

Educational Objectives for the Providence St. Vincent Hospital and Medical Center Rotation

Providence St. Vincent Hospital is a tertiary care center with a high volume of surgical procedures. The general thoracic procedures performed range from the simple common procedures to highly complex, less common operations. Attendings are all highly experienced and provide good role models on dealing with special problems in private practice. These surgeons are often consulted and must be effective communicators. They have demonstrated an interest and a competency in teaching. The attendings are responsible for all pre-intraoperative and postoperative care, working in conjunction with the resident staff in achieving these goals.

Goals

Medical Knowledge

Jr. Level:

- Understand the physiology of common postoperative problems including hypotension, pain control, hypoventilation, and cardiac dysrhythmias in the postoperative period.
- Understand common surgical diseases including physiology, ideology, prognosis, and appropriate treatment.
- Demonstrate knowledge of anatomy for surgical procedures.
- Demonstrate knowledge of electrolyte abnormalities, fluid balance, and acid based disturbances.

Sr. Level: Elements above plus

- Demonstrate knowledge of adjunctive therapy (chemotherapy, irradiation) for cancer patients.
- Demonstrate knowledge of Surgical Quality Improvement Project (SCIP)

Patient Care

Jr. Level:

- Develop and apply patient management plans for common postoperative problems.
- Demonstrate technical skills needed to manage acutely ill patients, including airway, ventilation, and ACLS procedures.
- Develop technical skills needed for operative procedures.

Sr. Level: Elements above plus

- Demonstrate ability to take the lead and manage surgical team in surgical procedures.
- Demonstrate ability to perform complex procedures such as pancreatic resections, low anterior resections of colon.

Professionalism

- Demonstrate care and compassion with patients and professional staff.
- Demonstrate professional commitments to patient care responsibilities.

Interpersonal and Communication Skills

- Develop the ability to manage surgical and acute care problems in a team environment.

Practice Based Learning

- Examine outcomes in the immediate postoperative period and apply to future surgical care management plans.

Systems Based Practice

- Understand protocols and guidelines in patient care.
- Understand the flow in moving patients through the operative and postoperative course and the communication handoffs necessary for proper care.

Objectives

Medical Knowledge

- Discuss differential diagnoses for the following postoperative problems:
 1. Airway Obstruction (Upper)
 2. Hypoxemia
 3. Hypotension
 4. Cardiac dysrhythmias
 5. Oliguria
 6. Bleeding
 7. Nausea and vomiting
 8. Narcotic obtundation
- Discuss appropriate antibiotic selection for prophylaxis or treatment of infection.
- Discuss sterility measures used in the surgical services area.
- Understand and discuss what the surgeon can do to minimize wound infection.
- Discuss appropriate use of common blood products.

Patient Care

- Formulate management plans for common postoperative problems including hypotension, hypoxemia, hypoventilation, and cardiac dysrhythmias.
- Demonstrate ability to interpret chest and abdominal x-rays including diagnosis of pneumothorax, congestive heart failure, bowel obstruction, and perforated viscous.
- Demonstrate ability for central line placement and airway management.
- Demonstrate ability to diagnose and treat sepsis, localized abscess, and wound infection.
- Demonstrate ability to diagnose and evaluate common acute abdominal problems such as appendicitis perforation, and diverticulitis.
- Demonstrate ability to distinguish patients requiring intensive care.
- PGY Level One interns demonstrate ability for central line placement, airway management, and intubation during the rotation.

Professionalism

- Be available and respond in a timely manner for patient care concerns throughout the duty shift.
- Be on time for scheduled procedures and lectures.
- Be prepared for scheduled cases – know the patient, know the procedure, know the anatomy.

Interpersonal and Communication Skills

- Employ effective communication skills with nursing staff, patients, and attendings.
- Assume personal responsibility for patient care and communicate appropriately to colleagues when going off duty.

Practice Based Learning

- Compare and contrast practice management plans of various preceptors and compare with other institutions with which you are familiar.

Systems Based Practice

- Describe the system or protocol for delivering prophylactic antibiotics in a timely fashion.

