

**Riverside University Health System  
General Surgery  
Goals and Objectives  
PGY 4  
Red Team**

**Length of Goals: 2 Months**

**Goals:**

Riverside County Regional Medical Center will provide a learning environment for the PGY-4 resident to develop cognitive and technical skills in management of complex surgical diseases of liver, esophagus, stomach as well as management of complex operative and non-operative traumas. Clinically, residents will assess surgical pathology pre-operatively, develop clinical judgment on managing these issues, and learn related appropriate operative skills to address these problems. Careful postoperative care and follow up will be emphasized. Residents will complex gastrointestinal pathology.

**Objectives:**

**Medical Knowledge:**

- Describe in detail the anatomy and physiology of the liver, including its segments with their blood supply and biliary drainage.
- Explain types of portal hypertension along with their pathophysiology.
- Draw the segments of liver and explain types of biliary strictures
- Be able to explain types of hepatectomies.
- Show familiarity with diagnostic approaches and management of benign and malignant hepatic lesions.
- Describe pathophysiology of malignant and benign gastric tumors.
- Explain the roll of chemo and radiation therapy in management of gastric malignancies.
- Describe types of gastric resections and reconstructions along with advantages and disadvantages of each one.
- Be able to explain the principles and steps of ATLS.
- Explain the role of ultrasound in initial assessment of trauma patient.
- State the types and the grades of solid organ injuries.
- Explain the zones of injuries in the abdomen and retro peritoneum and their managements.
- Describe the role of conservative management in splenic injuries.
- Describe how to expose and obtain control in retrohepatic cava and aortic injuries.
- State the algorithm of management of blunt abdominal trauma.
- Explain how to perform emergency thoracotomies and manage life-threatening thoracic and cardiac injuries.

**Assessment**

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

**Patient Care:**

- Be able to perform gastric resection with assistance of attending surgeon.
- Demonstrate proficiency in low anterior resection
- Demonstrate proficiency in abdominal peritoneal resection

- Demonstrate proficiency in ventral hernia repair
- Be able to perform trauma laparotomy, pack all four quadrants effectively.
- Be able to read and correctly identify pathology on chest, abdomen and pelvic X-rays, as well as CT scans of head, chest, abdomen and pelvis in trauma patients.
- Be able to perform either an open or laparoscopic Nissen or other types of gastric wraps.

**Assessment**

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

**Professionalism:**

- Take the leading role in directing the weekly educational conferences. This includes choosing appropriate peer-reviewed articles and texts and arranging for films and presentations to be ready.
- Supervise junior residents in completing discharge summaries and complete pending medical record requirements.
- Professionally assume the role of an educator and teach medical students and junior residents to perform wound and skin closures, place chest tubes, insert central lines and arterial lines.
- Take a role in teaching during rounds illustrating learning points with clinical exam findings, laboratory data and radiographic studies of trauma patients.
- Complete the Professionalism in Surgery curriculum for the current month.

July/August	Dropped Pass
Sept/Oct	Substance Abuse
Nov/Dec	Industry Temptations
Jan/Feb	Autonomy – Do No Harm
March/April	Disruptive Patient
May/Jun	What’s Standard of Care?

**Assessment**

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

**Systems-Based Practice:**

- Attend the multi-disciplinary trauma conference and organize the care and discharge planning of trauma patients
- Demonstrate an understanding of cost, availability and clinical significance of different tests and
- Complete the Systems Based Practice Curriculum for the current month

July/August	The essentials of personal financial management as they relate to young surgeons in practice and residents and their families
Sept/Oct	The impact of interest rates and time upon loans, compound interest, and the implications for debt management
Nov/Dec	The building blocks necessary for the surgeons to invest successfully

Jan/Feb	The importance of time in reducing the risk of investing
March/April	The basics of mutual funds, stocks, bonds, and other investment vehicles
May/Jun	How to evaluate and choose a financial advisor

**Assessment:**

- The resident will be required to complete the ACS course and obtain the CME credits from the ACS.

**Practice-Based Learning & Improvement:**

- Is able to incorporate relevant literature into case presentations during the morbidity and mortality conference.
- Participates in the discussion of complicated cases and is able to formulate a management plan for the patient that is based on scientific facts.
- Can provide alternative options to prevent occurrence of similar undesired event complete the Personal Learning Project as outlined in the Practice Based Learning and Improvement curriculum.

**Assessment**

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

**Interpersonal & Communication Skills:**

- Effectively communicates with the families of trauma patients and guidance of families towards or through difficult decisions.
- Obtains informed consents of complex trauma and elective surgical procedures.
- Is able to effectively communicate with the operating room staff to schedule cases and arrange to have equipments available for specific cases.
- Complete the Interpersonal and Communications Skills curriculum for the quarter.

July August September	<b>Communicating with Patients about surgical errors and Adverse Outcomes: Retained Sponge.</b>
October November December	<b>Communicating with Patients about surgical errors and Adverse Outcomes: Surgical Burn.</b>
January February March	<b>Communicating with Patients about surgical errors and Adverse Outcomes: Common Bile Duct Injury.</b>
April May June	<b>Residents will take the written exam from the ACS</b>

**Assessment**

- Formative evaluation will be completed by the attending faculty at the end of the rotation.

**Conference Attendance:** Conference attendance is mandatory at the hospital in which you are rotating. The Clinical Case Conference is required for all PGY 4 residents and is held at RCRMC, if you are on rotation at Kaiser, you are released from your duties to attend this lecture series.

<b>Conference</b>	<b>Date and Time</b>	<b>Location</b>
Clinical Case Conference (PGY 3-5)	Monday - 7:00 am	RCRMC
M&M / Grand Rounds	Tuesday – 8:00 am	RCRMC
Tumor Board	Tuesday – 12:30 pm	RCRMC
Pre-op Conference	Wednesday - 10:00am	RCRMC
PGY 4 Skills lab / Journal Club	Thursday – 7:00 am	RCRMC
Trauma Surgery Multidisciplinary Conference	Thursday – 1:00 pm	RCRMC