

Stanford University General Surgery Residency Program
Trauma/Acute Care Surgery Goals and Objectives for R1
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Description

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

Goals

- Perform an accurate assessment and develop an initial plan of care for all new patients in the spectrum including patients seen in the ED, trauma bay, in inpatient consultation, and in transfer of acute care.
- Understand the role of critical care in the care of surgical patients.
- Develop knowledge and skills in surgical critical care.
- Develop skills for communicating with other providers who have requested surgical consultation.
- Recognize and manage complex postoperative problems, e.g., SIRS, sepsis, organ failure.
- Develop proficiency in performing “essential” operations.

Objectives

- Provide effective “sign-out” report to other team members when going off-duty.
- Lead morning report, covering all new admissions and consultations.
- Review all new imaging for ICU patients with ICU staff physicians.
- Present patient data concisely and accurately during ICU rounds.
- Concatenate, execute, and document (i.e., progress note) the treatment plan for all ICU patients.
- Respond to primary ICU calls and involve senior house staff or staff physicians as appropriate.
- Communicate with primary services regarding their ICU patients.
- Write high-quality transfer orders for ICU patients being transferred to the trauma/general surgery ward.
- Respond to calls for surgical consultation and involve senior house staff or staff physicians as appropriate.
- Write high quality admission H&Ps and admission orders for patients admitted to surgical services.
- Perform primary and secondary survey and procedures during major trauma activations.

- Attend weekly M&M and radiology conference; attend bi-weekly GI conference.
- Perform operations with staff surgeons and senior residents.

Weekly Conferences

- **Morbidity & Mortality:** All surgical complications for the week are reviewed, and an additional didactics will be assigned by 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 staff giving 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

Other Conferences

- Surgical residents are required to attend the Trauma Performance improvement & Patient Safety Conferences (TPIPSC) on the fourth Thursday when we have an educational presentation related to trauma. Some topics are presented by attendings from other 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 where 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 or

trauma cases of significant educational merit. On a rotating weekly basis, the R2 is responsible for operating room duties, primary SICU call, consultatoin call, and night call which is a combination of these duties.

Residents are evaluated in the Six Core Competencies (Medical Knowledge, Patient Care, Interpersonal Communication Skills, Professionalism, Practiced Based Learning and Systems Based Practice) using specific web-based evaluation forms. Attending staff meet weekly and discuss resident performance on an individual basis at the Division meeting on Tuesday mornings. At this time if any individual resident is identified as needing individual guidance an attending is assigned to provide direct feedback and constructive 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 evaluations are meant to reflect the level of ability of the resident as well as their ability to grow and develop from the guidance provided. An outline of core competencies with rotation objectives, instructional activities, and evaluations is below.

Specific goals and objectives for residents

GOALS Core Competencies	R2 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 adult critical 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 patient’s 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 attending and Rotation evaluation by Trauma/General Surgery attendings compiled (https://stanford.medhub.com)</p>
<p>Patient Care: To provide compassionate, appropriate, and effective critical care of adults.</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 attending and Rotation evaluation by Trauma/General Surgery attendings compiled (https://stanford.medhub.com)</p>

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<p>Effective Interpersonal and Communication skills: Residents must communicate in a way that leads to effective information exchange of a critical care plan to patients, their families, and professional associates.</p>	<p>Provide family members an update of patient’s 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 by attending and Rotation evaluation by Trauma/General Surgery attendings compiled (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>	<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 by attending and Rotation evaluation by Trauma/General Surgery attendings compiled (https://stanford.medhub.com)</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 patient’s 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 by attending and Rotation evaluation by Trauma/General Surgery attendings compiled (https://stanford.medhub.com)</p>

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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>	<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 by attending and Rotation evaluation by Trauma/General Surgery attendings compiled (https://stanford.medhub.com)</p>