

Attachment A

General Surgery Residency Program Educational Goals and Objectives

OVERALL Goals and Objectives

Description of Rotation: Each individual rotation has specific descriptions.

Program Year(s) (PRG) of Residents/Fellows: PRG 1,2,3,4,5

Type of rotation: Each Rotation has specific (whether Core or Elective)

Patient Care 1 (PC1) Patient Evaluation and Decision Making

Goal:

The resident will provide patient care that is compassionate, appropriate and effective for the treatment of most "BROAD" conditions in the SCORE Curriculum and some "FOCUSED" conditions in the surgical patient.

Objectives:

PRG 1 Residents:

- Acquire self-confidence and the ability to develop differential diagnoses and management plans through history and physical examination
- Begin to develop the ability to diagnose *some* "BROAD" surgical conditions in the SCORE curriculum and recommend initial management for *some*.
- Demonstrate the ability to perform a focused, efficient, and accurate initial history and physical of a full spectrum of patients admitted to the hospital (including critically-ill patients).

PRG 2 Residents:

- Demonstrate responsibility for overall patient care.
- Demonstrate proficiency in emergency room diagnosis and treatment for surgical diseases, including mastery of acute abdominal evaluation
- Be adept at patient care including pain management; demonstrate proficiency at triage.
- Demonstrate the ability to diagnose *many* "BROAD" surgical conditions in the SCORE Curriculum and initiate appropriate management for *some*.
- Begin to develop the ability to accurately diagnose some of the "FOCUSED" surgical conditions and make recommendations for initial treatment for many BROAD conditions in the SCORE Curriculum.

PRG 3 Residents:

- Perform overall evaluation and management of surgical patients
- Demonstrate the ability to diagnose *many* "BROAD" surgical conditions in the SCORE Curriculum and initiate appropriate management for *some* common "BROAD" conditions.
- Develop the ability to accurately diagnose some of the "FOCUSED" surgical conditions and initiate treatment for many BROAD conditions in the SCORE Curriculum.
- Demonstrate the ability to develop diagnostic plans and implement initial care for patients seen in the Emergency Department.

PRG 4 Residents:

- Demonstrate independence in the evaluation and management of all aspects of patient care including pain management
- Understand the social and economic needs of patients; demonstrate good understanding of ethical dilemmas
- Accurately diagnose most "BROAD" conditions in the SCORE curriculum and some "FOCUSED" conditions.
- Initiate appropriate management for *most* "BROAD" surgical conditions independently.
- Recognize atypical presentations of *many* "BROAD" surgical conditions.

PRG 5 Residents:

- Understand surgical pathophysiology and therapeutic support systems in order to achieve optimal recovery for the patient with limited morbidity.
- Demonstrate independence in the evaluation and management of all aspects of patient care including pain management
- Demonstrate the ability to lead a team that cares for patients with common and complex conditions.
- Delegate appropriate clinical tasks to other healthcare team members
- Recognize atypical presentations for *most* "BROAD" surgical conditions.

Patient Care 2 (PC2) Intra-Operative Patient Care - Performance of Procedures**Goal:**

The resident will develop the ability to manage common post-operative problems and the ability to recognize and manage complex post-operative problems (sepsis, systemic inflammatory response syndrome and multiple system organ failure) independently.

Objectives:**PRG 1 Residents:**

- Perform pre- and post-operative care of patients including pain management, with the basic understanding of pathophysiology as applied to surgical diseases.
- Demonstrate initial management of life threatening surgical illnesses and be adept at resuscitation.
- Begin to develop the ability to recognize and manage common post-operative problems.

PRG 2 Residents:

- Formulate diagnostic and treatment plans applicable to surgery
- Recognize and manage common post-operative issues (hypotension, hypoxia, confusion and oliguria) with the assistance of senior residents or staff members.
- Begin to develop the ability to recognize and manage complex post-operative problems (sepsis, systemic inflammatory response syndrome and multiple system organ failure with the assistance of senior residents or faculty.

PRG 3 Residents:

- Be able to outline pre-, intra- and post-operative treatment plans in detail including pain management
- Demonstrate a thorough understanding of operative indications and contraindications
- Recognize and manage common post-operative problems (hypotension, hypoxia, confusion and oliguria, independently.

PRG 4 Residents:

- Recognize the "limits" of surgical treatment and begin to develop the skills necessary to manage complex post-operative problems such as sepsis, systemic inflammatory response syndrome and multiple system organ failure, independently.
- Manage overall ward care of patients and demonstrate progressive supervisory role for junior residents.

PRG 5 Residents:

- Demonstrate the ability to lead a team and provide supervision in the evaluation and management of complex post-operative problems such as sepsis, systemic inflammatory response syndrome and multiple system organ failure.

Patient Care 3 (PC3) Intra-Operative Patient Care - Technical Skills**Goal:**

The resident will develop proficiency in surgical skills, efficiency of motion during procedures, and intra-operative decision-making skills for the "ESSENTIAL-COMMON" procedures/operations in the SCORE Curriculum and will gain experience in the "COMPLEX" operations without the need for coaching during procedures.

Objectives:

PRG 1 Residents:

- Understand the principles involved in operations, handling of tissues, dissection of tissues planes, suture-ligature techniques and master “simple” operative procedures
- Master techniques of using and placing nasogastric tubes, urinary catheters, IVs, central venous lines, arterial lines, and standard aseptic techniques
- Demonstrate good judgment, safety, and effective technical skills in operative cases
- Demonstrate basic surgical skills (airway management, knot tying, simple suturing, suture removal, Doppler ultrasound, administration of local anesthetic, universal precautions and aseptic technique).
- Demonstrate the ability to reliably perform basic procedures (venipuncture, arterial puncture, incision and drainage, minor skin excisions, IV placement, nasogastric tube, urinary catheter).
- Demonstrate the ability to perform basic operative steps in the “ESSENTIAL-COMMON” operations/procedures in the SCORE Curriculum.
- Begin to develop respect for tissue and skill in instrument handling.
- Complete tasks for Surgical Skills Lab assignments.

PRG 2 Residents:

- Continue to develop operative skills
- Understand complex operative procedures; fine tune operative skills
- Perform independently the placement of Hickman catheters, Swan Ganz catheters, and chest tubes; conduct advanced CPR, and place TPN ventilators for routine ICU patients.
- Demonstrate good judgment, safety, and effective technical skills in operative cases
- Develop skills in instrument handling.
- Demonstrate respect for tissue and continue to develop skill in instrument handling.
- Begin to develop the ability to move through portions of common operations without coaching.
- Begin developing the ability to make straightforward intra-operative decisions.
- Develop the ability to perform some of the “ESSENTIAL” operations in the SCORE curriculum with minimal assistance.

PRG 3 Residents:

- Be adept at endoscopic procedures and surgical intensive care
- Perform complex operative procedures and acquire a thorough understanding of abdominal surgery
- Demonstrate good judgment, safety, and effective technical skills in operative cases
- Demonstrate the ability to move through portions of “ESSENTIAL” operations without coaching.
- Demonstrate the ability to make straightforward intra-operative decisions.
- Perform some of the “ESSENTIAL” operations in the SCORE Curriculum with minimal assistance.
- Continue to develop skill in instrument handling and begin to exhibit efficiency of motion during procedures.

