

General Surgery (BP VA)

PGY 1

Patient Care:

- a) Coordinate pre- and post-operative care for the patient with the acute abdomen.
- b) Perform, record, and report complete patient evaluation and assessment.
- c) Assist with hernia repairs in the groin or umbilical regions, demonstrating a basic understanding of the anatomy and surgical repair.
- d) Evaluate and diagnose the acute abdomen.
- e) Evaluate and institute management of abdominal wound problems, including infection, evisceration, dehiscence.
- f) Perform less complicated surgical procedures such as: gastrostomy, appendectomy, hemorrhoidectomy, incision and drainage of perirectal abscess.
- g) Accept responsibility for (under the guidance of the chief resident and attending surgeon) the post-operative management of: nasogastric tubes, intra-abdominal drains, abdominal incisions, Foley catheters, IV catheters and fluid .
- h) Evaluate and manage nutritional needs (enteral and parenteral) of surgical patients until normal GI function returns.
- i) Understand preoperative concerns unique to minimally invasive (laparoscopic) surgery: cardiac, pulmonary, previous operations
- j) Understand postoperative concerns, especially unique to laparoscopic surgery: pulmonary, cardiac, pain, potential complications, especially related to, pneumo-peritoneum insufflation, and specific operations

Medical Knowledge:

- a) Specify characteristics of the history, physical examination findings, and mechanism of visceral and somatic pain for the following processes: acute appendicitis, perforated ulcer, diffuse peritonitis, bowel obstruction.
- b) Illustrate use of the following diagnostic studies in the work-up of the above process: blood chemistries (white blood count, hematocrit), urinalysis, plain x-rays, ultrasound CT scan.
- c) Describe the anatomy, clinical presentation, and complications of non-operative management for these hernias: direct, indirect, inguinal, and femoral, ventral, umbilical and differentiate between incarceration and strangulation.
- d) Interpret the following in coordination with attending radiologists and staff: Acute abdominal series (identify free air, small bowel obstruction, ileus, colonic pseudo-obstruction, volvulus; the presence of ascites, atelectasis vs. pneumonia), Upper GI series, Barium enema (identify neoplasms, signs of ischemia), Abdominal ultrasound and CT scans.
- e) Outline the pathophysiology, evaluation, and management of the following: symptomatic gallstones, acute cholecystitis, gallstone pancreatitis, cholangitis, acalculous, cholecystitis and gallstone ileus.
- f) Understand the pathophysiology and management of common endocrine disease such as hyperparathyroidism, thyroid masses, and adrenal gland tumors.
- g) Demonstrate an understanding of the general surgery patient including pre-operative evaluation, general operative principles, post-operative, and critical care.

Practice Based Learning/Improvement:

- a) The resident will demonstrate progression in obtaining knowledge in the work-up, operative and non-operative principles, and post-operative management of the general surgery patient.

- b) The resident will utilize information sources to learn/improve knowledge based on clinical situations.
- c) The resident will demonstrate ability/willingness to teach skills/knowledge to others.

Interpersonal and Communication Skills:

- a) The resident must communicate clearly with patients, their families, and the medical staff.
- b) The resident will demonstrate knowledge and skills to communicate and coordinate care with multi-disciplinary specialties.
- c) Maintain complete and timely medical records.

Professionalism:

- a) The resident must ensure involvement in the post-operative care of patients and create a positive public image.
- b) The resident must acknowledge the anxieties of patients and their families and answer questions and allay anxiety.
- c) The resident will gain an appreciation for and engage in discussions involving patients with critical issues.
- d) The resident will exhibit compassion, respect, sensitivity and commitment in their daily approach to patient care.

Systems Based Practice:

- a) The resident must understand when it is appropriate to seek help through appropriate consultation with colleagues.
 - b) The resident must demonstrate an appropriate understanding and appropriate utilization of the electronic patient information system.
 - c) The resident will gain an appreciation for and skills in coordinating ancillary services for continuity of patient care.
 - d) Practice cost effective, high quality care
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- a) Assist in operations on the thyroid, parathyroid and adrenal glands, both open and laparoscopic.
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- a) The resident will gain an appreciation for and skills in coordinating ancillary services for continuity of patient care.
 - b) Develop leadership skills in learning to manage a surgical service under supervision