

General Surgery Rotation Goals and Objectives

PGY 1 Year

Surgical Oncology – Blue Service
Thoracic Surgery
General Surgery – Duke Raleigh Hospital
General Surgery – Duke Regional Hospital
General Surgery – Durham VA Hospital
Duke Regional Hospital surgery
Vascular surgery – Green Service
Night Float
Acute Care Surgery – Red Service
Colorectal Surgery – Gold Service
Transplant Surgery

PGY 2 Year

Acute Care Surgery – Red Service
General and Vascular Surgery Consults
Breast and Endocrine Surgery
SICU
General Surgery – Durham VA Hospital
Endoscopy

PGY 3 Year

Surgical Oncology – Blue Service
Breast and Endocrine Surgery
Thoracic Surgery
General Surgery – Duke Raleigh Hospital
General Surgery – Duke Regional Hospital
General Surgery – Asheville VA Hospital
Duke Regional Hospital surgery
Night Consults
Colorectal Surgery – Gold Service
Transplant Surgery
Cardiothoracic surgery

PGY 4 Year

Vascular Surgery
Pediatric Surgery
Night Chief
Trauma and Acute Care Surgery – Red Service
Breast and Endocrine Surgery
Thoracic Surgery
Cardiothoracic Surgery

PGY 5 Year – Chief Year

Surgical Oncology – Blue Service

General Surgery – Durham VA Hospital
Vascular Surgery– Durham VA Hospital
Colorectal Surgery – Gold Service
Pediatric Surgery
Endoscopy
General Surgery – Duke Raleigh Hospital

PGY-1 Training Objectives

Surgical Oncology Service - Blue

Patient Care

The PGY-1 Resident on the Blue/ GI Surgery Service should demonstrate the ability to:

- Evaluate pre-operative patients with complex GI issues (ex: hepatobiliary, colo-rectal, upper and lower GI).
- Manage ward/postoperative patients.
- Prioritize patient acuity.
- Manage ward emergencies (arrhythmia, hypoxia, shock, etc.).
- Prioritize clinical responsibilities.
- Plan discharge.
- Perform (or have experience with) the following ward procedures:
 - Arterial line/ABG.
 - Peripheral line/Phlebotomy.
 - NG tube placement.
 - Dobhoff placement.
 - Chest tube placement.
 - Wound Debridement.
 - Femoral IJ/SC line placement.
 - Appendectomy.
 - Colectomy.
 - Lysis of adhesions.
 - Common Ano-rectal procedures (i.e. hemorrhoid banding, repair fistula).
 - Cholecystectomy, laparoscopic.
 - Cholecystectomy, open.
 - Hernia repair.
 - Incision closure.
 - Laceration repair, complex.

Medical Knowledge

The PGY-1 Resident on the Blue Surgery Service should understand:

- Basic Science principles (ex: metabolism, wound healing).
- General Surgery principles (ex: acute cholecystitis).
- GI Surgery principles (ex: perforated ulcer).
- General Medicine principles (ex: infectious disease).

- Radiographic studies: indications and interpretation.

Practice Based Learning and Improvement

The PGY-1 Resident on the Blue Surgery Service should demonstrate the ability to:

- Evaluate published literature in critically acclaimed journals and texts.
- Apply clinical trials data to patient management.
- Participate in academic and clinical discussions.
- Teach medical students and physician assistant students.
- Attend conferences.

Interpersonal and Communication Skills

The PGY-1 Resident on the Blue Surgery Service should demonstrate the ability to interact with the following persons professionally:

- Patients;
- Family members;
- Nursing staff; and
- Other members of the care team.

Professionalism

The PGY-1 Resident on the Blue/Silver Surgery Service should:

- Be receptive to feedback on performance.
- Be attentive to ethical issues.
- Be involved in end-of-life discussions and decisions.
- Be sensitive to gender, age, race, and cultural issues.
- Demonstrate leadership.

Systems Based Practice

The PGY-1 Resident on the Blue Surgery Service should:

- Be aware of cost-effective care issues.
- Be sensitive to medical-legal issues.
- Have information technology/computer resources available

PGY-1 Training Objectives Thoracic Surgery

Patient Care

The PGY-1 Resident on the Thoracic Surgery Service should demonstrate the ability to:

- Evaluate pre-operative patients with complex thoracic issues or procedures including (but not exclusive of) benign and malignant tumors of the chest, aneurysmal disease of the thoracic aorta, malignant disorders of the diaphragm/pleura/chest wall and non-neoplastic disorders of the esophagus.
- Understand the operative steps for the following procedures commonly performed on the service: Pulmonary resections (wedge, lobectomy, pneumonectomy)
- Manage ward/postoperative patients.
- Prioritize patient acuity.
- Manage ward emergencies (arrhythmia, hypoxia, shock, etc.).
- Prioritize clinical responsibilities.
- Plan discharge.
- Perform (or have experience with) the following ward procedures:
 - Arterial line/ABG.
 - Peripheral line/Phlebotomy.
 - Chest tube placement.
 - Wound Debridement.

Medical Knowledge

The PGY-1 Resident on the Thoracic Surgery Service should understand:

- Basic Science principles (ex: lung volumes, wound healing).
- Thoracic Surgery principles (ex: pneumothorax).
- General Medicine principles (ex: infectious disease).
- Common presenting signs and symptoms, evaluation of, and management of the following:
 - Pulmonary malignancies (primary and metastatic)
 - Pulmonary infections (fungal, bacterial)/empyema
 - Tumors of the mediastinum, pleura, and chest wall
 - Aneurysmal disease of thoracic aorta
 - Esophageal cancer and benign tumors
 - Benign conditions of the esophagus (spasm, achalasia, diverticula)
 - Spontaneous pneumothorax
 - Benign and malignant pleural effusions

Suggested Reading: In addition to sections from the major surgical textbooks relating to your individual patients, you should inquire of the faculty surgeons as to special contemporary articles and or texts that he would consider relevant.

Practice Based Learning and Improvement

The PGY-1 Resident should demonstrate the ability to:

- Evaluate published literature in critically acclaimed journals and texts.
- Apply clinical trials data to patient management.
- Participate in academic and clinical discussions.
- Teach medical students and physician assistant students.
- Attend conferences.

Interpersonal and Communication Skills

The PGY-1 Resident should demonstrate the ability to interact with the following persons professionally:

- Patients;
- Family members;
- Nursing staff; and
- Other members of the care team.

Professionalism

The PGY-1 Resident should:

- Be receptive to feedback on performance.
- Be attentive to ethical issues.
- Be involved in end-of-life discussions and decisions.
- Be sensitive to gender, age, race, and cultural issues.
- Demonstrate leadership.

Systems Based Practice

The PGY-1 Resident should:

- Be aware of cost-effective care issues.
- Be sensitive to medical-legal issues.
- Have information technology/computer resources available

PGY-1 Training Objectives Durham VA Surgery Service

Patient Care

The PGY-1 Resident on the Durham VA Surgery Service should gain experience with and demonstrate the ability to:

- Evaluate pre-operative patients
- Manage general surgery ward/postoperative patients
- Manage ER/Trauma patients
- Assess surgical consult patients
- Prioritize patient acuity
- Manage ward emergencies (arrhythmia, hypoxia, myocardial infarct, shock, etc.)
- Prioritize clinical responsibilities
- Plan discharge
- Perform the following procedures
 - IV placement/Phlebotomy
 - NG tube placement
 - Dubhoff placement
 - Chest tube placement
 - Femoral IJ/SC line placement
 - Amputation (AKA, BKA)
 - Appendectomy
 - Arteriovenous fistula
 - Breast: axillary LND
 - Breast: sentinel LND
 - Breast: lumpectomy
 - Breast: mastectomy
 - Cholecystectomy, laparoscopic
 - Cholecystectomy, open
 - Hemorrhoidectomy
 - Hernia repair, inguinal
 - Hernia repair, ventral
 - Hickman catheter
 - Laceration repair, complex
 - Open G-tube, J-tube
 - Open/close laparotomy
 - PEG
 - Tracheostomy
 - Wide local excision

Medical Knowledge

The PGY-1 Resident on the Durham VA Surgery Service should understand:

- Basic Science principles (ex: metabolism, wound healing)
- General Surgery principles (ex: acute abdomen)
- Critical Care subjects (ex: ARDS, SIRS, MODS)
- General Medicine principles (ex: infectious disease)

- Pharmacologic principles (ex: antibiotic management)
- Radiographic studies: indications and interpretation

Practice Based Learning and Improvement

The PGY-1 Resident on the Durham VA Surgery Service should demonstrate the ability to:

- Evaluate published literature in critically acclaimed journals and texts
- Apply clinical trials data to patient management
- Participate in academic and clinical discussions
- Teach medical students and physician assistant students
- Attend conferences

Interpersonal and Communication Skills

The PGY-1 Resident on the Durham VA Surgery Service should demonstrate the ability to:

- Interact with Patient/Family
- Interact with Nursing staff
- Interact with Patient Resource Manager and Social Workers
- Interact with OR staff
- Interact with Consult Service
- Interact with Attendings
- Interact with Junior Housestaff
- Interact with Senior Housestaff

Professionalism

The PGY-1 Resident on the Durham VA Surgery Service should:

- Be receptive to feedback on performance
- Be attentive to ethical issues
- Be involved in end-of-life discussions and decisions
- Be sensitive to gender, age, race, and cultural issues
- Demonstrate leadership

Systems Based Practice

The PGY-1 Resident on the Durham VA Surgery Service should have:

- Be aware of cost-effective care issues
- Be sensitive to medical-legal issues
- Information technology/computer resources available

PGY-1 Training Objectives

Duke Raleigh Hospital Surgery Service

Patient Care

The PGY-1 Resident on the Duke Raleigh Surgery Service should gain experience with and demonstrate the ability to:

- Evaluate pre-operative patients
- Manage general surgery ward/postoperative patients
- Manage ER/Trauma patients
- Assess surgical consult patients
- Prioritize patient acuity
- Manage ward emergencies (arrhythmia, hypoxia, myocardial infarct, shock, etc.)
- Prioritize clinical responsibilities
- Plan discharge
- Perform the following procedures
 - IV placement/Phlebotomy
 - NG tube placement
 - Chest tube placement
 - Femoral IJ/SC line placement
 - Amputation (AKA, BKA)
 - Appendectomy
 - Breast: sentinel LND
 - Breast: lumpectomy
 - Breast: mastectomy
 - Cholecystectomy, laparoscopic
 - Cholecystectomy, open
 - Hemorrhoidectomy
 - Hernia repair, inguinal
 - Hernia repair, ventral
 - Hickman catheter
 - Laceration repair, complex
 - Open/close laparotomy
 - PEG
 - Tracheostomy
 - Wide local excision

Medical Knowledge

The PGY-1 Resident should understand:

- Basic Science principles (ex: metabolism, wound healing)
- General Surgery principles (ex: acute abdomen)
- Critical Care subjects (ex: ARDS, SIRS, MODS)
- General Medicine principles (ex: infectious disease)
- Pharmacologic principles (ex: antibiotic management)
- Radiographic studies: indications and interpretation

Practice Based Learning and Improvement

The PGY-1 Resident on the Service should demonstrate the ability to:

- Evaluate published literature in critically acclaimed journals and texts
- Apply clinical trials data to patient management
- Participate in academic and clinical discussions
- Teach medical students and physician assistant students
- Attend conferences

Interpersonal and Communication Skills

The PGY-1 Resident should demonstrate the ability to:

- Interact with Patient/Family
- Interact with Nursing staff
- Interact with Patient Resource Manager and Social Workers
- Interact with OR staff
- Interact with Consult Service
- Interact with Attendings
- Interact with Junior Housestaff
- Interact with Senior Housestaff

Professionalism

The PGY-1 Resident should:

- Be receptive to feedback on performance
- Be attentive to ethical issues
- Be involved in end-of-life discussions and decisions
- Be sensitive to gender, age, race, and cultural issues
- Demonstrate leadership

Systems Based Practice

The PGY-1 Resident should have:

- Be aware of cost-effective care issues
- Be sensitive to medical-legal issues
- Information technology/computer resources available

PGY-1 Training Objectives

Duke Regional Hospital Surgery Service

Patient Care

The PGY-1 Resident on the Duke Regional Surgery Service should gain experience with and demonstrate the ability to:

- Evaluate pre-operative patients
- Manage general surgery ward/postoperative patients
- Manage ER/Trauma patients
- Assess surgical consult patients
- Prioritize patient acuity
- Manage ward emergencies (arrhythmia, hypoxia, myocardial infarct, shock, etc.)
- Prioritize clinical responsibilities
- Plan discharge
- Perform the following procedures
 - NG tube placement
 - Amputation (AKA, BKA)
 - AV Fistula
 - Appendectomy
 - Breast: sentinel LND
 - Breast: lumpectomy
 - Breast: mastectomy
 - Cholecystectomy, laparoscopic
 - Cholecystectomy, open
 - Endoscopy
 - Hemorrhoidectomy
 - Hernia repair, inguinal
 - Hernia repair, ventral
 - Hickman catheter
 - Laceration repair, complex
 - Open/close laparotomy
 - PEG
 - Tracheostomy
 - Wide local excision

Medical Knowledge

The PGY-1 Resident should understand:

- Basic Science principles (ex: metabolism, wound healing)
- General Surgery principles (ex: acute abdomen)
- Critical Care subjects (ex: ARDS, SIRS, MODS)
- General Medicine principles (ex: infectious disease)
- Pharmacologic principles (ex: antibiotic management)
- Radiographic studies: indications and interpretation

Practice Based Learning and Improvement

The PGY-1 Resident on the Service should demonstrate the ability to:

- Evaluate published literature in critically acclaimed journals and texts

- Apply clinical trials data to patient management
- Participate in academic and clinical discussions
- Teach medical students and physician assistant students
- Attend conferences

Interpersonal and Communication Skills

The PGY-1 Resident should demonstrate the ability to:

- Interact with Patient/Family
- Interact with Nursing staff
- Interact with Patient Resource Manager and Social Workers
- Interact with OR staff
- Interact with Consult Service
- Interact with Attendings
- Interact with Junior Housestaff
- Interact with Senior Housestaff

Professionalism

The PGY-1 Resident should:

- Be receptive to feedback on performance
- Be attentive to ethical issues
- Be involved in end-of-life discussions and decisions
- Be sensitive to gender, age, race, and cultural issues
- Demonstrate leadership

Systems Based Practice

The PGY-1 Resident should have:

- Be aware of cost-effective care issues
- Be sensitive to medical-legal issues
- Information technology/computer resources available

PGY-1 Training Objectives Vascular Surgery Service - Green

Patient Care

The PGY-1 Resident on the Green –Vascular should demonstrate the ability to:

- Evaluate pre-operative patients with Peripheral vascular disease and it's risk factors (ex: CD, Smoking history, Diabetes)
- Manage ward/postoperative patients
- Prioritize patient acuity
- Manage ward emergencies (arrhythmia, hypoxia, shock, etc.)
- Prioritize clinical responsibilities
- Plan discharge

