

Legacy Good Samaritan Hospital & Medical Center
Department of Surgery Resident
Curriculum for R5

- Your Attending Staff are:
 - Blayne Standage – Program Director (503) 226-4325
 - Oregon Surgical Consultants (503) 226-4325 or x39033
 - Blayne Standage – dialysis vascular access & laparoscopic surgery
 - Katherine Morris – surgical oncology
 - Earl Schuman – dialysis vascular access & endocrine surgery
 - Oregon Surgical Associates (503) 229-7339
 - Nathalie Johnson – Breast Cancer
 - William Johnson – General and Thoracic Surgery
 - Daniel Tseng – Laparoscopic Surgery
 - Michael Breda (503) 228-1010
 - The Oregon Clinic (503) 281-0561
 - Paul Hansen – hepatopancreatic surgery
 - Mark Whiteford – colorectal surgery; laparoscopic surgery
- You have overall responsibility for the smooth running of two resident teams as well as individual responsibility and availability for all preceptors.
- Your office assignment is with Dr. Standage on Wednesday from 8:30am-11am in the Chief Resident Clinic and Wednesday afternoon with Dr. Paul Hansen.
- 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 Frankhouse
 - Mandatory attendance at OHSU citywide resident conference
 - Mandatory attendance at tumor board, surgical M&M & GI surgery conference

**Legacy Good Samaritan Hospital & Medical Center
Department of Surgery Resident
Curriculum for R5**

GOALS	OBJECTIVES	EVALUATION METHODS
	Medical Knowledge	
How to assess & select patients with liver metastasis for resection/RFA	Be able to draw segmental anatomy of the liver and correlate with patient's CT.	
Be familiar with staging schemes	Demonstrate ability to stage lung, breast, esophageal, melanoma. List indications for neoadjuvant therapy prior to esophagectomy.	
Develop expertise in management of neuroendocrine tumors	Be able to discuss neuroendocrine tumors and the gastroma triangle. Be able to discuss the MEN syndrome and their management.	
	Patient Care	
Develop skills treating patients with metastatic liver disease	Be able to use intra-op US to find liver metastasis and ID intrahepatic structures. Be able to do RFA for liver metastasis. Develop necessary skills to perform major liver resections.	
Be able to independently run an outpatient clinic serving underinsured patients	Communicate with referring MDs, clinics. Schedule patients for surgery. Code (ICD-9, CPT) your clinic visits and surgeries.	
Develop skill in major oncological operations	Perform the following operations: pancreatic resection; liver resection; esophageal resection; lung resection.	
	Practice Based Learning & Improvement	
Strive to improve patient outcomes	Responsible for creating weekly M&M conference. Involvement in all complicated post-op patients with junior residents regardless of whether personally involved in the surgery.	
Develop ongoing readings and evaluation of surgical literature	Critical evaluate articles. Use current journal articles to present weekly (Dr. Standage Conference) for the residents. Buttress M&M presentations with current literature.	

GOALS	OBJECTIVES	EVALUATION METHODS
Take responsibility for smooth running of the team	<p align="center">Professionalism</p> Round daily on all ICU patients & be familiar with all the resident patients. Prepare and run the GI/Surgery conference. Create assignments to maximize resident benefits and remedy any junior educational shortcomings. Provide feedback to the residents regarding their performance. Create the monthly call schedule. Serve as a liaison with Dr. Standage. Guarantee resident compliance with ACGME/ RRC mandated job requirements. Teach and model responsible professional behavior for junior residents.	
Leadership Skills~Overall Team Lead	<p align="center">System Based Practice</p> Provide leadership to the surgical team as it interfaces with other disciplines to provide timely and cost effective patient care.	
Be able to communicate effectively with referring physicians, consulting services and surgical attendings, support staff, patients and families	<p align="center">Interpersonal & Communication Skills</p> Communicate with referring physicians for resident clinic by phone, and with written consultation reports. Provide appropriate feedback to residents and staff regarding their performance.	

