

General Surgery PGY 4 HEAD & NECK SURGERY ROTATION
ROTATION GOALS AND OBJECTIVES

Chief of Division:
Full Time Faculty:

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Speech Pathologists:

Schedule:

Subject to change based upon resident availability and staff schedules. Changes may be made by the chief resident on the service based upon case load, resident interest and service needs.

		Monday	Tuesday	Wednesday	Thursday	Friday
	Time					
1st 3 weeks of 6 wk GS block		Grand Round	Surgery with MS	Surgery with MS	Clinic with MS	Clinic with MS
		At large	Surgery with MS	Surgery with MS	Clinic with MS	Clinic with MS
	4:00 PM	Tumor Board				
2nd 3 weeks of 6 wk GS block		Grand Round	Clinic with PEA wks 1,3,4. Clinic with NDG wks 2,5	Surgery with PEA wks 1,3,4. Surgery with NDG wks 2,5	Surgery with PEA	Surgery with PEA
		At large	Clinic with PEA wks 1,3,4. Clinic with NDG wks 2,5	Surgery with PEA wks 1,3,4. Surgery with NDG wks 2,5	Surgery with PEA	Surgery with PEA
	4:00 PM	Tumor Board				

Goals and Objectives: Head and Neck Service

Cognitive Skills

Residents are expected to master the following learning goals and objectives through participation in daily service rounds operating room assignments, outpatient clinic activity, grand rounds, quiz sessions, reading and study.

Goals	Expected PG Year of Initial Mastery
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To be exposed to a broad spectrum of head and neck surgical practice	PGY-1
To acquire a basic understanding of the principles of wound management and peri-operative care for operations in the head and neck region.	PGY-1
To acquire a basic understanding of the basic principles of the diagnosis of benign and malignant tumors of the head and neck region.	PGY-2 PGY-4/5 Gen Surgery
To acquire a basic understanding of the basic principles of the management of benign and malignant tumors of the head and neck region.	PGY-5
To acquire a basic understanding of the basic principles of the diagnosis of adult airway problems and intervention in the head and neck region.	PGY-2 PGY-4/5 Gen Surgery
To acquire a basic understanding of the basic principles of management of adult airway problems and intervention in the head and neck region.	PGY-5
To acquire a basic understanding of the basic principles of the diagnosis and management of swallowing problems in the head and neck region	PGY-2
To acquire a basic understanding of the basic principles of the diagnosis of parathyroid disease	PGY-2 PGY-4/5 Gen Surgery
To acquire a basic understanding of the basic principles of management of parathyroid disease	PGY-5
To acquire a basic understanding of the basic principles of the diagnosis of thyroid disease	PGY-2 PGY-4/5 Gen Surgery
To acquire a basic understanding of the basic principles of management of thyroid disease	PGY-5
To acquire a basic understanding of the basic principles of the diagnosis of salivary gland disease.	PGY-2
To acquire a basic understanding of the basic principles of management of salivary gland disease.	PGY-5
To acquire a basic understanding of the principles of the role of radiation therapy and chemotherapy in the management of head and neck squamous cell carcinoma	PGY-5

Introduction

Additional technical facility allows the senior level resident to not only begin surgery but complete it in a safe, efficacious manner.

Common Objectives and Goals, Methodology and Evaluation:

PATIENT CARE Objective	Methodology of Instruction	Evaluation Tool
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Provides compassionate, appropriate treatment and prevention of health problems	Mentorship in clinical settings and operating suite. Taught by senior residents and attending.	360 ^o evaluation (nurses, secretaries, clinic and ward personnel patients) Daily rounds/teaching clinics OR/ (chief resident and/or faculty assessments)
Organization & Communication of Data (write-ups, progress notes, oral presentations)	Mentorship in clinical settings, operating suite and conference	Daily rounds/teaching clinics OR/ (chief resident and/or faculty assessments)
History Taking	Mentorship in clinical settings, operating suite and conference	Daily rounds/teaching clinics OR/ (chief resident and/or faculty assessments) Case management presentations
Clinical Judgment, Problem Solving & Independent decision making	Mentorship in clinical settings, operating suite and conference. Quiz sessions, M&M, case management.	Daily rounds/teaching clinics OR/ (chief resident and/or faculty assessments) Case management presentations, M&M, Quiz sessions.
Performs medical and invasive procedures essential for practice of Otolaryngology	Mentorship in clinical settings and operating suite	Faculty evaluations
Uses information technology to support patient care decisions & makes informed decisions about diagnostic and therapeutic decisions based on patient information and preferences as well as scientific information and judgment.	Mentorship in clinical settings, operating suite and conference. Quiz sessions, M&M, case management.	Daily rounds/teaching clinics OR/ (chief resident and/or faculty assessments) Case management presentations, M&M, Quiz sessions.
Interaction with health care team	Mentorship in clinical settings and operating suite	360 ^o evaluation (nurses, secretaries, clinic and ward personnel patients) Daily rounds/teaching clinics OR/ (chief resident and/or faculty assessments)
Communicates effectively with patients, families and demonstrates respectful behavior towards them	Mentorship in clinical settings and operating suite. Taught by senior residents and attending.	360 ^o evaluation (nurses, secretaries, clinic and ward personnel patients) Daily rounds/teaching clinics OR/ (chief resident and/or faculty assessments)

