

**Orange Regional Medical Center**

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**General Surgery Residency Handbook**

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**2018 - 2019**

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# General Surgery Program Mission Statement

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The mission of the Orange Regional Medical Center General Surgery Residency Program is to educate highly competent and compassionate surgeons. Our aim is to train future generations of surgeons in state of the art surgical techniques with a broad knowledge and understanding of the basic science and clinical aspects of surgery. Our goal is to prepare trainees for board certification and for success in both academic and community based settings. Program graduates will help deliver the highest quality healthcare to the surrounding communities.

# Table of Contents

Introduction: Page 1

Duty/Work Hours Policy: Pages 2 - 5a

Protocol For Remaining Beyond Scheduled Duty Hours: Page 6

Resident Fatigue Policy: Page 7

Leave Policy: Page 8 - 12

Vacation Guidelines and Vacation Request Form: Page 12A

Guidelines For Resident Supervision: Pages 13 - 17

Protocols Defining Common Circumstances Requiring Faculty Involvement: Page 18

Resident Rotation Structure and Expectations: Pages 19 - 22

Credentialing Of Invasive Procedures: Page 23

Resident Surgical Procedure Log: Page 24

Didactics and Scholarly Activities: Page 24

Resident Evaluation/ Expectations (Core Competencies): Pages 24 - 41

Evaluation Forms:

    Quarterly Evaluation of Resident By Program Director: Pages 42 - 45

    Resident Evaluation of Faculty: Page 46

    Resident Evaluation of Rotation: Page 47

    360 Degree Evaluation: Pages 48 - 49

Competency Based Goals and Objectives:

    Overall Program Goals and Objectives: Pages 50 - 68

    General Surgery Rotation ( PGY 1 ): Pages 69 - 70

    Surgical ICU Rotation ( PGY 1): Pages 71- 76

    Emergency Medicine Rotation (PGY 1): Pages 77 – 78

Internal Medicine Rotation (PGY 1): Pages 79 – 80 Urology  
Elective (PGY 1): Page 81  
Neurosurgery Elective (PGY 1): Page 82  
Orthopedic Elective (PGY 1): Page 83  
ENT/Anesthesia Elective (PGY 1): Page 84  
General Surgery Rotation (PGY 2): Pages 85 – 86 Vascular  
Surgery Rotation (PGY 2): Page 87  
Burn Rotation (PGY 2 – Jacobi): Page 88  
Surgical ICU Rotation (PGY 2): Page 89  
General Surgery Rotation (PGY 3): Page 90  
Trauma Rotation (PGY 3): Page 91  
Transplant Rotation (PGY 3): Pages 92 – 93  
Pediatric Surgery Rotation (PGY 3): Pages 94 – 97 General  
Surgery Rotation (PGY 4): Page 98  
Vascular Surgery Rotation (PGY 4 -Senior): Page 99 Surgical  
Oncology Rotation (PGY 4): Page 100  
General Surgery Rotation (PGY 5 – Chief): Pages 101 –102  
Chief Trauma/Acute Care Surgery (PGY 5): Pages 103 –104  
Surgical Skills Curriculum (SIM Lab): Pages 105 –109  
General Surgery Residency Training Block Diagram: Pages 110 –111

## GENERAL SURGERY RESIDENT HANDBOOK

Orange Regional Medical Center is a 353-bed facility providing quality healthcare to the community. The General Surgery Residency will provide quality training for osteopathic physicians to prepare them to be qualified and competent osteopathic surgeons. The education will include training at several other locations including Jacobi Medical Center, Columbia University Medical Center, Memorial Sloan Kettering Cancer Center, and Westchester Medical Center. This will provide exposure to a diverse patient population.

The ORMC General Surgery residency offers a unique experience in surgical training. The program combines a strong focus on hands-on training as well as academics which provides a tremendous learning experience for the surgical resident. Residents in this program can easily perform 200 major cases a year. The program focuses primarily on the principal areas of general surgery including: head and neck, skin, soft tissue and breast, alimentary tract, abdomen, endocrine, general vascular, thoracic, pediatric, and trauma surgery. Rotations are structured to provide extensive exposure and experiences in general surgical conditions related to age group, gender, and socioeconomic status. Subspecialty rotations in a variety of clinical settings and institutions provide a well-rounded clinical experience.

Medical Education will incorporate the Core Competencies throughout the education process. The goals and objective of the proposed five year general surgery program is structured to ensure residents develop the skills, knowledge and aptitude required to treat and diagnose any surgical pathology directly and appropriately. The proposed curriculum is designed to ensure each year the resident demonstrates improvement in clinical judgment, skills and knowledge.

Residents are formally evaluated by the Program Director on a quarterly basis to determine their progress. The Clinical Competency Committee reviews residents biannually to assure they are getting the required training and knowledge to progress in the residency program.

The residency curriculum follows the American College of Surgeons SCORE curriculum. Residents prepare lectures for presentations. Residents attend weekly Morbidity and Mortality conferences, weekly Tumor Board meetings and attend Surgical Grand Rounds, which are held an average of bi-weekly. There are monthly Journal Club sessions where residents and faculty discuss current research. They are also strongly encouraged to participate in research. Participation in the annual ACOS in-service and/or the American Board of Surgery in-training exam is required.

ORANGE REGIONAL MEDICAL CENTER  
Policy/Procedure

**Manual:** Departmental  
**Section:** Medical Education

Policy #: 600035		The Joint Commission Chapter:
SUBJECT: Graduate Medical Education (GME) Duty (Work) Hours Policy		
Effective Date: 6/27/16	Review Date:	Concurrences:
Revision Date: 1/23/2017		
Process Owner: Jenny Vosganian-Clancy, ADIO		
Approver: GMEC		
Attachment(s):		

***PURPOSE:*** *In compliance with the Accreditation Council for Graduate Medical Education (ACGME) Institutional and Common Program Requirements, it is the goal of Orange Regional Medical Center (ORMC) to provide Residents/Interns with a sound academic and clinical education. This requires ORMC to provide “formal written policies and procedures governing Resident/Intern duty hours.”*

**POLICY STATEMENT:** Orange Regional Medical Center strictly adheres to NY State’s work hour’s policy. In general, work hours will be set and regulated by the assigned service. However, unless otherwise directed, the workday is expected to start at 7:00 a.m. with attendance at the morning report or clinical rounds and end at 5:00 p.m. or when work on the service is completed.

**DEFINITIONS:**

**Duty Hours:** Duty hours are defined as all clinical and academic activities related to GME training programs; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent on in-house call, and other scheduled activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

**Duty (Work) Hours Policy:**

1. Residents/Interns will not be assigned to work in excess of eighty-hours (80) per week, averaged over a four (4) week period, inclusive of in-house night call. No exceptions to this policy shall be permitted.
2. Residents/Interns will be required to sign a “Work Hours Compliance Attestation” during Resident orientation and yearly thereafter, indicating that the Resident/Intern has received the duty (work) hour policy and agrees to abide by its requirements.

3. Residents/Interns assigned to emergency medicine will not work in excess of twelve (12) hours per shift (including attendance at required didactic activities), with no more than 30 additional minutes allowed for transfer of care. When reviewing the Resident duty hours and a violation is seen that exceeds the 30 additional minute rule, it will be reported to the Program Director and will be presented to the Graduate Medical Education Committee (GMEC) as per ACGME regulations for monitoring individual Residents/Interns and the Program.
4. All Residents/Interns will be scheduled for a minimum of 24 hours off each week (7 days) when averaged over four (4) weeks or as defined by the ACGME and shall have no call responsibility during that time. When reviewing the Resident duty hours and a violation is seen, it will be reported to the Program Director and will be presented to the Graduate Medical Education Committee (GMEC) as per ACGME regulations for monitoring individual Residents/Interns and the Program. If duty hour violations continue, the violation will go to the Clinical Competency Committee (CCC) for their recommendations (written warning, remediation, etc.) and will be reviewed by the Program Director and their recommendations will be presented to the RRC who then forwards to the GMEC.
5. Residents/Interns will not be assigned to more than twenty-four (24) hours of continuous duty. Allowances for already initiated clinical care, transfer of care, educational debriefing and formal didactic activities may occur, but shall not exceed 3 additional hours (NYS Regulations) and must be reported by the Resident/Intern in writing with rationale to the DIO/Program Director and reviewed by the MEC for monitoring individual Residents/Interns and the Program. These allowances are not permitted for PGY-1 trainees.
6. Residents/Interns will not be allowed to assume responsibility for a new patient or any new clinical activity after twenty-four (24) hours of continuous in-house duty.
7. **Residents/Interns must be allowed a minimum of 12 hours off of duty upon the conclusion of twenty (20) to twenty-four (24) hours of continuous duty. Upon completing a duty period of at least twelve (12) hours but less than twenty (20) hours, a minimum period of ten (10) hours off must be provided.**
8. All off-duty time must be totally free from clinical, on call and educational activity.
9. In cases where a Resident/Intern is engaged in patient responsibility which cannot be interrupted at the duty hour limits, additional coverage shall be assigned as soon as possible by the attending staff to relieve the Resident/Intern involved. Patient care responsibility is not precluded by the duty hour's policy.
10. At the Resident/Intern's request, the hospital shall provide comfortable sleep facilities to Residents/Interns who are too fatigued at shift conclusion to safely drive home.
11. If work hours are being violated, you have the right to file work hour complaints with the Department of Health and/or the ACGME.

12. The Director of Academic Affairs and the DIO will review Resident/Intern call schedules monthly to ensure that the schedules do not violate the duty hour policy. The ADIO will review Resident/Intern hours bi-monthly and if any violations are present they will share their findings with the Program Director to resolve the issue.

**Maximum Duty Period Length:**

1. Duty periods of PGY-1 Residents/Interns must not exceed 16 hours in duration.
2. Duty periods of PGY-2 Residents/Interns and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital.
3. Programs must encourage Residents/Interns to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 pm and 8:00 a.m., is strongly suggested.
4. It is essential to patient safety and Resident/Intern education that effective transitions in care occur. Residents/Interns may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.
5. In unusual circumstances, Residents/Interns, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transporting, or humanistic attention to the needs of a patient or family. Under those circumstances, the Resident/Intern must; appropriately hand over the care of all other patients to the team responsible for their continuing care; and, submit that documentation in every circumstance to the Program Director. The Program Director must review each submission of additional service, and track both individual Resident/Intern and program-wide episodes of additional duty.

**Minimum time Off Between Schedule Duty Periods:**

1. PGY-1 Residents/Interns should have 10 hours, and must have 8 hours, free of duty between scheduled duty periods.
2. Intermediate-level Residents/Interns (as defined by the Review Committee) should have 10 hours free of duty, and must have 8 hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.



3. Residents/Interns in the final years of education (as defined by the Review Committee) must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods.
  - a. This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in-seven standards. While it is desirable that Residents/Interns in their final years of education have 8 hours free of duty between scheduled duty periods, there may be circumstances (as defined by the Review Committee) when these Residents/Interns must stay on duty to care for their patients or return to the hospital with fewer than 8 hours free of duty.
  - b. Circumstances of return-to-hospital activities with fewer than 8 hours away from the hospital by the Residents/Interns in their final years of education must be monitored by the Program Director.

**Maximum Frequency of In-House Night Float:** Residents/Interns must not be scheduled for more than six consecutive nights of night float. (The maximum number of consecutive weeks of night float, and maximum number of months of night float per year may be further specified by the Review Committee.)

**Maximum In-House On-Call Frequency:** Residents/Interns will not be assigned to call more than every third night, inclusive of call from home, averaged over a four-week period. Home call must satisfy the requirement for time off and any time spent returning to the hospital must be included in the 80 hours maximum limit.

**At-Home Call:**

1. Time spent in the hospital by Residents/Interns on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks.
2. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each Resident/Intern.
3. Residents/Interns are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new "off-duty period".

**Moonlighting:** Moonlighting by Interns is prohibited. Moonlighting in a Resident's senior year is at the discretion of their Program Director except where prohibited by specialty/subspecialty requirements or State Law and must not interfere with the ability of the Resident to achieve the goals and objectives of the educational program. Time spent by Residents in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour maximum weekly hour limit.

**Monitoring Effectiveness:** All ACGME-accredited programs must have a department-specific written policy on duty hours and moonlighting and trainees must be educated on these policies. Program Directors must ensure that trainees are provided appropriate backup support when patient care responsibilities are especially difficult or prolonged. All trainees in New York must conform to the New York State Department of Health

Regulations (Code 405). Program Directors are required to report on duty hour compliance at each quarterly GMEC meeting, including results of audited reports of other accrediting agencies, i.e. Joint Commission and IPRO-NY, and any trainee complaints. Trainees are advised to contact any of the following regarding any issues with duty hour violations: the Department of Graduate Education's DIO, the Department of Health and/or the ACGME. ORMC monitors compliance with duty hour regulations through the work of its GMEC and by reviewing data from annual program evaluations.

### Time Away:

1. Trainees are allocated twenty (20) days off for personal reasons during the academic year. The following is a list of acceptable days that can be used: vacation, sick, personal days, medical conferences, interviews, board exams; not to be used for holidays when on call.
2. All requests for "time off request" must be submitted 12 weeks prior to the requested time off or within 24 hours of returning from a sick day. Failure to comply will result in these days being made up during the weekend.
3. All notification of time away must be communicated in writing.
4. If you request time off on a day when you are scheduled for call – you are **NOT** excused from call. You must find someone to take your call and make that day up at another time. **UNSCHEDULED TIME AWAY DOES NOT EXCUSE YOU FROM CALL.**
5. You may not take more than one week of vacation at a time.

### Absences:

1. The trainee will not be permitted to leave the hospital premises other than during off-duty hours without the permission of the DIO or Administrative Director.
2. If it becomes necessary for a trainee to leave the premises during duty hours, permission must be first obtained as stated above, arrange for another trainee to cover the service, notify the nursing station involved that you will be off the premises, and of the name of the trainee covering the service.
3. Upon returning to the hospital, the trainee is to notify the Department of Medical Education and the nursing station that you are back on duty.
4. If a trainee is unable to report to duty due to illness, he/she is to notify the Department of Medical Education and the attending physician that the trainee is rotating with. The trainee may be required to go to the Emergency Room for an examination.

**Unauthorized Absences:**

1. An unauthorized absence from duty will result in disciplinary action.
2. An unauthorized absence of three or more consecutive business days will constitute a voluntary resignation from the program.

## General Surgery Residency Policy Regarding Duty Hour Violations and /or Tardiness

In an effort to strive to the highest standards of professional behavior on the part of the surgical residents, the General Surgery Residency Faculty has set forth the following policy with regards to Duty Hour violations and repeated tardiness for clinical duties.

Definition: Duty Hour Violation: Non-adherence to the published guidelines set forth  
by the ACGME and New York State labor laws.

Tardiness: Arrival more than 5 minutes late for clinical duties as determined by  
resident's time swipe.

Progressive Corrective Action Monitored over a 12 Month Period:

1-3 occasions: Counseling by Program Director with verbal warning

4-6 occasions: Written warning by Program Director

7+ occasions: Referral to Clinical Competency Committee for recommendations  
to the Resident's Performance Review Committee/GMEC for  
disciplinary action to include probation, suspension and/or termination.

**Protocol for Remaining Beyond Scheduled Duty Period:**

In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or an unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.

Under those circumstances, the resident must appropriately hand over the care of all other patients to the team responsible for their continuing care; and, document the reasons for remaining to care for the patient in question in New Innovations when logging duty hours and notify the program director. The program director must review each occurrence of additional service in New Innovations Duty Hour logs, and track both individual resident and program-wide episodes of additional duty hour episodes.

To ensure that this does not become a re-occurring issue, the Program Director must sign off/approved on the resident staying beyond their scheduled hours in New Innovations. The program director must discuss the circumstances that required the resident to stay and evaluate the situation to see if there is anything that can be done in the future to prevent this from happening again during GMEC meetings.

If this becomes a reoccurring issue, the program director will formally warn the resident and then try and find out what is causing the reoccurrence (i.e. problem in the policies and/or staff, call schedules need to be changed, etc.)

## Residents Fatigue Policy

***PURPOSE:*** *To train all Residents and faculty to recognize when a Resident is fatigued and when this would interfere with the Resident's performance and potentially impact upon patient care and to establish procedures to transfer clinical responsibilities when the Resident's fatigue is a potential risk to the patient or others.*

**POLICY STATEMENT:** The policy will provide all Residents information and instruction on recognizing the signs of fatigue, sleep deprivation, alertness management, fatigue mitigation process and how to adopt this process to avoid potential negative effects on patient care and learning.

### **Fatigue Policy:**

1. Annually, the Program Director (or designee) will present a lecture from the American Academy of Sleep Medicine, or similar organization, to all Residents and hospital-based faculty. This lecture will include recognizing the signs of fatigue, strategies to manage fatigue, and, if required, how to transfer clinical responsibilities. The Residents must monitor oneself for signs suggestive of fatigue that usually occur after prolonged periods of sleeplessness, this includes:
  - a. Sluggish thought patterns and an inability to concentrate;
  - b. Inability to maintain a wakeful state in the absence of external stimulation;
  - c. Irritability, sudden anger intolerance;
  - d. Nausea or stomach cramps unassociated with physical illness; and/or
  - e. Tremors, particularly intention tremors while performing delicate procedures.
2. The Residents must stop and secure rest when fatigued. If a Resident is sufficiently fatigued to potentially impair his/her ability to perform, the Resident must:
  - a. Transfer clinical responsibilities to another Resident or to an attending;
  - b. If the Resident cannot find another qualified person to assume these responsibilities, the supervising faculty must make arrangement to transfer the Resident's responsibilities; and
  - c. The Residency Program Director or his/her designee must be notified of the transfer of responsibilities.
3. Supervising faculty must assist with the transfer of clinical responsibilities when a Resident has been identified, either by staff, other Residents, or the Resident him/herself as being unable to perform due to fatigue and attempts to transfer responsibilities to other Residents have been unsuccessful.  
Residents are instructed to stay in call room if too fatigued to drive home.

## Leave Policy

***PURPOSE:*** *To outline the Graduate Medical Education Leave Policy per the American Osteopathic Association (AOA) Residency Guidelines and Orange Regional Medical Center (ORMC).*

### **POLICY STATEMENT:**

1. AOA Internship Guidelines allow for a maximum of twenty (20) business days per contract year of vacation, professional, sick or other leave. Additionally, the Guidelines stipulate that Interns and trainees cannot take more than twenty (20) business days off per contract year without extending the internship.
2. AOA Residency Guidelines require reasonable time off for trainees and Orange Regional Medical Center allows for twenty (20) business days off.

**Leave Policy:** Set forth below is the Hospital's Leave Policy that applies to Residents, i.e., wherever the term "employee" is used, "Resident" can be substituted. Basic leave entitlement: Eligible employees may take a maximum of 20 business days of family and/or medical leave (Family and Medical Leave Act - FMLA) in a twelve (12) month period for one or more of the following purposes:

1. For incapacity due to pregnancy, prenatal medical care or childbirth;
2. To care for the employee's child after birth or placement for adoption or foster care;
3. To care for the employee's spouse, son or daughter, or parent, who has a serious health condition;
4. To care for a child with a serious health condition for which you stand in "loco parentis";
5. To care for the employee's domestic partner with a serious health condition. Verification of domestic partner status will be required;
6. For a serious health condition that makes the employee unable to perform the employee's job.
7. **NOTWITHSTANDING ANYTHING HEREIN TO THE CONTRARY, RESIDENTS/INTERNS CANNOT TAKE MORE THAN 20 (BUSINESS) DAYS OFF WITHOUT EXTENDING THE PROGRAM.**

### **Military Leave Entitlements:**

1. Eligible employees whose spouse, son, daughter or parent is on covered active duty or call to covered active duty status may use their twelve (12) week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangement, attending certain counseling sessions, and attending post-deployment reintegration briefings.

2. FMLA also includes a special leave entitlement that permits eligible employees to take up to twenty- six (26) weeks of leave to care for a covered service member during a single twelve (12) month period. A covered service member is:
- a. A current member of the armed forces, including a member of the national guard or reserves, who is undergoing medical treatment, recuperation or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness\* or;
  - b. A veteran who was discharged or released under conditions other than dishonorable at any time during the five-year period prior to the first date the eligible employee takes FMLA leave to care for the covered veteran, and who is undergoing medical treatment, recuperation, or therapy for a serious injury or illness\*.
  - c. The FMLA definitions of “serious injury or illness” for current service members and veterans are distinct from the FMLA definition of “serious health condition”.
  - d. **NOTWITHSTANDING ANYTHING HEREIN TO THE CONTRARY, RESIDENTS/INTERNS CANNOT TAKE MORE THAN 20 (BUSINESS) DAYS OFF WITHOUT EXTENDING THE PROGRAM.**
  - e. Definition of Serious Health Condition: A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee’s job, or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than three consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

**Leave year:** The leave year will be a “rolling” twelve-month period measured backward from the date an employee uses their FMLA leave. Thus, each time an employee takes FMLA leave, the remaining leave entitlement is the balance of the FMLA entitlement not used in the preceding twelve months.



**Eligibility:** To be eligible for leave, an employee must have worked at ORMC for one full year and have worked a total of at least 1,250 hours during the twelve (12) months preceding the leave.

**Restrictions on Use of Leave:**

1. The twelve-week maximum per employee per year applies to couples, rather than individual employees if both members of a married couple work for ORMC, are eligible for leave and the leave is for the purpose of caring for a new family member or sick parent. Leave requested because of an employee's own ill health is not subject to this limitation, nor is leave to care for the employee's sick spouse or child.
2. Key employees - higher paid employees – generally those who are salaried and in the top 10 percent by pay for their local area are eligible for FMLA as are other employees. However, ORMC reserves the right under the law to deny reinstatement to key employees if their reinstatement would cause substantial and grievous economic injury. Employees whose job restoration is likely to be denied will be informed when they request leave. If ORMC decides that reinstatement would cause economic injury after a leave commences, the key employee will be so informed in writing and will be given a reasonable opportunity to return to work at that time. Decisions will take into account the impact of the absence of a key employee on operations.

**Giving Notice of Need for Leave:** When possible, employees are required to give Human Resources and their supervisors thirty (30) days' notice of their expected need for leave. When thirty (30) days' notice is not possible, the employee must provide notice as soon as practicable.

**Providing Evidence of Need for Leave:** Every employee requesting leave will be provided a notice of their rights and must contact Matrix, ORMC's leave of absence administrator. Matrix may be reached 24 hours per day, seven days a week at (877) 202-0055 or at [www.matrixefiling.com](http://www.matrixefiling.com).

