

Stanford University General Surgery Residency Program
Trauma/Acute Care Surgery Goals and Objectives for R1
Rotation Director: Ronald Jou

ption

trauma/General Surgery rotation at Santa Clara Valley Medical Center offers a broad experience in the care of critically injured patients with both acute and elective surgical diseases.

Understand the resources required to provide optimal coordination of care for patients, many of whom are disadvantaged and present with advanced disease.

Access specialized resources and services, even in a resource-constrained environment.

Recognize and manage a wide range of straightforward post-operative problems, e.g., fever, hypotension, hypoxemia, confusion, oliguria.

Perform a focused, efficient, and accurate initial history and physical examination for new patient visits, transfer patients, and trauma patients.

Learn standards of documentation for all aspects of patient care.

Develop skills to communicate with patients and families, even in the presence of significant cultural, language, or health-literacy barriers.

Develop skills to communicate effectively with staff and other providers.

Develop basic operative skills.

Gain working knowledge of common surgical diseases and common operations.

Gain familiarity with health systems and common types of medical errors.

tives

Provide effective “sign-out” report to other team members when going off-duty.

Present patient data concisely and accurately on morning rounds.

Concatenate, execute, and document (i.e., progress note) the treatment plan for all service patients with attention to inpatient protocols, guidelines, and documentation requirements.

Perform and document trauma H&P (primary and secondary survey) for minor trauma activations.

Communicate with consultants and diagnostic imaging colleagues.

Respond to primary ward calls and involve senior house staff or staff physicians as appropriate.

Communicate with PTs, OTs, social workers, and case managers to plan and execute high-quality discharge plans.

Write high-quality discharge summaries.

Maintain the patient census.

Attend weekly M&M and radiology conference; attend bi-weekly GI conference.

Perform operations with staff surgeons and senior residents.

Attend one week of clinic to include general surgery, breast surgery, and vascular access.

Key Conferences

Morbidity & Mortality: All surgical complications for the week are reviewed, and an additional didactic will be assigned to the chief resident in consultation with one of the site directors related to one of the complications. Throughout the year, there are procedural conferences presented by other services (e.g., Respiratory care in-service on the alternative modes of mechanical ventilation).

Radiology Conference: All films of interest for the previous week are reviewed in a conference with attending radiology providing the residents exposure to plain film, ultrasound, MRI and CT interpretation skills to aid with critical surgical decision making based on radiographic findings.

Solid Tumor Board: All cases of histologically confirmed malignancy are reviewed in a multidisciplinary conference to coordinate care based on the stage and type of malignancy. The conference improves communication skills among consultants and exposes residents to the staging criteria and treatment modalities and standards for various malignancies.

Conferences

Surgical residents are required to attend the Trauma Performance Improvement & Patient Safety Conferences (TPIPSC) on the first Thursday when we have an educational presentation related to trauma. Some topics are presented by attendings from disciplines within the medical center and others involve an outside invited speaker. Trauma cases related to the topic are presented by the residents involved or attending staff. Attendance at the non-educational TPIPSC on the second Thursday is optional for residents.

Multidisciplinary GI Conference: Meets every other week and involves case presentations of patients that have overlapping GI and General Surgery issues with a related didactic lecture presented by GI half the time and General Surgery the other half of the time.

The resident team is paired with an attending of the week for morning report and morning rounds, who provides direct supervision of patient care, teaching on rounds, and feedback on an individual basis. The R4 and/or R5 supervises evening sign-out. Information and tasks are passed to a night float resident. Each night, either the R4 or R5 is available from home and is expected to provide support for the in-house intern (R1) and R2 if needed. The R4 or R5 may be called in for acute care surgery in cases of significant educational merit. The R1 is responsible for primary ward call and participation in all trauma activations. R4 and R5 will coordinate patient care activities with PAs who are under the supervision of the attending surgeon.

Residents are evaluated in the Six Core Competencies (Medical Knowledge, Patient Care, Interpersonal Communication, Professionalism, Practiced Based Learning and Systems Based Practice) using specific web-based evaluation forms. Attendings meet weekly and discuss resident performance on an individual basis at the Division meeting on Tuesday mornings. At this meeting, if an individual resident is identified as needing individual guidance an attending is assigned to provide direct feedback and active guidance. The final evaluation is the standardized web based evaluation (<https://stanford.medhub.com>) and comprises a summary of weekly evaluations by all members of the staff who have had adequate contact with the resident. The final evaluation is meant to reflect the level of ability of the resident as well as their ability to grow and develop from the guidance provided. A list of core competencies with rotation objectives, instructional activities, and evaluations is below.

