# Handbook of Policies and Procedures

For General Surgery Residents

LSUHSC-Shreveport
Department of Surgery

## TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mission</td>
<td>1</td>
</tr>
<tr>
<td>ACGME Overview</td>
<td>2</td>
</tr>
<tr>
<td>80-Hour Work Week Policy</td>
<td>2</td>
</tr>
<tr>
<td>E-mail</td>
<td>3</td>
</tr>
<tr>
<td>On-Call Responsibilities</td>
<td>3</td>
</tr>
<tr>
<td>Resident Benefits</td>
<td>3</td>
</tr>
<tr>
<td>USMLE Examination Policy</td>
<td>4</td>
</tr>
<tr>
<td>Clinical Rotations</td>
<td>5</td>
</tr>
<tr>
<td>ACGME Six Competencies</td>
<td>6</td>
</tr>
<tr>
<td>Resident Evaluations</td>
<td>6</td>
</tr>
<tr>
<td>Faculty and Clinical Rotation Evaluations</td>
<td>7</td>
</tr>
<tr>
<td>Resident Self and Peer Evaluations</td>
<td>7</td>
</tr>
<tr>
<td>Staff and Patient Evaluations of Residents</td>
<td>7</td>
</tr>
<tr>
<td>American Board of Surgery Requirements</td>
<td>8</td>
</tr>
<tr>
<td>ABelite Examination Policy</td>
<td>9</td>
</tr>
<tr>
<td>Departmental Conference Schedule and Attendance Policy</td>
<td>9</td>
</tr>
<tr>
<td>Structured Educational Curriculum</td>
<td>10</td>
</tr>
<tr>
<td>Surgical Skills Curriculum</td>
<td>11</td>
</tr>
<tr>
<td>Other Department of Surgery Conferences</td>
<td>12</td>
</tr>
<tr>
<td>Annual Leave and Sick Leave Policy</td>
<td>13</td>
</tr>
<tr>
<td>Annual Research Project</td>
<td>16</td>
</tr>
<tr>
<td>Resident Promotion Process</td>
<td>17</td>
</tr>
<tr>
<td>Surgical Operative Records</td>
<td>18</td>
</tr>
<tr>
<td>ACGME Defined Category Minimum Requirements</td>
<td>19</td>
</tr>
<tr>
<td>Critical Care Index Log</td>
<td>20</td>
</tr>
<tr>
<td>Policy on Resident Supervision</td>
<td>21</td>
</tr>
<tr>
<td>CM-17 Delinquent Medical Records</td>
<td>22</td>
</tr>
<tr>
<td>Moonlighting Policy</td>
<td>24</td>
</tr>
<tr>
<td>Procedure for handling unexpected clinical responsibilities due to resident stress and fatigue</td>
<td>25</td>
</tr>
<tr>
<td>Hand-Off Policy</td>
<td>26</td>
</tr>
<tr>
<td>House Officer Call-In Policy</td>
<td>27</td>
</tr>
<tr>
<td>House Officer Social Media Policy</td>
<td>28</td>
</tr>
<tr>
<td>Learning Objectives</td>
<td>30</td>
</tr>
<tr>
<td>Common to All Rotations and Training Levels</td>
<td>37</td>
</tr>
<tr>
<td>PGY 1</td>
<td>48</td>
</tr>
<tr>
<td>PGY 2</td>
<td>55</td>
</tr>
<tr>
<td>PGY 3</td>
<td>59</td>
</tr>
<tr>
<td>PGY 4</td>
<td>64</td>
</tr>
<tr>
<td>Levels of Care (listed alphabetically by service)</td>
<td>69</td>
</tr>
<tr>
<td>ACGME Common Program Requirements</td>
<td>165</td>
</tr>
</tbody>
</table>
The mission of the General Surgical Residency Program at Louisiana State University Health Sciences Center in Shreveport is to train surgeons who are leaders in the communities in which they live and work.

Graduates of our surgical residency possess these three essential qualities:

1. A comprehensive understanding of the current medical and surgical literature and the basic science that underlies patient care.
2. A technical expertise in the safe and efficient conduct of operative procedures.
3. A sincere compassion for the welfare of our patients and a genuine concern for their loved ones.

The strategy by which we fulfill the mission of the General Surgical Residency Program at LSU Health Sciences Center consists of an intense five-year curriculum of didactic and Socratic instruction leading to a broadly based and in-depth knowledge of all of the primary components of surgery. While SCORE is used as a broad-based general surgical curriculum, continuous self-directed learning is expected from and required of each resident. Inherent in this strategy is increasing responsibility for the delivery of care by residents based upon their knowledge and experience.
All issues not discussed in the Departmental Policies and Procedures Manual, such as Terms of Employment, Contracts, and Grievance Procedures, can be found in the Louisiana State University Health Sciences Center – Shreveport Resident Manual 2016-2017

Accreditation Council on Graduate Medical Education Requirements (ACGME)

The ACGME oversees all residency programs in the United States. Each specialty has its own Residency Review Committee within the ACGME. These two organizations work jointly to set the standards for training in each field. The Department of Surgery feels that it is very important that each resident understands the requirements for General Surgery training programs as set forth by this organization. A copy of the ACGME Program Requirements for Graduate Medical Education in General Surgery, effective July 1, 2016, is included in this handbook, starting on page 165.

80-Hour Work Week Policy

The ACGME mandates that Residents can work no more than 80 hours per week, averaged over a 4 week period, inclusive of all in-house call activities and all moonlighting. Duty periods for PGY 1 residents must not exceed 16 hours in duration. Duty periods for PGY 2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Residents may be allowed to remain on-site to accomplish efficient transition of care but for no more than an additional 4 hours, and they must not be assigned additional clinical responsibilities during this time. PGY 1-3 residents should have a 10 hour rest period before returning to duty and must have at least 8 hours free. Further, PGY 2-3 residents must have 14 hours off following 24-hours of in-house duty. Finally all residents must have a 24 hour period completely off duty every week.

All residency programs at LSUHSC-S use MyEvaluations, to record duty hours, and monthly reports are monitored by the Graduate Medical Education office for compliance and for the purpose of providing an audit trail for reimbursement purposes. For that reason, it is very important to properly reflect the rotation on which residents are working. Also, the GME office emphasizes that residents must never enter hours for the future. The GME office requires that residents submit all hours worked for the previous month by the 5th day of the current month, at which time they will run a compliance report.

The MyEvaluations system automatically provides a warning notification to residents when hours reflected are non-compliant, which gives the resident an opportunity to explain the situation or event, for example, in the area of “minimum time off compliance” resulting in less than 8 hours off between shifts, a resident could logically explain with the statement “unstable patient. Continuity of care.” All violations must be justified in writing to the Program Director.

The Department of Surgery insists on strict compliance with the mandates set forth by the ACGME. Although you, as residents, are the ones who know when you arrived and when you must go home, the ultimate responsibility of maintaining compliance rests with faculty, as was explicitly addressed by the Director of the RRC for Surgery in a recent meeting. Everyone must understand that the program will be in jeopardy if duty hour compliance is not maintained.
Therefore, Interns and Residents must always be mindful of their hours and notify upper level residents or faculty if they are approaching 80 hours or any other potentially hours-related violation. If at any time your compliance is blocked or hindered by a Chief or by a faculty member, it is imperative that you let Dr. Griffen and/or Dr. Richardson know. The problem will be corrected, and measures will be taken to comply with the rules. Moreover, the Department guarantees that no acts of intimidation or retaliation will ever fall back onto a resident for complying with these rules.

Work hour non-compliance issues will be discussed openly in the monthly GME meeting, with all Program Directors and Residency Coordinators at LSU present.

**E-mail**

The Department of Surgery requires that residents check their LSU e-mail frequently, since that is the primary mechanism used by the Department of Surgery and by the Institution for contacting residents and sending information. Residents should check their LSU email at least daily.

**On-Call Responsibilities**

All residents are responsible for knowing when they are on call and for making sure that their call is covered if they cannot be present. Call schedules for the upcoming month are sent to residents through email, usually by the 15th of the current month, allowing ample time to make plans. Call switches must honor work hour requirements.

Consumption of any alcoholic beverage while at work or on-call, (in-house or on home-call) is prohibited. Violation of this policy will result in suspension and possible termination from the General Surgery program.

**Resident Benefits**

The Department of Surgery will provide the following benefits for categorical and Surgery preliminary residents:

- One trip to American College of Surgeons Clinical Congress for categorical PGY 3 residents
- Travel for presentation of abstracts at local, regional, and national meetings if approved by the department
- Up to $1500 for PGY 5 residents to attend a national meeting/course. These monies must be used to pay meeting fees, transportation, hotel accommodations, and incidental expenses.
- Annual incentive awards will be presented at graduation. Note: monetary awards will be in the form of gift certificates to LSU bookstore.
  - Most operative cases PGY 1-4 for academic year - $100
  - Most cumulative operative cases PGY 5 - $200
  - Best teaching junior resident (voted by students) - $250
  - Best teaching senior resident (voted by students) - $250
  - Best Research Presentation - $250
  - Award certificates will be presented to residents
    - who score in the top 25th percentile of ABSITE
    - LA Chapter ACS winners of Surgical Jeopardy, best trauma paper, best paper and oral presentations.
Policy regarding USMLE Examinations

First year house officers MUST take USMLE Step 3 prior to advancing into the second clinical year of the General Surgery training program at LSU Health Sciences Center in Shreveport and, by Louisiana law, must pass Step 3 before entering the 3rd clinical year of training.

Effective July 1, 2015, all Interns will be required by Graduate Medical Education to sign the following form:

USMLE STEP 3 Acknowledgement

I acknowledge that I have been notified of the requirements of taking and passing USMLE Step 3 as indicated in the Initial Resident/Fellow Appointment Policy.

I understand that I am to abide by the following requirements regarding USMLE Step 3:
- A Resident shall be responsible for taking USMLE Step 3 before completion of their PGY-1 training.
- A Resident shall be responsible for taking and passing USMLE Step 3 before completion of their PGY-2 training. Failure to obtain a passing score before completion of their PGY-2 training will result in termination and non-renewal of contract.
- All Programs shall be compliant with the above stated policy, however, departments may require successful completion of USMLE Step 3 earlier than their PGY-2 training if indicated in their departmental policy manual.

________________________________________
House Officer Signature

________________________________________
House Officer Printed Name

________________________________________
Date
Clinical Rotations

Note: these rotations are subject to change during the year depending on patient volume and educational needs of individual residents. PGY 1 schedules will vary among residents at that level.

<table>
<thead>
<tr>
<th>PGY Level</th>
<th>Rotation</th>
<th>Length</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY 5</td>
<td>General Surgery</td>
<td>4.8 mo</td>
<td>University Health - Shreveport</td>
</tr>
<tr>
<td></td>
<td>General Surgery/Surgical Oncology</td>
<td>2.4 mo</td>
<td>University Health - Shreveport</td>
</tr>
<tr>
<td></td>
<td>Vascular/Endovascular Surgery</td>
<td>2.4 mo</td>
<td>University Health - Shreveport</td>
</tr>
<tr>
<td></td>
<td>General Surgery</td>
<td>2.4 mo</td>
<td>University Health - Monroe</td>
</tr>
<tr>
<td>PGY 4</td>
<td>Transplant</td>
<td>2.4 mo</td>
<td>Willis Knighton Health System - Shreveport</td>
</tr>
<tr>
<td></td>
<td>Trauma/SICU/Acute Care (days)</td>
<td>2.4 mo</td>
<td>University Health - Shreveport</td>
</tr>
<tr>
<td></td>
<td>Trauma/SICU/Emergency Surgery (nights)</td>
<td>2.4 mo</td>
<td>University Health - Shreveport</td>
</tr>
<tr>
<td></td>
<td>General Surgery</td>
<td>2.4 mo</td>
<td>Overton Brooks VA Medical Center</td>
</tr>
<tr>
<td></td>
<td>General Surgery</td>
<td>2.4 mo</td>
<td>University Health - Monroe</td>
</tr>
<tr>
<td>PGY 3</td>
<td>Cardiothoracic Surgery</td>
<td>4 mo</td>
<td>University Health - Shreveport</td>
</tr>
<tr>
<td></td>
<td>General Surgery</td>
<td>4 mo</td>
<td>University Health - Monroe</td>
</tr>
<tr>
<td></td>
<td>Transplant</td>
<td>4 mo</td>
<td>Willis Knighton Health System - Shreveport</td>
</tr>
<tr>
<td>PGY 2</td>
<td>Trauma/SICU/Emergency Surgery</td>
<td>3.5 mo</td>
<td>University Health - Shreveport</td>
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<tr>
<td></td>
<td>Pediatric Surgery</td>
<td>1.7 mo</td>
<td>University Health - Shreveport</td>
</tr>
<tr>
<td></td>
<td>Vascular Surgery</td>
<td>1.7 mo</td>
<td>University Health - Shreveport</td>
</tr>
<tr>
<td></td>
<td>Surgical Oncology</td>
<td>1.7 mo</td>
<td>University Health - Shreveport</td>
</tr>
<tr>
<td></td>
<td>General Surgery</td>
<td>1.7 mo</td>
<td>Overton Brooks VA Medical Center</td>
</tr>
<tr>
<td></td>
<td>General Surgery</td>
<td>1.7 mo</td>
<td>University Health - Monroe</td>
</tr>
<tr>
<td>PGY 1</td>
<td>General Surgery</td>
<td>1-2 mo</td>
<td>University Health - Shreveport</td>
</tr>
<tr>
<td></td>
<td>Trauma/SICU</td>
<td>1-2 mo</td>
<td>University Health - Shreveport</td>
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<td></td>
<td>Vascular/Endovascular Surgery</td>
<td>1-2 mo</td>
<td>University Health - Shreveport</td>
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<td></td>
<td>Surgical Oncology</td>
<td>1-2 mo</td>
<td>University Health - Shreveport</td>
</tr>
<tr>
<td></td>
<td>General Surgery</td>
<td>0-2 mo</td>
<td>Overton Brooks VA Medical Center</td>
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<td></td>
<td>Burns</td>
<td>1 mo</td>
<td>University Health - Shreveport</td>
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<tr>
<td></td>
<td>Plastic &amp; Reconstructive Surgery</td>
<td>1 mo</td>
<td>University Health - Shreveport</td>
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<tr>
<td></td>
<td>Pediatric Surgery</td>
<td>1 mo</td>
<td>University Health - Shreveport</td>
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<tr>
<td></td>
<td>Cardiothoracic Surgery</td>
<td>1 mo</td>
<td>University Health - Shreveport</td>
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ACGME’s Six Competencies

As part of the Program Requirements for General Surgery, the ACGME states that an educational program must integrate the following competencies into the curriculum:

- **Medical Knowledge** about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences, as well as the application of this knowledge to patient care
- **Patient care** that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
- **Practice-based learning and improvement** that involves the investigation and evaluation of care for patients, the appraisal and assimilation of scientific evidence, and improvements in patient care
- **Interpersonal and communication skills** that result in the effective exchange of information and collaboration with patients, their families, and other health professionals
- **Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds
- **Systems-based practice**, as manifested by actions that 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.

Resident Evaluations

Residents are evaluated on a rotational basis by all members of the faculty with whom they worked during a specific rotation through MyEvaluations. Based on the ACGME’S Six Competencies, these evaluations take into consideration all aspects of the training program, ranging from fund of knowledge to clinical care to interaction with patients and staff. As soon as an attending has electronically completed an evaluation, the resident is notified via email, providing immediate feedback. Evaluations are discussed at Residency Review/Evaluation and Education Committee quarterly meetings. Any problems that have been noted on evaluations will be addressed, and corrective action, if deemed appropriate, will be implemented. Corrective action can range from counseling with the Program Director and/or Chairman of the Department to formal probation. Residents receive quarterly and annual written performance reports that must be signed as acknowledgement that evaluations have been read and discussed. Copies of these reports are placed in the residents’ training file in the Department of Surgery and in Medical Education. If a resident’s performance is not satisfactory, the Department will attempt to correct the problem; however, if it becomes necessary, the resident will be placed on probation.

Surgery residency programs are required by the ACGME to utilize, maintain and report new Educational Milestones which they explain as follows:

“The Educational Milestones are observable developmental steps, organized under the six competency areas, that describe a trajectory of progress on the competencies from novice (entering resident) to proficient (graduating resident) and, ultimately, to expert/master.”
The Clinical Competency Committee (CCC), similar to the Residency Review Committee, must assess each resident’s performance semi-annually and submit a report to the ACGME. To accomplish this task, the committee utilizes existing, active evaluations that have now been “mapped” to Milestones within MyEvaluations.

“Residents will undergo a structured evaluation against milestones. The Clinical Competency Committee will review and use assessment data, including faculty member assessments of residents on rotations, self-evaluations, peer evaluations, and evaluations by nurses and other staff members.”

