

Iowa Methodist Medical Center
Department of Surgery Education
Resident Rotation Description

Rotation: Emergency Surgery/Night Float, PGY-3

General Information:

1. Postgraduate year: PGY-3
2. Rotation Length: Two months
3. Service Director: Richard Sidwell, M.D.
4. Attending Staff: IMMC Primary Faculty

Orientation:

The PGY-3 resident should meet with his/her counterpart on the day prior to the change of residents. The orienting resident should explain the practical aspects of the rotation.

Recommended Reading List:

1. Wilmore et al., ACS Surgery Principles and Practice.
2. Mattox et al., Trauma
3. Ziegler et al., Operative Pediatric Surgery
4. Marino. The ICU Book
5. SCORE (Surgical Council on Resident Education) Curriculum Portal

Call Schedule:

5pm – 6am Sunday through Thursday

Conference Schedule:

1. Surgery conferences
2. Trauma Video Conference, 4:00 pm Tuesday

General Objectives and Description:

The rotation is designed to provide an in house second call resident to provide back up to the first call resident in managing surgical patients on the ward, in the ICU, in the emergency department, and in the operating suite. The emergency surgery resident will be contacted for all teaching service operative cases during the scheduled hours of the rotation. Additionally, the resident will cover pediatric surgery call. The rotation is intended to provide a focused experience in the evaluation and management of emergency surgical conditions. Extensive teaching of the first call resident and students on the service is expected.

Cognitive Objectives:

The PGY-3 resident should develop a BROAD understanding (able to care for all aspects of disease and provide comprehensive management) of the following diseases and conditions:

1. Retroperitoneal injuries
 - a. Retroperitoneal hematoma
 - b. Pelvic fractures
 - c. Renal injuries
 - d. Bladder injuries
 - e. Ureteral injuries

2. Abdominal injuries
 - a. Diaphragm
 - b. Spleen
 - c. Liver
 - d. Pancreas
3. Peptic ulcer disease
 - a. Bleeding
 - b. Perforation
4. Acute mesenteric ischemia (arterial/venous/nonocclusive)

Technical Skills Objectives:

The PGY-3 resident should achieve a progressive level of skill in assisting and performing the following procedures necessary for caring for patients with emergent surgical conditions:

1. Exploratory laparotomy – open
2. Exploratory laparotomy – laparoscopic
3. Splenectomy/splenorrhaphy
4. Repair hepatic lacerations
5. Drainage pancreatic injury
6. Repair/resection for kidney trauma
7. Repair ureteral injury
8. Repair bladder injury
9. Open drainage abdominal abscess
10. Repair duodenal perforation
11. Truncal vagotomy and drainage

Outpatient Experience:

None

Contact Persons on the emergency/night float rotation:

Trauma Surgeon on call	205-3791 (mobile phone)
General Surgeon on call	via answering service
Colorectal Surgeon on call	via answering service
Vascular Surgeon on call	via answering service
Pediatric Surgeon on call	via answering service

Evaluation:

At the end of the rotation, the resident will be evaluated by supervising faculty. Personal feedback will be provided and a written or computer generated evaluation form will be completed and returned to the residency office. The faculty will evaluate the resident in each of the required six general competency domains. A written evaluation will be reviewed and signed by the resident and will be kept in the residents confidential file.

COMPETENCY SPECIFIC GOALS AND OBJECTIVES:

Patient Care

Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

- Meet the technical skills objectives for the rotation, as detailed above
- Supervise the first call resident in the provision of the full range of on call surgical care
- Provide leadership example to the junior resident regarding patient interaction
- Develop and execute appropriate treatment plans
- Show emergency preparation for and technical performance on all emergency surgery procedures
- Counsel and educate patients and families regarding their illnesses

Medical Knowledge

Residents must demonstrate knowledge about established and evolving biomedical, clinical, and epidemiological sciences and the application of this knowledge to patient care. Residents are expected to:

- Meet the cognitive objectives for the rotation, as detailed above
- Demonstrate and investigatory and analytic thinking approach to clinical situations in patients with emergent surgical conditions
- Know and apply the basic and clinically supportive sciences appropriate to the management of emergency surgical procedures and care

Practice-Based Learning and Improvement

Residents must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices. Residents are expected to:

- Participate in morbidity and mortality conferences with teaching points regarding relevant patients cared for on the emergency surgery service
- Locate and manage information to facilitate resident learning
- Demonstrate knowledge and application of evidence based medicine

Interpersonal and Communication Skills

Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange with patients, their patients families, and professional associates. Residents are expected to:

- Demonstrate effective relationships with patients and families
- Demonstrate the ability to work with multiple surgical faculty
- Demonstrate the ability to lead the emergency trauma care team
- Demonstrate the ability to effectively teach first call residents and students

Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

- Respect patient confidentiality
- Teach first call residents and students
- Attend and participate in all scheduled conferences
- Demonstrate sensitivity to age, gender, and culture of patients and other health care providers
- Provide continuity of patient care via communication with the primary teams

Systems-Based Practice

Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide optimal care of patients with emergency surgical conditions and procedures. Residents are expected to:

- Function well within the trauma system at Iowa Methodist Medical Center
- Coordinate the work and responsibilities of the first call resident, and notify and utilize the participation of the on call third call resident for appropriate patient care and management
- Understand and practice quality cost effective care
- Display knowledge of risk-benefit analysis and application
- Demonstrate the ability to facilitate and integrate multispecialist patient care