Perform (or have experience with) the following ward procedures:

- Arterial line/ABG
- Peripheral line/Phlebotomy
- NG tube placement
- Dobhoff placement
- Chest tube placement
- Wound Debridement
- Femoral IJ/SC line placement
- Operative procedures:
 - Extremity amputations
 - Placement long-term central venous access
 - Debridement of complex wounds

Medical Knowledge

The PGY-1 Resident on the Green-Vascular Service should understand:

- Diagnosis of acute limb ischemia
- Diagnosis of acute vascular emergencies (ruptured aneurysm, aortic dissection)
- Vascular non-invasive laboratory testing
- Vascular imaging (CTA and MRA)
- Evaluation and treatment of venous disorders
- Management of common medical diagnoses associated with vascular disease (CAD, DM, ESRD, COPD)

Practice Based Learning and Improvement

The PGY-1 Resident on the Green-Vascular should demonstrate the ability to:

- Evaluate published literature in critically acclaimed journals and tests
- Apply clinical trials data to patient management
- Participate in academic and clinical discussions
- Teach medical students and physician assistant students
- Attend conferences
- Participate in monthly journal club

Interpersonal and Communication Skills

The PGY-1 Resident on the Green-Vascular Surgery Service should demonstrate the

ability to interact with the following persons professionally:

- Patients, family members, faculty members, residents, fellows, nursing staff and other members of the care team

Professionalism

The PGY-1 Resident on the Green-Vascular Surgery Serviced should:

- Be receptive to feedback on performance
- Be attentive to ethical issues
- Be involved in end-of-life discussions and decisions
- Be sensitive to gender, age, race, and cultural issues
- Demonstrate leadership

Systems Based Practice

The PGY-1 Resident on the Green-Vascular Service should have:

- Be aware of cost-effective care issues
- Be sensitive to medical-legal issues
- Information technology/computer resources available

PGY-1 Training Objectives

Night Float

Introduction

The system of the night float was initiated to fulfill the ACGME hours restriction mandate while reducing excessive cross-coverage and maintaining in-patient continuity. The night float PGY-1 arrives at 6:00 p.m. and leaves after morning sign-out. The night float coverage extends from Sunday to Friday with Saturday to Sunday being a continuous 24 hour-off period.

Patient Care

The PGY-1 Resident on the night float should demonstrate the ability to:

- Evaluate pre-operative patients.
- Manage ward/postoperative patients.
- Prioritize patient acuity.
- Manage ward emergencies (arrhythmia, hypoxia, shock, etc.).
- Prioritize clinical responsibilities.
- Identify limitations of their experience and activate back up systems when appropriate.
- Perform the following ward procedures:
 - Arterial line/ABG.
 - Peripheral line/Phlebotomy.
 - NG tube placement.
 - Chest tube placement.
 - Femoral IJ/SC line placement.

Medical Knowledge

The PGY-1 Resident should understand:

- Basic Science principles (ex: metabolism, wound healing).
- General Surgery principles (ex: acute cholecystitis).
- General Medicine principles (ex: infectious disease).
- Radiographic studies: indications and interpretation.

Practice Based Learning and Improvement

The PGY-1 Resident should demonstrate the ability to:

- Evaluate published literature in critically acclaimed journals and texts.

- Apply clinical trials data to patient management.
- Participate in academic and clinical discussions.
- Teach medical students and physician assistant students.

Interpersonal and Communication Skills

The PGY-1 Resident should demonstrate the ability to:

- Interact with Patient/Family.
- Interact with Nursing staff.
- Interact with Consult Service.
- Interact with Attendings.
- Interact with Junior Housestaff.
- Interact with Senior Housestaff.

Professionalism

The PGY-1 Resident on the Night Float Service should:

- Be receptive to feedback on performance.
- Be attentive to ethical issues.
- Be involved in end-of-life discussions and decisions.
- Be sensitive to gender, age, race, and cultural issues.
- Demonstrate leadership.
- Systems Based Practice.

The PGY-1 Resident on the Night Float should:

- Be aware of cost-effective care issues.
- Be sensitive to medical-legal issues.
- Have information technology/computer resources available

PGY-1 Training Objectives

ACS/Trauma Surgery Service - Red

Patient Care

The PGY-1 Resident should demonstrate the ability to:

- Evaluate pre-operative patients
- Manage ward/postoperative patients
- Prioritize patient acuity
- Manage ward emergencies (arrhythmia, hypoxia, shock, etc.)
- Prioritize clinical responsibilities
- Plan discharge
- Perform the following procedures
 - Ankle/Brachial Index (ABI)
 - Arterial line/ABG
 - Peripheral line/Phlebotomy
 - NG tube placement
 - Chest tube placement
 - Debridement
 - Complex Wound Care
 - Femoral IJ/SC line placement
 - Incision closure
 - G-tube placement
 - Laceration repair, complex
 - Tracheostomy

Medical Knowledge

The PGY-1 Resident should understand:

- Basic Science principles (ex: metabolism, wound healing)
- General Medicine principles (ex: ESRD, dialysis)
- General Surgery principles (ex: bowel obstruction)
- Vascular Surgery principles (ex: rest pain, ischemia)
- Trauma Surgery principles (ex: splenic laceration)
- Radiographic studies: indications and interpretation

Practice Based Learning and Improvement

The PGY-1 Resident should demonstrate the ability to:

- Evaluate published literature in critically acclaimed journals and texts
- Apply clinical trials data to patient management
- Participate in academic and clinical discussions
- Teach medical students and physician assistant students
- Attend conferences

Interpersonal and Communication Skills

The PGY-1 Resident should demonstrate the ability to:

- Interact with Patient/Family
- Interact with Nursing staff

- Interact with Patient Resource Manager and Social Workers
- Interact with OR staff
- Interact with Consult Service
- Interact with Attendings
- Interact with Junior Housestaff
- Interact with Senior Housestaff

Professionalism

The PGY-1 Resident should:

- Be receptive to feedback on performance
- Be attentive to ethical issues
- Be involved in end-of-life discussions and decisions
- Be sensitive to gender, age, race, and cultural issues
- Demonstrate leadership

Systems Based Practice

The PGY-1 Resident should have:

- Be aware of cost-effective care issues
- Be sensitive to medical-legal issues
- Information technology/computer resources available

PGY-1 Training Objectives

Transplant Surgery Service

Patient Care

The PGY-1 Resident should demonstrate the ability to:

- Evaluate pre-operative patients
- Manage ward/postoperative patients
- Prioritize patient acuity
- Manage ward emergencies (oliguria, arrhythmia, hypoxia, shock, etc.)
- Prioritize clinical responsibilities
- Plan discharge
- Perform the following procedures
 - Ankle/Brachial Index (ABI)
 - Arterial line/ABG
 - Peripheral line/Phlebotomy
 - NG tube placement
 - Foley catheter placement
 - Complex Wound Care
 - Femoral IJ/SC line placement
 - Cholecystectomy, open
 - Incision closure
 - G-tube placement
 - Tracheostomy

Medical Knowledge

The PGY-1 Resident should understand:

- Basic Science principles (ex: metabolism, wound healing)
- General Medicine principles (ex: ESRD, dialysis)
- General Surgery principles (ex: bowel obstruction)
- Vascular Surgery principles (ex: rest pain, ischemia)
- Transplant Surgery principles (ex: kidney transplant, liver transplant, rejection)
- Radiographic studies: indications and interpretation

Practice Based Learning and Improvement

The PGY-1 Resident should demonstrate the ability to:

- Evaluate published literature in critically acclaimed journals and texts
- Apply clinical trials data to patient management
- Participate in academic and clinical discussions
- Teach medical students and physician assistant students
- Attend conferences

Interpersonal and Communication Skills

The PGY-1 Resident should demonstrate the ability to:

- Interact with Patient/Family
- Interact with Nursing staff
- Interact with Patient Resource Manager and Social Workers

- Interact with OR staff
- Interact with Consult Service
- Interact with Attendings
- Interact with Junior Housestaff
- Interact with Senior Housestaff

Professionalism

The PGY-1 Resident should:

- Be receptive to feedback on performance
- Be attentive to ethical issues
- Be involved in end-of-life discussions and decisions
- Be sensitive to gender, age, race, and cultural issues
- Demonstrate leadership

Systems Based Practice

The PGY-1 Resident should have:

- Be aware of cost-effective care issues
- Be sensitive to medical-legal issues
- Information technology/computer resources available

PGY-1 Training Objectives Colorectal Surgery Service - Gold

Patient Care

The PGY-1 Resident on the Service should demonstrate the ability to:

- Evaluate pre-operative patients with complex colorectal issues (ex: colon cancer, rectal cancer, diverticulitis).
- Manage ward/postoperative patients.
- Prioritize patient acuity.
- Manage ward emergencies (arrhythmia, hypoxia, shock, etc.).
- Prioritize clinical responsibilities.
- Plan discharge.
- Perform (or have experience with) the following ward procedures:
 - NG tube placement.
 - Dobhoff placement.
 - Chest tube placement.
 - Wound Debridement.
 - Appendectomy.
 - Colectomy.
 - Lysis of adhesions.
 - Common Ano-rectal procedures (i.e. hemorrhoid banding, repair fistula).
 - Cholecystectomy, laparoscopic.
 - Cholecystectomy, open.
 - Hernia repair.
 - Incision closure.
 - Laceration repair, complex.

Medical Knowledge

The PGY-1 Resident should understand:

- Basic Science principles (ex: metabolism, wound healing).
- General Surgery principles (ex: acute cholecystitis).
- GI Surgery principles (ex: diverticulitis, colon cancer).
- General Medicine principles (ex: infectious disease).

- Radiographic studies: indications and interpretation.

Practice Based Learning and Improvement

The PGY-1 Resident should demonstrate the ability to:

- Evaluate published literature in critically acclaimed journals and texts.
- Apply clinical trials data to patient management.
- Participate in academic and clinical discussions.
- Teach medical students and physician assistant students.
- Attend conferences.

Interpersonal and Communication Skills

The PGY-1 Resident should demonstrate the ability to interact with the following persons professionally:

- Patients;
- Family members;
- Nursing staff; and
- Other members of the care team.

Professionalism

The PGY-1 Resident should:

- Be receptive to feedback on performance.
- Be attentive to ethical issues.
- Be involved in end-of-life discussions and decisions.
- Be sensitive to gender, age, race, and cultural issues.
- Demonstrate leadership.

Systems Based Practice

The PGY-1 Resident should:

- Be aware of cost-effective care issues.
- Be sensitive to medical-legal issues.
- Have information technology/computer resources available

PGY2 Training Objectives

General and Vascular Surgery Consults (2222)

Goals and Objectives

Patient Care

The PG2 on the 2222 rotation should demonstrate the ability to:

Identify, evaluate, and manage urgent issues of emergency room and inpatient consultations (GI, HPB, surgical oncology, transplant, vascular, and trauma)

Formulate the diagnostic and therapeutic plan for patients sustaining multi-system blunt injury.

Formulate the diagnostic and therapeutic plan for patients who have sustained penetrating injuries of the neck, chest, abdomen, and extremities.

Oliguria/Acute renal failure
Delirium
Extremity vascular emergencies. (acute ischemia, DVT)

Practice Based Learning and Improvement

The PG2 on the 2222-Day rotation should demonstrate the ability to:

Critically evaluate published literature regarding trauma and acute care emergencies and formulate evidenced-based therapeutic plan.

Analyze the complications arising in consultation patients, and present them at the Surgical Case Conference in a constructive and educational manner.

Prepare in advance for didactic conferences with an emphasis on punctual and regular attendance.

Interpersonal and Communications Skill

The PG2 on the 2222-Day rotation should demonstrate the ability to:

Effectively interact with the faculty in formulating and instituting therapeutic plans.

Communicate abbreviated yet thorough patient discussions with consulting physicians.

Effectively counsel the patients, including discussions of complex trauma and critical care conditions.

Professionalism

The PG2 on the 2222-Day rotation should:

Demonstrate commitment to their patients superseding personal self-interests, including readiness to provide bedside and operative care to the patients irrespective of time of day.

Demonstrate sensitivity to age, gender, and culture of patients and other health care professionals.

Carry out administrative responsibilities (operative dictations, call schedule creation, etc.) in a time-sensitive manner

Abide by duty hour and other regulatory guidelines

Systems Based Practice.

The PG2 on the 2222-Day rotation should:

Demonstrate the ability to efficiently and effectively organize the care of the surgical patient in a cost-effective and evidenced-based manner.

Appropriately recruit other specialists and health care professionals to optimize the efficiency of care of the trauma and acute general and vascular surgical patient

PGY 2 Training Objectives

Acute Care Surgery and Trauma - Red

Goals and Objectives

Patient Care

The Resident should demonstrate the ability to:

Understand the diagnostic and therapeutic plan for patients sustaining multi-system blunt injury.

Understand the diagnostic and therapeutic plan for patients who have sustained penetrating injuries of the neck, chest, abdomen, and extremities.

Assist in the management of the injured patient in the Intensive Care Unit, including ventilator management, nutritional management, management of infectious complications, and support of the septic patient and patients suffering from hemorrhagic shock.

- Perform the following procedures:
 - ATLS procedures
 - PEG
 - FAST ultrasound
 - Large volume resuscitation
 - Low complexity general surgery procedures performed by the ACS service
 - Herniorrhaphy
 - Tracheostomy
 - Laparoscopic cholecystectomy
 - Colectomy

Medical knowledge

The Resident will develop in their understanding of:

- Basics of primary and secondary surveys
- Common presenting signs and symptoms, evaluation of, and management of the following:
 - Blunt and penetrating injury
 - Cervical trauma evaluation pertaining to zones
 - Indications for exploration, airway protection strategies
 - Head trauma-subdural, epidural hematomas
 - Thoracic (rib fractures, PTX, flail chest, pulmonary contusion, fat embolism, aortic tear, tamponade, indications for emergent thoracotomy)
 - Spine fractures and immobilization strategies
 - Abdominal evaluation (imaging, lavage, examination, wound exploration, FAST Ultrasound, mechanism of injury)
 - Indications for surgery of splenic and hepatic lacerations
 - Hollow viscus injury
 - Pancreatoduodenal injury
 - Retroperitoneal hematoma/Great vessel injury
 - Evaluation of suspected urethral injury
 - General principles of orthopedic and neurosurgical acute management strategies for
 - Long bone fractures
 - Pelvic fractures
 - Acute head injury (concussion, subdural and epidural hematoma, penetrating injury)
 - Critical care management
 - Ventilatory management
 - Invasive monitoring
 - Hemorrhagic, hypovolemic, and neurogenic shock
 - Brain death determination
 - Transfusion medicine (component alternatives, cross-matching strategies, side effects, evaluation of suspected reactions)
 - ATLS protocols
 - The surgical anatomy of the neck, chest, abdomen, extremities

Suggested Reading: In addition to sections from the major surgical textbooks relating to your individual patients, you should inquire of the trauma faculty (at the beginning of the rotation) as to special contemporary articles and or texts that he would consider relevant.

