

**Riverside University Health System**  
**PM Acute Care Surgery**  
**PGY 1**

**Length of Rotation: 1 month**

**Rotation Supervisor: Drs. Agapian and Nguyen**

**Goals:**

Riverside County Regional Medical Center (RCRMC) will provide a learning environment for the care and management of the emergency surgery and trauma patient. Surgical basic science, including fluids and electrolytes, will be emphasized. Clinically, residents will assess the patients emergently presenting to the emergency department for acute surgical problems and injuries, develop clinical judgment on managing these issues, and learn operative skills to address the problem. Careful postoperative care and handling acute changes in status will be emphasized. Residents will develop cognitive and technical skills in dealing with complex, acutely ill patients.

**Objectives:**

**Medical Knowledge:**

- Describe the embryological development of the peritoneal cavity and the position of the abdominal viscera.
- Diagram the anatomy of the abdomen including its viscera and anatomic spaces.
- Describe the anatomy of the omentum and its role in responding to inflammatory processes.
- Describe the treatment alternatives for the patient with an acute abdomen according to the specific etiology.
- Outline the basic techniques of evaluation and resuscitation of trauma patients using the Advanced Trauma Life Support (ATLS) protocol.
- Summarize basic critical care management principles.
- Explain the characteristics of basic surgical skill, including: sterile technique, incisions, wound closures, knot tying, handling of tissues and selection/use of operating instruments.
- Consistently apply basic science principles to common clinical situations.
- Interpret radiographic findings, EKGs, laboratory data, and intravascular and intra-cranial monitoring systems.
- Evaluate and institute management of abdominal wound problems.
- Describe the clinical presentation of a patient with abscesses, biliary disease, bowel obstruction, diverticulitis, hemorrhoids and fissures.
- Develop an understanding of the principles of pre- and post-surgical operative care for trauma and general surgical patients.
- List at least seven etiologies for small bowel obstructions and ileuses.
- List three of four causes of mesenteric ischemia.
- List the differential diagnosis of common nursing calls: delirium, hypoxia, and fever.
- Assist in closure of abdominal incisions and exhibit competency in suture technique.
- Describe the important history and data to be taken prior to central line placement.
- Make and close a variety of incisions and tie knots using sterile technique.
- Describe common ventilator modalities.
- Outline the different management options for hepatic, splenic, duodenal, colon and rectal injuries.
- Outline the different management options for thoracic injuries.

- Outline the different management options and access for the three retroperitoneal zones.
- Outline the different diagnostic and treatment modalities for injuries of the three neck zones.

### **Patient Care:**

- Establish basic proficiency in providing pre-operative and post-operative care (writes appropriate pre-op and post-op orders for floor patients, handles nursing calls appropriately, and manages most routine post-operative care with minimal intervention by supervisor).
- Take an appropriate history to evaluate patients with general surgical issues to include:
  - A complete history of present illness
  - Presence of any co-morbidities
  - A review of social and family history impacting the present problem
  - A complete review of systems
- 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.
- Develop a proficiency in evaluation and interpretation of the different diagnostic modalities including: X-Rays, ultrasounds, CT scans, contrast studies and MRIs, as well as when they are not needed for work-up.
- Discuss treatment options, risks and potential complications of patients with general surgical issues.
- Assist in the performance of general surgical and trauma procedures.
- Work on gaining competency in:
  - Central line placement
  - Arterial line placement
  - Tube thoracostomy
  - Bedside I&D
- Demonstrate skill in basic surgical techniques, including:
  - Knot tying
  - Exposure and retraction
  - Knowledge of instrumentation
  - Incisions
  - Closure of incisions
  - Handling of graft material including mesh
  - Establishing pneumoperitoneum
  - Handling of laparoscopic instruments
  - Handling of the laparoscopic camera

### **Professionalism**

- The resident should be receptive to feedback on performance, attentive to ethical issues and be involved in end-of-life discussions and decisions.
- Understand the importance of honesty in the doctor-patient relationship and other medical interactions.
- Treat each patient, regardless of social or other circumstances, with the same degree of respect you would afford to your own family members.
- Learn how to participate in discussions and become an effective part of rounds, attending staff conference, etc.
- Complete all assigned patient care tasks for which you are responsible or provide complete sign out to the on-call resident.
- Maintain a presentable appearance that sets the standard for the hospital this includes but is not limited to adequate hygiene and appropriate dress.

- Assist with families of critically injured/ill patients and guidance of families towards or through difficult decisions.
- Demonstrate mentoring and positive role-modelling skills.
- Finish hospital documentation in a timely manner, including discharge paperwork and signing telephone orders.
- Complete the Professionalism assignment and attend the meeting with Dr. Tabuenca.

### **Systems-Based Practice**

- Understand, review, and contribute to the refinement of clinical pathways.
- Understand the cost implications of medical decision-making.
- Partner with health care management to facilitate resource efficient utilization of the hospital resources.
- Describe in general terms the benefits of clinical pathway implementation.
- Develop a cost-effective attitude toward patient management.
- Develop an appreciation for the benefits of a multi-disciplinary approach to management of critically ill surgical patients.
- Comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations regarding patient privacy and confidentiality.

### **Practice Based Learning & Improvement**

- Demonstrate the ability to:
  - Evaluate published literature in critically acclaimed journals and texts.
  - Apply clinical trials data to patient management.
  - Participate in academic and clinical discussions.
- Accept responsibility for all dimensions of routine patient management on the wards.
- Apply knowledge of scientific data and best practices to the care of the surgical patient.
- Facilitate learning of medical students and physician assistant students on the team.
- Use the RCRMC library and databases on on-line resources to obtain up-to-date information and review recent advances in the care of the surgical patient.
- Demonstrate a consistent pattern of responsible patient care and application of new knowledge to patient management.
- Demonstrate a command and facility with online educational tools.
- Complete the PBLI assignment and submit it to the program coordinator at the end of the rotation.

### **Interpersonal & Communication Skills**

- Work as effective team members.
- Cultivate a culture of mutual respect with members of nursing and support staff.
- Develop patterns of frequent and accurate communication with team members and attending staff.
- Gain an appreciation for both verbal and non-verbal communication from patients and staff.
- Demonstrate consistent respectful interactions with members of nursing and support staff.
- Demonstrate consistent, accurate and timely communication with members of the surgical team.
- Demonstrate sensitivity and thoughtfulness to patients concerns, and anxieties.
- Demonstrate the ability to provide and request appropriate consultation from other medical specialists.

**Assessments:**

- Annually at the in-training examination
- Technical skills will be assessed at the skills laboratory.
- Patient care and technical skills will be assessed by the attending surgeon in a daily basis.
- During the formative evaluation at the end of the rotation.

**Educational Conferences:**

<b>Conference</b>	<b>Date and Time</b>
Trauma am conference	Monday – 7:15 am
Tumor Board	Tuesday – 12:30 pm
ACS Weekly	Wednesday – 6:30 am
Basic Science Conference (PGY 1& 2)	Wednesday – 7:30 am
Journal Club (as scheduled)	Thursday - 7:00 am
Professionalism Curriculum (as scheduled)	Thursday - 8:00 am
Skills Lab	Thursday – 7:00