

**Kaiser Permanente Riverside
General Surgery
Goals and Objectives
PGY 5**

Rotation Length: 3 Months

Goals:

The PGY-5 rotation at Kaiser Permanente Riverside, an integrated site, will provide a learning environment for the resident to develop cognitive and technical skills in the management of complex general surgery with emphasis in bilio-pancreatic, esophageal surgery. A dedicated teacher for medical students and residents alike, the Chief Resident will manage a busy General Surgery Service with efficiency and attention to detail.

Objectives:

Medical Knowledge:

- Pyogenic hepatic abscesses.
- Hydatid disease.
- Liver cirrhosis and portal hypertension.
- Management of the patient with Ascites.
- Hepatic encephalopathy.
- Budd-Chiari syndrome.
- Acute and chronic liver failure.
- Acute and chronic cholecystitis.
- Post-cholecystectomy syndrome.
- Gallstone ileus.
- Common bile duct stones.
- Specify the indications and technique for percutaneous cholangiography, endoscopic ultrasound, and common bile duct exploration (CBDE), including use of choledochoscopy.
- Discuss management of the patient with common duct stones, including:
 - Choice of approach (open common duct exploration, versus laparoscopic CBDE, versus LC followed by/preceded by endoscopic stone extraction)
 - Timing of surgery
 - Safety and cost-effectiveness of each approach
- Ascending cholangitis.
- Benign biliary strictures.
- Primary sclerosing cholangitis.
- Choledochal cysts.
- Acute pancreatitis.
- Gallstone pancreatitis.
- Pancreatic abscess.
- Pseudocysts.
- Pancreatic ascites and pleural effusions.
- Chronic pancreatitis.
- Benign and malignant pancreatic neoplasms.
- Pancreas divisum.
- Understand the physiology of esophageal carcinoma, staging, and surgical principles in esophagectomy.
- Barrett's Esophagus

- Understand the physiology, treatment, and surgical principles of reflux disease
- Understand the physiology, treatment, and surgical principles of hiatal hernia and paraesophageal hernia.
- Understand the physiology, treatment, and surgical principles of esophageal dysmotility
- Esophageal diverticulum
- Understand the physiology, treatment, and surgical principles of gastric cancer and benign gastric neoplasms.
- Evaluation and management of caustic injuries of the esophagus.
- Evaluation and management of esophageal perforation.

Assessment

- Oral exam at the clinical case conference.
- End of the rotation evaluation.
- Annually at the in-training examination

Patient Care:

- Supervise all aspects of care of the patient undergoing surgery of the liver
- Supervise all aspects of care of the patient undergoing surgery of the biliary tree.
- Supervise all aspects of care of the patient undergoing surgery of the pancreas
- Supervise all aspects of care of the patient undergoing surgery of the esophagus

Technical Skills:

- Understand the operative steps for the following procedures commonly performed on the service:
 - Partial hepatectomy (wedge, right hepatectomy, left hepatectomy, left lateral sectionectomy)
 - Pancreaticoduodenectomy
 - Distal pancreatectomy
 - Lateral pancreaticojejunostomy
 - Pancreatic debridement
 - Biliary reconstruction (hepaticojejunostomy, choledochoduodenostomy, choledochojejunostomy, roux limb creation)
 - Cholecystectomy (open and laparoscopic)
 - Esophagogastrectomy
- At the end of the rotation the resident should be able to perform the following operations independently:
 - Partial wedge hepatectomy, left lateral sectionectomy
 - Distal pancreatectomy
 - Pancreatic debridement
 - Cholecystectomy (open and laparoscopic)
 - Common bile duct exploration
- Able to perform the following operations with assistance:
 - Hepatectomy
 - Pancreaticoduodenectomy
 - Biliary reconstruction Esophagogastrectomy

Assessment

- Patient care and technical skills will be assessed by the attending surgeon on a daily basis.
- Resident performance will be discuss on a mid rotation informal evaluation and during the end of the rotation evaluation.

Professionalism:

- Demonstrate commitment to their patients superseding personal self-interests, including readiness to provide bedside and operative care to the patients irrespective of time of day.
- Demonstrate sensitivity to age, gender, and culture of patients and other health care professionals.
- Carry out administrative responsibilities (operative dictations, call schedule creation, etc.) in a time-sensitive manner
- Function as a role model for Junior Residents and Medical Students
- Abide by duty hour and other regulatory guidelines and mentor junior residents on these issues.
- Resident must obtain a copy of the ACS DVD “Professionalism in Surgery: Challenges and Choices” and review the curriculum on professionalism established for the months of rotation:

July/August	Out of Bounds
Sept/Oct	Expert Excesses
Nov/Dec	Molecular Mischief
Jan/Feb	Board Barred
March/April	Age Impaired Physician
May/Jun	Acknowledging an Error

Assessment

- Residents will complete a one page discussion of the vignette including lessons learned. This document will be added to the resident’s portfolio
- Residents will participate in one of two grand rounds on professionalism schedule for the second week of December and June. During these grand rounds residents will make a presentation of a case in which they applied lessons learned on professionalism in surgery. The presentation and its content will be assessed by the faculty present.