**Faculty and Clinical Rotation Evaluations**

At the end of each rotation, residents are required to evaluate the faculty with whom they have worked on that rotation as well as the rotation/program. Evaluations must be electronically completed through MyEvaluations. Similar to evaluations of residents, faculty evaluations are also ACGME competency-based. The MyEvaluations system absolutely guarantees anonymity for the evaluating resident, so complete honesty is expected and appreciated. The Chairman meets with individual faculty annually to discuss a summary of their evaluations. Additionally, residents’ evaluations of faculty as well as of the clinical rotation have been developed to reflect each faculty’s value to the education of residents, as well as each clinical rotation’s value to the resident’s education. This is taken into account when the rotation assignments for the next year are determined. This feedback loop seeks to incentivize each clinical service and its faculty member to optimize his/her educational mission. Evaluation of faculty is discussed at the end of the academic year unless major problems are identified. This maintains resident confidentiality as faculty will not know when the evaluation was completed.

**Resident Self and Peer Evaluations**

At the end of every month (coinciding with the end of Intern monthly rotations), residents are requested to evaluate themselves and the other residents with whom they worked during the concluding rotation. These evaluations must be completed electronically through MyEvaluations. As is true of faculty evaluations, the MyEvaluations system guarantees anonymity for the evaluating resident.

**Staff Evaluations of Residents**

Nurses, Physician Assistants, and Nurse Practitioners are asked to complete evaluations of residents with whom they have worked after each rotation. Again, these evaluations are submitted through MyEvaluations and tie into the ACGME Six competencies, with emphasis on Interpersonal and Communication Skills, Professionalism, and System-Based Practices.
American Board of Surgery Requirements

Requisite American Board of Surgery Operative Performance Assessments and Clinical Performance Assessments (CAMEOs) have also been “mapped” to Milestones within MyEvaluations and will automatically be incorporated into the clinical assessments to be reviewed by the CCC. Operations available for assessment by faculty are

- Laparoscopic Appendectomy
- Laparoscopic Cholecystectomy
- Laparoscopic Colectomy
- Small Bowel Resection – Colectomy
- Creation of AV Fistula
- Laparoscopic Inguinal Hernia Repair
- Open Inguinal Hernia Repair
- Laparoscopic Ventral Hernia
- Open Ventral Hernia
- Partial Mastectomy with Axillary Management/Breast Biopsy
- Parathyroidectomy
- Thyroidectomy

Note: Before the case is performed, residents must submit a request to faculty through MyEvaluations and then notify the faculty that this is being requested. After the faculty has submitted an assessment, it will immediately “track’ to Milestones.

Residents are required to obtain six (6) Operative Performance Assessments and six (6) Clinical Performance Assessments during training.

When applying to take the ABS Qualifying examination, graduating Chief Residents must provide the following certifications:

- ACLS (does not need to be current)
- ATLS (does not need to be current)
- FLS (Fundamentals of Laparoscopic Surgery)
- FEC (Fundamentals of Endoscopy Curriculum) - effective with residents graduating in 2018

The FEC curriculum will be incorporated into the Surgery training program beginning July 1, 2016. An American Board of Surgery recommended didactic curriculum, consisting of SCORE, didactic lectures, on-line and simulation modules will be implemented which will culminate with hands-on testing and certification for PGY 4 residents.
ABSITE Policy

On the last weekend in January, all residents are required to take the American Board of Surgery in-training examination (ABSITE). A passing grade at LSU Health is the 30th percentile or above. Failing grades include all grades less than 30.

Any interns or residents who fail the ABSITE will be placed on probation. They will enter the remediation program detailed below. All failing interns and residents’ overall performance, including Milestones (page 6), SCORE test results (page 10), and MyEvaluations (page 6), will be reviewed by the Residency Review Committee. A decision will be made to advance the failing resident to the next level or to bring the resident’s overall performance to the attention of the core (full time) faculty for a decision for or against advancement. A quorum must be present and a majority vote will prevail.

If a resident, at any level, fails ABSITE two years in a row, the full time faculty will review the resident’s overall performance. With a quorum present and by majority vote, the faculty will decide to have the resident repeat the year, advance to the next year, or not have his/her contract renewed.

In addition to the core educational curriculum, residents who fail ABSITE will enter a remediation program:

1. Each resident will be assigned one or two faculty mentors.
2. Any grade on the monthly SCORE examination less than 70% will require the resident to design and answer 15 questions from the applicable SCORE chapters for review and acceptance by the mentor. This will be due in 2 weeks from notification and failure to meet the deadline will result in No participation in elective OR cases. He/she will be assigned to clinics and will continue with their regular ward responsibilities and call responsibilities. Once the required materials are turned in, and are acceptable to the mentor, the resident may return to the OR.

Departmental Conference Schedule and Attendance Policy
Academic Year 2016-2017

1. Attendance at each of these conferences is mandatory. All residents will be free of their routine clinical duties each Tuesday between the hours of 7:00 - 9:30 AM to allow time for attendance at these conferences.

<table>
<thead>
<tr>
<th>Week</th>
<th>7:00 – 7:30 AM</th>
<th>7:30 – 8:30 AM</th>
<th>8:30 – 9:30 AM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week I</td>
<td>SCORE Review</td>
<td>Great Case Conference</td>
<td>Surgical Simulation Lab or Standardized Patients or Mock Orals*</td>
</tr>
<tr>
<td>Week II</td>
<td>SCORE Review</td>
<td>M &amp; M Conference</td>
<td>Surgical Simulation Lab or Standardized Patients or Mock Orals*</td>
</tr>
<tr>
<td>Week III</td>
<td>SCORE Review</td>
<td>Great Case Conference</td>
<td>Surgical Simulation Lab or Standardized Patients or Mock Orals*</td>
</tr>
</tbody>
</table>
### Structured Educational Curriculum

**SCORE**

98% of General Surgery programs use SCORE as the basis for educational curriculum for PGY 1-5 residents. Worthy of note is the fact that the ACGME Milestones assessments cite SCORE as the primary measure of medical knowledge.

The American Board of Surgery has stated that general surgery residency curricula should be based on SCORE or an equivalent. Further they have re-developed ABSITE as well as both the Board qualifying and certifying exams to be SCORE-based. Quoting from the American Board of Surgery instructions for preparing for the certifying exam, “please note that starting with the 2013-2014 academic year, CE candidates will be expected to know how to perform and describe all Essential-Common procedures listed in the SCORE Curriculum Outline” ([www.surgicalcore.org](http://www.surgicalcore.org)).

Our SCORE curriculum will be a comprehensive two-year curriculum to assist residents in a structured self-study program. An outline of the program, developed by Dr. Navdeep Samra, will be provided to the residents. Discussions of assigned topics will be held during the Tuesday 7:00 – 7:30 a.m. conference time slot.

Effective August 2015, a SCORE feature entitled This Week in SCORE (TWIS) will be incorporated into the curriculum, and residents will be required to complete the TWIS quiz weekly.

**This Week in SCORE® (TWIS), a new "topic of the week" feature to assist users in covering the portal's core content. The first phase of a fully-programmed TWIS will be coming on line in August, with a fresh quiz each week on the featured topic.**
While each resident is expected to read and to be prepared to discuss the assigned SCORE topic, reading should not be limited to the assigned material. Residents are encouraged to use additional educational resources as they deem necessary for their own surgical education and patient care.

**Surgical Skills Curriculum**

The surgical skills curriculum at LSUHSC-Shreveport is designed to train surgical residents in skills related to the ACGME’s Six Competencies. The curriculum fully incorporates the American College of Surgeons Phase I Surgical Skills Curriculum and includes regular assessment of resident skills acquisition.

Four major principles were implemented to guide the development of the new curriculum as follows:

1. Each PGY level must have its own separate and focused curriculum to meet the unique needs of the residents at different levels of experience.
2. The new curriculum must incorporate the Surgical Skills Curriculum Phase I Modules developed by the American College of Surgeons.
3. The curriculum must conduct regular assessments of resident skills to measure the effectiveness of training.
4. The curriculum must maximize utilization of the Skills Center and its existing resources.

Each PGY class will be trained by the faculty in a variety of surgical skills tailored for the appropriate level of experience, as shown in the table below.

<table>
<thead>
<tr>
<th>PGY</th>
<th>Skills Curriculum Modules</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Asepsis, instrument identification, knot-tying, suturing, central line placement, chest tube placement, surgical biopsy, laparoscopic camera skills</td>
</tr>
<tr>
<td>2</td>
<td>Laparotomy, tissue handing, urinary catheterization, bone fixation, inguinal anatomy, upper endoscopy/colonoscopy</td>
</tr>
<tr>
<td>3</td>
<td>Basic laparoscopy (Fundamentals of Laparoscopic Surgery), handsewn and stapled GI anastomosis, basic ultrasound</td>
</tr>
<tr>
<td>4</td>
<td>Airway management, bronchoscopy, advanced tissue dissection, FAST ultrasound, vascular anastomosis</td>
</tr>
<tr>
<td>5</td>
<td>Advanced ultrasound, advanced laparoscopy skills, common bile duct exploration</td>
</tr>
</tbody>
</table>

All residents will continue to participate in didactic sessions to improve their knowledge base. These will include journal club discussion sessions and monthly SCORE exams.

The skills curriculum also includes SESAP discussion sessions during the winter to prepare residents for the American Board of Surgery In-Training Exam (ABSITE) and the ABS Qualifying Examination. Also, mock oral exam sessions will be conducted to prepare residents for the ABS Certifying Examination.

In addition, residents will participate in standardized patient sessions. These sessions feature scenarios designed to assess medical knowledge, interpersonal/communication skills and professionalism, utilizing trained actors.
### Other Department of Surgery Conferences

All conferences are held weekly except as indicated.

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Weds.</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 – 8 AM</td>
<td>Vascular Conf.</td>
<td>General Surgery Student Conference</td>
<td>7:30 Trauma M &amp; M</td>
<td>Trauma, Critical Care, PICU videoconference (1st Fri. ea mo)</td>
</tr>
<tr>
<td>1 – 2 PM</td>
<td>SICU Conference</td>
<td>Tumor Board</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 – 5 PM</td>
<td>Tumor Board - EAC</td>
<td>Oncology Journal Club</td>
<td></td>
<td>Trauma Journal Club (monthly)</td>
</tr>
</tbody>
</table>

**General Surgery Student Conference** is attended by the residents, students and faculty on Pediatric Surgery, Elective Surgery, Acute Care Surgery, and Surgical Oncology at the University Hospital. This weekly conference consists of the presentation of a patient with an interesting or illustrative disease. The patient is presented by the resident involved in their care and discussed by the students, residents and attending surgeons on the service at the University Hospital. The discussion includes the development of a detailed differential diagnosis and algorithms for diagnosis and management. A resident is required to search the literature and discuss at the conference a high-quality article on the topic. This is a multi-disciplinary conference that involves general surgeons as well as a radiologist and a gastroenterologist;

**Tumor Board** is a weekly multidisciplinary conference attended by members of the surgery, medical oncology, radiation oncology, pathology, and radiology departments. This includes our 1st, 2nd, and senior surgery residents, the 3rd and 4th year medical students, as well as by oncology fellows. In addition, ancillary services including genetic counselors, social workers, and oncology nurses are present to allow for contribution to the comprehensive care of cancer patients. Operative cases are presented by a surgery resident. The appropriate imaging studies, histology slides, and treatment protocols are discussed in detail by the attending staff, surgery residents and oncology fellows. Since the tumor board list is available prior to the conference, the surgery team is expected to be knowledgeable of the cases, thus ensuring the ensuing discussion be an educational discourse.

**Surgical Oncology Journal Club** is a periodic event held by the Division of Surgical Oncology and covers the topics of colon cancer, rectal cancer, melanoma, sarcoma, esophageal cancer, gastric cancer, breast malignancies, and pancreatic cancer in a block of 8 weeks, to be repeated throughout the academic year. Each surgery resident presents a paper selected by the faculty member, and analyzes the merits and limitations of the study. While students are in attendance and participate by asking questions, the journal club is geared for residents to help them understand the rationale for the current standard of care, and the limitations thereof.

**Vascular Conference** is a weekly conference attended by the residents and faculty on the Vascular Surgery Service at the University Hospital. The conference begins with a case presentation by a surgical resident and discussion led by the chief of the Division of Vascular Surgery. This is followed by a lecture on a topic relevant to vascular surgery delivered by the Chief of the Division of Vascular Surgery.

**Trauma/Critical Care Journal Club** is a monthly conference for Trauma and critical care faculty, nurses, residents, and medical students. With the purpose of keeping staff, residents &
students abreast of new literature and developments in the field, 3-4 articles are discussed and critiqued every month.

**SICU Multi-disciplinary Conference** is a weekly conference attended by faculty, residents rotating on SICU, respiratory therapists, wound care personnel, case management, physical therapists, nurses, and social workers. An in-depth discussion is conducted of SICU patients’ cases to plan the methodology of their health care management.

**Trauma/Critical Care & PICU Grand Rounds** is held monthly and is attended by approximately fifty participants from hospitals in the State Hospital network who call in to connect to this video conference. Recent topics of current interest include “Cervical Spine Injury”, and “Post Resuscitation Hypothermia”.

**Trauma M & M Conference** is a weekly conference attended by faculty, residents, students, and nurses on the service. Similar to the departmental M & M conference, trauma complications, deaths and interesting cases are discussed. Residents and students are educated on new protocols and procedures, and residents are free to discuss problems on the service.

**Plastics & Reconstructive Surgery Grand Rounds** is a monthly conference that is attended by Plastics, Vascular, and Burns Services. A question and answer session follows a 30-minute presentation of a topic of interest by a resident.

**Research meetings:** PGY 2-4 residents present an annual research project in April and May at the departmental Grand Rounds conferences. See page 16 regarding awards.

### Annual Leave (Vacation Leave) & Sick Leave

- Vacation requests must be submitted by August 15, 2016 for the first 6 months and December 15, 2016 for the remainder of the year. Failure to turn in your request will result in vacation dates being assigned to you.
- If you wish to change your approved vacation, it must be approved by the Administrative Chief resident.
- One week increments only, consisting of 5 week days and 2 week-end days. Two consecutive weeks will not be approved.
- No vacation will be allowed during the week immediately prior to ABSITE.
- Vacation should not be taken on the 1st day of a new service (applies to PGY 2-5 residents only)
- Residents are allowed vacations on every service except CT (as only one PGY 3 resident is on this service) and **Trauma Nights**.
- Requested date may be denied if two or more residents request the same time period on the same service, and priority will be based on 1) date of request and 2) seniority.

First year house officers receive three weeks (15 weekdays plus one week-end) of Annual Leave. PGY 2-5 residents also receive three weeks (15 weekdays plus one week-end for each 5 day vacation period). However, they qualify for one additional week of annual leave to be spent presenting research at a conference that meets the standard of quality for a conference as determined by the Department of Surgery, interviewing for fellowships, and emergency leave. PGY 2-5 Residents who wish to attend an educational conference but are not presenting, may be allowed to use the 4th week to attend; however, it must be understood that they will not be
reimbursed for expenses. Further, arrangements must be made through the Education Office, so that approval of the travel and requisite documentation can be obtained as is needed to meet state of Louisiana requirements. Although residents are allowed ten (10) weekdays for sick leave, they should be aware of American Board of Surgery requirements (see policy on the next page).

Residents are expected to take their vacations in a one week block each quarter, i.e., July – September, October – December, January – March, April – June. Unless otherwise pre-approved, vacations must begin on Monday morning at 7:00AM and end the following Monday at 6:59AM. Vacation leave is non-cumulative, i.e., it must be used during the year earned and cannot be carried forward. Residents should not take more than one week of leave from any service during the year.

To reiterate, residents must use Annual Leave for time away for interviews for clinical or research fellowships, jobs, or to relocate.

Interns from other programs may take annual leave commensurate with the number of months on Surgery services. For instance, those interns who spend three months on Surgery are allowed one week of vacation. Those who spend six months on Surgery are allowed two vacations while on a Surgery service.

Only Chief Residents are permitted to take Annual Leave during the last two weeks in June, and they need to save one week of Annual leave to cover the last week in June.

If a resident misses more than one-quarter of the days of a clinical rotation, he or she must make that time up (day for day). If a resident misses more than one-half of the days of a rotation, he or she must repeat the entire rotation.
ANNUAL LEAVE POLICY EFFECTIVE JULY 1, 2015

To: All Surgery Residents
    All Surgery Faculty

The LSU Health Sciences Center Department of Surgery annual leave policy follows the requirements set by the American Board of Surgery for a surgical resident to be eligible to sit for the Board exams.

LSUHSC grants four weeks of annual leave to residents. Any time away from the residency, including time away for educational participation, must be taken from these four weeks. Interviews, time off for illness, family emergencies, personal vacations, moving, and educational leave beyond the four weeks are not acknowledged by the Board as clinical training. Any time off beyond the four weeks allowed by the Board might be required to make up at the completion of the fifth year; however, approval to do this is on an individual basis and must be approved by the American Board of Surgery on a case-by-case basis in advance.

The American Board of Surgery requires that all residents complete 48 weeks of clinical training per year in order to sit for the Boards.

To provide our residents with the best opportunity to sit for the boards, we monitor annual leave closely. We must report each day of your residency to the Board. A maximum of three weeks annual leave should be taken as personal vacation, and, at least, the remaining week should be reserved for educational purposes or unforeseen emergencies.