PRG 4 Residents:

- Be proficient at treating surgical diseases and handling standard operative procedures with a thorough understanding of surgical pathophysiology
- Demonstrate good judgment, safety, and effective technical skills in operative cases.
- Demonstrate proficiency in the handling of most instruments and exhibit efficiency of motion during procedures.
- Move through the steps of *most* “ESSENTIAL” operations without much coaching and demonstrate the ability to make intra-operative decisions.
- Demonstrate the ability to perform *many* of the “ESSENTIAL” operations and gain experience in the “COMPLEX” operations.

PRG 5 Residents:

- Perform difficult surgical procedures; Continue to fine tune surgical skills both in and out of the operating room
- Perform non-standard, or counter example cases; consider exceptions
- Demonstrate good judgment, safety, and effective technical skills in operative cases
- Demonstrate proficiency in the use of instruments and equipment required for “ESSENTIAL” operations.
- Demonstrate the ability to guide the conduct of most operations and make independent intra-operative decisions.
- Demonstrate the ability to perform *all* of the “ESSENTIAL” operations and demonstrate significant experience in the “COMPLEX” operations.
- Effectively guide other residents in the “ESSENTIAL-COMMON” operations.

Patient Care 4 (PC4) Post-Operative Patient Care

Goal:

The resident will demonstrate how to write an immediate post-operative note
The resident will perform an appropriate post-operative exam in the recovery room
The resident will discuss the post-operative plan with the patient's family.

Objectives:

PRG 1 Residents:

- Understand the principles involved in simple post-operative problems
- Manage routine post-operative course for a common operation

PRG 2 Residents:

- Continue to develop routine post-operative management skills
- Evaluates complex post-operative problems
- Manages simple post-operative problems
- Evaluates patients in the ER with post-operative problems

PRG 3 Residents:

- Evaluates complex post-operative problems in complex patients
- Manages routine post-operative course for a complex operation
- Evaluates post-operative problems in the ICU setting
- Teach post-operative management to junior residents

PRG 4 Residents:

- Anticipates and mitigates post-operative problems in complex patients
- Manages complex post-operative problems

PRG 5 Residents:

- Demonstrates proficiency managing post-operative problems in simple and complex patients
- Demonstrates proficiency teaching post-operative management to junior surgery residents
- Able to lead a team through the management of post-operative problems

Medical Knowledge 1 (MK1) Pathophysiology and Treatment

Goal:

The resident will demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social/behavioral sciences. The resident will demonstrate significant knowledge about *many* "BROAD" diseases in the SCORE curriculum and a basic knowledge of the "FOCUSED" diseases in the SCORE curriculum. The resident will demonstrate the application of this knowledge to the care of general surgical patients by making diagnoses and initiating appropriate initial management.

Objectives:

PRG 1 Residents:

- Describe the pathophysiology applied to surgical diseases
- Demonstrate knowledge of normal and distributed physiology causing surgical diseases
- Apply physiological knowledge to the clinical management of surgical diseases
- Apply investigatory, analytical, and evidence-based approaches to clinical decision making
- Demonstrate a basic understanding of the symptoms, signs and treatments of *many* of the "BROAD" diseases in the SCORE Curriculum.
- Demonstrate basic knowledge about common surgical conditions to which a medical student would be exposed in clerkship.
- Complete the American Board of Surgery In-Training Examination once a year
- Complete online modules in SCORE Curriculum as assigned

- Complete readings in SCORE Curriculum on line for rotations
- Attend required weekly Department of Surgery Morbidity and Mortality Conference and Grand Rounds.

PRG 2 Residents:

- Formulate diagnostic treatment plans with thorough understanding of the basic science principles applicable to surgery
- Read, understand and analyze classic articles on surgical cases
- Understand the pathophysiology applied to surgical diseases
- Understand the concepts of complex wound care
- Demonstrate knowledge of normal and distributed physiology causing surgical diseases
- Apply physiological knowledge to the clinical and operative management of surgical diseases
- Apply investigatory, analytical, and evidence-based approaches to clinical decision making
- Demonstrate basic knowledge about *many* of the “BROAD” diseases in the SCORE Curriculum.
- Demonstrate this knowledge by making diagnoses and recommending appropriate initial management of *many* of the “BROAD” diseases in the SCORE Curriculum.
- Begin to recognize variations in the presentation of common surgical conditions.
- Complete the American Board of Surgery In-Training Examination once a year
- Complete online modules in SCORE Curriculum as assigned
- Attend required weekly Department of Surgery Morbidity and Mortality Conference and Grand Rounds.
- Formulate research project plan and submit documentation (see Handbook) to program coordinator.

PRG 3 Residents:

- Demonstrate an understanding of the anatomy, physiology, pathophysiology and presentations of diseases of the abdominal cavity and pelvis
- Demonstrate an understanding of the physiology of wound healing
- Demonstrate knowledge of the principles associated with the diagnosis and management of critically ill patients including multiple organ system normalities and abnormalities
- Systematically read and analyze basic surgical literature
- Demonstrate knowledge about *many* of the “BROAD” diseases in the SCORE Curriculum by making diagnoses and recommending appropriate initial management.
- Recognize variations in the presentation of common surgical conditions.
- Begin to demonstrate basic knowledge of the “FOCUSED” diseases in the SCORE Curriculum.
- Conduct in depth reading on surgical cases
- Complete course work and testing to obtain Basic and Advanced Cardiac Life Support and Advanced Trauma Life Support certification
- Complete the American Board of Surgery In-Training Examination once a year
- Complete online modules in SCORE Curriculum as assigned
- Attend and actively participate in the Critical Care Didactic Reading Program
- Carry out work on Research Project toward completion by end of residency.
- Attend required weekly Department of Surgery Morbidity and Mortality Conference and Grand Rounds.

PRG 4 Residents:

- Demonstrate competence in treating surgical diseases with a thorough understanding of pathophysiology
- Demonstrate an understanding of the physiology of wound healing
- Demonstrate knowledge of the principles associated with the diagnosis and management of critically ill patients including multiple organ system normalities and abnormalities
- Systematically read and analyze basic surgical literature
- Demonstrate **significant** knowledge about *many* of the “BROAD” diseases in the SCORE Curriculum by making diagnoses and initiating appropriate initial management.
- Demonstrate basic knowledge of the “FOCUSED” diseases in the SCORE Curriculum.
- Complete the American Board of Surgery In-Training Examination once a year
- Complete online modules in SCORE Curriculum as assigned
- Attend required weekly Department of Surgery Morbidity and Mortality Conference and Grand Rounds and make presentations.
- Demonstrate medical knowledge and clinical perspectives at conferences by making presentations at conferences
- Carry out work on Research Project toward completion by end of residency.
- Participate in mock orals with SEMCME

PRG 5 Residents:

- Master basic science, critical care principles, anatomy, and pathophysiology of surgical diseases.
- Demonstrate a thorough understanding of surgical pathophysiology in order to achieve optimal chance of recovery for the patient with minimal morbidity
- Demonstrate evidence of medical knowledge and clinical perspectives by conducting presentations at conferences
- Systematically read and analyze basic surgical literature
- Demonstrate **comprehensive** knowledge about the varying patterns of presentation and alternative and adjuvant treatments for *many* of the “BROAD” diseases in the SCORE Curriculum by making diagnoses and initiating appropriate management.
- Diagnose and provide initial care for the “FOCUSED” diseases in the SCORE Curriculum
- Complete American Board of Surgery In-Training Examination
- Complete Mock Orals given by Department of Surgery and SEMCME once a year
- Complete online modules in SCORE Curriculum as assigned
- Attend required weekly Department of Surgery Morbidity and Mortality Conference and Grand Rounds and make presentations.
- Carry out work on Research Project toward completion by end of residency.