MEDICAL KNOWLEDGE	Methodology of Instruction	Evaluation Tool
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Demonstrates knowledge application of basic and clinically supportive sciences (biomedical, clinical, epidemiological and/or social/behavioral sciences) appropriate to their discipline	Mentorship in clinical settings and operating suite. Board review sessions, Quiz, case management, M&M and didactic lectures	Teaching rounds/clinics/OR quiz/grand rounds (chief resident and/or faculty evaluations) In-training exam, ABO exam, Research publications
Demonstrates critical, investigatory and analytic thinking in application to patient care	Mentorship in clinical settings and operating suite. Quiz, case management, M&M and didactic lectures	Teaching rounds/clinics/OR quiz/grand rounds (chief resident and/or faculty evaluations) In-training exam, ABO exam.
PRACTICE BASED LEARNING & IMPROVEMENT	Methodology of Instruction	Evaluation Tool
Demonstrates ability to investigate and evaluate patient care practices, assimilates scientific evidence and improves their patient care practices	Mentorship in clinical settings and operating suite. Quiz, case management, M&M and didactic lectures. Presentations at national meetings	Teaching rounds, Quiz/grand rounds (chief resident and/or faculty evaluations) Case management conferences, Publications.
Analyses practice experience and performs practice based improvement activities using systematic methodology	Mentorship in clinical settings and operating suite. Quiz, case management, M&M and didactic lectures	Teaching rounds, Quiz/grand rounds (chief resident and/or faculty evaluations) Case management conferences, M&M, Publications.
Locates, appraises, assimilates evidence from scientific studies related to patients' health problems and applies to patients and larger population from which patients are drawn.	Mentorship in clinical settings and operating suite. Quiz, case management, M&M and didactic lectures	Teaching rounds, Quiz/grand rounds (chief resident and/or faculty evaluations) Case management conferences, M&M, Publications.
Applies knowledge of study designs, statistical methods to appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness	Mentorship in clinical settings and operating suite. Mentorship in research. Quiz, case management, M&M and didactic lectures	Quiz/grand rounds (chief resident and/or faculty evaluations). Publications and research presentation.
Uses technology to manage information, access on-line medical information; and support their education	Mentorship in clinical settings and operating suite. Quiz, case management, M&M and didactic lectures. Research rotation and publications.	Quiz/grand rounds (chief resident and/or faculty evaluations). Publications and research presentation.
Facilitates learning of students and other health professionals	Mentorship in clinical settings and operating suite. Quiz, case management, M&M and didactic lectures	Teaching rounds, Quiz/grand rounds (chief resident and/or faculty evaluations)
INTERPERSONAL & COMMUNICATION SKILLS	Methodology of Instruction	Evaluation Tool
Demonstrates abilities that result in effective information exchange and learning with patients, their families and professional associates	Mentorship in clinical settings and operating suite. Case management, M&M and didactic lectures	Teaching rounds, Quiz/grand rounds (chief resident and/or faculty evaluations). Case management, M&M, grand rounds. 360° evaluation (nurses, secretaries, clinic and ward personnel patients)

Creates and sustains therapeutic and ethically sound relationship with patient. Effective listening skills and provides informative information	Mentorship in clinical settings and operating suite. Quiz, case management, M&M and didactic lectures	360° evaluation (nurses, secretaries, clinic and ward personnel patients) Chief resident and/or faculty evaluations.
Works effectively with others as member of or leader of health care team of other professional groups	Mentorship in clinical settings and operating suite. Quiz, case management, M&M and didactic lectures. Research rotation and publications.	360° evaluation (nurses, secretaries, clinic and ward personnel patients). Chief resident and/or faculty evaluations.