Specific goals and objectives for residents

5 Competencies	R1 OBJECTIVES	INSTRUCTIONAL ACTIVITIES	EVALUATION
<p>Edge: Acquire and apply degree of knowledge and understanding of basic and clinical sciences that relate to the practice of adult acute care</p>	<p>Knows and applies the basic and clinical sciences appropriate to the practice of Surgical Care such as physiology, pharmacology, and disease processes. Demonstrates an investigatory and analytic approach to patients with injury and general surgery illnesses. Prioritizes patients' disease related states, issues and designs a care plan accordingly, anticipates potential complications and prevention</p>	<p>Teaching by attending faculty and senior resident Educational conferences in both trauma and general surgery. Independent reading</p>	<p>Weekly feedback by attendings and Rotation evaluations Trauma/General Surgery attendings compilation (https://stanford.m)</p>
<p>Care: Provide appropriate, safe, and effective critical care services.</p>	<p>Adequate assessment of ill and injured surgical patients including:</p> <ul style="list-style-type: none"> ● Physical exam and history ● Evaluation of appropriate laboratory data and imaging results <p>Learn IV access in adults. Manage physiologic derangements such as shock, respiratory compromise, metabolic derangements, altered mental status and common surgical complications like wound infection and pneumonia.</p>	<p>Daily rounds with the Trauma/General Surgery Team Participation in clinic Radiology Conference Proctoring in procedures by upper level housestaff or attending staff</p>	<p>Weekly feedback by attendings and Rotation evaluations Trauma/General Surgery attendings compilation (https://stanford.m)</p>

GOALS	R-1 OBJECTIVES	INSTRUCTIONAL	EVALUATION
-------	----------------	---------------	------------

Core Competencies		ACTIVITIES	
<p>Effective Interpersonal and Communication skills: Residents must communicate in a way that leads to effective information exchange of a critical situation to patients, their families, and professional associates.</p>	<p>Provide family members an update of patients' condition. Discusses appropriate perioperative concerns with team & consultants Works effectively with nurses to communicate care plan</p>	<p>Daily rounds with the Trauma/General Surgery Team Participation in family conferences Multidisciplinary Conferences (GI, Path, Rad., Tumor Board)</p>	<p>Weekly feedback and Rotation evaluation Trauma/General Surgery attendings compilation (https://stanford.m)</p>
<p>Practice based learning and improvement: In order to improve patient care, residents must be able to critically evaluate their own performance as well as appraise and incorporate clinical scientific evidence.</p>	<p>Identify impact of complications on recovery of patients Use information technology to assimilate current medical literature as it relates to patient care Learns attention to detail in surgical patients</p>	<p>Daily rounds with the Trauma/General Surgery Team Weekly Morbidity & Mortality, Monthly Trauma Performance Improvement Conf.</p>	<p>Weekly feedback and Rotation evaluation Trauma/General Surgery attendings compilation (https://stanford.m)</p>
<p>Professionalism: Residents must show a commitment to professional responsibilities, adherence to ethical principles, and sensitivity to diversity.</p>	<p>Displays appropriate demeanor, even in adverse situations Acts with sensitivity and responsiveness to patients' culture, age, gender, and disabilities Maintains accountability to patients, medical profession, and society Obtains proper consent and confirm advanced directives, if present Becomes life long learner</p>	<p>Daily rounds with the Trauma/General Surgery Team</p>	<p>Weekly feedback and Rotation evaluation Trauma/General Surgery attendings compilation (https://stanford.m)</p>

S ompetencies	R-1 OBJECTIVES	INSTRUCTIONAL ACTIVITIES	EVALUATION
<p>s-based Practice: ent must be able to strate an awareness responsiveness to em of health care ability to rely call on system es to provide care.</p>	<p>Learn to use care protocols 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>	<p>Daily rounds with the Trauma/Acute Care Surgery Team Feedback from sentinel event processes and education on best practice protocols in place in the hospital</p>	<p>Weekly feedback b attending and Rota evaluation by Trauma/General St attendings compile (https://stanford.m</p>