

Kaiser Sunnyside Medical Center

Revised 6/8/07

Surgery Residency Syllabus

Orientation to Service

The surgery service at Kaiser Sunnyside Medical Center is affiliated with Oregon Health Sciences University Department of Surgery. This alliance provides a community-based HMO teaching environment for OHSU surgical residents. Residents are exposed to all aspects of general, vascular and thoracic surgery in this 175 bed hospital. There are no trauma admissions. The program is managed by the Kaiser Office of Graduate Medical Education under the direction of David Schmidt, MD. Residency Coordinator, Anne Nelson, does the orientation of residents and the daily management of the residency. The surgical residency director is Dr. David Parsons.

A formal orientation is held for all residents on the first weekday of each rotation. Department representatives give overviews, a tour of the hospital is given and computerized medical record training is done. Examples of care pathways and pre-printed orders are supplied. A complete orientation packet is given and questionnaires about level of competency for different procedures are completed by the residents. Also, the residents are educated and tested on methods of conscious sedation. The orientation process is quite comprehensive and allows the residents to quickly become proficient at patient care at Kaiser Sunnyside.

A. COMPOSITION OF THE SERVICE:

1. The Kaiser Sunnyside Surgical Service is comprised of a chief resident (PGY-5), a PGY-4 resident, a PGY-3 resident, and two PGY-2 residents. There are approximately twelve staff surgeons, including several general surgeons, one thoracic surgeon, three vascular surgeons, and two colorectal surgeon. Residents evaluate patients and perform operations under the direct supervision of these staff surgeons. Residents will perform operations in the operating rooms at the Sunnyside Medical Center and at the Ambulatory Surgical Center located in the SunnyBrook Medical Office.
2. Residents are responsible for the care of the patients on the Kaiser Sunnyside Surgical Service under the supervision of the attending surgeons. Residents function as independent services. They do work directly with individual staff surgeons. When a resident is out of the hospital, his/her patients are signed out to another resident. All patients are evaluated at least daily by residents and staff. Direct communication with staff surgeons by residents is the norm. If the specific attending is unavailable the on call surgeon will be available for any problems. During nighttime and weekend hours, problems should be discussed initially with the on-call staff surgeon. ACGME work hour rules will be strictly followed.

B. ROLES OF INDIVIDUAL RESIDENTS:

1. PGY-2, 3 and 4 residents function in a similar manner. They are responsible for the daily care of all patients. Patients will be acquired through Emergency Department consultation, Urgent Care consultation, inpatient consultation or through direct admit for elective operations. It is expected that Emergency Department consultation be provided in a timely manner with professional communication between the Emergency Department staff and the residents. Emergency Department (ED) patients may not have an initial complete work-up by the ED staff. It is the responsibility of the surgical residents and staff to evaluate the patients and determine if any other testing or therapeutic maneuvers are necessary. All consultations should be discussed with the surgical staff in a timely manner.

Care of the patients in the intensive care unit (ICU) will be provided through a collaborative effort of the surgical residents and staff and the ICU physician. Some patients that are not expected to remain in the ICU for a long period may be managed by the surgical team only.

All new consultations should be discussed with the appropriate on-call surgeon. All significant concerns with floor patients should be discussed with the responsible staff surgeon. All patients should be signed-out to another resident when the primary resident is out of the hospital.

Residents are expected to perform pre-operative and post operative evaluation and treatment of patients in an outpatient clinic setting on a weekly basis.

2. The Chief Resident shares the same responsibilities as the more junior residents. In addition to these responsibilities, the Chief Resident supervises the other residents assuring that patient care is occurring in an efficient and safe manner. Conflicts between junior residents may be solved by the Chief Resident. The Chief may communicate any significant problems with one

of the program directors. Patient care concerns may be addressed by the Chief resident and patients assigned to the junior residents may be evaluated by the Chief resident if necessary. The Chief is responsible for assigning operative cases to junior residents. The Chief is responsible for organizing and leading a weekly educational conference on Wednesday mornings. The Chief should be available from home for problems involving complicated patients. At times the Chief resident will be required to take in-house call.