Instruction Method

Attendings are responsible for daily bedside teaching and instruction regarding the patients. Teaching will cover pre and postoperative care as well as the operative procedure. Didactic sessions are scheduled on a weekly basis and include M & M Conferences, Surgery Grand Rounds, Tumor Board, and one assigned conference with assigned subject matter and reading material. The junior residents are encouraged to learn from senior residents. Residents are expected to attend the regularly scheduled Monday morning conferences at OHSU.

Assessment and Evaluation

- Using information obtained from faculty and surgical nursing staff, the evaluations will be conducted by the Director of Surgery. Written and verbal reports will be utilized.
- Evaluations will be based on demonstrated interest, knowledge and appropriate use of interpersonal skills in solving patient management problems. Interns and Medical Students will be given two open book exams on Hypotension and Chest Tube Management.
- The Chief Resident will evaluate the residents at the end of their rotation.
- The residents will evaluate faculty. The ratings and comments will be communicated to the attendings, but the attendings are blinded as to the source.

References

Jr. Level:

- Schwartz, “Principals of Surgery” Chapters 1-6, 12, 16, 29, 31, 36.

Sr. Level:

- Schwartz, “Principals of Surgery” Chapters above plus 24, 25, 27, 28, 30, 32, 37.

PSVMC General Surgery Rotation Benchmark Procedures

Level	Procedure	Evaluator
PGY-1	Central venous lines Subclavian Airway Management	Junior/Chief resident or Faculty including anesthesiologist
PGY-2/3	All of procedures in PGY-1 Laparoscopic cholecystectomy Intestinal resection Enterostomy closure Inguinal hernia repair Incisional hernia repair Appendectomy	Faculty
PGY-5	All of Procedures in PGY-1, PGY-2/3 Colectomy Gastric resection Anti-reflux procedures Pancreatic resection	Faculty

PSVMC General Surgery Procedural Skills Performance Ratings

Resident _____

Training Level (Please circle one):

PGY-1 P GY-2 P GY-3
PGY-4 P GY-5

Procedure:

_____ Open groin hernia repair (PGY-1 – PGY-4)

_____ Appendectomy (PGY-1 – PGY-4)

_____ Laparoscopic cholecystectomy (PGY-2, PGY-3, PGY-4)

_____ Colectomy (PGY-2, PGY-3, PGY-4)

_____ Low anterior resection (PGY-4, PGY-5)

Evaluation:

On a 5 point scale in which 1 = deficient and 5 = outstanding, assess the resident on the following characteristics:

	1	2	3	4	5
1. Knowledge of Procedure	Unable to explain steps of procedure		Can explain steps of procedure, knows anatomy		Can explain the alternate ways to do procedure And knows the Pros and cons of Each approach
2. Technical Operative Skills	Fumbles; deficient knot-tying and instrument handling		Handles instruments adequately but not		Facile with instrument efficiently handling, gentle with tissues
3. Adaptability to Unexpected Events In the OR	Rigid, doesn't anticipate problems or react appropriately		Reacts to problems but needs some guidance		Anticipates problems, handles bleeding with ease
4. Mastery of the	Shows no initiative Not able to organize an Approach		Knows the procedure but hesitant, needs some guidance		Can organize and direct surgical team, can do procedure without guidance

Faculty: _____

Date: _____

**PROVIDENT ST. VINCENT HOSPITAL AND MEDICAL CENTER
DEPARTMENT OF SURGERY**

Topics and Articles Discussed at the Wednesday Noon Resident Conference

Adrenal Glands:

Questionnaire

Tumors of the Adrenal Cortex; Robert Udelsman, MD, FACS

Open Anterior Right Adrenalectomy; Gregory P. Sadler, MD, FRCS, and Malcolm H. Wheeler, MD, FRCS

Anorectal Surgery:

Effective Anesthesia and Positioning for Anorectal Surgery: Santhat Nivatvongs, MD, Operative Techniques in General Surgery, Vol 3, No 2 (June), 2001: pp 73-77.