Medical Knowledge 2 (MK2) Anatomy

Goal:

The resident will demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social/behavioral sciences. The resident will develop knowledge of the operative steps, peri-operative care and post-operative complications for most of the “ESSENTIAL” operations in the SCORE Curriculum and a basic knowledge of some of the “COMPLEX” operations. The resident will demonstrate the application of this knowledge in the care of general surgical patients.

Objectives:

PRG 1 Residents:

- Apply physiological knowledge to the operative management of surgical diseases
- Demonstrate a basic knowledge of the “ESSENTIAL-COMMON” surgical operations in the SCORE Curriculum to which a medical student would be exposed in clerkship.
- Begin to understand the operative steps, peri-operative care and post-operative complications for *many* of the “ESSENTIAL” operations in the SCORE Curriculum.
- Complete assignments in the Surgical Skills Lab (SSL)
- Complete online modules in SCORE Curriculum as assigned
- Complete readings in SCORE Curriculum on line for rotations

PRG 2 Residents:

- Apply physiological knowledge to the clinical and operative management of surgical diseases
- Understand the concepts of complex wound care
- Demonstrate basic knowledge of the operative steps, peri-operative care and post-operative complications for *many* of the “ESSENTIAL” operations in the SCORE Curriculum.
- Complete online modules in SCORE Curriculum as assigned
- Begin to develop exposure to some of the “COMPLEX” operations in the SCORE Curriculum.

PRG 3 Residents:

- Acquire a thorough understanding of abdominal procedures
- Apply knowledge of anatomy to the diagnosis and treatment of patients, both in and out of the operating room
- Read an entire text related to critical care surgery: ACS Surgery, Principles and Practice.
- Attend and actively participate in the Surgical Anatomy Cadaver Course
- Demonstrate basic knowledge of the operative steps, peri-operative care and post-operative complications for *many* of the “ESSENTIAL” operations in the SCORE Curriculum.
- Begin to develop basic knowledge of some of the “COMPLEX” operations in the SCORE Curriculum.

PRG 4 Residents:

- Define and describe the anatomic aspects of even the most complex general surgical operations (abdominoperineal aneurysm, Whipple procedure, pneumonectomy, liver resections, etc.)
- Apply knowledge of anatomy to the diagnosis and treatment of patients, both in and out of the operating room.
- Conduct in depth reading on surgical cases

- Understand the “limits” of surgical treatment
- Demonstrate **significant** knowledge of the operative steps, peri-operative care and post-operative complications for *most* of the “ESSENTIAL” operations in the SCORE Curriculum.
- Demonstrate basic knowledge of some of the “COMPLEX” operations in the SCORE Curriculum.

PRG 5 Residents:

- Master operative strategies and procedures
- Demonstrate **comprehensive** knowledge of the operative steps, peri-operative care and post-operative complications for *most* of the “ESSENTIAL” operations in the SCORE Curriculum.
- Demonstrate basic knowledge of *many* of the “COMPLEX” operations in the SCORE Curriculum.
- Complete Fundamentals of Laparoscopic Surgery (FLS) and other American Board of Surgery Requirements for Board eligibility

Systems Based Practice 1 (SBP1) Patient Safety and Quality Improvement

Goal:

The resident will demonstrate the ability to efficiently arrange disposition planning for patients and understands the necessary resources to provide optimal coordination of care.

Objectives:

PRG 1 Residents:

- Consult with other members of the healthcare team to provide cost-efficient healthcare for patients
- Apply cost-effective care in ordering tests and planning interventions
- Provide consultations for other services
- Coordinate patient care within the healthcare system and understand the role of different healthcare professionals in overall patient management
- Demonstrate a basic understanding of the resources available for coordinating patient care (social workers, visiting nurses, and physical and occupational therapists).

PRG 2 Residents:

- Consult with other members of the healthcare team to provide cost-efficient healthcare for patients
- Apply cost-effective care in ordering tests and planning interventions
- Provide consultations for other services
- Describe the therapeutic support systems necessary to achieve optimal chance of recovery for the patient
- Practice overall patient management both in and out of the operating room
- Coordinate patient care within the healthcare system and understand the role of different healthcare professionals in overall patient management.
- Know the necessary resources to provide optimal coordination of care and how to access them, including home TPN or home antibiotic infusion.

PRG 3 - 5 Residents:

- Apply efficient and informative consultations for other services
- Consult with other members of the healthcare team to provide cost-efficient healthcare for patients
- Apply cost-effective care when ordering tests and planning interventions
- Describe the therapeutic support systems necessary to achieve optimal chance of recovery for patients
- Practice overall patient management both in and out of the operating room
- Coordinate patient care within the healthcare system and understand the role of different healthcare professionals in overall patient management
- Demonstrate the ability to efficiently arrange disposition planning for patients and takes responsibility for preparing all materials necessary for patient discharge or transfer.
- Coordinate the activities of residents, nurses, social workers, and other healthcare professionals to provide optimal care to the patient at the time of discharge or transfer.
- Coordinate post-discharge ambulatory care that is appropriate for the patient’s particular needs.
- Demonstrate good patient advocacy skills

Systems Based Practice 2 (SBP2) System Navigation for Patient-Centered Care

Goal:

The resident understands how patient care is provided within the system and recognizes system failures that can affect patient care.

Objectives:**PRG 1-2 Residents:**

- Follow protocols and guidelines for patient care.
- Recognize and understand how different health insurance companies affect the treatment plan for patients.
- Appropriately order tests in order to provide cost-efficient care for patients.
- Develop an understanding of how health systems operate.
- Understand system factors that contribute to medical errors and may create variations in patient care.

PRG 3-5 Residents:

- Follow protocols and guidelines for patient care.
- Recognize and understand how different health insurance companies affect the treatment plan for patients.
- Appropriately order tests in order to provide cost-efficient care for patients.
- Understand system factors that contribute to medical errors and may create variations in patient care.
- Make suggestions for changes in the health care system that may improve patient care.
- Report problems with technology or processes that could produce medical errors.
- Participate in work groups or performance improvement teams designed to reduce errors and improve health outcomes.
- Understand the appropriate use of standardized approaches to care and participates in creating such protocols of care.

Systems Based Practice 3 (SBP3) Physician Role in Health Care Systems**Goal:**

The resident will effectively use other resources in the health care system to provide optimal health care.

Objectives:**PRG 1-2 Residents:**

- Describe basic health payment systems
- Describe key components of documentation for billing and coding
- Describe how working within the health care system impacts patient care
- Document the key components required for billing and coding

PRG 3-5 Residents:

- Analyze how personal practice affects the system
- Describe basic elements needed to transition into practice
- Identify resources and effectively plan for transition into practice

Practice-Based Learning and Improvement 1 (PBLI1) Evidence-Based and Informed Practice**Goal:**

The resident will demonstrate a willingness to impart educational information clearly and effectively to medical students and other members of the healthcare team.

