

**Kaiser Permanente Riverside  
General Surgery  
Goals and Objectives  
PGY 2**

**Rotation Length: 1.5 Months**

**Goals:**

Kaiser will provide a surgical experience with a different patient population (HMO population with better access to preventive medicine and usually seeking surgical care in a timelier manner than patients in a public hospital). This rotation will provide a learning environment for the residents to develop cognitive and technical skills in various gastrointestinal and general surgical pathology. The PGY-2 residents will continue to develop in maturity and acquisition of surgical judgment as they also affirm their basic science knowledge. Residents will learn to order and accurately interpret laboratory and x-ray studies in a cost effective manner. The PGY 2 resident will be able to appropriately prepare a patient preoperatively, provide appropriate intra-operative and postoperative care

**Objectives:**

**Medical Knowledge:**

- Describe the embryological development of the peritoneal cavity and the position of the abdominal viscera.
- Diagram the anatomy of the abdomen including its viscera and anatomic spaces.
- Describe the anatomy of the momentum and its role in responding to inflammatory processes.
- Draw the anatomy of the gallbladder, triangle of Calot, and hepatic artery.
- Describe the blood supply of the colon and rectum.
- Describe the anatomy, clinical presentation and complication of non-operative management of hernias.

Surgical management:

- Understand and demonstrate proficiency in the principles of preoperative evaluation and care, appropriate to their level of training.
- Understand and demonstrate proficiency in the principles of postoperative evaluation and care, including:
  - a) Wound healing
  - b) Management of fluid, electrolytes, and nutrition
  - c) Recognition and management of common complications.
  - d) Evaluate and institute management of abdominal wound problems.
- Describe the management of glucose in the diabetic patient.
- List etiologies for persistent high NGT output in the postoperative patient or patients with small bowel obstruction.
- Describe the potential complications arising from disorders in electrolytes and in under or over resuscitation.
- Describe the management of glucose in the diabetic patient.
- Consistently apply basic science principles to common clinical situations.
- Refined ability to interpret radiographic findings, EKGs, laboratory data, and intravascular and intra-cranial monitoring systems.
- Fundamentals of surgical nutrition including nutrition evaluation as well as routes of access, TPN, enteral nutrition, and nutritional supplement

Gastro-intestinal surgery (Surgical Management):

- Esophageal spasm syndromes.

- Esophageal diverticuli.
- Mallory-Weiss Tears.
- Caustic burns to the esophagus.
- Esophageal perforations.
  - Boerhaave's syndrome and iatrogenic
- Benign neoplasms.
- Peptic ulcer disease, including benign gastric ulcers.
- Gastritis.
- Benign neoplasms.
- Post-gastrectomy syndromes.
- Surgical treatments for morbid obesity involving the stomach.
- Small bowel obstruction.
- Crohn's disease (should include aspects of this disease that involve all parts of the gastrointestinal tract).
- Benign small bowel tumors.
- Small bowel diverticuli.
- Mesenteric vascular disease.
- Enterocutaneous fistula.
- Short gut syndrome.
- Small bowel volvulus.
- Radiation enteritis.
- Epidemiology, preventive screening, signs/ symptoms, work-up, staging and current treatments for colon cancer and rectal cancer.
- Epidemiology, signs/ symptoms, findings, clinical evaluation, treatments and complications of diverticular disease.
- Etiology, presentation, work-up and current treatments of acute appendicitis.
- Clinical presentation, histological findings, work-up, and current options for treatment of inflammatory bowel disease ulcerative colitis, including indications for and complications related to restorative proctocolectomy.
- Clinical presentations, work-up, histopathology, complications, and indications for operation in patients with Crohn Disease.
- Genetic basis, clinical course, evaluation and current treatment and counseling of patients with familial cancer syndromes: familial adenomatous polyposis (FAP), Gardner syndrome, Turcot syndrome, hereditary non-polyposis colorectal cancer (HNPP).
- Management and potential complications of ileostomy and colostomy.
- Epidemiology, clinical presentation, histology, work-up and current treatment for other polyposis syndromes- Peutz-Jeghers polyps, Cronkhite-Canada syndrome, juvenile polyposis.
- Causes, classification, complications, treatment options, and indications for operation for hemorrhoidal disease.
- Pathogenesis, presentation, current treatments for anal fissures, anal fistulas, perianal and perirectal abscesses.
- Symptoms, clinical findings, evaluation and current treatments for pelvic floor disorders such as fecal incontinence and rectal prolapse.
- Symptoms, causes, work-up, and current treatments for large and small bowel obstruction, including volvulus.
- Viral warts (condylomata).
- Pathogenesis, evaluation and treatment options for premalignant anal conditions, such as anal intraepithelial neoplasia (AIN 1-3), Bowen Disease, and anal Paget Disease.
- Diagnosis and treatment options for malignant anal disease.
- Etiology and treatment of hidradenitis suppurativa.
- Etiology, complications, and surgical treatment of pilonidal disease.
- Management of common and complex peri-anal problems
- Comprehensive surgical and non-surgical approaches to inflammatory bowel disease.

