

**Kaiser Permanente Riverside
General Surgery
Goals and Objectives
PGY 3**

Rotation Length: 6 weeks (two separate 6 week rotations for a total of 12 weeks during the academic year)

Goals:

The PGY-3 rotation at Kaiser Permanente Riverside and/or Kaiser Foundation Hospital Moreno Valley will provide a learning environment for the resident to develop cognitive and technical skills in general surgery with emphasis in minimally invasive surgery.

Objectives:

Medical Knowledge:

- Describe the physiologic changes associated with pneumoperitoneum.
- Describe the appropriate use of antibiotics in laparoscopic procedures.
- Gain a general understanding of indications for laparoscopic procedures
- Describe contraindication for laparoscopic surgery
- Differentiate between conventional open and scope-assisted surgery
- Discuss the physical limitations imposed on the user participating in MIS
- Analyze the factors affecting the decision to select a minimal access approach for a particular clinical problem
- Explain the mechanics and principles for safe and effective use of the following equipment/procedures: Ultrasonic shears, cautery, scope directions, Dissecting and knot tying.
- Discuss techniques for gaining access to the abdomen
- Discuss indications for and limitations of diagnostic laparoscopy.
- Discuss recognition and management of complications, including major vascular injury, carbon dioxide embolus
- List contraindications for Minimal Invasive Surgery
- Workup, evaluation and management of gastro-esophageal disease
- Surgical management of Barrett's esophagus.
- Evaluation and surgical management of diaphragmatic hernias.
- Evaluation and management of Achalasia.
- Laparoscopic vs. open management of inguinal hernias.
- Laparoscopic vs. open management of ventral hernias.
- Laparoscopic vs. open management of acute appendicitis.
- Laparoscopic vs. open management of surgical colon disease.
- Anatomy and physiology of the spleen and adrenal gland
- Hypersplenism
 - Hereditary spherocytosis
 - Thalassemia
 - Sickle cell anemia
 - Autoimmune hemolytic anemia
 - Immune thrombocytopenic purpura
 - Thrombotic thrombocytopenic purpura
- Staging laparotomy for Hodgkin's disease
- Abscess of the spleen
- Cushing syndrome

- Hyperaldosteronism
- Pheochromocytoma
- Non-functioning adrenal tumors
- Incidentalomas

Assessment

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

Patient Care:

- Understand the perioperative issues of the patient undergoing splenectomy
- Understand the perioperative issues of the patient undergoing bilateral adrenalectomy
- Understand the perioperative issues of unilateral adrenalectomy
- Understand the potential complications of abdominal wall hernia repairs and their preventive strategies

Technical Skills:

- Assist in the performance of general surgical and laparoscopic procedures.
- The resident should demonstrate that has become proficient in the basic minimally invasive surgical techniques, including:
 - Intra-corporeal knot tying
 - Laparoscopic exposure and retraction
 - Handling of laparoscopic instruments with two hands
 - Handling of the angled scope
- At the end of the rotation the resident should be able to perform a laparoscopic inguinal hernia repair with moderate assistance.
- Should be able to perform a laparoscopic incisional/ventral hernia repair.
- Should be able to perform laparoscopic lysis of adhesions.
- Should be able to perform an uncomplicated laparoscopic cholecystectomy including intra-operative cholangiogram with minimal assistance.
- Should be able to perform a laparoscopic appendectomy with minimal assistance.
- Should be able to assist in laparoscopic colon, splenic, adrenal and esophageal surgery.

Assessment

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

Professionalism:

- Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.
- Demonstrate respect, compassion, and integrity; sensitivity to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
- Demonstrate a commitment to ethical principles pertaining to provision or withholding clinical care, confidentiality of patient information, informed consent, and business practices
- Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities.

Systems-Based Practice:

- Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
- Learn how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance

Practice-Based Learning & Improvement:

- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies on minimally invasive surgery.
- During this rotation the resident will complete a personal learning project (PLP)
 - Will identify a learning need in area of minimally invasive surgery.
 - Select the resources used to complete the PLP (Review of literature, review of lecture, discussion with faculty, meeting or course, educational website, book etc.)
 - Summarize the conclusions and lessons learned. The resident may include in the portfolio a PowerPoint presentation or other supportive material.
 - Complete a self-assessment to determine if he/she believes that the PLP will improve their practice.

Assessment

- The completed PLP will be added to the resident's electronic portfolio and presented at the Kaiser Grand Rounds. Faculty present will assess the PLP presentation.

Interpersonal & Communication Skills:

- Completes operative reports effectively and on time
- Is capable of communicating effectively with other providers
- Conducts family meetings where he/she is capable of providing informative and compassionate updates to the patient and their families
- Understands, respects and follows HIPA guidelines in communicating with others
- Is able to effectively discuss end of life issues with the patients and their families
- Effectively hands off patient's care in the evenings and weekends

Rotation Expectations:

- This service concentrates on outpatient and inpatient clinical and surgical management of routine general surgery practice
- The resident will be responsible for assisting Drs. Baril, Burke, Mettler and Sherman (additional attending pending schedule) during the outpatient clinics and scheduled surgical blocks.

Conference Attendance: Conference attendance is mandatory at the hospital in which you are rotating. The Clinical Case Conference is required for all PGY 3 - 5 residents and is held at RCRMC, if you are at another hospital, you are released from your duties to attend this lecture series.

| Conference | Date and Time | Location |
|-----------------------------|----------------------|----------|
| GI Conference | Tuesday – 12:00 noon | Kaiser |
| Clinical Case Conference | Wednesday 7:00 am | RCRMC |
| Skills Lab (as scheduled) | Thursday 7:00 am | RCRMC |
| Journal Club (as scheduled) | Thursday - 7:00 am | RCRMC |
| M&M / Grand Rounds | Thursday - 7:30am | Kaiser |
| Tumor Board | Friday – 12:00 noon | Kaiser |

Rounding: Post-operative inpatients will be rounded on daily, and coordinating the management of care with the respective attending. Daily rounding should take place in a timely manner prior to clinic or operating room responsibilities. The proactive resident will check-in with the attending to best accommodate this care.

Weekends

- You will be responsible for the care of your assigned patients on an alternating weekend rotation schedule
- The resident will be responsible for signing out his/her service to a resident colleague or the appropriate attending to ensure continuity of care during weekends the resident has off from clinical responsibilities.

Responsibility of Documentation

- **Residents' Responsibility:** Every daily progress note that a Resident writes will state that the patient has been discussed with the Attending Physician, the Attending Physicians' name, and the Residents' name and signature. All H&Ps, progress notes, procedure notes, operative notes, and discharge summaries require attending co-signature. It is the residents' responsibility to forward all of the above listed notes to the attending for signature.