Objectives:**PRG 1 Residents:**

- Attend and actively participate in the Resident Competency Program Session on Personal Awareness / Self Care and Effective Teamwork
- Teach and be a role model for medical students and other members of the healthcare team.
- Use media in presentations appropriately and effectively.

PRG 2 Residents:

- Teach and be a role model for medical students, residents and other members of the healthcare team.
- Teach patients, their families, and other health professionals.
- Communicate educational material accurately and effectively at the appropriate level for learner understanding.
- Accurately and succinctly present cases in conferences.

PRG 3 Residents:

- Demonstrate proficiency at teaching and being a role model for medical students and other residents.
- Teach patients, their families, and other health professionals
- Communicate educational material accurately and effectively at the appropriate level for learner understanding.
- Accurately and succinctly present cases in conferences.

PRG 4 Residents:

- Be highly proficient at teaching junior residents and medical students
- Demonstrate leadership and practice management by organizing and running a resident service
- Teach patients, their families, and other health professionals
- Demonstrate an effective teaching style when asked to be responsible for a conference or formal presentation.
- Develop the ability to recognize teachable moments and readily and respectfully engage the learner.

PRG 5 Residents:

- Be highly proficient at teaching junior residents and medical students
- Demonstrate leadership and management skills by coordinating and running a major resident service with greater independence; be accountable for all actions on the service with consultation and supervision by attending physicians
- Teach patients, their families, and other health professionals
- Recognize teachable moments and readily and respectfully engage the learner.
- Be a highly effective teacher with an interactive educational style and engage in constructive educational dialogue.
- Facilitate conferences and case discussions based on assimilation of evidence from the literature.

Practice-Based Learning and Improvement 2 (PBLI2) Reflective Practice and Commitment to Personal Growth**Goal:**

The resident will engage in self-initiated, self-directed learning activities using multiple sources.

Objectives:**PRG 1 Residents:**

- Perform appropriate learning activities, while setting learning and improvement goals based on faculty evaluations
- Assess annual ABSITE scores to develop an individual study plan as necessary
- Participate in assigned skills, curriculum activities and simulation experiences to build surgical skills.

PRG 2 Residents:

- Perform appropriate learning activities, while setting learning and improvement goals based on faculty evaluations
- Assess annual ABSITE scores to develop an individual study plan as necessary
- Independently read the literature and use sources to answer questions related to patient care (e.g. SCORE modules, peer-reviewed publications, practice guidelines, textbooks, library databases, etc.)
- Identify gaps in personal technical skills and work with faculty to develop a skills learning plan.

PRG 3 Residents:

- Perform appropriate learning activities, while setting learning and improvement goals based on faculty evaluations
- Assess annual ABSITE scores to develop an individual study plan as necessary
- Attend and actively participate in the Critical Care Reading program
- Independently read the literature and use sources to answer questions related to patient care (e.g. SCORE modules, peer-reviewed publications, practice guidelines, textbooks, library databases, etc.)
- Identify gaps in personal technical skills and work with faculty to develop a skills learning plan.
- Independently practice surgical skills in a simulation environment to enhance technical abilities.

PRG 4 Residents:

- Review annual ABSITE scores and develop individual study plan as necessary

- Seek opportunities to identify trends and patterns in the care of patients and use sources to understand such patterns.
- Select appropriate evidence-based information tools to answer specific questions while providing care
- Independently practice surgical skills in a simulation environment to enhance technical abilities.

PRG 5 Residents:

- Understand one's own clinical limitations and limitations of surgery in general
- Assess annual ABSITE scores and develop an individual study plan as necessary
- Participate in local, regional and national activities, optional conferences, and/or self-assessment programs.
- Demonstrate use of a system or process for keeping up with changes in the literature and initiate assignments for other learners.
- Lead surgical skills experiences for students and residents and participate in skills curriculum development.

Professionalism 1 (PROF1) Ethical Principles

Goal:

The resident will demonstrate a commitment to professional responsibilities, adherence to organizational and ethical principles, and sensitivity to a diverse patient population.

Objectives:

PRG 1 Residents:

- Understand and use the chain of command on the resident service
- Respond and answer pages promptly
- Be respectful and responsive to the needs of patients
- Demonstrate a commitment to ethical principles, maintain confidentiality of patient information, informed consent, and other business practices
- Demonstrate commitment to continuity of patient care

PRG 2 Residents:

- Be respectful and responsive to the needs of patients
- Demonstrate ethical principles, maintain confidentiality of patient information, informed consent, and other business practices
- Know the chain of command on the resident service
- Respond and answer pages promptly
- Display tolerance to another's opinion
- Accept responsibility for one's own actions
- Complete operative case logs and medical reports in a timely manner
- Demonstrate commitment to continuity of patient care

PRG 3 Residents:

- Demonstrate a high standard of personal conduct, be respectful and responsive to the needs of patients
- Demonstrate ethical principles, maintain confidentiality of patient information, informed consent, and other business practices
- Respond and answer pages promptly
- Display tolerance to another's opinion
- Accept responsibility for one's own actions
- Complete operative case logs and medical reports in a timely manner
- Demonstrate commitment to continuity of patient care

PRG 4 Residents:

- Demonstrate a high standard of personal conduct, be respectful and responsive to the needs of patients
- Demonstrate ethical principles, maintain confidentiality of patient information, informed consent, and other business practices
- Coordinate and manage a resident service so as to lead and guide more junior residents
- Respond and answer pages promptly
- Display tolerance to another's opinion
- Accept responsibility for one's own actions
- Complete operative case logs and medical reports in a timely manner

- Conduct case presentations at conferences to demonstrate professional leadership skills, medical knowledge, and clinical perspective
- Demonstrate commitment to continuity of patient care

PRG 5 Residents:

- Demonstrate a high standard of personal conduct, be respectful and responsive to the needs of patients
- Demonstrate ethical principles, maintain confidentiality of patient information, informed consent, and other business practices
- Display proficiency in managing a major resident service with greater independence
- Demonstrate accountability for all actions and outcomes on the service with appropriate supervision and consultation by attending physicians
- Respond and answer pages promptly
- Display tolerance to another's opinion
- Accept responsibility for one's own actions
- Complete operative case logs and medical reports in a timely manner
- Conduct case presentations at conferences to demonstrate professional leadership skills, medical knowledge, and clinical perspective
- Demonstrate commitment to continuity of patient care
- Demonstrate high standards of ethical behavior

Professionalism 2 (PROF2) Professional Behavior and Accountability

Goal:

The resident will demonstrate a commitment to manage his/her personal, physical and emotional health and create a healthy environment for colleagues and other members of the healthcare team.

Objectives:

PRG 1 Residents:

- Apply time management principles as necessary to be accountable to patients, and other healthcare professionals
- Comply with duty hour standards
- Understand the principles of physician wellness and fatigue mitigation.
- Understand the institutional resources available to manage personal, physical and emotional health (e.g., acute and chronic disease, substance abuse and mental health problems).
- Demonstrate appropriate dress and decorum while on duty.

PRG 2 Residents:

- Apply time management principles as necessary to be accountable to patients, and other healthcare professionals
- Monitor personal health and wellness and appropriately mitigate stress and/or fatigue.
- Comply with duty hour standards.
- Demonstrate appropriate dress and decorum while on duty.

PRG 3 Residents:

- Apply time management principles as necessary to be accountable to patients, and other healthcare professionals
- Monitor personal health and wellness and appropriately mitigate stress and/or fatigue.
- Comply with duty hour standards.
- Demonstrate appropriate dress and decorum while on duty.