The aim of the Department of Surgery is to provide quality surgical training that leads to the opportunity to be board certified by the American board of Surgery.
Annual Research Project

**PGY 2-4 residents** are required to complete an annual original work project. Coordinated by Dr. Tze-Woei Tan, projects can be based on

- Clinical research
- Translational research
- Basic science
- Quality improvement

Projects must present original data, i.e., data generated at LSUHSC-Shreveport or one of its affiliate sites. Literature reviews are not acceptable as projects.

Timelines for completion of projects:
- Begin IRB approval process as soon as project has been selected.
- August 31, 2016 - Identify academic mentor
- October 1, 2016 - Submit project outline
- March 1, 2017 - Finalize project with mentor
- April 2017 - Begin presentations

Available faculty academic mentors and topic categories for work projects are:

<table>
<thead>
<tr>
<th>Mentor</th>
<th>Topic Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ahmed, Shuja</td>
<td>Trauma &amp; Critical Care</td>
</tr>
<tr>
<td>Chu, Quyen</td>
<td>Oncology</td>
</tr>
<tr>
<td>Dujon, Jay</td>
<td>Trauma</td>
</tr>
<tr>
<td>Gill, Sarjit</td>
<td>Cardiovascular Surgery</td>
</tr>
<tr>
<td>Griffen, Dean</td>
<td>Education/General Surgery</td>
</tr>
<tr>
<td>Johnson, Lester</td>
<td>General Surgery</td>
</tr>
<tr>
<td>Kim, Mary</td>
<td>Plastic/Reconstructive</td>
</tr>
<tr>
<td>Kim, Roger</td>
<td>Oncology</td>
</tr>
<tr>
<td>Mancini, Mary</td>
<td>Cardiothoracic</td>
</tr>
<tr>
<td>Rao, Vyas</td>
<td>Cardiothoracic</td>
</tr>
<tr>
<td>Romero, Ramon</td>
<td>Education/General Surgery</td>
</tr>
<tr>
<td>Samra, Navdeep</td>
<td>Trauma &amp; Critical Care</td>
</tr>
<tr>
<td>Tan, Tze Woei</td>
<td>Vascular</td>
</tr>
<tr>
<td>Wigle, Richard</td>
<td>Trauma</td>
</tr>
<tr>
<td>Zhang, Wayne</td>
<td>Vascular</td>
</tr>
</tbody>
</table>

In addition to working together on the annual surgical research project, it is also the goal of the program to allow time for faculty mentors and surgery residents to develop a mentor relationship that will result in open and frank discussions of such other factors as fatigue, workload, study habits, and resident’s perception of how well he or she is progressing in the program.

Based on faculty evaluations of the research presentations, four residents will be chosen as finalists for the research award (two for their basic science research and two for their clinical research). They will present their work during the annual Abramson conference. The best of these will be recognized with an annual research award.
Faculty mentors will be provided for **PGY 1 residents**; however, you are not required to complete a work project.

**Resident Promotion Process**

The Department of Surgery Residency Review/Evaluation and Education Committee meets quarterly to review the clinical and academic performance and progress of all residents in order to determine their eligibility for promotion or graduation. The committee uses the following parameters in their consideration of promotions:

- Patient care and management on each rotation as documented by the residency evaluations and other communications from faculty. Major performance deficits will be grounds for probation or termination.
- Satisfactory evaluations in the six competencies must be achieved.
- Attendance at the required conferences as reflected in the Departmental Conference Schedule and Attendance Policy.
- Scores on the annual American Board of Surgery in-training examination. See **ABSITE policy on page 9**.
- Compliance with all hospital and departmental record keeping and documentation requirements.
- An operative report is considered delinquent if not dictated by noon of the day following the operation. (See **CM-17 – Delinquent Medical Records** for details about ramifications of suspension.)
- Compliance with all other hospital and University rules, including Campus Education training, Compliance training, TB tests, and flu vaccines.
- Interns must take USMLE Step 3 examination before completion of PGY 1 year and must pass prior to the end of the second clinical year as reflected in **Policy regarding USMLE Examinations page 4**.
- If a resident is placed on probation or requires remediation, he or she must meet with the Chairman and/or Program Director to discuss deficiencies. A remedial program will be discussed in order to correct existing deficits. If these deficits are not corrected after the resident has been placed on probation, expulsion from the program or the requirement of repeating the year at the same level can result.
Surgical Operative Records

Both the Residency Review Committee of the ACGME and the American Board of Surgery mandate that each resident meet minimum numbers of operative cases. To track our residents’ operative experience, we are required to use the ACGME database, a web-based system that allows us to easily and accurately monitor your progress throughout your residency and therefore ensure that you will meet all requirements of the Residency Review Committee, the American Board of Surgery, and the ACGME. The Program Director looks at the operative numbers at least quarterly to verify that you are obtaining the necessary cases.

Residents enter their cases into the ACGME database. It is recommended to enter cases immediately after completion of the operation in order to maintain an up-to-date accurate record of operative experience.

**All cases -- OR cases, endoscopic cases, trauma, non-op trauma, and critical care cases, must be counted. This includes bedside procedures such as central lines, arterial lines, chest tubes, I & Ds, and bedside biopsies.**

It is essential that the following information be entered accurately.

- **Date:** month/day/year. Dates are very important. Over a period of time, several operations might be performed on one patient. Also, if one resident says the procedure was performed on July 1 and another says it was performed on July 2, the program will generate two procedures.
- **Medical Record number** – make sure you enter the complete and accurate medical record number
- **Attending faculty.**
- **Procedures performed.** Although you can get credit for only one procedure per trip into the operating room, you should enter all of the applicable procedure codes.
- **Role:** This reflects the role you perform during an operative procedure. There are four roles that can be performed, as follows:
  1. Each resident must enter his own case, reflecting the roles below.
  2. SC - surgeon in chief. *Only a chief resident (PGY 5) can perform this role.*
  3. SJ - surgeon junior. Can be performed by a PGY 1, 2, 3, or 4.
  4. TA - teaching assistant. Must be PGY 4 or 5. Residents will receive credit for maximum of 50 TA cases; however, these do not count towards the Chief cases.
  5. FA - first assistant.
  6. Remember that every case counts, and all operative experience counts
- **Only two residents can get credit for one procedure, in the following combination of roles:**
  - SC and FA, TA and SJ, SJ and FA

**NOTE:** Residents are required to obtain 250 operative cases by the end of their PGY 2 year.
# ACGME

## Defined Category Minimum Requirements

<table>
<thead>
<tr>
<th>Category</th>
<th>Minimum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin, Soft Tissue and Breast</td>
<td>25</td>
</tr>
<tr>
<td>Head and Neck</td>
<td>24</td>
</tr>
<tr>
<td>Alimentary Tract</td>
<td>72</td>
</tr>
<tr>
<td>Abdomen</td>
<td>65</td>
</tr>
<tr>
<td>Liver</td>
<td>4</td>
</tr>
<tr>
<td>Pancreas</td>
<td>3</td>
</tr>
<tr>
<td>Vascular</td>
<td>44</td>
</tr>
<tr>
<td>Endocrine</td>
<td>8</td>
</tr>
<tr>
<td>Thoracic</td>
<td>15</td>
</tr>
<tr>
<td>Pediatric</td>
<td>20</td>
</tr>
<tr>
<td>Plastic</td>
<td>5</td>
</tr>
<tr>
<td>Trauma</td>
<td>30&lt;sup&gt;1&lt;/sup&gt;</td>
</tr>
<tr>
<td>Endoscopy</td>
<td>85&lt;sup&gt;2&lt;/sup&gt;</td>
</tr>
<tr>
<td>Critical Care</td>
<td>20</td>
</tr>
<tr>
<td>Laparoscopic Basic</td>
<td>60&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td>Laparoscopic Complex</td>
<td>25&lt;sup&gt;4&lt;/sup&gt;</td>
</tr>
</tbody>
</table>

Total major operations minimum requirements – 750 cases
Total major operations at end of PGY 2 – 250 cases (can be surgeon junior and first assist)

<sup>1</sup> 20 of these 30 cases must be Multiple Organ Trauma – No operation required (MOT). The CPT code for MOTs is 99199.

<sup>2</sup> Endoscopy includes at least 35 upper endoscopic procedures and at least 50 colonoscopies.

<sup>3</sup> Laparoscopic Basic:
- Cholecystectomy
- Appendectomy

<sup>4</sup> Laparoscopic Complex:
- Lap gastrostomy and feeding jejunoscopy
- Lap inguinal and incisional herniorrhaphy
- Bariatric laparoscopy
- Lap anti-reflux procedure
- Lap enterolysis
- Lap small and large bowel
- Lap renal and adrenal surgery
- Lap splenectomy
CRITICAL CARE INDEX CASE LOG: submit directly into ACGME operative log as CPT Code 99292

Case logs should represent all the essential aspects of intensive care unit management. Each resident is to develop a Critical Care Index Case (CCIC) log of at least twenty patients who best represent the full breadth of critical care management. At least two out of the seven categories listed below must be applicable to each patient. The completed CCIC log must include experience, with at least one patient, in each of the following essential categories:

Note that the CPT code “99292” is the only code that will allow you to take credit for multiple procedures for the same patient on the same day.

1. Ventilatory Management
   a. Etiology/indications
   b. Ventilatory modes/techniques
   c. Long term vs. short term intubation (days on the ventilator)
   d. Weaning method
2. Bleeding (non-trauma) greater than 3 units necessitating transfusion/monitoring in ICU setting
   a. Etiology
   b. Coagulopathy: yes no
   c. Hypothermia: yes no
   d. Autotransfusion: yes no
3. Hemodynamic Instability
   a. Etiology
   b. Volume resuscitation
   c. Inotropic/pressure support: yes no
   d. Mechanical assistance of cardiac failure: yes no
4. Organ Dysfunction/Failure (etiology/mode of management)
   a. Renal
   b. Hepatic
   c. Central nervous system
   d. Endocrine
      1. Hypothyroidism
      2. Adrenal insufficiency
      3. Panhypopituitarism
      4. Diabetes insipidus
      5. SIADH
5. Dysrhythmias
   a. Etiology
   b. Drug management
   c. Therapeutic interventions
   d. Monitoring
6. Invasive Line Management/Monitoring
   a. Arterial cannulation
   b. Pulmonary artery catheter
   c. Physiologic profile – directed management
   d. Complications
7. Nutrition
   a. Route (parenteral/enteral)
   b. Indications/contraindications
   c. Solution formulation
   d. Complication

Note: As Nutrition is one of the criteria, every single ICU patient can be counted for CCIC.
**Guidelines for addressing Direct Supervision and Indirect Supervision of Residents (Levels of Care) can be found beginning on page 69**

**Department of Surgery Policy on Resident Supervision**

The attending surgeon has an ethical and a legal responsibility for the overall care of an individual patient and for the supervision of the resident involved in that care. There is a clear line of responsibility (chain of command) for patient care with graded authority and increasing responsibility from the most junior residents (PGY 1) to the most senior residents (PGY 5). The attending surgeon is ultimately responsible for all patients’ care and the supervision of all residents. Judgments regarding the delegation of responsibility are made by an attending surgeon based upon direct observation and knowledge of a resident’s skills, knowledge and ability. The attending surgeon must document their participation in the care of the patient in the medical record.

