

Legacy Good Samaritan Hospital & Medical Center
Department of Surgery
Curriculum for Team II – R1

Blayne Standage – Program Director (503) 226-4325

- Your Attending Staff are:
 - Oregon Surgical Consultants (503) 226-4325 or x39033
 - Blayne Standage – dialysis vascular access
 - Earl Schuman – dialysis vascular access & endocrine surgery
 - Michael Breda (503) 228-1010
 - Katherine Morris – surgical oncology (503) 202-0257 pager or (503) 367-7391 cp
- Your team includes a surgery R2 & R5 and frequently a Legacy Transitional R1
- Your clinic assignment is with Dr. Mike Breda for two ½ days per week. Please contact him directly for the actual times/dates.
- Instructional Methods Include:
 - Reading assignments and discussions
 - Year appropriate surgical cases
 - Dr. Standage's weekly didactic surgical conference
 - Weekly teaching walk rounds with Drs. Johnson, Whiteford or Tseng
 - Mandatory attendance at OHSU citywide resident conference
- Reading List – articles are in a binder in the resident call room.
 1. Brown PH. Medical Fluoroscopy Guide for Safe Usage (pamphlet).
 2. Eknayan G, Levin NW, et al. Continuous quality improvement: DOQI becomes K/DOQI and is updated National Kidney Foundation's Dialysis Outcomes Quality Initiative. Am J Kidney Dis 2001 Jan; 37 (1): 179-94
 3. Hind D Calvert N, McWilliams R et al. Ultrasound locating devices for central venous cannulation: meta analysis. British Med. J. 2003; 327 (7411) p. 361-74.
 4. Kenny AM, MacGillivray DC, Pilbeam CC, Crombie HD, Raisz LG. Fracture Incidence in postmenopausal women with primary hyperparathyroidism. Surgery 1995; 118 (1): 109-114
 5. Lawrence W, JR Kaplan, Brian J. Diagnosis and Management of Patients with Thyroid Nodules, Journal of Surgical Oncology 2002; 80:157-170
 6. Murphy GJ, White SA, Nicholson, ML. Vascular Access for Haemodialysis. British J Surg 2000; 87 (10): p. 1300-15.
 7. Parks, AG, Gordon, PH, Hardcastle, JD. A classification of fistula-in-ano. The British Journal of Surgery, Vol. 63 (1976) 1-12.
 8. Patterson EJ, Herron DM, Hansen PD, Ramzi N, Standage BA, Swanstrom, LL; Effects of esophageal bougie on the incidence of dysphagia following Nissen fundoplication. Arch Surg 2000; 135: 1055-61.
 9. Roberts AB, Kahn MB, Bradford S, Lee J, Ahmed Z, Fitzsimmons J. Graft surveillance and angioplasty prolongs dialysis graft patency. J. Am Coll. Surg. 1996; 183: 486-492.

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GOALS	OBJECTIVES	EVALUATION METHOD
	Medical Knowledge	
Understand the etiology & symptoms of renal failure	List IDDM, HTN, glomerulonephritis, polycystic kidney disease, renovascular as well as lesser problems, e.g. lupus, multiple myeloma, analgesics, lithium. Identify lethargy, anemia, anorexia, nausea and emesis, oliguria, edema.	End of rotation pass/fail exam Daily discussions of these issues with Dr. Standage & other staff during rounds or surgery
Be aware of indications to start dialysis	List hyperkalemia, acidosis, hypervolemia, effusions. Describe significance of glomerulofiltration rate (GFR).	Ad Hoc review of comments/ concerns from surgeons & staff
Be able to recognize & treat hyperkalemia	Describe expected EKG changes & cardiac effect. Describe emergency management.	Mandatory attendance at M&M, Dr. Standage's weekly teaching conference with assignments & feedback
Understand the options in acute renal failure	Describe the use of acute vs. tunneled catheters. Summarize the use of right vs. left; use of quick sealing dialysis grafts.	
Understand the options in chronic renal failure	Discuss the use of peritoneal dialysis, fistulae, & grafts (ePTFE, Thoratec, Procol). Discuss DOQI criteria.	
Know the vascular anatomy of the upper extremities	Sketch course of cephalic, brachial, & basilic veins, as well as, arterial anatomy & variations.	
Understand the preoperative assessment & planning process in patients with ESRD	Describe the clinical exam, including the Allen test, use of duplex & angiography	
Safely use local anesthetics	Know toxic doses of lidocaine, marcaine & how epinephrine affects it.	
Understand the complications of surgery	Recognize brachial artery thrombosis, acute steal syndrome, immediate access failure, graft infection.	
Understand chronic access dysfunction	Describe etiology & treatment of chronic steal syndrome; significance of needle hole bleeding; arm swelling; high output cardiac failure; poor efficiency & use of KT/V, URR, etc. Describe etiologies & treatment of "tenckhoff" peritonitis & poor outflow.	