PRG 4 Residents:

- Apply time management principles as necessary to be accountable to patients, and other healthcare professionals
- Comply with duty hour standards
- Promote healthy habits and create an emotionally healthy environment for all members of the healthcare team.
- Demonstrate appropriate dress and decorum while on duty.

PRG 5 Residents:

- Apply time management principles as necessary to be accountable to patients, and other healthcare professionals
- Demonstrate appropriate dress and decorum while on duty.
- Promote healthy habits and create an emotionally healthy environment for all members of the healthcare team.
- Recognize and appropriately address personal health issues in other members of the healthcare team.

- Be proactive in modifying schedules or intervening in other ways to assure that caregivers under his/her supervision maintain personal wellness and do not compromise patient safety.

Professionalism 3 (PROF3) Administrative Tasks

Goal:

The resident will demonstrate a commitment to complete operative case logs, duty hour logs, and other assigned and required administrative tasks in a timely fashion.

Objectives:

PRG 1-5 Residents:

- Complete operative case logs, duty hour logs, medical reports and other required administrative tasks in a timely fashion.
- Be prompt in attending conferences, meetings, operations and other activities.
- Respond quickly to requests from faculty members and departmental staff members.
- Ensure appropriate documentation requests from GME are handled efficiently and in a timely fashion.

PRG 4-5 Residents:

- Assure that others under his or her supervision respond appropriately to responsibilities in a timely fashion.
- Set an example for conference attendance, promptness and attention to assigned tasks.

Professionalism 4 (PROF4) Self-Awareness and Help-Seeking

Goal:

The resident will identify a gap in their knowledge and seek guidance on learning related to that gap.

Objectives:

PRG 1 Residents:

- Identify the institutional resources available to manage personal, physical, and emotional health
- Demonstrate knowledge of the principles of physician well-being and fatigue mitigation

PRG 2 Residents:

- Monitors his or her personal health
- Demonstrates ability to mitigate fatigue and/or stress
- Ability to assure self-fitness for duty

PRG 3 Residents:

- Promotes healthy habits
- Creates an emotionally healthy environment for colleagues
- Models appropriate management of personal health issues
- Models appropriate management of fatigue and stress

PRG 4 Residents:

- Recognizes signs and symptoms of burnout, depression, suicidal ideation, potential for violence, and substance abuse in other members of the health care team
- Proactively modifies schedules to assure personal wellness for self and team members

PRG 5 Residents:

- Demonstrates proficiency in healthy habits
- Demonstrates mastery of signs and symptoms of burnout, depression, suicidal ideation, potential for violence, and substance abuse

Interpersonal and Communication Skills 1 (ICS1) Patient and Family-Centered Communication

Goal:

The resident will demonstrate interpersonal and communication skills that result in effective exchange of information and collaboration with patients, their families, and health professionals.

Objectives:

PRG 1 Residents:

- Listen to patients and their families
- Gather essential information from patients; document patient encounters accurately and completely
- Demonstrate effective communication strategies to interact with patients, families, and the public from diverse socioeconomic and cultural backgrounds
- Provide therapeutic relationships with patients using effective listening skills and candid feedback
- Educate patients and families about the pre- and post-operative care of the surgical patient
- Demonstrate effective interpersonal skills with patients, their families, and health professionals
- Manage the patient's confidential information and medical records according to HIPAA standards.
- Demonstrate a variety of techniques to ensure that communications with patients and their families is understandable and respectful.

PRG 2 Residents:

- Gather essential information from patients; document patient encounters accurately and completely
- Provide therapeutic relationships with patients using effective listening skills and candid feedback
- Educate patients and their families about the pre- and post-operative care of the surgical patient
- Interact cooperatively with patients, families, nurses, and other healthcare professionals to achieve the health-related goals of the patient
- Manage the patient's confidential information and medical records according to HIPAA standards.
- Demonstrate the ability to customize communication with patients and families by taking into account patient characteristics (e.g., age, literacy, cognitive disabilities, culture).
- Provide timely updates to patients and their families during hospitalizations and clinic visits.

PRG 3 Residents:

- Interact cooperatively with patients, families, nurses, and other healthcare professionals to achieve the health-related goals of the patient
- Provide essential information from patients; document patient encounters accurately and completely
- Provide therapeutic relationships with patients using effective listening skills and candid feedback
- Educate patients and their families about their pre- and post-operative care
- Manage the patient's confidential information and medical records according to HIPAA standards.
- Provide timely updates to patients and their families during hospitalizations and clinic visits.
- Develop communication strategies to effectively interact with crucially ill patients and their families.
- Demonstrate sensitivity when delivering bad news to patients and their families.

PRG 4 Residents:

- Be highly proficient in interacting with patients, families, nurses, and other healthcare professionals to achieve the health-related goals of the patient
- Develop therapeutic relationships with patients using effective listening skills and candid feedback
- Educate patients and their families about their pre- and post-operative care
- Gather essential information from patients; document encounters accurately and completely
- Manage the patient's confidential information and medical records according to HIPAA standards.
- Communicate effective treatment plans with patients.
- Develop the ability to negotiate and manage conflict with patients and their families
- Apply grief counseling methods in calming the grieving relative.

PRG 5 Residents:

- Be highly proficient in interacting with patients, families, nurses, and other healthcare professionals to achieve the health-related goals of the patient
- Develop therapeutic relationships with patients using effective listening skills and candid feedback
- Educate patients and their families about the pre- and post-operative care of the surgical patient
- Gather essential information from patients; document encounters accurately and completely
- Manage the patient's confidential information and medical records according to HIPAA standards
- Communicate effective treatment plans with patients.
- Develop the ability to negotiate and manage conflict with patients and their families
- Apply grief counseling methods in calming the grieving relative.

- Customize emotionally difficult information when participating in end-of-life discussions.
- Negotiate and manage conflict among patients and their families.
- Apply grief counseling methods in calming the grieving relative.

Interpersonal and Communication Skills 2 (ICS2) Interprofessional and Team Communication

Goal:

The resident will demonstrate interpersonal and communication skills that result in effective information exchange and teaming with all health care team members and professional associates.

Objectives:

PRG 1 Residents:

- Write orders and progress reports in a timely and legible format
- Willingly exchange patient information with team members.
- Respond promptly and politely to requests for consults and care coordination activities.
- Perform face-to-face handoffs.

PRG 2 Residents:

- Respond promptly and considerately to requests of other physicians/healthcare personnel
- Write orders and progress notes in a timely and legible format
- Acknowledge the contributions of other team members
- Interact with peers regarding operative cases and provide feedback about the scientific literature at the Basic Science Reading program
- Exhibit behaviors that invite information sharing with healthcare team members (respect, approachability, active listening).
- Perform face-to-face handoffs using best practices (multiple forms of information transfer, confirm receipt of information, invite questions).

PRG 3 Residents:

- Demonstrate professional competence in working as a team member
- Interact, present information, and teach other members of the healthcare team
- Write orders and progress notes in a timely and legible format
- Interact with peers about operative cases and provide feedback about the scientific literature at the Critical Care Reading program
- Perform face-to-face handoffs using best practices (multiple forms of information transfer, confirm receipt of information, invite questions).
- Exhibit behaviors that invite information sharing with healthcare team members (respect, approachability, active listening).
- Deliver timely, complete, and well-organized information to referring physicians and to providers of follow-up care at the time of patient care transitions.

