

**General Surgery Residency
Loma Linda University Medical Center**

VAMC General Surgery (Blue) Goals and Objectives

PGY 5

Goals:

The Loma Linda Veterans' Administration Medical Center will provide a learning environment for the management and care of various general surgery, bariatric surgery and plastic surgery patients. Surgical basic science, including fluids and electrolytes, wound healing, and nutrition, will be emphasized. Clinically, residents will assess surgical pathology pre-operatively, develop clinical judgment on managing these issues, and learn operative skills to address the problem. Careful postoperative care and follow up will be emphasized. In addition, residents will participate in the various tumor boards and become familiar with the different adjuvant treatment options. Residents will develop cognitive and technical skills in dealing with complex foregut and general surgery issues.

Objectives:

MEDICAL KNOWLEDGE

Understand the physiology, treatment, and surgical principles of reflux disease

Understand the physiology, treatment, and surgical principles of hiatal hernia and paraesophageal hernia.

Understand the physiology, treatment, and surgical principles of esophageal dysmotility

Understand the physiology, treatment and surgical principles of bariatric surgery

Understand the physiology, indications, contraindications and surgical principles to the different bariatric surgery options

List contraindications for robotic and/or laparoscopic surgery; and be able to explain why these conditions are considered relative or absolute contraindications.

Understand physiology, treatment and surgical principles of benign biliary disease

Describe the management of common bile duct stones, biliary stones in elderly and ill patients

Select management options for handling bile duct injuries, including immediate and delayed diagnosis and treatment.

Specify the indications and technique for percutaneous cholangiography, endoscopic ultrasound, and common bile duct exploration (CBDE), including use of choledochoscopy.

Discuss management of the patient with common duct stones, including:

- Choice of approach (open common duct exploration, versus laparoscopic/robotic CBDE, versus CBDE followed by/preceded by endoscopic stone extraction)
- Timing of surgery
- Safety and cost-effectiveness of each approach

Describe physiology, management and surgical principles of enterocutaneous fistulas

Understand the physiology, treatment and potential complications of patients with enterocutaneous fistulas

Describe management options for difficult abdominal wall hernias, including infected mesh, contaminated cases and loss of domain

Indicate the potential alterations in pulmonary function in the elderly patient which may effect preoperative preparation and postoperative management.

Describe the indications for and actions of pharmacologic support in the postoperative state.

Identify the indications of anticipated need in the elderly for:

- Postoperative urinary tract decompression
- Nutritional support
- Thromboembolism prophylaxis
- Rehabilitation

Describe the anatomical basis for rectal prolapse. Identify the grades of prolapse.

Describe the options for surgical correction of rectal prolapse in the elderly.

PATIENT CARE

Develop an understanding for the surgical principles and care of the patient after reflux surgery, including indication for and choice of imaging and diagnostics

Describe management of a post-bariatric surgery patient with regard pre-existing conditions diet, medications, pain control

Describe management of post-operative bariatric complications in patients including but not limited to: anastomotic leak, small bowel obstruction, anastomotic ulcer, biliary disease, and abdominal wall defects

Prepare and defend the preoperative assessment plan for the elderly patient in preparation for:

- Inguinal hernia repair
- Ventral incisional hernia repair
- Cholecystectomy
- Correction of gastroesophageal reflux

Prepare patients medically for foregut and bariatric surgery, including correction of nutritional and metabolic deficits.

Assess the need and institute appropriate monitoring both pre- and post- operatively.

Use appropriate support from pharmacologic agents.

Demonstrate proficiency in the use and interpretation of operative endoscopy

Demonstrate level appropriate use of the DaVinci Robot

Demonstrate proficiency in laparoscopic techniques for foregut and complex general surgery cases

PRACTICE-BASED LEARNING

Gain experience with using a case based conference (M&M Conference) as an educational tool and demonstrate the ability to select cases and guide preparation to optimize the benefits from M&M conference.

Apply knowledge of scientific data and literature to the care of the surgical patient.

Facilitate the learning of medical students and junior residents on the team.

Develop an attitude of responsibility for the patients on the wards, and in so doing develop the skill of self-assessment with the goal of continuous improvement in practice management style.

Discuss performance with respect to care of patients and progress made during rotation with Attending Surgeon or designee at mid-rotation meeting.

Learn how to effectively utilize hospital and University educational resources and apply literature based and evidence based concepts as well as experimental evidence to your daily practice of surgery.

INTERPERSONAL AND COMMUNICATION SKILLS

Engage patients in shared decision-making, and participate in family discussions

Develop an ability to communicate complex medical information to anxious patients. Establish rapport with patients and their families.

Be able to describe a general approach to delivery of bad news.

Describe an interview technique which allows the examiner to gauge the patients' understanding of their disease.

Demonstrate effective team-building skills as evidenced by satisfaction of junior level residents and medical students.

Effectively and considerately communicate with team staff in a manner that promotes care coordination.

Work effectively with the team, communicating issues appropriately and succinctly.

PROFESSIONALISM

Understand the role of the chief resident as team leader and coordinate the efforts of the team.

Demonstrate the leadership by example and by providing for the needs of other members of the surgical team. Demonstrate mentoring and positive role-modeling skills

Foster respectful communication between patients, families, team members, and all hospital staff

Assist with families of critically ill patients and guidance of families towards or through difficult decision.

Understand and compassionately respond to issues of culture, age, sex, sexual orientation, and disability for all patients and their families.

Learn and practice the ethical principles involved with caring for the surgical population including, consent-ability, confidentiality, and informed consent.

Develop professional commitment to care for complex general surgery, bariatric surgery, foregut surgery and plastic surgery patients at the VA Hospital.

Demonstrate consistent and compassionate care for patients at the VA Hospital.

Adhere to the local institutional code of conduct, demeanor, behavior and attire.

Comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations regarding patient privacy and confidentiality

SYSTEMS-BASED PRACTICE

Describe the potential pitfalls that arise if appropriate multidisciplinary input is not obtained prior to treatment initiation.

Describe the organization of a multidisciplinary clinic for example, for a bariatric patient

Develop a basic understanding of local, regional, national and international economic, societal, and clinical impact of hospitalized patient.

Develop an appreciation for the benefits of a multi-disciplinary approach to management of critically ill surgical patients.

Learn to practice cost-effective health care without sacrificing quality of care

Partner with health care managers to assist in providing seamless care across systems.