Office Management of Hemorrhoids: Banding, Sclerotherapy, and Excision of Thrombosis; Gregory C. Oliver, MD, FACS, FASCRS Operative Techniques in General Surgery, Vol 3, No 2 (June), 2001: pp 78-85.
Operative Hemorrhoidectomy; W. Brian Sweeney, MD, et al. Operative Techniques in General Surgery, Vol 3, No 2 (June), 2001: pp 86-93

Operative Management of Idiopathic Fissure-in-Ano; Donald G. Kim, et al. Operative Techniques in General Surgery, Vol 3, No 2 (June), 2001: pp 94-101.

Anal Sepsis; J. G. Williams, et al. Operative Techniques in General Surgery, Vol 3, No 2 (June), 2001: pp 102-116.

Operative Management of Low, Cryptoglandular Fistula-in-Ano: Robin K. Phillips, MS, FRCS. Operative Techniques in General Surgery, Vol 3, No 3 (Sept), 2001: pp 134-141.

Appendix, Disease of:

Disease of the Appendix. Michael S. Nussbaum, MD. Digestive Tract Surgery: A Text and Atlas, Chp. 37, pp 1315-1337.

Bowel Disease:

Etiologic Concepts of Inflammatory Bowel Diseases: Past, Present, and Future. Joseph B. Kirsner.

Crohn's Disease of the Small Bowel, Mark A. Talamini, M.D.

Strictureplasty in Crohn's Disease, Victor W. Gazio, MBBS, FRACS, FACS, et al.

Chronic Ulcerative Colitis, Robin S. McLeod, MD

History Outline

Breast Cancer:

Questionnaire

In Situ Carcinoma of the Breast: Ductal and Lobular Cell Origin, Theresa A. Graves, MD, Kirby I. Bland, M.D.

Benign Breast Disease, Julie R. Lange, MD

A History of Surgery: pages 168 – 180.\

Screening for Breast Cancer, Sharon M. Rosenbaum Smith, et. al.

Breast Cancer: Cellular, Biochemical, and Molecular Biomarkers, Samuel W. Beenken, et. al.

Breast Cancer: Surgical Therapy, Maureen A. Chung, et al.

Colon Carcinoma:

Questionnaire

The Birth of Modern Surgery, pp 109-112.

Chp. 28 in Schwartz's Textbook – Principles of Surgery

Colon Cancer, Howard S. Kaufman

Diverticular Disease of the Colon

Etiologic Concepts of Inflammatory Bowel Diseases: Past, Present and Future. Joseph B. Kirsner. Inflammatory Diseases. Crohn's Disease. Chp. 25, Small Intestine, Principles of Surgery/Specific Considerations.

Questionnaire – Etiology, Epidemiology

Tribute to Denis Burkitt

Operative Management of Diverticular Emergencies, Strategies and Outcomes. Wayne H. Schwesinger, MD, et al.

Chest Tube Management:

Questionnaire

Diagrams

Drainage Apparatus, pp 75-91.

The Pleural Space, pp 96.

Enhancing Physician Performance

Enhancing Physician Performance, Advanced Principles of Medical Management, Chp. 4,

Understanding and Managing Physicians with Disruptive Behavior. Kent E. Neff, MD.

Esophageal Surgery:

Physiology of Esophageal Peristalsis, Chp. 3, pp 51.

Physiology of the Lower Esophageal Sphincter, Steven R. DeMeester, et al., Chp. 3, Physiology / The Lower Esophageal Sphincter, pp 57-67.

Investigation of Esophageal Disease, Clement A. Hiebert, Chp. 4 Clinical Features, pp 69-75.

Esophagoscopy – Flexible Esophagoscopy, Chp. 6, pp 150-156

Esophageal Surgery, Second Edition, Chp. 43, Esophageal Carcinoma, Diagnosis and Staging of Esophageal Carcinoma, pp684-691.

Adenocarcinoma of the Esophagus and Esophagogastric Junction. Richard J. Finley, Chp. 45, pp 725-734.

Chp. 3, Neoplasms of the Esophagus, pp 52-54.

The Historical Evolution of Esophageal Surgery, Earle W. Wilkings, Jr., pp 1-7.

Esophageal Cancer, Peter C. Enzinger, MD, et al, The New England Journal of Med., pp 2241-2252.

Esophageal Perforation, Stanley C. Fell, Chp. 38, pp 615-636.

