

Duke Physician Assistant Surgical Residency Program Criteria for Graduation

The PA Resident functions as an integral part of a surgical team principally caring for patients in the ward setting; leading rounds with tempo and precision. The resident should demonstrate substantial achievement of the following attributes and goals before graduating from the program:

Patient Care

- Performs appropriate focused history and physical examination with identification of pertinent physical findings
- Effectively manage ward/post-operative patients
- Prioritize patient acuity
- Manage ward emergencies
- Prioritize clinical responsibilities
- Plan discharge
- Reliable clerical responsibilities (daily notes, discharge summaries, post-op checks, etc.)
- Responds in a timely fashion for floor rounds, has most recent data available, and presents rounds in a focused, coherent manner.
- Operating Room:
 - Sterile Technique
 - Draping
 - One and two-handed knots with silk
 - Common instrument terminology
 - Timely operative notes, procedure notes, and postoperative orders

Medical Knowledge:

- Reads basic surgical texts cover to cover
- Acquires adequate knowledge of clinical science
- Understands indications and is able to interpret relevant radiologic studies.
- Prepares for each surgical case through readings and practice of skills.

Practice Based Learning and Improvement

- Ability to review published literature in critically acclaimed journals at texts.
- Apply clinical trials data to patient management
- Attends conferences

Interpersonal and Communication Skills

- Recognizes and follows role as part of the Care Team
- Integrates physician assistant and medical students into the Team

- Interacts appropriately with patients, family members, nursing staff, and other members of the care team.

Professionalism

- Receptive to feedback on performance
- Attentive to ethical issues
- Demonstrates leadership

Systems Based Practice

- Aware of cost-effective care issues
- Sensitive to medical-legal issues
- Incorporates technology/computer resources to patient care

Methods of Evaluation

Resident Evaluations:

PA Resident performance is evaluated after each month of clinical service by a combination of MD residents, staff Physician Assistants, and Attendings. Evaluation criteria include the resident's performance as a technical surgeon, the management of pre-and-postoperative care issues, and their ability to work with faculty and staff. Evaluations will be reviewed quarterly with the PA Resident, and more frequently if the need arises.

Faculty/Service Evaluations:

Residents are asked to anonymously evaluate the surgical faculty after each assignment. The results are reviewed every three months.

Graduation Criteria

- Incremental increase in clinical competence including performing applicable procedures;
- Appropriate increase in fund of knowledge; ability to teach others; Clinical judgment;
- Necessary technical skills;
- Humanistic skills; interpersonal communication;
- Professionalism: Attendance, punctuality, availability and enthusiasm;
- Adherence to institutional standards of conduct, rules, regulations, including program standards and hospital/clinic rules with respect to infection control policies, scheduling, charting, record-keeping, and delegation to medical staff
- Conference attendance – residents will be expected to attend 80% of required conferences

- Record keeping – timely dictations of operative notes and patient discharge summaries
- Compliance with the hospital policies – maintenance of ACLS, BCLS, HIPAA compliance, current medical licensure, yearly TB testing, etc.
- Personal Record keeping – up-to-date maintenance of surgical case logs and Duty hours
- The following items must be returned prior to graduation: Duke ID Badge, Pager, Access Cards, Scrub Cards, Parking Pass, PDA, and Unused Rx Pads

Disciplinary Action

If, at any time, a PA resident consistently performs below expectations as evidenced by poor performance on evaluation(s) or verbal complaints by faculty or staff, a conference will be held to discuss the issue and correct it. If the PA Resident does not improve, further disciplinary action will be pursued on an individual basis, and may result in probation and/or termination of employment. Please see the Duke Employee Handbook for further details.

Remediation

Throughout the program, faculty and PA Residents will meet periodically (at least quarterly) to evaluate progression in the program and needs related to the program. Frequency and content will be determined by evaluation of residents, informal and formal feedback from preceptors, concerns identified by the individual resident and clinical performance. Residents may request additional meetings with program or medical director for reviews and/or feedback at any time throughout the program.

If the faculty and/or resident perceive that the resident will be unable to meet the Criteria for Graduation of the Residency Program, the following actions will be taken:

1. Program Faculty (Program Director and Medical Director) and the PA resident will meet to discuss their performance and/or knowledge deficiencies. An Individualized Educational Plan (IEP) will be designed and agreed upon by the resident and faculty to address the deficiencies over a specified period of time
2. During this period, the PA resident will be placed in a probationary standing
3. If a resident, despite discussions and implementation of an IEP, is unable to meet the standards of care, practice and safety established by the faculty of the residency program, they may be terminated from the residency. The circumstances leading to this decision will be reviewed by and the ultimate decision to terminate will be made by a committee, which includes the Medical Director, Program Director, Vice Chair of Education and the Chair of the Department of Surgery. This decision will not be subject to appeal.