

**Stanford University Department of Surgery
Residency Core Competencies**

1. Patient Care

a) Teaching

Patient care is taught in multiple venues. The scheduled formal didactic courses all deal with medical knowledge in a patient oriented basis. These include the Tuesday morning Core Course and Tuesday morning Grand Rounds with both the resident and the attending presentations. Attendance at both is mandatory. In addition, there is a Breast Conference and a G.I. Tumor Board at Stanford, which are required for the residents and are also patient care based. Finally, the General Surgery services at Stanford have a weekly pre-operative conference where all patients scheduled for surgery are presented and discussed. In addition, patient care is also taught in a number of less formal venues where attending and resident interactions occur. These occur in the operating room and in clinic, as well as during evaluation of patients in the emergency room. In addition, the members of the resident team talk to the attendings on a daily basis about the patients. This can be done formally on rounds or informally over the phone.

b) Assessment

The resident's competency in patient care is assessed in two main ways. The first is an assessment through the American Board of Surgery In-Service Training Exam, which consists of multiple choice questions. The second is performed by the attending of the residents via an online global evaluation system, which each attending is asked to fill out for each resident at the end of the resident rotation. This global evaluation is based on the attending's interaction with and observation of the resident's performance in the operating room, in clinic, on rounds and in conference.

2. Medical Knowledge

(a) Teaching

Medical knowledge is imparted to the residents through the regularly scheduled didactic mandatory conferences, which include Core Course, Grand Rounds, G.I. Tumor Board, Breast Conference and Research Conference. The Core Course is a two-year repeating curriculum that covers the topics of the general requirements in surgery. In addition, the Core Course covers ancillary topics such as pathology and radiology and is also an opportunity to impart knowledge for some of the core competencies. For example, the librarian has come in to teach several sessions on information technology during Core Course. We also have a session on ethics during Core Course.

(b) Assessment

The foundation of the assessment of the residents' medical knowledge is through the ABSITE, which consists of multiple choice questions (see attached outcomes). Residents are expected to perform at least at the 33th percentile on the ABSITE, and if they fall below this, they meet with their faculty advisor to determine if there was a problem with the acquisition of medical knowledge expected of them at their level. Further assessment of medical knowledge is performed by the attendings through the online global evaluation system. This assessment is done by attending interaction with an observation of the residents in the various venues such as operating room, clinics, rounds, and conferences.

3. Interpersonal Skills

a) Teaching

Interpersonal skills are taught primarily through modeling. The residents have an opportunity to watch attending behavior in the operating room, in clinic, during rounds and in conference. In addition, we have incorporated teaching of ethics in the Core Course.

c) Assessment

Interpersonal skills are assessed in three main venues. First, the attendings assess the interpersonal skills of the residents via the online global evaluation system, which is filled out by every attending for each resident on their service at the end of the rotation. This global evaluation is based on the attending's interaction with and observation of the resident in the operating room, in the clinic, on rounds, and in conferences. In addition, nurses in the Emergency Room, the ICU, and the Surgery Clinic are asked to fill out an evaluation of the resident at the end of the resident's rotation. This evaluation focuses on the resident's interpersonal skills. Finally, we have recently instituted patient evaluations of the residents, which occur on the in-patient wards at the end of the patient's hospital stay.

4. Practice Based Learning

a) Teaching

Practice based learning is taught at Core Course, including the librarian sessions on information technology.

Practice based learning is also taught at M&M, where residents are expected to analyze their patient's complications with regard to the literature available. Finally, practice based learning is taught at pre-op conference where the residents present the patients for the following week and various treatment options are discussed based on a review of the literature.

b) Assessment

The resident's competency and practiced based learning is evaluated primarily through the online global evaluation system that the attendings complete at the end of the resident's rotation. The attending's global evaluation is based on observation of the resident at the Morbidity and Mortality Conference and the resident's performance at pre-operative conferences. In addition, the attendings are able to evaluate the residents during other interactions that they have in a more informal basis. The residents complete an M&M log for each case, which is focused on their assessment of why the complication occurred and what they learned.

5. Professionalism

a) Teaching

Professionalism, like interpersonal skills, is taught primarily through modeling. The residents in the clinic, in the OR, can observe attending behavior and interaction with other colleagues in conferences, on rounds and in their daily interaction. In addition, some aspects of professionalism have been included into Core Course.

b) Assessment

Professionalism is assessed in the online global evaluation system, which is based on the attending's interaction with an observation of the residents. In addition, nurses in the ICU, Emergency Room and Surgery clinic are asked to fill out an evaluation of the resident at the end of his/her rotation. This evaluation focuses primarily on the resident's interpersonal skills and professionalism. Thirdly, we have instituted patient surveys, which evaluate patient's interactions with the residents at the end of the patient's admission.

Finally, we use attendance at required conferences, logging of work hours and completion rates of evaluations as a measure of professionalism.

6. System Based Practice

a) Teaching

System based practice is taught in Core Course. In addition, the Trauma and ICU residents attend the ICU multidisciplinary conference and the Trauma QI conferences. The administrative resident will attend the Education Executive Committee which meets quarterly. The chief resident on Red will participate in the Division Q.A. committee.

b) Assessment

Assessment of the resident's competency in system based practice is done through attending interaction with and observation of the resident. The attending's assessment is marked in the online evaluation system.

Global evaluations, nursing evaluations and patient evaluations are all placed in the resident's files. These are reviewed with the residents and their faculty advisors. For the interns, this is done on a quarterly basis and for the PGY-2 through PGY-5, this is done every six months. Any evaluations that fall below the 50th percentile are automatically forwarded to the Associate Program Director who can speak to the resident or the advisor if a problem is identified.