- Management of upper and lower GI bleeding
- Recognize recto-vaginal fistulas and know the evaluation and treatment options

#### General surgery:

- Name the most common hernia types and explain their pathophysiology.
- Describe the anatomy, clinical presentation and complication of non-operative management of hernias.
- Define a sliding hernia and describe its repair.
- Define a Richter's hernia and describe the clinical presentation.
- Differentiate between incarceration and strangulation.
- Describe the surgical techniques for the patient with a hernia, according to its different types.
- Promptly identify the potential complications of a hernia repair and treat them appropriately.
- Describe the risks associated with hernia repair, cholecystectomy, I&D of abscesses.
- List at least seven etiologies for small bowel obstructions and ileuses.
- Describe the management of small bowel obstruction, diagnostic approach and surgical indications.
- Describe the treatment alternatives for the patient with an acute abdomen according to the specific etiology.
- Effective, inexpensive and safe approaches to the workup of acute or chronic abdominal pain.

#### **Patient Care:**

- Understand the various surgical treatment options and their potential risks in order to
- Give proper education, advice, and emotional support to patients and their families.
- ⊖ Demonstrate proficiency in performing a focused physical examination and history taking.
- Recognize a patient experiencing an acute clinical deterioration.
- Assist in the performance of complex surgical procedures and understand the importance of the surgical assistant.
- Take an appropriate history to evaluate patients with general surgical issues to include:
  - A complete history of present illness
  - Presence of any co-morbidities
  - A review of social and family history impacting the present problem
  - A complete review of systems
- Demonstrate an increasing level of skill in the physical examination of the general surgery patient with a special emphasis in recognition of the surgical abdomen.
- Develop a proficiency in evaluation and interpretation of the different diagnostic modalities including: X-Rays, ultrasounds, CT scans, Contrast studies and MRIs.
- Discuss treatment options, risks and potential complications of patients with general surgical issues.

#### Technical Skills:

- Assist in the performance of general surgical and laparoscopic procedures.
- The resident should demonstrate that has mastered the basic surgical techniques, including:
  - Knot tying
  - Exposure and retraction
  - Closure of abdominal incisions
  - Handling of graft material including mesh
  - Establishing pneumoperitoneum
  - Handling of laparoscopic instruments
  - Handling of the laparoscopic camera

- At the end of the rotation the resident should be able to perform an uncomplicated inguinal hernia repair with little assistance.
- Should be able to perform a laparoscopic cholecystectomy and laparoscopic appendectomy with moderate assistance.

#### **Professionalism:**

- Demonstrate professional conduct on a daily basis with regard to punctuality, appropriate record keeping, and appropriate data gathering on daily rounds.
- Maintain a presentable appearance that sets the standard for the hospital this includes but is not limited to adequate hygiene and appropriate dress.
- Maintain impeccable ethical standards in regards to veracity and willingness to admit to mistakes.
- Professionally and respectfully interact with ancillary staff, Physicians, and consultants
- The resident should be receptive to feedback on performance, attentive to ethical issues and be involved in end-of-life discussions and decisions.
- Seek additional responsibility for patient care when appropriate
- Take primary responsibility for and demonstrate dedication to the care of the inpatients on the ward

#### **Systems-Based Practice:**

- Demonstrate familiarity with the electronic medical records used at Kaiser Permanente including the computerized order entry system.
- Demonstrate understanding of cost-effective care in the management of the routine post-operative patient

#### **Practice-Based Learning & Improvement:**

- Apply knowledge of scientific data and best practices to the care of the surgical patient
- Demonstrate a consistent pattern of responsible patient care and application of new knowledge to patient management.
- Demonstrate a command and facility with on line educational tools.
- During this rotation the resident will complete a personal learning project (PLP)
  - Will identify a learning need in area related to this rotation.
  - Select the resources used to complete the PLP (Review of literature, review of lecture, discussion with faculty, meeting or course, educational website, book etc.)
  - Summarize the conclusions and lessons learned. The resident may include in the portfolio a PowerPoint presentation or other supportive material.
  - Complete a self-assessment to determine if he/she believes that the PLP will improve their practice.

#### **Interpersonal & Communication Skills:**

- The resident will demonstrate the ability to provide and request appropriate consultation from other medical specialists.
- Communicate effectively with other members of the patient care team
- Communicate effectively with the Faculty Attendings in conferences, on rounds, in the clinic, and in the operating room
- Communicate effectively with consultants
- Provide effective informed consent for surgical procedures
- Gain an appreciation for both verbal and non verbal communication from patients and staff
- Demonstrate consistent, accurate and timely communication with members of the surgical team
- Demonstrate sensitivity and thoughtfulness to patients concerns, and anxieties.

**Conference Attendance:** Conference attendance is mandatory at the hospital in which you are rotating. The Basic Science Lecture is required for all PGY 1 & 2 residents and is held at RCRMC, if you are at another hospital, you are released from your duties to attend this lecture series. All residents attend Wednesday Educational Day conferences at RCRMC.

<b>Conference</b>	<b>Date and Time</b>	<b>Location</b>
GI Conference	Tuesday – 12:00 noon	Kaiser
ACS / Basic Science Conference	Wednesday – 6:30 am	RCRMC
Skills Lab (as scheduled)	Thursday 7:00 am	RCRMC
Journal Club (as scheduled)	Thursday, 7:00 am	RCRMC
M&M / Grand Rounds	Thursday - 7:30am	Kaiser
Tumor Board	Friday – 12:00 noon	Kaiser