Practice Based Learning and Improvement

The Resident should demonstrate the ability to:

Critically evaluate published literature regarding the diseases managed on Trauma service, and formulate evidenced-based therapeutic plan.

PGY2 Training Objectives

Durham VA- General Surgery

Description of the Rotation:

On the Durham VA-GSU rotation, the PG2 assists the chief resident (PG5) in the management of a complex veterans population with general surgical conditions. Faculty oversight is provided by a core of Duke attending surgeons with VA privileges. In addition to managing general surgical needs of the local veteran population, the Durham VAMC is a referral center for patients with complex general surgical needs from North Carolina, Eastern Tennessee, southern Virginia, and South Carolina. In addition to common general surgery conditions (abdominal wall hernia, cholelithiasis, colon cancer, small bowel obstruction, acute abdomen), the CR will be responsible for the care of patients with complex HPB, colorectal, and upper intestinal disorders. at the Durham VAMC. Beginning with the resident-led Thursday clinic (with attending consultation and participation), the PG2 and PG5 will identify patients requiring surgical procedures and/or hospitalization. Working with the PG5 and a midlevel provider, the PG2 assists in scheduling surgery and arranging for appropriate specialty consultations/assistance. The PG5 provides educational oversight of the residents and students on the service and ensures compliance of the resident team with duty hour and other regulatory guidelines. The PG2 and PG5 round each morning with the PG1 on all general surgery patients. The PG5 assigns the operative roles for the day. Rounding also includes all general surgery patients in the SICU. The PG2 is the first point of contact for general surgery consultations, directing each to appropriate faculty consideration.

Suggested Reading: In addition to sections from the major surgical textbooks relating to your individual patients, you should inquire of the faculty surgeons as to special contemporary articles and or texts that he would consider relevant.

Goals and Objectives

Patient Care

The PG2 on the DVAMC-General Surgery service should demonstrate the ability to:

- Assist in the care of the patient who has undergone surgery for common general surgery indications.
- Assist in the care of the patient who has undergone surgery for complex HPB, colorectal, and oncologic conditions.
- Formulate diagnostic and therapeutic plan for the conditions listed above.
- Understand the operative steps for the following procedures commonly performed on the service:
 - Cholecystectomy
 - Complicated abdominal wall hernia repair
 - Colon and rectal resections including ostomy creation

- Small bowel resection
- Mastectomy (partial, total), lymphadenectomy (sentinel, axillary)
- Appendectomy

Medical knowledge

The PG2 on the DVAMC General Surgery service should have an understanding of the:

- Common presenting signs and symptoms, evaluation of, and management of the following:
 - GERD
 - Diaphragmatic hernias
 - Colorectal cancer
 - Breast cancer
 - Complex abdominal wall hernias
 - Small bowel obstruction
 - GI bleeding
 - Diverticular disease of the colon
 - Appendicitis
 - Ischemic conditions of the large and small intestine

Surgical anatomy of the thyroid/parathyroids, stomach, small intestine, colon, rectum, abdominal wall, diaphragm, and gallbladder.

Physiology of upper and lower intestinal tracts including liver, pancreas, stomach, and duodenum, colon, rectum.

Physiology of the thyroid and parathyroid glands.

Practice Based Learning and Improvement

The PG2 on the DVAMC-General Surgery service should demonstrate the ability to:

Critically evaluate published literature regarding the diseases managed at DVAMC, and formulate evidenced-based therapeutic plans.

Participate in the weekly evidence-based medicine conference discussing topics relevant to inpatients or upcoming procedures.

Analyze the surgical complications on the service, and present them at Surgical Case Conference in a constructive and educational manner.

Prepare in advance for clinical activities and didactic conferences with an emphasis on punctual and regular attendance.

Interpersonal and Communications Skill

The PG2 on the DVAMC-General Surgery service should demonstrate the ability to:

Effectively interact with the faculty in formulating and instituting therapeutic plans.

Communicate abbreviated yet thorough patient discussions with consulting physicians including on all inpatients during Monday faculty walk rounds.

Effectively counsel the patients, including preoperative discussions of complex abdominal procedures and expected postoperative recovery issues.

Professionalism

The PG2 on the DVAMC-General Surgery service should:

Demonstrate a commitment to their patients superseding personal self-interests, including readiness to provide bedside and operative care to the patients irrespective of time of day.

Demonstrate sensitivity to age, gender, and culture of patients and other health care professionals.
Carry out administrative responsibilities (operative dictations, call schedule creation, etc.) in a time-sensitive manner
Abide by duty hour and other regulatory guidelines.

Systems Based Practice.

The PG2 on the DVAMC-General Surgery service should:

Demonstrate the ability to efficiently and effectively organize the care of the surgical patient in a cost-effective and evidenced-based manner.

Appropriately recruit faculty and other specialists and health care professionals to optimize the efficiency of care of the general surgery patient

PGY-2 Training Objectives

SICU

Patient Care

The Resident on the Duke SICU Service should demonstrate the ability to:

- Organize patient data by systems
- Develop complex differential diagnoses
- Formulate comprehensive assessment and plan
- Prioritize patient acuity and tasks
- Manage ICU Emergencies (ex: arrhythmia, hypotension, hemorrhage, codes)
- Prioritize clinical responsibilities
- Plan discharge/transfer
- Perform the following procedures
 - Arterial lines
 - Bronchoscopy
 - Chest tube placement
 - Dubhoff placement
 - Endoscopy
 - Femoral line
 - Internal jugular line
 - Subclavian line
 - Tracheostomy exchange

Medical Knowledge

The Resident on the Duke SICU Service should understand:

- Basic Science principles (ex: metabolism, wound healing)
- Trauma Surgery principles (ex: ATLS, shock)
- General Surgery principles (ex: acute abdomen)
- General Medicine principles (ex: infectious disease)
- Critical Care subjects (ex: ARDS, SIRS, acid/base)
- Pharmacologic principles (ex: antibiotic management)
- Radiographic studies: indications and interpretation

Practice Based Learning and Improvement

The Resident on the Duke SICU Service should demonstrate the ability to:

- Evaluate published literature in critically acclaimed journals and texts
- Apply clinical trials data to patient management
- Participate in academic and clinical discussions
- Teach medical students and physician assistant students
- Attend conferences

Interpersonal and Communication Skills

The Resident on the Duke SICU Service should demonstrate the ability to:

- Interact with Patient/Family
- Interact with Nursing/SICU staff
- Interact with Consult Service

- Interact with SICU Attendings
- Interact with Surgical Attendings
- Interact with Senior Housestaff

Professionalism

The Resident on the Duke SICU Service should:

- Be receptive to feedback on performance
- Be attentive to ethical issues
- Be involved in end-of-life discussions and decisions
- Be sensitive to gender, age, race, and cultural issues
- Demonstrate leadership

Systems Based Practice

The Resident on the Duke SICU Service should have:

- Be aware of cost-effective care issues
- Be sensitive to medical-legal issues
- Information technology/computer resources available

PGY 2 Training Objectives

Breast, Endocrine and Melanoma

Goals and Objectives

Patient Care

The Resident should demonstrate the ability to:

- Supervise all aspects of care of the patient who has undergone surgery for thyroid, adrenal, breast and cutaneous malignancies in addition to parathyroid endocrinopathies.
- Formulate the diagnostic and therapeutic plan for the conditions listed above.
- Understand the operative steps for the following procedures commonly performed on the service:
 - Parathyroidectomy
 - Thyroidectomy (total, partial)
 - Thyroid aspiration under ultrasound guidance
 - Laparoscopic and open adrenalectomy
 - Mastectomy (partial, simple, modified radical)
 - Cutaneous excisions of the trunk and extremities including nonsurgical biopsy
 - Lymphadenectomy (sentinel node, formal axillary, inguinal and deep pelvic node dissections)

Medical knowledge

The Resident should understand:

- Common presenting signs and symptoms, evaluation of, and management of the following:
 - Thyroid malignancies
 - Benign conditions of the thyroid (goiter, thyroiditis)
 - Hyperparathyroidism (primary, secondary, tertiary)
 - Adrenocortical carcinoma
 - Adrenal tumors (Conn's syndrome, pheochromocytoma, adenomas)
 - Cushing's syndrome
 - Multiple endocrine neoplasia syndromes
 - Breast cancer (invasive, DCIS, randomized trials involving surgical treatments)
 - Cutaneous malignancy (melanoma)
- The role of adjuvant and neoadjuvant therapies (chemotherapy, endocrine therapy, radiation) in patients with breast cancer
- The surgical anatomy of the neck, axilla, breast, retroperitoneum (adrenal), inguinal nodal basin, skin.

Practice Based Learning and Improvement

The Resident should demonstrate the ability to:

Critically evaluate published literature regarding the diseases managed on Silver-3, and formulate evidenced-based therapeutic plan.

Analyze the surgical complications on the service, and present them at the Surgical Case Conference in a constructive and educational manner.

Prepare in advance for clinical activities and didactic conferences with an emphasis on punctual and regular attendance.

Take considerable initiative in facilitating the learning of junior house staff and medical students.

Interpersonal and Communications Skill

The Resident should demonstrate the ability to:

Effectively interact with the faculty in formulating and instituting therapeutic plans.

Communicate abbreviated yet thorough patient discussions with consulting physicians.
Effectively counsel the patients, including discussions of complex oncologic procedures performed on the service and end-of-life issues that are common to these patients.

Professionalism

The Resident should:

Demonstrate commitment to their patients superseding personal self-interests, including readiness to provide bedside and operative care to the patients irrespective of time of day.

Demonstrate sensitivity to age, gender, and culture of patients and other health care professionals.

Carry out administrative responsibilities (operative dictations, call schedule creation, etc.) in a time-sensitive manner

Abide by duty hour and other regulatory guidelines

Systems Based Practice.

The Resident should:

Demonstrate the ability to efficiently and effectively organize the care of the surgical patient in a cost-effective and evidenced-based manner.

Appropriately recruit other specialists and health care professionals to optimize the efficiency of care of the surgical oncology patient

PGY-2 Training Objectives

Endoscopy

Patient Care

The Resident on the endoscopy rotation should demonstrate the ability to:

- Organize patient data by systems
- Develop complex differential diagnoses of upper and lower GI disease
- Formulate comprehensive assessment and plan
- Prioritize patient acuity and tasks
- Prioritize clinical responsibilities
- Perform the following procedures
 - Upper GI Endoscopy
 - Lower GI endoscopy including sigmoidoscopy and colonoscopy

Medical Knowledge

The Resident on the endoscopy rotation should understand:

- Basic Science principles (ex: metabolism, wound healing)
- General Surgery principles (ex: acute abdomen)
- General Medicine principles (ex: infectious disease)
- GI Surgery principles (ex: Upper GI bleeding, Diverticulitis, Inflammatory Bowel Disease)
- Pharmacologic principles (ex: antibiotic management)
- Radiographic studies: indications and interpretation

Practice Based Learning and Improvement

The Resident on the endoscopy rotation should demonstrate the ability to:

- Evaluate published literature in critically acclaimed journals and texts
- Apply clinical trials data to patient management
- Participate in academic and clinical discussions
- Teach medical students and physician assistant students
- Attend conferences

Interpersonal and Communication Skills

The Resident on the endoscopy rotation should demonstrate the ability to:

- Interact with Patient/Family
- Interact with Nursing/procedure staff
- Interact with Consult Service
- Interact with Surgical and Medical GI Attendings
- Interact with Senior Housestaff

Professionalism

The Resident on the endoscopy rotation should:

- Be receptive to feedback on performance
- Be attentive to ethical issues
- Be involved in end-of-life discussions and decisions
- Be sensitive to gender, age, race, and cultural issues
- Demonstrate leadership

Systems Based Practice

The Resident on the endoscopy rotation should have:

- Be aware of cost-effective care issues
- Be sensitive to medical-legal issues
- Information technology/computer resources available

PGY 3 Training Objectives

Breast, Endocrine and Melanoma

Goals and Objectives

Patient Care

The Resident should demonstrate the ability to:

- Supervise all aspects of care of the patient who has undergone surgery for thyroid, adrenal, breast and cutaneous malignancies in addition to parathyroid endocrinopathies.
- Formulate the diagnostic and therapeutic plan for the conditions listed above.
- Understand the operative steps for the following procedures commonly performed on the service:
 - Parathyroidectomy
 - Thyroidectomy (total, partial)
 - Thyroid aspiration under ultrasound guidance
 - Laparoscopic and open adrenalectomy
 - Mastectomy (partial, simple, modified radical)
 - Cutaneous excisions of the trunk and extremities including nonsurgical biopsy
 - Lymphadenectomy (sentinel node, formal axillary, inguinal and deep pelvic node dissections)

Medical knowledge

The Resident should understand:

- Common presenting signs and symptoms, evaluation of, and management of the following:
 - Thyroid malignancies
 - Benign conditions of the thyroid (goiter, thyroiditis)
 - Hyperparathyroidism (primary, secondary, tertiary)
 - Adrenocortical carcinoma
 - Adrenal tumors (Conn's syndrome, pheochromocytoma, adenomas)
 - Cushing's syndrome
 - Multiple endocrine neoplasia syndromes
 - Breast cancer (invasive, DCIS, randomized trials involving surgical treatments)
 - Cutaneous malignancy (melanoma)
- The role of adjuvant and neoadjuvant therapies (chemotherapy, endocrine therapy, radiation) in patients with breast cancer
- The surgical anatomy of the neck, axilla, breast, retroperitoneum (adrenal), inguinal nodal basin, skin.

Practice Based Learning and Improvement

The Resident should demonstrate the ability to:

Critically evaluate published literature regarding the diseases managed on Silver-3, and formulate evidenced-based therapeutic plan.

Analyze the surgical complications on the service, and present them at the Surgical Case Conference in a constructive and educational manner.

Prepare in advance for clinical activities and didactic conferences with an emphasis on punctual and regular attendance.

Take considerable initiative in facilitating the learning of junior house staff and medical students.

Interpersonal and Communications Skill

The Resident should demonstrate the ability to:

Effectively interact with the faculty in formulating and instituting therapeutic plans.

Communicate abbreviated yet thorough patient discussions with consulting physicians.
Effectively counsel the patients, including discussions of complex oncologic procedures performed on the service and end-of-life issues that are common to these patients.

Professionalism

The Resident should:

Demonstrate commitment to their patients superseding personal self-interests, including readiness to provide bedside and operative care to the patients irrespective of time of day.

Demonstrate sensitivity to age, gender, and culture of patients and other health care professionals.

Analyze the surgical complications on the service, and present them at the Surgical Case Conference in a constructive and educational manner.

Prepare in advance for clinical activities and didactic conferences with an emphasis on punctual and regular attendance.

Take considerable initiative in facilitating the learning of junior house staff and medical students.

Interpersonal and Communications Skill

The PG2 on the Trauma service should demonstrate the ability to:

Effectively interact with the faculty in formulating and instituting therapeutic plans.