Systems-Based Practice:

- The Chief Resident bears great responsibility for the conduct of the residents and the implementation of the Department policies.
- The Chief Resident will monitor resident interactions with patients, other health care professionals, and attendance and participation in meetings, conferences and clinical research.
- Demonstrate an understanding of the administrative tasks necessary to have an efficiently run clinic
- Oversee the discharge planning and continuity of care of all surgical inpatients on an assigned Resident team
- Support the ACGME regulations for duty hours
- Function as a manager to notify the Program Director of situations leading to impending work hour violations for residents on their team
- Assist in making Resident call schedules and Operating Room schedules
- Identify system weaknesses and make constructive suggestions for improvement
- Meet administrative requirements set forth by the Program and the Hospital
- Obtain from the residency office the ACS CD-ROM on “The Practice Management Course for Residents and Young Surgeons”.
- Complete the residency curriculum for System Based Practice established for the time period of the Kaiser rotation:

July/October	Practice Management for Residents and Young Surgeons Volume 1
Nov/Feb	Practice Management for Residents and Young Surgeons Volume 2

- Volume 1 is designed to educate and equip residents with the knowledge to manage their personal surgical future with a focus on issues such as: how to select a career in private practices I and II and Coding for Surgical Residents I and II
- Volume 2 is designed to educate and equip residents with the knowledge to manage their personal surgical future with a focus on issues such as: surgical financial management reports I and II, organizing a surgical practice, and understanding insurance processing
- Volume 3 is designed to educate and equip residents with the knowledge to manage their personal surgical future with a focus on issues such as: accumulation planning, goal planning and risk management, negotiation, and changing the liability equation

Assessment

- Resident will be required to complete the CME credits by the American College of Surgeons. 4.5 credits for Volume 1, 3.5 hours for volume 2 and 3.5 hours for volume 3.
- Residents will be assessed on their leadership skills during the end of the rotation evaluation.

Practice-Based Learning & Improvement;

- Demonstrate self awareness in personal limitations prior to starting an independent practice
- Demonstrate on-going use of available literature and resources to improve patient care
- Actively participate in and contribute to weekly Morbidity and Mortality Conferences
- Demonstrate commitment to lifelong learning
- During this rotation the resident will complete a personal learning project (PLP)
 - Will identify a learning need in the area of hepato-bilio-pancreatic or esophageal surgery.
 - 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.

Assessment

- The completed PLP will be added to the resident's electronic portfolio and presented at the Kaiser Grand Rounds. Faculty present will assess the PLP presentation.
- Weekly performance and attendance at conferences
- Weekly performance on Attending rounds
- End of rotation evaluation

Interpersonal & Communication Skills:

- Function in conferences as a Junior Attending, leading discussions and teaching Junior Residents and Medical Students
- Demonstrate effectiveness in the education of Junior Residents and Medical Students on daily rounds
- Demonstrate the ability to effectively evaluate the skills of Junior Residents and Medical Students and provide timely feedback
- Interact with Surgical Faculty as a Junior Colleague
- Demonstrate ability to deliver "bad news" to a family as compassionately and clearly as possible

- Resident the assignment established for the months of rotation by the curriculum on Interpersonal and Communication Skills:

July August September	Selection of one case with examples of good or bad communication skills with nurses or allied health personnel.
October November December	Selection of one case with examples of good or bad communication skills with attendings or among residents.
January February	Selection of one case with examples of good or bad communication skills with patients.
March April	Selection of one case with examples of good or bad communication skills with students.
May June	Interpersonal and Communication Skills Grand rounds on the first week of May. Residents will select one of the previous cases for presentation.

Assessment

- Residents are required to write a one page summary describing the cases selected for each topic.
- During May grand round, the resident's summaries will be distributed among the faculty. Chief residents will present a selected case and will also be prepared to answer questions from faculty about any other example in their summaries.
- Faculty will complete an evaluation of the resident's presentation.
- 360° evaluation by nurses, residents and students
- End of rotation evaluation.

Conference Attendance: Conference attendance is mandatory at the hospital in which you are rotating. The Clinical Case Conference is required for all PGY 3 - 5 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.

Conference	Date and Time	Location
GI Conference	Tuesday – 12:00 noon	Kaiser
Clinical Case Conference	Wednesday - 8:00 am	RCRMC
Journal Club	Wednesday - 9:00 am	RCRMC
Pre-op Conference	Wednesday - 10:00am	RCRMC
M&M / Grand Rounds	Thursday - 7:30am	Kaiser
Tumor Board	Friday – 12:00 noon	Kaiser