At each clinical site a local program director, appointed by Dr. Kathryn Richardson, LSUHSC-Shreveport Residency Program Director, oversees and is responsible for the education of those residents assigned to the rotations at that specific site including compliance with this policy on resident supervision. The Program Director is, in turn, responsible for the overall supervision and education of the residents. These individuals and their relationships are identified in the following diagram:

```
Overton-Brooks VA Med Ctr.  LSUHSC-Shreveport  LSUHSC-Shreveport  LSUHSC-Monroe
Ramon Romero, M.D.        Roger Kim, M.D.         Tze-Woei Tan, M.D.      Lester Johnson, M.D.
Director, Teaching Service Associate Program Director Assistant Program Director

Kathryn Richardson, M.D.
LSUHSC-Shreveport
Program Director

Overton-Brooks VA Med Ctr.
LSUHSC-Shreveport
LSUHSC-Shreveport
LSUHSC-Monroe
Ramon Romero, M.D.
Roger Kim, M.D.
Tze-Woei Tan, M.D.
Lester Johnson, M.D.

Associate Professor
Associate Program Director
Assistant Program Director
Chief of Surgery

Overton-Brooks VA Med Ctr.
LSUHSC-Shreveport
LSUHSC-Shreveport
LSUHSC-Monroe
Ramon Romero, M.D.
Roger Kim, M.D.
Tze-Woei Tan, M.D.
Lester Johnson, M.D.

Director, Teaching Service
Associate Program Director
Assistant Program Director
Chief of Surgery
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This is consistent with our Institutional Policy (GME VI.14) which states: The Graduate Medical Education Committee (GMEC) supports the Medical Staff Bylaws, Rules, and Regulations, which states: “The attending Medical Staff member (teaching Physician) shall be ultimately responsible for the care of the patients and for the supervision of the patient care rendered by the Resident designee to the case. The attendings’ participation shall be appropriately documented.”

The GMEC shall hold Medical Staff Residency Programs responsible for compliance in providing appropriate supervision. Also, during the Internal Review Process the Internal Review Team shall review compliance with the Program and determine if the Program is providing appropriate Resident supervision. Each program shall have developed in writing, goals and objectives for the various levels of Residency training. The programs should also identify methods in which the Residents assume progressively increasing responsibility according to their level of education, ability and experience. A Department’s on-call schedule must be structured to ensure that teaching staff are identified to readily provide supervision to the Residents on duty.

If the Internal Review Team determines any level of non-compliance, the issue is reported to the GMEC, Department Chairman, Residency Program Director, and any others necessary to implement corrective action.
CM-17 Delinquent Medical Records

DELINQUENT MEDICAL RECORDS

I. SCOPE
This policy applies to all LSUHSC physicians, both faculty and house staff.

II. PURPOSE
The purpose of this memorandum is to reduce the number of delinquent medical records.

III. POLICY
All discharge summaries are to be dictated within ten (10) days of the discharge of a patient, all operative reports are to be dictated immediately following the procedure’s completion. All verbal orders, and other physician signatures, including medication reconciliation forms shall be signed and dated within 5 days. All death certificates shall be completed within seven (7) days of a patient's death.

- A list of the delinquent medical records will be compiled by the Health Information Management Department and delivered to the appropriate faculty member’s office and placed in the appropriate house officer’s mailbox/email on Tuesday morning. Should a holiday fall on Monday, the list will be delivered and/or placed in the mailbox on Wednesday and the physician will have until the following Wednesday to correct any deficiency.

- The physician will have until the following Tuesday morning at 8:00 a.m. to dictate the discharge summaries, if the physician fails to do so, they will be immediately placed on leave without pay until the discharge summary is dictated.

- After the dictation is completed it is the physician’s responsibility to notify the Manager, Incomplete Charts, at extension 54201 that the discharge summary has been dictated.

- At 6:00 am each day Medical Records will determine which operative reports have not been dictated from the preceding day. Physicians who have un-dictated operative reports will be called and requested to complete the dictation no later than 11:00 am that day.

- The list of delinquent operative reports will be re-examined at noon. If the physician has not dictated by noon the Hospital Administrator will be notified and he/she shall notify the appropriate Department Chairman and the Physician. The Physician will immediately be placed on leave without pay for a minimum of one day or until the appropriate action is taken.

- After the dictation is completed it is the physician’s responsibility to notify the Manager, Incomplete Charts at extension 54201 that the dictation is complete.

- All verbal orders, operative reports, discharge summaries and medication reconciliation forms shall be signed and dated within 5 days. All death certificates must be completed with 7 days. If a physician is notified of a delinquent signature, date or incomplete death certificate, he/she shall have 7 days to correct the deficiency and failure to do so he/she shall be placed on leave without pay until the deficiency is corrected. If the physician has been placed on leave without pay at any time during the fiscal year, any subsequent failure to sign and date verbal orders, operative reports, discharge summaries and/or medication reconciliation forms or failure to complete death certificates will be treated as second, third and fourth suspensions.

- On the second suspension during any fiscal year, failure to correct the deficient record will cause the physician to be placed on two (2) weeks leave without pay; and if the record is not brought current during that two (2) weeks, the leave without pay will continue until the record is current.

- On a third suspension during any fiscal year, failure to correct the deficient record will cause the physician to be placed on leave without pay for a period of thirty (30) days and will remain on leave without pay until the record is corrected.
On the fourth suspension during any fiscal year, the non-tenured faculty and house officers will be terminated. Tenured faculty will be disciplined as may be appropriate.

-It is the responsibility of each physician to make certain that his or her records are current before taking annual leave or making a rotation to an off-campus facility. It is the responsibility of the Health Information Management Department to notify the Hospital Administrator and the clinical department head of the names of any physician who has not corrected their delinquent medical record within the time prescribed above, and the Hospital Administrator or the administrator on call will notify Human Resource Management to place the individual on leave without pay as may be appropriate.

This memorandum is effective November 15, 2003.
Signed: Robert Barish, M.D., Chancellor Amended April 1, 2007; August 2009
Date: July 1, 2015

From: Kathryn Richardson, M.D.
       Surgery Residency Program Director

To: All Surgery Residents

Re: Moonlighting Policy

Effective July 1, 2011, the ACGME changed its policy regarding Moonlighting as follows:

VI.G.2.b Time spent by residents in Internal and External Moonlighting (as defined in the ACGME Glossary of Terms) must be counted towards the 80-hour Maximum Weekly Hour Limit.

The ACGME Glossary of Terms defines Internal Moonlighting as “Voluntary, compensated, medically-related work (not related with training requirements) performed within the institution in which the resident is in training or at any of its related participating sites.”

The ACGME Glossary of Terms defines External Moonlighting as “Voluntary, compensated, medically-related work performed outside the institution in which the resident is in training or at any of its related participating sites.”

MOONLIGHTING IS NOT ALLOWED. Consequences for violating this policy will range from suspension to termination from the program.

Please note: Institutions that schedule moonlighting contact this department for verification of training and when they need to reach the resident.

If you have any questions, please let me know.

Kathryn Richardson, M.D.

Kathryn Richardson, M.D.
Program Director
POLICY EFFECTIVE JULY 1, 2015

From: Kathryn Richardson, M.D.
Associate Professor of Clinical Surgery
Program Director

To: Faculty and Residents
Department of Surgery

Re: Procedure for Handling Unexpected Clinical Responsibilities Due to Resident Stress and Fatigue

The following procedures should be followed if clinical work load or other situations in a resident’s life create stress or fatigue to the extent that patient care is jeopardized or if harm to the resident’s health develops:

1) The resident involved should report the above to the chief resident and program director or department chair. The department chair and attending physician will be notified as needed.

2) Modifications in patient care responsibilities and/or resident reassignment may be necessary.

3) Issues in a resident’s life that require counseling from an outside source are handled through the LSUHSC counseling services for residents as described in the GMEC manual.

Dr. Richardson, as Program Director, or Dr. Griffen, as Department Chairman, should be notified of initiation of any of the above steps. Residents should never feel they are in a situation that endangers patient care due to their personal stress or fatigue. Further, it is expected that residents will self-report stress or fatigue that jeopardizes their own health or their ability to perform their duties.

Please contact me if you have any questions regarding this policy.

Kathryn Richardson, M.D.

Kathryn Richardson, M.D.
Program Director
Hand-Off Policy for the Department of Surgery updated January 12, 2015

Day/Night and Night/Day checkout

- Printed night float schedule (see call schedule) with pagers of residents and faculty and a listing of residents and staff are posted in residents’ office.
- A bulletin board will be maintained in the Residents’ office, 3rd floor medical school, Dept. of Surgery, with all services assigned a location on the board. Each service will post an updated patient list by 5:00 p.m. (or whenever your team is checking out). The list should include all patients’ names, diagnosis, and location. Important information about the patient should be listed and any test results that need follow-up tests to be done should be listed. In addition the resident from each service will verbally check out concerning the same information with the in-coming night-float service.
- The same process is followed in the morning with check out being 6:00 a.m. or earlier. Updated list will be posted, and the verbal checkout among peers will be done.
- Old lists kept in the Education Office.

This twice-daily check out policy is intended to promote both continuity of care and patient safety.

This is a requirement of the ACGME Residency Review Committee for continued accreditation.

Addendum

1. There must be verbal communication between Day teams and Night teams
2. Electronic Health Records lists with faculty names
3. Faculty is always available to the resident.

Kathryn Richardson, M.D.
Program Director
House Officer Call in Policy

Policy
All scheduled leave must be recorded in the Graduate Medical Education Office as outlined in the Leave Policy. Any unscheduled leave, emergency, sick, etc. must be reported immediately to the assigned service representative.

Upon notification of the need to take leave, the House Officer will be advised to call in daily if sick leave is being requested. A physician’s excuse may be necessary to return to work. Other emergencies will require identifying a specific number of days prior to leave being taken to establish a date of return to service. Any leave taken without following the proper procedure may result in leave without pay and/or delay in program completion as determined by the Program Director/Chief of Service.

Procedure
Upon the need for a House Officer to call in for any reason including but not limited to sick, emergency, etc., the House Officer must:

- Notify the Program Director or his/her designee of absence and expected duration of absence
- Complete and submit a House Officer Leave Request upon return to work
- Provide a doctor’s excuse if required by program to return to work

Specific requirement for the Surgery program:
1. CALL Program Director and Administrative Chief Resident of absence or expected absence. Texts and emails are not acceptable, as they could result in delay of receiving information.
2. Complete a leave request
3. If absence is due to illness, resident must provide doctor’s excuse for return to work.

Programs will forward House Officer Leave Requests to the Graduate Medical Education office to be kept in the House Officer’s file.
House Officer Social Media Policy

The program director and institution must ensure a culture of professionalism that supports patient safety and personal responsibility. The use of Internet and social communication sites on the Internet can present issues in ethical behavior and professionalism. This policy is to provide House Officers with guidelines for the appropriate use of social media and to emphasize the responsibilities House Officers have in maintaining an ethical and professional behavior.

Definitions

Social media consists of any form of electronic communication, including but not limited to, blogs, wikis, virtual worlds, social networks, or other tools hosted outside of the LSU Health Sciences Center or University Health. These include such sites as Facebook, Twitter, LinkedIn, Instagram, YouTube, Flikr, Google+, MySpace and any similar site developed in the future.

Policy

House Officers are not allowed to release, disclose, post, display, communicate or make public any of the following information:

- Identifiable, confidential protected health information (PHI) regarding any patient associated with LSU Health Sciences Center, University Health, its affiliated hospitals and clinics, or other external affiliated health care organization. This includes, but is not limited to, any information, such as initials, personal activities, room numbers, pictures, or other information that might enable external parties to identify patients. Disclosure of PHI may constitute HIPAA violations and may have personal and/or institutional liability consequences.

- Confidential information regarding policies and operations, including financial information, regarding LSU Health Sciences Center, University Health and its affiliated hospitals and clinics, or other external affiliated heath care organization.

Procedure

House Officers must adhere to the following:

- House Officers should use discretion when accepting or requesting “friend” requests from patients or their families on any social media site.
- House Officers must not offer medical advice on any social media site.
- House Officers must not post information on any site that might be considered offensive and reflect negatively on the house officer, colleagues, patients, LSU Health Sciences Center, University Health, its affiliated hospitals and clinics, or other external affiliated health care organization.
- House Officers should routinely monitor their own Internet presence to ensure that the personal and professional information on their own sites, and to the extent possible, content posted about them by others, is accurate and appropriate.
- House Officers should always be aware of their association with University Health and LSU Health Sciences Center when posting any social networking site. Personal
profiles and content should always be consistent with the professional manner in which house officers are expected to present themselves.

- House Officers are personally responsible for the content they post on social media properties – from blogs, to social networks, list serves, wikis, websites, forums, and other social media platforms.
- House Officers should have no expectation of privacy when using the Internet at work and are reminded that any time spent posting and viewing social media sites or other Internet sites must not interfere with the performance of their duties.
- House Officers should maintain appropriate professional boundaries and should separate personal and professional content online.

Violations of this policy may jeopardize the House Officer’s standing in his/her program and may result in a written warning, probation, or dismissal from the program.
LEARNING OBJECTIVES COMMON TO ALL ROTATIONS AND TRAINING LEVELS (PGY 1-5)

A. Clinical Competency Acquisition – Demonstrate compliance with the ACGME Six Competencies and associated skills to be acquired during residency training in order to function and succeed as a physician.

1. 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. To the degree that is appropriate for their level of training, residents will
   a. Communicate effectively and demonstrate caring and respectful behaviors to patients and families.
   b. Be able to gather essential/pertinent and accurate information during history taking.
   c. Make informed diagnostic and therapeutic decisions based on patient information and preferences.
   d. Develop and carry out logical patient management plans.
   e. Provide compassionate counseling and advice to patients and their family.
   f. Demonstrate the ability to gather and apply appropriate information and technology to support management recommendations.
   g. Perform medical and surgical procedures.
   h. Provide preventative health care advice and guidance for health maintenance.
   i. Work as a team member with other health care providers in providing patient-focused care.

2. 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. To the degree that is appropriate for their level of training, residents will
   a. Demonstrate an investigatory and analytical thinking approach to clinical situations.
   b. Apply basic and clinically supportive sciences.
   c. Participate in all mandatory Department of Surgery educational conferences.

3. Practice-Based Learning and Improvement: Residents must demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evident, and to continuously improve patient care based on constant self-evaluation and like-long learning. To the degree that is appropriate for their level of training, residents are expected to
   a. Use systematic methodology for practice analysis and perform practice-based improvement.
   b. Demonstrate ability to locate, appraise, and assimilate evidence from scientific studies related to patient health problems.
   c. Be able to obtain and use information on specific patient population and relate it to larger patient populations.
   d. Demonstrate the ability to analyze study designs and statistical methods in the evaluation of clinical studies and treatments.
   e. Use information technology to obtain and manage current and continuing self-education.
   f. Participate in or facilitate the learning of students and other health care professionals.

4. Interpersonal and Communications Skills: Residents must demonstrate interpersonal and communications skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals. Residents are expected to
   a. Create and sustain a therapeutic and ethically sound relationship with patients.
   b. Demonstrate an ability to use effective listening skills and elicit and provide information using effective communication skills.
c. Work effectively with others as a member of a health care team.

5. **Professionalism**: Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate
   a. Respect, compassion, integrity, and unselfish responsiveness to needs of patients and society.
   b. Accountability to patients, society, and the medical profession
   c. A commitment to excellence and on-going professional development.
   d. A commitment to ethical principles pertaining to provision or withholding of care
   e. Maintenance of confidentiality of patient information and informed consents
   f. Sound, ethical business practices
   g. Sensitivity and responsiveness to patients’ culture, age, gender, and disabilities.

6. **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. To the degree it is appropriate for their level of training, residents are expected to
   a. Demonstrate the ability to effectively call on system resources to provide care that is of optimal value
   b. Recognize inter-relationships between specific practice and the larger system of health care.
   c. Recognize the different types of medical practice and delivery systems that differ from each other.
   d. Identify methods of controlling health care costs and allocation of resources
   e. Practice cost-effective health care and resource allocation without compromising quality of care.
   f. Effectively advocate quality patient care and assist patients in dealing with medical system complexities.
   g. Effectively partner with case managers, social workers, and other providers to assess, coordinate and improve care.
   h. Recognize how such partnerships and their activities can affect system performance.

B. **Other Detailed, Specific learning Objectives common to all rotations and clinical years of training**

1. Demonstrate an expanded understanding of the pre and postoperative care of surgical patients including:
   a. Common operative and postoperative complications such as:
      1) shock
         • cardiogenic
         • septic
         • hypovolemic / hemorrhagic
      2) cardiorespiratory problems
         • cardiac failure
         • myocardial infarction
         • cardiac arrhythmias
         • pulmonary edema
         • acute respiratory failure
      3) bleeding and its control and replacement
         • surgical bleeding in a postoperative patient
         • disseminated intravascular coagulopathy
         • consumptive coagulopathy
         • thrombocytopenia
         • transfusion reaction
         • blood replacement
1) packed red blood cells
2) fresh frozen plasma
3) platelets
4) dextran or dextran-like substitutes
5) autologous blood & the use of the cell saver