Communicate abbreviated yet thorough patient discussions with consulting physicians.

Effectively counsel the patients, including discussions of complex trauma and critical care conditions.

Professionalism

The PG2 on the Trauma service should:

Demonstrate commitment to their patients superseding personal self-interests, including readiness to provide bedside and operative care to the patients irrespective of time of day.

Demonstrate sensitivity to age, gender, and culture of patients and other health care professionals.

Carry out administrative responsibilities (operative dictations, call schedule creation, etc.) in a time-sensitive manner

Abide by duty hour and other regulatory guidelines

Systems Based Practice.

The PG2 on the Trauma service should:

Demonstrate the ability to efficiently and effectively organize the care of the surgical patient in a cost-effective and evidenced-based manner.

Appropriately recruit other specialists and health care professionals to optimize the efficiency of care of the trauma patient

PGY 3 Training Objectives

Surgical Oncology – Blue

Goals and Objectives

Patient Care

The Residents on the service should demonstrate the ability to:

- Participate in and manage all aspects of care of the patient who has undergone surgery for pancreatic, gastric, intestinal, retroperitoneal, and cutaneous malignancies in addition to general call related clinical activities.
- Formulate the diagnostic and therapeutic plan for the conditions listed above.
- Understand the operative steps for the following procedures commonly performed on the service:
 - Pancreaticoduodenectomy
 - Distal pancreatectomy
 - Lateral pancreaticojejunostomy
 - Cutaneous excisions of the trunk and extremities
 - Lymphadenectomy (sentinel node, formal axillary, inguinal and deep pelvic node dissections)
 - Isolated limb infusion/perfusion for regional treatment of melanoma
 - Retroperitoneal mass excisions.
 - Retroperitoneal exposures for neurologic and orthopedic spinal surgery
 - Colon and rectal resections (right, transverse, left, sigmoid, LAR)

Medical knowledge

The Residents on the service should understand:

- Common presenting signs and symptoms, evaluation of, and management of the following:
 - Pancreatic malignancies (adenocarcinoma, neuroendocrine, islet cell neoplasms)
 - Pancreatic benign tumors (IPMN, MCN, serous cystadenoma, pseudopapillary)
 - Pancreatitis and its complications (pseudocyst, chronic pain, pseudoaneurysm)
 - Cutaneous malignancy (melanoma)
 - Gastric cancer (adenocarcinoma, GIST, carcinoid)
 - Retroperitoneal sarcomas
 - Colorectal cancer

Common regimens and side effects of chemotherapy in primary gastric, pancreatic, retroperitoneal, colorectal, and cutaneous malignancies. [including regional chemotherapy of melanoma]
The role of adjuvant therapies in pancreatic, gastric, and colorectal cancer
The surgical anatomy of the pancreas, spleen, stomach, retroperitoneum, duodenum.

Practice Based Learning and Improvement

The Residents on the service should demonstrate the ability to:

Critically evaluate published literature regarding the diseases managed on Silver-1, and formulate evidenced-based therapeutic plan.

Analyze the surgical complications on the service, and present them at the Surgical Case Conference in a constructive and educational manner.

Prepare in advance for clinical activities and didactic conferences with an emphasis on punctual and regular attendance.

Take considerable initiative in facilitating the learning of junior house staff and medical students.

Interpersonal and Communications Skill

The Residents on the service should demonstrate the ability to:

Effectively interact with the faculty in formulating and instituting therapeutic plans.

Communicate abbreviated yet thorough patient discussions with consulting physicians.

Effectively counsel the patients, including discussions of complex oncologic procedures performed on the service and end-of-life issues that are common to these patients.

Professionalism

The Residents on the service should:

Demonstrate commitment to their patients superseding personal self-interests, including readiness to provide bedside and operative care to the patients irrespective of time of day.

Demonstrate sensitivity to age, gender, and culture of patients and other health care professionals.

PGY 3 Training Objectives

Thoracic Surgery

Goals and Objectives

Patient Care

The Senior Residents on the Thoracic Surgery rotation should demonstrate the ability to:

- Supervise all aspects of care of the patient who has undergone surgery for general thoracic surgery indications.
- Formulate the diagnostic and therapeutic plan for patients with common general thoracic diseases including (but not exclusive of) benign and malignant tumors of the chest, aneurysmal disease of the thoracic aorta, malignant disorders of the diaphragm/pleura/chest wall and non-neoplastic disorders of the esophagus.
- Understand the operative steps for the following procedures commonly performed on the service:
 - Pulmonary resections (wedge, lobectomy, pneumonectomy)
 - Open and VATS approaches
 - Mediastinoscopy
 - Bronchoscopy
 - Esophagoscopy
 - Esophagectomy (transhiatal, Ivor-Lewis)
 - Tube thoracostomy
 - Thoracentesis
 - Pleurodesis

Medical knowledge

The Senior Residents on the Thoracic Surgery rotation should have an understanding of the:

- Common presenting signs and symptoms, evaluation of, and management of the following:
 - Pulmonary malignancies (primary and metastatic)
 - Pulmonary infections (fungal, bacterial)/empyema
 - Tumors of the mediastinum, pleura, and chest wall
 - Aneurysmal disease of thoracic aorta
 - Esophageal cancer and benign tumors
 - Benign conditions of the esophagus (spasm, achalasia, diverticula)
 - Spontaneous pneumothorax
 - Benign and malignant pleural effusions

Practice Based Learning and Improvement

The Senior Residents on the Thoracic Surgery rotation should demonstrate the ability to:

Critically evaluate published literature regarding the diseases managed on the Thoracic Surgery rotation, and formulate evidenced-based therapeutic plans.

Organize and participate in the weekly evidence-based medicine conference discussing topics relevant to inpatients or upcoming procedures.

Analyze the surgical complications on the service, and present them at weekly thoracic M&M in a constructive and educational manner.

Prepare in advance for clinical activities and didactic conferences with an emphasis on punctual and regular attendance.

Interpersonal and Communications Skill

The Senior Residents on the Thoracic Surgery rotation should demonstrate the ability to:

Effectively interact with the faculty in formulating and instituting therapeutic plans.

Communicate abbreviated yet thorough patient discussions with consulting physicians including on all inpatients during Monday faculty walk rounds.

Effectively counsel the patients, including preoperative discussions of complex abdominal procedures and expected postoperative recovery issues.

Professionalism

The Senior Residents on the Thoracic Surgery rotation should:

Demonstrate commitment to their patients superseding personal self-interests, including readiness to provide bedside and operative care to the patients irrespective of time of day.

Demonstrate sensitivity to age, gender, and culture of patients and other health care professionals.

Carry out administrative responsibilities (operative dictations, call schedule creation, etc.) in a time-sensitive manner

Systems Based Practice.

The Senior Residents on the Thoracic Surgery rotation should:

Demonstrate the ability to efficiently and effectively organize the care of the surgical patient in a cost-effective and evidenced-based manner.

Appropriately recruit faculty and other specialists and health care professionals to optimize the efficiency of care of the thoracic surgery patient

PGY3 Training Objectives

Asheville VAMC-General Surgery

Goals and Objectives

Patient Care

The PG3 on the Asheville General Surgery service should demonstrate the ability to:

- Supervise care of the patient who has undergone surgery for common general surgery indications
- Formulate the diagnostic and therapeutic plan for the conditions listed above.
- Understand the operative steps for the following procedures commonly performed on the service:
 - Cholecystectomy
 - Complicated abdominal wall hernia repair
 - Colon and rectal resections
 - Small bowel resection
 - Mastectomy (partial, total), lymphadenectomy (sentinel, axillary)
 - Colonoscopy
 - EGD
 - Laparoscopic appendectomy

Medical knowledge *The PG3 on the Asheville General Surgery service should understand:*

- Common presenting signs and symptoms, evaluation of, and management of the following:
 - GERD
 - Colorectal cancer
 - Breast cancer
 - Complex abdominal wall hernias
 - Small bowel obstruction
 - GI bleeding
 - Diverticular disease of the colon
 - Appendicitis
 - Ischemic conditions of the large and small intestine

The surgical anatomy of the stomach, small intestine, colon, rectum, abdominal wall, diaphragm, and gallbladder.

Practice Based Learning and Improvement

The PG3 on the Asheville General Surgery service should demonstrate the ability to:

Critically evaluate published literature regarding the diseases managed on service, and formulate evidenced-based therapeutic plans.

Analyze the surgical complications on the service, and present them at the weekly M&M Conference in a constructive and educational manner.

Prepare in advance for clinical activities and didactic conferences with an emphasis on punctual and regular attendance.

Take considerable initiative in facilitating the learning of junior house staff and medical students.

Interpersonal and Communications Skill

The PG3 on the Asheville General Surgery service should demonstrate the ability to:

Effectively lead a large resident team with an emphasis on assigning clinic and operative responsibilities, call responsibilities, and conference participation.

Effectively interact with the faculty in formulating and instituting therapeutic plans.

Communicate abbreviated yet thorough patient discussions with consulting physicians.

Effectively counsel the patients, including discussions of complex abdominal procedures and expected postoperative recovery issues.

Professionalism

The PG3 on the Asheville General Surgery service should:

Demonstrate commitment to their patients superseding personal self-interests, including readiness to provide bedside and operative care to the patients irrespective of time of day.

Demonstrate sensitivity to age, gender, and culture of patients and other health care professionals.

Carry out administrative responsibilities (operative dictations, call schedule creation, etc.) in a time-sensitive manner

Abide by duty hour and other regulatory guidelines.

Ensure that all members of the resident team abide by duty hour and other regulatory guidelines.

Systems Based Practice.

The PG3 on the Asheville General Surgery service should:

Demonstrate the ability to efficiently and effectively organize the care of the surgical patient in a cost-effective and evidenced-based manner.

Appropriately recruit other specialists and health care professionals to optimize the efficiency of care of the general surgery patient

PGY3 Training Objectives

Duke Regional Hospital

Goals and Objectives

Patient Care

The PG3 on the DRH service should demonstrate the ability to:

- Supervise care of the patient who has undergone surgery for common general surgery indications
- Formulate the diagnostic and therapeutic plan for the conditions listed above.
- Understand the operative steps for the following procedures commonly performed on the service:
 - Cholecystectomy
 - Complicated abdominal wall hernia repair
 - Colon and rectal resections
 - Small bowel resection
 - Mastectomy (partial, total), lymphadenectomy (sentinel, axillary)
 - Dialysis access
 - Colonoscopy
 - EGD

Laparoscopic Appendectomy

Medical knowledge

The PG3 on the DRH service should understand:

- Common presenting signs and symptoms, evaluation of, and management of the following:
 - GERD
 - Colorectal cancer
 - Breast cancer
 - Complex abdominal wall hernias
 - Small bowel obstruction
 - GI bleeding
 - Diverticular disease of the colon
 - Appendicitis
 - Ischemic conditions of the large and small intestine
 - Blunt and penetrating trauma
 - Sepsis and hemorrhagic shock.
- The surgical anatomy of the stomach, small intestine, colon, rectum, abdominal wall, diaphragm, and gallbladder.

Practice Based Learning and Improvement

The PG3 on the DRH service should demonstrate the ability to:

- Critically evaluate published literature regarding the diseases managed at DRH, and formulate evidenced-based therapeutic plans.
- Analyze the surgical complications on the service, and present them at the DRH M&M Conference in a constructive and educational manner.
- Prepare in advance for clinical activities and didactic conferences with an emphasis on punctual and regular attendance.
- Take considerable initiative in facilitating the learning of junior house staff and medical students.

Interpersonal and Communications Skill

The PG3 on the DRH service should demonstrate the ability to:

- Effectively lead a large resident team with an emphasis on assigning clinic and operative responsibilities, call responsibilities, and conference participation.
- Effectively interact with the faculty in formulating and instituting therapeutic plans.
- Communicate abbreviated yet thorough patient discussions with consulting physicians.
- Effectively counsel the patients, including discussions of complex abdominal procedures and expected postoperative recovery issues.

Professionalism

The PG3 on the DRH service should:

- Demonstrate commitment to their patients superseding personal self-interests, including readiness to provide bedside and operative care to the patients irrespective of time of day.
- Demonstrate sensitivity to age, gender, and culture of patients and other health care professionals.
- Carry out administrative responsibilities (operative dictations, call schedule creation, etc.) in a time-sensitive manner
- Abide by duty hour and other regulatory guidelines.

Systems Based Practice.

The PG3 on the DRH service should:

- Demonstrate the ability to efficiently and effectively organize the care of the surgical patient in a cost-effective and evidenced-based manner.
- Appropriately recruit other specialists and health care professionals to optimize the efficiency of care of the general surgery patient

PGY3 Training Objectives

Duke Raleigh Hospital

Goals and Objectives

Patient Care

The PG3 on the DRH service should demonstrate the ability to:

- Supervise care of the patient who has undergone surgery for common general surgery indications
- Formulate the diagnostic and therapeutic plan for the conditions listed above.
- Understand the operative steps for the following procedures commonly performed on the service:
 - Cholecystectomy
 - Complicated abdominal wall hernia repair
 - Colon and rectal resections
 - Small bowel resection
 - Mastectomy (partial, total), lymphadenectomy (sentinel, axillary)
 - Dialysis access
 - Colonoscopy
 - EGD

Laparoscopic Appendectomy

Medical knowledge

The PG3 on the DRH service should understand:

- Common presenting signs and symptoms, evaluation of, and management of the following:
 - GERD
 - Colorectal cancer
 - Breast cancer
 - Complex abdominal wall hernias
 - Small bowel obstruction
 - GI bleeding
 - Diverticular disease of the colon
 - Appendicitis
 - Ischemic conditions of the large and small intestine
 - Blunt and penetrating trauma
 - Sepsis and hemorrhagic shock.
- The surgical anatomy of the stomach, small intestine, colon, rectum, abdominal wall, diaphragm, and gallbladder.

Practice Based Learning and Improvement

The PG3 on the DRH service should demonstrate the ability to:

- Critically evaluate published literature regarding the diseases managed at DRH, and formulate evidenced-based therapeutic plans.
- Analyze the surgical complications on the service, and present them at the DRH M&M Conference in a constructive and educational manner.
- Prepare in advance for clinical activities and didactic conferences with an emphasis on punctual and regular attendance.
- Take considerable initiative in facilitating the learning of junior house staff and medical students.

Interpersonal and Communications Skill

The PG3 on the DRH service should demonstrate the ability to:

- Effectively lead a large resident team with an emphasis on assigning clinic and operative responsibilities, call responsibilities, and conference participation.
- Effectively interact with the faculty in formulating and instituting therapeutic plans.
- Communicate abbreviated yet thorough patient discussions with consulting physicians.
- Effectively counsel the patients, including discussions of complex abdominal procedures and expected postoperative recovery issues.