Curriculum/Educational Goals and Objectives

A. PGY-2/3

1. Medical Knowledge/Patient Care

- Understand the physiology and management of the routine post-operative patient.
- Understand the physiology and management of the acutely ill postoperative patient in the ICU, including SIRS, hemostasis and ventilator management.
- Understand the physiologic monitoring of the ICU patient including invasive monitoring of arterial blood pressure, pulmonary artery catheters and hemodynamic monitoring, respiratory monitoring, and renal monitoring. Be able to manage these monitoring devices.
- Understand the pathophysiology and management of benign breast disease including diagnosis, treatment, complications and follow-up.
- Understand the pathophysiology and management of malignant breast disease including diagnosis, treatment, complications and follow-up.
- Understand the pathophysiology and management of inguinal, umbilical and incisional hernias including diagnosis, treatment, complications and follow-up. Proficiency in open and laparoscopic techniques is expected.
- Understand the pathophysiology and management of gallbladder and biliary tract disease including diagnosis, treatment, complications and management. Proficiency in open and laparoscopic cholecystectomy is expected. Experience in common bile duct exploration should be developed.
- Understand the pathophysiology and management of small intestinal disorders. Proficiency in diagnosing and managing small bowel obstruction is particularly important.
- Understand the pathophysiology and management of acute appendicitis including diagnosis, treatment, complications and follow-up. Proficiency in open and laparoscopic appendectomy is expected.
- Understand the pathophysiology and management of benign colon disorders. Knowledge of treatment options for diverticulitis is expected.
- Understand the pathophysiology and management of colon cancer including diagnosis, treatment, complications and follow-up. Knowledge of staging and adjuvant therapy is expected.

2. Professionalism

- Be able to interact well with other residents.
- Be able to interact well with staff surgeons.
- Be able to interact well with nursing staff. Avoid demeaning behavior.
- Be able to collaborate with the ICU team.
- Be able to interact well with physicians from other services.
- Be able to effectively consult other physician specialties.
- Be able to interact well with ancillary services.
- Be able to lead when indicated.

3. Interpersonal and Communication Skills

- Effectively communicate with other team members in a leadership role
- Effectively consult other services.
- Develop the ability to appropriately counsel and triage patients through telephone communication.
- Effectively communicate changes in patient to care to other members of the healthcare team including physicians, nurses and ancillary services.

4. Practice-Based Learning

- Practice regular review of outcomes and management styles.
- Understand and review literature regarding management of particular pertinent issues.
- Practice regular review of technical issues surrounding treatment of level specific disease processes (see “Medical Knowledge” section).

5. Systems-Based Practice

- Understand and use critical pathways for common elective cases.
- Understand and use the Beta Blocker protocol for high risk patients.
- Use pre-printed orders when indicated.
- Effectively use computerized medical record (EPIC) including “Smart Sets” in order to facilitate efficient and safe patient care.
- Complete medical records in a timely manner.

B. PGY-4

1. Medical Knowledge/Patient Care

- Understand the physiology and management of the routine post-operative patient.
- Understand the physiology and management of the acutely ill postoperative patient in the ICU, including SIRS, hemostasis and ventilator management.
- Understand the physiologic monitoring of the ICU patient including invasive monitoring of arterial blood pressure, pulmonary artery catheters and hemodynamic monitoring, respiratory monitoring, and renal monitoring. Be able to manage these monitoring devices.
- Understand the pathophysiology and management of gallbladder and biliary tract disease including diagnosis, treatment, complications and management. Proficiency in open and laparoscopic cholecystectomy is expected. Experience in common bile duct exploration should be developed.
- Understand the pathophysiology and management of small intestinal disorders. Proficiency in diagnosing and managing small bowel obstruction is particularly important.
- Understand the pathophysiology and management of acute appendicitis including diagnosis, treatment, complications and follow-up. Proficiency in open and laparoscopic appendectomy is expected.
- Understand the pathophysiology and management of benign colon disorders. Knowledge of treatment options for diverticulitis is expected.
- Understand the pathophysiology and management of colon cancer including diagnosis, treatment, complications and follow-up. Knowledge of staging and adjuvant therapy is expected.
- Understand the pathophysiology and management of rectal cancer including diagnosis, treatment, complications and follow up. Knowledge of staging and adjuvant therapy is expected.
- Understand the benefits and limitations of laparoscopic approaches to colorectal surgery.
- Understand the pathophysiology and management of ulcerative colitis. Be aware of the various treatment options for ulcerative colitis. Be able to perform total proctocolectomy with ileal pouch anal anastomosis.
- Understand the pathophysiology and management of Crohn disease involving any part of the intestinal tract. Develop knowledge of non-surgical and surgical treatments.
- Understand the pathophysiology and management of benign and malignant processes of the thyroid gland.
- Understand the pathophysiology and management of diseases of the parathyroid glands. This should include minimally invasive approaches.
- Understand the pathophysiology and management of cancers of the exocrine and endocrine pancreas. Become proficient in pancreaticoduodenectomy.
- Understand the pathophysiology and management of disorders of the spleen. Become proficient in open and laparoscopic splenectomy.

