

Surgery Goals and Objectives:

Medical Knowledge

The resident should be able to

1. Discuss the evaluation and management of the following scenarios:
 - a. Aortic aneurysm
 - b. Appendicitis
 - c. Bowel obstruction
 - d. Colon cancer
 - e. Diverticular disease/colitis
 - f. Breast masses
 - g. Hernias
 - h. Gastric bypass
 - i. Nissen fundoplication
 - j. Gallbladder disease
 - k. Peripheral vascular disease
 - l. Gastrointestinal hemorrhage
 - m. Wound dehiscence
 - n. Hemorrhoids
 - o. Stomach and esophageal ulcers
 - p. Pancreatic cancer
 - q. Inflammatory bowel disease
 - r. Ruptured viscus
 - s. Anal fissure, fistulas, perianal and perirectal abscess
 - t. Esophageal stricture, esophageal foreign body
 - u. Peritonsillar abscess
 - v. Blunt and penetrating abdominal trauma

Patient Care

The resident should be able to

1. Give oral and written presentation to attending physicians in an organized, concise, and accurate manner, including differential diagnosis and management plan.
2. Demonstrate principle of patient autonomy, confidentiality, and informed consent.
3. Develop and demonstrate ability to work in an efficient, organized manner in assessing and triaging patients according to urgency and recognize surgical emergencies.
4. Appropriately use and interpret laboratory, X-ray, CT and angiography in patient care.
5. Demonstrate competency in the following skills and procedures with surgical supervision:
 - a. First assist in surgery.
 - b. Clinical assessment, including H&P, lab and x-ray evaluation and differential of key signs and symptoms of surgical patients and conditions.
 - c. Preoperative assessment: surgical risks, co-morbid conditions, antibiotic prophylaxis, patient preparation.
 - d. Intraoperative care: Asepsis, fluid management, patient monitoring.
 - e. Postoperative care: Fluids, nutrition, wound care, pain control, dressings, suction, drains.
 - f. Complications: Fever workup, hemorrhage, pneumonia, ileus, infection.
 - g. Paracentesis, suturing/wound closure, Foley catheter placement, I&D cysts and abscesses, NG insertion.
 - h. Endoscopy (if available).
 - i. Fine needle aspirate, lipoma removal, hemorrhoid banding.

Interpersonal communication Skills

The resident should be able to

1. Effectively communicate with attending physicians and other healthcare team members in coordinating comprehensive surgical healthcare.
2. Effectively communicate medical decisions and recommendations to colleagues and patients.
3. Discuss and demonstrate strategies to discuss sensitive subjects with patients.
4. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic and cultural issues of care.

Systems Based Practice

The resident should be able to

1. Demonstrate effective, compassionate and empathetic communication with patients and families while considering psychosocial, economic and cultural issues of care.
2. Utilize ancillary services to provide cost-effective and economically appropriate medical treatments.

Practice Based Learning

The resident should be able to

1. Appraise and assimilate scientific evidence to guide improvement in patient care.
2. Incorporate formative evaluation and feedback into daily practice.
3. Use information technology to optimize learning.

Professionalism

The resident should be able to

1. Present themselves professionally in regards to dress, punctuality, and interactions with patient and families and all medical care providers.
2. Demonstrate compassion, integrity, and respect for others.
3. Demonstrate respect for patient privacy and autonomy.
4. Apply the principles of medical ethics to decision making.