

Delano Regional Medical Center Rotation

1. OVERVIEW

Residents spend two 4-week blocks in the PGY-3 and PGY-4 years on this rotation. The Delano service functions entirely at Delano Regional Medical Center, a 122 bed acute care hospital in the rural agricultural community of Delano, located 35 miles north of Bakersfield. This rotation provides the resident with an experience in rural surgery, a setting of few subspecialists. On this service, the general surgeon has to be encyclopedic, handling cases in thoracic surgery, vascular surgery, head and neck surgery, pediatric surgery, plastic surgery, and a wide variety of trauma cases.

Our Associate Program Director, Dr. Ara Keshishian, leads this service along with his associates. The Goals and Objectives for Red and Gold Surgery Services apply to this service.

2. GOALS

The major goals of this rotation are to :

- a. Provide an experience to surgical resident in a private practice setting in rural central California. Residents are expected to become familiarized with surgical practice in such setting and to acquire knowledge and skill appropriate to this type of practice setting.
- b. Enhance the patient management skills of surgical residents by teaching the following: history taking, physical examination, diagnostic procedures, problem identification and formulation, recording of data, problem-solving skills, and appropriate patient-physician and patient-family relationships.
- c. Enhance the surgical experience in bariatric surgery including duodenal switch procedures and roux-en-Y gastric bypass procedures as well as reoperative procedures in bariatric surgery.

3. OBJECTIVES

- a. **Patient Care:** Upon completion of this rotation, residents should be knowledgeable in the following areas and be able to:
 - i. Develop independent skills in assessing surgical patients and decision-making in such patients.
 - ii. Demonstrate and understand the knowledge and skill necessary to practice in such environment.
 - iii. Demonstrate knowledge of all components of general surgery and apply them appropriately to surgical patients.
 - iv. Demonstrate an understanding of the principles of pre- and post-operative management of general surgical patients.

- v. Demonstrate an understanding of team approach to bariatric surgery.
- b. **Medical Knowledge:** Upon completion of this rotation, residents should be knowledgeable in the following areas and be able to:
 - i. Demonstrate and understand the medical knowledge necessary in the practice of general surgery in a rural environment with limited supporting subspecialties.
 - ii. Demonstrate the basic and advanced knowledge in caring for general surgical patients.
 - iii. Demonstrate the ability to acquire medical knowledge and apply such knowledge to patient care.
 - iv. Demonstrate the ability to use information technology to increase medical knowledge base.
- c. **Practice-based learning:** Residents are expected to
 - i. Be able to evaluate own performance,
 - ii. Incorporate feedback into improvement activities;
 - iii. Effectively use technology to manage information for patient care and self-improvement.
- d. **Interpersonal and communication skills:** Residents are expected to:
 - i. Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.
 - ii. Work effectively with others as a member of the OR team.
- e. **Professionalism:** Residents are expected to demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. They are expected to:
 - i. Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients that supercedes self-interest; accountability to patients, and a commitment to excellence and on-going professional development.
 - ii. Demonstrate a commitment to ethical principles pertaining to confidentiality of patient information and informed consent.
 - iii. Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.
- f. **Systems-based practice:** Residents are expected to:
 - i. Practice cost-effective health care and demonstrate knowledge of resource allocation that does not compromise quality of care
 - ii. Advocate for quality patient care and assist patients in dealing with the complexities of the OR experience.

4. CLINICAL EXPERIENCE

The resident participates in all aspects of surgical care including preoperative visits, operative procedures and post-operative care including post operative office visits, under the direct supervision of the faculty. The resident is expected to respect the team approach to bariatric surgery and participate in the clinical pathways in the care of these patients. The resident will be exposed to a private practice setting that will be invaluable to the resident's career development.

5. DIDACTIC EXPERIENCE

Following a case-based reading approach, residents are expected to utilize resources for self-education which include specialty textbooks, bound medical and surgical journals in the medical library, and on-line searching capabilities maintained throughout the institution.

In addition, the residents on this rotation must return to the primary sponsoring institution, Kern Medical Center, every Wednesday afternoon to participate in all teaching activities including faculty lectures, board reviews, grandrounds and departmental M&M conferences. Residents are encouraged to present complications at this M&M meeting.

6. RESPONSIBILITIES

a. Decision making

Decisions are made directly under the supervision of the faculty staff

b. Planning

Planning for care is done on an ongoing basis with the faculty staff

c. Direct patient care

Patient care is performed directly with the faculty staff

d. Record keeping

Residents complete all pre-op History and Physical form on patients the morning of surgery, under direction of the faculty staff. Operating notes are written or dictated by the faculty staff or by the resident under direct supervision by the faculty staff.

e. Order writing

Orders are generally written by the resident responsible for the care of the patient. Perioperative orders are written by the faculty staff or by the resident under direct supervision by the faculty staff.

f. Ongoing patient management

Patient management occurs in the medical office, in the hospital and in the outpatient surgery setting, all under the direct supervision of the faculty staff.

7. SUPERVISION

Residents are under direct and indirect supervision by the faculty staff at all times.

8. SCHEDULE

Monday through Friday, 7:00 am to 5:00 pm.

Weekends and holidays off.

9. DISTRIBUTION OF GOALS, OBJECTIVES

Goals and objectives of this rotation are distributed at the beginning of the residency year to each resident. Copies are sent by email to each resident assigned to this rotation prior to the beginning of the rotation. Additional copies can be obtained in the surgery residency coordinator's office. The goals and objectives can also be assessed via the KMC surgery website:

www.kmcsurgery.org

10. METHODS OF IMPLEMENTATION

Goals and objectives are implemented through one on one precepting, direct staff supervision, faculty and resident role modeling, case-based readings, and spontaneous, planned didactic sessions and educational conferences as scheduled.

11. VACATION

Residents may schedule vacation with the approval from the associate program director.

12. CALL RESPONSIBILITIES

Residents on this rotation typically are not scheduled to be on call. However, the faculty staff may call the resident to assist in surgical cases at night as needed. This, however, will be kept to the minimum and only if the faculty determined that there is an extraordinary learning opportunity.