Fluid & Electrolyte Management of Patients:

Base Deficit Does Not Predict Mortality when Secondary to hyperchloremic Acidosis, Scott A. Brill, et al, SHOCK, Vol 17, No. 6, pp 459-462, 2002.

Fluid and Electrolyte Management of the Surgical Patient, G. Tom Shires III, et al., Principles of Surgery/Basic Considerations, Chp. 2, pp 53-75.

Gallbladder / Bile Duct Surgery:

Are Open Bile Duct Procedures a Lost Art, Alicia Ault, Surgery News, January 2005.
Illustrations from Chp. 17, Transduodenal Sphincteroplasty, Atlas of Biliary Surgery, pp 539-543 and Open Common bile Duct Exploration, pp 529-535.
As CBD Explorations Decline, Errors Jump, Rosemary Frei, MSc.
The Development of Surgery of the Gallbladder and the Bile Ducts, Meade's textbook, pp 225 – 227.
Operative Management of Common Bile Duct Stones, Roger G. Martindale, et al., Chp. 16, pp 229-235.
Bile Duct Strictures Due to Calculus Disease, Chp 15, Benign Biliary Strictures, pp 472-477.
Neoplasms of the Biliary Tract, Lillian G. Dawes, et al. Digestive Tract Surgery: Chp. 16, pp 481-494.

Gallstones/Cholecystitis:

Questionnaire
Carl Langenbuch, The first Cholecystectomy (1882)
The Birth of Modern Surgery, Gall Stone Surgery.
Calculus Gallbladder Disease, Joel J. Roslyn, et al., Digestive Tract Surgery, pp 383-402.

Gastric Surgery (Billroth I, II):

The Birth of Modern Surgery, Gastric Surgery
Theodor Billroth, The First Successful Gastrectomy (1882)
Open Gastrojejunostomy, Christopher J. Sonnenday, MD, et al.
Open Truncal Vagotomy, David W. Mercer, MD, et al.
Antrectomy, Daniel T. Dempsey, MD, et al.

Gastrojejunostomy:

Gastrojejunostomy, Fredrick Brody, MD, et al, Operative Techniques in Gen. Surg. Vol 2, No 4 (Dec), 2000: pp 267, 271, 275.
Pyloric Exclusion, pp 281.
Chp. 7, Postgastrectomy Syndromes and Motility Disorders, pp 220.

Hernia:

Questionnaire
Chp. 51, Surgery: Scientific Principles and Practice: Abdominal Wall Hernias, pp 1199-1215.

Insulin Therapy:

Insulin Therapy in Critically Ill Patients. Greet Van den Berghe, MD, et al. The New England Journal of med, Vol. 345, No. 19, Nov. 8, 2001, pp 1359-1366.
Is a low transfusion threshold safe in critically ill patients with cardiovascular diseases? Paul C. Hebert, MD, et al. Crit Care Med 2001 Vol. 29, No. 2, pp 227-233.
Daily Interruption of sedative infusions in critically ill patients undergoing mechanical ventilation. John P. Kress, MD, et al. The New England Journal of Med. Vol 342, No 20, pp 1471-1476.

Intestinal Ischemia:

Management of Visceral Ischemic Syndromes, Chp. 112, Treatment of Chronic Visceral Ischemia, Chp. 108, Diagnosis of Intestinal Ischemia, Lloyd Taylor, et al.

Intestinal Obstruction:

Intestinal Obstruction, Ileus, and Pseudoobstruction, Jon S. Thompson, Digestive Tract Surgery: A Text and Atlas, Chp. 31, pp 1119-1147.

Lung Carcinoma:

Neoplasms of the Lung, Thomas A. D'Amico, et al. pp 634-649.

Staging Techniques for Lung Cancer, Christine L. Lau, et al., Chest Surgery Clinics of North America, Vol 10, No. 4, Nov. 2000.

No Perfect Job/ No Perfect Surgeon

Hand out – Is it a Match?

Pancreatic Cancer:

Neoplasms of the Exocrine Pancreas, Richard H. Bell, Jr., MD. Digestive Tract Surgery, Chp. 26, pp 849-872

Parathyroid/Hypercalcemia:

Questionnaire – Hypercalcemia

Parathyroid Jon A. van Heerden, et al, Principles of surgery/Specific Considerations, pp 1694-1696.