4) renal failure and the causes and management of oliguria and anuria
   • pre-renal causes
   • renal causes
   • post-renal causes

5) postoperative ileus and normal return of bowel function following laparotomy

6) deep venous thrombosis and pulmonary embolism and their prophylaxis.

7) wound infection and/or sepsis.

8) malnutrition and its correction with surgical nutrition, TPN, and feeding tubes.

9) pneumothorax

10) wound dehiscence or evisceration

b. Bowel preparation for elective gastrointestinal surgery

c. Appropriate selection & timing of peri-operative antibiotics in clean, clean-contaminated, and contaminated operations

d. Special preparation / risks for surgery on the very young or very old

e. Wound healing as it relates to surgical incisions and consideration of the:
   1) biological status of the patient
   2) biological status of the wound
   3) physiological properties of closure materials
   4) pathological wound repair and healing

f. The rationale underlying the appropriate use of specific suture materials, needles, suture techniques and dressing materials

2. Demonstrate the ability to evaluate and treat a patient in pain in an effective and safe manner by describing the:

a. Characteristics of pain, which can be elicited from the history.
   1) chronicity
   2) intensity
   3) variability
   4) somatic/visceral/neuropathic/psychogenic etiologies
   5) relationship to activity, fluid status, or other factor
   6) palliative in terminal cancer management
   7) malingering

b. Management of chronic versus acute pain
   1) pharmacologic agents
   2) possible adjunctive therapies:
      • temporary nerve block
      • permanent nerve block
   3) correct initiating cause whenever possible
   4) chronic Pain Service referral for assistance with management

3. Discuss the pre, intra, and postoperative management of surgical patients with co-morbid diseases including:

a. Endocrine disorders including diabetes mellitus
b. Renal failure
c. Respiratory insufficiency
d. Cardiovascular disease
e. Liver disease including hepatitis & cirrhosis
f. Coagulopathy
g. Thromboembolic disorders
h. HIV infection

4. Recognize and deal effectively with the psychological and emotional problems associated with anxiety imposed by surgery through an understanding of the possible impact of the following:

a. Initial diagnosis of malignancy
b. Common anxiety reaction

c. Problems of obtaining informed consent in the presence of psychiatric/psychotic illness

d. Counseling patients/family regarding body image when
   1) proposed surgery is deforming
   2) patient’s (or family member’s) expectations are unrealistic

5. Recognize shock, determine its etiology, and initiate appropriate treatment by:
   a. Using history and physical examination to detect the presence of poor tissue perfusion
   b. Differentiating between the probable causes of shock
      1) septic
      2) myocardial
      3) hypovolemic / hemorrhagic.
   c. Demonstrating knowledge of myocardial function, autonomic vasomotor control and body-fluid deficits by selecting a course of treatment most appropriate to established physiological and pharmacological principles
   d. Recognizing the alterations in renal function resulting in altered sodium and water balance in patients who are in shock
   e. Demonstrating familiarity with various monitoring systems used in the management of patients in shock including urine output, central venous pressures, and Swan-Ganz catheter measurements
   f. Describing and have a working knowledge of the four basic acid-base disorders and appropriate management

6. Demonstrate the ability to obtain informed consent for an operative procedure including a description of the operation, the indication for the procedure, reasonable alternatives to operative management and full disclosure of operative risks.

7. Describe the appropriate use of procedures & drugs to lessen post-operative complications including
   a. Mechanical preparation of the bowel
   b. Preparation of the skin
   c. Laminar air flow
   d. Prophylactic antibiotic indications and use
   e. Hand washing technique
   f. Universal protection precautions
   g. Personal hygiene, operative attire, and sterile technique
   h. Appropriate patient positioning and cushioning
   i. Discuss the electrical hazards present in the OR
   j. Pre-operative use of “time-out” and other patient safety initiatives

8. Identify and evaluate potential risk factors for peri-operative cardiopulmonary complications in patients undergoing major general surgical procedures.

9. Select (with consultation, if necessary) an appropriate method(s) of anesthesia based upon the planned procedure and patient-specific risk factors for peri-operative cardiopulmonary complications.

10. Demonstrate basic knowledge of pulmonary care including:
    a. Ventilator operation and settings
    b. Positive pressure ventilation - indications, and potential advantages, and risks
    c. Various additives such as aerosols, bronchodilators, and mucolytics

11. Demonstrate a detailed knowledge and understanding of hemostasis, surgical bleeding & its control, and transfusion indications & risks including HIV/AIDS & Hepatitis.

12. Demonstrate proper techniques for tissue handling, applications of electrocautery, wound closure and wound care.

13. Demonstrate proper techniques of administration and an understanding of risks and benefits of local anesthesia.

14. Demonstrate competence in obtaining a detailed surgical history including chief complaint, history of present illness, review of systems, past medical history (medical & surgical), family history and social history.

15. Demonstrate competence in performing an accurate and complete physical examination including
    a. Describe and be able to identify abnormalities of the skin including
       1) cutaneous neoplasms (e.g., basal cell cancer, squamous cell cancer, & melanoma)
       2) benign skin lesions such as nevi
       3) cutaneous infections (e.g., cellulitis & subcutaneous abscesses)
4) gangrene & necrosis

b. Demonstrate the ability to examine the head and neck visually and by palpation to identify abnormalities including
   1) oral cancers
   2) thyromegaly
   3) thyroid nodule
   4) cervical lymphadenopathy

c. Demonstrate the ability to examine the chest visually and by palpation & auscultation to identify abnormalities including
   1) chest wall bony abnormalities including pectus excavatum, flail chest
   2) pneumothorax
   3) rales, rhonchi, wheezing
   4) inadequate regional ventilation (e.g., ET in right main stem bronchus)

d. Demonstrate the ability to examine by inspection, palpation, and auscultation cardiac abnormalities including
   1) cardiomegaly
   2) murmurs
   3) rubs
   4) gallops
   5) rhythm abnormalities

e. Demonstrate the ability to examine by inspection, palpation and auscultation peripheral and central vascular abnormalities including
   1) aneurysms including abdominal aortic, femoral, and popliteal artery aneurysms
   2) acute and chronic peripheral vascular occlusive disease including
      • acute ischemia (pain, pallor, pulselessness, paresthesias, poikilothermia)
      • chronic ischemia of the lower extremities (weak pulses, atrophic skin, loss of hair, hypertrophic nails, muscle wasting, gangrene, and ulcers)
   3) venous abnormalities including varicose veins and venous stasis ulcers

f. Demonstrate the ability to examine and determine the presence and characteristics of lymphadenopathy in the cervical, supraclavicular, axillary, inguinal, and popliteal regions.

g. Demonstrate the ability to examine by inspection, palpation, and auscultation abnormalities of the abdomen including
   1) hernias
   2) ascites & other causes of abdominal distention
   3) hepatosplenomegaly
   4) intra-abdominal masses
   5) abdominal aortic aneurysms
   6) peritonitis

h. Through rectal inspection and palpation, identify the following:
   1) normal and abnormal anal sphincter tone
   2) hemorrhoids
   3) anal fissures / fistulae / perirectal abscesses
   4) rectal polyps or cancer
   5) prostate size, consistency, and nodularity

16. Demonstrate competence in determining indications for and interpreting the following diagnostic tests:
   a. Complete blood count
   b. Serum electrolytes, calcium, phosphate, BUN, creatinine, & albumin
   c. Basic liver function tests (ALT, AST, alkaline phosphatase, total bilirubin)
   d. Arterial blood gas
   e. Cultures of urine, blood and wound exudates
   f. Electrocardiogram

17. Demonstrate knowledge of the indications for and interpretation of a chest radiograph
   a. List the indications for a chest radiograph in the following clinical situations:
      1) acute and chronic respiratory symptoms including cough, dyspnea, or wheezing
      2) chest pain
      3) acute abdominal pain
4) screening for lung cancer, tuberculosis in patients at risk
5) surveillance for metastatic disease in patients with prior malignancy

b. Identify and list the causes of the following findings on chest radiograph
   1) cardiomegaly
   2) mediastinal mass
   3) pulmonary consolidation
   4) atelectasis
   5) pulmonary mass
   6) pneumoperitoneum
   7) pleural effusion
   8) pneumothorax
   9) rib fracture
   10) widened mediastinum

18. Demonstrate knowledge of the indications for and interpretation of an abdominal radiograph:
   a. List the indications for an abdominal radiograph in the following clinical situations:
      1) acute abdominal pain
      2) peritonitis
      3) abdominal distention
      4) suspected intestinal obstruction / ileus
   b. Identify and list the causes of the following findings on abdominal radiograph
      1) hepatosplenomegaly
      2) sentinel loops of bowel
      3) distended loops of bowel
      4) small intestinal obstruction
      5) colonic obstruction
      6) ileus
      7) pneumoperitoneum

19. Demonstrate knowledge of the indications, risks, relative costs, and potential deficiencies of ultrasonography in the evaluation of general surgical patients.
   a. Demonstrate knowledge of the basic physical principles and instrumentation of diagnostic ultrasound.
   b. List the basic indications, value and limitations for ultrasonography in general surgery including diseases of the
      1) gall bladder & biliary tract
      2) appendix
      3) abdominal trauma
      4) renal scanning
      5) intraoperative scanning of the liver, pancreas, & biliary tract
      6) uterus, fallopian tubes & ovaries
      7) rectum
   c. Describe the physical principles of U/S waves with reference to period, amplitude, velocity, frequency, wave length and gain.
   d. Discuss the concepts of attenuation, scattering, reflection, and shadowing.
   e. Describe the factors related to image resolution with reference to: echo patterns, interface, & acoustic impedance.
   f. Describe the basic principles of U/S instrumentation.

20. Demonstrate knowledge of the indications, risks, relative costs, and potential complications or deficiencies computed tomography (CT Scan):
   a. Demonstrate knowledge of the basic physical principles and instrumentation of CT.
   b. List the indications for, and limitation of, CT and describe the clinical information expected to be gained from CT in assessing patients with
      1) acute abdominal diseases e.g. appendicitis, diverticulitis, pancreatitis, & small bowel obstruction
      2) neoplasms of the liver, pancreas, colon, and retroperitoneum
      3) abdominal & retroperitoneal trauma
c. Review the information obtained from scans performed with and without contrast agents and the risks associated with intravenous contrast.
d. Describe the value of CT in assessing postoperative complications of surgical procedures.
e. Describe the use and methodology of CT directed interventional techniques such as:
   1) percutaneous needle biopsy or aspiration cytology
   2) aspiration/drainage of abnormal fluid collections
21. Demonstrate knowledge of the indications, risks, relative costs, and potential complications of magnetic resonance imaging (MRI) in assessing patients with general surgical diseases by
   a. demonstrating familiarity with the essentials of the physical principles and instrumentation underlying the clinical applications of MRI in surgery
   b. describing the clinical information potentially to be gained from MRI
   c. describing the common indications for MRI in surgical practice including tumor staging, vascular assessment, assessment of the biliary tract, and spinal cord assessment
   d. describing the contraindications to MRI, e.g., claustrophobia, metallic objects in body
22. Demonstrate knowledge of the indications, risks, relative costs, and potential complications of angiography in assessing patients with general surgical diseases by
   a. Demonstrating familiarity with the essentials of the principles and instrumentation underlying the clinical applications of angiography in surgery
   b. Describing the clinical information potentially to be gained from angiography
   c. Describing the common indications for angiography in vascular and general surgical practice
      1) operative planning in patients with vascular disease
      2) localization & management of hemorrhage from the GI tract
      3) localization & management of bleeding from the pelvis after blunt trauma
   d. Describing the risks of angiography – allergic reaction to dye, renal failure
23. Demonstrate the ability to evaluate, diagnose, and formulate treatment algorithms for common complications of surgical procedures including
   a. Postoperative fever
      1) wound infections
      2) urinary infections
      3) postoperative atelectasis
      4) pneumonia
   b. Oliguria
      1) intravascular volume depletion (pre-renal)
      2) acute renal failure / acute tubular necrosis (renal)
      3) obstruction uropathy (post-renal)
   c. Wound dehiscence
   d. Acute respiratory failure
   e. Pulmonary embolism
   f. Common cardiac arrhythmias, e.g. atrial fibrillation
   g. Myocardial infarction
24. Demonstrate the ability to comprehend and critically analyze the methodology and statistics involved in the average scientific article published in the surgical / medical literature.
   a. Develop the ability to design, conduct, and report the results of a simple clinical trial
   b. Understand and be able to explain common statistical terms:
      1) mean and median
      2) variance, standard deviation and standard error of the mean
      3) confidence intervals
      4) incidence and prevalence
      5) sensitivity, specificity, positive and negative predictive values, and accuracy
      6) null hypothesis
      7) type I and type II errors, statistical power of a test
      8) univariant & multivariant analysis
      9) Student T test determination – single tailed and two tailed
      10) analysis of variance
25. Demonstrate ability to assess outcomes research in an attempt to preserve the quality of health care for patients with surgical diseases and control costs where feasible, considering
a. Variables of cost
c. Patient safety
d. Efficacy
e. Appropriateness of care
f. Quality of life issues

26. Review published clinical practice guidelines and shared (patient and physician) decision making to enable one to utilize optimal treatments.

General Surgery Residency Training - PGY-1

<table>
<thead>
<tr>
<th>Rotations</th>
<th>Hospital</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Surgery</td>
<td>University Health - Shreveport</td>
<td>1-2 mo</td>
</tr>
<tr>
<td>Burn Surgery</td>
<td>University Health - Shreveport</td>
<td>1 mo</td>
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<tr>
<td>Plastic &amp; Reconstructive Surgery</td>
<td>University Health - Shreveport</td>
<td>1 mo</td>
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<tr>
<td>Pediatric Surgery</td>
<td>University Health - Shreveport</td>
<td>1 mo</td>
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<tr>
<td>Vascular/Endovascular Surgery</td>
<td>University Health - Shreveport</td>
<td>1-2 mo</td>
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<tr>
<td>Surgical Oncology</td>
<td>University Health - Shreveport</td>
<td>1-2 mo</td>
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<tr>
<td>Trauma</td>
<td>University Health - Shreveport</td>
<td>1-2 mo</td>
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<tr>
<td>SICU</td>
<td>University Health - Shreveport</td>
<td>0-1 mo</td>
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<tr>
<td>Cardiothoracic Surgery</td>
<td>University Health - Shreveport</td>
<td>1 mo</td>
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<tr>
<td>General Surgery</td>
<td>Overton Brooks VA Medical Center-Shreveport</td>
<td>1-2 mo</td>
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Focus for Educational Goals of General Surgery: This rotation provides PGY1 residents exposure to a full range of general surgical diseases and procedures including hernias, benign soft tissue lesions, soft tissue infections, and benign and malignant diseases of the GI tract, as well as a full range of colorectal and endocrine cases. The PGY1 focus will be on in-patient rounds, clinic visits, consults, and in-patient acute care issues. Operating room experience will be dedicated to learning anatomy, surgical technical skills, and operative techniques. Primary surgeon opportunities will be at the discretion of the chief resident. Mentoring students will be imperative.

Specific Learning Objectives for General Surgery

1. Demonstrate a working knowledge of fluid and electrolyte physiology and abnormalities common to patients across the spectrum of ages from neonates to the elderly. The PGY 1 resident should be able to anticipate potential fluid & electrolyte abnormalities and prevent or treat them by prescribing appropriate parenteral fluids in the setting of elective operative procedures of the GI tract, emergent operations for bleeding or acute inflammation, and maintenance fluid requirements.

2. Demonstrate a working knowledge of the basic nutritional requirements of patients across the spectrum of ages from neonates to the elderly. The PGY 1 resident should be able to recognize patients at risk for nutritional deficits, anticipate potential nutritional depletion, and prevent or treat malnutrition in surgical patients by prescribing an appropriate enteral or parenteral formulation.

3. Demonstrate a working knowledge of the pharmacology, appropriate use (including timing, dose, duration of use) and potential risks / side effects of medications commonly used in adults including antibiotics, anti-hypertensives, diuretics, and analgesics and in childhood especially antibiotics and analgesics.

4. Perform a comprehensive history and physical examination on a surgical patient with a complex disease process. The PGY 1 resident should be able to effectively communicate pertinent findings (and appropriate negatives) to his / her colleagues, consulting physicians and attending surgeons during rounds, in phone conversations, and during conferences. The resident should be respectful of patient privacy issues in these communications.
5. Provide basic pre-operative and post-operative care for surgical patients, with complex disease processes including both elective and emergent conditions. PGY 1 residents should be able to effectively document their care in the medical record through daily notes, consultations, and discharge summaries.

6. Develop an appropriate differential diagnosis and appropriate diagnostic algorithm for adults with common surgical diseases and complications, e.g.,
   a. Acute abdominal pain / peritonitis
   b. Jaundice
   c. Postoperative fever
   d. Soft tissue infections
   e. Peri-anal pain
   f. Chronic GI bleeding
   g. Oliguria
   h. Transplant rejection

1. Develop basic operative skills including
   a. Knowledge of the names & functions of common surgical instruments
   b. Effective use of common surgical instruments including the electrocautery
   c. Chooses appropriate suture material and effectively ties knots
   d. Effectively closes a complex wound
   e. Discuss techniques of dissection including identification of tissue planes, exposure, and appropriate handling of tissue
   f. With direct supervision, perform thyroidectomies and parathyroidectomies

2. Perform basic bedside procedures
   a. IV insertion
   b. Central venous catheterization
      1) internal jugular vein
      2) subclavian vein
      3) femoral vein
   c. Arterial puncture and line placement
   d. Nasogastric tube insertion
   e. I & Ds
   f. Bedside biopsies

3. Recognize an inguinal hernia
   a. Can perform a high ligation of the hernia sac and a Lichtenstein inguinal herniorrhaphy in adults with attending surgeon assistance
   b. Understand and recognize the relevant anatomy
   c. Can effectively describe the diagnosis, operative procedure, and risks / complications to the patient and his / her family
      a. Recognize acute appendicitis Can perform an appendectomy with attending surgeon assistance
      b. Understand and recognize the relevant anatomy
      c. Can effectively describe the diagnosis, operative procedure, and risks / complications to the patient and his / her family

11. Recognize a subcutaneous abscess / perirectal abscess
   a. Can perform incision & drainage with attending surgeon assistance
   b. Understand and recognize the relevant anatomy including relationship between perirectal abscess and the anal canal and levator ani
   c. Can effectively describe the diagnosis, operative procedure, and risks / complications to the patient and his / her family

12. Can diagnose peritonitis based upon history and physical examination
   a. Order necessary pre-operative tests
   b. Prescribe appropriate resuscitation measures including IV fluids and antibiotics
   c. Can effectively describe the differential diagnosis and operative options to the patient and his / her family
Focus for Educational Goals of Burns. This rotation provides residents exposure to all aspects of the care of adult and pediatric burn patients, including initial evaluation, monitoring, and resuscitation of thermal, electrical and chemical burn injuries. Residents develop skill in the management of critically ill burn patients, including sepsis and organ dysfunction, as well as in wound management techniques. Surgical procedures including escharotomy are taught as are techniques of wound closure including split thickness and full thickness skin grafts, flap coverage, reconstructive surgery, and rehabilitation. During this rotation, PGY 1 residents will gain knowledge of normal wound healing and factors that compromise healing, knowledge of pathology of surgical diseases of the skin and soft tissues, and principles of debridement and complex wound closure.