Professionalism

The PG3 on the DRH service should:

- Demonstrate commitment to their patients superseding personal self-interests, including readiness to provide bedside and operative care to the patients irrespective of time of day.
- Demonstrate sensitivity to age, gender, and culture of patients and other health care professionals.
- Carry out administrative responsibilities (operative dictations, call schedule creation, etc.) in a time-sensitive manner
- Abide by duty hour and other regulatory guidelines.

Systems Based Practice.

The PG3 on the DRH service should:

- Demonstrate the ability to efficiently and effectively organize the care of the surgical patient in a cost-effective and evidenced-based manner.
- Appropriately recruit other specialists and health care professionals to optimize the efficiency of care of the general surgery patient

SAR1 (PG3) Training Objectives

Gold-Colorectal Surgery

Goals and Objectives

Patient Care

The Senior Residents on the Gold-2 service should demonstrate the ability to:

- Supervise all aspects of care of the patient who has undergone surgery for benign and malignant colorectal and intestinal diagnoses in addition to general GI Surgery call related clinical activities.
- Formulate the diagnostic and therapeutic plan for the conditions listed above.
- Understand the operative steps for the following procedures commonly performed on the service:
 - Right, Transverse, Left, Sigmoid colectomies (laparoscopic and open)

Extended colectomies (laparoscopic and open)

- Low anterior resection (including coloanal anastomoses)
- Ileostomy and colostomy creation
- Rectal prolapse procedures (perineal and abdominal)
- Proctoscopy
- Sphincterotomy
- Hemorrhoidectomy and banding procedures
- Small bowel resection
- Strictureplasty

Medical knowledge

The Senior Residents on the Gold-2 service should understand:

- Common presenting signs and symptoms, evaluation of, and management of the following:
 - Colorectal malignancies (adenocarcinoma, neuroendocrine, sarcoma)
 - Management of colorectal and intestinal polyps (including Polyposis syndromes affecting the large and small intestine)
 - Anal cancer
 - Small intestinal malignancies (adenocarcinoma, lymphoma, GIST, carcinoid)
 - Ischemic conditions of the large and small intestine
 - Gastrointestinal bleeding
 - Appendicitis
 - Perianal abscesses, fistula-in-ano
 - Anal fissure
 - Small bowel obstruction
 - Enterocutaneous fistula
 - Diverticular disease of the large and small intestine
 - Colonic volvulus
 - Olgivie's Syndrome
 - Inflammatory bowel disease (Crohn's, ulcerative colitis, indeterminate)
 - C. Diff Collitis
 - Rectal prolapse
 - Solitary rectal ulcer
 - Constipation

The surgical anatomy of the small intestine, colon, rectum, perineum and pelvis
Preoperative preparation in patients undergoing colorectal surgery.

Practice Based Learning and Improvement

The Senior Residents on the Gold service should demonstrate the ability to:

Critically evaluate published literature regarding the diseases managed on Gold-1, and formulate evidenced-based therapeutic plan.

Analyze the surgical complications on the service, and present them at the Surgical Case Conference in a constructive and educational manner.

Prepare in advance for clinical activities and didactic conferences with an emphasis on punctual and regular attendance.

Take considerable initiative in facilitating the learning of junior house staff and medical students.

The Senior Residents on the Gold-2 service should demonstrate the ability to:

Effectively interact with the faculty in formulating and instituting therapeutic plans.

Communicate abbreviated yet thorough patient discussions with consulting physicians.

Effectively counsel the patients, including discussions of complex colorectal and intestinal procedures performed on the service.

Professionalism

The Senior Residents on the Gold-2 service should:

Demonstrate commitment to their patients superseding personal self-interests, including readiness to provide bedside and operative care to the patients irrespective of time of day.

Demonstrate sensitivity to age, gender, and culture of patients and other health care professionals.

Carry out administrative responsibilities (operative dictations, call schedule creation, etc.) in a time-sensitive manner

Abide by duty hour and other regulatory guidelines

Systems Based Practice.

The Senior Residents on the Gold-2 service should:

Demonstrate the ability to efficiently and effectively organize the care of the surgical patient in a cost-effective and evidenced-based manner.

Appropriately recruit other specialists and health care professionals to optimize the efficiency of care of the colorectal patient

General and Vascular Surgery Consults (2222) - PGY 3 Goals and Objectives

Patient Care

The PG3 on the 2222 rotation should demonstrate the ability to:

- Identify, evaluate, and manage urgent issues of emergency room and inpatient consultations (GI, HPB, surgical oncology, transplant, vascular, and trauma)
- Formulate the diagnostic and therapeutic plan for patients sustaining multi-system blunt injury.
- Formulate the diagnostic and therapeutic plan for patients who have sustained penetrating injuries of the neck, chest, abdomen, and extremities.
- Formulate the diagnostic and therapeutic plan for patients requiring general or vascular surgical intervention and/or input.
- Perform and/or understand the operative steps of the following procedures:
 - ATLS procedures
 - FAST Ultrasound
 - Bedside wound debridement
 - Cricothyroidotomy
 - Vascular access in the trauma patient

Medical knowledge

The PG3 on the 2222 rotation should understand:

- Common presenting signs and symptoms, evaluation of, and management of the following:
 - Blunt and penetrating injury in adult and pediatric populations
 - Cervical trauma evaluation pertaining to zones
 - Indications for exploration, airway protection strategies
 - Head trauma-subdural, epidural hematomas
 - Thoracic (rib fractures, PTX, flail chest, pulmonary contusion, fat embolism, aortic tear, tamponade, indications for emergent thoracotomy)
 - Spine fractures and immobilization strategies
 - Abdominal evaluation (imaging, lavage, examination, wound exploration, FAST Ultrasound, mechanism of injury)
 - Indications for surgery of splenic and hepatic lacerations
 - Hollow viscus injury
 - Pancreatoduodenal injury
 - Retroperitoneal hematoma/Great vessel injury
 - Evaluation of suspected urethral injury
 - General principles of orthopedic and neurosurgical acute management strategies for
 - Long bone fractures
 - Pelvic fractures
 - Acute head injury (concussion, subdural and epidural hematoma, penetrating injury)
 - Acute abdominal emergencies in adult and pediatric populations
 - Appendicitis
 - Cholecystitis
 - Mesenteric ischemia
 - Complicate peptic ulcer disease

Complicated diverticular disease
Colonic volvulus
Small bowel obstruction
Mesenteric ischemia
Pediatric surgical emergencies (neonatal obstruction, NEC, foreign body obstructions, etc.)
○ Postoperative emergencies
Cardiopulmonary (PE, AMI, pulmonary edema, arrhythmias)
Hemorrhagic shock
Hematoma (neck, breast, extremity)
Wound dehiscence
Abdominal sepsis (uncontrolled leaks, missed bowel injuries, etc.)
Oliguria/Acute renal failure
Delirium
Extremity vascular emergencies. (acute ischemia, DVT)

Practice Based Learning and Improvement

The PG3 on the 2222 rotation should demonstrate the ability to:

Critically evaluate published literature regarding trauma and acute care emergencies and formulate evidenced-based therapeutic plan.

Analyze the complications arising in consultation patients, and present them at the Surgical Case Conference in a constructive and educational manner.

Prepare in advance for didactic conferences with an emphasis on punctual and regular attendance.

Interpersonal and Communications Skill

The PG4 on the Trauma Nights Chief rotation should demonstrate the ability to:

Effectively interact with the faculty in formulating and instituting therapeutic plans.

Communicate abbreviated yet thorough patient discussions with consulting physicians.

Effectively counsel the patients, including discussions of complex trauma and critical care conditions.

Professionalism

The PG3 on the 2222 rotation should:

Demonstrate commitment to their patients superseding personal self-interests, including readiness to provide bedside and operative care to the patients irrespective of time of day.

Demonstrate sensitivity to age, gender, and culture of patients and other health care professionals.

Carry out administrative responsibilities (operative dictations, call schedule creation, etc.) in a time-sensitive manner

Abide by duty hour and other regulatory guidelines

Systems Based Practice.

The PG3 on the 2222 rotation should:

Demonstrate the ability to efficiently and effectively organize the care of the surgical patient in a cost-effective and evidenced-based manner.

Appropriately recruit other specialists and health care professionals to optimize the efficiency of care of the trauma and acute general and vascular surgical patient

PGY3 Training Objectives

Purple-Abdominal Transplant

Patient Care:

The Senior Resident on the Abdominal Transplant service should demonstrate the ability to:

- Supervise all aspects of the care of the transplant patients.
- Formulate the diagnostic and therapeutic surgical plan for patients having any of the common diseases treated by transplantation of the liver, kidney, and pancreas.
- Perform the following procedures:
 - Dialysis Access
 - Renal Transplant
 - Transplant Nephrectomy
 - Abdominal Organ Harvest
 - Hernia repair
 - Bowel resection
 - Establishment of enteral feeding access

Medical knowledge

The Senior Resident on the Abdominal Transplant service should understand:

The pathophysiology, immunology, and the indications for transplantation in the specific procedures to be performed to definitively manage all of the common diseases treated by organ replacement.

The causes of end stage liver and kidney disease, including type I and II diabetes mellitus, hypertension, autoimmune renal disease, hepatitis B and C, hepatocellular carcinoma, polycystic kidney and liver disease, Laennec's cirrhosis, and autoimmune hepatitis.

The principles of immunosuppression for transplant patients and working knowledge of the diagnosis and treatment of acute rejection of renal and liver transplants.

The principles of post-operative care of the liver, pancreas, and renal transplant patients.

Practice Based Learning and Improvement

The Senior Resident on the Abdominal Transplant service should demonstrate the ability to:

Critically evaluate published literature regarding the diseases managed on the Abdominal Transplant service, and formulate evidenced-based therapeutic plans.

Analyze the surgical complications on the service, and present them at the Surgical Case Conference in a constructive and educational manner.

Prepare in advance for clinical activities and didactic conferences with an emphasis on punctual and regular attendance.

Facilitate the learning of junior house staff and medical students.

Interpersonal and Communications Skill

The Senior Resident on the Abdominal Transplant service should demonstrate the ability to:

Effectively lead a large resident team with an emphasis on assigning clinic and operative responsibilities, call responsibilities, and conference participation.

Effectively interact with the faculty in formulating and instituting therapeutic plans.

Effectively communicate with other trainees including fellow residents, fellows, and students.

Communicate abbreviated yet thorough patient discussions with consulting physicians.

Effectively counsel the patients, including discussions of complex abdominal transplant procedures and expected postoperative recovery issues.

Professionalism

The Senior Resident on the Abdominal Transplant service should:

Demonstrate commitment to their patients superseding personal self-interests, including readiness to provide bedside and operative care to the patients irrespective of time of day.

Demonstrate sensitivity to age, gender, and culture of patients and other health care professionals.

Carry out administrative responsibilities (operative dictations, call schedule creation, etc.) in a time-sensitive manner

Abide by duty hour and other regulatory guidelines.

Ensure that junior members of the collective Gold service abide by duty hour and other regulatory guidelines.

Systems Based Practice.

The Senior Resident on the Abdominal Transplant service should:

Demonstrate the ability to efficiently and effectively organize the care of the surgical patient in a cost-effective and evidenced-based manner.

Appropriately recruit other specialists and health care professionals to optimize the efficiency of care of the gastrointestinal surgical patient

Goals and Objectives

PGY3 Training Objectives

Duke Cardiothoracic Surgery

Description of the Rotation:

As a component of the ACGME-approved joint thoracic training program (short track), a rotation in cardiac surgery is made available to program participants. In this rotation, the senior resident will assist in the evaluation, surgical management, and postoperative care of patients undergoing cardiac surgery at Duke Hospital. The senior resident will work alongside the cardiac residents (PG6-8) in the care of patients with coronary artery occlusive disease, congestive heart failure, valvular heart disease, congenital and acquired heart defects, and disorders of the thoracic great vessels. The PG4 experience will include rounding responsibilities in the ACU and wards, outpatient clinic attendance and operative experience.

Goals and Objectives

Patient Care

The senior resident on the Duke CT Surgery service should demonstrate the ability to:

- Supervise all aspects of care of the patient who has undergone surgery for cardiac surgery
- Formulate the diagnostic and therapeutic plan for patients with common cardiovascular diseases listed under medical knowledge.
- Understand the operative steps for the following procedures commonly performed on the service:
 - Coronary artery bypass
 - Mitral valve repair/replacement
 - Aortic valve repair/replacement
 - Ventricular assist device implantation and removal
 - Cardiac transplantation
 - Thoracic aneurysm repair (endovascular and open) Repair of abdominal aortic aneurysm using the open approach and endovascular approach

Medical knowledge

The PG4 on the Cardiac Surgery service should have an understanding of the:

- Common presenting signs and symptoms, evaluation of, and management of the following:
 - Coronary artery disease
 - Congestive heart failure
 - Arrhythmia/dysrhythmias

- Congenital and acquired heart defects
- Valvular heart disease
- Post-cardiac surgery complications

Practice Based Learning and Improvement

The senior resident on the Cardiac Surgery service should demonstrate the ability to:

Critically evaluate published literature regarding the diseases managed on the Duke Cardiac Surgery service, and formulate evidenced-based therapeutic plans.

Organize and participate in the weekly evidence-based medicine conference discussing topics relevant to inpatients or upcoming procedures.

Analyze the surgical complications on the service, and present them at CT Surgical Case Conference in a constructive and educational manner.

Prepare in advance for clinical activities and didactic conferences with an emphasis on punctual and regular attendance.

Take considerable initiative in facilitating the learning of junior house staff and medical students.

Interpersonal and Communications Skill

The senior resident on the Cardiac Surgery service should demonstrate the ability to:

Effectively interact with the faculty in formulating and instituting therapeutic plans.

Communicate abbreviated yet thorough patient discussions with consulting physicians including on all inpatients during Monday faculty walk rounds.

Effectively counsel the patients, including preoperative discussions of complex abdominal procedures and expected postoperative recovery issues.

Professionalism

The senior resident on the Cardiac Surgery service should:

Demonstrate commitment to their patients superseding personal self-interests, including readiness to provide bedside and operative care to the patients irrespective of time of day.

Demonstrate sensitivity to age, gender, and culture of patients and other health care professionals.

Carry out administrative responsibilities (operative dictations, call schedule creation, etc.) in a time-sensitive manner

Abide by duty hour and other regulatory guidelines.

Ensure that junior members of the cardiac surgery resident team abide by duty hour and other regulatory guidelines.

Systems Based Practice.

The senior resident on the Cardiac Surgery service should:

Demonstrate the ability to efficiently and effectively organize the care of the surgical patient in a cost-effective and evidenced-based manner.