1. Employees will be required to provide Matrix with the information necessary to substantiate their leave request within fifteen (15) days of applying for a leave of absence. This may include documentation to determine if the leave may qualify for FMLA protection, the anticipated timing and duration of the leave, information demonstrating that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

2. It is the employee's responsibility to ensure their physician returns the necessary information/certification to Matrix. Matrix will attempt three times to retrieve information from a physician. If there is no response from the physician after these attempts or the employee has not submitted all of the required information, the leave request will be denied. ORMC reserves the right to request a second medical opinion if warranted.
3. Matrix will inform employees requesting leave whether they are eligible under the FMLA and specify any additional information required as well as the employees' rights and responsibilities. If leave is approved, the employee will be informed if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If a FMLA leave is denied, Matrix will notify the employee of the reason for denial.

**Intermittent FMLA Leave:**

1. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis. If an employee needs an intermittent leave, they must follow the same procedure as any other leave of absence. Matrix must be contacted and all documentation must be supplied as requested.
2. Normally, intermittent FMLA leave may not be applied for retroactively. Employees must apply for intermittent leave prior to the start of their leave.
3. Salaried non-union employees who are approved for an intermittent leave due to reduced work hours will be paid for the number of hours worked per day. If available, paid time off (PTO) must be used to supplement up to their normal biweekly pay.

**Pay During Leave:**

1. Employees are required, on commencing any continuous FMLA leave, to use eligible paid time off as follows:
  - a. For personal illnesses, employees must use LTL time. If they desire, they may also use PTO once their LTL time is depleted.
  - b. For maternity leaves (after disability has ended), employees may use PTO; or
  - c. For the care of an ill family member, employees must use PTO. Intermittent FMLA leaves must use PTO.

2. Intermittent FMLA leaves must use vacation and/or personal time. Three family sick days may be used within each rolling twelve (12) month period for care of a family member.
3. Once the above time has been depleted, employees are eligible for unpaid leave for the remainder of the FMLA leave.

**Benefits During Leave:**

1. Health care benefits will be continued during FMLA leave. If an employee is required to pay for coverage, they will be required to continue paying the employee contribution while on leave.
2. PTO, LTL, vacation, and personal time continue to accrue while on a paid leave. Although these time off benefits continue to accrue, the time accrued while on leave is not available for use until the employee returns to active duty. These benefits do not accrue if an employee is on an unpaid leave.
3. There is no accrual of holidays or float holiday during a FMLA leave. A banked holiday may be used during the initial waiting period of a leave.

**Return from Leave:**

1. Employees returning from leave within the twelve-week period will be restored to their previous job and pay level.
2. Employees who take leave because of their own serious health condition will be required to provide certification from their health care providers attesting that they are able to perform the essential functions of their jobs without a significant risk of harm to themselves or others.
3. ORMC will not:
  - a. Interfere with, restrain, or deny the exercise of any right provided under FMLA; or discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.
  - b. An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer. The FMLA does not affect any federal or state law prohibiting discrimination, or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

**NOTWITHSTANDING ANYTHING HEREIN TO THE CONTRARY, RESIDENTS/INTERNS CANNOT TAKE MORE THAN 20 (BUSINESS) DAYS OFF WITHOUT EXTENDING THE PROGRAM**



**VACATION REQUEST FORM-GENERAL SURGERY RESIDENCY**

<i>Period of Vacation Request</i>	<i>Requests must be submitted by:</i>	<i>Notified of Decision (in writing) by:</i>
<i>July-June</i>	<i>July 31<sup>st</sup></i>	<i>August 31<sup>st</sup></i>

*Vacation requests submitted after July 31<sup>st</sup>, will be approved on a case by case basis, on a first come first serve basis. These requests will have lowest priority if other additional resident has requested the same time off.*

NAME: \_\_\_\_\_

RESIDENCY YEAR: \_\_\_\_\_

<p><b>1<sup>st</sup> Request Dates:</b></p> <hr/> <p>Number of Vacation days to be used: _____</p> <p> <input type="radio"/> Approved Date: _____ Approved by: _____  <input type="radio"/> Denied Date: _____ Denied by: _____         </p>
<p><b>2nd Request Dates:</b></p> <hr/> <p>Number of Vacation days to be used: _____</p> <p> <input type="radio"/> Approved Date: _____ Approved by: _____  <input type="radio"/> Denied Date: _____ Denied by: _____         </p>
<p><b>3rd Request Dates:</b></p> <hr/> <p>Number of Vacation days to be used: _____</p> <p> <input type="radio"/> Approved Date: _____ Approved by: _____  <input type="radio"/> Denied Date: _____ Denied by: _____         </p>

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VACATION GUIDELINES**

- 1.) All General Surgery Residents will be granted 20 vacation days per Academic Year. Vacation requests **include travel days**. There is no guarantee that other days off will be included in the call schedule for the block to accommodate travel
- 2.) Vacation requests will be honored on a seniority basis.
- 3.) No more than 2 Residents can be scheduled off at the same time.
- 4.) Vacations cannot be longer than 1 Week per block.
- 5.) Advance approval is contingent upon having sufficient benefit time at the time of the vacation.
- 6.) There is no front loading or back loading of time permitted.
- 7.) All residents will have one full weekend off per month (inclusive of vacation time).

ORANGE REGIONAL MEDICAL CENTER  
DEPARTMENT OF SURGERY  
POLICIES & PROCEDURES

## **Guidelines for Supervising Residents**

Updated 02/17

### **PURPOSE**

To clearly define the level of patient care responsibility for residents

### **PERSONS INVOLVED**

Residents, Program Director, Team Education Coordinators and all faculty members

### **PROCEDURES**

#### **1) General Philosophy on Resident Education and Supervision:**

Faculty Attending Surgeons [hereafter called "Attending(s)"] must supervise the care and delivery by surgical residents at all levels of training in the Department of Surgery. This surgical residency program maintains an established chain of command that emphasizes graded authority and increasing responsibility as experienced is gained. Residents will be given increased responsibility as they demonstrate competency. The level of responsibility granted will be based upon performance, as documented in periodic formal evaluations. Also, it will reflect the complexity and acuity of each individual patient as determined by the responsible Attending.

Attendings will exercise diligence in fulfilling supervisory responsibilities. Discretion will be exercised judiciously as to whether a resident under an Attending's tutelage will be permitted to perform a particular task. The role of the supervising Attending is to evaluate patients with the resident, contemporaneous with the development of the patient's plan of care, and to be present or available when the resident implements the indicated clinical treatment. Treatment decisions are collaborative and the participation of the Attending is not simply a retroactive endorsement.

#### **2) Legal Implications of Clinical Supervision of Residents:**

Residents are held to the same standards of medical care as established specialists. Patients should be informed as to the training status of those rendering care. This should involve visual identification in the form of nametags, verbal identification, and written documentation in the medical record. Residents providing care under the supervision of an Attending legally function under the "principles of agency." This embodies the concept that a principal is civilly liable for injuries to persons occasioned by the tortious negligence of an agent within the scope of the agency. This doctrine is known as "respondeat superior," or as translated from Latin "Let the master answer." The Attending, by virtue of his/her position, has the ability to control and to direct the resident's performance. Whether or not the Attending actually exercises that control in any particular case is immaterial legally. It should be emphasized that in the overwhelming majority of cases in which residents perform assigned functions appropriately in a non-negligent manner under adequate Attending supervision, there exists no danger of legal liability.

### 3) Specific Guidelines for Supervision of Surgical Residents:

#### a) Supervision of Surgical Residents in the Emergency Department:

Regardless of what consultation of general surgery services is requested by the Emergency Department, an Attending is identified as the responsible surgeon in charge of those consultation services. Identification of the responsible Attending may result from posted on-call schedule, specific Attending consultation request, or as a consequence of a preexisting physician-patient relationship with a specific Attending. The consulting resident will evaluate and propose an initial diagnostic and therapeutic plan. This evaluation and plan will be discussed with the responsible Attending at the time the patient is evaluated within the Emergency Department. The consulting resident will document the involvement of the Attending in this initial care plan in the medical record. The identity and involvement of the supervising Attending will be made clear to the patient both verbally and through written documentation within the medical record. No patient for whom general surgical consultation is requested should leave the Emergency Department, whether that patient is discharged home or is admitted to the hospital, without an Attending's notification and identification as the physician responsible for continuity of care. The only exceptions are patient elopements and patients leaving the Emergency Department against medical advice (AMA). Either circumstance should be documented within the medical record.

In the event that the patient is admitted to an inpatient service in the hospital, the responsible Attending, as determined above, or the designated surrogate, should the Attending be unavailable, will personally interview and examine the patient within 24 hours. Documentation will be made in the medical record of either confirmation or revision of the resident's original admission note and plan for care.

#### i) PGY-1 residents

(1) Must be directly supervised at all times for major patient care decisions. They are encouraged to independently assess any stable patient but must review their findings and decision making with the senior resident on call prior to acting. PGY-1 residents must be directly supervised for all invasive procedures such as chest tube placement, incision and drainage of abscesses, or central line placement.

#### ii) PGY-2 or PGY-3 residents

(1) Must be at least indirectly supervised at all times for major patient care decisions. They are encouraged to independently assess any stable patient but must review their findings and decision making with the senior resident on call prior to acting. For any unstable patient a brief initial assessment is appropriate however contacting either the senior resident on call or the supervising Attending should be an early priority. PGY-2 or PGY-3 residents may perform simple bedside procedures such as central line insertion, chest tube insertion, laceration closure, or incision and drainage with indirect supervision only if they completed verification of proficiency in their intern year. Verification of proficiency includes evaluation of technical skill and knowledge in the simulation setting with a passing score for each procedure as well as having performed each of the covered procedures at least six times on a patient under direct supervision with satisfactory performance and outcomes. Any resident who has not completed verification for one or more procedures at the end of the intern year will be listed on the notification board in the SICU along with which procedures require direct supervision.

#### iii) PGY-4 or PGY-5 residents

(1) May make independent straightforward care decisions such as opening a superficially infected wound, obtaining baseline labs or imaging for a stable patient, or replacing a feeding tube. Prior to admitting or discharging a patient, the responsible attending must be contacted and care plan

reviewed. In the event of a life-threatening emergency such as trauma in which immediate intervention is required, the senior resident (PGY-4 or PGY-5) may initiate invasive bedside procedures such as chest tube placement, emergency control of bleeding, or emergency department thoracotomy with the Attending's permission prior to the physical arrival of the Attending at the bedside. The senior resident may, in an emergent situation, proceed to the operating room with the patient and initiate whatever lifesaving measures are required, after having notified the responsible Attending. Senior residents may also supervise patient evaluations and simple bedside procedures performed by more junior residents.

**b) Supervision of Surgical Residents in the Operating Room:**

An operation may be considered in a framework of six phases: induction of anesthesia, the initial incision, confirmation of the original diagnosis, technical execution of planned procedure, closing the wound, reversal of anesthesia. The degree of supervision required varies with the phase of the operation and with the experience and skill of the resident involved. The degree to which personal technical assistance in the Operating Room is required during a given procedure will be at the discretion of the responsible Attending. This decision will be based upon the Attending's personal knowledge or experience, past performance and skill of the resident, the complexity of the case, and the phase of the operation. The responsible Attending will be immediately available (within minutes of the OR suite) during all phases of the operation and will be physically present during the critical phases of the operation.

**i) PGY-1 residents**

- (1) Non critical portions of the operation such as skin opening and closure of incisions, port placement, or wound debridement require direct supervision by either the Attending or a designate. The designate must be at least a PGY-3 level resident for straightforward components such as fascial closure and port placement. More complex portions of the operation must be directly supervised by at least a PGY-4 or PGY-5 resident or an attending.

**ii) PGY-2 or PGY-3 residents**

- (1) Non critical portions of the operation including opening and closure, port placement, and wound debridement may be performed with indirect supervision if the Attending is comfortable with the resident's level of proficiency in the setting of individual case complexity. Direct supervision by the Attending or a more senior resident or fellow is required for more complex portions of the procedure.

**iii) PGY-4 or PGY-5 residents**

- (1) Non critical portions of the operation including opening and closure, obtaining operative exposure, port placement, and wound debridement may be performed with indirect supervision if the Attending is comfortable with the resident's level of proficiency in the setting of individual case complexity. PGY-4 or PGY-5 residents may supervise junior residents performing non-critical portions of the procedure. In the event of a life-threatening emergency such as bleeding in which immediate operative intervention is required, the senior resident (PGY-4 or PGY-5) may proceed to the operating room with the patient and initiate whatever lifesaving measures are required, after having notified the responsible Attending.

**c) Supervision of Surgical Residents in the Inpatient Care Setting:**

An Attending will be identified as the responsible surgeon in the overall care of each patient admitted to the SICU or surgical floor units. No patient will be admitted without the notification and approval of the responsible Attending. This approval will be documented in the medical record. In the event of an

emergency, a patient may be transferred to the ICU and appropriate care initiated while the Attending is notified at the earliest possible time. The responsible Attending or his/her designated surrogate will personally examine each surgical patient admitted within a reasonable period of time after admission, generally within 24 hours. This individual will also document the medical record either by confirmation or revision of the resident's evaluation and management plan. Any major change in the condition of a patient requiring substantive change in management shall be discussed with the responsible Attending. Examples of such a change in condition include transfer to a higher level of care, endotracheal intubation, blood transfusion, or addition of vasopressor medication for hemodynamic instability. The resident providing care will document the involvement of the Attending in the medical record. The responsible Attending or his/her designated surrogate will be available and ready to assist in the performance of, or to personally perform, any dangerous or complex medical procedures for which he/she feels the resident is not fully qualified.

**i) PGY-1 residents**

- (1) Must be directly supervised at all times for major patient care decisions. When on call, they are permitted to independently make simple patient care decisions such as renewal of medications, replacement of electrolytes, and straightforward medication dosage adjustments. They are encouraged to independently assess any stable patient with new issues but must review their findings and decision making with the senior resident on call prior to acting. PGY-1 residents must be directly supervised for all invasive procedures such as chest tube placement, central line placement, or arterial line placement.

**ii) PGY-2 and PGY-3 residents**

- (1) These residents may independently treat straightforward conditions such as hemodynamically stable atrial fibrillation, evaluation of fever, and decreased urine output. They may independently perform simple bedside procedures such as chest tube or central line and may supervise PGY-1 residents in those procedures. Any major issues identified including patient instability, need for transfer to higher level of care, or unexpected change of status of a patient must be communicated to the responsible Attending during the day or the on-call Attending at night or on weekends.

**iii) PGY-4 and PGY-5 residents**

- (1) These residents are considered senior residents and are responsible for the day-to-day leadership of the service with the indirect supervision of the Attendings. Every morning the senior resident on the service must communicate a status update to every Attending on their patients. They may do this in-person, via phone, via email, or may designate a more junior resident to communicate when there are no major issues. Senior residents should perform initial evaluation of any status change on the service and may supervise more junior residents in doing so. Senior residents are expected to develop independent management plans for each patient on the service. Prior to implementing any plan involving removal of tubes or devices, blood transfusion in a non-urgent situation, discharge, or transfer to a lower level of care, the plan should be cleared with the responsible Attending.

**d) Supervision of Surgical Residents in the Outpatient Care Setting:**

An Attending will be identified, as described above, as the surgeon responsible for the overall care of each patient seen in the outpatient setting. The responsible Attending or his/her surrogate will personally examine each patient seen in the clinic. He/she will confirm or revise diagnoses and management of care plans, review the clinical course and overall progress of the patient, and determine the course of management to be followed. The Attending will document his/her involvement, approval, and management plan changes in the medical record.



**i) PGY-1, PGY-2, and PGY-3 residents**

- (1) All patients seen by a resident in clinic must be reviewed by the Attending. These residents may perform simple bedside procedures with indirect supervision only if approved by the attending, including suture removal, dressing changes, and chest tube removal. More complex procedures including feeding tube removal, ultrasound guided biopsy, and paracentesis require direct supervision by the Attending or a senior resident at least PGY-4.

**ii) PGY-4 and PGY-5 residents**

- (1) All patients seen by a resident in clinic must be reviewed by the Attending. These residents may perform simple and complex bedside procedures with indirect supervision only if approved by the attending including feeding tube removal, ultrasound guided biopsy, and paracentesis.

**Protocols defining common circumstances requiring faculty involvement (care of complex patients, ICU transfer, DNR)**

**PGY I and II:** All decisions regarding patient care in clinic, wards, emergency room, operating room and other situations must be discussed and approved by a senior resident or attending physician. These include:

- Transfer of patient from ICU or to ICU
- Transfer of patient from ICU to step down or vice versa
- Starting a patient on vasopressor drugs or significant changes in vasopressor requirement
- Starting or changes to be made in the antibiotic regimen
- Any changes in the management of airway such as requiring intubation, extubation, significant changes in ventilator settings or modes of ventilation
- Plan of care discussions regarding withdrawal of care or determining code status must be undertaken only in the presence of senior resident or attending physician
- changes in wound care or management of drainage tubes such as insertion or removal of urinary catheters, nasogastric tubes and surgically placed drains.

**PGY III:** All decisions regarding patient care in clinic, wards, emergency room, operating room and other situations must be discussed and approved by a senior resident or attending physician. Although some decisions can be initiated independently at this level, they still must be discussed and approved by the senior resident and attending physician. These include:

- Transfer of patient from ICU or to ICU
- Transfer of patient from ICU to step down or vice versa
- Starting a patient on vasopressor drugs or significant changes in vasopressor requirement
- Starting or changes to be made in the antibiotic regimen
- Any changes in the management of airway such as requiring intubation, extubation, significant changes in ventilator settings or modes of ventilation
- Plan of care discussions regarding withdrawal of care or determining code status must be undertaken only in the presence of senior resident or attending physician
- Residents can initiate changes in wound care or management of drainage tubes such as insertion or removal of urinary catheters, nasogastric tubes and must be discussed with the senior resident and attending physician.
- Resident must discuss with the attending physician any changes in the plans regarding surgically placed drains.

**PGY IV and V:** Residents in the final years of education can initiate discussion and plans in several aspects of patient care. Residents can initiate the implementation of these decisions so as to not cause delays in patient care. All these decisions must still be approved by the attending physician.

These include:

- Residents can initiate transfer of patient from ICU or to the ICU and confirm the plan of care decision after discussing with the attending physician
- Residents can initiate the transfer of patient from ICU to step down or vice versa and confirm the plan of care decision after discussing with the attending physician
- Residents can initiate changes in plans of treatment involving vasopressor drugs or airway management and must inform the attending physician
- For complex patient, residents can initiate changes in the type and dosage of drugs and antibiotics which must be relayed to the attending physician for approval
- Residents can initiate discussions with patients or families regarding end of life decisions or code status. The final decisions must be undertaken by the attending physician.

## **Orange Regional Medical Center General Surgery Residency Rotation Structure and Expectations**

1. Residents will be required to document completion of a minimum of 850 major cases as surgeon or surgeon junior under appropriate supervision over the five years of the program.
2. At least 200 major cases of appropriate variety and scope with senior responsibility must be documented within the chief year.
3. During the chief year at least 25 major cases must be performed as teaching assistant with appropriate faculty supervision.
4. Residents must complete the Fundamentals of Endoscopic Surgery Course (FES) given by SAGES and obtain certification.
5. The table on the following page summarizes the minimum case numbers (as of May 2017).

**Defined Category Minimum Numbers: General Surgery**  
**Effective for Program Graduates Beginning Academic Year 2017-2018**  
**Review Committee for Surgery**

Case Logs for residents **graduating in 2018** will be assessed using these new minimums beginning with the 2019 ACGME Annual Program Review. The following table lists the minimum case numbers for general surgery residents that will go into effect for the 2017-2018 academic year:

<b>Category</b>	<b>Minimum</b>
<b>Skin, Soft Tissue</b>	<b>25</b>
<b>Breast</b>	<b>40</b>
Mastectomy	5
Axilla	5
<b>Head and Neck</b>	<b>25</b>
<b>Alimentary Tract</b>	<b>180</b>
Esophagus	5
Stomach	15
Small Intestine	25
Large Intestine	40
Appendix	40
Anorectal	20
<b>Abdominal</b>	<b>250</b>
Biliary	85
Hernia	85
Liver	5
Pancreas	5
<b>Vascular</b>	<b>50</b>
Access	10
Anastomosis, Repair, or Endarterectomy	10
<b>Endocrine</b>	<b>15</b>
Thyroid or Parathyroid	10
<b>Operative Trauma</b>	<b>10</b>
<b>Non-operative Trauma</b>	<b>40</b>
Resuscitations as Team Leader	10
<b>Thoracic Surgery</b>	<b>20</b>
Thoracotomy	5
<b>Pediatric Surgery</b>	<b>20</b>
<b>Plastic Surgery</b>	<b>10</b>
<b>Surgical Critical Care</b>	<b>40</b>
<b>Laparoscopic Basic</b>	<b>100</b>
<b>Endoscopy</b>	<b>85</b>
Upper Endoscopy	35
Colonoscopy	50
<b>Laparoscopic Complex</b>	<b>75</b>
<b>Total Major Cases</b>	<b>850</b>
Chief Year Major Cases	200
Teaching Assistant Cases	25

19a

6. Overall structure of rotations at each PGY level:

a. PGY1:

<b>Rotation</b>	<b>Block (4 weeks)</b>
General Surgery	4
ICU	1
Internal Medicine	2
Emergency Medicine	1
Elective	4
Vacation	1

PGY1 resident must also:

- i. Attend orientation, attend ATLS, rotate ½ day per week in an outpatient clinic or office, and take annual in-service and/or ABSITE exams.
- ii. Make sure there are complete history and physical exams for all admissions.
- iii. See all critically ill and recent postoperative patients prior to commencing with the daily operating schedule.
- iv. Round daily with the attending surgeon.
- v. The resident shall conduct a detailed study of the following day's surgeries including anatomy, surgical technique, potential complications, and operative indications.
- vi. The resident shall accompany faculty during their performance of consultations or review consultations within 24 hours.
- vii. The resident shall attend Surgery Department meetings and other AOA/ACGME Committee meetings.
- viii. Participate in the education of 3<sup>rd</sup> and 4<sup>th</sup> year medical students.

b. PGY2:

<b>Rotation</b>	<b>Block (4 weeks)</b>
General Surgery	8
Vascular	2
Burns	1 (Jacobi)
ICU	1
Vacation	1

PGY-2 resident must also:

- i. Attend orientation, attend ATLS course, conduct a scholarly project in accordance with the ACOS/AOA and ACGME guidelines, and take annual in-service and/or ABSITE exam.
- ii. See seriously and critically ill patients prior to commencing with the daily operating schedule.
- iii. Patient rounds should be made with the attending surgeon daily if possible. If not possible, the resident should see all of the patients on the service daily except during the resident's off duty weekends.
- iv. The resident shall conduct a detailed study of the following day's surgeries including anatomy, surgical technique, potential complications, and operative indications.
- v. Complete initial assessments of consults and report findings to attending.
- vi. The resident shall attend Surgery Department meetings and other AOA/ACGME Committee meetings.
- vii. Participate in the education of 3<sup>rd</sup> and 4<sup>th</sup> year students.

c. PGY3:

Rotation	Block (4 weeks)
General Surgery	7
Trauma	2
Pediatric Surgery	2 (Columbia)
Transplant	1 (Westchester)
Vacation	1

PGY-3 resident must also:

- i. Continue with responsibilities as outlined for PGY1 and PGY2 levels.
- ii. Be capable of increased independence but supervised care of the surgical patient.
- iii. Take annual in-service and/or ABSITE exam.
- iv. Conduct a scholarly project following ACOS/AOA/ACGME guidelines.

d. PGY4:

Rotation	Block (4 weeks)
General Surgery	6
Vascular (chief)	2
Surgical Oncology	2 (Memorial)
Elective	2
Vacation	1

PGY-4 resident must also:

- i. Continue with responsibilities as outlined for PGY1, PGY2, and PGY3 levels.
- ii. Conduct a scholarly project following ACOS/AOA/ACGME guidelines.
- iii. Take annual in-service/ABSITE exam.
- iv. Function more independently (although with faculty supervision) with respect to the care of the surgical patient.
- v. Supervise PGY1-3 residents.

e. PGY5:

<b>Rotation</b>	<b>Block (4 weeks)</b>
General Surgery (chief)	10
Elective	2
Vacation	1

PGY-5 resident must also:

- i. Be able to take almost total care of general surgery patients (although attending surgeon remains morally and legally responsible).
- ii. Must attend either ACS or ACOS meetings.
- iii. Conduct a scholarly project following ACOS/AOA/ACGME guidelines.
- iv. Take annual in-service and/or ABSITE exam.
- v. Supervise PGY1-4 residents.
- vi. Take a leadership role in resident and medical student teaching.