Reading List: Liver Metastases

Bentrem DJ, DeMateto RP, Blumgart LH. Surgical therapy for metastatic diseases of the liver. Annu.Rev.Med. 2005;56: 139-56.

Abdalla EK, Vauthey JN, Ellis LM, et al. Recurrence and outcomes following hepatic resection, radiofrequency ablation, and combined resection/ablation for colorectal liver metastases. Ann Surg 2004; 239 (6): 818-27.

Mulier S, Mulier P, Ni Y, et al. Complications of radiofrequency coagulation of liver tumours. Br J Surg 2002; 89: 1206-22.

NG KK, Poon RT. Radiofrequency ablation for malignant liver-tumor. Surgical Oncology 2005; 14: 41-52.

Legacy Good Samaritan Hospital & Medical Center
Department of Surgery Resident
Curriculum for Team I R3

- Your Attending Staff are:
 - Blayne Standage – Program Director (503) 226-4325

 - Oregon Surgical Associates (503) 229-7339
 - Nathalie Johnson – Breast Cancer
 - William Johnson – General and Thoracic Surgery
 - Joseph Frankhouse – General & Laparoscopic Colorectal
 - Daniel Tseng – Laparoscopic Surgery

- Your team includes an R1 and R5

- Your clinic assignment is with Dr. Nathalie Johnson – 1/2 day per week and Dr. William Johnson – 1/2 day per week. Please contact them for their clinic times.

- 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 Frankhouse
 - Mandatory attendance at OHSU citywide resident conference

Legacy Good Samaritan Hospital & Medical Center
Department of Surgery Resident
Curriculum for Team I R3

GOALS	OBJECTIVES	EVALUATION METHODS
	Medical Knowledge	
Become familiar with breast cancer staging	Stage your breast cancer patients.	
Understand adjuvant therapy of breast cancer	Describe indications for hormonal therapy, e.g., tamoxifen, aromarase inhibitors. Demonstrate familiarity with common chemotherapy protocols.	
Be familiar with staging of lung cancer	Stage lung cancer pateints with Dr. Wm. Johnson.	
Know how to evaluate lung cancer for resectability	Be able to interpret preop PFT's.	
Understand the surgeon's role in the diagnosis of colorectal cancer	Demonstrate familiarity with cancer screening guidelines. Describe preop evaluation and staging of colorectal cancer. Know the AJCC cancer staging. Interpret the pathology report, stage and patient and refer to medical oncology when appropriate.	
	Patient Care	
Be able to assess the axilla in breast patients	Demonstrate in the OR the proper sequence of steps to do a sentinel node biopsy.	
Understand factors associated with a successful intestinal anastomosis	Completely perform and critically assess an intestinal anastomosis.	
Understand fundamentals of proper oncological resection for colorectal cancer	Able to perform a systematic exploration of the abdomen during laparotomy. 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. Describe how to recognize, differentiate and order diagnostic tests in post-op patients for patients with ileus v. mechanical bowel obstruction.	

GOALS	OBJECTIVES	EVALUATION METHODS
	Practice Based Learning & Improvement	
Understand how patient outcomes can be used to improve patient care	Actively participate at surgery M&M conference when others present. Present and defend at surgery M&M conference and be ready to make recommendations to reduce future problems both for the surgeon and health system.	
Understand the role of surgical literature	Learn how to critically evaluate the literature by researching the clinical problem and presenting it.	
	Professionalism	
Learn the ABC's of running a service and overseeing R1 & R2 residents	Be responsible for R1/R2 residents. 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. Round when appropriate with ICU/floor nurses. Attend & participate in monthly breast conference with Dr. N. Johnson.	
	System Based Practice	
Practice cost effective health care	Learn to use protocols and clinical pathways. Discuss methods to provide for most cost effective delivery of health care with your attending.	
	Interpersonal & Communication Skills	
Continue to learn active listening skills and practice compassion	Meet daily with patient and family as their primary contact person.	
Develop good teaching skills	Responsible for teaching of surgery and transitional R1 & R2 residents.	
Communicate effectively to enhance patient care	Daily discussions with nursing staff regarding patient care plan.	

