

**Stanford University General Surgery Residency Program
Colorectal Surgery Service
Goals and Objectives for Residents: R-1
Rotation Director: Andrew Shelton, MD**

Description

The Colorectal surgery rotation at Stanford Hospital offers a broad experience in the care of complex patients encompassing all aspects of colorectal surgery.

Goals

The goal of the colorectal rotation is to provide the R-1 housestaff the means to:

- Gain the knowledge and experience in the inpatient and outpatient evaluation and management of patients with benign and malignant colorectal diseases
- Master the principles of perioperative assessment and risk stratification of patients in these categories and others who may be admitted occasionally
- Refine procedural skills commonly required in the care of these patients, as well as refine examination skills especially related to anorectal diagnoses
- Experience and understand the day-to-day function of a complex inpatient surgical service.

Objectives

The rotation has the following objectives:

- The colorectal intern will function as a primary team member assuming direct responsibility for care and writing all orders on patients on the service and coordinating care with other services of who may be in a consultative role
- The intern will gain knowledge of surgical care through discussion on rounds with the attending physicians, fellow, and senior residents and also by independent reading
- The intern will participate in conferences including Morbidity & Mortality conference, Grand Rounds, Core Course, Colorectal Service Conference, Gastrointestinal Tumor Board, and Digestive Diseases Clinical Conference (DDCC).
- Interns can expect daily teaching from members of the team, both at the bedside and informal sessions by fellow, senior residents and attendings. Interns will take overnight call as directed by the program and are expected to manage the patients with consultation as needed with the on-call senior resident and either the responsible or on-call attending.

GOALS	R-1 OBJECTIVES	INSTRUCTIONAL	EVALUATION
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R-1 on the Colorectal Surgery Service interns 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 residents

GOALS Core Competencies	R-1 OBJECTIVES	INSTRUCTIONAL ACTIVITIES	EVALUATION
<p>Knowledge: To acquire and apply knowledge of established and evolving basic and applied clinical sciences that relate to the practice of colorectal surgery</p>	<ul style="list-style-type: none"> 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. 	<p>Teaching by attending faculty, senior residents, and fellows</p> <p>Independent reading</p> <p>Conferences</p> <p>Daily inpatient rounds with an attending surgeon</p>	<p>Weekly feedback by senior resident/attending and Rotation evaluation by each colorectal surgery attending. Monthly written assessment of knowledge. (https://stanford.medhub.com)</p>
<p>Patient Care: To provide compassionate, appropriate, and effective care to colorectal surgery patients.</p>	<ul style="list-style-type: none"> Evaluate and manage all inpatient colorectal patients in conjunction with a junior resident, Chief Resident and Attending Surgeon. Perform complete directed history and physical examinations on colorectal surgery clinic patients 2-4 days per week depending on volume, review all accompanying clinical and image-based information regarding patients with appropriate resident/faculty supervision 	<p>Rounds with the Colorectal Surgery Team and attending surgeon</p>	<p>Weekly feedback by fellow/chief resident/attending and Rotation evaluation by each Colorectal Surgery attending Monthly written assessment of patient care ability. (https://stanford.medhub.com)</p>

Core Competencies		ACTIVITIES	
<p>Effective Interpersonal and Communication skills: Interns must communicate in a way that leads to effective information exchange of a bariatric care plan to patients, their families, and professional associates.</p>	<ul style="list-style-type: none"> Instruct medical students on routine floor responsibilities including rounding, patient note writing, orders, computed requisitions, and hospital protocols. Discusses significant peri-operative concerns with team & consultants. Work effectively with nurses to communicate care plan. 	<p>Twice daily rounds with the Colorectal Surgery Team.</p> <p>Daily inpatient rounds with an attending surgeon.</p>	<p>Weekly feedback by chief resident/attending and monthly rotation evaluation by each Colorectal Surgery attending (https://stanford.medhub.com)</p>
<p>Practice based learning and improvement: In order to improve patient care practices, residents must be able to critically evaluate their own performance as well as appraise and incorporate clinical scientific evidence.</p>	<ul style="list-style-type: none"> To become proficient using the Goodman Surgical Simulator for basic general surgery procedures. Identify complications and determine impact on recovery. Use information technology to rapidly assimilate current medical literature as it relates to patient care. 	<p>Rounds with the Colorectal Surgery Team and attending surgeon.</p> <p>Conferences such as weekly colorectal teaching conference and Morbidity & Mortality Conference.</p>	<p>Weekly feedback by chief resident/attending and monthly rotation evaluation by each Colorectal Surgery attending (https://stanford.medhub.com)</p>
<p>Professionalism: Residents must show a commitment to professional responsibilities, adherence to ethical principles and sensitivity to diversity.</p>	<ul style="list-style-type: none"> Learn to manage complex patient problems specifically related to relaying information to families regarding unexpected outcomes in a quaternary care hospital. Acts with sensitivity and responsiveness to patient's culture, age, gender and disabilities. Maintains accountability to patients, medical profession and society. 	<p>Rounds with the Colorectal Surgery Team and attending surgeon.</p> <p>Attendance in Colorectal clinics.</p> <p>Multidisciplinary conferences such as GI</p>	<p>Weekly feedback by resident/attending and monthly rotation evaluation by each Colorectal Surgery attending (https://stanford.medhub.com)</p>

	<ul style="list-style-type: none"> Obtains proper consent and confirm advanced directives, if present. 	Tumor Board.	
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<p>Systems-based Practice: A 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.</p>	<ul style="list-style-type: none"> Be introduced to outpatient assessment, risk stratification and surgical planning for complex colorectal procedures. Learn to use care protocols and pathways to improve quality of care. Act as an organizational problem solver for patients. Understands how efficient patient care enables the hospital to deliver a wide range of patient care. Understands how care practice affects staffing and health care costs. 	<p>Rounds with the Colorectal Surgery Team and attending surgeon.</p> <p>Attendance in clinic with senior residents and attending surgeon.</p>	<p>Weekly feedback by chief resident/attending and monthly rotation evaluation by each Colorectal Surgery attending (https://stanford.medhub.com)</p>