Specific Learning Objectives for Burns

1. Demonstrate a working knowledge of histologic and functional anatomy of the skin, adnexa, & subcutaneous tissues and can relate the dynamics of thermal injury to tissue injury.
2. Demonstrate a working knowledge of fluid and electrolyte physiology and abnormalities common to burn injured patients during the early, resuscitative phase. Resident should be able to anticipate potential fluid & electrolyte abnormalities and prevent or treat them by prescribing appropriate parenteral fluids.
3. Demonstrate a working knowledge of the principles of burn shock including associated immune dysfunction.
4. Resident should be able to development a care plan for the management of burn wounds.
5. Resident should be able to discuss principles of systemic and topical antibacterial agents in the burn wound and implement wound care.
6. Identify the special circumstances created by electrical, chemical and inhalation burn injury. Resident should be able to relate understanding of these injuries to diagnostic and therapeutic algorithms specific for each of these injuries.
7. Define the epidemiology, prevention and socioeconomic, and psychologic effects of burn wounds.
8. Can describe the physics and pathology of an electrical burn and its relation to associated organ injury, including: current, entrance and exit wounds, deep tissue involvement, neurological and vascular injury.
9. Identify the indications for and contributions of physical and occupational therapy in the care of burn-injured patients.
10. Can describe the anatomy of the hand in relation to the specialized requirements of management and rehabilitation of the burn injured hand.
11. During the rotation, resident will learn techniques for harvest, application, immobilization, and care of split-and full-thickness skin grafts.
12. Define the principles of wound contracture and its effect on the initial management of a burn-injured patient, closure of the burn wound and rehabilitation of the patient.
13. Discuss the anatomy & physiology of compartment syndromes including the correct techniques of fasciotomy and escharotomy.
14. Can relate the treatment of chemical burns to the underlying specific chemical agent, decontamination, and management.
15. Identify the special circumstances, management, and rehabilitation of burn injuries in children.
16. Can describe the indications for and basic techniques of plastic and reconstructive intervention in the burn wound to alleviate scar contracture, underlying joint contracture, and hypertrophic scar.
17. Coordinate the activities of burn team in the overall management of the burn patient to include physical therapy, occupational therapy, psychological counseling, recreational therapy, and burn nursing.
18. The resident will be able to manage the following aspects of a burn-injured patient’s care
   a. Initial evaluation & monitoring of an acutely burn-injured patient
   b. Correctly determine the level of care required by a burn-injured patient and his / her need for transfer to a burn facility.
   c. Implement appropriate fluid resuscitation protocols for children and adults and monitor ongoing volume resuscitation.
d. Select and apply appropriate dressings and antibacterials agents

e. Manage the systemic effects of the burn wound in the critically injured patient considering:
   1) sepsis
   2) gastrointestinal (GI) effects
   3) immunologic problems
   4) cardio-respiratory effects

f. Appropriately manage inhalation injury including airway control and mechanical ventilation

g. Appropriately manage burn wound therapy including
   1) eschar formation and slough
   2) re-epithelization of partial thickness injury
   3) tangential and fascial excision
   4) debridement of deep tissues
   5) skin graft harvest and application – both split thickness and full thickness.

h. Evaluate patients with electrical burns, including entrance and exit wound; cardiac, vascular, neurologic, ophthalmologic effects and deep tissue destruction.

i. Institute treatment of chemical burns including
   1) identification of types and sources of chemicals
   2) management by dilution or neutralization
   3) systemic effects of local chemical exposure.

j. Understand indications and techniques of escharotomy and fasciotomy.

k. Manage the treatment of the burn injured child including initial therapy, systemic support, and special care needs.

19. The resident will be able to perform the following operative procedures in caring for burn-injured patients

   a. Tangential of burn wound excision.
   b. Fascial excision of burn wounds
   c. Harvest & application of split thickness skin grafts
   d. Harvest & application of full thickness skin grafts
   e. Release burn contractures with Z plasty, grafting or flaps
   f. Placement of central venous lines and arterial lines for infusions and monitoring
   g. Open tracheostomy
   h. Percutaneous endoscopic gastrostomy tubes

Plastic Surgery: Residents will learn to perform a comprehensive examination of the diabetic foot and participate in complex reconstructive procedures. Technical skills gained on this service include definitive closure of complex wounds and lacerations, management of diabetic foot wounds and performing or assisting with elective cosmetic and reconstructive procedures. This service also provides the resident with exposure to common pediatric surgical diseases (e.g., hernias, appendicitis, gastroesophageal reflux, and abdominal wall defects).

Specific learning objectives for Plastic Surgery

1. Demonstrate a working knowledge of the physiology of wounds and the effect of infection and diabetes on normal wound physiology.
2. Demonstrate a working knowledge of the pathology of common benign and malignant skin lesions including basal cell carcinoma, squamous cell carcinoma and melanoma.
3. Demonstrate a working knowledge of the anatomy of basic tissue flaps employed in complex wound coverage.
4. Demonstrate a working knowledge of the fundamentals of wound management including sharp and chemical debridement, dressings, and pharmaceutical adjuncts to healing.
5. Identify the pathophysiology underlying the development of complex wound on the feet of diabetics.
6. Perform a history and physical examination on a hospitalized patient with a chronic wound and effectively communicate pertinent findings (and appropriate negatives) to his / her colleagues, consulting physicians and attending surgeons during rounds, in phone conversations, and during conferences. The resident should be respectful of patient privacy issues in these communications.
7. Perform a specific history and physical examination on a patient with a chronic wound in the clinic setting and effectively communicate pertinent findings (and appropriate negatives) to his / her colleagues,
consulting physicians and attending surgeons during rounds, in phone conversations, and during conferences. The resident should be respectful of patient privacy issues in these communications.

8. Develop and implement appropriate diagnostic algorithms for patients with chronic wounds and identify common medical and surgical conditions contributing to the chronicity of the wound.

9. Provide basic pre-operative and post-operative care for patients undergoing complex plastic surgical procedures, especially diabetes. PGY 1 residents should be able to effectively document their care in the medical record through daily notes, consultations, and discharge summaries.

10. With the assistance of the attending surgeon, the PGY 1 resident should be able to develop and implement appropriate operative plans for patients with chronic wounds.

11. Demonstrate basic operative skills including
   a. Knowledge of the names & functions of common surgical instruments
   b. Effective use of common surgical instruments including the electrocautery
   c. Chooses appropriate suture material and effectively ties knots
   d. Effectively closes a complex wound
   e. Understands the principles of operative debridement
   f. Understands the principles of operative exposure
   g. Handles tissues appropriately during plastic surgical exposure and closure

12. Can repair complex lacerations and wounds using suture repair and simple rotational flaps

13. With the assistance of the attending surgeon, the PGY 1 resident should be able to perform elective or urgent operations for acute or chronic wounds of the foot. The resident should effectively describe the medical condition and prognosis, operative procedures, and risks / complications to the patient and his / her family.

14. With the assistance of the attending surgeon, the PGY 1 resident should be able to perform debridement and treatment of complex contaminated wounds including those with severe soft tissue or bone infections. The resident should effectively describe the medical condition and prognosis, operative procedures, and risks / complications to the patient and his / her family.

15. Can evaluate and treat diseases of the diabetic foot as well as benign and malignant lesions of the skin.

**Pediatric Surgery: This service provides the resident with exposure to common pediatric surgical diseases (e.g., hernias, appendicitis, gastroesophageal reflux, and abdominal wall defects**

**Pediatric Surgery specific learning objectives**

1. Demonstrate a working knowledge of fluid and electrolyte physiology and abnormalities common to patients across the spectrum of ages from neonates to the elderly. The PGY 1 resident should be able to anticipate potential fluid & electrolyte abnormalities and prevent or treat them by prescribing appropriate parenteral fluids in the setting of elective operative procedures of the GI tract, emergent operations for bleeding or acute inflammation, and maintenance fluid requirements.

2. Demonstrate a working knowledge of the basic nutritional requirements of patients across the spectrum of ages from neonates to the elderly. The PGY 1 resident should be able to recognize patients at risk for nutritional deficits, anticipate potential nutritional depletion, and prevent or treat malnutrition in surgical patients by prescribing an appropriate enteral or parenteral formulation.

3. Demonstrate a working knowledge of the pharmacology, appropriate use (including timing, dose, duration of use) and potential risks / side effects of medications commonly used in adults including antibiotics, anti-hypertensives, diuretics, and analgesics and in childhood especially antibiotics and analgesics.

4. Perform a comprehensive history and physical examination on a surgical patient, including neonates and children, with a complex disease process. The PGY 1 resident should be able to effectively communicate pertinent findings (and appropriate negatives) to his / her colleagues, consulting physicians and attending surgeons during rounds, in phone conversations, and during conferences. The resident should be respectful of patient privacy issues in these communications.

5. Provide basic pre-operative and post-operative care for surgical patients, including neonates and children, with complex disease processes including both elective and emergent conditions. PGY 1 residents should be able to effectively document their care in the medical record through daily notes, consultations, and discharge summaries.
6. Develop an appropriate differential diagnosis and appropriate diagnostic algorithm for neonates, children and adults with common surgical diseases and complications, e.g.,
   a. Acute abdominal pain / peritonitis
   b. Jaundice
   c. Postoperative fever
   d. Soft tissue infections
   e. Peri-anal pain
   f. Chronic GI bleeding
7. Develop basic operative skills including
   a. Knowledge of the names & functions of common surgical instruments
   b. Effective use of common surgical instruments including the electrocautery
   c. Chooses appropriate suture material and effectively ties knots
   d. Effectively closes a complex wound
   e. Can perform basic bedside procedures
   g. IV insertion
   h. Central venous catheterization
      1) internal jugular vein
      2) subclavian vein
      3) femoral vein
   i. Arterial puncture and line placement
   j. Nasogastric tube insertion
8. Recognize an inguinal hernia in adults, children and neonates
   a. Can perform a high ligation of the hernia sac in neonates and children and a Lichtenstein inguinal herniorrhaphy in adults with attending surgeon assistance
   b. Understand and recognize the relevant anatomy
   c. Can effectively describe the diagnosis, operative procedure, and risks / complications to the patient and his / her family
9. Recognize acute appendicitis in adults and childhood
   a. Can perform an appendectomy with attending surgeon assistance
   b. Understand and recognize the relevant anatomy
   c. Effectively describe the diagnosis, operative procedure, and risks / complications to the patient and his / her family
10. Recognize a subcutaneous abscess / perirectal abscess
    a. Perform incision & drainage with attending surgeon assistance
    b. Understand and recognize the relevant anatomy including relationship between perirectal abscess and the anal canal and levator ani
    c. Effectively describe the diagnosis, operative procedure, and risks / complications to the patient and his / her family
11. Diagnose peritonitis based upon history and physical examination
    a. Order necessary pre-operative tests
    b. Prescribe appropriate resuscitation measures including IV fluids and antibiotics
    c. Can effectively describe the differential diagnosis and operative options to the patient and his / her family

Focus for Educational Goals of Vascular/Endovascular Surgery. This rotation provides residents exposure to a full range of vascular surgical diseases including carotid stenosis (transient ischemic attacks, stroke), aneurysms (abdominal aortic, femoral, popliteal), and peripheral vascular occlusive disease (embolic disease or in situ thrombosis with claudication, rest pain, and tissue loss). The residents also care for patients with common venous diseases including varicose veins, acute superficial and deep venous thrombosis, and chronic venous insufficiency. This rotation also provides residents with hands-on experience with angiography and the endovascular management of vascular disease.
Specific Learning Objectives for Vascular/Endovascular Surgery.

1. Demonstrate a working knowledge of fluid and electrolyte physiology and abnormalities common to vascular surgical patients. The PGY 1 resident should be able to anticipate potential fluid & electrolyte abnormalities and prevent or treat them by prescribing appropriate parenteral fluids.

2. Demonstrate a working knowledge of the pathology of atherosclerotic vascular disease and the relevant vascular anatomy of the neck, abdomen, and lower extremities.

3. Demonstrate a working knowledge of the pharmacology, appropriate use (including timing, dose, duration of use) and potential risks / side effects of medications commonly used in vascular surgery including antibiotics, anticoagulants, anti-hypertensives, diuretics, and analgesics.

4. Perform a comprehensive history and physical examination on a patient with complex vascular (and medical) diseases. The PGY 1 resident should be able to effectively communicate pertinent findings (and appropriate negatives) to his / her colleagues, consulting physicians and attending surgeons during rounds, in phone conversations, and during conferences. The resident should be respectful of patient privacy issues in these communications.

5. Provide basic pre-operative and post-operative care for vascular surgical patients with complex disease processes including both elective and emergent conditions. PGY 1 residents should be able to effectively document their care in the medical record through daily notes, consultations, and discharge summaries.

6. Recognize the signs and symptoms of medical diseases common to vascular surgical patients including coronary artery disease, congestive heart failure, chronic obstruction lung disease, transient ischemic attacks, stroke, and diabetes mellitus. The PGY 1 resident should be able to understand the impact of these conditions on the peri-operative risk for vascular surgical patients.

7. Recognize and manage (with the assistance of the senior resident and attending surgeon) urgent and emergent medical conditions experienced by vascular surgical patients including myocardial infarction, acute renal failure, acute respiratory failure, acute tissue ischemia, deep venous thrombosis, and pulmonary embolism.

8. Develop basic operative skills including
   a. Knowledge of the names & functions of common surgical instruments
   b. Effective use of common surgical instruments including the electrocautery
   c. Chooses appropriate suture material and effectively ties knots
   d. Effectively closes a complex wound

9. Recognize the signs and symptoms of acute and chronic ischemia of the lower extremity
   a. Appropriately orders pre-operative studies to identify medical co-morbidities
   b. Understands the appropriate diagnostic algorithm to evaluate the patient’s vascular disease
   c. Understands appropriate therapeutic options and strategies for managing the patient’s vascular disease

10. Recognize and appropriately manage the following conditions
    a. Acute tissue ischemia from an occluded vascular graft
    b. Myocardial infarction
    c. Hypertensive crisis

11. Demonstrates ability to close common vascular incisions

12. Perform basic bedside procedures
    a. IV insertion
    b. Central venous catheterization
    c. Arterial puncture and line placement
    d. Nasogastric tube insertion

13. Can effectively describe the diagnosis of acute lower extremity ischemia, basic operative procedures, and general operative risks / complications to the patient and his / her family

Focus for Educational Goals of General/Surgical Oncology. This rotation provides residents with exposure to patients with a variety of common malignancies. First year residents participate in the screening, diagnosis, staging and treatment of solid malignancies such as breast, skin, colorectal, esophageal, gastric, pancreatic, liver, bile duct, gallbladder, and gastrointestinal stromal tumors. These residents also participate in the multi-disciplinary care of these patients to gain experience in the palliative treatment and longitudinal care of patients with advanced malignancies. Residents
are expected to be sufficient in performing basic operations such as placement and removal of portacaths, breast biopsies and excisions, and excision of skin lesions. These residents are expected to be prepared to present cases at tumor board as well as prepare a 5 minute presentation of a select topic at the end of the meeting. It is expected that residents read the textbook, “Surgical Oncology: A Practical and Comprehensive Textbook” to enhance their knowledge. The textbook can be found in the Feist-Weiller Cancer Clinic and residents’ room.

**Specific Learning Objectives for General/Surgical Oncology.**

Academic and clinical excellence is paramount to being a credible surgeon. As such, all residents are expected to know the patients well and be prepared to back up his/her assertions based on evidence from the literature. It is expected that residents read the textbook, “Surgical Oncology: A Practical and Comprehensive Textbook” to enhance their knowledge. The textbook can be found in the Feist-Weiller Cancer Clinic and residents’ room. All residents beginning the service should request a handout “What is Expected of Residents Rotating Through Surgical Oncology” from Beverly Wright, Dr. Chu and Dr. Kim’s administrative assistant.

1. Demonstrate a working knowledge of fluid and electrolyte physiology and abnormalities common to patients cared for by general surgeons. The PGY 1 resident should be able to anticipate potential fluid & electrolyte abnormalities and prevent or treat them by prescribing appropriate parenteral fluids under maintenance conditions and for patients undergoing major soft tissue resections or laparotomy.
2. Demonstrate a working knowledge of the basic nutritional requirements of patients with malignant diseases. The PGY 1 resident should be able to recognize patients at risk for nutritional deficits, anticipate potential nutritional depletion, and prevent or treat malnutrition in these patients by prescribing an appropriate enteral or parenteral formulation.
3. Demonstrate a working knowledge of the pharmacology, appropriate use and potential risks / side effects of medications commonly used to treat patients with malignancies including antibiotics, common chemotherapeutic agents, anti-hypertensives, diuretics, and analgesics.
4. Perform a comprehensive history and physical examination on a patient with a breast mass, soft tissue mass, and GI malignancy. The PGY 1 resident should be able to effectively communicate pertinent findings (and appropriate negatives) to his / her colleagues, consulting physicians and attending surgeons during rounds, in phone conversations, and during conferences. The resident should be respectful of patient privacy issues in these communications and demonstrate professionalism in taking care of cancer patients.
5. Provide basic pre-operative and post-operative care for surgical patients with a breast mass, soft tissue mass, or GI malignancy. PGY 1 residents should be able to effectively document their care in the medical record through daily notes, consultations, and discharge summaries.
6. Develop an appropriate differential diagnosis and diagnostic algorithm for patients with common medical and surgical diseases and complications, e.g.,
   a. Breast mass
   b. Soft tissue mass of the extremity
   c. Rectal mass
   d. Myocardial infarction
   e. Postoperative fever
   f. Wound infection
   g. Pulmonary embolism
   h. Post-operative hemorrhage
7. Develop basics of operative skills including
   1. Knowledge of the names & functions of common surgical instruments
   2. Effective use of common surgical instruments including the electrocautery
   3. Chooses the correct suture & effectively ties knots