Reading List

Smith, RA, Cokkimides, V, Eyre, HJ. American Cancer Society Guidelines for the early detection of cancer. CA Cancer J Clinic 2005; 55 (1): 31-44.

Nelson H, Petrellie N, Carlin A, et al. Guidelines 2000 for colon and rectal surgery. J Natl Cancer Institute 2001; 93: 583-96.

Otchy D, Hyman NH, Simmang C, et al. Practice parameters for colon cancer. DIS colon Rectum 2004; 47: 1269-84.

Legacy Good Samaritan Hospital & Medical Center
Department of Surgery
Curriculum for Team 2 R2

- Your Attending Staff are:
 - Oregon Surgical Consultants (503) 226-4325 or x39033
 - Blayne Standage – dialysis vascular access & laparoscopic surgery
 - Katherine Morris – surgical oncology
 - Earl Schuman – dialysis vascular access & endocrine surgery
 - Michael Breda (503) 228-1010
 - The Oregon Clinic (503) 281-0561
 - Paul Hansen – hepatopancreatic surgery
 - Mark Whiteford – colorectal surgery; laparoscopic surgery
- 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. Mark Whiteford 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 with Drs. Johnson, Whiteford or Frankhouse
 - Mandatory attendance at OHSU citywide resident conference

Legacy Good Samaritan Hospital & Medical Center
Department of Surgery
Curriculum for Team 2 R2

GOALS	OBJECTIVES	EVALUATION METHOD
	Medical Knowledge	
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. 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. Describe preoperative evaluation and staging of the colon cancer patient. Know the ASCC cancer staging, interpret the pathology report. Stage the patient and refer to medical oncology when appropriate.	
	Patient Care	
Develop competence in maintenance of dialysis access	Make recommendations for the following problems: <ol style="list-style-type: none"> 1. poor flow in catheter 2. persistent graft needle hole bleeding 3. arm swelling 4. pseudoaneurysm formation 	
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.	
	Patient Care	
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. 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. Describe how to recognize, differentiate and order diagnostic tests in post-op patients for patients with ileus v. mechanical bowel obstruction.	
	Practice Based Learning and Improvement	
Understand how patient outcomes can be used to improve patient care	Actively participate at surgery M&M conference when others present. 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.	
	Professionalism	
Learn the ABC's of running a service and overseeing R1 residents	Be responsible for R1 residents. 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. Round when appropriate with ICU/unit RNs.	
	System Based Practice	
Practice cost effective health care	Learn to use protocols, clinical pathways & preprinted orders. Discuss methods for most cost effective delivery of health care with your attending.	
	Interpersonal & Communication Skills	
Continue to learn active listening skills & practice compassion Develop good teaching skills Communicate effectively to enhance patient care	Meet daily with patient and family as their primary contact surgeon. Be responsible for teaching of the surgery & transitional R1's. Have daily discussions with the nursing staff regarding patient care plan. Create & present advanced powerpoint presentations utilizing the PACS system.	

Reading List

Parks AG, Gordon PH, Hardcastle JD. A classification of fistula-in-ano. Br. J Surgery 1976; 63:1-12.

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.

Smith RA, Cokkinides V, Eyre HJ. American Cancer Society guidelines for the early detection of cancer. Cancer J Clin 2005; 55 (1): 31-44.

Nelson H, Petrelli N, Carlin A et al. Guidelines 2000 for colon and rectal cancer surgery. J Natl Cancer Inst 2001; 93: 583-96.

Otchy D, Hyman NH, Simmang C, et al. Practice parameters for colon cancer. Dis Colon Rectum 2004; 47: 1269-84.