## Credentialing of Invasive Procedures Outside the Operating Room

ORMC and the residency programs require that each resident become credentialed in the performance of routine invasive procedures performed outside the operating room. Once a resident is credentialed, he/she may perform an invasive procedure under indirect supervision and with the permission and approval of the attending surgeon. The patient must give permission for the procedure.

The following procedures require credentialing before they can be done under indirect supervision.

Procedure Name	Credential Target *
Arterial Blood Gases	6
Arterial Catheter	6
Bladder Catheter	6
Bronchoscopy	6
Central Venous Catheter Jugular	6
Central Venous Catheter Femoral	6
Central Venous Catheter Subclavian	6*
Colonoscopy	30
EGD	20
FAST	6
Flexible Sigmoidoscopy	6
I&D of Abscess	6
Nasogastric Intubation	6
Orotrachial Intubation	6
Paracentesis	6
Pulmonary Artery Catheter	6
Quinton Catheter	6
Suture Simple Wound	6
Thoracentesis	6
Tube Thoracostomy	6
Venous Catheter	6

\*Credentialing must be done by a faculty member or by PGY-4/5 resident who is already credentialed in the procedure.



### **Resident Log Requirements**

Residents are required to keep a log of their clinical activity. Surgical residents are required to record their operative experience in the ACOS Operative Case Log System. The operative case logs must be updated every 1-2 weeks.

Resident case logs will be reviewed at least biannually by the program director to be sure that appropriate clinical experience is being obtained. Residents are expected to meet or exceed the minimum case requirements established by the ACGME (listed previously) by the completion of the five year program.

### **Scholarly Activity Didactics**

Residents have five hours of protected time weekly. During this time, residents are relieved of all clinical duties. This protected time is divided between Morbidity & Mortality Conference (weekly), Tumor Board (weekly), Didactics (basic science, clinical and grand round lectures) and Journal Club (monthly).

Attendance at educational conferences is taken and recorded. A minimum of 75% attendance is required.

Involvement in Basic Science of clinical research is required. This may be in the form of primary research studies or poster presentations. Activities acceptable in fulfilling this research requirement will be at the discretion of the Program Director.

### **Resident Evaluations**

Resident evaluations will be completed by faculty following each clinical rotation. These evaluations will be completed electronically through the New Innovation Program. Residents will meet with the program director quarterly to review their evaluations and set goals for improvement in areas found to be deficient. Resident evaluations are completed biannually by the Clinical Competency Committee. Following the committee's review, any areas needing remediation will be discussed with the resident.

As part of the evaluation process, residents are required to take the in-service and/or ABSITE exams. Performance on the exam(s) will be incorporated into the resident evaluation but not be the sole criteria for promotion.






**Evaluation of Resident Performance and Progress:** Each resident will be evaluated in the following competency areas:

1. Knowledge – The evaluation of resident knowledge of the basic science and clinical aspects of surgery is ongoing. For each rotation, there are defined knowledge objectives that are contained in this manual. Faculty and senior and chief residents are solicited in regard to your mastery of this material appropriate for level of training. In addition, your preparation and participation in basic science and clinical science didactic sessions is assessed. Test scores on the yearly ABSITE are considered. Performance below the 35<sup>th</sup> percentile on these exams is considered cause for concern.
2. Patient Care – Clinical performance will be evaluated at the end of each clinical rotation by the faculty, chief residents, senior residents, nursing staff and others. Clinical performance includes such areas as the practical application of surgical knowledge including initial patient history and physical exam, developing a diagnostic algorithm, care plan and monitoring progress and complications. This will be evaluated in an ongoing way and summarized at the end of the rotation. In the operating room your knowledge of the patient, history, physical findings, laboratory findings, indication for and ideal conduct of the operation, potential complication (appropriate for your level) will be considered. The attainment of technical skills will be assessed both formally and informally, including performance in the OR and SIM lab.
3. Interpersonal Skills and Communication Skills – Faculty, other residents, nurses and patients will all participate in evaluating you in this regard. We will pay particular attention to your effective communication with others, your counseling and education of patients as well as your concise and complete documentation of patient progress and outcomes. The presence of medical students provides a rich opportunity to teach as well as learn.
4. Professionalism – Faculty, other residents, nurses and patients will evaluate you as to ethical behavior, demonstration of knowledge of risk-benefit analysis and sensitivity to age, gender and culture of all those with whom you come in contact.
5. Practice-Based Learning and Improvement – Faculty will evaluate your ability to critique personal practice and outcomes as well as your demonstration of the recognition of importance of lifelong learning in surgery. A review of your resident portfolio will aid in this assessment.
6. Systems-Based Practice – Faculty evaluation, nursing evaluation, discussions at M&M Conference, review of your portfolio, journal club participation and office participation with evaluation will demonstrate that you practice high quality and cost effective care, demonstrate a knowledge of risk-benefit analysis and that you demonstrate an understanding of the role a different specialist and provider in the overall management of patients.

**Resident Evaluation by Faculty:**

MEDICAL KNOWLEDGE (MK1)

Care for Diseases and Conditions (CDC)

Critical Deficiencies	Level 1	Level 2	Level 3	Level 4
This resident does not have basic knowledge about common surgical conditions to which a medical student would be exposed in clerkship.	This resident has a basic understanding of the symptoms, signs, and treatments of the "broad" diseases in the SCORE curriculum and has basic knowledge about common surgical conditions to which a medical student would be exposed in clerkship.	This resident has basic knowledge about many of the "broad" diseases in the SCORE curriculum and can make a diagnosis and recommend appropriate initial management.  This resident can recognize variation in the presentation of common surgical conditions.	This resident has significant knowledge about many of the "broad" diseases in the SCORE curriculum and a basic knowledge of the "focused" diseases in the SCORE curriculum, and can make a diagnosis and initiate appropriate hospital management.	This resident has a comprehensive knowledge of the varying patterns of presentation and alternative and adjuvant treatments for "broad" diseases in the SCORE curriculum and can make the diagnosis and provide initial care for the "focused" diseases in the SCORE curriculum.
				

 N/A

Comments:

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MEDICAL KNOWLEDGE (MK2)

Critical Deficiencies	Level 1	Level 2	Level 3	Level 4
This resident does not have basic knowledge about the common "essential" operations to which a medical student would be exposed in clerkship.	This resident has a basic knowledge of the "essential-common" surgical operations in the SCORE curriculum to which a medical student would be exposed in clerkship.	This resident has basic knowledge of the operative steps, perioperative care, and postoperative complications for many of the "essential" operations in the SCORE curriculum.	This resident has significant knowledge of the operative steps, perioperative care, and postoperative complications for most of the "essential" operations in the SCORE curriculum and a basic knowledge of some of the "complex" operations.	This resident has a comprehensive level of knowledge of the operative steps, perioperative care, and postoperative complications for the "essential" operations in the SCORE curriculum and a basic knowledge of many of the "complex" operations.
				

 N/A

Comments:

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PATIENT CARE (PC1)

Care for Diseases and Conditions (CDC)

Critical Deficiencies	Level 1	Level 2	Level 3	Level 4
This resident is not able to perform an efficient and accurate initial history and physical for patients admitted to the hospital.	This resident performs a focused, efficient, and accurate initial history and physical of a full spectrum of patients admitted to the hospital including critically-ill patients.	This resident accurately diagnoses many "broad" surgical conditions in the SCORE curriculum and initiates appropriate management for some common "broad" conditions. This resident can develop a diagnostic plan and implement initial care for patients seen in the Emergency Department (ED).	This resident accurately diagnoses most "broad" conditions in the SCORE curriculum and some "focused" conditions and initiates appropriate management for most "broad" surgical conditions independently.	This resident can lead a team that cares for patients with common and complex conditions and delegates appropriate clinical tasks to other healthcare team members. This resident recognizes atypical presentations of a large number of conditions.
				

 N/A

Comments:

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PATIENT CARE 2 (PC2)

Care for Diseases and Conditions (CDC)

Critical Deficiencies	Level 1	Level 2	Level 3	Level 4
<p>This resident is unable to recognize or manage common postoperative problems such as fever, hypotension, hypoxia, confusion, and oliguria.</p>	<p>This resident recognizes and manages common postoperative problems such as fever, hypotension, hypoxia, confusion, and oliguria with the assistance of senior residents or staff members who are physically present.</p>	<p>This resident recognizes and manages common postoperative problems such as fever, hypotension, hypoxia, confusion and oliguria with the assistance of senior residents or staff members who are available for consultation, but not physically present.</p>	<p>This resident recognizes and manages complex postoperative problems such as sepsis, systemic inflammatory response syndrome, and multiple system organ failure independently.</p>	<p>This resident can lead a team and provide supervision in the evaluation and management of complex postoperative problems such as sepsis, systemic inflammatory response syndrome, and multiple system organ failure.</p>
				

 N/A

Comments:

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MEDICAL KNOWLEDGE (MK3)

Performance of Operations and Procedures (POP)

Critical Deficiencies	Level 1	Level 2	Level 3	Level 4
<p>This resident lacks basic surgical skills such as airway management, knot tying, simple suturing, suture removal, use of Doppler ultrasound, administration of local anesthetic, universal precautions and aseptic technique and is unable to reliably perform basic procedures including venipuncture, arterial puncture, incision and drainage, minor skin excisions, placement of an IV, nasogastric tube or urinary catheter.</p>	<p>This resident has basic surgical skills such as airway management, knot tying, simple suturing, suture removal, use of Doppler ultrasound, administration of local anesthetic, universal precautions and aseptic technique and is able to reliably perform basic procedures including venipuncture, arterial puncture, incision and drainage, minor skin excisions, placement of an IV, nasogastric tube or urinary catheter. This resident can perform basic operative steps in "essential-common" operations/procedures of the SCORE curriculum.</p>	<p>This resident has respect for tissue and is developing skill in instrument handling. This resident moves through portions of common operations without coaching and makes straightforward intraoperative decisions. This resident performs some of the "essential" operations in the SCORE curriculum with minimal assistance.</p>	<p>This resident demonstrates proficiency in the handling of most instruments and exhibits efficiency of motion during procedures. This resident moves through the steps of most operations without much coaching and is making intraoperative decisions. This resident performs many of the "essential" operations and is beginning to gain experience in the "complex" operations.</p>	<p>This resident demonstrates proficiency in use of instruments and equipment required for "essential" operations, guides the conduct of most operations and makes independent intraoperative decisions. This resident can perform all of the "essential" operations and has significant experience in the "complex" operations.</p> <p>This resident can effectively guide other residents in "essential-common" operations.</p>
■	■	■	■	■

■ N/A

Comments:

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INTERPERSONAL AND COMMUNICATION SKILLS (ICS1)

Care for Diseases and Conditions (CDC)

Critical Deficiencies	Level 1	Level 2	Level 3	Level 4
<p>This resident is not able to clearly, accurately and respectfully communicate with patients and their families.</p> <p>This resident fails to effectively communicate basic healthcare information to patients and families.</p>	<p>This resident uses a variety of techniques to ensure that communication with patients and their families is understandable and respectful (e.g., non-technical language, teach back, appropriate pacing, and small pieces of information).</p> <p>This resident effectively communicates basic healthcare information to patients and their families.</p>	<p>This resident customizes communication, taking into account patient characteristics (e.g., age, literacy, cognitive disabilities, culture).</p> <p>This resident provides timely updates to patients and their families during hospitalizations and clinic visits.</p>	<p>This resident is capable of delivering bad news to patients and their families sensitively and effectively.</p>	<p>This resident can customize emotionally difficult information (e.g., when participating in end-of-life discussions).</p> <p>This resident is capable of negotiating and managing conflict among patients and their families.</p>
■	■	■	■	■

■ N/A

Comments:

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INTERPERSONAL AND COMMUNICATION SKILLS (ICS2)

Coordination of Care (CC)

Critical Deficiencies	Level 1	Level 2	Level 3	Level 4
<p>This resident displays disrespectful or resentful behaviors when asked to evaluate a patient or participate in a care conference with other members of the healthcare team.</p>	<p>This resident willingly exchanges patient information with team members.</p> <p>This resident responds politely and promptly to requests for consults and care coordination activities.</p> <p>This resident performs face-to-face hand-offs.</p>	<p>This resident exhibits behaviors that invite information sharing with healthcare team members (e.g., respect, approachability, active listening).</p> <p>This resident performs hand-off best practices (e.g., uses multiple forms of information transfer, confirms receipt of information, invites questions).</p>	<p>This resident discusses care plans with the members of the healthcare team and keeps them up to date on patient status and care plan changes.</p> <p>This resident delivers timely, complete, and well organized information to referring physicians and to providers of follow-up care at the time of patient care transitions.</p>	<p>This resident assumes overall leadership of a healthcare team responsible for his or her patients, while at the same time seeking and valuing input from the members of the team.</p> <p>This resident negotiates and manages conflict among care providers.</p> <p>This resident takes responsibility for ensuring that clear hand-offs are given at transitions of care.</p>
■	■	■	■	■

■ N/A

Comments:

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INTERPERSONAL AND COMMUNICATION SKILLS (ICS3)

Critical Deficiencies	Level 1	Level 2	Level 3	Level 4
<p>This resident does not communicate effectively with patients, hospital staff members, and/or the senior surgeon in the operating room.</p>	<p>This resident communicates basic facts effectively with patients, hospital staff members, and the senior surgeon in the operating room.</p> <p>This resident understands the necessary elements of informed consent for procedures.</p>	<p>This resident effectively describes various aspects of the procedure and perioperative care to the patient and his or her family and other operating room team members.</p> <p>This resident leads a preoperative "time out".</p> <p>This resident performs clear informed consent discussion for basic procedures.</p>	<p>This resident anticipates logistical issues regarding the procedure and engages members of the operating team to solve problems.</p> <p>This resident performs clear informed consent discussion for complex procedures.</p>	<p>This resident is capable of leadership when unexpected events occur in the operating room and is able to communicate effectively with the family when unexpected events occur in the operating room.</p>
				

 N/A

Comments:

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PROFESSIONALISM (PROF1)

Care for Diseases and Conditions (CDC)






Critical Deficiencies	Level 1	Level 2	Level 3	Level 4
<p>This resident displays undesirable behaviors including not being polite or respectful, not respecting patient confidentiality and privacy, demonstrating lack of integrity or failing to responsibility for patient care activities.</p>	<p>This resident is polite and respectful toward patients, their families, and other healthcare professionals.</p> <p>This resident demonstrates a commitment to continuity of care by taking personal responsibility for patient care outcomes.</p> <p>This resident responds to pages and consultation requests promptly.</p> <p>This resident is honest and trustworthy.</p> <p>This resident consistently respects patient confidentiality and privacy.</p>	<p>This resident maintains composure in accordance with ethical principles even in stressful situations.</p> <p>This resident exhibits compassion and empathy toward patients and their families.</p> <p>This resident recognizes the limits of his or her knowledge and asks for help when needed.</p>	<p>This resident ensures patient care responsibilities are performed and continuity of care is maintained.</p> <p>This resident accepts responsibility for errors in patient care and can initiate corrective action.</p> <p>This resident consistently demonstrates integrity in all aspects of care and professional relationships.</p>	<p>This resident serves as a role model for ethical behavior.</p> <p>This resident positively influences others by assertively modeling professionalism.</p> <p>This resident consistently places the interests of patients ahead of self-interests when appropriate.</p>
				

 N/A

Comments:

PROFESSIONALISM (PROF2)

Maintenance of Physical and Emotional Health (MPEH)

Critical Deficiencies	Level 1	Level 2	Level 3	Level 4
<p>This resident's behavior and/or physical condition concern me.</p> <p>This resident flagrantly and repeatedly violates duty hour requirements.</p>	<p>This resident understands the institutional resources available to manage personal, physical, and emotional health (e.g., acute and chronic disease, substance abuse, and mental health problems).</p> <p>The resident complies with duty hour standards.</p> <p>This resident understands the principles of physician wellness and fatigue mitigation.</p>	<p>This resident monitors his or her own personal health and wellness and appropriately mitigates fatigue and/or stress.</p> <p>This resident effectively and efficiently manages his or her own time and assures fitness for duty.</p>	<p>This resident sets an example by promoting healthy habits and creating an emotionally healthy environment for those working with him or her.</p> <p>This resident models appropriate management of personal health issues, fatigue and stress.</p>	<p>This resident promotes a healthy work environment.</p> <p>This resident recognizes and appropriately addresses personal health issues in other members of the healthcare team.</p> <p>This resident is proactive in modifying schedules or intervening in other ways to assure that those caregivers under his or her supervision maintain personal wellness and do not compromise patient safety (e.g., requires naps, counsels, refers to services, reports to program director).</p>
				

 N/A

Comments:

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PROFESSIONALISM (PROF3)

Performance of Assignments and Administrative Tasks (PAT)

Critical Deficiencies	Level 1	Level 2	Level 3	Level 4
This resident consistently fails to meet requirements for timely performance of administrative tasks and/or requires excessive reminders, follow-up, etc.	This resident completes his or her operative case logs and duty hour logs, performs other assigned and required administrative tasks in a timely fashion, and does not require excessive reminders or follow-up (e.g., visa renewal, credentialing, obtaining a medical license).	This resident is prompt in attending conferences, meetings, operations, and other activities.  This resident responds promptly to requests from faculty members and departmental staff members (e.g., pager responsiveness).	This resident assures that others under his or her supervision respond appropriately to responsibilities in a timely fashion.	This resident sets an example for conference attendance, promptness, and attention to assigned tasks.
				

 N/A

Comments:

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PRACTICE-BASED LEARNING AND IMPROVEMENT (PBLI1)

Teaching (TCH)

Critical Deficiencies	Level 1	Level 2	Level 3	Level 4
<p>This resident does not communicate effectively as a teacher (e.g., is disorganized, is inattentive, uses language unsuitable for the level of the learner, discourages and disregards questions).</p>	<p>This resident willingly imparts educational information clearly and effectively to medical students and other healthcare team members.</p> <p>This resident uses media in presentations appropriately and effectively.</p>	<p>This resident communicates educational material accurately and effectively at the appropriate level of learner understanding.</p> <p>This resident accurately and succinctly presents patient cases in conferences.</p>	<p>This resident demonstrates an effective teaching style when asked to be responsible for a conference or formal presentation.</p>	<p>This resident recognizes teachable moments and readily and respectfully engages the learner.</p> <p>This resident is a highly effective teacher with an interactive educational style and engages in constructive educational dialogue.</p> <p>This resident facilitates conferences and case discussions based on assimilation of evidence from the literature.</p>
■	■	■	■	■

■ N/A

Comments:

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PRACTICE-BASED LEARNING AND IMPROVEMENT (PBLI2)

Self-Directed Learning (SDL)

Critical Deficiencies	Level 1	Level 2	Level 3	Level 4
<p>This resident does not engage in self-initiated, self-directed learning activities.</p> <p>This resident does not complete simulation assignments. This resident is frequently absent for scheduled simulation exercises without a valid excuse.</p>	<p>This resident completes learning assignments using multiple sources.</p> <p>This resident participates in assigned-skills curriculum activities and simulation experiences to build surgical skills.</p>	<p>This resident independently reads the literature and uses sources (e.g., SCORE modules, peer-reviewed publications, practice guidelines, textbooks, library databases, and online materials) to answer questions related to patients.</p> <p>This resident develops a learning plan based on feedback with some external assistance.</p> <p>This resident identifies gaps in personal technical skills and works with faculty members to develop a skills learning plan.</p>	<p>This resident looks for trends and patterns in the care of patients and reads and uses sources to understand such patterns.</p> <p>This resident can select an appropriate evidence-based information tool to answer specific questions while providing care.</p> <p>This resident independently practices surgical skills in a simulation environment to enhance technical ability.</p>	<p>This resident participates in local, regional, and national activities, optional conferences, and/or self-assessment programs.</p> <p>This resident demonstrates use of a system or process for keeping up with changes in the literature and initiates assignments for other learners.</p> <p>This resident leads surgical skills experiences for students and residents and participates in skills curriculum development.</p>
■	■	■	■	■

■ N/A

Comments:

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PRACTICE-BASED LEARNING AND IMPROVEMENT (PBLI3)

Improvement of Care (IC)

Critical Deficiencies	Level 1	Level 2	Level 3	Level 4
<p>This resident does not demonstrate interest or ability in learning from the results of his or her practice.</p> <p>This resident fails to recognize the impact of errors and adverse events in practice.</p>	<p>This resident actively participates in Morbidity &amp; Mortality (M&amp;M) and/or other Quality Improvement (QI) conferences with comments, questions, and/or accurate presentation of cases.</p> <p>This resident changes patient care behaviors in response to feedback from his or her supervisors.</p> <p>This resident recognizes when and how errors or adverse events affect the care of patients.</p>	<p>This resident evaluates his or her own surgical results and the quality and efficacy of care of patients through appraisal and assimilation of scientific evidence.</p> <p>This resident uses relevant literature to support his or her discussions and conclusions at M&amp;M and/or other QI conferences.</p> <p>This resident performs basic steps in a QI project (e.g., generates a hypothesis, conducts a cause-effect analysis, creates method for study).</p> <p>This resident understands how to modify his or her own practice to avoid errors.</p>	<p>This resident evaluates his or her own surgical results and medical care outcomes in a systematic way and identifies areas for improvement.</p> <p>This resident identifies probable causes for complications and deaths at M&amp;M and/or other QI conferences with appropriate strategies for improving care.</p> <p>This resident begins to recognize patterns in the care of his or her patients and looks for opportunities to systematically reduce errors and adverse events.</p>	<p>This resident exhibits on-going self-evaluation and improvement that includes reflection on practice, tracking and analyzing his or her patient outcomes, integrating evidence-based practice guidelines, and identifying opportunities to make practice improvements.</p> <p>This resident discusses or demonstrates application of M&amp;M and/or other QI conference conclusions to his or her own patient care.</p> <p>This resident leads a QI activity relevant to patient care outcomes.</p>
■	■	■	■	■

