

**VA-SURG-VASC
GOALS AND OBJECTIVES FOR EACH RESIDENT LEVEL
PGY 1 RESIDENT**

PATIENT CARE			
GOALS	OBJECTIVES	METHOD OF EVALUATION	TEACHING METHODS
<ol style="list-style-type: none"> 1. Identify and successfully modify clinical risk factors for atherosclerosis in the VA patient population (smoking, hyperlipidemia, hypertension, hyperglycemia, diet, exercise, stress) 2. Demonstrate an understanding of the clinical strategy for management of diabetic foot infections (cultures, antibiotics, wound debridement including timing and methods of debridement, orthotics) 3. Demonstrate an understanding of the clinical strategy for prevention of diabetic foot ulcers (patient education, blood glucose control, proper foot gear through prosthetics) 4. Employ an effective method for perioperative blood glucose control and insulin dosing 5. Acquire clinical skills for successful management of patient with lower extremity venous ulcer (debridement, wound care, antibiotics, elevation, compression therapy) 6. Know and utilize current methods for prevention of contrast dye nephropathy (sodium bicarb, Mucomyst) 	<ol style="list-style-type: none"> 1. Describe treatment of a patient with lower extremity venous stasis ulcer (antibiotics, local care, bedrest, compression, compression, compression) (DOMAIN 1) 2. Interpret aortogram and run-off of patient with gangrene and a low ABI and devise a revascularization plan for that patient (DOMAIN 1) 3. Name and identify the four fascial compartments in the lower extremity (DOMAIN 3) 4. Describe rationale and protocol for anticoagulation of patient with acute DVT (DOMAIN 1) 	Patient Management Assessment Global Evaluation CAMEO Skills labs Evaluations ***These are the program methods of evaluation for this domain. Please feel free to make changes.	<ol style="list-style-type: none"> 1.
MEDICAL KNOWLEDGE			

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<p>1. Atherosclerosis:</p> <ul style="list-style-type: none"> a. acquire a basic understanding of the concepts and theories dealing with etiology and pathophysiology (high shear stress, low shear stress, response to injury, clinical risk factors) b. develop an appreciation for the incidence of atherosclerosis in the US Veteran population including clinical risk factors and vascular beds involved (cerebrovascular, coronary, visceral, aortic and lower extremity) <p>2. Diabetes mellitus</p> <ul style="list-style-type: none"> a. learn proper clinical classification b. learn the clinical pattern and presentation of the common complications associated with diabetes (retinopathy, nephropathy, neuropathy) c. develop an effective method for perioperative blood glucose control and insulin dosing <p>3. Venous disease</p> <ul style="list-style-type: none"> a. learn (or review) lower extremity venous anatomy b. learn the etiology of venous thrombosis (Virchow's triad) c. learn management of DVT (heparin to warfarin and duration) d. develop an understanding of the complexities of chronic venous insufficiency (etiology, pathophysiology, management) <p>4. Aneurysm disease</p> <ul style="list-style-type: none"> a. acquire a basic understanding of the concepts and theories 	<ol style="list-style-type: none"> 1. Explain why low shear stress might promote atherosclerotic plaque formation as opposed to high shear stress (increased residence time) (DOMAIN 4) 2. List at least seven risk factors for development of atherosclerosis (gender, age, smoking, hypertension, hyperlipidemia, diabetes, homocystine, sedentary) Describe the effects of diabetic neuropathy (motor and sensory) on the foot (DOMAIN 4) 3. Describe Virchow's triad (stasis, hypercoagulability, venous injury) (DOMAIN 4) 4. Describe the pathophysiology of chronic venous insufficiency (ambulatory venous hypertension) (DOMAIN 4) 5. Estimate the yearly risk of rupture of a 5cm AAA (6cm, 7cm) (DOMAIN 4) 6. Describe the risk of popliteal artery aneurysm (embolism, thrombosis) (DOMAIN 4) 7. Describe the typical ABI range for normal (1.0-.9), claudication (.8-.3), ischemic rest pain/ulceration (< .3) (DOMAIN 4) 8. Explain hemodynamically why the ABI falls following exercise in patients with vasculogenic claudication (DOMAIN 4) 9. Describe the natural history of a typical patient with vasculogenic claudication (DOMAIN 4) 10. Estimate the yearly risk of stroke of a TIA patient with >70% carotid artery stenosis treated medically (DOMAIN 4) 11. Describe the hemodynamics of a chronic A-V fistula (proximal arterial dilation, venous hypertension, retrograde flow in the distal artery, 	<p>Mock Orals Small Group Evals ABSITE Procedure Evaluations ***These are the program methods of evaluation for this domain. Please feel free to make changes.</p>	