2. Professionalism

- Be able to interact well with other residents.
- Be able to interact well with staff surgeons.
- Be able to interact well with nursing staff. Avoid demeaning behavior.
- Be able to collaborate with the ICU team.
- Be able to interact well with physicians from other services.
- Be able to effectively consult other physician specialties.
- Be able to interact well with ancillary services.
- Be able to lead when indicated.

3. Interpersonal and Communication Skills

- Effectively communicate with other team members in a leadership role
- Effectively consult other services.
- Develop the ability to appropriately counsel and triage patients through telephone communication.
- Effectively communicate changes in patient to care to other members of the healthcare team including physicians, nurses and ancillary services.

4. Practice-Based Learning
 - Practice regular review of outcomes and management styles.
 - Understand and review literature regarding management of particular pertinent issues.
 - Practice regular review of technical issues surrounding treatment of level specific disease processes (see “Medical Knowledge” section).
5. Systems-Based Practice
 - Understand and use critical pathways for common elective cases.
 - Understand and use the Beta Blocker protocol for high risk patients.
 - Use pre-printed orders when indicated.
 - Effectively use computerized medical record (EPIC) including “Smart Sets” in order to facilitate efficient and safe patient care.
 - Complete medical records in a timely manner.

C. PGY-5 (Chief)

1. Medical Knowledge/Patient Care
 - Understand the pathophysiology of benign lung disease including diagnosis, treatment, complications and follow up.
 - Understand the pathophysiology of malignant lung disease including diagnosis, treatment, complications and follow up.
 - Understand the indications and limitations of thoracoscopy for lung disease.
 - Understand the indications and methods of mediastinoscopy.
 - Understand the pathophysiology and management of cancers of the esophagus including the different surgical approaches and the identification and management of postoperative complications.
 - Understand the pathophysiology and management of benign esophageal diseases including reflux and Barrett’s esophagus. Become proficient at open and laparoscopic antireflux procedures.
 - Understand the pathophysiology and management of morbid obesity. Become proficient at open gastric bypass procedures.
 - Understand the pathophysiology and management of cancers of the exocrine and endocrine pancreas. Become proficient in pancreaticoduodenectomy.
 - Understand the pathophysiology and management of disorders of the spleen. Become proficient in open and laparoscopic splenectomy.
 - Understand the pathophysiology and management of diseases of the adrenal gland. Become proficient at laparoscopic adrenalectomy.
3. Professionalism
 - Be able to lead and educate other residents.
 - Be able to develop a collegial relationship with staff surgeons.
 - Be able to interact well with nursing staff. Avoid demeaning behavior.
 - Be able to collaborate with the ICU team.
 - Be able to take charge of all aspects of patient care.
4. Interpersonal and Communication Skills
 - Effectively communicate with other team members in a leadership role.
 - Effectively communicate changes in patient to care to other members of the healthcare team including physicians, nurses and ancillary services.
 - Be able to communicate bad news to patients and their families in a compassionate way.
5. Practice-Based Learning
 - Practice regular review of outcomes and management styles.
 - Understand and review literature regarding management of particular pertinent issues.
 - Practice regular review of technical issues surrounding treatment of level specific disease processes (see “Medical Knowledge” section).
 - Assist in running M & M conference.
 - Coordinate and lead weekly resident teaching conference.
6. Systems-Based Practice
 - Understand and use critical pathways for common elective cases.
 - Understand and use the Beta Blocker protocol for high risk patients.
 - Use pre-printed orders when indicated.
 - Develop protocols for evidence based patient care.

- Effectively use computerized medical record (EPIC) including “Smart Sets” in order to facilitate efficient and safe patient care.
- Assure medical records are completed by all team members.
- Assign cases to all residents.

Reading:

Reading assignments are from Schwartz’ Principles of Surgery 8th Edition or Cameron’s Current Surgical Therapy 8th Edition. Additional reading may be suggested during the rotation.