■ N/A

Comments:

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SYSTEMS-BASED PRACTICE (SBP1)

Coordination of Care (CC)

Critical Deficiencies	Level 1	Level 2	Level 3	Level 4
<p>This resident does not have a basic understanding of the resources available for coordinating patient care including social workers, visiting nurses, and physical and occupational therapists.</p>	<p>This resident has a basic understanding of the resources available for coordinating patient care including social workers, visiting nurses, and physical and occupational therapists.</p>	<p>This resident knows the necessary resources to provide optimal coordination of care and how to access them. This resident is aware of specialized services like home total parenteral nutrition (TPN) or home antibiotic infusion.</p>	<p>This resident is able to efficiently arrange disposition planning for his or her patients and takes responsibility for preparing all materials necessary for discharge or transfer of his or her patients.</p>	<p>This resident coordinates the activities of residents, nurses, social workers, and other healthcare professionals to provide optimal care to the patient at the time of discharge or transfer and to provide post-discharge ambulatory care that is appropriate for the patient's particular needs.</p>
				

 N/A

Comments:

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SYSTEMS-BASED PRACTICE (SBP2)

Improvement of Care (IC)

Critical Deficiencies	Level 1	Level 2	Level 3	Level 4
<p>This resident does not demonstrate evidence that he or she considers how hospital and healthcare systems impact his or her practice.</p> <p>This resident does not demonstrate awareness of variation in practice within or across healthcare systems.</p>	<p>This resident has basic knowledge of how healthcare systems operate.</p> <p>This resident knows system factors that contribute to medical errors and is aware that variations in care occur.</p>	<p>This resident understands how patient care is provided in his or her system and recognizes certain specific system failures that can affect patient care.</p> <p>This resident follows protocols and guidelines for patient care.</p>	<p>This resident makes suggestions for changes in the healthcare system that may improve patient care.</p> <p>This resident reports problems with technology (e.g., devices and automated systems) or processes that could produce medical errors.</p>	<p>This resident participates in work groups or performance improvement teams designed to reduce errors and improve health outcomes.</p> <p>This resident understands the appropriate use of standardized approaches to care and participate in creating such protocols of care.</p>
■	■	■	■	■

■ N/A

Comments:

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**Quarterly Evaluation of Resident By Program Director:**

Evaluator: \_\_\_\_\_ Subject: \_\_\_\_\_  
 Status: Attending Status: \_\_\_\_\_  
 Rotation: \_\_\_\_\_ Rotation: \_\_\_\_\_  
 Employer: Orange Regional Medical Center Employer: Orange Regional Medical Center  
 Evaluation Dates: \_\_\_\_\_

In evaluating the resident’s performance, use as your standard the level of knowledge, skills and attitudes expected from the clearly satisfactory residents at this stage of training. **For any component that needs attention of is rated a “4” or less, please provide specific comments and recommendations.** Be as specific as possible including reports of critical incidents and/or outstanding performance. Global adjectives or remarks such as “good residents” do not provide meaningful feedback to the residents.

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**PATIENT CARE**

Incomplete, inaccurate medical interviews, physical examination and review of other data,; incompetent performances of essential procedures; fails to analyze clinical data and consider patient preferences when making medical decisions

Superb, accurate, comprehensive, medical interviews, physical examinations, review of other data, and procedural skills; always makes diagnostic and therapeutic decisions based on available evidence, sound judgment, and patient preferences

Unsatisfactory			Satisfactory					Superior	Insufficient contact to judge
1	2	3	4	5	6	7	8	9	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Performance needs attention

Yes	No	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## MEDICAL KNOWLEDGE

Limited knowledge of basic and clinical sciences; minimal interest in learning; does not understand complex relations, mechanisms of disease

Exceptional knowledge of basic and clinical sciences, highly resourceful development of knowledge; comprehensive understanding of complex relationships, mechanisms of disease

Unsatisfactory			Satisfactory					Superior	Insufficient contact to judge
1	2	3	4	5	6	7	8	9	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Performance needs attention

Yes	No	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## PRACTICE-BASED LEARNING IMPROVEMENT

Fails to perform self-evaluation; lacks insight; initiative, resists or ignores feedback; fails to use information technology to enhance patient care or pursue self-improvement

Constantly evaluates own performance, incorporates feedback into improvement activities; effectively uses technology to manage information for patient care and self-improvement

Unsatisfactory			Satisfactory					Superior	Insufficient contact to judge
1	2	3	4	5	6	7	8	9	
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Performance needs attention

Yes	No	N/A
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## INTERPERSONAL AND COMMUNICATION SKILLS

Does not establish even minimally effective therapeutic relationships with families; does not demonstrate ability to build relationships through listening, narrative or nonverbal skills; does not provide education or counseling to patient, families or colleagues

Establishes a highly effective therapeutic relationship with patients and families, demonstrates excellent relationship building through listening, narrative and nonverbal skills, excellent education and counseling of patients, families, and colleagues; always “interpersonally” engaged

Unsatisfactory

Satisfactory

Superior

Insufficient contact  
to  
judge

1 2 3 4 5 6 7 8

9

Performance needs attention

Yes No N/A

## PROFESSIONALISM

Lacks respect, compassion, integrity, honesty, disregards need for self-assessment; fails to acknowledge errors; does not consider needs of patients, families, colleagues; does not display responsible behavior

Always demonstrates respect, compassion, integrity, honesty, teaches/role models responsible behavior, total commitment to self-assessment; willingly acknowledges errors; always considers needs of patients, families, colleagues

Unsatisfactory

Satisfactory

Superior

Insufficient contact  
to  
judge

1 2 3 4 5 6 7 8

9

Performance needs attention

Yes No N/A

SYSTEM-BASED LEARNING

Unable to access/mobilize outside resources; actively resists efforts to improve systems of care; does not use systematic approaches to reduce error and improve patient care

Effectively accesses/utilizes outside resources; effectively uses systematic approaches to reduce errors and improve patient care; enthusiastically assists in developing systems' improvement

Unsatisfactory

Satisfactory

Superior

Insufficient contact  
to  
judge

1 2 3 4 5 6 7 8

9

Performance needs attention

Yes No N/A

OSTEOPATHIC

Demonstrates understanding and application of Osteopathic Principles and Practice

Effectively incorporates Osteopathic Principles and Practices into patient care

Unsatisfactory

Satisfactory

Superior

Insufficient contact  
to  
judge

1 2 3 4 5 6 7 8

9

Performance needs attention

Yes No N/A

Comments:

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(Evaluator Signature) signed and submitted this document on

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Resident evaluation of faculty- Department of Surgery**

Name of Faculty Member: \_\_\_\_\_

Directions:

- 1) Outstanding      2) Above Average      3) Average      4) Marginal      5) Poor

1) Serves as a suitable role model when operating, teaching (at bedside or in clinic) and in interpersonal relationships with patients, residents and colleagues. \_\_\_\_\_

2) Promotes and stimulates interest and pursuits of residents and students. \_\_\_\_\_

3) Provides instruction in the technical aspects of surgery. \_\_\_\_\_

4) Provides insight into the decision making process governing care of surgical patients – this includes communication of the pre-operative workup, co-morbid problems, contemplated procedures and special consideration for patients admitted to the service. \_\_\_\_\_

5) Provides ongoing instruction and supervision in the postoperative care of the surgical patient. \_\_\_\_\_

6) Participates in the scholarly activities of the Residency Program (conference, lectures, etc.) \_\_\_\_\_

7) Is readily available for consultation and direction of patient care. \_\_\_\_\_

8) Is aware of and integrates into the clinical setting the latest information available in the surgical literature (challenged you intellectually) \_\_\_\_\_

9) Communicates easily and effectively with residents when providing feedback on resident performance (receptive to resident's ideas and viewpoint) \_\_\_\_\_

10) Exemplifies an academic surgeon \_\_\_\_\_

11) Personal Qualities:

Empathy \_\_\_\_\_      Respectfulness \_\_\_\_\_      Enthusiasm \_\_\_\_\_  
Maturity \_\_\_\_\_      Initiative \_\_\_\_\_

12) Professional Qualities:

Reliability \_\_\_\_\_      Honesty \_\_\_\_\_      Motivation \_\_\_\_\_      Leadership \_\_\_\_\_  
Ethical Behavior \_\_\_\_\_      Responsibility \_\_\_\_\_

**Resident Evaluation of Rotation**

Rotation: \_\_\_\_\_

Directions: Please rate the rotation with regard to the following items using scale.

- 1) Outstanding    2) Above Average    3) Average    4) Marginal    5) Poor

1) The fulfillment of the goals and objectives stated for the rotation (See Resident Manual) \_\_\_\_\_

2) Service Requirements were balanced by the fulfillment of educational objectives. \_\_\_\_\_

3) The number and quality of teaching conferences on the rotation. \_\_\_\_\_

4) The number and quality of clinic experiences on the rotation. \_\_\_\_\_

5) This rotation provided essential information for a General Surgeon. \_\_\_\_\_

6) The education of the rotating resident was a prime concern of the faculty and resident staff. \_\_\_\_\_

7) The operating room experience:

a) Was at appropriate level \_\_\_\_\_

b) Balanced service with education \_\_\_\_\_

c) Patient care by resident was appropriately supervised by attending staff \_\_\_\_\_

8) Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# 360 Degree Resident Evaluation Form



## Subject Name

Status  
Employer  
Program  
Rotation  
Evaluation Dates

Evaluated by:

## Evaluator Name

Status  
Employer  
Program

## Time Spent

### 1 Your interaction with the resident

NA (Never)    Every few months    A few times a month    A few times a week    Every day

## Quality of Work

### 2 Set high standards for quality of work

NA    Strongly Disagree    Disagree    Agree    Strongly Agree

### 3 Helps others improve the quality of their work

NA    Strongly Disagree    Disagree    Agree    Strongly Agree

## Communication

### 4 Communicates well orally and in written-form

NA    Strongly Disagree    Disagree    Agree    Strongly Agree

### 5 Displays good listening skills

NA    Strongly Disagree    Disagree    Agree    Strongly Agree

### 6 Shares information freely with others

NA    Strongly Disagree    Disagree    Agree    Strongly Agree

## Teamwork

### 7 Contributes positively to team

NA	Strongly Disagree	Disagree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 8 Can be counted on to complete tasks correctly

NA	Strongly Disagree	Disagree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Personal Qualifications and Leadership

### 9 Presents a positive image to patients

NA	Strongly Disagree	Disagree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 10 Is friendly and easy to work with

NA	Strongly Disagree	Disagree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 11 Adapts well to change

NA	Strongly Disagree	Disagree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 12 Has high professional and ethical standards

NA	Strongly Disagree	Disagree	Agree	Strongly Agree
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Overall Comment

## Overall Program Goals and Objectives

The General Surgery Residency at Orange Regional Medical Center offers a unique experience in surgical training. The program combines a strong focus on hands-on training as well as academics. Residents in this program can easily perform 200 major cases per year. The program focuses primarily on the principle areas of general surgery including: head and neck; skin, soft tissue and breast; alimentary tract; abdomen; endocrine; general vascular, thoracic, pediatric and trauma surgery. Rotations are structured to provide extensive exposure and experiences in general surgical conditions related to age groups, gender and socioeconomic status. Subspecialty rotations in a variety of clinical settings and institutions provide a well-rounded clinical experience.

Resident education will incorporate the six core competencies: medical knowledge, patient care, interpersonal and communication skills, professionalism, systems-based practice, and practice-based learning and improvement. The program is structured to ensure residents develop the skills, knowledge, and aptitude required to diagnose and treat all surgical pathology directly and appropriately.

Didactic sessions will follow the American College of Surgeons SCORE curriculum. In addition to Basic Sciences and Clinical Lectures, the residents attend weekly Morbidity and Mortality conference, Tumor Board, bi-weekly Grand Rounds and monthly Journal Club. The surgical training program will provide an environment that fosters the development of professionalism in conjunction with personal growth and commitment to compassionate care. Residents will demonstrate awareness and understanding of continuity of patient care from the pre-hospital evaluation, through in-hospital and post-surgical management and long term follow up. This will be supplemented by an outpatient experience of ½ day per week.

Achievement of expected milestones in the core competency areas will be assessed by multiple evaluators including faculty, peers, patients and other professional staff. The clinical competency committee, which meets semi-annually, will assess progressive resident performance improvement. It will evaluate the attainment of core competency milestones and procedural skills commensurate with resident's post-graduate level. The CCC will also make recommendations regarding resident promotion to subsequent post-graduate levels. It is expected that following completion of the General Surgery Residency Program that a minimum of 65% of graduates will pass the American Board of Surgery qualifying and certifying exams on the first attempt.

Overall competency based goals and objectives in each of the core competency areas for each post-graduate level are as follows:

**General Surgery Residency Program**  
**Overall Educational Competency-Based Goals and Objectives**

**Residents: PGY 1 - 5**

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**MEDICAL KNOWLEDGE**

**GOAL:** The resident will demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social/behavioral sciences. The resident will demonstrate significant knowledge about *many* "BROAD" diseases in the SCORE curriculum and a basic knowledge of the "FOCUSED" diseases in the SCORE curriculum. The resident will demonstrate the application of this knowledge to the care of general surgical patients by making diagnoses and initiating appropriate initial management.

**PGY 1 Residents:**

- Describe the pathophysiology applied to surgical diseases
- Demonstrate knowledge of normal and distributed physiology causing surgical diseases
- Apply physiological knowledge to the clinical management of surgical diseases
- Apply investigatory, analytical, and evidence-based approaches to clinical decision making
- Demonstrate a basic understanding of the symptoms, signs and treatments of *many* of the "BROAD" diseases in the SCORE Curriculum.
- Demonstrate basic knowledge about common surgical conditions to which a medical student would be exposed in clerkship.
- Complete the American Board of Surgery In-Training Examination once a year
- Complete online modules in SCORE Curriculum as assigned
- Complete readings in SCORE Curriculum on line for rotations
- Attend required weekly Department of Surgery Morbidity and Mortality Conference and Grand Rounds.

**PGY 2 Residents:**

- Formulate diagnostic treatment plans with thorough understanding of the basic science principles applicable to surgery
- Read, understand and analyze classic articles on surgical cases
- Understand the pathophysiology applied to surgical diseases
- Understand the concepts of complex wound care
- Demonstrate knowledge of normal and distributed physiology causing surgical diseases
- Apply physiological knowledge to the clinical and operative management of surgical diseases
- Apply investigatory, analytical, and evidence-based approaches to clinical decision making
- Demonstrate basic knowledge about *many* of the "BROAD" diseases in the SCORE Curriculum.
- Demonstrate this knowledge by making diagnoses and recommending appropriate initial management of *many* of the "BROAD" diseases in the SCORE Curriculum.
- Begin to recognize variations in the presentation of common surgical conditions.
- Complete the American Board of Surgery In-Training Examination once a year
- Complete online modules in SCORE Curriculum as assigned
- Attend required weekly Department of Surgery Morbidity and Mortality Conference and Grand Rounds.
- Formulate research project plan and submit documentation (see Handbook) to program coordinator.

### PGY 3 Residents:

- Demonstrate an understanding of the anatomy, physiology, pathophysiology and presentations of diseases of the abdominal cavity and pelvis
- Demonstrate an understanding of the physiology of wound healing
- Demonstrate knowledge of the principles associated with the diagnosis and management of critically ill patients including multiple organ system normalities and abnormalities
- Systematically read and analyze basic surgical literature
- Demonstrate knowledge about *many* of the "BROAD" diseases in the SCORE Curriculum by making diagnoses and recommending appropriate initial management.
- Recognize variations in the presentation of common surgical conditions.
- Begin to demonstrate basic knowledge of the "FOCUSED" diseases in the SCORE Curriculum.
- Conduct in depth reading on surgical cases
- Complete course work and testing to obtain Basic and Advanced Cardiac Life Support and Advanced Trauma Life Support certification
- Complete the American Board of Surgery In-Training Examination once a year
- Complete online modules in SCORE Curriculum as assigned
- Attend and actively participate in the Critical Care Didactic Reading Program
- Carry out work on Research Project toward completion by end of residency.
- Attend required weekly Department of Surgery Morbidity and Mortality Conference and Grand Rounds.

### PGY 4 Residents:

- Demonstrate competence in treating surgical diseases with a thorough understanding of pathophysiology
- Demonstrate an understanding of the physiology of wound healing
- Demonstrate knowledge of the principles associated with the diagnosis and management of critically ill patients including multiple organ system normalities and abnormalities
- Systematically read and analyze basic surgical literature
- Demonstrate **significant** knowledge about *many* of the "BROAD" diseases in the SCORE Curriculum by making diagnoses and initiating appropriate initial management.
- Demonstrate basic knowledge of the "FOCUSED" diseases in the SCORE Curriculum.
- Complete the American Board of Surgery In-Training Examination once a year
- Complete online modules in SCORE Curriculum as assigned
- Attend required weekly Department of Surgery Morbidity and Mortality Conference and Grand Rounds and make presentations.
- Demonstrate medical knowledge and clinical perspectives at conferences by making presentations at conferences
- Carry out work on Research Project toward completion by end of residency.
- Participate in mock orals

### PGY 5 Residents:

- Master basic science, critical care principles, anatomy, and pathophysiology of surgical diseases.
- Demonstrate a thorough understanding of surgical pathophysiology in order to achieve optimal chance of recovery for the patient with minimal morbidity
- Demonstrate evidence of medical knowledge and clinical perspectives by conducting presentations at conferences
- Systematically read and analyze basic surgical literature
- Demonstrate **comprehensive** knowledge about the varying patterns of presentation and alternative and adjuvant treatments for *many* of the "BROAD" diseases in the SCORE Curriculum by making diagnoses and initiating appropriate management.
- Diagnose and provide initial care for the "FOCUSED" diseases in the SCORE Curriculum

- Complete American Board of Surgery In-Training Examination
- Complete Mock Orals given by Department of Surgery and SEMCME once a year
- Complete online modules in SCORE Curriculum as assigned
- Attend required weekly Department of Surgery Morbidity and Mortality Conference and Grand Rounds and make presentations.
- Carry out work on Research Project toward completion by end of residency.

**GOAL:** The resident will demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social/behavioral sciences. The resident will develop knowledge of the operative steps, peri-operative care and post-operative complications for most of the "ESSENTIAL" operations in the SCORE Curriculum and a basic knowledge of some of the "COMPLEX" operations. The resident will demonstrate the application of this knowledge in the care of general surgical patients.

**PGY 1 Residents:**

- Apply physiological knowledge to the operative management of surgical diseases
- Demonstrate a basic knowledge of the "ESSENTIAL-COMMON" surgical operations in the SCORE Curriculum to which a medical student would be exposed in clerkship.
- Begin to understand the operative steps, peri-operative care and post-operative complications for *many* of the "ESSENTIAL" operations in the SCORE Curriculum.
- Complete assignments in the Surgical Skills Lab (SSL)
- Complete online modules in SCORE Curriculum as assigned
- Complete readings in SCORE Curriculum on line for rotations

**PGY 2 Residents:**

- Apply physiological knowledge to the clinical and operative management of surgical diseases
- Understand the concepts of complex wound care
- Demonstrate basic knowledge of the operative steps, peri-operative care and post-operative complications for *many* of the "ESSENTIAL" operations in the SCORE Curriculum.
- Complete online modules in SCORE Curriculum as assigned
- Begin to develop exposure to some of the "COMPLEX" operations in the SCORE Curriculum.

**PGY 3 Residents:**

- Acquire a thorough understanding of abdominal procedures
- Apply knowledge of anatomy to the diagnosis and treatment of patients, both in and out of the operating room
- Read an entire text related to critical care surgery: ACS Surgery, Principles and Practice.
- Attend and actively participate in the Surgical Anatomy Cadaver Course
- Demonstrate basic knowledge of the operative steps, peri-operative care and post-operative complications for *many* of the "ESSENTIAL" operations in the SCORE Curriculum.
- Begin to develop basic knowledge of some of the "COMPLEX" operations in the SCORE Curriculum.

**PGY 4 Residents:**

- Define and describe the anatomic aspects of even the most complex general surgical operations (abdominoperineal aneurysm, Whipple procedure, pneumonectomy, liver resections, etc.)
- Apply knowledge of anatomy to the diagnosis and treatment of patients, both in and out of the operating room.
- Conduct in depth reading on surgical cases
- Understand the "limits" of surgical treatment

- Demonstrate **significant** knowledge of the operative steps, peri-operative care and post-operative complications for *most* of the "ESSENTIAL" operations in the SCORE Curriculum.
- Demonstrate basic knowledge of some of the "COMPLEX" operations in the SCORE Curriculum.

#### **PGY 5 Residents:**

- Master operative strategies and procedures
- Demonstrate **comprehensive** knowledge of the operative steps, peri-operative care and post-operative complications for *most* of the "ESSENTIAL" operations in the SCORE Curriculum.
- Demonstrate basic knowledge of *many* of the "COMPLEX" operations in the SCORE Curriculum.
- Complete Fundamentals of Laparoscopic Surgery (FLS) and other American Board of Surgery Requirements for Board eligibility

<b>PATIENT CARE</b>
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**GOAL:** The resident will provide patient care that is compassionate, appropriate and effective for the treatment of most "BROAD" conditions in the SCORE Curriculum and some "FOCUSED" conditions in the surgical patient.

#### **PGY 1 Residents:**

- Acquire self-confidence and the ability to develop differential diagnoses and management plans through history and physical examination
- Begin to develop the ability to diagnose *some* "BROAD" surgical conditions in the SCORE curriculum and recommend initial management for *some*.
- Demonstrate the ability to perform a focused, efficient, and accurate initial history and physical of a full spectrum of patients admitted to the hospital (including critically-ill patients).

#### **PGY 2 Residents:**

- Demonstrate responsibility for overall patient care.
- Demonstrate proficiency in emergency room diagnosis and treatment for surgical diseases, including mastery of acute abdominal evaluation
- Be adept at patient care including pain management; demonstrate proficiency at triage.
- Demonstrate the ability to diagnose *many* "BROAD" surgical conditions in the SCORE Curriculum and initiate appropriate management for *some*.
- Begin to develop the ability to accurately diagnose some of the "FOCUSED" surgical conditions and make recommendations for initial treatment for many BROAD conditions in the SCORE Curriculum.