Appropriately recruit faculty and other specialists and health care professionals to optimize the efficiency of care of the cardiac surgery patient

PGY 4 Training Objectives

Breast, Endocrine and Melanoma

Goals and Objectives

Patient Care

The Resident should demonstrate the ability to:

- Supervise all aspects of care of the patient who has undergone surgery for thyroid, adrenal, breast and cutaneous malignancies in addition to parathyroid endocrinopathies.
- Formulate the diagnostic and therapeutic plan for the conditions listed above.
- Understand the operative steps for the following procedures commonly performed on the service:
 - Parathyroidectomy
 - Thyroidectomy (total, partial)
 - Thyroid aspiration under ultrasound guidance
 - Laparoscopic and open adrenalectomy
 - Mastectomy (partial, simple, modified radical)
 - Cutaneous excisions of the trunk and extremities including nonsurgical biopsy
 - Lymphadenectomy (sentinel node, formal axillary, inguinal and deep pelvic node dissections)

Medical knowledge

The Resident should understand:

- Common presenting signs and symptoms, evaluation of, and management of the following:
 - Thyroid malignancies
 - Benign conditions of the thyroid (goiter, thyroiditis)
 - Hyperparathyroidism (primary, secondary, tertiary)
 - Adrenocortical carcinoma
 - Adrenal tumors (Conn's syndrome, pheochromocytoma, adenomas)
 - Cushing's syndrome
 - Multiple endocrine neoplasia syndromes
 - Breast cancer (invasive, DCIS, randomized trials involving surgical treatments)
 - Cutaneous malignancy (melanoma)
- The role of adjuvant and neoadjuvant therapies (chemotherapy, endocrine therapy, radiation) in patients with breast cancer
- The surgical anatomy of the neck, axilla, breast, retroperitoneum (adrenal), inguinal nodal basin, skin.

Practice Based Learning and Improvement

The Resident should demonstrate the ability to:

Critically evaluate published literature regarding the diseases managed on Silver-3, and formulate evidenced-based therapeutic plan.

Analyze the surgical complications on the service, and present them at the Surgical Case Conference in a constructive and educational manner.

Prepare in advance for clinical activities and didactic conferences with an emphasis on punctual and regular attendance.

Take considerable initiative in facilitating the learning of junior house staff and medical students.

Interpersonal and Communications Skill

The Resident should demonstrate the ability to:

Effectively interact with the faculty in formulating and instituting therapeutic plans.

Communicate abbreviated yet thorough patient discussions with consulting physicians.
Effectively counsel the patients, including discussions of complex oncologic procedures performed on the service and end-of-life issues that are common to these patients.

Professionalism

The Resident should:

Demonstrate commitment to their patients superseding personal self-interests, including readiness to provide bedside and operative care to the patients irrespective of time of day.

Demonstrate sensitivity to age, gender, and culture of patients and other health care professionals.

Carry out administrative responsibilities (operative dictations, call schedule creation, etc.) in a time-sensitive manner

Abide by duty hour and other regulatory guidelines

Systems Based Practice.

The Resident should:

Demonstrate the ability to efficiently and effectively organize the care of the surgical patient in a cost-effective and evidenced-based manner.

Appropriately recruit other specialists and health care professionals to optimize the efficiency of care of the surgical oncology patient

PGY4 Training Objectives

Pediatric Surgery

Goals and Objectives

Patient Care

The PG4 on the Pediatric Surgery Service should demonstrate the ability to:

Supervise all aspects of the care of the pediatric surgery patients.

Formulate the diagnostic and therapeutic plan for infants and children having any of the common pediatric surgical diseases, including inguinal hernias, pyloric stenosis, congenital abdominal wall defects, congenital lung abnormalities, chest wall abnormalities, necrotizing enterocolitis, tracheo-esophageal anomalies, and congenital anomalies of the head and neck, as well as anorectal anomalies and Hirschsprung's Disease.

- Understand the operative steps for the following procedures commonly performed on the service:
 - Appendectomy (laparoscopic and open)
 - Inguinal hernia repair
 - Central venous access
 - Cholecystectomy
 - Pyloromyotomy
 - Congenital abdominal wall defect closure
 - Rigid bronchoscopy and esophagoscopy for the removal of bronchial or esophageal foreign bodies.
 - Open or laparoscopic Nissen fundoplication with or without gastrostomy feeding tube.
 - Laparotomy for necrotizing enterocolitis
 - ECMO cannulation in infants requiring cardiopulmonary support
 - Familiarity with less common surgical procedures that may be encountered
 - Wilms tumor resection
 - Neuroblastoma resection
 - CDH repair
 - TE fistula repairs
 - Imperforate anus
 - Hirschsprung (including biopsy and definitive repair)
 - Pediatric trauma resuscitation

Medical knowledge

The PG4 on the Pediatric Surgery Service should understand:

- Common presenting signs and symptoms, evaluation of, and management of the following:
 - Airway obstruction in the pediatric population (foreign body)
 - Head and neck lesions (branchial cleft, remnants, thyroglossal duct remnants, hemangiomas, cystic hygroma)
 - Chest wall deformities (pectus excavatum and carinatum)
 - Tumors of the lung and mediastinum (pulmonary sequestration, cystic adenomatoid malformations, cysts, teratomas, bronchial adenomas, thymomas, neurogenic tumors)
 - Congenital abnormalities of the trachea/esophagus (TE fistula, esophageal atresia, T and E stenoses.
 - Congenital abnormalities of the diaphragm (CDH, eventration, hernias)
 - Congenital abnormalities of the abdominal wall (gastroschisis, omphalocele, umbilical hernia, inguinal hernia, hydrocele)
 - Neonatal intestinal obstruction (intestinal atresia/stenoses, duodenal stenoses, imperforate anus)
 - Necrotizing enterocolitis

- Meconium ileus
- Intestinal malrotation
- Pyloric stenosis
- Intussusception
- Appendicitis
- Biliary disorders (biliary atresia, choledochal cyst, cholecystitis)
- Hirschsprung
- Childhood tumors (hepatoblastoma, neuroblastoma, Wilms tumor, rhabdomyosarcoma, teratoma)
- Evaluation of the acute abdomen by age
- Blunt and penetrating trauma in the pediatric patient
- Physiologic differences from the adult population
- Resuscitation in the pediatric patient (burns, sepsis, hemorrhagic shock)

Practice Based Learning and Improvement

The PG4 on the Pediatric Surgery Service should demonstrate the ability to:

Critically evaluate published literature regarding the diseases managed on pediatric surgery service, and formulate evidenced-based therapeutic plan.

Analyze the surgical complications on the service, and present them at the Pediatric D&C in a constructive and educational manner.

Prepare in advance for clinical activities and didactic conferences with an emphasis on punctual and regular attendance.

Take considerable initiative in facilitating the learning of junior house staff and medical students.

Interpersonal and Communications Skill

The PG4 on the Pediatric Surgery Service should demonstrate the ability to:

Effectively interact with the faculty in formulating and instituting therapeutic plans.

Communicate abbreviated yet thorough patient discussions with consulting physicians.

Effectively counsel the patients and their families, including discussions of complex pediatric surgical procedures and disorders.

Professionalism

The PG4 on the Pediatric Surgery Service should:

Demonstrate commitment to their patients superseding personal self-interests, including readiness to provide bedside and operative care to the patients irrespective of time of day.

Demonstrate sensitivity to age, gender, and culture of patients and their families and other health care professionals.

Carry out administrative responsibilities (operative dictations, call schedule creation, etc.) in a time-sensitive manner

Abide by duty hour and other regulatory guidelines

Ensure that junior members of the pediatric surgical service abide by duty hour and other regulatory guidelines

Systems Based Practice.

The PG4 on the Pediatric Surgery Service should:

Demonstrate the ability to efficiently and effectively organize the care of the surgical patient in a cost-effective and evidenced-based manner.

Appropriately recruit other specialists and health care professionals to optimize the efficiency of care of the pediatric patient

PGY4 Training Objectives Duke Vascular (Green)

Goals and Objectives

Patient Care

The PG4 on the DukeVascular Surgery service should demonstrate the ability to:

- Supervise all aspects of care of the patient who has undergone surgery for common vascular surgery indications.
- Formulate the diagnostic and therapeutic plan for patients with common vascular diseases including (but not exclusive of) carotid artery stenosis, thoracic and abdominal aortic aneurysms, aortic occlusive disease, renal vascular hypertension, peripheral vascular disease causing a threatened extremity or claudication.
- Understand the operative steps for the following procedures commonly performed on the service:
 - Carotid endarterectomy
 - Repair of abdominal aortic aneurysm using the open approach and endovascular approach
 - Peripheral vascular bypass and endovascular therapies for chronic limb ischemia
 - Creation of arterial venous shunts and fistulas for hemodialysis access

- Extremity amputations (above knee, intra-articular, below knee, transmetatarsal, digital ray)

Medical knowledge

The PG4 on the Duke Vascular Surgery service should have an understanding of the:

- Common presenting signs and symptoms, evaluation of, and management of the following:
 - Asymptomatic and symptomatic carotid occlusive disease
 - Carotid artery occlusive disease
 - Aneurysmal disease of the abdominal aorta (elective and ruptured) and its peripheral distribution including visceral, iliac, and popliteal arteries.
 - Occlusive peripheral vascular disease including non-interventional, endovascular, and open surgical management strategies.
 - Acute limb ischemia
 - Vascular trauma
 - Renovascular hypertension

Practice Based Learning and Improvement

The PG4 on the Duke Vascular Surgery service should demonstrate the ability to:

Critically evaluate published literature regarding the diseases managed on the Duke Vascular Surgery service, and formulate evidenced-based therapeutic plans.

Organize and participate in the weekly evidence-based medicine conference discussing topics relevant to inpatients or upcoming procedures.

Analyze the surgical complications on the service, and present them at Surgical Case Conference in a constructive and educational manner.

Prepare in advance for clinical activities and didactic conferences with an emphasis on punctual and regular attendance.

Take considerable initiative in facilitating the learning of junior house staff and medical students.

Interpersonal and Communications Skill

The PG4 on the Duke Vascular Surgery service should demonstrate the ability to:

Effectively interact with the faculty in formulating and instituting therapeutic plans.

Communicate abbreviated yet thorough patient discussions with consulting physicians including on all inpatients during Monday faculty walk rounds.

Effectively counsel the patients, including preoperative discussions of complex abdominal procedures and expected postoperative recovery issues.

Professionalism

The PG4 on the DVAMC-Vascular Surgery service should:

Demonstrate commitment to their patients superseding personal self-interests, including readiness to provide bedside and operative care to the patients irrespective of time of day.

Demonstrate sensitivity to age, gender, and culture of patients and other health care professionals.

Carry out administrative responsibilities (operative dictations, call schedule creation, etc.) in a time-sensitive manner

Abide by duty hour and other regulatory guidelines.

Ensure that junior members of the Duke-vascular surgery resident team abide by duty hour and other regulatory guidelines.

Systems Based Practice.

The PG4 on the DVAMC-Vascular Surgery service should:

Demonstrate the ability to efficiently and effectively organize the care of the surgical patient in a cost-effective and evidenced-based manner.

Appropriately recruit faculty and other specialists and health care professionals to optimize the efficiency of care of the vascular surgery

PGY4 Training Objectives

ACS-Trauma - Red

Goals and Objectives

Patient Care

The Senior Residents on the Trauma service should demonstrate the ability to:

Supervise all aspects of the care of the injured patient.

Formulate the diagnostic and therapeutic plan for patients sustaining multi-system blunt injury.

Formulate the diagnostic and therapeutic plan for patients who have sustained penetrating injuries of the neck, chest, abdomen, and extremities.

• Supervise the management of the injured patient in the Intensive Care Unit, including ventilator management, nutritional management, management of infectious complications, and support of the septic patient and patients suffering from hemorrhagic shock.

• Perform the following procedures:

- ATLS procedures
- Exploratory laparotomy for blunt and penetrating trauma
- Organ-specific management
 - Repair/packing of hepatic and splenic fractures
 - Splenectomy
 - Ostomy creation
 - Small and large intestinal resection
 - Exposure and repair of the major abdominal vasculature
 - Repair of extremity vascular injuries
 - Fasciotomies
 - Tube thorostomy
 - Neck exploration and repair of vascular and hollow viscus injuries
 - Renal and collecting system injuries
 - Diaphragmatic repair
 - Pelvic fractures
 - Tracheostomy
 - PEG
 - FAST ultrasound
 - Large volume resuscitation

Medical knowledge

The Senior Residents on the Trauma service should understand:

• Basics of primary and secondary surveys

• Common presenting signs and symptoms, evaluation of, and management of the following:

○ Blunt and penetrating injury

 Cervical trauma evaluation pertaining to zones

 Indications for exploration, airway protection strategies

 Head trauma-subdural, epidural hematomas

 Thoracic (rib fractures, PTX, flail chest, pulmonary contusion, fat embolism, aortic tear, tamponade, indications for emergent thoracotomy)

 Spine fractures and immobilization strategies

 Abdominal evaluation (imaging, lavage, examination, wound exploration, FAST Ultrasound, mechanism of injury)

Indications for surgery of splenic and hepatic lacerations

Hollow viscus injury

Pancreatoduodenal injury

Retroperitoneal hematoma/Great vessel injury

Evaluation of suspected urethral injury

General principles of orthopedic and neurosurgical acute management strategies for

- Long bone fractures
- Pelvic fractures
- Acute head injury (concussion, subdural and epidural hematoma, penetrating injury)
 - Critical care management
- Ventilatory management
- Invasive monitoring
- Hemorrhagic, hypovolemic, and neurogenic shock
- Brain death determination
 - Transfusion medicine (component alternatives, cross-matching strategies, side effects, evaluation of suspected reactions)
 - ATLS protocols
 - The surgical anatomy of the neck, chest, abdomen, extremities

Practice Based Learning and Improvement

The Senior Residents on the Trauma service should demonstrate the ability to:

Critically evaluate published literature regarding the diseases managed on Trauma service, and formulate evidenced-based therapeutic plan.

Analyze the surgical complications on the service, and present them at the Surgical Case Conference in a constructive and educational manner.

Prepare in advance for clinical activities and didactic conferences with an emphasis on punctual and regular attendance.

Take considerable initiative in facilitating the learning of junior house staff and medical students.

Interpersonal and Communications Skill

The Senior Residents on the Trauma service should demonstrate the ability to:

Effectively interact with the faculty in formulating and instituting therapeutic plans.

Communicate abbreviated yet thorough patient discussions with consulting physicians.

Effectively counsel the patients, including discussions of complex trauma and critical care conditions.

Professionalism

The Senior Residents on the Trauma service should:

Demonstrate commitment to their patients superseding personal self-interests, including readiness to provide bedside and operative care to the patients irrespective of time of day.

Demonstrate sensitivity to age, gender, and culture of patients and other health care professionals.

Carry out administrative responsibilities (operative dictations, call schedule creation, etc.) in a time-sensitive manner

Abide by duty hour and other regulatory guidelines

Systems Based Practice.

The Senior Residents on the Trauma service should:

Demonstrate the ability to efficiently and effectively organize the care of the surgical patient in a cost-effective and evidenced-based manner.

