

KERN MEDICAL CENTER GENERAL SURGERY RESIDENCY

General Surgery Rotation Gold and Red Surgery Services

OVERVIEW AND GOALS

The Red and Gold services are the general surgery services at KMC serving as the main training ground for the entire program. Categorical General Surgery residents spend up to 36 months on these two services during the 60-month training period.

There are a number of specific experiences which result from rotations on these two similar services including:

- Gastrointestinal Surgery
- Minimally Invasive (Laparoscopic) Surgery
- Endocrine Surgery
- Abdominal Surgery
- Alimentary Tract and Digestive System
- Liver, Biliary Tract and Pancreas
- General Thoracic Surgery
- General Vascular and Venous Access Surgery
- Skin and Soft tissues
- Oncologic surgery
- Ambulatory Surgery and Outpatient Surgery

All residents must be familiar with information published in the separate Surgical Residency Curriculum. The educational program is divided into three basic levels: Junior level (PGY-1/2), Senior level (PGY-3/4) and Chief Resident.

- 1. Junior Resident (PGY-1 and PGY-2):** The focus of the educational program in these 2 years is on applying basic science to the management of surgical patients, critical care management and details of preoperative and postoperative assessment and management as a foundation for advanced training. Residents at this level are expected to become proficient in:
 - a. Pre and post operative care and management
 - b. Fluid and electrolyte management
 - c. Diagnosis and management of shock
 - d. Ventilator management
 - e. Appropriate use of antibiotics (therapeutic and prophylactic)

- f. Nutritional support of surgical patients.
- g. Procedural skills:
 - i. Central line placement
 - ii. Arterial line placement
 - iii. Pulmonary artery catheter placement
 - iv. Chest tube placement
 - v. FAST ultrasound
 - vi. Tracheostomy (Percutaneous and open)
 - vii. Gastrostomy (Percutaneous and open)
 - viii. Soft tissue tumor excisions, breast biopsy, abscess drainage, hernia repair, and appendectomy.

- 2. Senior Resident (PGY-3 and PGY-4):** In addition to the above learning goals, the focus of the educational program during these 2 years is on operative surgery, advanced aspects of patient management, and on development of independent decision making skills. Advanced experience is gained with increased involvement in the details of patient management including patient assessment, organization of diagnostic tests, formulation of a treatment plan, and postoperative care and follow-up. Residents at this level assume increased responsibility in the operating room under direct faculty supervision. Increased research participation is expected and residents are expected to have completed at least one project that is of sufficient quality to be published and/or presented at a major meeting. In the 2 senior years, residents are given increasing responsibility commensurate with their increase in operative and management skills, as well as leadership skills. Each resident's performance is carefully monitored to ensure that he/she is ready to lead and manage the surgical team as chief resident. At the end of this level of training, the surgical residents are expected to become proficient in performing and managing most and laparoscopic procedures and some advanced laparoscopic procedures, endoscopic procedures, abdominal surgery, gastrointestinal surgery, endocrine surgery, general vascular and vascular access procedures, breast surgery, skin and soft tissue surgery and all ambulatory surgery procedures.
- 3. Chief Resident (PGY-5):** The focus of the educational program in the Chief Resident year is in developing independent capability as a surgeon in operative management and advanced decision-making in patient management. Progressive independence is given in all areas of patient management with appropriate staff supervision. The chief resident has the responsibility for organizing, managing, and teaching a resident surgical team. He/She distributes operative responsibilities, assigns patient care tasks, and manages the outpatient clinic responsibilities. The chief resident is assigned to the Red or Gold service for the entire year, and has full responsibility for a general surgical service encompassing abdominal, thoracic, pediatric, head and neck, vascular, urologic, oncologic and laparoscopic surgery as well as endoscopy. Over the course of that year, the chief resident functions in a progressively independent manner under careful faculty monitoring and supervision. Each of the two services has a patient load of about

10-20 acutely ill inpatients and 15-30 operative procedures weekly. Each chief resident serves as administrative chief for six months, responsible for the preparation of on-call schedules, organization and conduct of rounds, seminars and teaching conferences, and participates in a limited fashion on hospital committees as a Dept. of Surgery representative.

NOTE: Since there are no specific rotations in Urology, ENT and Plastic Surgery, patients cared for by these disciplines are distributed to the Red/Gold services at KMC. In addition to vast clinical experiences, all residents must participate in didactic learning sessions to improve their fund of knowledge.

CORE COMPETENCY-BASED LEARNING OBJECTIVES

MEDICAL KNOWLEDGE COMPETENCY

Residents on the General Surgery Services are expected to:

1. Exhibits an open-minded analytical approach to securing new knowledge.
2. Demonstrates knowledge about biomedical, clinical, and cognate science in the practice of medicine.
3. Integrates clinically applicable knowledge of basic/clinical supporting sciences into the practice of medicine.
4. Apply medical knowledge to the care of patients.
5. Demonstrates investigatory and analytical thinking in clinical problem solving and decision making
6. Critically evaluates current medical information and scientific evidence.

