Core Competencies
1) Medical Knowledge
2) Patient Care Skills
3) Practice-based learning
4) Interpersonal and communication skills
5) Systems-based practice
6) Professionalism

**Direct Supervision:**
- The supervising physician is physically present with the resident and patient.

**Indirect Supervision:**
- With direct supervision immediately available—the supervision physician is physically within the hospital or other site of patient care, and is immediately available to provide Direct Supervision.
- With direct supervision available—the supervision physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

**Oversight:**
- The supervision physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

### The Resident
- Gains expertise in repair and/or reconstruction of major vessels and uncomplicated arterial repair or anastomosis (1,2)
- Acquires experience in transfemoral lumbar and femoral arteriography using Seldinger technique (1,2)
- Acquires experience in major arterial reconstructive surgery including carotid artery surgery, AAA repair, infra-inguinal bypasses and uncomplicated visceral arterial bypasses (1,2)
- Interprets vascular diagnostic procedures and provides vascular consultations (1,4)
- Demonstrates expertise in consultation for appropriate management of common vascular disorders (2,4)
- Integrates pre-operative evaluation, operative and non-operative treatment and post-operative management and follow-up of patients with vascular disease (1,2)
- Gains further experience with amputations and in obtaining vascular access (1,2)

- Should be Proficient in the Tasks & Activities Commensurate with the PGY-1 to PGY-4 Levels

Additionally, Residents at this Level:
- Should Have Gained a Thorough Knowledge of the Six Core Clinical Competencies and the Evaluation Process Used to Monitor Their Progress Toward Achieving Success in the Following Domains:

- **Patient Care** - Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. [1]

- **Medical Knowledge** - Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care. Residents are expected to perform at or above the 25th percentile on the annual In-Service Examination. [2]
• **Practice-based Learning and Improvement** - Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning. Residents are expected to develop skills and habits to be able to meet the following goals: [3]

- identify strengths, deficiencies, and limits in one’s knowledge and expertise; [3]
- set learning and improvement goals; [3]
- identify and perform appropriate learning activities; [3]
- systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement; [3]
- incorporate formative evaluation feedback into daily practice [3]
- locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems; [3,5]
- use information technology to optimize learning; and, [3,5]
- participate in the education of patients, families, students, residents and other health professionals. [3,4]

• **Interpersonal and Communication Skills** - Residents must demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, & health professionals. [4] Residents are expected to:

- communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds; [4]
- communicate effectively with physicians, other health professionals, and health related agencies; [4]
- work effectively as a member or leader of a health care team or other professional group; [4]
- act in a consultative role to other
• **Systems-based Practice** - Residents must demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care. Residents are expected to:
  - work effectively in various health care delivery settings and systems relevant to their clinical specialty;
  - coordinate patient care within the health care system relevant to their clinical specialty;
  - incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate;
  - advocate for quality patient care and optimal patient care systems;
  - work in inter-professional teams to enhance patient safety and improve patient care quality; and
  - participate in identifying system errors and implementing potential systems solutions.

• **Professionalism** - Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:
  - compassion, integrity, and respect for others;
  - responsiveness to patient needs that supersede self-interest;
  - respect for patient privacy and autonomy;
  - accountability to patients, society and the profession; and,
  - sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

- **Summative Evaluations at the Completion of This Final Year of**
| Residency Training Should Verify that the Residents Have Demonstrated Sufficient Competence To Enter General Surgical Practice Without Direct Supervision. |