PRG 4 Residents:

- Interact as a lead member of the healthcare team
- Write orders and progress notes in a timely and legible format
- Deliver timely, complete, and well-organized information to referring physicians and to providers of follow-up care at the time of patient care transitions.
- Discuss care plan with members of the healthcare team and keep them up-to-date on patient status and care plan changes.
- Conduct case presentations at conferences and demonstrate clinical perspective
- Begin to assume overall leadership of a health care team responsible for his/her patients.

PRG 5 Residents:

- Interact as a lead member of the healthcare team
- Write orders and progress notes in a timely and legible format
- Conduct presentations at conferences and demonstrate clinical perspective
- Deliver timely, complete, and well-organized information to referring physicians and to providers of follow-up care at the time of patient care transitions.

- Discuss care plan with members of the healthcare team and keep them up-to-date on patient status and care plan changes.
- Assume overall leadership of a health care team responsible for his/her patients, while also seeking and valuing input from the members of the team.
- Negotiate and manage conflict among care providers.
- Take responsibility for ensuring that clear hand-offs are given at transitions of care.

Interpersonal and Communication Skills 3 (ICS3) Communication within Health Care Systems

Goal:

The resident will demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, hospital staff and the senior surgeon in the operating room.

Objectives:

PRG 1 Residents:

- Respond promptly and considerately to requests of other physicians/healthcare personnel in the operating room.
- Exhibit behavior that invites information sharing with operating room team members (respect, approachability, active listening).
- Display a friendly disposition that is conducive to successful interaction with patients, hospital staff and the senior surgeon in the operating room.
- Communicate basic facts effectively with patients, hospital staff members and the senior surgeon in the operating room.
- Demonstrate an understanding of the necessary elements of informed consent for procedures.

PRG 2 Residents:

- Respond promptly and considerately to requests of other physicians/healthcare personnel in the operating room.
- Exhibit behavior that invites information sharing with operating room team members (respect, approachability, active listening).
- Display a friendly disposition that is conducive to successful interaction with patients, hospital staff and the senior surgeon in the operating room.
- Demonstrate the ability to perform clear informed consent discussions for some of the “ESSENTIAL” operations.
- Begin to develop the ability to lead a pre-operative “time out”.
- Effectively describe various aspects of the procedure and peri-operative care to the patient and his or her family and other operating room team members.

PRG 3 Residents:

- Respond promptly and considerately to requests of other physicians/healthcare personnel in the operating room.
- Exhibit behavior that invites information sharing with operating room team members (respect, approachability, active listening).
- Display a friendly disposition that is conducive to successful interaction with patients, hospital staff and the senior surgeon in the operating room.
- Demonstrate the ability to perform clear informed consent discussions for the “ESSENTIAL” operations and some of the “COMPLEX” operations.
- Demonstrate the ability to lead a pre-operative “time out”.
- Effectively describe various aspects of the procedure and peri-operative care to the patient and his or her family and other operating room team members.

PRG 4 Residents:

- Respond promptly and considerately to requests of other physicians/healthcare personnel in the operating room.
- Exhibit behavior that invites information sharing with operating room team members (respect, approachability, active listening).
- Display a friendly disposition that is conducive to successful interaction with patients, hospital staff and the senior surgeon in the operating room.
- Demonstrate the ability to perform clear informed consent discussions for “ESSENTIAL” and “COMPLEX” operations.
- Anticipate logistical issues regarding “ESSENTIAL” procedures and engage appropriate members of the operating team to solve problems.

- Effectively describe various aspects of the procedure and peri-operative care to the patient and his or her family and other operating room team members.
- Demonstrate the ability to lead a “time out”

PRG 5 Residents:

- Respond promptly and considerately to requests of other physicians/healthcare personnel in the operating room.
- Exhibit behavior that invites information sharing with operating room team members (respect, approachability, active listening).
- Display a friendly disposition that is conducive to successful interaction with patients, hospital staff and the senior surgeon in the operating room.
- Demonstrate the ability to lead a “time out”
- Demonstrate leadership when unexpected events occur in the operating room.
- Communicate effectively with family when unexpected events occur in the operating room.

Teaching Methods

Teaching methods include direct patient care, patient rounds, role modeling, video recording of patient encounters and didactic and multidisciplinary conferences. Residents are assigned patients and given progressive responsibility based on their level of training and knowledge.

Rotation Logistics

Details and duration of assignment.

PRG 1 Residents:

Residents change on the 13 block schedule dates created by the New Innovations software. Not all first year residents are assigned to each rotation. Some rotations have multiple interns, so many residents will do rotations multiple times.

PRG 2 Residents:

Rotation length is configured by taking the number of days of the year divided by the number of residents in the year. Rotations can change slightly (by up to 3 days) so a rotation is ideally not started on the weekend or a holiday (however some rotations may switch over a weekend).

PRG 3 Residents:

Rotations are monthly. All residents are assigned to one of four different rotations two times in the year.

PRG 4 Residents:

Rotation length is configured by taking the number of days of the year divided by the number of residents in the year. Rotations can change slightly (by up to 3 days) so a rotation is ideally not started on the weekend or a holiday (however some rotations may switch over a weekend).

PRG 5 Residents:

Rotation length is configured by taking the number of days of the year divided by the number of residents in the year. Rotations can change slightly (by up to 3 days) so a rotation is ideally not started on the weekend or a holiday (however some rotations may switch over a weekend).

Didactics:

Residents are provided individual didactic teaching from rotation faculty members. Residents are expected to attend at least 75% (but should be 100%) of scheduled General Surgery weekly M&M/Grand Rounds in person or virtually.

Site Location:

Hospital address

Faculty: Faculty of rotation

Assigned Residents: PRG 1,2,3,4,5

Assessment Method of Faculty

Residents will complete an evaluation of the experience at the end of the rotation which includes questions on the faculty. This is set up confidentially in New Innovations.

Assessment Method (Residents)

Final evaluation of the resident will be done by the faculty. The form used is the rotation evaluation form in New Innovations. Residents receive ongoing feedback from the faculty during the rotation. Residents are asked to document any procedures as described in the Procedure Documentation Policy in the Residency Manual.

There are no formal examinations. In the event of a failing performance, an appropriate remediation program, including possible repetition of the rotation, will be fashioned by the program director with input from the faculty.

Level of Supervision

Levels of Supervision:

Direct Supervision: the supervising physician is physically present with the resident during key portions of the patient interaction.

Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.

Oversight: The supervising physician is available to provide review of procedures and encounters with feedback provided after care is delivered.

Progressive responsibility:

The privilege of progressive authority and responsibility, conditional independence, and a supervisory role in patient care delegated to each resident will be assigned by the site director and faculty members.

Faculty members functioning as supervising physicians will delegate portions of care to residents, based on the needs of the patient and the skills of the residents.

Senior residents will serve in a supervisory role of junior residents in recognition of their progress toward independence, based on the needs of each patient and the skills of the individual resident or fellow.

1. Supervision in Operative Cases

When treatment plans call for an operation, the residents involved must present a stratagem to the faculty member prior to the operation. This allows for discussion of options, resident reasoning and an opportunity to further direct resident reading and scientific research. The faculty member is always present during operations, but the degree of participation varies according to the resident(s) involvement and the type of case. This varies from being first, second, or third assistant, or to being present, but not scrubbed. The Supervision Table below shows types of operations with level of supervision.