PATIENT CARE COMPETENCY

Residents on the General Surgery Services are expected to:

1. Demonstrates effective history taking and medical interviewing skills.
2. Performs competent physical examination skills.
3. Demonstrates competent procedural/technical skills in the practice of clinical medicine.
4. Performs thorough problem investigation and generates a comprehensive differential diagnosis.
5. Accomplishes sound diagnostic decision-making and prioritization of problems.
6. Demonstrates capabilities in the therapeutic management of clinical problems.
7. Possesses and utilizes consultative abilities/skills in the collaborative care of patients.

8. Exhibits effective clinical documentation and written communication skills.

PROFESSIONALISM COMPETENCY

Residents on the General Surgery Services are expected to:

1. Practices respect to patients and their families.
2. Show compassion to patients and their families.
3. Demonstrates integrity in the practice of medicine.
4. Is responsive to patients' needs.
5. Is accountable to profession in their actions and decisions.
6. Practices in on-going medical education and self-improvement.
7. Respects and protects patient confidentiality.
8. Is sensitive to patients' culture, age, gender, and disabilities.
9. Is self-aware and has knowledge of professional limits.
10. Communicates and collaborates effectively in a team of health care providers.

INTERPERSONAL AND COMMUNICATION SKILLS COMPETENCY

Residents on the General Surgery Services are expected to:

1. Builds relationships with patients in the practice of medicine.
2. Practices the art of listening to patient concerns.
3. Gathers medical and personal information effectively from patients.
4. Explores the patients' perspective about their life events, illness, and treatment.
5. Shows and explains information effectively to patients.
6. Collaborates with patients and their families in treatment decisions.
7. Provides closure for patient communication/visits.
8. Builds relationships with patient's families in the practice of medicine.

SYSTEM-BASED PRACTICE COMPETENCY

Residents on the General Surgery Services are expected to:

1. Exhibits knowledge of the fundamental realignment of medical practice and delivery systems, including different methods of controlling health care costs, financial risk sharing and allocating resources.

2. Understands his/her role in patient care and how that role effects other health care professionals, organizations and society, and how the elements of the system, in turn, affect their own practice.
3. Exhibits knowledge of systems approach to quality improvement in the health care system.
4. Understands the process of outcome measures in patient care.
5. Describes the process of integrating strategies to improve and unite cost effectiveness and quality of care when making clinical decisions.
6. Knows the effect of a population based health care perspective on the clinical management of patients.
7. Understands how to advocate for quality patient car and assist patients in dealing with health care system complexities.
8. Knows how to partner with other professionals working within the health care system.

PRACTICE-BASED LEARNING AND IMPROVEMENT COMPETENCY

Residents on the General Surgery Services are expected to:

1. Demonstrates knowledge of the systematic steps in using Evidence-Based Medicine in clinical practice.
2. Utilizes Information Technology in the practice of clinical medicine.
3. Identifies common quality improvement tools and techniques used in improving patient outcomes.
4. Defines elements of quality involved in health care.
5. Describes methods to measure and improve quality to enhance a physician's performance and professional learning in medical practice.
6. Describes service indicators that reflect high quality care and patient satisfaction.
7. Demonstrates knowledge of strategies to improve the quality of care rendered to patients.

EVALUATION AND FEEDBACK

The Chief resident of each general surgery service will conduct teaching rounds daily, along with appropriate faculty staff and provide direct supervision on all aspect of surgical care. Each general surgery faculty will evaluate all general surgery residents quarterly on E*value, based on demonstrated clinical experience and competency. The program director will evaluate the overall performance of each resident at least semiannually and will include feedback on performance of all mandatory and elective rotations. The annual ABSITE will further provide feedback on the residents' clinical and basic science knowledge. An annual mock oral examination will further provide experience and feedback on each resident's performance. Conference attendance and

presentation also serve as important aspects of the residents overall learning experience. Each resident will in turn be asked to evaluate senior and co-residents. In addition, periodic nursing staff evaluation will provide part of the 360 evaluation of residents.

Each resident in turn, will be asked to evaluate the rounding faculty and the rotation after each rotation. The aggregate input from the residents will be tabulated and presented at the faculty meeting at least semi-annually. Improvement will be formulated by the program director and recommended to the faculty. Upon approval, these improvements will be instituted as appropriate. At least annually, all residents will meet with the program director and associate program director at Kern Medical Center to provide feedback and recommendation of the program and decide on the educational changes needed for the following year.