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<p>dealing with etiology and natural history</p> <p>b. learn the definition and the common anatomic locations for aneurysm disease</p> <p>5. Limb salvage surgery</p> <p>a. learn basic patient evaluation skills (pulse exam, bedside ABIs, evaluation for neuropathy and pedal sepsis)</p> <p>b. learn to interpret noninvasive vascular lab exam (lower extremity PAE)</p> <p>c. learn lower extremity arterial anatomy and accurately interpret aortogram with run-off</p> <p>6. Carotid surgery</p> <p>a. know the natural history of symptomatic carotid artery stenosis</p> <p>b. review arterial anatomy and be able to interpret an arch aortogram</p> <p>c. know how to interpret a carotid duplex exam</p> <p>7. Claudication</p> <p>a. fully appreciate the natural history of patients with claudication (predictive of MI more than amputation)</p> <p>b. have an understanding of the lower extremity treadmill exam and be able to offer a hemodynamic explanation for why the ABI drops in claudicators</p> <p>8. Lower extremity amputations</p> <p>a. become familiar with the frequently performed types of lower extremity amputation (toe, metatarsal head resection, TMA, below-knee, above-knee)</p>	<p>increase in cardiac output)(DOMAIN 4)</p> <p>12. Describe the typical presentation of a patient with acute mesenteric ischemia from cardiac embolus (DOMAIN 4)</p> <p>13. Describe the typical presentation of a patient with chronic mesenteric ischemia and SMA stenosis (DOMAIN 4)</p>		
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<p>allowing for a full appreciation of the functional impact on the patient including rehab requirements</p> <p>b. learn surgical technique for the various types of lower extremity amputation including patient positioning and use of “the bump”</p> <p>9. Dialysis access surgery</p> <p>a. learn the deranged hemodynamics associated with A-V fistula</p> <p>b. learn the proper upper extremity vascular evaluation (pulse exam, arm BPs, vein mapping)</p> <p>c. review upper extremity venous and arterial anatomy</p> <p>10. Mesenteric ischemia</p> <p>a. learn (or review) mesenteric arterial anatomy</p> <p>b. interpret AP and lateral aortogram including major visceral branch anatomy and pathology learn clinical presentation and initial management of patients with acute and chronic mesenteric ischemia</p>			
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PRACTICE BASED LEARNING & IMPROVEMENT

GOALS	OBJECTIVES	METHOD OF EVALUATION	TEACHING METHODS
<p>1. Attend journal club and review selected articles (occurs twice a month)</p> <p>2. Participate in teaching of medical students, physician assistants, and nurses</p> <p>3. Attend and participate in monthly VA morbidity and mortality conference</p>	<p>1. Demonstrate improvement in quality of discharge summaries and operative dictations (DOMAIN 10)</p> <p>2. Review a patient care article for journal club (DOMAIN 9)</p>	<p>Conference Evaluations</p> <p>Student Surveys</p> <p>Skills lab Evaluations</p> <p>Global Evaluation</p> <p>Practice Based Learning Cases for 6 month Advisor Meeting</p> <p>M&M Presentations</p>	

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4. Actively participate in daily rounds (share information and knowledge, ask questions)		***These are the program methods of evaluation for this domain. Please feel free to make changes.	
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PROFESSIONALISM

GOALS	OBJECTIVES	METHOD OF EVALUATION	TEACHING METHODS
1. Cultivate a professional appearance and attitude (dress, hygiene, demeanor) 2. Take the clinical work seriously and place a high standard on personal conduct and behavior 3. Exhibit behavior consistent with being dependable and responsible (finish the task, accept responsibility for shortcomings)	1. Attend and participate in conferences (Thursday resident conference, Wednesday journal club, VA M&M, OHSU conferences) (DOMAIN13) 2. Attend daily rounds (punctual, prepared, engaged) (DOMAIN 13)	360 Evaluations- RN, NP/PA, Peer Program Director Evaluations Program Coordinator Evaluations Duty Hours Monitor Evaluations ***These are the program methods of evaluation for this domain. Please feel free to make changes.	

SYSTEMS BASED PRACTICE

GOALS	OBJECTIVES	METHOD OF EVALUATION	TEACHING METHODS
1. Attend and participate in discharge planning conferences which includes social workers, families, wound care specialists, home health, etc.	1. Effectively participate in discharge planning conference with social worker, wound care specialist, families, and consultants (DOMAIN 6)	360 evaluations- Social Worker, NP/PA Global Evaluation 360- Peer and RN ***These are the program methods of evaluation for this domain. Please feel free to make changes.	

INTERPERSONAL & COMMUNICATION SKILLS

GOALS	OBJECTIVES	METHOD OF EVALUATION	TEACHING METHODS
1. Respect the opinion of others (patients, family, students, nurses, techs, other care-givers) 2. Deliver succinct oral presentations on rounds and in clinic 3. Demonstrate good listening skills (take an accurate history, carry out tasks when told, focused and engaged on rounds)	1. Successfully discharge patients providing clear oral instructions to the patient and family and dictating a concise well organized discharge summary (DOMAIN 14) 2. Patient presentations are focused and concise (DOMAIN 14,15)	Standardized Patient 360 Evaluation- Peer, ICU RN, NP/PA CAMEO ***These are the program methods of evaluation for this domain. Please feel free to make changes.	

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4. Successfully become a respected member of the team			
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