

**Legacy Good Samaritan Hospital & Medical Center**  
**Department of Surgery**  
**Curriculum for Team II R2**

Blayne Standage – Program Director (503) 226-4325

- Your Attending Staff are:
  - Oregon Surgical Consultants (503) 226-4325 or x39033
    - Blayne Standage – dialysis vascular access & laparoscopic surgery
    - Earl Schuman – dialysis vascular access & endocrine surgery
  - Katherine Morris (503) 202-0257 pager; (503) 367-7391 cp
    - surgical oncology
  - Michael Breda (503) 228-1010
- Your team will be made up of a surgery R1 and an R5 and frequently will include a Legacy Transitional R1.
- Your clinic assignment is with Dr. Standage for a ½ day 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 with Drs. Johnson & Whiteford
  - Mandatory attendance at OHSU citywide resident conference

**Reading List:**

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. Kebebew E, Clark OH. Differentiated Thyroid Cancer: “Complete” rational approach. World J Surg 2000; 24: 942-51
5. Kenny AM, MacGillivray DC, Pilbeam CC, Crombie HD, Raisz LG. Fracture Incidence in postmenopausal women with primary hyperparathyroidism. Surgery 1995; 118 (1): 109-114
6. Lawrence W, JR Kaplan, Brian J. Diagnosis and Management of Patients with Thyroid Nodules, Journal of Surgical Oncology 2002; 80:157-170
7. Murphy GJ, White SA, Nicholson, ML. Vascular Access for Haemodialysis. British J Surg 2000; 87 (10): p. 1300-15
8. Nelson H, Petrelli N, Carlin A et al. Guidelines 2000 for colon and rectal cancer surgery. J Natl Cancer Inst 2001; 93: 583-96.
9. Otchy D, Hyman NH, Simmang C, et al. Practice parameters for colon cancer. Dis Colon Rectum 2004; 47: 1269-84.
10. Parks, AG, Gordon, PH, Hardcastle, JD. A classification of fistula-in-ano. The British Journal of Surgery, Vol. 63 (1976) 1-12

**Legacy Good Samaritan Hospital & Medical Center**  
**Department of Surgery**  
**Curriculum for Team II R2**

11. 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
12. 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..
13. Smith RA, Cokkinides V, Eyre HJ. American Cancer Society guidelines for the early detection of cancer. Cancer J Clin 2005; 55 (1): 31-44.
14. Whiteford MH, Kilkenny J, Hyman N, et al. Practice parameters for the treatment of perianal abscess and fistula-in-ano (revised). Dis Colon Rectum 2005; 48: 1337-43.

**Legacy Good Samaritan Hospital & Medical Center**  
**Department of Surgery**  
**Curriculum for Team II R2**

| GOALS  | OBJECTIVES  | EVALUATION METHOD |
|--|---|-------------------|
|  | <b>Medical Knowledge</b>  |                   |
| Understand treatment options in chronic failure                                      | Discuss and recommend "best" access for a variety of renal patient.   |                   |
| Understand clinical evaluations and preoperative duplex for dialysis access planning | Analyze a duplex examination report & discuss the appropriate decisions.  |                   |
| Be aware of treatment for Steal Syndrome   | Describe banding and the DRIL procedure.  |                   |
| Be able to treat 1° hyperparathyroidism  | Describe utility of pre-op imaging, use of intraoperative scanning & rapid PTH  |                   |
| Be able to treat 2° hyperparathyroidism  | Describe etiology & choice of operation.<br>Describe problem with less than 4 glands recovered.   |                   |
| Understand appropriate treatment of thyroid cancer                                   | Discuss choice of operation & rationale for total thyroidectomy.  |                   |
| Be able to safely do laparoscopic surgery, e.g. lap chole                            | Describe maneuvers necessary for safe conduct of the operation including proper use of scope & traction, cholangiography.   |                   |
| Understand the surgeon's role in the treatment of colorectal cancer                  | Demonstrate familiarity with current screening guidelines for colorectal cancer.<br>Describe preoperative evaluation and staging of the colon cancer patient.<br>Know the ASCC cancer staging, interpret the pathology report.<br>Stage the patient and refer to medical oncology when appropriate. |                   |
|  | <b>Patient Care</b>   |                   |
| Develop competence in maintenance of dialysis access                                 | Make recommendations for the following problems:<br><ol style="list-style-type: none"> <li>1. poor flow in catheter</li> <li>2. persistent graft needle hole bleeding</li> <li>3. arm swelling</li> <li>4. pseudoaneurysm formation</li> </ol>  |                   |
| Be able to evaluate Steal Syndrome   | Describe the use of capillary refill; use of ultrasound to evaluate distal blood flow with and without graft compression.   |                   |
| Be aware of treatments for hypercalcemia & hypocalcemia                              | Describe measures to treat these conditions.  |                   |
| Understand how to utilize technology to relieve morbidity of CVP's                   | Use the sonosite to evaluate the neck and guide placement of CVP's.   |                   |

**Legacy Good Samaritan Hospital & Medical Center**  
**Department of Surgery**  
**Curriculum for Team II R2**

|  | <b>Patient Care</b>   |  |
|--|---|--|
| Understand factors associated with a successful intestinal anastomosis   | Completely perform and critically assess an intestinal anastomosis.   |  |
| Understand fundamentals of proper oncological resection for colon cancer | Able to perform a systematic exploration of the abdomen during laparotomy.<br>Able to identify the correct vessel and location to perform an oncological high vascular ligation and radical lymphadenectomy.  |  |
| Be familiar with the risks of colon surgery and steps to avoid them      | Be able to identify and preserve retroperitoneal structures, e.g. ureter, gonadal vessels and duodenum.<br>Describe how to recognize, differentiate and order diagnostic tests in post-op patients for patients with ileus v. mechanical bowel obstruction. |  |
|  | <b>Practice Based Learning and Improvement</b>  |  |
| Understand how patient outcomes can be used to improve patient care      | Actively participate at surgery M&M conference when others present.<br>Present and defend at surgery M&M conference and be ready to make recommendations to reduce future problems both for the surgeon and the health care system.                         |  |
| Understand the role of surgical literature                               | Learn how to critically evaluate the literature by researching the clinical problem and presenting it.  |  |
|  | <b>Professionalism</b>  |  |
| Learn the ABC's of running a service and overseeing R1 residents         | Be responsible for R1 residents.<br>Learn to prioritize time to meet the job requirements but also avoid "dumping" on a fellow resident.  |  |
| Work with ancillary services to provide optimal, integrated patient care | Attend multidisciplinary conferences.<br>Round when appropriate with ICU/unit RNs.  |  |
|  | <b>System Based Practice</b>  |  |
| Practice cost effective health care                                      | Learn to use protocols, clinical pathways & preprinted orders.<br>Discuss methods for most cost effective delivery of health care with your attending.  |  |

**Legacy Good Samaritan Hospital & Medical Center  
Department of Surgery  
Curriculum for Team II R2**

|  | <b>Interpersonal &amp; Communication Skills</b>  |  |
|--|--|--|
| Continue to learn active listening skills & practice compassion<br>Develop good teaching skills<br>Communicate effectively to enhance patient care | Meet daily with patient and family as their primary contact surgeon.<br>Be responsible for teaching of the surgery & transitional R1's.<br>Have daily discussions with the nursing staff regarding patient care plan.<br>Create & present advanced powerpoint presentations utilizing the PACS system. |  |

**Legacy Good Samaritan Hospital & Medical Center  
Department of Surgery  
Curriculum for Team II R2**