SAR2 (PG4) Training Objectives
Trauma-Red

Description of the Rotation:
On the Trauma rotation the senior resident provides primary responsibility for weekday level one and two trauma resuscitations, evaluations, and management in concert with dedicated trauma faculty on the service (Drs. Vaslef, Brooks, Scarborough, Shapiro, Georgiade). The Trauma PG4 rounds every morning and afternoon on the trauma and general surgery patients (ward and SICU) of these attendings with the trauma PG2 and PG1 and has priority for the operative cases of the trauma faculty. The Trauma PG4 takes overnight call on Friday evening and rounds for the service Saturday morning. Sunday rounding responsibilities are performed by the Trauma PG2. On M/W/F, the PG4 (if not in the OR or Trauma code) presents all patients in social work rounds for assistance in discharge planning. On the third Wednesday of the month the PG4 is responsible for a one our didactic presentation to the ED/Trauma housestaff and faculty. In addition a journal club, once monthly is led by the PG4. Trauma quality conference on Thursdays consist of a discuss of the trauma census, trauma deaths, and 2-4 interesting patients as presented by the PG4.

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.

General Schedule of Activities: (pm walk rounds each day with individual attendings)
Monday:
  Trauma E&M, OR, bedside trach/PEG, Social Work Rounds 9am
Tuesday:
  Trauma E&M, OR with Dr. Vaslef
Wednesday:
  Surgical Case Conference: 7:00am
  Surgical Grand Rounds: 7:45am
  Social Work Rounds 9am
  Combined ED/Trauma Conference (3rd Wednesday of the month)
  Trauma Clinic 10am (all day)
  Trauma journal club (3rd Wednesday of the month)
Thursday
  Trauma E&M, OR (Drs. Brooks/Scarborough), bedtime trach/PEG
  Trauma Quality Assurance Conference (10am)
Friday:
  Trauma E&M and OR (Drs. Shapiro, Scarborough), Social Work Rounds (9am)
Sat/Sun: Overnight call Friday and Saturday morning rounding by the PG4. Sunday patient responsibilities are assumed by the PG2
Call: from home weekdays, overnight on Fridays as global nights trauma chief.

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:
  o ATLS procedures
  o Exploratory laparotomy for blunt and penetrating trauma
  o 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 thoracostomy
    ▪ Neck exploration and repair of vascular and hollow viscus injuries
    ▪ Renal and collecting system injuries
    ▪ Diaphragmatic repair
    ▪ Pelvic fractures
      o Tracheostomy
  o PEG
  o FAST ultrasound
  o 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:
  o 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
    ▪ Retropertitoneal 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 patient