Hypercalcemia, Curr Probl Surg., April 2002, pp 378-409.

Pregnant Surgical Patient:

The Pregnant Surgical Patient, David C. Brooks, MD, et al, pp 1145–1161.

Renal Arteries:

Questionnaire – What a Surgeon Should Know

Renal Artery and Vein In Situ Illustrations

Nerves of Suprarenal Glands: Dissection and Schema Illustration

Endocrine Glands, pp 625 – 635.

Retained Foreign Bodies:

Questionnaire - Leftovers

Risk Factors for Retained Instruments and Sponges after Surgery, Atul A. Gawande, MD, et al, The New England Journal of Medicine, pp 229-235.

Shock:

Questionnaire

Shock and Hypoperfusion States, Daniel J. Jurusz, et al, Chp. 4, Physiologic Basis of Surgery, pp 84-99.

Shock, Septic:

Questionnaire

Pharmacologic Circulatory Support, Steven M. Hollenberg, et al., pp 417-424.

The Septic Response, William C. Chiu MD, et al., Surgical Critical Care, pp 1130-1137.

Spleen:

Questionnaire

Splenic Injury, John M. Santaniello, et al., Trauma and Emergency Care, pp 970-974.

Spleen, Adrian E. Park, et al., Schwartz's Principles of Surgery/Specific Considerations, Chap. 33, pp 1297-1313.

A History of Surgery, pp 52, and pp 106.

Birth of Modern Surgery, pp 117.

Splenectomy for Hematologic Disorders, Seymour I. Schwartz, MD, pp 545-556.

Stomach Ulcers:

Neoplasms of the Stomach, Sean J. Mulvihill, Digestive Tract Surgery: A Text and Atlas, pp 255-270.

Surgical Site Infections:

Questionnaire

Preparing the Operating Room. Ramon Bergue, MD, et al, pp 591-592.

Prevention of Postoperative Infection, Jonathan L. Meakins, MD, et al. pp 567-579.

The evidence-based way to prevent SSI. Joseph D. DiRocco, MD, et al, Contemporary Surgery, Vol 61, No 3, Mar 2005, pp 120-127

Thoracic and Vascular Surgery:

Arterial Surgery, History of Surgery, pp 229-235.

Kidney Transplantation, History of Surgery, pp 241-243.

Thyroid Cancer:

Outline

Thyroid Cancer, Gershon Efron, Endocrine Glands, pp 645-659.

A History of Surgery, Thyroid and Parathyroid, pp 199-203.

To Remove or Not to Remove Cancerous Thyroid? That is the Question. General Surgery News, Jan. 2003, Vol 30, No. 1.

Ulcers:

Questionnaire

Pyloroplasty. Jon Arne Soreide, MD, et al., Operative Techniques in Gen Surg. Vol 5, No 2 (June) 2003: pp 65-70.

Peptic Ulcer Disease. Michael W. Mulholland, MD Digestive Tract Surgery: A Text and Atlas, pp 167-190.

Closure of Duoden Perforations, Richard C. Thirlby, MD. Operative Techniques in General surgery, Vol 5, No 2(June), 2003: pp 59-64.

Single pages: The Stomach and Duodenum Illustration, pp 313.

Stomach Illustration Chp. 26, pg 1066

Jaboulay Pyloroplasty Illustration, Chapter 11, Atlas of Gastric Surgery, pp 320.

Vascular Problems:

Initial Patient Evaluation: The Vascular Consultation. Robert B. Rutherford, MD, Basic Approaches to Vascular Problems, Chp 1.

Evaluation and Selection of Patient for Vascular Interventions. Robert B. Rutherford, MD, Basic Approaches to Vascular Problems, Chp 2.

Ventilation:

Questionnaire

Mechanical Ventilatory Support. Lorrie A. Langdale, et al.

Mechanical Ventilatory Assistance. Akhil Bidani, et al.

Wound Healing Biology:

Wound Healing Biology and its Application to Wound Management, W. Thomas Lawrence, MD, Chp. 6, Physiologic Basis of Surgery, pp 118-135.