Rotation: General Surgery Service B, PGY-5

General Information:
1. Postgraduate year: PGY-5
2. Rotation Length: Two months
3. Service Director: Michael Page, M.D.
4. Attending Staff: Michael Page, M.D.
   Sue Beckwith, M.D.
   Kyle Rogers, M.D.
   Frederick Nuss, M.D.
   Michael Mohan, M.D.

Orientation:
The PGY-5 resident beginning on General Surgery Service B should meet with his/her counterpart on the day prior to the change of residents. The incoming resident should meet with the service director, Michael Page, M.D., prior to the rotation to review goals and objectives for the PGY-5 level resident.

Recommended Reading List:
2. Principles and Practice of Surgery for the Colon, Rectum and Anus, Current Edition (Gordon)
5. Surgery: Scientific Principles and Practice, Current Edition (Greenfield)
6. SCORE (Surgical Council on Resident Education) Curriculum Portal

Call Schedule:
Surgery Call Schedule

Conference Schedule:
1. IMMC Surgery conference
2. Tumor Board Conference, Wednesday at Noon

General Objectives and Description:
The General Surgery Team Service B is a general surgery service with heavy emphasis on colorectal surgery. The PGY-5 resident is expected to be responsible for the coordination of care and treatment for all patients on the inpatient service. He/she is responsible for supervision of the junior resident and is expected to assist with teaching of medical students on the rotation.
Cognitive Objectives of the Rotation:
The PGY-5 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. Large bowel obstruction
2. Volvulus
3. Colonic neoplasms
   a. Polyps
   b. Colorectal cancer
   c. Miscellaneous
4. Inflammatory bowel disease (emergency management)
   a. Crohn’s disease
   b. Ulcerative colitis
   c. Indeterminate colitis
5. Rectal cancer

Technical Skills Objectives for the Rotation:
The PGY-5 resident should achieve a progressive level of skill in assisting and performing the following procedures necessary for the care of the patient with general surgical illness:
1. Partial colectomy – laparoscopic
2. Subtotal colectomy with ileorectal anastomosis
3. Total proctocolectomy and ileoanal pullthrough
4. Operations for rectal cancer
   a. Transanal resection
   b. Low anterior resection
   c. Abdominoperineal resection
   d. Pelvic exenteration
5. Transabdominal operation for rectal prolapse – laparoscopic
6. Perineal operation for rectal prolapse

Outpatient Experience:
The PGY-5 resident is expected to office preoperative and postoperative clinics as assigned by the rotation director. At a minimum, one half day per week will be spent in the outpatient setting, with documentation of attendance and patient contact.

Contact Persons within the Trauma Clinic:
1. TIC Surgery Clinic                          283-1541
2. TIC Surgery Clinic (alt)                  241-4424
3. Dr. Michael Page                           234-2252 (pager)
4. Dr. Sue Beckwith                          245-0248 (pager)
5. Dr. Kyle Rogers                           234-1700 (pager)
6. Dr. Frederick Nuss                        245-1521 (pager)
7. Dr. Michael Mohan                         245-0089 (pager)

Evaluation:
At the end of the rotation, the resident will be evaluated by supervising faculty. Personal feedback will be provided and a computer generated evaluation form will be completed. The faculty will evaluate the resident in each of the required six general competency domains. Additional evaluation tools will include senior resident, nursing, and patient evaluations.
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
- Obtain accurate/essential history & physical findings on patients with lower GI cancers and bowel obstruction
- Determine appropriate diagnostic tests for patients with lower GI symptoms
- Develop pre op, post op & therapeutic treatment plans using clinical judgment and evidence based decision making
- Discuss standard cancer screening and prevention recommendations with patients and families
- Oversee junior resident in delegating patient care and operative responsibilities on the team

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 skills objectives for the rotation, as detailed above
- Demonstrate and investigatory and analytical approach to patients with colorectal disease.
- Know and apply the basic and clinical sciences appropriate to the management of lower GI benign and malignant disease

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:

- Interact with patients, referring physicians and consultants to assess and improve patient care
- Find, assess, and assimilate scientific studies that improve patient care efficiency and outcomes discuss and apply recommendations from tumor board, M&M conference and other didactic sessions to daily patient care

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:

- Create and sustain a therapeutic and ethically sound relationship with patients
- Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills in assessing general surgery patients work effectively with others as a member of the general surgery team
- Provide verbal and written feedback to junior residents regarding performance and learning objectives
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:

• Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development

• Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices; demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities

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 general surgery diseases. Residents are expected to:

• understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice

• practice cost-effective health care and resource allocation that does not compromise quality of care

• advocate for quality patient care and assist patients in dealing with system complexities

• know how to partner with health care managers and health care providers to assess, coordinate, and improve surgical health care and know how these activities can affect system performance