Stanford University General Surgery Residency Program
Colon and Rectal Surgery Service
Goals and Objectives for Residents: R-5
Rotation Director: Andrew Shelton, MD

Description
The Colon and Rectal Surgery Rotation at SHC offers a broad experience in the care of complex patients encompassing benign and malignant diseases of the small bowel, colon, rectum, and anus.

Goals
The goal of the Colorectal Surgery rotation is to provide the R-5 resident with means to:
- Gain the knowledge and experience in the inpatient and outpatient evaluation and management of patients with colorectal disease.
- Refine procedural skills commonly required in the care of these patients such as open and laparoscopic resections of the colon, open and laparoscopic resections of the rectum, and common anorectal procedures. The residents assigned to the service vary during the year. When the service consists of a PGY3 and a PGY5 the chief resident is expected to focus on developing their skills with laparoscopic colectomy and open pelvic surgery to allow the PGY3 resident to gain experience with open abdominal surgery.
- Experience and understand the day-to-day function of a complex surgical service.

Objectives
The Colorectal Surgery R-5 rotation has the following objectives:
- The Chief resident has responsibility for the management of all inpatients on the service both ICU and ward in conjunction with the attending.
- The R-5 resident functions as a main decision maker, assuming direct responsibility for the day-to-day care of patients on the service and coordinating care with other services. The attending surgeon is readily available for questions and to help as necessary with decision-making. The Chief Resident also serves as the first consultant for the intern regarding issues related to floor and ICU patients. He or she will develop leadership skills in the management and guidance of inpatient surgical teams and supervision and education of all residents and students.
- The R-5 resident gains knowledge of encompassing colorectal surgery through discussion on rounds with the attending physician and also by independent reading and the assigned colorectal curriculum. This knowledge base includes basic, complex, open and laparoscopic procedures as listed above.
• The R-5 resident gains these advanced operative skills through pre-operative reading and preparation and by direct intra-operative teaching from the Colorectal attending.

R-5 residents can expect frequent teaching from members of the attendings. The R-5 resident and the attending will function together very closely in the OR, at the bedside and during formal and informal daily rounding sessions. The R-5 resident is a leader on the team, and should be able to run the entire service with the PGY-3 (when present) the intern, nurses, and medical students. At the end of the rotation the R-5 resident should be able to diagnose, preoperatively assess, perform the operative procedure and manage the patient postoperatively, identifying and managing complications that may arise.

R-5 residents are evaluated in the 6 core competencies (Medical knowledge, Patient care, Interpersonal communication skills, Professionalism, Practiced based learning and Systems based practice) using specific web-based evaluation forms. An outline of core competencies with rotation objectives, instructional activities, and evaluations is below.

### Specific Goals and Objectives for R-4 Residents

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<tr>
<th>GOALS Core Competencies</th>
<th>R-5 OBJECTIVES</th>
<th>INSTRUCTIONAL ACTIVITIES</th>
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| Knowledge:              | Gain experience in physical examination, diagnostic imaging studies, pre-operative evaluation and risk assessment, peri-procedural management of deep venous thrombosis anticoagulation, and post-operative patient monitoring. | • Teaching by attending faculty.  
• Independent reading  
• Daily rounds and conferences including M&M, Grand Rounds and Core Course, GI Conference, and colorectal teaching conference. | Weekly feedback by attendings and Rotation evaluation by each colorectal attendings.  
(https://stanford.medhub.com) |

• Gain experience in physical examination, diagnostic imaging studies, pre-operative evaluation and risk assessment, peri-procedural management of deep venous thrombosis anticoagulation, and post-operative patient monitoring.
## GOALS

### Core Competencies

#### R-5 OBJECTIVES

- Evaluate, triage, staff and manage all inpatient colorectal surgery consultations at SHC
- Evaluate and correct complete directed history and physical examinations on colorectal surgery patients. Review all accompanying clinical and image-based information regarding their patients, and develop an independent management plan appropriate for each patient.
- Manage patients intra-operatively with the Attending Surgeon.

### INSTRUCTIONAL ACTIVITIES

- Runs twice daily rounds with the attending once daily on the Colorectal Team.
- Preoperative and post-operative monitoring of other residents and student work and notes.
- Teaching during rounds and conferences.
- Providing feedback to the others on the Colorectal Team.
- Weekly feedback by other residents and nurses as well as the Colorectal attendings and two month rotation evaluation by each colorectal surgery attending.

## EVALUATION

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| **Patient Care:** To provide compassionate, appropriate and effective care patients in the listed categories. | • Instruct interns and medical students on basic general surgical techniques in the surgical simulation center.  
• Deliver teaching sessions for interns and students either before or after rounds on a weekly basis.  
• Provide family members an update of patient’s condition.  
• Discusses appropriate peri-operative concerns with team & consultants.  
• Works effectively with team members (attending, interns and NP) to communicate care plan and discuss with attendings. | Twice daily rounds with the Colorectal Surgery Team. | Weekly feedback by Colorectal Attending and Rotation evaluation by each Colorectal surgery attending. |
<p>| <strong>Effective Interpersonal and Communication skills:</strong> Residents must communicate in a way that leads to effective information exchange of a colorectal surgery care plan to patients, their families, and professional associates. | | | |</p>
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<td>Practice based learning</td>
<td>• Serve as team leader as the PGY-5 Works effectively with team inpatient census, reporting requirements, team schedules, vacation coverage, daily clinical assignment, patient management tasks and morbidity and mortality conference.</td>
<td>Rounds with the Colorectal Team and attending surgeon.</td>
<td>Weekly feedback by other residents and nurses as well as the Colorectal attendings and two month rotation evaluation by each Colorectal Surgery attending. (<a href="https://stanford.medhub.com">https://stanford.medhub.com</a>)</td>
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<td>and improvement:</td>
<td>• Identify complications and determine their impact on recovery. Present them at the M&amp;M conference.</td>
<td>Daily Conferences.</td>
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<td>• Use information technology to rapidly assimilate current medical literature as it relates to patient care.</td>
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<td>Professionalism:</td>
<td>• Learn to manage complex patient problems specifically related to relaying information to families regarding unexpected outcomes in a quaternary care hospital.</td>
<td>Twice daily rounds with the Colorectal Team.</td>
<td>Weekly feedback by other residents and nurses as well as the Colorectal attendings and two month rotation evaluation by each Colorectal attending. (<a href="https://stanford.medhub.com">https://stanford.medhub.com</a>)</td>
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<td>• Learn to interact with a wide range of patient age ranges.</td>
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<td>• Learn to interact with multiple subspecialty groups in consultation as well as multi-disciplinary conferences.</td>
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<td>• Displays appropriate demeanor, even in adverse situations.</td>
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<td>• Acts with sensitivity and responsiveness to patient’s culture, age, gender and disabilities.</td>
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| **Systems-based Practice:** An R-5 resident must be able to demonstrate an awareness of and responsiveness to the system of health care and the ability to effectively call on system resources to provide optimal care. | • Act as an organization problem solver for Colorectal surgery patients. Understand how care for patients affects the hospital’s ability to deliver patient care.  
• Understands how care practice affects staffing and health care costs. | Twice daily rounds with the Colorectal Team and daily rounds with surgery attendings. | Weekly feedback by other residents and nurses as well as the Colorectal attendings and two month rotation evaluation by each Colorectal Surgery attending. [https://stanford.medhub.com](https://stanford.medhub.com) |