   4. Effectively closes a complex wound
8. Perform basic bedside procedures
   a. IV insertion
b. Central venous catheterization

c. Arterial puncture and line placement

d. Nasogastric tube insertion

9. Perform a breast biopsy and incisional or excisional biopsy of a soft tissue tumor
   a. Understands and recognizes the relevant anatomy
   b. Can effectively describe the diagnosis, operative procedure, indications & risks / complications to
      the patient and his / her family

10. Diagnose peritonitis based upon history and physical examination
    a. Order necessary pre-operative tests
    b. Prescribe appropriate resuscitation measures including IV fluids & antibiotics
    c. Can effectively describe the differential diagnosis of peritonitis and operative options to the
        patient and his / her family

**Focus for Educational Goals for Trauma/SICU.** This rotation provides residents experience with
the early resuscitation and emergent treatment of critically ill and injured patients. The PGY 1
resident participates in the initial resuscitation of injured patients and the evaluation, pre-
operative, operative, and immediate post-operative management of patients with acute general
surgical problems such as acute appendicitis, intestinal obstruction, acute diverticulitis, GI
bleeding, and perforated peptic ulcer disease. The PGY 1 resident participates in the operative
management of patients with acute appendicitis, peri-rectal and subcutaneous abscesses and other
severe soft tissue infections, and incarcerated hernias.

**Specific Learning Objectives for Trauma/SICU:**

1. Demonstrate a working knowledge of fluid and electrolyte physiology and abnormalities common to
   acutely injured and critically ill patients during the early, resuscitative phase of their management. The
   PGY 1 resident should be able to anticipate potential fluid & electrolyte abnormalities and prevent or treat
   them by prescribing appropriate parenteral fluids.
2. Demonstrate a working knowledge of the anatomy, pathology, and pathophysiology of emergent general
   surgical diseases and traumatic injuries.
3. Demonstrate a working knowledge of the pathophysiology of shock (hypovolemic, hemorrhagic, septic, &
   cardiogenic) and can relate the pathophysiology of shock to a patient’s clinical findings including
   hemodynamic measurements from invasive monitoring.
4. Identify the physiology of wound healing as it applies to management of acute wounds and can
   development a care plan for the management of acute wounds, whether clean, contaminated, simple or
   complex.
5. Identify, employ, and teach ATLS principles of acute trauma resuscitation.
6. Demonstrate a working knowledge of the pharmacology, appropriate use and potential risks/side effects of
   medications commonly used in the care of critically ill and injured patients including antibiotics,
   cardiotropic and vasoactive drugs, anti-hypertensives, diuretics, sedatives, analgesics, and paralytics.
7. Perform a comprehensive history and physical examination on an acutely injured patients and a patient with
   emergent abdominal conditions. The PGY 1 resident should be able to effectively communicate pertinent
   findings (and appropriate negatives) to his / her colleagues, consulting physicians and attending surgeons
   during rounds, in phone conversations, and during conferences. The resident should be respectful of
   patient privacy issues in these communications.
8. Provide basic pre-operative and post-operative care for acute injured patients and patients with emergent
   abdominal conditions such as perforated peptic ulcer disease. The PGY 1 resident should be able to
   effectively document their care in the medical record through daily notes, consultations, and discharge
   summaries.
9. Develop an appropriate differential diagnosis and appropriate diagnostic algorithm for patients with
   common acute surgical diseases, e.g.,
   a. Acute abdominal pain / peritonitis
   b. Acute GI hemorrhage
   c. Soft tissue infections
   d. Peri-anal pain
10. Perform technical skills including:
   a. Placement of IV’s in an emergent setting
   b. Placement of central venous lines
   c. Tube thoracostomy
   d. Principles underlying care of complex wounds including wound debridement
   e. Fracture splinting

11. Demonstrate basic operative skills including:
   a. Knowledge of the names & functions of common surgical instruments
   b. Effective use of common surgical instruments including the electrocautery
   c. Chooses appropriate suture material and effectively ties knots
   d. Effectively closes a complex wound

12. Recognize acute appendicitis
   a. Can perform an appendectomy with attending surgeon assistance
   b. Understands and recognizes the relevant anatomy
   c. Describe diagnosis, operative procedure, and risks / complications to the patient and family

13. Recognize an incarcerated / strangulated inguinal hernia
   a. Can perform a Lichtenstein inguinal herniorrhaphy with attending surgeon assistance
   b. Understands and recognizes the relevant anatomy
   c. Can effectively describe the diagnosis, operative procedure, and risks / complications to the patient and his / her family

14. Recognize a subcutaneous abscess / perirectal abscess
   a. Can perform incision & drainage with attending surgeon assistance
   b. Understands and recognizes the relevant anatomy including relationship between perirectal abscess and the anal canal and levator ani
   c. Can effectively describe the diagnosis, operative procedure, and risks / complications to the patient and his / her family

15. Can diagnose peritonitis based upon history and physical examination
   a. Develop an appropriate differential diagnosis and diagnostic strategy
   b. Prescribe appropriate resuscitation measures including IV fluids and antibiotics
   c. Can effectively describe the differential diagnosis and operative options to the patient and his / her family

16. Interact appropriately with consultants, referring physicians, and nursing staff in a manner consistent with the highest ideals of our profession.

16. Discuss basic surgical problems and prognosis operative risks / benefits and possible complications with a patient / patient’s family

**Focus for Educational Goals of Cardiothoracic Surgery.** This rotation provides residents with exposure to patients with common diseases of the heart (coronary artery disease, valvular diseases), lungs & pleural space (lung cancer, empyema) and esophagus (esophageal cancer). PGY 1 residents are provided instruction in basic anatomy and physiology of the normal and diseased heart and lungs as they relate to pre-operative, operative and post-operative care. The residents are taught to place, monitor & remove chest tubes and pacing wires and assist in cardiac surgical procedures.

**Specific Learning Objectives for Cardiothoracic Surgery.**

1. Demonstrate a working knowledge of the basic physiology of cardiac and pulmonary function in normal and diseased states. The PGY 1 resident should be able to relate changes in cardiopulmonary measurements in the ICU to cardiopulmonary physiology and pathophysiology as well as the actions of cardioactive, anti-arrhythmic and vasoactive drugs.
2. Demonstrate a working knowledge of the pathology of common cardiac and pulmonary diseases and the relevant anatomy of the chest.
3. Perform a comprehensive history and physical examination on a patient with cardiac or pulmonary diseases. The PGY 1 resident should be able to effectively communicate pertinent findings (and appropriate negatives) to his/her colleagues, consulting physicians and attending surgeons during rounds, in phone conversations, and during conferences. The resident should be respectful of patient privacy issues in these communications.

4. Provide basic pre-operative and post-operative care for cardiothoracic surgical patients on the ward. PGY 1 residents should be able to effectively document their care in the medical record through daily notes, consultations, and discharge summaries.

5. Identify the appropriate diagnostic algorithms for patients with suspected cardiac and pulmonary diseases and the rationale underlying these strategies.

6. Is able to insert hemodynamic monitoring lines under the supervision of the faculty or a senior resident.

7. Identify the indications for and is able to insert chest tubes under supervision.

8. Recognize basic thoracic anatomy.

9. Develop basic operative skills including:
   a. Knowledge of the names & functions of common surgical instruments
   b. Effective use of common surgical instruments including the electrocautery
   c. Choose the correct suture material and effectively ties knots
   d. Is able to effectively close complex thoracic surgical wounds and saphenous vein harvest sites
   e. Demonstrate basic understanding of positioning and draping for common cardiothoracic procedures.

10. Appropriately manage a CABG patient on the ward including removal of chest tubes and pacing wires.

11. Can manage a cardiac arrest on a post-op patient.

12. Before being allowed autonomy:
   a. Interns must efficiently perform 10 central lines
   b. Interns must efficiently perform 5 chest tubes

**Focus for Educational Goals of General Surgery at Overton Brooks VA Medical Center**

This rotation provides residents exposure to a wide range of general surgical diseases and procedures in a population that is predominantly elderly men with multiple complex medical problems. The residents participate in the care of patients with hernias, benign soft tissue lesions, soft tissue infections, benign and malignant diseases of the gastrointestinal tract, vascular diseases and non-cardiac thoracic diseases.

**Specific Learning Objectives for General Surgery at Overton Brooks VA Medical Center.**

1. Demonstrate a working knowledge of fluid and electrolyte physiology and abnormalities common to patients cared for by general, vascular and thoracic surgeons. The PGY 1 resident should be able to anticipate potential fluid & electrolyte abnormalities and prevent or treat them by prescribing appropriate parenteral fluids.

2. Demonstrate a working knowledge of the basic nutritional requirements of patients cared for by general surgeons. The PGY 1 resident should be able to recognize patients at risk for nutritional deficits, anticipate potential nutritional depletion, and prevent or treat malnutrition in surgical patients by prescribing an appropriate enteral or parenteral formulation.

3. Demonstrate a working knowledge of the pharmacology, appropriate use (including timing, dose, duration of use) and potential risks / side effects of medications commonly used in general surgical patients including antibiotics, anti-hypertensives, diuretics, anti-coagulants and analgesics.

4. Perform a comprehensive history and physical examination on patients with complex medical and surgical diseases. The PGY 1 resident should be able to effectively communicate pertinent findings (and appropriate negatives) to his/her colleagues, consulting physicians and attending surgeons during rounds, in phone conversations, and during conferences. The resident should be respectful of patient privacy issues in these communications.

5. Provide basic pre-operative and post-operative care for patients with complex medical and surgical diseases including both elective and emergent conditions. The PGY 1 resident should be able to effectively document their care in the medical record through daily notes, consultations, and discharge summaries.
6. Develop an appropriate differential diagnosis and appropriate diagnostic algorithm for patients with common surgical diseases and complications, e.g.,
   a. Acute abdominal pain / peritonitis
   b. Jaundice
   c. Postoperative fever
   d. Soft tissue infections
   e. Peri-anal pain
   f. Chronic GI bleeding
   g. Claudication & rest pain
   h. Pulmonary nodule
7. Develop basic operative skills including
   a. Knowledge of the names & functions of common surgical instruments
   b. Effective use of common surgical instruments including the electrocautery
   c. Chooses appropriate suture material and effectively ties knots
   d. Effectively closes a complex wound
   e. Is facile at the performance of basic bedside procedures
   f. IV insertion
   g. Central venous catheterization
   h. Arterial puncture and line placement
   i. Nasogastric tube insertion
8. Recognize acute appendicitis
   a. Can perform an appendectomy with attending surgeon assistance
   b. Understands and recognizes the relevant anatomy
   c. Effectively describe diagnosis, operative procedure, and risks/complications to patient and family
9. Recognize an inguinal hernia
   a. Can perform a Lichtenstein inguinal herniorrhaphy with attending surgeon assistance
   b. Understands and recognizes the relevant anatomy
   c. Effectively describe diagnosis, operative procedure, and risks/complications to patient and family

### General Surgery Residency Training - PGY-2 Level

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Hospital</th>
<th>Duration</th>
</tr>
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<tbody>
<tr>
<td>General Surgery</td>
<td>University Health - Monroe</td>
<td>1.7 mo</td>
</tr>
<tr>
<td>General Surgery</td>
<td>Overton Brooks VA Medical Center</td>
<td>1.7 mo</td>
</tr>
<tr>
<td>General/Surgical Oncology</td>
<td>University Health - Shreveport</td>
<td>1.7 mo</td>
</tr>
<tr>
<td>Trauma/SICU/Emergency Surgery</td>
<td>University Health - Shreveport</td>
<td>3.5 mo</td>
</tr>
<tr>
<td>Pediatric Surgery</td>
<td>University Health - Shreveport</td>
<td>1.7 mo</td>
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<tr>
<td>Vascular Surgery</td>
<td>University Health - Shreveport</td>
<td>1.7 mo</td>
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**Focus for Educational Goals of General Surgery at University Health - Monroe.** This rotation provides residents with exposure to a wide range of general surgical diseases. The residents participate in the care of patients with hernias, benign soft tissue lesions, soft tissue infections, benign and malignant diseases of the gastrointestinal tract, and pediatric diseases. During this rotation PGY 2 residents gain firsthand experience in gastrointestinal endoscopy, bronchoscopy and the management of critically ill patients in the surgical intensive care unit.

**Specific Learning Objectives for General Surgery at University Health - Monroe**

1. Demonstrate a working knowledge of fluid and electrolyte physiology and abnormalities common to patients cared for by general, vascular and thoracic surgeons.
2. Should be relatively independent in the ability to anticipate potential fluid & electrolyte abnormalities and prevent or treat them by prescribing an appropriate parenteral fluid orders in medically complex and elderly patients.

3. Demonstrate a working knowledge of the basic nutritional requirements of patients cared for by general surgeons. The PGY 2 resident should be relatively independent in their ability to recognize patients at risk for nutritional deficits, anticipate potential nutritional depletion, and prevent or treat malnutrition in surgical patients by prescribing an appropriate enteral or parenteral formulation.

4. Demonstrate a working knowledge of the pharmacology, appropriate use (including timing, dose, duration of use) and potential risks / side effects of medications commonly used in general, vascular and thoracic surgical patients including antibiotics, anti-hypertensives, diuretics, anti-coagulants and analgesics.

5. Perform a comprehensive history and physical examination on patient with complex medical and surgical diseases. The PGY 2 resident should be able to effectively communicate pertinent findings (and appropriate negatives) to his / her colleagues, consulting physicians and attending surgeons during rounds, in phone conversations, and during conferences. The resident should be respectful of patient privacy issues in these communications.

6. Provide basic pre-operative and post-operative care for surgical patients with complex disease processes including both elective and emergent conditions. The PGY 2 resident should be able to effectively document their care in the medical record through daily notes, consultations, and discharge summaries.

7. Develop an appropriate differential diagnosis and diagnostic algorithms for patients with common surgical diseases and complications, e.g.,
   a. Acute abdominal pain / peritonitis
   b. Jaundice
   c. Postoperative fever
   d. Soft tissue infections
   e. Hepatic metastases
   f. Rectal mass
   g. High grade carotid stenosis
   h. Pulmonary nodule

8. Can perform basic operative skills including
   a. Effective use of common surgical instruments including the electrocautery
   b. Chooses appropriate suture material & effectively ties knots
   c. Effectively closes a complex wound

9. Recognize acute appendicitis
   a. Can perform an appendectomy with attending surgeon assistance
   b. Understands and recognizes the relevant anatomy
   c. Can effectively describe the diagnosis, operative procedure, and risks / complications to the patient and his / her family

10. Recognize an inguinal hernia
    a. Can perform a Lichtenstein inguinal herniorrhaphy with attending surgeon assistance
    b. Understands and recognizes the relevant anatomy
    c. Can effectively describe the diagnosis, operative procedure, and risks / complications to the patient and his / her family

11. Perform basic bedside procedures
    a. IV insertion
    b. Central venous catheterization
    c. Arterial puncture and line placement
    d. Nasogastric tube insertion
    e. Bedside biopsies

12. Recognize a subcutaneous abscess / perirectal abscess
    a. Can perform incision & drainage with attending surgeon assistance
    b. Understand and recognize the relevant anatomy including relationship between perirectal abscess and the anal canal and levator ani
c. Can effectively describe the diagnosis, operative procedure, and risks / complications to the patient and his / her family

13. Diagnose peritonitis based upon history and physical examination
   a. Order necessary pre-operative tests
   b. Prescribe appropriate resuscitation measures including IV fluids and antibiotics
   c. Can effectively describe the differential diagnosis and operative options to the patient and his / her family

14. Perform, with the assistance of the attending surgeon, colonoscopy, flexible sigmoidoscopy, gastroscopy, and bronchoscopy including the provision of conscious sedation

**Focus for Educational Goals of General Surgery at Overton Brooks VA Medical Center.** This rotation provides residents with exposure to a wide range of general surgical diseases. The residents participate in the care of patients with hernias, benign soft tissue lesions, soft tissue infections, benign and malignant diseases of the gastrointestinal tract, and pediatric diseases. During this rotation PGY 2 residents gain firsthand experience in gastrointestinal endoscopy, bronchoscopy and the management of critically ill patients in the surgical intensive care unit.

**Specific Learning Objectives for General Surgery at Overton Brooks VA Medical Center**

1. Demonstrate a working knowledge of fluid and electrolyte physiology and abnormalities common to patients cared for by general, vascular and thoracic surgeons.
2. Should be relatively independent in the ability to anticipate potential fluid & electrolyte abnormalities and prevent or treat them by prescribing an appropriate parenteral fluid orders in medically complex and elderly patients.
3. Demonstrate a working knowledge of the basic nutritional requirements of patients cared for by general surgeons. The PGY 2 resident should be relatively independent in their ability to recognize patients at risk for nutritional deficits, anticipate potential nutritional depletion, and prevent or treat malnutrition in surgical patients by prescribing an appropriate enteral or parenteral formulation.
4. Demonstrate a working knowledge of the pharmacology, appropriate use (including timing, dose, duration of use) and potential risks / side effects of medications commonly used in general, vascular and thoracic surgical patients including antibiotics, anti-hypertensives, diuretics, anti-coagulants and analgesics.
5. Perform a comprehensive history and physical examination on patient with complex medical and surgical diseases. The PGY 2 resident should be able to effectively communicate pertinent findings (and appropriate negatives) to his / her colleagues, consulting physicians and attending surgeons during rounds, in phone conversations, and during conferences. The resident should be respectful of patient privacy issues in these communications.
6. Provide basic pre-operative and post-operative care for surgical patients with complex disease processes including both elective and emergent conditions. The PGY 2 resident should be able to effectively document their care in the medical record through daily notes, consultations, and discharge summaries.
7. Develop an appropriate differential diagnosis and diagnostic algorithms for patients with common surgical diseases and complications, e.g.,
   a. Acute abdominal pain / peritonitis
   b. Jaundice
   c. Postoperative fever
   d. Soft tissue infections
   e. Hepatic metastases
   f. Rectal mass
   g. High grade carotid stenosis
   h. Pulmonary nodule
8. Perform basic operative skills including
   a. Effective use of common surgical instruments including the electrocautery
   b. Chooses appropriate suture material & effectively ties knots
   c. Effectively closes a complex wound
9. Recognize acute appendicitis
a. Can perform an appendectomy with attending surgeon assistance
b. Understands and recognizes the relevant anatomy
c. Can effectively describe the diagnosis, operative procedure, and risks / complications to the patient and his / her family

10. Recognize an inguinal hernia
   a. Can perform a Lichtenstein inguinal herniorrhaphy with attending surgeon assistance
   b. Understands and recognizes the relevant anatomy
   c. Can effectively describe the diagnosis, operative procedure, and risks / complications to the patient and his / her family

11. Perform basic bedside procedures
   a. IV insertion
   b. Central venous catheterization
   c. Arterial puncture and line placement
d. Nasogastric tube insertion