#### **PGY 3 Residents:**

- Perform overall evaluation and management of surgical patients
- Demonstrate the ability to diagnose *many* "BROAD" surgical conditions in the SCORE Curriculum and initiate appropriate management for *some* common "BROAD" conditions.
- Develop the ability to accurately diagnose some of the "FOCUSED" surgical conditions and initiate treatment for many BROAD conditions in the SCORE Curriculum.
- Demonstrate the ability to develop diagnostic plans and implement initial care for patients seen in the Emergency Department.

#### **PGY 4 Residents:**

- Demonstrate independence in the evaluation and management of all aspects of patient care including pain management

- Understand the social and economic needs of patients; demonstrate good understanding of ethical dilemmas
- Accurately diagnose most "BROAD" conditions in the SCORE curriculum and some "FOCUSED" conditions.
- Initiate appropriate management for *most* "BROAD" surgical conditions independently.
- Recognize atypical presentations of *many* "BROAD" surgical conditions.

#### **PGY 5 Residents:**

- Understand surgical pathophysiology and therapeutic support systems in order to achieve optimal recovery for the patient with limited morbidity.
- Demonstrate independence in the evaluation and management of all aspects of patient care including pain management
- Demonstrate the ability to lead a team that cares for patients with common and complex conditions.
- Delegate appropriate clinical tasks to other healthcare team members
- Recognize atypical presentations for *most* "BROAD" surgical conditions.

**GOAL:** The resident will develop the ability to manage common post-operative problems and the ability to recognize and manage complex post-operative problems (sepsis, systemic inflammatory response syndrome and multiple system organ failure) independently

#### **PGY 1 Residents:**

- Perform pre- and post-operative care of patients including pain management, with the basic understanding of pathophysiology as applied to surgical diseases.
- Demonstrate initial management of life threatening surgical illnesses and be adept at resuscitation.
- Begin to develop the ability to recognize and manage common post-operative problems.

#### **PGY 2 Residents:**

- Formulate diagnostic and treatment plans applicable to surgery
- Recognize and manage common post-operative issues (hypotension, hypoxia, confusion and oliguria) with the assistance of senior residents or staff members.
- Begin to develop the ability to recognize and manage complex post-operative problems (sepsis, systemic inflammatory response syndrome and multiple system organ failure with the assistance of senior residents or faculty.

#### **PGY 3 Residents:**

- Be able to outline pre-, intra- and post-operative treatment plans in detail including pain management
- Demonstrate a thorough understanding of operative indications and contraindications
- Recognize and manage common post-operative problems (hypotension, hypoxia, confusion and oliguria, independently.

#### **PGY 4 Residents:**

- Recognize the "limits" of surgical treatment and begin to develop the skills necessary to manage complex post-operative problems such as sepsis, systemic inflammatory response syndrome and multiple system organ failure, independently.
- Manage overall ward care of patients and demonstrate progressive supervisory role for junior residents.



### **PGY 5 Residents:**

- Demonstrate the ability to lead a team and provide supervision in the evaluation and management of complex post-operative problems such as sepsis, systemic inflammatory response syndrome and multiple system organ failure.

**GOAL:** The resident will develop proficiency in surgical skills, efficiency of motion during procedures, and intra-operative decision-making skills for the "ESSENTIAL-COMMON" procedures/operations in the SCORE Curriculum and will gain experience in the "COMPLEX" operations without the need for coaching during procedures.

### **PGY 1 Residents:**

- Understand the principles involved in operations, handling of tissues, dissection of tissues planes, suture-ligature techniques and master "simple" operative procedures
- Master techniques of using and placing nasogastric tubes, urinary catheters, IVs, central venous lines, arterial lines, and standard aseptic techniques
- Demonstrate good judgment, safety, and effective technical skills in operative cases
- Demonstrate basic surgical skills (airway management, knot tying, simple suturing, suture removal, Doppler ultrasound, administration of local anesthetic, universal precautions and aseptic technique).
- Demonstrate the ability to reliably perform basic procedures (venipuncture, arterial puncture, incision and drainage, minor skin excisions, IV placement, nasogastric tube, urinary catheter).
- Demonstrate the ability to perform basic operative steps in the "ESSENTIAL-COMMON" operations/procedures in the SCORE Curriculum.
- Begin to develop respect for tissue and skill in instrument handling.
- Complete tasks for Surgical Skills Lab assignments.

### **PGY 2 Residents:**

- Continue to develop operative skills
- Understand complex operative procedures; fine tune operative skills
- Perform independently the placement of Hickman catheters, Swan Ganz catheters, and chest tubes; conduct advanced CPR, and place TPN ventilators for routine ICU patients.
- Demonstrate good judgment, safety, and effective technical skills in operative cases
- Develop skills in instrument handling.
- Demonstrate respect for tissue and continue to develop skill in instrument handling.
- Begin to develop the ability to move through portions of common operations without coaching.
- Begin developing the ability to make straightforward intra-operative decisions.
- Develop the ability to perform some of the "ESSENTIAL" operations in the SCORE curriculum with minimal assistance.

### **PGY 3 Residents:**

- Be adept at endoscopic procedures and surgical intensive care
- Perform complex operative procedures and acquire a thorough understanding of abdominal surgery
- Demonstrate good judgment, safety, and effective technical skills in operative cases
- Demonstrate the ability to move through portions of "ESSENTIAL" operations without coaching.
- Demonstrate the ability to make straightforward intra-operative decisions.
- Perform some of the "ESSENTIAL" operations in the SCORE Curriculum with minimal assistance.
- Continue to develop skill in instrument handling and begin to exhibit efficiency of motion during procedures.

#### **PGY 4 Residents:**

- Be proficient at treating surgical diseases and handling standard operative procedures with a thorough understanding of surgical pathophysiology
- Demonstrate good judgment, safety, and effective technical skills in operative cases.
- Demonstrate proficiency in the handling of most instruments and exhibit efficiency of motion during procedures.
- Move through the steps of *most* "ESSENTIAL" operations without much coaching and demonstrate the ability to make intra-operative decisions.
- Demonstrate the ability to perform *many* of the "ESSENTIAL" operations and gain experience in the "COMPLEX" operations.

#### **PGY 5 Residents:**

- Perform difficult surgical procedures; Continue to fine tune surgical skills both in and out of the operating room
- Perform non-standard, or counter example cases; consider exceptions
- Demonstrate good judgment, safety, and effective technical skills in operative cases
- Demonstrate proficiency in the use of instruments and equipment required for "ESSENTIAL" operations.
- Demonstrate the ability to guide the conduct of most operations and make independent intra-operative decisions.
- Demonstrate the ability to perform *all* of the "ESSENTIAL" operations and demonstrate significant experience in the "COMPLEX" operations.
- Effectively guide other residents in the "ESSENTIAL-COMMON" operations.

### **INTERPERSONAL AND COMMUNICATION SKILLS**

**GOAL:** The resident will demonstrate interpersonal and communication skills that result in effective exchange of information and collaboration with patients, their families, and health professionals.

#### **PGY 1 Residents:**

- Listen to patients and their families
- Gather essential information from patients; document patient encounters accurately and completely
- Demonstrate effective communication strategies to interact with patients, families, and the public from diverse socioeconomic and cultural backgrounds
- Provide therapeutic relationships with patients using effective listening skills and candid feedback
- Educate patients and families about the pre-and post-operative care of the surgical patient
- Demonstrate effective interpersonal skills with patients, their families, and health professionals
- Manage the patient's confidential information and medical records according to HIPAA standards.
- Demonstrate a variety of techniques to ensure that communications with patients and their families is understandable and respectful.

#### **PGY 2 Residents:**

- Gather essential information from patients; document patient encounters accurately and completely
- Provide therapeutic relationships with patients using effective listening skills and candid feedback
- Educate patients and their families about the pre- and post-operative care of the surgical patient
- Interact cooperatively with patients, families, nurses, and other healthcare professionals to achieve the health-related goals of the patient

- Manage the patient's confidential information and medical records according to HIPAA standards.
- Demonstrate the ability to customize communication with patients and families by taking into account patient characteristics (e.g., age, literacy, cognitive disabilities, culture).
- Provide timely updates to patients and their families during hospitalizations and clinic visits.

**PGY 3 Residents:**

- Interact cooperatively with patients, families, nurses, and other healthcare professionals to achieve the health-related goals of the patient
- Provide essential information from patients; document patient encounters accurately and completely
- Provide therapeutic relationships with patients using effective listening skills and candid feedback
- Educate patients and their families about their pre- and post-operative care
- Manage the patient's confidential information and medical records according to HIPAA standards.
- Provide timely updates to patients and their families during hospitalizations and clinic visits.
- Develop communication strategies to effectively interact with crucially ill patients and their families.
- Demonstrate sensitivity when delivering bad news to patients and their families.

**PGY 4 Residents:**

- Be highly proficient in interacting with patients, families, nurses, and other healthcare professionals to achieve the health-related goals of the patient
- Develop therapeutic relationships with patients using effective listening skills and candid feedback
- Educate patients and their families about their pre- and post-operative care
- Gather essential information from patients; document encounters accurately and completely
- Manage the patient's confidential information and medical records according to HIPAA standards.
- Communicate effective treatment plans with patients.
- Develop the ability to negotiate and manage conflict with patients and their families
- Apply grief counseling methods in calming the grieving relative.

**PGY 5 Residents:**

- Be highly proficient in interacting with patients, families, nurses, and other healthcare professionals to achieve the health-related goals of the patient
- Develop therapeutic relationships with patients using effective listening skills and candid feedback
- Educate patients and their families about the pre- and post-operative care of the surgical patient
- Gather essential information from patients; document encounters accurately and completely
- Manage the patient's confidential information and medical records according to HIPAA standards
- Communicate effective treatment plans with patients.
- Develop the ability to negotiate and manage conflict with patients and their families
- Apply grief counseling methods in calming the grieving relative.
- Customize emotionally difficult information when participating in end-of-life discussions.
- Negotiate and manage conflict among patients and their families.

**GOAL:** The resident will demonstrate interpersonal and communication skills that result in effective information exchange and teaming with all health care team members and professional associates.

**PGY 1 Residents:**

- Write orders and progress reports in a timely and legible format
- Willingly exchange patient information with team members.
- Respond promptly and politely to requests for consults and care coordination activities.
- Perform face-to-face handoffs.

### **PGY 2 Residents:**

- Respond promptly and considerately to requests of other physicians/healthcare personnel
- Write orders and progress notes in a timely and legible format
- Acknowledge the contributions of other team members
- Interact with peers regarding operative cases and provide feedback about the scientific literature at the Basic Science Reading program
- Exhibit behaviors that invite information sharing with healthcare team members (respect, approachability, active listening).
- Perform face-to-face handoffs using best practices (multiple forms of information transfer, confirm receipt of information, invite questions).

### **PGY 3 Residents:**

- Demonstrate professional competence in working as a team member
- Interact, present information, and teach other members of the healthcare team
- Write orders and progress notes in a timely and legible format
- Interact with peers about operative cases and provide feedback about the scientific literature at the Critical Care Reading program
- Perform face-to-face handoffs using best practices (multiple forms of information transfer, confirm receipt of information, invite questions).
- Exhibit behaviors that invite information sharing with healthcare team members (respect, approachability, active listening).
- Deliver timely, complete, and well-organized information to referring physicians and to providers of follow-up care at the time of patient care transitions.

### **PGY 4 Residents:**

- Interact as a lead member of the healthcare team
- Write orders and progress notes in a timely and legible format
- Deliver timely, complete, and well-organized information to referring physicians and to providers of follow-up care at the time of patient care transitions.
- Discuss care plan with members of the healthcare team and keep them up-to-date on patient status and care plan changes.
- Conduct case presentations at conferences and demonstrate clinical perspective
- Begin to assume overall leadership of a health care team responsible for his/her patients.

### **PGY 5 Residents:**

- Interact as a lead member of the healthcare team
- Write orders and progress notes in a timely and legible format
- Conduct presentations at conferences and demonstrate clinical perspective
- Deliver timely, complete, and well-organized information to referring physicians and to providers of follow-up care at the time of patient care transitions.
- Discuss care plan with members of the healthcare team and keep them up-to-date on patient status and care plan changes.
- Assume overall leadership of a health care team responsible for his/her patients, while also seeking and valuing input from the members of the team.
- Negotiate and manage conflict among care providers.
- Take responsibility for ensuring that clear hand-offs are given at transitions of care.

**GOAL:** The resident will demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, hospital staff and the senior surgeon in the operating room.

**PGY 1 Residents:**

- Respond promptly and considerately to requests of other physicians/healthcare personnel in the operating room.
- Exhibit behavior that invites information sharing with operating room team members (respect, approachability, active listening).
- Display a friendly disposition that is conducive to successful interaction with patients, hospital staff and the senior surgeon in the operating room.
- Communicate basic facts effectively with patients, hospital staff members and the senior surgeon in the operating room.
- Demonstrate an understanding of the necessary elements of informed consent for procedures.

**PGY 2 Residents:**

- Respond promptly and considerately to requests of other physicians/healthcare personnel in the operating room.
- Exhibit behavior that invites information sharing with operating room team members (respect, approachability, active listening).
- Display a friendly disposition that is conducive to successful interaction with patients, hospital staff and the senior surgeon in the operating room.
- Demonstrate the ability to perform clear informed consent discussions for some of the "ESSENTIAL" operations.
- Begin to develop the ability to lead a pre-operative "time out".
- Effectively describe various aspects of the procedure and peri-operative care to the patient and his or her family and other operating room team members.

**PGY 3 Residents:**

- Respond promptly and considerately to requests of other physicians/healthcare personnel in the operating room.
- Exhibit behavior that invites information sharing with operating room team members (respect, approachability, active listening).
- Display a friendly disposition that is conducive to successful interaction with patients, hospital staff and the senior surgeon in the operating room.
- Demonstrate the ability to perform clear informed consent discussions for the "ESSENTIAL" operations and some of the "COMPLEX" operations.
- Demonstrate the ability to lead a pre-operative "time out".
- Effectively describe various aspects of the procedure and peri-operative care to the patient and his or her family and other operating room team members.

**PGY 4 Residents:**

- Respond promptly and considerately to requests of other physicians/healthcare personnel in the operating room.
- Exhibit behavior that invites information sharing with operating room team members (respect, approachability, active listening).
- Display a friendly disposition that is conducive to successful interaction with patients, hospital staff and the senior surgeon in the operating room.
- Demonstrate the ability to perform clear informed consent discussions for "ESSENTIAL" and "COMPLEX" operations.

- Anticipate logistical issues regarding "ESSENTIAL" procedures and engage appropriate members of the operating team to solve problems.
- Effectively describe various aspects of the procedure and peri-operative care to the patient and his or her family and other operating room team members.
- Demonstrate the ability to lead a "time out"

#### **PGY 5 Residents:**

- Respond promptly and considerately to requests of other physicians/healthcare personnel in the operating room.
- Exhibit behavior that invites information sharing with operating room team members (respect, approachability, active listening).
- Display a friendly disposition that is conducive to successful interaction with patients, hospital staff and the senior surgeon in the operating room.
- Demonstrate the ability to lead a "time out"
- Demonstrate leadership when unexpected events occur in the operating room.
- Communicate effectively with family when unexpected events occur in the operating room.

### **PROFESSIONALISM**

**GOAL:** The resident will demonstrate a commitment to professional responsibilities, adherence to organizational and ethical principles, and sensitivity to a diverse patient population.

#### **PGY 1 Residents:**

- Understand and use the chain of command on the resident service
- Respond and answer pages promptly
- Be respectful and responsive to the needs of patients
- Demonstrate a commitment to ethical principles, maintain confidentiality of patient information, informed consent, and other business practices
- Demonstrate commitment to continuity of patient care

#### **PGY 2 Residents:**

- Be respectful and responsive to the needs of patients
- Demonstrate ethical principles, maintain confidentiality of patient information, informed consent, and other business practices
- Know the chain of command on the resident service
- Respond and answer pages promptly
- Display tolerance to another's opinion
- Accept responsibility for one's own actions
- Complete operative case logs and medical reports in a timely manner
- Demonstrate commitment to continuity of patient care

#### **PGY 3 Residents:**

- Demonstrate a high standard of personal conduct, be respectful and responsive to the needs of patients
- Demonstrate ethical principles, maintain confidentiality of patient information, informed consent, and other business practices
- Respond and answer pages promptly
- Display tolerance to another's opinion
- Accept responsibility for one's own actions
- Complete operative case logs and medical reports in a timely manner

- Demonstrate commitment to continuity of patient care

**PGY 4 Residents:**

- Demonstrate a high standard of personal conduct, be respectful and responsive to the needs of patients
- Demonstrate ethical principles, maintain confidentiality of patient information, informed consent, and other business practices
- Coordinate and manage a resident service so as to lead and guide more junior residents
- Respond and answer pages promptly
- Display tolerance to another's opinion
- Accept responsibility for one's own actions
- Complete operative case logs and medical reports in a timely manner
- Conduct case presentations at conferences to demonstrate professional leadership skills, medical knowledge, and clinical perspective
- Demonstrate commitment to continuity of patient care

**PGY 5 Residents:**

- Demonstrate a high standard of personal conduct, be respectful and responsive to the needs of patients
- Demonstrate ethical principles, maintain confidentiality of patient information, informed consent, and other business practices
- Display proficiency in managing a major resident service with greater independence
- Demonstrate accountability for all actions and outcomes on the service with appropriate supervision and consultation by attending physicians
- Respond and answer pages promptly
- Display tolerance to another's opinion
- Accept responsibility for one's own actions
- Complete operative case logs and medical reports in a timely manner
- Conduct case presentations at conferences to demonstrate professional leadership skills, medical knowledge, and clinical perspective
- Demonstrate commitment to continuity of patient care
- Demonstrate high standards of ethical behavior

**GOAL:** The resident will demonstrate a commitment to manage his/her personal, physical and emotional health and create a healthy environment for colleagues and other members of the healthcare team.

**PGY 1 Residents:**

- Apply time management principles as necessary to be accountable to patients, and other healthcare professionals
- Comply with duty hour standards
- Understand the principles of physician wellness and fatigue mitigation.
- Understand the institutional resources available to manage personal, physical and emotional health (e.g., acute and chronic disease, substance abuse and mental health problems).
- Demonstrate appropriate dress and decorum while on duty.

**PGY 2 Residents:**

- Apply time management principles as necessary to be accountable to patients, and other healthcare professionals

- Monitor personal health and wellness and appropriately mitigate stress and/or fatigue.
- Comply with duty hour standards.
- Demonstrate appropriate dress and decorum while on duty.

**PGY 3 Residents:**

- Apply time management principles as necessary to be accountable to patients, and other healthcare professionals
- Monitor personal health and wellness and appropriately mitigate stress and/or fatigue.
- Comply with duty hour standards.
- Demonstrate appropriate dress and decorum while on duty.

**PGY 4 Residents:**

- Apply time management principles as necessary to be accountable to patients, and other healthcare professionals
- Comply with duty hour standards
- Promote healthy habits and create an emotionally healthy environment for all members of the healthcare team.
- Demonstrate appropriate dress and decorum while on duty.

**PGY 5 Residents:**

- Apply time management principles as necessary to be accountable to patients, and other healthcare professionals
- Demonstrate appropriate dress and decorum while on duty.
- Promote healthy habits and create an emotionally healthy environment for all members of the healthcare team.
- Recognize and appropriately address personal health issues in other members of the healthcare team.
- Be proactive in modifying schedules or intervening in other ways to assure that caregivers under his/her supervision maintain personal wellness and do not compromise patient safety.

**GOAL:** The resident will demonstrate a commitment to complete operative case logs, duty hour logs, and other assigned and required administrative tasks in a timely fashion.

**PGY 1-5 Residents:**

- Complete operative case logs, duty hour logs, medical reports and other required administrative tasks in a timely fashion.
- Be prompt in attending conferences, meetings, operations and other activities.
- Respond quickly to requests from faculty members and departmental staff members.
- Ensure appropriate documentation requests from GME are handled efficiently and in a timely fashion.

**PGY 4-5 Residents:**

- Assure that others under his or her supervision respond appropriately to responsibilities in a timely fashion.
- Set an example for conference attendance, promptness and attention to assigned tasks.



## **PRACTICE BASED LEARNING AND IMPROVEMENT**

**GOAL:** The resident will demonstrate a willingness to impart educational information clearly and effectively to medical students and other members of the healthcare team.

### **PGY 1 Residents:**

- Attend and actively participate in the Resident Competency Program Session on Personal Awareness / Self Care and Effective Teamwork
- Teach and be a role model for medical students and other members of the healthcare team.
- Use media in presentations appropriately and effectively.

### **PGY 2 Residents:**

- Teach and be a role model for medical students, residents and other members of the healthcare team.
- Teach patients, their families, and other health professionals.
- Communicate educational material accurately and effectively at the appropriate level for learner understanding.
- Accurately and succinctly present cases in conferences.

### **PGY 3 Residents:**

- Demonstrate proficiency at teaching and being a role model for medical students and other residents.
- Teach patients, their families, and other health professionals
- Communicate educational material accurately and effectively at the appropriate level for learner understanding.
- Accurately and succinctly present cases in conferences.

### **PGY 4 Residents:**

- Be highly proficient at teaching junior residents and medical students
- Demonstrate leadership and practice management by organizing and running a resident service
- Teach patients, their families, and other health professionals
- Demonstrate an effective teaching style when asked to be responsible for a conference or formal presentation.
- Develop the ability to recognize teachable moments and readily and respectfully engage the learner.

### **PGY 5 Residents:**

- Be highly proficient at teaching junior residents and medical students
- Demonstrate leadership and management skills by coordinating and running a major resident service with greater independence ; be accountable for all actions on the service with consultation and supervision by attending physicians
- Teach patients, their families, and other health professionals
- Recognize teachable moments and readily and respectfully engage the learner.
- Be a highly effective teacher with an interactive educational style and engage in constructive educational dialogue.
- Facilitate conferences and case discussions based on assimilation of evidence from the literature.

**GOAL:** The resident will engage in self-initiated, self-directed learning activities using multiple sources.

**PGY 1 Residents:**

- Perform appropriate learning activities, while setting learning and improvement goals based on faculty evaluations
- Assess annual ABSITE scores to develop an individual study plan as necessary
- Participate in assigned skills, curriculum activities and simulation experiences to build surgical skills.

**PGY 2 Residents:**

- Perform appropriate learning activities, while setting learning and improvement goals based on faculty evaluations
- Assess annual ABSITE scores to develop an individual study plan as necessary
- Independently read the literature and use sources to answer questions related to patient care (e.g. SCORE modules, peer-reviewed publications, practice guidelines, textbooks, library databases, etc.)
- Identify gaps in personal technical skills and work with faculty to develop a skills learning plan.