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Understand the etiology of hyperparathyroidism	Describe 1°, 2°, 3° of hyperparathyroidism. Describe calciphylaxis.	
Understand the etiologies of thyroid nodules	Describe appropriate w/u of thyroid nodule. Name 4 histological types of thyroid cancer.	
Understand post-op treatment for thyroid & parathyroid patients	Identify & treat hypoparathyroidism, recurrent nerve injury, neck hematoma, persistent hyperparathyroidism.	
Understand the etiology of anal pain	Describe the anatomy and standardized terminology/ definitions for appropriate assessment/documentation. Differentiate the 3 most common causes of acute anal pain.	
Understand perirectal abscesses/fistula disease	List the most common causes. Be able to diagnose a perirectal abscess.	
Understand fistulas in ano	Describe the parks, classification of anal fistulae. Be familiar with treatment options for simple and complex fistula in ano.	
	Patient Care	
Learn to collect & communicate patient information in an appropriate, confidential manner	Dictate accurate, concise & timely discharge summaries, H&Ps. Demonstrate proper use of Legacy's Echart & PACS systems. Demonstrate awareness of HIPPA regulations & measures to ensure confidentiality.	Evaluation of resident dictations by staff surgeons Reports from GME & HIS re: delinquencies
Learn to perform basic vascular dissection & anastomosis	Demonstrate in the OR proper technical skills of vascular anastomosis.	Procedure specific evaluation forms appropriate to training level
Understand maintenance of vascular access & indications for angiography, angioplasty & intravascular stents	Discuss concepts of 1° & 2° of patency, as well as, assisted patency. Use embolectomy catheters, angioplasty wires, balloons, & endo flatators. Demonstrate appropriate use of heparin, angiogram dyes, etc.	Written preceptor evaluations of resident performance at the end of the rotation
Recognize hypocalcemia post op	List physical signs of hypocalcemia; use of ionized Ca and treatment of symptomatic hypocalcemia.	

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Learn perioperative management of patients unique to this service	Apply knowledge of how to handle patients on insulin, coumadin, antihypertensives, plavix. Discuss complications of coumadin, anti heparin antibodies, reversal of anticoagulation with Protamine or FFP/Vit K.	
Learn the treatment of common anal rectal disease	Be able to diagnose a peri-rectal abscess. Provide adequate drainage of peri-rectal abscess in the OR. Perform exam under anesthesia to determine the extent of an anal fistula and perform adequate definitive surgery when indicated.	
	Practice Based Learning and Improvement	
Understand how patient outcomes can be used to improve patient care	Attend & participate at surgical M&M conferences.	Critiques of presentations at M&M & level of participation
Understand the role of clinical research	Demonstrate critical evaluation of the literature.	Presentations to Dr. Standage's conference with feedback
Understand evidence based medicine	Select a common clinic problem, read the appropriate literature & present appropriate recommendations for the management to Dr. Standage & the other residents, e.g., use of NG tubes, early feeding of laparotomy patients, use of drains, etc.	
	Professionalism	
Demonstrate personal responsibility	Demonstrate appropriate check outs; pass responsibility for coverage. Complete assessments in a timely manner but also avoid "dumping" on another resident.	360° evaluation
Understand that ancillary services are also trained professionals deserving of respect	Respond to pages quickly & politely.	Evaluate by fellow residents, patients, RNs, unit secretaries, etc.
Demonstrate respect & compassion for patients & their families	Meet & introduce yourself to patients preoperatively. When appropriate meet with family members to update them.	

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	System Based Practice	
Understand how we interact with hospitals & insurance carriers	Describe principles of DRGs, ICD-9 & CPT codes.	Assign ICD-9 and CPT codes for a given patient
	Interpersonal & Communication Skills	
Learn compassion & active listening skills	Demonstrate how to do a PARQ & procedure for a surgical consent.	Observation by staff
Communicate in a professional manner	Interact with nurses and other health care professionals.	Preceptor evaluations
Become an effective communicator	Use current technology to present effective surgical cases/topics at M&M and other conferences.	