2. Supervision of Technical Procedures outside the Operating Room

Technical procedures outside the operating room (e.g., insertion of central venous catheter, chest tube, etc.) are performed independently by junior residents after they have performed enough procedures under the supervision of a senior resident or faculty member. The Supervision Table below shows types of procedures with level of supervision.

3. Resident Supervision Inpatient Services

The resident team assigned to each service is responsible for total management of all patients on that service. All residents on a service make rounds on their service as a team. The resident team is responsible for following patients they have seen in consultation on another service. Each junior resident is assigned patients by the Chief Resident; the assigned resident is responsible for those patients.

4. Resident Supervision Outpatient Services

The residents on a given service and the full time faculty associated with that service attend clinic during specified hours. The majority of patients are initially seen by the residents and then presented to the faculty member for discussion.

5. Resident Supervision in Emergency Room

PGY 2 residents have mandatory rotations in the Detroit Receiving Hospital Emergency Room. They are responsible for initial evaluation and treatment as well as formulating treatment plans under the supervision of Chief Surgical Residents, Surgery faculty, and the full-time faculty in the Department of Emergency Medicine who are always present.

6. Resident Supervision in Intensive Care Unit

All residents, particularly at the PGY-2, 3, 4, and 5 levels are responsible for the care of all patients on the Surgical Service in the Intensive Care Unit. The daily evaluation of the patients, along with the diagnosis and therapeutic plan is initiated by the resident. The residents are responsible for the management of the invasive monitors, ventilators, vasoactive drugs, supplemental nutrition, and infectious diseases. Formal rounds are made in the ICU at least once a day in participating institutions with the Attending responsible for the patient, many of whom have additional Board Certifications in Surgical Critical Care.

7. A resident must notify their supervising faculty member when:

Any significant change in a patient's condition should be reported immediately to the appropriate attending physician.

"Significant changes" in the patient's condition include:

- Admission to hospital of any unstable patient
- Transfer of the patient to the intensive care unit
- Need for intubation or ventilatory support
- Cardiac arrest or significant changes in hemodynamic status
- Development of significant neurological changes
- Development of major wound complications
- Medication errors requiring clinical intervention
- Any significant clinical problem that will require an invasive procedure or operation.

Supervision Table

Direct Supervision: the supervising physician is physically present with the resident during key portions of the patient interaction.

Indirect Supervision: the supervising physician is not providing physical or concurrent visual or audio supervision but is immediately available to the resident for guidance and is available to provide appropriate direct supervision.

Oversight: The supervising physician is available to provide review of procedures and encounters with feedback provided after care is delivered.

| <u>Category</u> | <u>Operation</u> | <u>Direct Supervision</u> | <u>Indirect Supervision</u> | <u>Oversight</u> |
|-----------------|------------------|-------------------------------|---------------------------------|------------------|
|-----------------|------------------|-------------------------------|---------------------------------|------------------|

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|-----------------------------|--|------|--------|--|
| <u>Trauma/Acute Surgery</u> | <p align="center">Essential Common</p> Tracheostomy Focused Abdominal Sonography for Trauma (FAST) Gastrointestinal Tract Injury – Operation Temporary Closure of the Abdomen Wounds, Major - Debride/Suture Exploratory Laparotomy - Open Splenectomy - Open Anorectal Abscess - Drainage Soft Tissue Infections - Incision, Drainage, Debridement | PGY1 | PGY2-5 | |
| | <p><u>Essential Uncommon</u></p> Cricothyroidotomy Abdominal Aorta or Vena Cava Injury - Repair Bladder Injury - Repair Cardiac Injury - Repair Carotid Artery Injury - Repair Duodenal Trauma - Management Esophageal Injury - Operation Exploratory Laparoscopy Exploratory Laparotomy Fasciotomy for Injury Hepatic Injury - Packing and Repair Neck Exploration for Injury Pancreatic Injury - Operation Renal Injury - Repair/Resection Splenectomy/Splenorrhaphy Thoracoscopy for Management of Hemothorax Truncal and Peripheral Vessels - Repair Ureteral Injury – Repair Intra-abdominal Abscess - Drainage Hepatic Abscess - Drainage Pancreatic Debridement Pancreatic Pseudocyst - Drainage Splenectomy/Splenorrhaphy - Partial Duodenal Perforation - Repair Vagotomy and Drainage Complex Wound Closure | PGY1 | PGY2-5 | |
| | <p><u>Complex</u></p> Burn Debridement and Grafting of Major Burns Hepatic Injury - Resection Tendon - Repair Pancreatectomy - Frey and Beger Procedures Pancreaticojejunostomy - Longitudinal | PGY1 | PGY2-5 | |
| <u>General Surgery</u> | | | | |
| | <p><u>Essential-Uncommon</u></p> Abdominal Wall Reconstruction - Components Separation Miscellaneous Hernias - Repair Cholecystostomy Choledochoenteric Anastomosis Choledochoscopy Common Bile Duct Exploration - Open Gallbladder Cancer, Incidentally Noted - Operation Antireflux Procedure - Open Paraesophageal Hernia - Open Repair Gastrectomy - Partial/Total Colectomy - Subtotal (with Ileorectal Anastomosis/Ileostomy) Anal Cancer - Excision | PGY1 | PGY2-5 | |

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| | <p>Rectal Prolapse - Repair Hysterectomy Salpingo-Oophorectomy Nerve Block - Digital Nerve Block - Intercostal</p> | | | |
| | <p><u>Complex</u> Diaphragmatic Hernia - Repair Bile Duct Cancer- Operation Bile Duct Injury - Acute Repair Transduodenal Sphincteroplasty Ultrasound of the Biliary Tree Postgastrectomy Syndromes - Revisional Procedures Stricturoplasty for Crohn's Disease Coloproctectomy - Total (with Ileorectal Pull-Through) Anorectal Fistulae - Complex Repair Hemorrhoidectomy - Stapled Incontinence/Constipation - Operation En Bloc Abdominal Organ Retrieval Live Donor Hepatectomy Live Donor Nephrectomy Liver Transplant Pancreas Transplant Renal Transplant Renal-Pancreas Transplant Cesarean Section Nerve Block(s) - Peripheral other than Digital</p> | PGY1 | PGY2-5 | |
| <u>Surg Onc</u> | <p><u>Essential -Common</u> Melanoma - Wide Local Excision Sentinel Lymph Node Biopsy for Melanoma Skin/Soft Tissue Lesions - Excisional and Incisional Biopsy Peritoneal Lesion - Biopsy Hepatic Biopsy - Open</p> | PGY1 | PGY2-5 | |
| | <p><u>Essential-Uncommon</u> Pancreatectomy - Distal</p> | PGY1 | PGY2-5 | |
| | <p><u>Complex</u> Adrenalectomy Ilioinguinal - Femoral Lymphadenectomy Soft Tissue Sarcoma - Resection Pseudomyxoma - Operation Retroperitoneal Lymph Node Dissection - Open Bile Duct Neoplasms - Operation Gallbladder Cancer - Operation, Planned Hepatic Ultrasound - Intraoperative Segmentectomy/Lobectomy - Open Ampullary Resection for Tumor Pancreatectomy - Total Pancreatic Ultrasound - Intraoperative Pancreaticoduodenectomy Rectal Cancer - Abdominoperineal Resection and Pelvic Exenteration Rectal Cancer - Transanal Resection</p> | PGY1 | PGY2-5 | |
| <u>Vascular Surgery</u> | <p><u>Essential Common</u> Amputations - Lower Extremity Carotid Endarterectomy Embolectomy/Thrombectomy - Arterial Venous Insufficiency/Varicose Veins - Operation Arteriovenous Graft/Fistula Percutaneous Vascular Access Venous Access Devices - Insertion</p> | PGY1 | PGY2-5 | |