Legacy Good Samaritan Hospital & Medical Center
Department of Surgery
Curriculum for Team 2 - Transitional R1

- Your Attending Staff are:
 - Oregon Surgical Consultants (503) 226-4325 or x39033
 - Blayne Standage – dialysis vascular access & laparoscopic surgery
 - Katherine Morris – surgical oncology
 - Earl Schuman – dialysis vascular access & endocrine surgery
 - Michael Breda (503) 229-7528 – general surgery
 - The Oregon Clinic (503) 281-0561
 - Paul Hansen – hepatopancreatic surgery
 - Mark Whiteford – colorectal surgery; laparoscopic surgery
- Your clinic assignment is ½ day per week with Dr. Standage on Monday afternoon. Contact Dr. Standage's office to confirm the actual times.
- Your team includes a surgery R1, R2 and R5.
- 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 Frankhouse

Legacy Good Samaritan Hospital & Medical Center
Department of Surgery
Curriculum for Team 2 - Transitional R1

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.	
Be aware of indications to start dialysis	List hyperkalemia, acidosis, hypervolemia, effusions. Describe significance of glomerulofiltration rate (GFR).	
Be able to recognize & treat hyperkalemia	Describe expected EKG changes & cardiac effect. Describe emergency management.	
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.	
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.	
Learn to perform basic vascular dissection & anastomosis	Demonstrate in the OR proper technical skills of vascular anastomosis.	
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 flators. Demonstrate appropriate use of heparin, angiogram dyes, etc.	
Recognize hypocalcemia post op	List physical signs of hypocalcemia; use of ionized Ca and treatment of symptomatic hypocalcemia.	
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 perirectal abscess. Provide adequate drainage of perirectal 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.	
Understand the role of clinical research	Demonstrate critical evaluation of the literature.	
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.	
Understand that ancillary services are also trained professionals deserving of respect	Respond to pages quickly & politely.	
Demonstrate respect & compassion for patients & their families	Meet & introduce yourself to patients preoperatively. When appropriate meet with family members to update them.	
	System Based Practice	
Understand how we interact with hospitals & insurance carriers	Describe principles of DRGs, ICD-9 & CPT codes.	
	Interpersonal & Communication Skills	
Learn compassion & active listening skills	Demonstrate how to do a PARQ & procedure for a surgical consent.	
Communicate in a professional manner	Interact with nurses and other health care professionals.	
Become an effective communicator	Use current technology to present effective surgical cases/topics at M&M and other conferences.	

Legacy Good Samaritan Hospital & Medical Center
Department of Surgery
Curriculum for Team 2 – R1

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 and 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 and 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 and 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.	
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 Report 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 flators. 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.	
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 perirectal abscess. Provide adequate drainage of perirectal 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 and level of participation
Understand the role of clinical research	Demonstrate critical evaluation of the literature.	
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.	Presentation to Dr. Standage's conference with feedback
	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 Evaluation by fellow residents, patients, RNs, unit secretaries, etc.
Understand that ancillary services are also trained professionals deserving of respect	Respond to pages quickly & politely.	
Demonstrate respect & compassion for patients & their families	Meet & introduce yourself to patients preoperatively. When appropriate meet with family members to update them.	
	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.	

- Oregon Surgical Consultants (503) 226-4325 or x39033
 - Blayne Standage – dialysis vascular access & laparoscopic surgery
 - Katherine Morris – surgical oncology
 - Earl Schuman – dialysis vascular access & endocrine surgery

- Michael Breda (503) 228-1010

- The Oregon Clinic (503) 281-0561
 - Paul Hansen – hepatopancreatic surgery
 - Mark Whiteford – colon/rectal surgery; laparoscopic surgery

- 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 Frankhouse
 - Mandatory attendance at OHSU citywide resident conference

Legacy Good Samaritan Hospital & Medical Center
Department of Surgery
Curriculum for R1 Team 1

- Your Attending Staff are:
 - Blayne Standage – Program Director

 - Oregon Surgical Associates (503) 229-7339
 - Nathalie Johnson – Breast Cancer
 - William Johnson – General and Thoracic Surgery
 - Joseph Frankhouse – General & Laparoscopic Colorectal
 - Daniel Tseng – Laparoscopic Surgery

- Your team includes an R3 and R5

- Your clinic assignment is with Dr. Joseph Frankhouse for two 1/2 days per week. Please contact him for his clinic times.