A. PGY 2/3

1. Schwartz
 - Chapter 9: Oncology: Epidemiology 249-254; Cancer Invasion, Angiogenesis and Metastasis: 258-260; Tumor Markers 271-274; Surgical Approaches to Cancer Therapy: 274-276.
 - Chapter 12: Physiology Monitoring of the Surgical Patient: 361-378.
 - Chapter 13: Minimally Invasive Surgery: 379-401.
 - Chapter 31: Gallbladder and the Extrahepatic Biliary System: 1187-1219.
 - Chapter 34: Abdominal Wall, Omentum: 1317-1327.
 - Chapter 36: Inguinal Hernias: 1353-1394.
2. Cameron
 - Gallbladder and Biliary Tree: 383-458.
 - Hernia: 545-562.

B. PGY-4

1. Schwartz
 - Chapter 25: Stomach: 933-995.
 - Chapter 27: Small Intestine: 1017-1054.
 - Chapter 32: Pancreas: 1221-1290.
 - Chapter 33: Spleen: 1297-1315.
 - Chapter 37: Adrenal: 1448-1468.
2. Cameron
 - Large Bowel: 157-291.
 - Spleen: 533-544.
 - Endocrine: 563-614.

C. PGY-5 (Chief)

1. Schwartz
 - Chapter 24: Esophagus and Diaphragmatic Hernia: 835-931.
 - Chapter 32: Pancreas 1221-1290.
 - Chapter 35: Soft Tissue Sarcomas: 1329-1351.
2. Cameron
 - Esophagus: 1-66.
 - Stomach: 67-104.
 - Pancreas: 459-532.
 -
3. Shields’ General Thoracic Surgery (6th edition or equivalent)
 - Read sections on Postoperative Management, Pulmonary and Tracheal Resections, and Carcinoma of the Lung.

B. Evaluation Methods

- A. All residents will be evaluated at the conclusion of their rotation using the Verinform evaluation. Assessments will be made in the areas of knowledge, operative skills, professionalism and the other core competencies. Additional narrative comments will be provided. These will be 360 degree evaluations in that the residents will have the opportunity to evaluate staff surgeons and the rotation in general.
- B. Residents will be given periodic verbal feedback on their performance.
- C. Residents' operative skills will be evaluated at least twice per rotation using a standardized evaluation form. The resident will ask the staff surgeon to complete the form after a representative, level appropriate operation. The completed form will be returned to the program director and forwarded to the OHSU Department of Surgery. It will also be used to complete the final evaluation. Any obvious deficiencies will be addressed immediately with the resident.
- D. Residents will be periodically evaluated immediately post-call. This will be an evaluation of their performance on-call, including knowledge, skills, and professionalism. Immediate feedback will be given to the resident.



**Northwest Permanente
Department of Surgery
Procedural Privileges List for Residents**

Name: *Resident Summer Daze, MD* **PGY:** *2* **Rotation Date:** *7/1/07 – 8/15/07*

Category 1: Procedures for which direct supervision is NOT required

- Arterial puncture
- Arterial catheter insertion—radial artery
- Foley catheter insertion
- Naso- or Oro-gastrointestinal tube insertion
- Paracentesis
- Repair of Lacerations and suture removal
- Wound care including irrigation and debridment
- Incision and drainage of abscesses

Category 2: Procedures in which the attending staff will determine whether staff presence is required

Procedure	Number completed to date	Are you Proficient?			Wish or need supervision?
		Yes	No	Somewhat	
Arterial catheter insertion—femoral artery	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central venous catheter insertion	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulmonary artery catheter placement	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intubation <i>(under the supervision of anesthesiology or critical care staff physician)</i>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoracentesis	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoracostomy (chest tube insertion)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procedural Sedation <ul style="list-style-type: none"> • In addition to check-off by supervising staff, fellows must review the hospital Policies and Procedures document for procedural sedation and pass a written test. • Fellows may order a maximum of 4 mg midazolam plus 100 mcg fentanyl or 10mg morphine. Higher doses require either the presence of a staff physician or anesthesia staff (CRNA or MD) 	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Category 3: Procedures for which staff presence is always required (except life-threatening emergencies)

- Fluoroscopic procedures
- Cricothyrotomy
- Tracheotomy
- Cardioversion

Resident's Signature:	Date:
Kaiser Program Site Director Signature:	Date:

David P. Parsons, M.D.