Appropriately recruit other specialists and health care professionals to optimize the efficiency of care of the trauma

PGY 4 Training Objectives Thoracic Surgery

Goals and Objectives

Patient Care

The Senior Residents on the Thoracic Surgery rotation should demonstrate the ability to:

- Supervise all aspects of care of the patient who has undergone surgery for general thoracic surgery indications.
- Formulate the diagnostic and therapeutic plan for patients with common general thoracic diseases including (but not exclusive of) benign and malignant tumors of the chest, aneurysmal disease of the thoracic aorta, malignant disorders of the diaphragm/pleura/chest wall and non-neoplastic disorders of the esophagus.
- Understand the operative steps for the following procedures commonly performed on the service:
 - Pulmonary resections (wedge, lobectomy, pneumonectomy)
Open and VATS approaches
 - Mediastinoscopy
 - Bronchoscopy
 - Esophagoscopy
 - Esophagectomy (transhiatal, Ivor-Lewis)
 - Tube thoracostomy
 - Thoracentesis
 - Pleurodesis

Medical knowledge

The Senior Residents on the Thoracic Surgery rotation should have an understanding of the:

- Common presenting signs and symptoms, evaluation of, and management of the following:
 - Pulmonary malignancies (primary and metastatic)
 - Pulmonary infections (fungal, bacterial)/empyema
 - Tumors of the mediastinum, pleura, and chest wall
 - Aneurysmal disease of thoracic aorta
 - Esophageal cancer and benign tumors
 - Benign conditions of the esophagus (spasm, achalasia, diverticula)
 - Spontaneous pneumothorax
 - Benign and malignant pleural effusions

Practice Based Learning and Improvement

The Senior Residents on the Thoracic Surgery rotation should demonstrate the ability to:

Critically evaluate published literature regarding the diseases managed on the Thoracic Surgery rotation, and formulate evidenced-based therapeutic plans.

Organize and participate in the weekly evidence-based medicine conference discussing topics relevant to inpatients or upcoming procedures.

Analyze the surgical complications on the service, and present them at weekly thoracic M&M in a constructive and educational manner.

Prepare in advance for clinical activities and didactic conferences with an emphasis on punctual and regular attendance.

Interpersonal and Communications Skill

The Senior Residents on the Thoracic Surgery rotation should demonstrate the ability to:

Effectively interact with the faculty in formulating and instituting therapeutic plans.

Communicate abbreviated yet thorough patient discussions with consulting physicians including on all inpatients during Monday faculty walk rounds.

Effectively counsel the patients, including preoperative discussions of complex abdominal procedures and expected postoperative recovery issues.

Professionalism

The Senior Residents on the Thoracic Surgery rotation should:

Demonstrate commitment to their patients superseding personal self-interests, including readiness to provide bedside and operative care to the patients irrespective of time of day.

Demonstrate sensitivity to age, gender, and culture of patients and other health care professionals.

Carry out administrative responsibilities (operative dictations, call schedule creation, etc.) in a time-sensitive manner

PGY4 Training Objectives

Duke Cardiothoracic Surgery

Description of the Rotation:

As a component of the ACGME-approved joint thoracic training program (short track), a rotation in cardiac surgery is made available to program participants. In this rotation, the senior resident will assist in the evaluation, surgical management, and postoperative care of patients undergoing cardiac surgery at Duke Hospital. The senior resident will work alongside the cardiac residents (PG6-8) in the care of patients with coronary artery occlusive disease, congestive heart failure, valvular heart disease, congenital and acquired heart defects, and disorders of the thoracic great vessels. The PG4 experience will include rounding responsibilities in the ACU and wards, outpatient clinic attendance and operative experience.

Goals and Objectives

Patient Care

The senior resident on the Duke CT Surgery service should demonstrate the ability to:

- Supervise all aspects of care of the patient who has undergone surgery for cardiac surgery
- Formulate the diagnostic and therapeutic plan for patients with common cardiovascular diseases listed under medical knowledge.
- Understand the operative steps for the following procedures commonly performed on the service:
 - Coronary artery bypass
 - Mitral valve repair/replacement
 - Aortic valve repair/replacement
 - Ventricular assist device implantation and removal
 - Cardiac transplantation
 - Thoracic aneurysm repair (endovascular and open) Repair of abdominal aortic aneurysm using the open approach and endovascular approach

Medical knowledge

The PG4 on the Cardiac Surgery service should have an understanding of the:

- Common presenting signs and symptoms, evaluation of, and management of the following:
 - Coronary artery disease
 - Congestive heart failure
 - Arrhythmia/dysrhythmias

- Congenital and acquired heart defects
- Valvular heart disease
- Post-cardiac surgery complications

Practice Based Learning and Improvement

The senior resident on the Cardiac Surgery service should demonstrate the ability to:

Critically evaluate published literature regarding the diseases managed on the Duke Cardiac Surgery service, and formulate evidenced-based therapeutic plans.

Organize and participate in the weekly evidence-based medicine conference discussing topics relevant to inpatients or upcoming procedures.

Analyze the surgical complications on the service, and present them at CT Surgical Case Conference in a constructive and educational manner.

Prepare in advance for clinical activities and didactic conferences with an emphasis on punctual and regular attendance.

Take considerable initiative in facilitating the learning of junior house staff and medical students.

Interpersonal and Communications Skill

The senior resident on the Cardiac Surgery service should demonstrate the ability to:

Effectively interact with the faculty in formulating and instituting therapeutic plans.

Communicate abbreviated yet thorough patient discussions with consulting physicians including on all inpatients during Monday faculty walk rounds.

Effectively counsel the patients, including preoperative discussions of complex abdominal procedures and expected postoperative recovery issues.

Professionalism

The senior resident on the Cardiac Surgery service should:

Demonstrate commitment to their patients superseding personal self-interests, including readiness to provide bedside and operative care to the patients irrespective of time of day.

Demonstrate sensitivity to age, gender, and culture of patients and other health care professionals.

Carry out administrative responsibilities (operative dictations, call schedule creation, etc.) in a time-sensitive manner

Abide by duty hour and other regulatory guidelines.

Ensure that junior members of the cardiac surgery resident team abide by duty hour and other regulatory guidelines.

Systems Based Practice.

The senior resident on the Cardiac Surgery service should:

Demonstrate the ability to efficiently and effectively organize the care of the surgical patient in a cost-effective and evidenced-based manner.

Appropriately recruit faculty and other specialists and health care professionals to optimize the efficiency of care of the cardiac surgery patient

Chief Resident (PGY5) Training Objectives

Surgical Oncology

Goals and Objectives

Patient Care

The Chief Residents on the service should demonstrate the ability to:

- Supervise all aspects of care of the patient who has undergone surgery for pancreatic, gastric, intestinal, retroperitoneal, and cutaneous malignancies in addition to general call related clinical activities.
 - Formulate the diagnostic and therapeutic plan for the conditions listed above.
 - Understand the operative steps for the following procedures commonly performed on the service:
 - Pancreaticoduodenectomy
 - Distal pancreatectomy
 - Lateral pancreaticojejunostomy
- Cutaneous excisions of the trunk and extremities
- Lymphadenectomy (sentinel node, formal axillary, inguinal and deep pelvic node dissections)
 - Isolated limb infusion/perfusion for regional treatment of melanoma
 - Retroperitoneal mass excisions.
 - Retroperitoneal exposures for neurologic and orthopedic spinal surgery
 - Colon and rectal resections (right, transverse, left, sigmoid, LAR)

Medical knowledge

The Chief Residents on the Silver-1 service should understand:

- Common presenting signs and symptoms, evaluation of, and management of the following:
 - Pancreatic malignancies (adenocarcinoma, neuroendocrine, islet cell neoplasms)
 - Pancreatic benign tumors (IPMN, MCN, serous cystadenoma, pseudopapillary)
 - Pancreatitis and its complications (pseudocyst, chronic pain, pseudoaneurysm)
 - Cutaneous malignancy (melanoma)
 - Gastric cancer (adenocarcinoma, GIST, carcinoid)
 - Retroperitoneal sarcomas
 - Colorectal cancer

Common regimens and side effects of chemotherapy in primary gastric, pancreatic, retroperitoneal, colorectal, and cutaneous malignancies. [including regional chemotherapy of melanoma]
The role of adjuvant therapies in pancreatic, gastric, and colorectal cancer
The surgical anatomy of the pancreas, spleen, stomach, retroperitoneum, duodenum.

Practice Based Learning and Improvement

The Chief Residents on the Silver-1 service should demonstrate the ability to:

Critically evaluate published literature regarding the diseases managed on Silver-1, and formulate evidenced-based therapeutic plan.

Analyze the surgical complications on the service, and present them at the Surgical Case Conference in a constructive and educational manner.

Prepare in advance for clinical activities and didactic conferences with an emphasis on punctual and regular attendance.

Take considerable initiative in facilitating the learning of junior house staff and medical students.

Interpersonal and Communications Skill

The Chief Residents on the Silver-1 service should demonstrate the ability to:

Effectively interact with the faculty in formulating and instituting therapeutic plans.
Communicate abbreviated yet thorough patient discussions with consulting physicians.
Effectively counsel the patients, including discussions of complex oncologic procedures performed on the service and end-of-life issues that are common to these patients.

Professionalism

The Chief Residents on the Silver-1 service should:

Demonstrate commitment to their patients superseding personal self-interests, including readiness to provide bedside and operative care to the patients irrespective of time of day.

Demonstrate sensitivity to age, gender, and culture of patients and other health care professionals

Carry out administrative responsibilities (operative dictations, call schedule creation, etc.) in a time-sensitive manner

Abide by duty hour and other regulatory guidelines

Systems Based Practice.

The Chief Residents on the Silver-1 service should:

Demonstrate the ability to efficiently and effectively organize the care of the surgical patient in a cost-effective and evidenced-based manner.

Appropriately recruit other specialists and health care professionals to optimize the efficiency of care of the surgical oncology patient

Attend monthly chief resident/program director meeting focusing on residency oversight improvement initiative

PGY-5 Training Objectives

Endoscopy

Patient Care

The Resident on the endoscopy rotation should demonstrate the ability to:

- Organize patient data by systems
- Develop complex differential diagnoses of upper and lower GI disease
- Formulate comprehensive assessment and plan
- Prioritize patient acuity and tasks
- Prioritize clinical responsibilities
- Perform the following procedures
 - Upper GI Endoscopy
 - Lower GI endoscopy including sigmoidoscopy and colonoscopy

Medical Knowledge

The Resident on the endoscopy rotation should understand:

- Basic Science principles (ex: metabolism, wound healing)
- General Surgery principles (ex: acute abdomen)
- General Medicine principles (ex: infectious disease)
- GI Surgery principles (ex: Upper GI bleeding, Diverticulitis, Inflammatory Bowel Disease)
- Pharmacologic principles (ex: antibiotic management)
- Radiographic studies: indications and interpretation

Practice Based Learning and Improvement

The Resident on the endoscopy rotation should demonstrate the ability to:

- Evaluate published literature in critically acclaimed journals and texts
- Apply clinical trials data to patient management
- Participate in academic and clinical discussions
- Teach medical students and physician assistant students
- Attend conferences

Interpersonal and Communication Skills

The Resident on the endoscopy rotation should demonstrate the ability to:

- Interact with Patient/Family
- Interact with Nursing/procedure staff
- Interact with Consult Service
- Interact with Surgical and Medical GI Attendings
- Interact with Senior Housestaff

Professionalism

The Resident on the endoscopy rotation should:

- Be receptive to feedback on performance
- Be attentive to ethical issues
- Be involved in end-of-life discussions and decisions
- Be sensitive to gender, age, race, and cultural issues
- Demonstrate leadership

Systems Based Practice

The Resident on the endoscopy rotation should have:

- Be aware of cost-effective care issues
- Be sensitive to medical-legal issues
- Information technology/computer resources available

Chief Resident (PG5) Training Objectives Duke Regional Hospital

Goals and Objectives

Patient Care

The Chief Residents on the DRH service should demonstrate the ability to:

- Supervise all aspects of care of the patient who has undergone surgery for common general surgery indications and including advanced laparoscopic foregut indications
 - Formulate the diagnostic and therapeutic plan for the conditions listed above.
 - Understand the operative steps for the following procedures commonly performed on the service:
 - o Morbid obesity procedures (bypass, banding, switch, sleeve resection: laparoscopic and open)
 - o Reflux procedures (fundoplication)
 - o Laparoscopic paraesophageal hernia repair
 - o Myotomy for achalasia
 - o Cholecystectomy
 - o Complicated abdominal wall hernia repair
 - o Colon and rectal resections
 - o Small bowel resection
 - o Mastectomy (partial, total), lymphadenectomy (sentinel, axillary)
- Medical knowledge

The Chief Residents on the DRH service should understand:

- Common presenting signs and symptoms, evaluation of, and management of the following:
 - o GERD
 - o Morbidity obesity
 - o Achalasia
 - o Diaphragmatic hernias
 - o Colorectal cancer
 - o Breast cancer
 - o Complex abdominal wall hernias
 - o Small bowel obstruction
 - o GI bleeding
 - o Diverticular disease of the colon
 - o Appendicitis
 - o Ischemic conditions of the large and small intestine
 - o Blunt and penetrating trauma
 - o Sepsis and hemorrhagic shock.
 - The surgical anatomy of the stomach, small intestine, colon, rectum, abdominal wall, diaphragm, and gallbladder.
 - Physiology of upper intestinal tract
- Physiology of upper intestinal tract

Practice Based Learning and Improvement

The Chief Residents on the DRH service should demonstrate the ability to:

- Critically evaluate published literature regarding the diseases managed at DRH, and formulate evidenced-based therapeutic plans.

- Analyze the surgical complications on the service, and present them at the DRH M&M Conference in a constructive and educational manner.
- Prepare in advance for clinical activities and didactic conferences with an emphasis on punctual and regular attendance.
- Take considerable initiative in facilitating the learning of junior house staff and medical students.

Interpersonal and Communications Skill

The Chief Residents on the DRH service should demonstrate the ability to:

- Effectively lead a large resident team with an emphasis on assigning clinic and operative responsibilities, call responsibilities, and conference participation.
- Effectively interact with the faculty in formulating and instituting therapeutic plans.
- Communicate abbreviated yet thorough patient discussions with consulting physicians.
- Effectively counsel the patients, including discussions of complex abdominal procedures and expected postoperative recovery issues.

Professionalism

The Chief Residents on the DRH service should:

- Demonstrate commitment to their patients superseding personal self-interests, including readiness to provide bedside and operative care to the patients irrespective of time of day.
- Demonstrate sensitivity to age, gender, and culture of patients and other health care professionals.
- Carry out administrative responsibilities (operative dictations, call schedule creation, etc.) in a time-sensitive manner
- Abide by duty hour and other regulatory guidelines.
- Ensure that all members of the resident team abide by duty hour and other regulatory guidelines.

Systems Based Practice.

The Chief Residents on the DRH service should:

- Demonstrate the ability to efficiently and effectively organize the care of the surgical patient in a cost-effective and evidenced-based manner.
- Appropriately recruit other specialists and health care professionals to optimize the efficiency of care of the general surgery patient
- Attend monthly chief resident/program director meeting focusing on residency oversight improvement initiatives.