- 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 Frankhouse
 - Mandatory attendance at OHSU citywide resident conference

Legacy Good Samaritan Hospital & Medical Center
Department of Surgery
Curriculum for R1 Team 1

GOALS	OBJECTIVES	EVALUATION METHODS
	Medical Knowledge	
Learn about infectious surgical diseases and complications	List the diagnostic tests available to detect H. pylori. List treatment options for H. pylori infections. Describe how to diagnose and treat suspected C.difficile colitis. Describe appropriate treatment of MRSA infections, C. perfringens. Be able to differentiate between clean, clear contaminated & dirty cases and write for appropriate prophylaxis.	End of rotation pass/fail exam Daily discussions of these issues with Dr. Standage & other staff surgeons during rounds or surgery Ad hoc review of comments/concerns from surgeons & staff
Learn post operative management of common problems	Describe management of: low urine output; post operative hypotension; hypoxemia; chest pain; ileus/high NG output; wound infections. Be able to stratify patients for risk of DVT/PE and recommend appropriate prophylaxis. Describe the work up for post op fever. Describe the management of aspiration pneumonia. Differentiate between bipolar, monopolar cut and coag and harmonics.	Mandatory attendance at M&M conference, Dr. Standage's weekly teaching conference with assignments and feedback
Learn to develop good OR skills	Demonstrate ability to approximate tissue using 1 or 2 handed knots. Demonstrate gentle tissue handling. Demonstrate appropriate use of the Bovie. Be able to identify ileohypogastric and ileoinguinal nerves during hernia surgery. Demonstrate a tension free mesh repair of an inguinal or ventral hernia.	
Learn about common pre operative co morbidities and their management	Describe appropriate pre-op treatment of patient on coumadin for 1) atrial fibrillation; prosthetic heart valve. Be able to stratify patients by cardiac risk factors. Describe the pre-op preparation of insulin dependent diabetes. Be able to direct management of hospital care for Jehovah's Witness patients.	

GOALS	OBJECTIVES	EVALUATION METHODS
	Patient Care	
Learn to collect and communicate patient information in an appropriate & confidential manner.	Dictate accurate, concise and timely discharge summaries, H&Ps. Demonstrate proper use of Legacy's echart and PACS systems. Demonstrate awareness of HIPPA regulations & measures to ensure confidentiality	Evaluation of resident dictations by staff surgeons Reports from GME and HIS re: delinquencies Procedure specific evaluation forms appropriate to training level Written preceptor evaluations of resident performance at the end of the rotation
	Practice Based Learning & Improvement	
Understand how patient outcomes can be used to improve patient care	Attend and participate at surgical M&M conferences.	Critiques of presentations at M&M and a level of participation
Understand the role of clinical research	Demonstrate critical evaluation of the literature.	Presentations at Dr. Standage's conference with feedback
Understand evidence based medicine	Select a common clinic problem, read the appropriate literature & present appropriate recommendations for the patient 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 checkouts' pass responsibility for patient coverage. Complete assessments in a timely manner but also avoid "dumping" on another resident.	360 ° evaluation Evaluate by fellow residents, patients, RNs, unit secretaries, etc.
Understand that ancillary services are also trained professionals deserving of respect	Respond to pages quickly and politely.	
Demonstrate respect and compassion for patients and their families	Meet and introduce yourself to your patient preoperatively. When appropriate, meet with family members to update them.	
	System Based Practice	
Understand how we interact with hospitals and insurance carriers	Describe principles of DRGs, ICD-9 & CPT codes.	Assign ICD-9 and CPT codes for a given patient

GOALS	OBJECTIVES	EVALUATION METHODS
	Interpersonal & Communication Skills	
Learn compassion and active listening skills	Demonstrate how to do a PARQ and the procedure for a surgical consent.	Observation by staff
Communicate in a professional manner	Meet daily with patient and family as their primary contact person.	Preceptor evaluations
Become an effective communicator	Responsible for teaching of surgery and transitional R1 & R2 residents.	
Communicate effectively to enhance patient care	Daily discussions with nursing staff regarding patient care plan.	