PROFESSIONALISM	Methodology of Instruction	Evaluation Tool
Demonstrates compassion, respect, integrity through responsiveness to patients and families, community	Mentorship in clinical settings and operating suite. Grand rounds	360° evaluation (nurses, secretaries, clinic and ward personnel patients). Chief resident and/or faculty evaluations.
Demonstrates ethical practice, confidentiality, informed consent, business practice	Mentorship in clinical settings and operating suite. Grand rounds	360° evaluation (nurses, secretaries, clinic and ward personnel patients). Chief resident and/or faculty evaluations.
Demonstrates sensitivity to patient/team member culture, age, gender and disability	Mentorship in clinical settings and operating suite. Grand rounds	360° evaluation (nurses, secretaries, clinic and ward personnel patients). Chief resident and/or faculty evaluations.

SYSTEMS BASED PRACTICE	Methodology of Instruction	Evaluation Tool
Understands how practices interact with larger systems	Mentorship in clinical settings and operating suite. Attendance at national meetings	360° evaluation (nurses, secretaries, clinic and ward personnel patients). Chief resident and/or faculty evaluations.
Advocates for patients within the health care system	Mentorship in clinical settings and operating suite.	360° evaluation (nurses, secretaries, clinic and ward personnel patients). Chief resident and/or faculty evaluations.
Partners with other health care providers and managers to assess, coordinate and improve healthcare	Mentorship in clinical settings and operating suite.	360° evaluation (nurses, secretaries, clinic and ward personnel patients). Chief resident and/or faculty evaluations.

Expectations for General Surgery Resident on Head and Neck Service

Rounds:

Resident rounds must be completed prior to attending rounds that begin at 7:00 a.m. on weekdays. The time for weekend rounds is determined by the staff surgeon covering the weekend.

Clinics

The residents are required to attend clinics as outlined above/below.

Cases

The general schedule is outlined above. Delegation of responsibility to cover surgical cases will be determined by the chief resident. This too will be determined on the day before surgery. Division of cases will be done in an effort to provide a fair and valuable operative experience for all residents.

Call

There is no call of the general surgery resident during this rotation. Occasionally, the surgery resident will be asked to assist with on-call activities such as central line placement, ICU, management or assessment of a general surgical problem.

Monday

Following resident rounds the surgery resident attends General Surgery Grand Rounds. After Grand Rounds, attending rounds occur at 11:00 a.m. with Dr. Wax. In the afternoon, the surgery resident will assist in the operating room when cases are scheduled. The general surgery resident will have priority for assisting on cases at St. Vincent on Mondays

RESIDENT RESPONSIBILITIES

General Surgery PGY 4

1. Rounds with team every AM.
2. Discusses and develops plan for each patient with the attending every AM. This responsibility may be divided between the Oto Chief and the general surgery resident or delegated in its entirety.
3. Coordinates care for each patient (inpatient, outpatient, consults, etc) with appropriate delegation of responsibility.
4. Teaches students, junior resident.

In general, members of the resident team must know about all patients on the patient census.

Head and Neck Surgery Polices

1. All inpatients must have a history and physical examination both by an intern or resident and an attending physician documented IN THEIR CHART within 24 hours of admission.
2. All patients must have daily progress notes that include the physical assessment, progress, and plan of care.
3. All patients undergoing operations should have a pre-operative check that their work-up, orders, consent, and laboratory work is completed and satisfactory for them to proceed with surgery.
4. All patients should have a brief operative note documented in the medical record immediately after their operations.
5. All inpatients undergoing surgery should have a post-operative check documented in their medical record on the evening of their operation.
6. Discharge summaries should optimally be dictated within 24 hours before discharge but should in no case be dictated later than 24 hours after discharge. Discharge dictation should always include complete name and address of all referring physicians. Referring physicians should receive copies of the document.
7. Residents should report to the O.R. prepared with appropriate knowledge of the patient's clinical history, relevant imaging studies, and operative strategies.
8. All operative reports must be dictated on the day of surgery.
9. Appropriate professional dress and demeanor and punctuality are expected at all times.
10. Residents are expected to attend required department and service conferences.
11. Residents are required to comply with ACGME mandated duty hours standards.
12. Residents are expected to report to a resident Senior to them or to an attending if they are sufficiently stressed or fatigued that they feel their duties to safe patient care may be compromised.

Recommended Reading

1. Comprehensive Management of Head and Neck Tumors; editors/ Thawley, Panje, Batsakis, Lindberg, 2nd ed. W.B. Saunders, Philadelphia, Pennsylvania 1999
2. Cancer of the Head and Neck; editors/ Myers, Suen, 3rd edition WB Saunders, Philadelphia, Pennsylvania 1996
3. Atlas of Head and Neck Surgery; Silver C. E. Churchill Livingstone 1986

Revised 5/15/2009