**PGY 3 Residents:**

- Perform appropriate learning activities, while setting learning and improvement goals based on faculty evaluations
- Assess annual ABSITE scores to develop an individual study plan as necessary
- Attend and actively participate in the Critical Care Reading program
- Independently read the literature and use sources to answer questions related to patient care (e.g. SCORE modules, peer-reviewed publications, practice guidelines, textbooks, library databases, etc.)
- Identify gaps in personal technical skills and work with faculty to develop a skills learning plan.
- Independently practice surgical skills in a simulation environment to enhance technical abilities.

**PGY 4 Residents:**

- Review annual ABSITE scores and develop individual study plan as necessary
- Seek opportunities to identify trends and patterns in the care of patients and use sources to understand such patterns.
- Select appropriate evidence-based information tools to answer specific questions while providing care
- Independently practice surgical skills in a simulation environment to enhance technical abilities.

**PGY 5 Residents:**

- Understand one's own clinical limitations and limitations of surgery in general
- Assess annual ABSITE scores and develop an individual study plan as necessary
- Participate in local, regional and national activities, optional conferences, and/or self-assessment programs.
- Demonstrate use of a system or process for keeping up with changes in the literature and initiate assignments for other learners.
- Lead surgical skills experiences for students and residents and participate in skills curriculum development.

**GOAL:** The resident will evaluate his/her own surgical results and the quality and efficacy of care of patients through appraisal and assimilation of scientific evidence. The resident will also demonstrate the ability to learn from the results of his/her own practice.

### **PGY 1 Residents:**

- Analyze, critique, and review surgical literature in order to use an evidence-based approach to patient care
- Use information technology to access medical literature and select treatment strategies
- Use computer technology, simulations, and other multimedia resources to increase medical knowledge and operative skills
- Attend and actively participate in Morbidity and Mortality conferences, and other rotation-specific sessions to evaluate patient care outcomes.
- Adjust patient care behaviors in response to feedback from supervisors.
- Recognize when and how errors or adverse events affect the care of patients.

### **PGY 2 Residents:**

- Analyze, critique, and review surgical literature in order to use an evidence-based approach to patient care
- Use information technology to access medical literature and select treatment strategies
- Use computer technology, simulations, and other multimedia resources to increase medical knowledge and operative skills
- Attend and actively participate in Morbidity and Mortality conferences, and other rotation specific sessions to evaluate patient care outcomes.
- Use relevant literature to support discussions and conclusions at M&M and/or other QI conferences.
- Perform basic steps in a QI project (e.g., generate a hypothesis, conduct a cause-effect analysis, create method for study).
- Understand how to modify practice to avoid errors.

### **PGY 3 Residents:**

- Analyze, critique and review surgical literature in order to use an evidence-based approach to patient care
- Use information technology to access medical literature and select treatment strategies
- Use computer technology, simulations, and other multimedia resources to increase medical knowledge and operative skills
- Attend and actively participate in Morbidity and Mortality conferences, and other rotation specific sessions to evaluate patient care outcomes.
- Use relevant literature to support discussions and conclusions at M&M and/or other QI conferences.
- Perform basic steps in a QI project (e.g., generate a hypothesis, conduct a cause-effect analysis, create method for study).
- Understand how to modify practice to avoid errors.
- Begin to develop the ability to identify probable causes for complications and deaths at M&M and/or other QI conferences with appropriate strategies for improving care.

### **PGY 4 Residents:**

- Use information technology to access medical literature and select treatment strategies
- Use computer technology, simulations and other multimedia resources to increase medical knowledge and operative skills
- Conduct case presentations at conferences to demonstrate evidence of clinical perspective and medical knowledge (Mortality and Morbidity Conference, etc.)
- Participate in clinical research
- Evaluate surgical results and medical care outcomes in a systematic way and identify areas for improvement.

- Identify probable causes for complications and deaths at M&M and/or other QI conferences with appropriate strategies for improving care.
- Begin to recognize patterns in the care of patients and look for opportunities to systematically reduce errors and adverse events.

#### **PGY 5 Residents:**

- Use information technology to access medical literature and select treatment strategies
- Use computer technology, simulations and other multimedia resources to increase medical knowledge and operative skills
- Present cases at conferences to demonstrate evidence of clinical perspective and medical knowledge (Re: Mortality and Morbidity Conference)
- Engage in clinical research
- Exhibit ongoing self-evaluation and improvement that includes reflection on practice, tracking and analyzing patient outcomes, integrating evidenced-based practice guidelines, and identifying opportunities to make practice improvements.
- Demonstrate or discuss the application of M&M and/or QI conference conclusions to his/her own patient care.
- Lead a QI activity relevant to patient care outcomes.

### **SYSTEMS-BASED PRACTICE**

**GOAL:** The resident will demonstrate the ability to efficiently arrange disposition planning for patients and understands the necessary resources to provide optimal coordination of care.

#### **PGY 1 Residents:**

- Consult with other members of the healthcare team to provide cost-efficient healthcare for patients
- Apply cost-effective care in ordering tests and planning interventions
- Provide consultations for other services
- Coordinate patient care within the healthcare system and understand the role of different healthcare professionals in overall patient management
- Demonstrate a basic understanding of the resources available for coordinating patient care (social workers, visiting nurses, and physical and occupational therapists).

#### **PGY 2 Residents:**

- Consult with other members of the healthcare team to provide cost-efficient healthcare for patients
- Apply cost-effective care in ordering tests and planning interventions
- Provide consultations for other services
- Describe the therapeutic support systems necessary to achieve optimal chance of recovery for the patient
- Practice overall patient management both in and out of the operating room
- Coordinate patient care within the healthcare system and understand the role of different healthcare professionals in overall patient management.
- Know the necessary resources to provide optimal coordination of care and how to access them, including home TPN or home antibiotic infusion.

**PGY 3 - 5 Residents:**

- Apply efficient and informative consultations for other services
- Consult with other members of the healthcare team to provide cost-efficient healthcare for patients
- Apply cost-effective care when ordering tests and planning interventions
- Describe the therapeutic support systems necessary to achieve optimal chance of recovery for patients
- Practice overall patient management both in and out of the operating room
- Coordinate patient care within the healthcare system and understand the role of different healthcare professionals in overall patient management
- Demonstrate the ability to efficiently arrange disposition planning for patients and takes responsibility for preparing all materials necessary for patient discharge or transfer.
- Coordinate the activities of residents, nurses, social workers, and other healthcare professionals to provide optimal care to the patient at the time of discharge or transfer.
- Coordinate post-discharge ambulatory care that is appropriate for the patient's particular needs.
- Demonstrate good patient advocacy skills

**GOAL:** The resident understands how patient care is provided within the system and recognizes system failures that can affect patient care.

**PGY 1-2 Residents:**

- Follow protocols and guidelines for patient care.
- Recognize and understand how different health insurance companies affect the treatment plan for patients.
- Appropriately order tests in order to provide cost-efficient care for patients.
- Develop an understanding of how health systems operate.
- Understand system factors that contribute to medical errors and may create variations in patient care.

**PGY 3-5 Residents:**

- Follow protocols and guidelines for patient care.
- Recognize and understand how different health insurance companies affect the treatment plan for patients.
- Appropriately order tests in order to provide cost-efficient care for patients.
- Understand system factors that contribute to medical errors and may create variations in patient care.
- Make suggestions for changes in the health care system that may improve patient care.
- Report problems with technology or processes that could produce medical errors.
- Participate in work groups or performance improvement teams designed to reduce errors and improve health outcomes.
- Understand the appropriate use of standardized approaches to care and participates in creating such protocols of care.



**Competency Based Goals and Objectives**  
**Dr. Elliot Mayefsky, M.D., FACS**  
**Orange Regional Medical Center**  
**PGY-1 General Surgery Service – 4 months**

**1. Medical Knowledge**

- a. Demonstrate basic knowledge about common surgical conditions and operations to which a medical student would be exposed in clerkship.
- b. Complete online PGY1 modules in SCORE curriculum.
- c. Demonstrate knowledge of normal and disturbed physiology causing surgical diseases.
- d. Demonstrate a basic understanding of the symptoms, signs and treatments of many of the “broad” diseases in the SCORE curriculum.
- e. Attend weekly basic sciences and clinical conferences.

**2. Patient Care**

- a. Demonstrate the ability to perform a focused, efficient, and accurate initial history and physical exam on a full spectrum of patients admitted to the hospital (including critically ill patients)
- b. Recognize and manage common postoperative problems.
- c. Acquire the ability to develop differential diagnoses and management plans through history and physical exam.
- d. Possess basic surgical skills (e.g., knot tying, simple suturing, administering local anesthetic and suture removal).
- e. Be able to perform the basic operation steps in “essential-common” operations and procedures of the SCORE curriculum.

**3. System-Based Practice**

- a. Have a basic knowledge of how health systems operate.
- b. Demonstrate a basic understanding of the resources available for coordinating patient care (e.g. social workers, visiting nurses, and physical and occupational therapists).
- c. Consult with other members of the healthcare team to provide cost-efficient healthcare for patients.
- d. Coordinate patient care within the healthcare system and understand the role of different healthcare professionals in overall patient management.

**4. Professionalism**

- a. Be honest and trustworthy.

- b. Be respectful and responsive to the needs of patients.
- c. Consistently respect patient confidentiality and privacy.
- d. Respond to page requests and consultations promptly.
- e. Comply with duty hour standards.
- f. Understand and use the chain of command on the resident service.
- g. Demonstrate commitment to continuity of patient care.

#### **6. Interpersonal and Communication Skills**

- a. Effectively communicate basic healthcare information to patients and their families.
- b. Demonstrate a variety of techniques to ensure that communication with patients and their families is understandable and respectful.
- c. Willingly exchange patient information with team members.
- d. Demonstrate effective communication strategies to interact with patients and families from diverse socioeconomic and cultural backgrounds.
- e. Communicate basic facts effectively with patients, hospital staff members and faculty in the operating room.
- f. Perform face-to-face handoffs.

#### **7. Practice-Based learning and Improvement**

- a. Willingly impart educational information clearly and effectively to medical students and other healthcare team members.
- b. Use media in presentations appropriately and effectively.
- c. Change patient care behaviors in response to feedback from senior residents and faculty.
- d. Recognize when and how errors or adverse events affect the care of patients.
- e. Be a role model for medical students and other members of the healthcare team.

**Competency-Based Goals & Objectives**  
**Dr. Elliot Mayefsky, MD, FACS**  
**Orange Regional Medical Center**  
**Surgical ICU PGY1 – 1 month**

1. Medical Knowledge
  - a. Define the criteria for respiratory support and mechanical ventilation as well as weaning parameters
  - b. Demonstrate an understanding of fluid and electrolyte balance in the critically ill patient
  - c. Discuss the four major categories of acid-base in-balance
  - d. Define the element of coagulation and aberrations thereof
  - e. Identify aspects for consideration in the management of a hemodynamically unstable patient
  - f. Demonstrate familiarity with multisystem organ failure, its causes, implications and integrate care thereof
  - g. Define the assessment of nutritional needs of the critically ill patient
2. Patient Care Skills
  - a. Prioritize, analyze data and develop a comprehensive treatment plan for the critically ill patient
  - b. Write and implement basic and appropriate admission orders for admission to the SICU
  - c. Manage appropriately patients requiring ventilator support
  - d. Demonstrate proficiency in the placement of invasive monitoring devices under supervision and be able to use data obtained to modify patient care plan
  - e. Discuss and use appropriately various drugs commonly used for the support and treatment of the critically ill patient
  - f. Account for the nutritional needs of critically ill patient and write appropriate orders.
3. Professionalism
  - a. Discuss basic ethical issues in critical care and end of life
  - b. Treat patient and families with concern and compassion
4. Communication Skills
  - a. Present a concise, comprehensive and appropriately detailed account of patients to faculty and other residents
  - b. Communicate changes in patient status in an appropriate time frame to the appropriate level of supervisor
  - c. Explain the details of patient care and condition to families using simple terms while maintaining accuracy



5. Practice-Based Learning
  - a. Discuss evidence based prophylactic measures routinely employed in the SICU
  - b. Demonstrate appropriate reading/study on the various issues that arise in the day to day care of patients and shares insights with residents and faculty
6. Systems-Based Practice
  - a. Know the appropriateness of consultation with other physicians and providers in developing a comprehensive care plan for the patient
  - b. Discuss the risk/benefit ration of various invasive diagnostic test routinely used in the care of the critically ill patient
  - c. Explain the cost considerations in the use of various antimicrobials in the care of the SICU patient

# SICU Rotation Overview

Welcome to the Surgical Critical Care SICU Rotation! Our goal is to provide you with the education necessary to take care of critically ill surgical and trauma patients. This document provides an overview of the SICU rotation, including clinical duties and educational expectations.

The Surgical Intensive Care Unit (SICU) is a 10-bed high-acuity, multi-specialty critical care unit. The surgical specialties supported in the SICU include trauma, neurosurgery, general surgery, orthopedics, spine, ENT, plastics, vascular surgery, urology and high risk obstetrics. Critical Care service will also support 6 bed step down unit (to be opened soon).

The Medical Director of the SICU is Dr. Siddiqui MD,MBA, FACS. The SICU Critical Care Service attendings are general surgeons and traumatologist , who are board-certified in Critical Care. Currently, PGY1/2 surgical residents rotate through ICU. In addition, there may be some medical students on the team each month.

The SICU is an "open unit", meaning that surgeons from services with critical care privileges usually retain primary control of their own patients' care while in the SICU. In these cases, the SICU Critical Care Team will act as the primary service while the surgical team will confine their management input to their specialty issues. As with all patients in the SICU, close communication is necessary between the SICU team and the surgical team. When it is time for one of the SICU primary patients to be transferred out of the SICU, a formal sign-out must be given to the surgical team.

Attending rounds are held daily for all SICU patients. SICU residents are expected to be aware of the daily care issues for all patients and all services, and to write a daily EPIC progress note on each patient. All resident notes will be co-signed by the SICU Attending. All medical student notes MUST be signed by one of the residents in addition to the attending co-signature. After rounds, you will communicate daily recommendations to each surgical team. You should know your patients well! This means a thorough exam, review of the chart, pertinent labs/data, reading consultant notes, talking to the primary team, and asking the RN about events that have occurred. This also means reading about your patients' disease processes and looking up answers to questions that come up on rounds.

## Scheduled Daily Activities

0600-0800:	Pre-round with communication/input from primary teams
0800-0830:	Assemble rounds at the trauma multidisciplinary meeting
0900-1000:	Bedside rounds on all SICU patients
1200-1230:	Daily SICU Didactic Conference, except weekends

After rounds and conference, the following should occur:

- Completion of notes (including signing the medical student notes)
- Communicate all recommendations to the primary surgical teams
- Carry out management plans on SICU team "primary" patients, including any procedures to be done
- Assure that your patients are stable
- Sign out your patients to the On-call SICU Resident (more detailed sign-out on "primary" patients)
- When these duties are completed, the Residents who are NOT on-call may leave the hospital (typically early to mid-afternoon)

Note about POST-CALL PGY2/3 residents:

Each attending will have their own strategy for when the post-call resident is to be relieved, but In order to comply with ACGME standards, you must leave the hospital after 28 hours max. This usually means by 10am on your post-call day. Note that this does not apply to interns (PGY1) who do 16 hour max shifts.

### **SICU Resident Roles/Responsibilities:**

1. Respond to Emergency/Surgical Airway management needs – carry code pager
  - a. This is the emergency pager which is called for Surgical Airway anywhere in the hospital and in the Trauma Resuscitation Suite (Trauma Bay).
  - b. You also need to respond to all level I and level II. You will be responsible to write H&P and enter orders for all patients to be admitted to SICU or Step down
  - c. You also need to respond to OR Resuscitation.
  - d. Once the airway is secured, you may assist with vascular access and other needs during a code. Always check with the code leader before leaving.
2. Participate in SICU Rounds
  - a. Pre-round and be prepared to present your patients on rounds.
  - b. Complete notes using EPIC template.
  - c. Use a systems-based approach for presentation followed by assessment and thoughtful plan.
  - d. Have knowledge of all primary and consultant patients (described further below).
  - e. Always include the bedside RN in daily rounds.
3. M&M/Journal club/Grand Rounds conference and other didactic activities:
  - a. Residents are required to attend all academic and didactic activities and these times are protected. During that time period Trauma PA or attending on the service will assume primary responsibility of the patients.
4. Primary versus Consultant ICU Management
  - a. It is important to note that you should know all SICU patients well enough to be the primary medical service. However, there are certainly some differences in responsibilities depending on the SICU team's role in each patient's ICU management.
  - b. Primary Service – Services such as Neurosurgery, Vascular, Thoracic, Orthopedics, General Surgery, Surgical Oncology, Plastics, Spine, Urology, and OB/GYN often referred to as our "primaries"
    - i. The SICU team is primarily responsible for these patients' care.
    - ii. The SICU team will write all necessary orders, daily progress notes for these patients.
    - iii. The SICU team is responsible for communicating all ongoing management decisions/orders to the surgical service.
5. On-Call SICU Responsibilities
  - a. During on-call hours (usually after 7pm), the SICU Resident is responsible for ICU management for all patients in the SICU.
    - i. At night, you will write orders and manage these patients as if you were the primary team.
    - ii. There is always a senior surgery resident and a attending in the hospital if you need any assistance.
    - iii. The SICU attending is always available by phone or in person for help.

**Core Critical Care Topics:** These should be reviewed either formally or informally during your rotation.

Shock  
Mechanical Ventilation  
Weaning from MV  
ARDS  
SIRS, Sepsis, MODS  
Hemodynamic Monitoring  
Head Injury and ICP Management  
Neurological Illness and Critical Care  
Electrolyte and Acid-Base Abnormalities  
Renal Failure  
Hepatic Failure  
Use of Blood Products in the ICU  
Coagulation Disorders  
DVT Prophylaxis, PE  
Infectious Disease and Antibiotics  
Nutritional Assessment and Support  
Vasoactive Drugs  
Analgesia, Sedation, Paralysis  
Hypertensive Crisis  
ACLS Protocols  
Gastrointestinal Hemorrhage and Prophylaxis

**Procedures:**

Consent is required from the family member, or from the surrogate decision maker for all procedures which are not emergent in nature (e.g. central lines, PA catheters, arterial lines, dialysis lines, chest tubes, bedside PEG tubes, bedside tracheostomy, abdominal wound vac changes and bronchoscopy). After a procedure, a note is entered into EPIC with the attending selected as the co-signer for billing purposes. To do this, the resident must first place the order in epic, for placement of a line, or bronchoscopy, etc. The order is then signed. After the procedure, the rounding-consult tab is selected and the 'procedure notes' is selected. The order is then highlighted for the procedure done. Click on "document order" and fill out the template as appropriate. Strict sterile precautions are mandatory for all procedures in the SICU (unless truly emergent). This includes washing hands, gown, hat, mask, sterile gloves, full drape, skin prep with chlorhexidine.

**Professionalism:**

Residents are expected to maintain a high degree of professionalism when interacting with other members of the SICU team, nurses, patients, family members, other surgical teams, and all ancillary staff. Occasionally there will be differing opinions in terms of patient care or in terms of daily routines. One of the greatest skills you can take away from this ICU month is the refined ability to communicate professionally, respect others' opinions, and learn to be an effective consultant (which will be absolutely crucial to your future career). Many critically-ill patients are depending on all of us to work in harmony in order to provide them with the best possible care. Be the person who is a positive leader with a good attitude and this will benefit you long after your SICU month is over.

**Reading Materials and other information:**

- Books:

1. Marino PL, Sutin KM. The ICU Book. Lippincott Williams & Wilkins current ediction. (also available online)
  2. Wilson WC, Grande CM, Hoyt DB, eds. Trauma: Critical Care.
  - 3.
- There will be papers referred to you by individual attendings.
  - Website: <http://www.ccmtutorials.com> is an excellent website developed by the Society of Critical Care Medicine to assist residents in learning critical care.

#### **Surgical Critical Care Faculty**

Dr. Mohammad Siddiqui – Trauma Medical Director & Director of SICU

Dr. Charles Fasanya – Trauma Attending

Dr. Krassimir Atanassov – Trauma Attending

Dr. Tahira Mirza – Trauma Attending

Dr. Amir Gendy – Trauma Attending

Dr. Saravanan Ramalingam – Trauma.

#### **Trauma Mid-Levels:**

**Daphne Garcia – PAC.**

**Danielle Malone – PAC.**

**AnnMarie Villarraga – PAC.**

**Damien Faillace – PAC.**

**Edmund James - NP**



**Competency Based Goals and Objectives**  
**Dr. Elliot Mayefsky, M.D., FACS**  
**Orange Regional Medical Center**  
**PGY-1 Emergency Medicine Rotation- 1 Month**

**1. Medical Knowledge**

- a. Demonstrate a working knowledge of the applied principles of both ACLS and ATLS.
- b. Discuss the differential diagnosis of patients with abnormal pain in a variety of settings.
- c. Understanding of selection, use and toxicity of local anesthetics.

**2. Patient Care**

- a. Participate effectively under supervisor in the primary and secondary evaluation of the seriously injured patient.
- b. Demonstrate triage skills.
- c. Demonstrate appropriate use of diagnostic tests and decision making.
- d. Demonstrate ability to provide, under supervision, initial resuscitation, evaluation and stabilization of the patient with major multisystem trauma.
- e. Be able to repair, under supervision, minor lacerations and care for minor wounds, burns and soft tissue infections.

**3. Professionalism**

- a. Interact with patients and families in an empathetic and supportive manner.
- b. Demonstrate consideration and respect for supervising senior residents, faculty and consultants.

**4. Communication and Interpersonal Skills**

- a. Be able to discuss in clear simple language with patients and families findings, diagnostic plans, and proposed treatments.
- b. Be able to present a comprehensive and well-organized discussion of patient history and physical findings to attendings and consultants.

**5. Practice-Based Learning**

- a. Use surgical literature to perform evidence-based critique of patient care and outcomes.

**6. Systems-Based Practice**

- a. Be able to discuss the cost effectiveness of various diagnostic tests for patients with trauma and abdominal pain.

- a. Use consultants effectively and efficiently with consideration of cost.
- b. Appreciate the many considerations in the delivery of emergency care to a widely diverse population.

ORANGE REGIONAL MEDICAL CENTER

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**Competency Based Goals and Objectives**  
**Dr. Elliot Mayefsky, M.D., FACS**  
**Orange Regional Medical Center**  
**PGY-1 Internal Medicine Rotation- 2 Months**

**1. Medical Knowledge**

- a. Develop clinically applicable knowledge of the basic and clinical sciences that underline the practice of internal medicine.
- b. Learn to access and critically evaluate current medical information and scientific evidence.

**2. Patient Care**

- a. Learn to gather accurate and essential information from medical interviews, physical examinations, medical records, and diagnostic/therapeutic procedures.
- b. Learn to make informed recommendations about preventative, diagnostic and therapeutic options and interventions based on clinical judgement, scientific evidence and patient performance.

**3. Professionalism**

- a. Learn and demonstrate sensitivity and responsiveness to the gender, age, culture, religion, sexual performance, socioeconomic status and disabilities of patients and professional colleagues.
- b. Adhere to principles of confidentiality, scientific/academic integrity, and informed consent.

