b. Discuss any post-operative complications and appropriate management with patient/family Surgery 1 & 2
- 4. Professionalism
  - a. Recognize need for consultation with other areas of specialty such as wound & ostomy care, nutrition, etc. Surgery 1
- 5. System-based Practice
  - a. Participate in a multidisciplinary approach to post-operative care in the hospital including but not limited to nursing, social work, nutrition, and/or wound care. Surgery 1
  - b. Communicate with primary care physicians notable events during hospitalization and any discharge needs Surgery 1

### **Disease and symptomatology for common surgical conditions**

- 1. Medical Knowledge
  - a. Differentiate between common causes of abdominal pain including but not limited to gall bladder disease, pancreatitis, the acute abdomen (from bowel perforation, ruptured

appendix, incarcerated hernia, mesenteric ischemia, etc), diverticulitis, and appendicitis. Surgery 1 & 2

- b. Describe appropriate work up of common breast complaints including but not limited to a breast mass, nipple discharge, and breast pain. Surgery 1
  - c. Define indications for bariatric surgery Surgery 1
  - d. Describe common etiology and specific work up and management for common vascular conditions such as but not limited to AAA, carotid artery stenosis, PAD, and chronic wounds related to vascular insufficiency. Surgery 2
2. Patient Care
- a. Elicit a focused history for patients presenting with the following concerns: abdominal pain, breast complaints, weight loss strategies, chronic wounds. Surgery 1 & 2
  - b. Perform a focused exam for patients presenting with the following concerns: abdominal pain, breast complaints, weight loss strategies, chronic wounds. Surgery 1 & 2
  - c. Select, interpret and integrate appropriate diagnostic studies including laboratory data and imaging for patients presenting with the following concerns: abdominal pain, breast complaints, weight loss strategies, chronic wounds. Surgery 1 & 2
  - d. Initiate appropriate treatment for patients presenting with the following concerns: abdominal pain, breast complaints, weight loss strategies, chronic wounds. Surgery 1 & 2
3. Interpersonal & Communication Skills
- a. Communicate expected disease course and prognosis with patients/families. Surgery 2
4. Professionalism
- a. Recognize the indications for early surgical consultation Surgery 1
5. System-based Practice
- a. Collaborate with primary care physicians and emergency physicians in making admission decisions. Surgery 1 & 2

Urology objectives are located elsewhere.