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|--------------------------|---|------|--------|--|
| | <u>Essential-Uncommon</u> Abdominal Aortic Aneurysm - Endovascular/Open Repair Aortofemoral Bypass Extra-anatomic Bypass Femoral-popliteal Bypass Infrapopliteal Bypass Sclerotherapy - Peripheral Vein Superior Mesenteric Artery Embolectomy/Thrombectomy | PGY1 | PGY2-5 | |
| | <u>Complex</u> Arterial Occlusive Disease - Endarterectomy Endovascular - Therapeutic, Including Thrombolysis Femoral Aneurysm - Repair Graft-enteric Fistula - Management Infrarenal and Aortoiliac Aneurysm - Repair Popliteal Aneurysm - Repair Pseudoaneurysm - Repair Suprarenal Abdominal Aortic Aneurysm - Repair Ultrasound in Diagnosis of Vascular Diseases Visceral Occlusive Disease - Operation Portal-Systemic Shunt | PGY1 | PGY2-5 | |
| <u>Critical Care</u> | <u>Essential-Common</u> Airway Management/Ventilator Management Arterial Catheter Placement Central Venous Catheter Placement Compartment Pressures (Abdomen, Extremity) - Measurement Defibrillation and Cardioversion Endotracheal Intubation Paracentesis Pulmonary Artery Catheter Placement Thoracentesis Ultrasound Use for Intravascular Access Urinary Catheterization Bronchoalveolar Lavage Bronchoscopy | PGY1 | PGY2-5 | |
| | <u>Complex</u> Cardiac Pacing Transvenous Temporary Pacemaker | PGY1 | PGY2-5 | |
| <u>Thoracic Surgery</u> | <u>Essential Common</u> Chest Tube Placement and Management | PGY1 | PGY2-5 | |
| | <u>Essential Uncommon</u> Exploratory Thoracotomy - Open Exploratory Thoracotomy - Thoracoscopic Partial Pulmonary Resection - Open and Thoracoscopic Pericardial Window for Drainage Esophageal Perforation - Repair/Resection | PGY1 | PGY2-5 | |
| | <u>Complex</u> Empyema - Management Pleurodesis Esophagectomy/Esophagogastrectomy Esophagomyotomy (Heller) | PGY1 | PGY2-5 | |
| <u>Pediatric Surgery</u> | <u>Essential-Common</u> Inguinal Hernia - Repair Umbilical Hernia - Repair | PGY1 | PGY2-5 | |
| | Essential-Uncommon Intussusception - Operation | PGY1 | PGY2-5 | |

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|--|--|------|--------|--|
| | Malrotation - Operation Meckel's Diverticulum - Excision Pyloromyotomy | | | |
| | <u>Complex</u> Branchial Cleft Anomaly - Excision Chest Wall Deformity - Repair Diaphragmatic Hernia - Repair Esophageal Atresia/Tracheoesophageal Fistula - Repair Hirschsprung's Disease - Operation Imperforate Anus - Operation Intestinal Atresia/Stenosis – Repair Meconium Ileus - Operation Necrotizing Enterocolitis - Operation Omphalocele/Gastroschisis - Repair Orchiopexy Thyroglossal Duct Cyst - Excision Wilms Tumor/Neuroblastoma - Excision Antireflux Procedure | PGY1 | PGY2-5 | |
| <u>Endoscopy</u> | <u>Essential-Common</u> Colonoscopy Esophagogastroduodenoscopy Proctoscopy Bronchoscopy | PGY1 | PGY2-5 | |
| | <u>Complex</u> ERCP | PGY1 | PGY2-5 | |
| <u>Breast Surgery</u> | <u>Essential-Common</u> Axillary Lymphadenectomy Axillary Sentinel Lymph Node Biopsy Breast Biopsy with or without Needle Localization Breast Cyst - Aspiration Duct Excision Mastectomy - Modified Radical Mastectomy - Partial Mastectomy - Simple | PGY1 | PGY2-5 | |
| | <u>Essential-Uncommon</u> Mastectomy - Radical | PGY1 | PGY2-5 | |
| | <u>Complex</u> Breast Biopsy - Image-Guided | PGY1 | PGY2-5 | |
| <u>Burn Surgery</u> | <u>Essential-Common</u> Skin Grafting | PGY1 | PGY2-5 | |
| | <u>Complex</u> Burn Debridement and Grafting of Major Burns | PGY1 | PGY2-5 | |
| <u>Head & Neck Surgery</u> | <u>Essential-Common</u> Laryngoscopy Parathyroidectomy Thyroidectomy - Partial or Total | PGY1 | PGY2-5 | |
| | <u>Essential-Uncommon</u> Ultrasound of the Thyroid Cricopharyngeal Myotomy with Zenker's Diverticulum - Excision | PGY1 | PGY2-5 | |
| | <u>Complex</u> Modified Neck Dissection Parotidectomy | PGY1 | PGY2-5 | |
| <u>Minimally Invasive Surgery</u> | <u>Essential-Common</u> Exploratory Laparotomy - Laparoscopic Inguinal and Femoral Hernia - Laparoscopic Repair | PGY1 | PGY2-5 | |

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|------------------------|---|------|--------|--|
| | Ventral Hernia - Laparoscopic Repair Cholecystectomy with or without Cholangiography - Laparoscopic Hepatic Biopsy - Laparoscopic Splenectomy - Laparoscopic Antireflux Procedure - Laparoscopic Adhesiolysis - Laparoscopic Feeding Jejunostomy - Laparoscopic Appendectomy - Laparoscopic Colectomy, Partial - Laparoscopic | | | |
| | <u>Essential-Uncommon</u> Paraesophageal Hernia - Laparoscopic Repair Small Intestinal Resection – Laparoscopic | PGY1 | PGY2-5 | |
| | <u>Complex</u> Retroperitoneal Lymph Node Dissection - Laparoscopic Common Bile Duct Exploration - Laparoscopic Segmentectomy/Lobectomy - Laparoscopic Morbid Obesity - Operation | PGY1 | PGY2-5 | |
| <u>Urology</u> | <u>Essential-Uncommon</u> Cystostomy Hydrocelectomy Nephrectomy Orchiectomy Ureteral Injury, Iatrogenic - Repair | PGY1 | PGY2-5 | |
| <u>Plastic surgery</u> | <u>Essential -Common</u> Skin Grafting | PGY1 | PGY2-5 | |
| | <u>Essential-Uncommon</u> Complex Wound Closure | PGY1 | PGY2-5 | |
| | <u>Complex</u> Burn Debridement Grafting of Major Burns | PGY1 | PGY2-5 | |

Vacation/Time off

Vacations are approved by program leadership early in the academic year and scheduled in 7-day blocks (Monday through Sunday) throughout the year (21 days allotted to each resident).