**4. Interpersonal and Communication Skills**

- a. Learn effective listening and narrative skills to communicate with patients and families.
- b. Interact with consultants in a respectful manner.
- c. Maintain comprehensive, timely and legible medical records.

**5. Practice-Based Learning & Improvement**

- a. Learn to use scientific evidence to investigate, evaluate and improve patient care practices.
- b. Identify areas for improvement and implement strategies to embrace knowledge, skills, attitude and processes of care.
- c. Develop and maintain a willingness to learn from errors and use errors to improve the system in processes of care.

**6. Systems-Based Practice**

- a. Learn to apply evidence-based, cost conscious strategies to prevention, diagnosis and disease management.
- b. Understand, access, and utilize the resources, providers and systems, necessary to provide optimal care.



- c. Develop a better understanding of the contexts and systems in which health care is provided and develop the ability to apply this knowledge to improve and optimize health care.

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**Competency-Based Goals & Objectives**  
**Dr. Elliot Mayefsky, MD, FACS**  
**Orange Regional Medical Center**  
**Urology Elective PGY1 – 1 month**

1. Medical Knowledge
  - a. Be able to discuss the most common urologic procedures
  - b. Understand the anatomy of the urologic system
  - c. Be familiar with the evaluation and treatment of prostate hypertrophy and prostatitis, urinary incontinence, sexual dysfunction, and urolithiasis
  - d. Become familiar with common neoplasms of the urinary tract
2. Patient Care Skills
  - a. Understand the perioperative assessment of common urologic conditions
  - b. Demonstrate the ability to manage the postoperative urologic patient
  - c. Be able to perform a complete urologic exam
3. Professionalism
  - a. Demonstrate empathy towards the urologic patient and family
  - b. Show respect for all members of the urologic healthcare team
4. Interpersonal & Communication Skills
  - a. Demonstrate the ability to present a comprehensive preoperative urologic history to attending
  - b. Competently discuss patient management with consultants and other members of the healthcare team
5. Practice-Based Learning
  - a. Use surgical literature to perform evidence-based critique of the urology patient
  - b. Demonstrate the ability to critically assess the postoperative management of the urology patient
  - c. Keep comprehensive and accurate patient medical records
6. Systems-Based Practice
  - a. Demonstrate an understanding of the limitations the medical system places on the evaluation and treatment of the urology patient
  - b. Demonstrate cost-effective management of the urology patient at the time of discharge

**Competency-Based Goals & Objectives**  
**Dr. Elliot Mayefsky, MD, FACS**  
**Orange Regional Medical Center**  
**Neurosurgery Elective PGY1 – 1 month**

1. Medical Knowledge
  - a. Understand the anatomy of the brain and spinal cord
  - b. Learn the basics of management of blunt neurologic injury
  - c. General understanding of common neurologic malignancies and management
  - d. Management of spinal injuries
2. Patient Care Skills
  - a. Understand the principles of preoperative evaluation of the neurosurgical patient
  - b. Learn to prioritize care of the patient with neurosurgical trauma
  - c. Be able to proficiently manage postoperative patient following craniotomy
  - d. Be able to recognize common neurosurgical emergencies
3. Professionalism
  - a. Show respect for other caregivers on the neurosurgical team
  - b. Be empathetic to patient and family
4. Interpersonal & Communication Skills
  - a. Be able to explain planned neurosurgical treatment to the patient and family
  - b. Be able to present a concise and accurate presentation of the neurosurgical patient to faculty and consultants
5. Practice-Based Learning
  - a. Use surgical literature to perform evidence-based critique of patient care and outcomes
6. Systems-Based Practice
  - a. Be able to discuss cost effectiveness of various diagnostic modalities
  - b. Demonstrate awareness of limitations of the healthcare system placed on the postoperative rehabilitation of the neurosurgical patient

**Competency-Based Goals & Objectives**  
**Dr. Elliot Mayefsky, MD, FACS**  
**Orange Regional Medical Center**  
**Orthopedics Elective PGY1 – 1 month**

1. Medical Knowledge
  - a. Understand the basic types of fractures
  - b. Understand the physiology of fracture healing
  - c. Be able to describe the treatment of common orthopedic emergencies
2. Patient Care Skills
  - a. Understand the preoperative assessment of the orthopedic patient
  - b. Be able to manage postoperative orthopedic patients and be familiar with the recognition of common postoperative orthopedic problems
3. Professionalism
  - a. Show empathy in dealing with the orthopedic patient and family
  - b. Be respectful of other members of the healthcare team
4. Interpersonal & Communication Skills
  - a. Communicate patient information effectively with consultants
  - b. Maintain accurate and timely medical records
  - c. Be able to describe in easy to understand terms common orthopedic procedures to patients and their families
5. Practice-Based Learning
  - a. Use scientific evidence to investigate, evaluate and improve patient care practices
  - b. Demonstrate an ability to learn from errors in patient management
6. Systems-Based Practice
  - a. When planning post discharge management and rehabilitation demonstrate an understanding of the limitations placed by the healthcare system
  - b. Learn to apply evidence-based cost conscious strategies to prevention, diagnosis, and treatment of orthopedic conditions

**Competency-Based Goals & Objectives**  
**Dr. Elliot Mayefsky, MD, FACS**  
**Orange Regional Medical Center**  
**ENT/Anesthesia PGY1 – 1 month**

1. Medical Knowledge
  - a. Become familiar with preoperative risk assessment of the surgical patient
  - b. Learn to identify and handle common anesthesia emergencies
  - c. Develop an understanding of head and neck anatomy
  - d. Develop an understanding of thyroid and parathyroid anatomy and physiology
  - e. Understand the principles of radical neck dissection
2. Patient Care
  - a. Become proficient in performing an EENT exam
  - b. Be able to intubate
  - c. Understand principles of preoperative evaluation and postoperative management of thyroidectomy and parathyroidectomy
  - d. Be able to recognize and treat airway emergencies
3. Professionalism
  - a. Treat the family of the head and neck patient with respect
4. Interpersonal & Communication Skills
  - a. Be able to present a concise but comprehensive summary of the preoperative patient to the anesthesia attending
  - b. Clearly discuss risks of anesthesia with patient and family
5. Practice-Based Learning and Improvement
  - a. Use evidence-based information in the management of the head and neck patient
  - b. Critically evaluate preoperative and postoperative care of the head and neck patient
  - c. Critically analyze handling of unexpected events which occur to the anesthetized patient
6. Systems-Based Practice
  - a. Use cost conscious strategies in the work-up of the head and neck patient

**Competency-Based Goals & Objectives**  
**Dr. Elliot Mayefsky, MD, FACS**  
**Orange Regional Medical Center**  
**PGY2 General Surgery Rotation – 8 months**

1. Medical Knowledge
  - a. Formulate diagnostic and treatment plans with thorough understanding of the basic science principles applicable to surgery
  - b. Understand the concepts of complex wound care
  - c. Apply investigative, analytical, and evidence-based approaches to clinical decision making
  - d. Demonstrate basic knowledge about many of the “broad” diseases in the SCORE curriculum
  - e. Begin to recognize variations in the presentation of common surgical conditions
  - f. Demonstrate basic knowledge of the operative steps, perioperative care and postoperative complications for many of the “essential” operations in the SCORE curriculum
2. Patient Care
  - a. Demonstrate responsibility for overall patient care
  - b. Demonstrate proficiency in emergency room diagnosis and treatment for surgical diseases including mastery of acute abdominal evaluation
  - c. Recognize and manage common postoperative issues with the assistance of senior residents or faculty members
  - d. Begin to develop the ability to recognize and manage complex postoperative problems with assistance of senior residents and faculty
  - e. Understand complex operative procedures; fine tune operative skills, develop skills in instrument handling
  - f. Begin developing the ability to make straightforward intraoperative decisions
  - g. Develop the ability to perform some of the “essential” operations in the SCORE curriculum with minimal assistance
3. Interpersonal and Communication Skills
  - a. Document patient encounters accurately and completely
  - b. Educate patients and their families about the pre and postoperative care of the surgical patient
  - c. Interact cooperatively with patients, families, nurses and other healthcare professionals to achieve the health-related goals of the patient
  - d. Demonstrate the ability to customize communications with patients and families by taking into account patient characteristics (e.g., age, literacy, culture)
  - e. Respond promptly and considerately to requests of other physicians
  - f. Exhibit behaviors that invite information sharing with healthcare team members
  - g. Effectively describe various aspects of the procedure and perioperative care to the patient and his or her family

4. Professionalism
  - a. Display tolerance to the opinions of others
  - b. Know the chain of command on the resident service
  - c. Accept responsibility for one's own actions
  - d. Demonstrate commitment to continuity of patient care
  - e. Complete operative case logs and medical reports in a timely manner
  - f. Comply with duty hour standards
  - g. Demonstrate appropriate dress and decorum while on duty
5. Practice-Based learning & improvement
  - a. Teach and be a role model for medical students, residents and other members of the healthcare team
  - b. Teach patients, their families and other healthcare professionals
  - c. Independently read the literature and use sources to answer questions related to patient care
  - d. Use information technology to access medical literature and select treatment strategies
  - e. Actively participate in M&M conferences and use relevant literature to support discussions and conclusions
  - f. Explore ways to modify practice to avoid errors
  - g. Use computer technology, simulations and other multimedia resources to increase medical knowledge and operative skills
6. System-Based Practices
  - a. Apply cost effective care in ordering tests and planning interventions
  - b. Provide consultations for other services
  - c. Coordinate patient care within the healthcare system
  - d. Know the necessary resources to provide optimal coordination of care
  - e. Consult other members of the healthcare team to provide cost-efficient healthcare for patients
  - f. Recognize and understand how different health insurance companies affect the treatment plan for patients
  - g. Appropriately order tests in order to provide cost-efficient care for patients



**Competency Based Goals and Objectives**  
**Dr. Elliot Mayefsky, M.D., FACS**  
**Orange Regional Medical Center**  
**PGY-2 Vascular Rotation- 2 Months**

**1. Medical Knowledge**

- a. Demonstrate basic knowledge of basic arterial and venous hemodynamics.
- b. Understand the clinical manifestations and risk factors for acute and chronic arterial and venous disease.
- c. Understand various noninvasive and invasive diagnostic tools used in evaluating patients with vascular disease.

**2. Patient Care**

- a. Develop ability to write appropriate admission and postoperative orders for the vascular patient.
- b. Provide competent pre and postoperative care of the vascular patient.
- c. Recognize limb threatening pre and postoperative signs.

**3. Interpersonal and Communication Skills**

- a. Counsel and educate patients regarding risk factors for vascular occlusive disease.
- b. Communicate effectively with supervising residents and faculty regarding changes in the status of the vascular patient.

**4. Professionalism**

- a. Relates to patients, other residents, and support staff with respect.
- b. Responds to page and consults in timely manner.
- c. Demonstrates appropriate dress and decorum while on duty.

**5. Practice-Based Learning**

- a. Be able to critique **vascular** articles using evidence-based information from the current vascular surgical literature.
- b. Demonstrate analytic thinking when considering a patient's presentation and subsequent imaging studies.

**6. Systems-Based Practice**

- a. Demonstrate knowledge of the risk/benefit rates for various treatments and procedures for the patient with vascular disease.
- b. Use consultants in a cost-effective manner when managing the vascular patient.



## **Competency-Based Goals & Objectives**

**Dr. Elliot Mayefsky, MD, FACS**

**Jacobi**

**Burn - 1 month PGY2**

1. Medical Knowledge
  - a. Learn the pathophysiology of tissue damage and the metabolic and systemic consequences of burn injury
  - b. Learn the initial treatment of resuscitation and stabilization of the acutely burned patient
  - c. Learn to manage burns of the face, hands and perineum
  - d. Learn the management of inhalation injury
  - e. Familiarize with the techniques of harvesting of full and split thickness skin grafts
2. Practice-Based Learning
  - a. Understand utilization of current literature resources to obtain up to date information in the care of burn patients and practice evidence-based medicine
  - b. Participate in burn unit teaching rounds and be able to present patients in an organized and capable fashion
3. Professionalism
  - a. Practice compassionate patient care
  - b. Demonstrate understanding of the needs of burn patient family members
  - c. Show a sensitivity to patient's culture, age, gender and disabilities
  - d. Communicate effectively within the team of healthcare providers
4. Interpersonal and Communication Skills
  - a. Maintain professional interactions with burn patient healthcare providers
  - b. Demonstrate an ethically sound relationship with burn patient families
5. System-Based Practices
  - a. Demonstrate cost effective care of the burn patient
  - b. Be able to coordinate multidisciplinary care of the burn patient including discharge planning, social services, rehabilitation and long-term care
6. Patient Care
  - a. Develop the ability to write appropriate admission orders for the burn patient
  - b. Learn to provide competent preoperative and postoperative care for reconstructive surgery following burn injury
  - c. Develop the ability to recognize when skin grafting is successful or failing

**Competency-Based Goals & Objectives**  
**Abenamar Arrillaga, M.D.**  
**Good Samaritan Hospital, West**  
**Islip New York**  
**SICU PGY 2 - 1 Month**

1. Medical Knowledge
  - a. Be able to manage complex fluid and electrolyte abnormalities in the critically ill patient
  - b. Learn the essentials in management of multisystem organ failure
  - c. Be able to manage complex coagulopathies
  - d. Continue to demonstrate appropriate management of the nutritional needs of the critically ill patient
2. Patient Care Skills
  - a. Be able to execute a comprehensive treatment plan for the critically ill patient
  - b. Demonstrate the ability to manage the ventilated patient and be able to evaluate for weaning off of the ventilator
  - c. Demonstrate proficiency in placement of monitoring devices such as arterial lines, central lines, pulmonary artery catheters
  - d. Demonstrate the ability to manage the patient with renal failure including the placement of temporary dialysis catheter
3. Professionalism
  - a. Continue to treat the families of the critically ill patient with compassion and concern
  - b. Demonstrate a more thorough understanding of the ethical issues surrounding the care of the critically ill patient
4. Interpersonal and Communication Skills
  - a. Accurately present clinical details to the faculty supervisor
  - b. Know when to communicate patient status changes to supervising faculty
  - c. Effectively communicate with consultants
5. Practice-Based Learning
  - a. Continue to become familiar with any practice evidence based medicine with respect to the critically ill patient
  - b. Demonstrate the ability to recognize, accept and manage errors in patient management
6. Systems-Based Practice
  - a. Demonstrate an understanding of how management of the critically ill patient impacts the overall healthcare system

**Competency-Based Goals & Objectives**  
**Dr. Elliot Mayefsky, MD, FACS**  
**Orange Regional Medical Center**  
**PGY3 General Surgery Rotation**  
**7 Months**

1. Medical Knowledge
  - a. Demonstrate advanced knowledge of the “broad” diseases in the SCORE curriculum
  - b. Be able to recognize unusual presentations of common surgical conditions
  - c. Be able to perform under supervision basic surgical procedures such as appendectomy, cholecystectomy, partial mastectomy, bowel resection, drainage of abscesses, and similar procedures as outlined in the SCORE curriculum
2. Patient Care
  - a. Demonstrate the ability to manage complex postoperative complications under supervision of more senior residents and attending faculty
  - b. Develop the ability to supervise the management of overall postoperative patient care by the management team
3. Interpersonal and Communication Skills
  - a. Demonstrate the ability to get informed consent for common surgical procedures
  - b. Demonstrate the ability to provide emotional support to patient families
  - c. Respond promptly to consultation requests from other physicians
4. Professionalism
  - a. Tolerate the opinions of others
  - b. Understand and respect the chain of command on the resident service
  - c. Continue to demonstrate commitment to continuity of patient care
  - d. Continue to comply with duty hours standards
5. Practice-Based Learning and Improvement
  - a. Be a role model and teach medical students and junior residents
  - b. Continue to actively participate and initially assess patient care at M&M conferences
  - c. Continue to examine ways of modifying practice to avoid making errors
  - d. Practice more complex surgical procedures using laparoscopic simulator
6. Systems-Based Practice
  - a. Oversee and optimize the coordination of patient care
  - b. Continue to develop an understanding of how health insurance companies affect the treatment of patients

**Competency-Based Goals & Objectives**  
**Dr. Elliot Mayefsky, MD, FACS**  
**Orange Regional Medical Center**  
**Trauma PGY3 - 2 months**

1. Medical Knowledge
  - a. Become knowledgeable in the principles of mechanisms of injury and pathophysiology of shock
  - b. Demonstrate understanding and competency in resuscitation technique in the trauma suite
  - c. Learn the principles of resuscitation of the trauma patient
2. Patient Care
  - a. Learn how to optimally time surgical intervention in the trauma patient
  - b. Demonstrate understanding in the preop evaluation and postop management of the patient with blunt trauma and the patient with penetrating trauma
  - c. Develop ability to rapidly interpret clinical, laboratory and radiologic findings in the trauma patient
3. Interpersonal & Communication skills
  - a. Demonstrate the ability to accurately and concisely present the details of the trauma patient to supervising faculty
  - b. Effectively communicate with other members of the healthcare team
  - c. Effectively communicate with the family of the trauma patient
4. Professionalism
  - a. Be able to discuss basic ethical issues and end of life with the trauma patient
  - b. Treat family of the trauma patient with compassion and respect
5. Practice-Based Learning
  - a. Be able to critically evaluate decision-making with respect to the management of the trauma patient
  - b. Demonstrate appropriate study/review of issues which arise in the day to day care of the trauma patient
6. Systems-Based Practice
  - a. Learn when to appropriately request consultations
  - b. Demonstrate an awareness of the cost considerations surrounding the management of the trauma patient
  - c. Be able to discuss the risk-benefit ratio surrounding invasive diagnostic and therapeutic interventions in the trauma patient



**Transplant Rotation  
Westchester Medical Center**

**Competency Based Goals and Objectives<sup>i</sup>  
Dr. Elliot Mayefsky, M.D., FACS  
PGY-3 Transplant – 1 Month**

**Educational Goals and Objectives of the Rotation:** While assigned to the Hosting Hospital under Dr. Diflo, the following educational goals and objectives of the curriculum are to be met corresponding to the six Core Competencies defined by the Accreditation Council for Graduate Medical Education (ACGME):

**1. Patient Care:**

- a. Residents will be able to provide patient care that is compassionate, appropriate, and effective for the treatment of the transplant surgery patient.

**2. Medical Knowledge:**

- a. Residents will achieve detailed knowledge of the evaluation and management of the transplant surgery patient.

**3. Interpersonal and Communication Skills:**

- a. Residents will demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and professional associates.

**4. Professionalism:**

- a. Residents will demonstrate a commitment to carrying out professional responsibilities, adherence to organizational and ethical principles, and demonstrate sensitivity to a diverse patient population.

**5. Practice-Based Learning and Improvement:**

- a. Residents will investigate and evaluate their own patient care practices and appraise and assimilate scientific evidence and improve patient care practices.

**6. Systems-Based Practice:**

- a. Residents will demonstrate an awareness of and responsiveness to the larger context and system of health care and be able to call on system resources to provide care that is of optimal value.

**Educational Objectives:**

At the end of the Transplant Surgery rotation, PGY-3 Residents will be able to:

- Recognize the specific clinical problems encountered in recipients of organ transplant, especially of the

liver and kidney.

- Discuss the criteria of organ donation and social and ethical issues relating to organ supply and recipient designation and selection
- Discuss the indications and timing for dialysis
- Exhibit knowledge of medical and surgical problems of renal failure patients
- Identify the advantages and disadvantages of Hemodialysis and Peritoneal dialysis, and different types of access (temporary & permanent catheters, native fistula (Cimino), AVgrafts).
- Discuss the preoperative evaluation, operative techniques for placement, and postoperative management of complications of Hemodialysis and Peritoneal Dialysis.
- Discuss laparoscopic-assisted placement and repositioning of Peritoneal Dialysis
- Explain the HLA complex, its genetic location, its composition, pattern on inheritance, role in the results of transplantation
- Discuss the role of typing in the identification of patients for transplantation including specific roles and efforts of compatibility on outcomes in renal, cardiac, pancreatic, pulmonary and hepatic transplantation
- Manage the utilization of the clinical examination, as well as diagnostic biochemical and microbiological tests and radiological intervention, in the management of the immunocompromised patient.
- Gain operative experience in judgmentally and technically demanding cases, which require high levels of intellectual and manual skills.
- Recognize the pathophysiology and clinical manifestations of the more common diseases causing end stage hepatic and renal disease.
- Know the timing of referral for transplant evaluation based on the natural history and clinical manifestations of those diseases commonly resulting in the need for liver or kidney transplantation.
- Familiar with and competent in the management of the following in transplant patients: hyperkalemia, fluid balance, diabetes, fever of unknown origin, hypertension, sepsis, wound infection, and malnutrition
- Identify the manifestations of rejection of renal and hepatic transplant
- Recognize the roles of renal nuclear scans, ultrasonography, arteriography and biopsy in the diagnosis of kidney graft dysfunction.
- Develop expertise in formulating a comprehensive renal transplant consultation.
- Appreciate the complexities of planning and implementing related or cadaveric renal transplantations
- Become competent in the longitudinal management of renal patients post-transplantation.
- Become thoroughly familiar with the anatomy of the retroperitoneal iliac arterial/venous area.
- Know, in detail, the technical variations between arterial and venous end-to-side anastomoses.

<sup>i</sup>This is from the Program Letter of agreement that Westchester Medical Center made with Orange Regional Medical Center.



**Pediatric Surgery Rotation  
New York Presbyterian Hospital-Columbia Campus**

**Competency Based Goals and Objectives<sup>1</sup>  
Dr. Elliot Mayefsky, M.D., FACS  
PGY-3 Pediatric Surgery – 2 Months**

**1. Medical Knowledge**

- a. Describe the embryological development of the peritoneal cavity and the position of the abdominal viscera.
- b. Diagram the anatomy of the abdomen including its viscera and anatomic spaces.
- c. Describe the anatomy of the omentum and its role in responding to inflammatory processes.
- d. Describe the treatment alternatives for the patient with an acute abdomen according to the specific etiology.
- e. Describe the anatomy, embryological development, clinical presentation and timing of treatment of inguinal hernias, umbilical hernia and hydrocele.
- f. Compare and contrast the anatomy, pathophysiology, associated syndromes and timing of treatment of omphalocele and gastroschisis.
- g. Describe the pathophysiology, types and treatment of anorectal malformations.
- h. Describe the presentation, types, workup and treatment for esophageal atresia and tracheoesophageal fistulae.
- i. Be able to describe the presentation and pathophysiology of pyloric stenosis including diagnostic modalities, fluid and electrolyte management and timing as well as surgical options for treatment.
- j. List a differential diagnosis and diagnostic workup for bowel obstruction in the neonatal period.
- k. Describe the pathophysiology, diagnosis and treatment for Hirschsprung's Disease.
- l. Have an understanding of the pathophysiology of GERD in the pediatric population, the diagnostic modalities including pH probe and UGI series and treatment principles.
- m. List a differential diagnosis of abdominal masses in the pediatric population.
- n. Describe the pathophysiology, diagnostic modality and treatment options for intussusception.
- o. Have an understanding of the embryology, pathophysiology, and types of diaphragmatic hernias and their treatment.
- p. List the five types of choledochal cysts and treatment.
- q. Describe the pathophysiology, presentation and diagnosis of biliary atresia as well as the timing of surgery.

