



## General Surgery Residency Resident Operative and Clinical Evaluation Policy

The General Surgery Residency Program at Riverside University Health System recognizes informal resident assessment takes place in a variety of venues including the wards, clinics and operating room. To complete the program and be considered a candidate to the American Board of Surgery (ABS), residents must be **formally** evaluated in both the operating room and clinics. To successfully advance to each post graduate training level and to successfully complete the program and be recommended to the ABS residents must adhere to the following:

1. Be evaluated during 2 operative cases each academic year on training level appropriate operative cases
2. Be evaluated during 2 clinic patient assessment (Clinic Assessment and Management Examination – CAMEO) examination each academic year

### **Operative Evaluation:**

1. Operative assessment will only be done on adult cases
2. Operative assessment can only be done at RUHS and Kaiser Permanente
3. Residents must ask the supervising attending, prior to the patient entering the OR and start of the case, to be evaluated on that case. **It is the residents responsibility to ensure the faculty member completes the evaluation within the time requirement (48 hours)**
4. Supervising attending must agree to evaluating the operative procedure and complete the on-line evaluation ***within 48 hours*** (operative cases not evaluated within 48 hours will not count toward to the residents required number of evaluated operative cases)
5. Operative evaluations are to be completed through the New Innovations evaluations system
6. Supervising attending is encouraged to provide immediate feedback to the resident following the procedure
7. Immediately following the procedure the resident is to notify the program coordinator of the operative case.
8. All operative evaluations will be placed in the residents program file
9. PGY Level Specific Evaluations:
  - a. PGY 1: Open Inguinal and Partial Mastectomy / Excisional Biopsy
  - b. PGY 2: Laparoscopic Appendectomy and Laparoscopic Cholecystectomy
  - c. PGY 3: Mastectomy with Axillary Management and Small Bowel resection / colectomy
  - d. PGY 4: Laparoscopic Colectomy and Creation of A-V Fistula (not yet implemented)
  - e. PGY 5: TBD
10. **It is the residents responsibility to ensure they meet the yearly requirement**
11. Operative evaluations will be reviewed by the program director during the semi-annual evaluation process and used in the residents promotion process

### **Clinic Evaluation: Clinic Assessment and Management Examination – Outpatient (CAMEO)**

1. Clinic assessment will only be done on adult clinic visits
2. Clinic assessment can only be done at RUHS and Kaiser Permanente
3. The residency program coordinator and attending physician will coordinate the dates clinic assessments are to be completed

4. Supervising attending must agree to complete the CAMEO and return it to the residency program coordinator within 48 hours in order for the CAMEO to be counted towards the residents required number of CAMEO's
5. Supervising attending will select the patient the resident will be evaluated on
6. Supervising attending and resident must following the instructions for completing the CAMEO on the CAMEO form
7. Supervising attending is encouraged to provide immediate feedback to the resident following the clinic visit
8. Following the clinic session, the resident is to return the completed CAMEO to the program coordinator
9. All CAMEO's will be placed in the residents program file

Revised 6.27.17