Chief Resident (PG5) Training Objectives

Duke Raleigh Hospital

Goals and Objectives

Patient Care

The Chief Residents on the DRH service should demonstrate the ability to:

- Supervise all aspects of care of the patient who has undergone surgery for common general surgery indications and including advanced laparoscopic foregut indications
 - Formulate the diagnostic and therapeutic plan for the conditions listed above.
 - Understand the operative steps for the following procedures commonly performed on the service:
 - o Morbid obesity procedures (bypass, banding, switch, sleeve resection: laparoscopic and open)
 - o Reflux procedures (fundoplication)
 - o Laparoscopic paraesophageal hernia repair
 - o Myotomy for achalasia
 - o Cholecystectomy
 - o Complicated abdominal wall hernia repair
 - o Colon and rectal resections
 - o Small bowel resection
 - o Mastectomy (partial, total), lymphadenectomy (sentinel, axillary)
- Medical knowledge

The Chief Residents on the DRH service should understand:

- Common presenting signs and symptoms, evaluation of, and management of the following:
 - o GERD
 - o Morbidity obesity
 - o Achalasia
 - o Diaphragmatic hernias
 - o Colorectal cancer
 - o Breast cancer
 - o Complex abdominal wall hernias
 - o Small bowel obstruction
 - o GI bleeding
 - o Diverticular disease of the colon
 - o Appendicitis
 - o Ischemic conditions of the large and small intestine
 - o Blunt and penetrating trauma
 - o Sepsis and hemorrhagic shock.
 - The surgical anatomy of the stomach, small intestine, colon, rectum, abdominal wall, diaphragm, and gallbladder.
 - Physiology of upper intestinal tract
- Physiology of upper intestinal tract

Practice Based Learning and Improvement

The Chief Residents on the DRH service should demonstrate the ability to:

- ▣ Critically evaluate published literature regarding the diseases managed at DRH, and formulate evidenced-based therapeutic plans.
- ▣ Analyze the surgical complications on the service, and present them at the DRH M&M Conference in a constructive and educational manner.

- Prepare in advance for clinical activities and didactic conferences with an emphasis on punctual and regular attendance.
- Take considerable initiative in facilitating the learning of junior house staff and medical students.

Interpersonal and Communications Skill

The Chief Residents on the DRH service should demonstrate the ability to:

- Effectively lead a large resident team with an emphasis on assigning clinic and operative responsibilities, call responsibilities, and conference participation.
- Effectively interact with the faculty in formulating and instituting therapeutic plans.
- Communicate abbreviated yet thorough patient discussions with consulting physicians.
- Effectively counsel the patients, including discussions of complex abdominal procedures and expected postoperative recovery issues.

Professionalism

The Chief Residents on the DRH service should:

- Demonstrate commitment to their patients superseding personal self-interests, including readiness to provide bedside and operative care to the patients irrespective of time of day.
- Demonstrate sensitivity to age, gender, and culture of patients and other health care professionals.
- Carry out administrative responsibilities (operative dictations, call schedule creation, etc.) in a time-sensitive manner
- Abide by duty hour and other regulatory guidelines.
- Ensure that all members of the resident team abide by duty hour and other regulatory guidelines.

Systems Based Practice.

The Chief Residents on the DRH service should:

- Demonstrate the ability to efficiently and effectively organize the care of the surgical patient in a cost-effective and evidenced-based manner.
- Appropriately recruit other specialists and health care professionals to optimize the efficiency of care of the general surgery patient
- Attend monthly chief resident/program director meeting focusing on residency oversight improvement initiatives.

Chief Resident (PG5) Training Objectives Gold-Colorectal Surgery

Goals and Objectives

Patient Care

The Chief Residents on the Gold-1 service should demonstrate the ability to:

Supervise all aspects of care of the patient who has undergone surgery for benign and malignant colorectal and intestinal diagnoses in addition to general GI Surgery call related clinical activities.

Formulate the diagnostic and therapeutic plan for the conditions listed above

- o Right, Transverse, Left, Sigmoid colectomies (laparoscopic and open)
 - o Extended colectomies (laparoscopic and open)
 - o Low anterior resection (including coloanal anastomoses)
 - o Ileostomy and colostomy creation
 - o Rectal prolapse procedures (perineal and abdominal)
 - o Proctoscopy
 - o Sphincterotomy
 - o Hemorrhoidectomy and banding procedures
 - o Small bowel resection
 - o Strictureplasty
- Medical knowledge

The Chief Residents on the Gold-1 service should understand:

Common presenting signs and symptoms, evaluation of, and management of the following:

- o Colorectal malignancies (adenocarcinoma, neuroendocrine, sarcoma)
 - o Management of colorectal and intestinal polyps (including Polyposis syndromes affecting the large and small intestine)
 - o Anal cancer
 - o Small intestinal malignancies (adenocarcinoma, lymphoma, GIST, carcinoid)
 - o Ischemic conditions of the large and small intestine
 - o Gastrointestinal bleeding
 - o Appendicitis
 - o Perianal abscesses, fistula-in-ano
 - o Anal fissure
 - o Small bowel obstruction
 - o Enterocutaneous fistula
 - o Diverticular disease of the large and small intestine
 - o Colonic volvulus
 - o Olgivie's Syndrome
 - o Inflammatory bowel disease (Crohn's, ulcerative colitis, indeterminate)
 - o C. Diff Collitis
 - o Rectal prolapse
 - o Solitary rectal ulcer
 - o Constipation
- The surgical anatomy of the small intestine, colon, rectum, perineum and pelvis
Preoperative preparation in patients undergoing colorectal surgery.

Practice Based Learning and Improvement

The Chief Residents on the Gold-1 service should demonstrate the ability to:

Critically evaluate published literature regarding the diseases managed on Gold-1, and formulate evidenced-based therapeutic plan.

Analyze the surgical complications on the service, and present them at the Surgical Case Conference in a constructive and educational manner.

Prepare in advance for clinical activities and didactic conferences with an emphasis on punctual and regular attendance.

Take considerable initiative in facilitating the learning of junior house staff and medical students
Interpersonal and Communications Skill

The Chief Residents on the Gold-1 service should demonstrate the ability to:

Effectively interact with the faculty in formulating and instituting therapeutic plans.

Communicate abbreviated yet thorough patient discussions with consulting physicians.

Effectively counsel the patients, including discussions of complex colorectal and intestinal procedures performed on the service.

Professionalism

The Chief Residents on the Gold-1 service should:

Demonstrate commitment to their patients superseding personal self-interests, including readiness to provide bedside and operative care to the patients irrespective of time of day.

Demonstrate sensitivity to age, gender, and culture of patients and other health care professionals.

Carry out administrative responsibilities (operative dictations, call schedule creation, etc.) in a time-sensitive manner

Abide by duty hour and other regulatory guidelines

Systems Based Practice.

The Chief Residents on the Gold-1 service should:

Demonstrate the ability to efficiently and effectively organize the care of the surgical patient in a cost-effective and evidenced-based manner.

Appropriately recruit other specialists and health care professionals to optimize the efficiency of care of the colorectal patient

Attend monthly chief resident/program director meeting focusing on residency oversight improvement initiatives.

Chief Resident (PG5) Training Objectives Durham VA Hospital

Goals and Objectives

Patient Care

The Chief Residents on the VA service should demonstrate the ability to:

- Supervise all aspects of care of the patient who has undergone surgery for common general surgery indications and including advanced laparoscopic foregut indications
- Formulate the diagnostic and therapeutic plan for the conditions listed above.
- Understand the operative steps for the following procedures commonly performed on the service:
 - o Morbid obesity procedures (bypass, banding, switch, sleeve resection: laparoscopic and open)
 - o Reflux procedures (fundoplication)
 - o Laparoscopic paraesophageal hernia repair
 - o Myotomy for achalasia
 - o Cholecystectomy
 - o Complicated abdominal wall hernia repair
 - o Colon and rectal resections
 - o Small bowel resection
 - o Mastectomy (partial, total), lymphadenectomy (sentinel, axillary)

Medical knowledge

The Chief Residents on the VA service should understand:

- Common presenting signs and symptoms, evaluation of, and management of the following:
 - o GERD
 - o Morbidity obesity
 - o Achalasia
 - o Diaphragmatic hernias
 - o Colorectal cancer
 - o Breast cancer
 - o Complex abdominal wall hernias
 - o Small bowel obstruction
 - o GI bleeding
 - o Diverticular disease of the colon
 - o Appendicitis
 - o Ischemic conditions of the large and small intestine
 - o Blunt and penetrating trauma
 - o Sepsis and hemorrhagic shock.
 - The surgical anatomy of the stomach, small intestine, colon, rectum, abdominal wall, diaphragm, and gallbladder.
 - Physiology of upper intestinal tract
- Physiology of upper intestinal tract

Practice Based Learning and Improvement

The Chief Residents on the VA service should demonstrate the ability to:

📖 Critically evaluate published literature regarding the diseases managed at DRH, and formulate evidenced-based therapeutic plans.

📖 Analyze the surgical complications on the service, and present them at the DRH M&M Conference in a constructive and educational manner.

- Prepare in advance for clinical activities and didactic conferences with an emphasis on punctual and regular attendance.
- Take considerable initiative in facilitating the learning of junior house staff and medical students.

Interpersonal and Communications Skill

The Chief Residents on the VA service should demonstrate the ability to:

- Effectively lead a large resident team with an emphasis on assigning clinic and operative responsibilities, call responsibilities, and conference participation.
- Effectively interact with the faculty in formulating and instituting therapeutic plans.
- Communicate abbreviated yet thorough patient discussions with consulting physicians.
- Effectively counsel the patients, including discussions of complex abdominal procedures and expected postoperative recovery issues.

Professionalism

The Chief Residents on the VA service should:

- Demonstrate commitment to their patients superseding personal self-interests, including readiness to provide bedside and operative care to the patients irrespective of time of day.
- Demonstrate sensitivity to age, gender, and culture of patients and other health care professionals.
- Carry out administrative responsibilities (operative dictations, call schedule creation, etc.) in a time-sensitive manner
- Abide by duty hour and other regulatory guidelines.
- Ensure that all members of the resident team abide by duty hour and other regulatory guidelines.

Systems Based Practice.

The Chief Residents on the VA service should:

- Demonstrate the ability to efficiently and effectively organize the care of the surgical patient in a cost-effective and evidenced-based manner.
- Appropriately recruit other specialists and health care professionals to optimize the efficiency of care of the general surgery patient

PGY5 Training Objectives

Pediatric Surgery

Goals and Objectives

Patient Care

The Chief on the Pediatric Surgery Service should demonstrate the ability to:

Supervise all aspects of the care of the pediatric surgery patients.

Formulate the diagnostic and therapeutic plan for infants and children having any of the common pediatric surgical diseases, including inguinal hernias, pyloric stenosis, congenital abdominal wall defects, congenital lung abnormalities, chest wall abnormalities, necrotizing enterocolitis, tracheo-esophageal anomalies, and congenital anomalies of the head and neck, as well as anorectal anomalies and Hirschsprung's Disease.

- Understand the operative steps for the following procedures commonly performed on the service:
 - Appendectomy (laparoscopic and open)
 - Inguinal hernia repair
 - Central venous access
 - Cholecystectomy
 - Pyloromyotomy
 - Congenital abdominal wall defect closure
 - Rigid bronchoscopy and esophagoscopy for the removal of bronchial or esophageal foreign bodies.
 - Open or laparoscopic Nissen fundoplication with or without gastrostomy feeding tube.
 - Laparotomy for necrotizing enterocolitis
 - ECMO cannulation in infants requiring cardiopulmonary support
 - Familiarity with less common surgical procedures that may be encountered
 - Wilms tumor resection
 - Neuroblastoma resection
 - CDH repair
 - TE fistula repairs
 - Imperforate anus
 - Hirschsprung (including biopsy and definitive repair)
 - Pediatric trauma resuscitation

Medical knowledge

The Chief on the Pediatric Surgery Service should understand:

- Common presenting signs and symptoms, evaluation of, and management of the following:
 - Airway obstruction in the pediatric population (foreign body)
 - Head and neck lesions (branchial cleft, remnants, thyroglossal duct remnants, hemangiomas, cystic hygroma)
 - Chest wall deformities (pectus excavatum and carinatum)
 - Tumors of the lung and mediastinum (pulmonary sequestration, cystic adenomatoid malformations, cysts, teratomas, bronchial adenomas, thymomas, neurogenic tumors)
 - Congenital abnormalities of the trachea/esophagus (TE fistula, esophageal atresia, T and E stenoses.
 - Congenital abnormalities of the diaphragm (CDH, eventration, hernias)
 - Congenital abnormalities of the abdominal wall (gastroschisis, omphalocele, umbilical hernia, inguinal hernia, hydrocele)
 - Neonatal intestinal obstruction (intestinal atresia/stenoses, duodenal stenoses, imperforate anus)
 - Necrotizing enterocolitis
 - Meconium ileus

- Intestinal malrotation
- Pyloric stenosis
- Intussusception
- Appendicitis
- Biliary disorders (biliary atresia, choledochal cyst, cholecystitis)
- Hirschsprung
- Childhood tumors (hepatoblastoma, neuroblastoma, Wilms tumor, rhabdomyosarcoma, teratoma)
- Evaluation of the acute abdomen by age
- Blunt and penetrating trauma in the pediatric patient
- Physiologic differences from the adult population
- Resuscitation in the pediatric patient (burns, sepsis, hemorrhagic shock)

Practice Based Learning and Improvement

The Chief on the Pediatric Surgery Service should demonstrate the ability to:

Critically evaluate published literature regarding the diseases managed on pediatric surgery service, and formulate evidenced-based therapeutic plan.

Analyze the surgical complications on the service, and present them at the Pediatric D&C in a constructive and educational manner.

Prepare in advance for clinical activities and didactic conferences with an emphasis on punctual and regular attendance.

Take considerable initiative in facilitating the learning of junior house staff and medical students.

Interpersonal and Communications Skill

The Chief on the Pediatric Surgery Service should demonstrate the ability to:

Effectively interact with the faculty in formulating and instituting therapeutic plans.

Communicate abbreviated yet thorough patient discussions with consulting physicians.

Effectively counsel the patients and their families, including discussions of complex pediatric surgical procedures and disorders.

Professionalism

The Chief on the Pediatric Surgery Service should:

Demonstrate commitment to their patients superseding personal self-interests, including readiness to provide bedside and operative care to the patients irrespective of time of day.

Demonstrate sensitivity to age, gender, and culture of patients and their families and other health care professionals.

Carry out administrative responsibilities (operative dictations, call schedule creation, etc.) in a time-sensitive manner

Abide by duty hour and other regulatory guidelines

Ensure that junior members of the pediatric surgical service abide by duty hour and other regulatory guidelines

Systems Based Practice.

The Chief on the Pediatric Surgery Service should:

Demonstrate the ability to efficiently and effectively organize the care of the surgical patient in a cost-effective and evidenced-based manner.

Appropriately recruit other specialists and health care professionals to optimize the efficiency of care of the pediatric patient