- r. Outline the basic techniques of evaluation and resuscitation of pediatric trauma patients using the Advanced Trauma Life Support (ATLS) protocol.
- s. Outline the different treatment options for hepatic, splenic, pancreatic and duodenal injuries.
- t. Outline the treatment options for thoracic injuries.

## **2. Patient Care**

- a. Establish basic proficiency in providing preoperative and postoperative care (writes appropriate pre-op and postop orders for floor patients, handles nursing calls appropriately, and manages most routine postoperative care with minimal intervention by supervisor).
- b. Take an appropriate history to evaluate patients with general surgical issues to include:
  - i. A complete history of present illness
  - ii. Presence of any comorbidities
- c. Take the leading role in directing the weekly educational conferences involving the medical students and junior residents. This includes choosing appropriate peer-reviewed articles and texts and arranging for films and presentations to be ready.
- d. Provide an appropriate orientation and guide all medical students and junior residents as to their roles and responsibilities during the rotation.

## **3. Systems-Based Practice**

- a. Understand, review, and contribute to the refinement of clinical pathways.
- b. Understand the cost implications of medical decision-making.
- c. Partner with healthcare management to facilitate resource efficient utilization of the hospital's resources.
- d. Describe in general terms the benefits of clinical pathway implementation.
- e. Develop a cost-effective attitude toward patient management.
- f. Develop an appreciation for the benefits of a multi-disciplinary approach to management of critically ill surgical patients.
- g. Comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations regarding patient privacy and confidentiality.
- h. Demonstrate knowledge in steps and conduct during major surgical procedures.
- i. Have clear indications and know when it is appropriate to perform a surgical procedure.
- j. Have an understanding of when it is not appropriate to operate.
- k. Demonstrate knowledge of steps to be taken to have a patient ready for surgery including pre-op workup and medical clearance.

## **4. Practice-Based Learning & Improvement - Demonstrate the ability to:**

- a. Evaluate published literature in critically acclaimed journals and texts.



- b. Apply clinical trials data to patient management.
- c. Participate in academic and clinical discussions.
- d. Accept responsibility for all dimensions of routine patient management on the wards.
- e. Apply knowledge of scientific data and best practices to the care of the surgical patient.
- f. Facilitate learning of medical students and physician assistant students on the team.
- g. Use the CP library and databases of on-line resources to obtain up to date information and review recent advances in the care of the surgical patient.
- h. Demonstrate a consistent pattern of responsible patient care and application of new knowledge to patient management.
- i. Demonstrate a command and facility with on-line educational tools.

## **5. Interpersonal & Communication Skills**

- a. Work as effective team members.
- b. Cultivate a culture of mutual respect with members of nursing and support staff.
  - i. A review of social and family history impacting the present problem.
  - ii. A complete review of systems.
- c. 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.
- d. Develop a proficiency in evaluation and interpretation of the different diagnostic modalities including: x-rays, ultrasounds, CT scans, contrast studies, and MRI's.
- e. Discuss treatment options, risks and potential complications of patients with pediatric surgical issues.
- f. Assist in the performance of general surgical and laparoscopic procedures.
- g. Demonstrate skill in basic surgical techniques; including:
  - Knot tying
  - Exposure and retraction
  - Knowledge of instrumentation
- h. Incisions
  - Closure of incisions
  - Handling of graft material including mesh
  - Establishing pneumoperitoneum
  - Handling of laparoscopic instruments
  - Handling of the laparoscopic camera
- i. Evaluate and institute management of abdominal wound problems.
- j. Coordinate pre and post-surgical operative care for patients in the Pediatric Surgery rotation.

- k. Assist in closure of abdominal incisions and exhibit competency in suture technique.
- l. Be able to apply and remove all types of dressings.
- m. Make and close a variety of incisions and tie knots using sterile technique.
- n. Develop awareness and participate in the evaluation and treatment of non-accidental trauma victims.
- o. Demonstrate knowledge of steps to be taken to have a patient ready for surgery including pre-op workup and medical clearance.

## 6. Professionalism

- a. The resident should be receptive to feedback on performance, attentive to ethical issues and be involved in end-of-life discussions and decisions.
- b. Understand the importance of honesty in the doctor-patient relationship and other medical interactions.
- c. Treat each patient, regardless of social or other circumstances, with the same degree of respect you would afford to your own family members.
- d. Learn how to participate in discussions and become an effective part of rounds, attending staff conference, etc.
- e. Complete all assigned patient care tasks for which you are responsible or provide complete sign out to the on-call. Maintain a presentable appearance that sets the standard for the hospital that includes, but is not limited to, adequate hygiene and appropriate dress. Scrubs should be worn only when operating or while on call.
- f. Assist with families of critically injured/ill patients and guidance of families towards or through difficult decisions.
- g. Demonstrate mentoring and positive role-modeling skills.

<sup>i</sup>This is from the Program Letter of Agreement that New York Presbyterian Hospital-Columbia Campus made with Orange Regional Medical Center.

**Competency-Based Goals & Objectives**  
**Dr. Elliot Mayefsky, MD, FACS**  
**Orange Regional Medical Center**  
**General Surgery Rotation PG4 - 6 Months**

1. Medical Knowledge
  - a. Begin to master basic science, critical care principles, anatomy and pathophysiology of surgical diseases
  - b. Demonstrate comprehensive knowledge of treatment of many of the “broad” diseases in the SCORE curriculum by making diagnoses and initiating appropriate management
  - c. Begin to master operative strategies and procedures
  - d. Demonstrate sufficient surgical knowledge to begin to function independently
2. Patient Care
  - a. For most patients be able to evaluate and manage all aspects of patient care including pain management
  - b. Demonstrate good judgment, safety, and effective technical skills in operative cases
  - c. Can perform many of the “essential” operations and have some experience in the performance of “complex” operations
  - d. Be able to assist junior residents in the performance of “common” operations
3. System-Based Practice
  - a. Apply cost effective care when ordering tests
  - b. Develop the ability to manage routine patient care both in and out of the operating room
4. Practice-Based Learning and Improvement
  - a. Take an active role in teaching of junior residents and students
  - b. Start to become proficient in the use of information technology to access medical literature
  - c. Exhibit ongoing self-evaluation and improvement
  - d. Participate in SIM Lab skill development with junior residents
5. Professionalism
  - a. Demonstrate accountability for all actions and outcomes on the service under supervision of attending faculty
  - b. Serve as a role model for ethical behavior
  - c. Show tolerance with respect to the opinions of others
6. Interpersonal and Communication Skills
  - a. Demonstrate effective communication between faculty and junior residents
  - b. Coordinate interactions between all members of the healthcare team
  - c. Take a lead role in the arbitration of conflicts between healthcare providers



**Competency Based Goals and Objectives**  
**Dr. Elliot Mayefsky, M.D., FACS**  
**Orange Regional Medical Center**  
**PGY-4 Senior Resident Vascular-2**  
**Months**

**1. Medical Knowledge**

- a. Be able to discuss in detail the anatomy and hemodynamics of the arterial and venous systems.
- b. Be able to discuss the therapeutic options for arterial reconstruction.

**2. Patient Care**

- a. Perform and interpret noninvasive evaluations of the arterial and venous system.
- b. Be able to interpret angiographic images of central and peripheral arteries and veins.
- c. Perform meaningful preoperative risk assessment of the patient undergoing vascular surgery.

**3. Interpersonal and Communication Skills**

- a. Organize and supervise the inpatient vascular service with delegation and supervision of junior residents and medical students.
- b. Discuss proposed vascular treatment and procedures with patients.
- c. Communicate clearly changes in the vascular patient's status with faculty.

**4. Professionalism**

- a. Demonstrate a caring, compassionate and empathetic attitude in the care of vascular patients.
- b. Consider the opinion of other providers in the overall care of the vascular patient.

**5. Practice-Based Learning**

- a. Critique his/her practice patterns and patient outcomes by participating in formal and informal discussions while on the vascular service.
- b. Use evidence-based reading from current journals to improve and adjust practice patterns.

**6. Systems-Based Practice**

- a. Be able to discuss the financial and social impact of arterial disease in an aging population.
- b. Be able to work with discharge planners and adjunct providers in developing a post discharge plan for the vascular patient.

**Competency-Based Goals & Objectives**  
**Dr. Elliot Mayefsky, MD, FACS**  
**Orange Regional Medical Center**  
**Surgical Oncology Rotation PGY4 – 2 months**  
**Memorial Sloan-Kettering Cancer Center**

1. Medical Knowledge
  - a. Learn the surgical anatomy of the liver, hepatobiliary system and esophagus
  - b. Develop knowledge of the indications and steps in the performance of esophageal, liver and hepatobiliary reconstructive procedures
  - c. Become familiar with the recognition and treatment of common complications associated with complex reconstructive procedures involving the esophagus, liver and hepatobiliary system
2. Patient Care
  - a. Learn how to provide appropriate preoperative assessment of the patient with esophageal, liver and hepatobiliary malignancies
  - b. Demonstrate the ability to appropriately manage postoperative care of the patient following esophageal, liver and hepatobiliary surgery
3. Systems-Based Practice
  - a. Have a basic understanding of the cost implications in their medical decision making
  - b. Demonstrate the ability to efficiently utilize hospital resources in the treatment of patients in the oncology service
4. Practice-Based Learning and Improvement
  - a. Have a basic understanding of the application of clinical trials in management of patients with esophageal, liver and hepatobiliary cancer.
  - b. Demonstrate a consistent pattern of responsible patient care and application of new knowledge to patient management
5. Interpersonal & Communication Skills
  - a. Demonstrate the ability to work as an effective team member
  - b. Be able to effectively communicate with other members of the healthcare team
  - c. Demonstrate compassionate and effective communication with oncology patient's family members
6. Professionalism
  - a. Serve as a role model for ethical behavior
  - b. Demonstrate accountability for all actions and outcomes on the surgical oncology service
  - c. Demonstrate tolerance to the opinions of others with respect to management of the oncology patient

**Competency-Based Goals & Objectives**  
**Dr. Elliot Mayefsky, MD, FACS**  
**Orange Regional Medical Center**  
**General Surgery Service PGY5 - 10 months**

1. Medical Knowledge
  - a. Master basic science, critical care principles, anatomy and pathophysiology of surgical diseases
  - b. Demonstrate comprehensive knowledge about the varying patterns of presentation and alternative and adjuvant treatments for all of the “Broad” diseases in the SCORE curriculum by making diagnoses and initiating appropriate management
  - c. Master operative strategies and procedures
  - d. Demonstrate sufficient surgical knowledge to function independently
2. Patient Care
  - a. Lead the surgical team and provide supervision in the evaluation and management of complex postoperative problems
  - b. Understand surgical pathophysiology and therapeutic support systems in order to achieve optimal recovery for the patient with limited morbidity
  - c. Be able to independently evaluate and manage all aspects of patient care including pain management
  - d. Be able to appropriately delegate to other healthcare team members
  - e. Demonstrate good judgment, safety, and effective technical skills in operative cases
  - f. Demonstrate the ability to guide the conduct of most operations and make independent intraoperative decisions
  - g. Can perform all of the “essential” operations and have significant experience in the “complex” operations
  - h. Be able to effectively guide other residents in the “essential-common” operations
3. System-Based Practice
  - a. Apply cost effective care when ordering tests and planning interventions
  - b. Understand the appropriate use of standardized approaches to care
  - c. Be able to coordinate the activities of residents, nurses, social workers, and other healthcare professionals to provide optimal care to the patient at the time of discharge and to provide post-discharge ambulatory care that is appropriate for patient’s particular needs
  - d. Perform overall management of patient care both in and out of operating room

4. Practice-Based Learning and Improvement
  - a. Be proficient at teaching junior residents and medical students
  - b. Use informational technology to access medical literature and select treatment strategies
  - c. Exhibit ongoing self-evaluation and improvement that reflects teaching and analyzing patient outcomes, integrating evidence-based practice guidelines and identify opportunities to make practice improvement
  - d. Demonstrate or discuss the application of M&M and/or other quality improvement conclusions to their own patient care
  - e. Lead surgical skills experiences for students and residents and participate in skills curriculum development (e.g. use of laparoscopic SIM with junior residents)
  - f. Participate in local, regional and national medically related activities
5. Professionalism
  - a. Serve as a role model for ethical behavior
  - b. Set an example for conference attendance, promptness, and attention to assigned tasks
  - c. Place the interests of patients ahead of self-interests
  - d. Display proficiency in managing the resident service
  - e. Demonstrate accountability for all actions and outcomes on the service with appropriate supervision and consultation by attending physicians
  - f. Display tolerance to the opinions of others
  - g. Assure that others under his or her supervision respond appropriately to responsibilities in a timely fashion
  - h. Assure that caregivers under their supervision maintain personal wellness and do not compromise patient safety
6. Interpersonal and Communication Skills
  - a. Interact as a lead member of the healthcare team
  - b. Be able to effectively communicate to other team members requests of private practice surgeons
  - c. Exhibit behavior that invites information sharing with operating room team members
  - d. Demonstrate leadership when unexpected events occur in the operating room and be able to communicate effectively with family when those events occur
  - e. Be able to negotiate and manage conflicts care providers
  - f. Take responsibility for ensuring that clean hand-offs are given at transitions of care
  - g. Be able to customize emotionally difficult information when participating in end of life discussions

Competency Based Goals and Objectives  
Dr. Elliot Mayefsky, MD, FACS  
Orange Regional Medical Center  
PGY – 5 Chief Resident Trauma/Acute Care Surgery  
2 Months

1. Medical Knowledge

- a. Explain in detail the physiologic response to Trauma
- b. Discuss the nutritional needs of the acutely ill patient and discuss in detail the methods to meet those needs.
- c. Be able to discuss the various monitoring techniques used for the seriously ill patient.
- d. Explain in depth the principles of the operative procedures proposed in the management of the trauma and acutely ill patient and explain in depth the relative anatomy, technical considerations and decision making.

2. Patient Care

- a. Be able to prioritize ongoing issues in the ER and SICU setting.
- b. Be able to develop a plan for initial stabilization, resuscitation and evaluation of the acutely injured patient.
- c. Competently be able to prepare a trauma patient for operative procedures considering all co-morbid factors.
- d. Be able to develop and execute a comprehensive post-operative care plan for the trauma patient.
- e. Demonstrate the mastery of technical skills required in trauma surgery.

3. *Interpersonal and communication skills*

- a. *Be able to show mastery of the interpersonal skills needed in dealing with the trauma patient.*

4. *Professionalism*

- a. *Render care that is compassionate and empathetic.*
- b. *Provide ongoing surveillance of the acute care surgery patients.*

5. *Practice Based Learning*

- a. *Participate at Trauma Conference providing critique of personal practice and performance.*
- b. *Present Trauma/Acute Care patients at Morbidity and Mortality Conference using current literature in the discussion.*



c. Function effectively as an educator of more junior residents and medical students.

6. System Based Practice

- a. Be able to discuss with faculty and other team members the risk/benefit ratio for various diagnostic and therapeutic procedures proposed in the care of the acutely injured patient.
- b. Participate actively in the discharge planning of the trauma patient and be able to coordinate social services, rehabilitative services and other providers.
- c. Be able to function effectively as an administrator of the Trauma/Acute Care Service and coordinate all aspects of inpatient care.

# Surgical Skills Curriculum

## PGY 1 Residents:

### **July:**

- 1) Basic Surgical Skills- Knot tying, skin and soft tissue suturing

### **August-December:**

- 1) Basic Laparoscopic Skills – Surgical Sciences Haptic Laparoscopic Trainer
  - Exercise 1 – Camera Navigation
  - Exercise 2 – Instrument Navigation
  - Exercise 3 – Coordination
  - Exercise 4 – Grasping
  - Exercise 5 – Lifting & Grasping
  - Exercise 6 – Cutting
  - Exercise 7 – Clip Applying
- 2) Ultrasound Training – Wednesday Mornings – September & October

### **January – June:**

- 1) Advanced Laparoscopic Skills – Surgical Sciences Haptic Laparoscopic Trainer
  - Exercise 8, 21 – Grasping
  - Exercise 11 – Instrument Navigation
  - Exercise 12 – Camera Navigation
  - Exercise 13 – Cutting
  - Exercise 14 – Clip Applying
  - Exercise 15 – Lifting and Grasping
  - Exercise 17 – Handling Intestines
  - Exercise 20 – Coordination
  - Exercise 24 – Fine Dissection
  - Exercise 32 – Suturing
- 2) GI Mentor – Endoscopic Trainer
  - Endobasket Cases – 1 & 2

Endobubble Cases – 1 & 2

3) Da Vinci Robot Training

Complete on-line Computer Module

Simulator Hands on Training – Date to be scheduled

PGY 2 Residents:

**July – June:**

1) Advanced Laparoscopic Skills – Surgical Sciences Haptic Laparoscopic Trainer.

Exercises 16, 28, 30 – Lifting & Grasping

Exercises 18, 25 – Cutting

Exercises 19, 27, 36 – Instrument Navigation

Exercises 22, 29, 39 – Clip Applying

Exercise 26 – Coordination

Exercise 31, 33, 37 – Grasping

Exercise 34, 38 – Fine Dissection

Exercise 35, 40 – Suturing

2) GI Mentor – Endoscopic Trainer

Lower GI Endoscopy Cases 1 & 2

Upper GI Endoscopy Cases 1 & 2

PGY 3- 4 Residents:

**July – June:**

1) ACS/APDS Surgical Skills Curriculum – Modules 1 – 15

2) GI Mentor Endoscopic Trainer

Lower GI Endoscopy Cases 3-6

Upper GI Endoscopy Cases 3-6

Flexible Sigmoidoscopy Cases 1 & 2

GI Bleeding Cases 1 & 2

3) ACS/APDS Team Based Skills - Topics 1 - 10

<b>Category</b>	<b>PGY Level</b>	<b>Frequency</b>	<b>Tools</b>	<b>Facilitator , Supervisor</b>
Basic Surgical Skills (knot tying, suturing)	1	1 – 2 hour session during orientation & July	Knot Tying Boards & Suture Pads	Senior Surgical Residents
Basic Laparoscopic Skills	1 (Aug – Dec)	5 hours/Block	Laparoscopic Box Trainer (rm 2314) Surgical Sciences Computerized Hepatic Trainer (rm 2314) - Level 1 Exercises	Computerized Skills Tests Faculty Observation Program Director
Advanced Laparoscopic Skills	PGY-1 (Jan – June) PGY-2 (July-June)	5 hours/Block	Surgical Sciences Computerized Hepatic Trainer (rm 2314) - Level 2 Exercises (PGY – 1) - Level 3-5 Exercises (PGY 2)	Computerized Skills Tests Faculty Observation Program Director
Laparoscopic Procedures	3 – 4	5 Hours/Block	Surgical Sciences Computerized Hepatic Trainer (rm 2314) ACS/APDS Resident Skills Curriculum Touch Surgery Modules	Computerized Skills Tests Faculty Observation Program Director
Ultrasound	1	1 hour every other month	Didactic Sessions Hand on Training	Guest Faculty
Endoscopy	1 – 4	1 – 2 hours/Block	GI Mentor Endoscopic Trainer Exercise	Faculty Guest Faculty
Team Based Skills – Trauma	3 – 4	Monthly	Didactic Sessions SIM – Man	Trauma and ED Faculty
DaVinci Robotic Training	1	3 hours/1 yr & PRN	Online Computer Modules DaVinci Simulator	Company Representation Faculty

## PD/Faculty SIM Lab Evaluation Form on Resident Performance

Resident Name: \_\_\_\_\_

PGY Level: \_\_\_\_\_

1) **Basic Laparoscopic Skills:**

PD/Faculty: \_\_\_\_\_

Date: \_\_\_\_\_

Requires further practice	Appropriate for Level of Training	Exceeds Expectations
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2) **Advanced Laparoscopic Skills:**

PD/Faculty: \_\_\_\_\_

Date: \_\_\_\_\_

Requires further practice	Appropriate for Level of Training	Exceeds Expectations
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3) **Laparoscopic Procedures:**

PD/Faculty: \_\_\_\_\_

Date: \_\_\_\_\_

Unable to Complete Successfully (Needs Further Practice)	Completes Successfully	Exceeds Expectations for Level of Training
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4) **Endoscopic Procedures:**

Faculty/Guest Faculty: \_\_\_\_\_

Date: \_\_\_\_\_

**Upper Endoscopy:**

Proficient	Requires Further Practice
<input type="radio"/>	<input type="radio"/>

**Colonoscopy:**

Proficient	Requires Further Practice
<input type="radio"/>	<input type="radio"/>

5) **Ultrasound:**

Guest Faculty: \_\_\_\_\_

Date: \_\_\_\_\_

Successfully Managed Basic Skills
<input type="radio"/>

6) **Team Based Skills:**

Faculty: \_\_\_\_\_

Date: \_\_\_\_\_

Can Successfully Manage Trauma Code without Faculty Guidance	Manages Trauma Code with Some Faculty Assistance	Team Based Skills Requires Further Education
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7) **Robotic Training:**

Faculty/Company Rep: \_\_\_\_\_

Date: \_\_\_\_\_

Has Obtained Basic Robotic Skills	Requires Further Training on Robotic Simulator
<input type="radio"/>	<input type="radio"/>



### Abbreviation Table:

SURG = General Surgery, Colorectal, Breast & Hepatobiliary Services  
IM = Internal Medicine  
EM = Emergency Medicine  
SICU = Surgery Intensive Care Unit  
ELECT = Elective  
BURN = Burn Service  
JR\_VASC/THOR = Vascular & Thoracic Junior Resident  
TRAUMA = Acute Care/Trauma  
PEDI = Pediatric Surgery  
TRANS = Transplant Surgery  
SR\_RES\_VASC = Vascular Senior Resident  
SURG\_ONC = Surgery Oncology  
CH\_TRAUMA = Acute Care/Trauma Chief  
CH\_SURG = Surgery Chief

### Sites Table:

1 = Orange Regional Medical Center  
2 = Jacobi - NY Health & Hospitals Facility at Jacobi Medical Center  
3 = Columbia - New York-Presbyterian The University Hospital Columbia and Cornell  
4 = WCMC - Westchester Medical Center  
5 = Memorial - Memorial Sloan Kettering Hospital  
6 = Good Sam - Good Samaritan Hospital

### Possible Electives:

List the possible electives:

1 = Ortho  
2 = Trauma  
3 = Urology  
4 = ENT