e. Bedside biopsies

12. Recognize a subcutaneous abscess / perirectal abscess
   a. Perform incision & drainage with attending surgeon assistance
   b. Understand and recognize the relevant anatomy including relationship between perirectal abscess and the anal canal and levator ani
c. Effectively describe the diagnosis, operative procedure, and risks / complications to the patient and his / her family

13. Diagnose peritonitis based upon history and physical examination
   a. Order necessary pre-operative tests
   b. Prescribe appropriate resuscitation measures including IV fluids and antibiotics
c. Can effectively describe the differential diagnosis and operative options to the patient and his / her family

14. Perform, with the assistance of the attending surgeon, colonoscopy, flexible sigmoidoscopy, gastroscopy, and bronchoscopy including the provision of conscious sedation

**Focus for Educational Goals of General/Surgical Oncology.** This rotation provides residents with exposure to patients with a variety of common malignancies. PGY 2 residents participate in the screening, diagnosis, staging and treatment of solid malignancies such as breast, skin, colorectal, esophageal, gastric, pancreatic, liver, bile duct, gallbladder, and gastrointestinal stromal tumors. These residents also participate in the multi-disciplinary care of these patients to gain experience in the palliative treatment and longitudinal care of patients with advanced malignancies. Residents are expected to be sufficient in performing basic operations such as placement and removal of porta-caths, breast biopsies and excisions, and excision of skin lesions. These residents are expected to be prepared to present cases at tumor board as well as prepare a 5 minute presentation of a select topic at the end of the meeting. It is expected that residents read the textbook, “Surgical Oncology: A Practical and Comprehensive Textbook” to enhance their knowledge. The textbook can be found in the Feist-Weiller Cancer Clinic and residents’ room.

**Specific Learning Objectives for General/Surgical Oncology.**

Academic and clinical excellence is paramount to being a credible surgeon. As such, all residents are expected to know the patients well and be prepared to back up his/her assertions based on evidence from the literature. It is expected that residents read the textbook, “Surgical Oncology: A Practical and Comprehensive Textbook” to enhance their knowledge. The textbook can be found in the Feist-Weiller Cancer Clinic and residents’ room. All residents beginning the service should request a handout “What is Expected of Residents Rotating Through Surgical Oncology” from Beverly Wright, Dr. Chu and Dr. Kim’s administrative assistant.
1. Demonstrate a working knowledge of fluid and electrolyte physiology and abnormalities common to patients cared for by general surgeons. The resident should be relatively independent in their ability to anticipate potential fluid & electrolyte abnormalities and prevent or treat them by prescribing appropriate parenteral fluid orders under maintenance conditions and for patients undergoing major soft tissue resections or laparotomies.

2. Demonstrate a working knowledge of the basic nutritional requirements of patients with malignant diseases. The resident should be relatively independent in their ability to recognize patients at risk for nutritional deficits, anticipate potential nutritional depletion, and prevent or treat malnutrition in these patients by prescribing an appropriate enteral or parenteral formulation.

3. Demonstrate a working knowledge of the basic pathology of malignant diseases as well as the basic science research that underlies the pathogenesis of selected common tumors, such as breast, colon, and melanoma.

4. Demonstrate a working knowledge of the pharmacology, appropriate use and potential risks / side effects of commonly used chemotherapeutic agents.

5. Identify the fundamentals of wound healing and the impact of altered nutrition, malignancy, radiation, and chemotherapy on the healing of surgical wounds. This knowledge should be apparent in the planning of operations and the treatment of complex wounds.

6. Perform a comprehensive history and physical examination on a patient with a breast mass, soft tissue mass of the extremity or GI malignancy. The resident should be able to effectively communicate pertinent findings (and appropriate negatives) to his / her colleagues, consulting physicians and attending surgeons during rounds, in phone conversations, and during conferences. The resident should be respectful of patient privacy issues in these communications.

7. Perform a focused history & physical examination on a patient with a breast mass, soft tissue mass of the extremity or GI malignancy in an outpatient clinic setting and develop an appropriate diagnostic and therapeutic strategy for these patients.

8. PGY 2 residents should be relatively independent in their ability to provide pre-operative and post-operative care for surgical patients with common malignant diseases. The resident should be able to effectively document their care in the medical record through daily notes, consultations, and discharge summaries.

9. PGY2 residents should be relatively independent in their ability to develop an appropriate differential diagnosis and diagnostic algorithm for patients with common medical and surgical complications, e.g.,
   a. Myocardial infarction
   b. Postoperative fever
   c. Wound infection
   d. Pulmonary embolism
   e. Post-operative hemorrhage

10. With minimal supervision, the PGY 2 resident should be able to act on the results of diagnostic tests to appropriately care for acutely and critically ill patients with the complications mentioned in Item #9.

11. With minimal supervision, the PGY 2 resident should be able to develop an appropriate diagnostic and therapeutic algorithm for patients with common malignant diseases, e.g.,
   a. Breast cancer
   b. Colon cancer
   c. Rectal cancer
   d. Melanoma
   e. Extremity sarcoma

12. Possess at a minimum the following operative skills
   a. Is facile with breast and other soft tissue biopsies
   b. Is facile with fascial closure following laparotomy
   c. Can implement the principles of adequate operative exposure
   d. Appropriately manages intraoperative emergencies such as hemorrhage and enterotomy
   e. Appropriately uses and manages surgical drains

13. Perform breast biopsies and incisional or excisional biopsy of a soft tissue tumor. This includes wire localized techniques
   a. Recognize the relevant anatomy
   b. Can effectively describe the diagnosis, operative procedure, indications & risks / complications to the patient and his / her family

52
14. Perform and interpret critical physiologic monitoring lines including
   a. Central venous catheterization
   b. Arterial line placement
   c. Swan-Ganz Catheterization
15. Can effectively discuss the diagnosis of cancer, proposed treatment plans including operative procedures, indications for this procedure, risks / complications, and expected prognosis to the patient and his / her family
16. Diagnose peritonitis based upon history and physical examination
   a. Order necessary pre-operative tests
   b. Prescribe appropriate resuscitation measures including IV fluids & antibiotics
   c. Perform simple laparotomy
   d. Can effectively describe the differential diagnosis of peritonitis and operative options to the patient and his / her family

Focus for Educational Goals of Trauma/SICU/Emergency Surgery. This rotation provides PGY 2 residents exposure to the principles of managing critically ill surgical patients. The PGY 2 gains experience evaluating and managing surgical patients in shock as well as those with organ failure. With involvement of the attending surgeons, the residents manage the ventilators, hemodynamic and nutritional support for critically ill patients. The resident gains independence in the placement and interpretation of central hemodynamic monitoring lines, endotracheal intubation and tube thoracostomy. These residents are provided instruction in the recognition, evaluation and management of common complications in critically ill patients. They also gain experience first hand in communication, teamwork, and professionalism with patients and their families, support staff, and other physicians in the highly interactive environment of the intensive care unit.

Specific Learning Objectives for Trauma/Surgical Critical Care.

1. Demonstrate a working knowledge of fluid and electrolyte physiology and abnormalities common to critically ill patients. The PGY 2 resident should be relatively independent in anticipating fluid & electrolyte abnormalities and preventing or treating them by prescribing appropriate parenteral fluid orders.
2. Demonstrate a working knowledge of the nutritional requirements of acutely injured patients. The PGY 2 resident should be relatively independent in their ability to recognize patients at risk for nutritional deficits, anticipate potential nutritional depletion, and prevent or treat malnutrition in critically ill patients by prescribing an appropriate enteral or parenteral formulation.
3. Demonstrate a working knowledge of cardiovascular and pulmonary physiology and relate this to abnormalities present during shock and their clinical manifestations.
4. Demonstrate a working knowledge of airway and vascular anatomy to facilitate the appropriate placement of endotracheal and surgical airways and intravascular monitoring lines in the central venous circulation and the peripheral arteries.
5. Demonstrate a working knowledge of the pharmacology, appropriate use (including timing, dose, duration of use) and potential risks / side effects of medications commonly used in critically ill patients including cardiotonic and vasoactive drugs, antibiotics, sedatives and analgesics.
6. Perform a comprehensive history and physical examination on an acutely & severely ill patient with complex multi-system injury. The PGY 2 resident should be able to effectively communicate pertinent findings (and appropriate negatives) to his / her colleagues, consulting physicians and attending surgeons during rounds, in phone conversations, and during conferences. The resident should be respectful of patient privacy issues in these communications.
7. Provide basic care to critically ill patients and effectively document this care in the medical record through daily notes, consultations, and discharge summaries. These activities include
   a. Appropriate ventilatory management
   b. Appropriate management of hemodynamics and abnormal tissue perfusion with fluid and pharmacologic agents
   c. Appropriate recognition & management of sepsis and infections
   d. Appropriate recognition & management of pain & anxiety in critically ill patients through the
appropriate use of analgesics, sedatives, and paralytic agents

e. Appropriate management of patients with head and spinal cord injuries

8. Perform the following procedures
   a. Insertion of a central venous line & Swan Ganz catheter
   b. Insertion of an arterial line
   c. Endotracheal intubation
   d. Tube thoracostomy
   e. Cricothyroidotomy / tracheostomy

9. Identify & appropriately treat
   a. Hypovolemia
   b. Nosocomial pneumonia
   c. Systemic inflammatory response syndrome & multiple organ failure syndrome
   d. Acute renal failure
   e. Acute psychosis including delirium tremens

10. Determine the pulmonary status of a ventilated patient and appropriately wean the patient from the ventilator.

11. Effectively describe the medical condition, treatment plans and prognosis to the patient’s family

12. Identify the continuum of care between acute care hospitalization including critical care in the ICU and long term convalescence and rehabilitation following severe acute injuries.

13. Practice teamwork in the intensive care unit involving the physicians, nurses and other support staff crucial to the effective care of critically ill patients

**Focus for Educational Goals of Pediatric Surgery.** This service provides the resident with exposure to common pediatric surgical diseases (e.g., hernias, appendicitis, gastroesophageal reflux, and abdominal wall defects).

**Specific Learning Objectives for Pediatric Surgery**

1. Should be relatively independent in the ability to anticipate potential fluid & electrolyte abnormalities and prevent or treat them by prescribing an appropriate parenteral fluid orders in medically complex and elderly patients.

2. Demonstrate a working knowledge of the basic nutritional requirements of patients cared for by general surgeons. The PGY 2 resident should be relatively independent in their ability to recognize patients at risk for nutritional deficits, anticipate potential nutritional depletion, and prevent or treat malnutrition in surgical patients by prescribing an appropriate enteral or parenteral formulation.

3. Demonstrate a working knowledge of the pharmacology, appropriate use (including timing, dose, duration of use) and potential risks / side effects of medications commonly used in general, vascular and thoracic surgical patients including antibiotics, anti-hypertensives, diuretics, anti-coagulants and analgesics.

4. Perform a comprehensive history and physical examination on patient with complex medical and surgical diseases. The PGY 2 resident should be able to effectively communicate pertinent findings (and appropriate negatives) to his / her colleagues, consulting physicians and attending surgeons during rounds, in phone conversations, and during conferences. The resident should be respectful of patient privacy issues in these communications.

5. Provide basic pre-operative and post-operative care for surgical patients with complex disease processes including both elective and emergent conditions. The PGY 2 resident should be able to effectively document their care in the medical record through daily notes, consultations, and discharge summaries.

6. Develop an appropriate differential diagnosis and diagnostic algorithms for patients with common surgical diseases and complications, e.g.,
   a. Acute abdominal pain / peritonitis
   b. Jaundice
   c. Postoperative fever
   d. Soft tissue infections
   e. Umbilical/inguinal hernia
   f. Reflux
   g. Intussusception
h. Pneumonia/empyema
7. demonstrates basic operative skills including
8. Effective use of common surgical instruments including the electrocautery
9. Chooses appropriate suture material & effectively ties knots
10. Effectively closes a complex wound
11. Recognize acute appendicitis
12. Can perform an appendectomy with attending surgeon assistance
13. Understands and recognizes the relevant anatomy
14. Can effectively describe the diagnosis, operative procedure, and risks / complications to the patient and his / her family
15. Recognize an inguinal hernia
16. Can perform a Lichtenstein inguinal herniorrhaphy with attending surgeon assistance
17. Understands and recognizes the relevant anatomy
18. Can effectively describe the diagnosis, operative procedure, and risks / complications to the patient and his / her family
19. Can perform and teach basic bedside procedures
20. IV insertion
21. Central venous catheterization
22. Arterial puncture and line placement
23. Nasogastric tube insertion
24. Recognize a subcutaneous abscess / perirectal abscess
   a. Can perform incision & drainage with attending surgeon assistance
   b. Understand and recognize the relevant anatomy including relationship between perirectal abscess and the anal canal and levator ani
   c. Can effectively describe the diagnosis, operative procedure, and risks / complications to the patient and his / her family
25. Can diagnose peritonitis based upon history and physical examination
26. Order necessary pre-operative tests
   d. Prescribe appropriate resuscitation measures including IV fluids and antibiotics
   e. Can effectively describe the differential diagnosis and operative options to the patient and his / her family

General Surgery Residency Training - PGY-3 Level

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<td>Surgery</td>
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<td>General Surgery</td>
<td>University Health - Monroe</td>
<td>4 mo</td>
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<tr>
<td>Transplant Surgery</td>
<td>Willis Knighton Health System - Shreveport</td>
<td>4 mo</td>
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Focus for Educational Goals of Cardiothoracic Surgery. This rotation provides the PGY 3 resident exposure to patients with common diseases of the heart (coronary artery disease, valvular diseases), lungs & pleural space (lung cancer, empyema) and esophagus (esophageal cancer). PGY 3 residents assume increased responsibility in the pre-operative, operative and post-operative care of these patients, especially those with diseases of the lungs and pleural cavity. Previously acquired skills in the management of critically ill patients are reinforced in the surgical intensive care unit as the PGY 3 resident cares for cardiac surgical patients within the first hours following open heart surgery.

Specific Learning Objectives for Cardiothoracic Surgery.
1. Demonstrate a working knowledge of the basic physiology of cardiac and pulmonary function in normal and diseased states. The PGY 3 resident should be able to relate changes in cardiopulmonary measurements in the ICU to cardiopulmonary physiology and pathophysiology as well as the actions of cardiotropic, anti-arrhythmic and vasoactive drugs.

2. Demonstrate a working knowledge of the pathology of common cardiac and pulmonary diseases and the relevant anatomy of the chest.

3. Demonstrate a working knowledge of the pharmacology, appropriate use (including timing, dose, duration of use) and potential risks / side effects of medications commonly used in the surgical intensive care unit cardiotropic and vasoactive agents, antibiotics, anti-hypertensives, diuretics, analgesics, paralytics and sedatives.

4. Demonstrate a working knowledge of the function of temporary and permanent pacemakers.

5. Demonstrate a working knowledge of the basic principles and risks / side-effects of cardiopulmonary bypass.

6. Perform a comprehensive history and physical examination on patients with cardiac or pulmonary diseases and develop and implement comprehensive diagnostic and therapeutic algorithms for these patients with little assistance from the attending surgeon on common and straightforward cases.

7. With relative independence, provide basic pre-operative and post-operative care for cardiothoracic surgical patients on the ward and in the SICU. The PGY 3 resident should be able to effectively document their care in the medical record through daily notes, consultations, and discharge summaries.

8. With relative independence, the PGY 3 resident can implement appropriate diagnostic and therapeutic algorithms for patients with suspected cardiac and pulmonary diseases and understands the rationale underlying these strategies.

9. With relative independence, the PGY 3 resident can implement appropriate diagnostic and therapeutic algorithms for patients with complications following major cardiac and pulmonary operations.

10. With relative independence, the PGY 3 resident is able to insert hemodynamic monitoring lines.

11. With relative independence, the PGY 3 resident can identify indications for and is able to insert and monitor the function of chest tubes.

12. Describe the function and maintenance of support devices including pacemakers and intraaortic balloon devices.

13. Develop basic cardiovascular operative skills including
   a. Effective use of common cardiovascular & thoracic surgical instruments including the vascular clamps
   b. Choose the correct suture material and effectively ties knots in poorly accessible areas
   c. Is able to effectively close complex thoracic surgical wounds and saphenous vein harvest sites with relative independence
   d. Is able to correctly position and drape patients for common cardiothoracic procedures with relative independence

14. With supervision from the attending surgeon, the PGY 3 resident can appropriately manage patients under the following conditions
   a. Post-operative CABG and lung resection patient
   b. Patient requiring intraaortic balloon support
   c. Cardiac arrest on a post-op patient

15. Perform a posterolateral thoracotomy and median sternotomy with relative independence

16. Effectively describe the diagnosis, cardiac and thoracic operative procedures, and risks / complications to a patient and his / her family.

**Focus for Educational Goals of General Surgery at University Health - Monroe.** This rotation provides exposure to a wide range of general surgical diseases and procedures in a hospital that cares for patients from rural northeast Louisiana who present with a variety of basic and complex surgical / medical problems. The PGY 3 residents actively participate in the pre-operative, operative and post-operative evaluation and management of patients undergoing elective and emergent abdominal, endocrine, and vascular operations. Operative skills learned during this rotation include including laparoscopy, laparotomy, surgical endoscopy, and the performance of vascular anastomoses. The PGY 3 resident begins to assume a leadership role in the service with the development of organizational and communication skills across the health care team.
Specific Learning Objectives for General Surgery at University Health - Monroe

1. Demonstrate a working knowledge of fluid and electrolyte physiology and abnormalities common to patients cared for by general surgeons including those with chronic diseases. The PGY 3 resident should be relatively independent in their ability to anticipate potential fluid & electrolyte abnormalities and prevent or treat them by prescribing appropriate parenteral fluids.

2. Demonstrate a working knowledge of the pathology and pathophysiology of common gastrointestinal, endocrine and vascular diseases treated by general surgeons.

3. Demonstrate a working knowledge of the pharmacology, appropriate use (including timing, dose, duration of use) and potential risks / side effects of medications commonly used in general surgical patients including antibiotics, anti-hypertensives, diuretics, anti-coagulants, and analgesics.

4. Describe the physiology of wound healing and have a working knowledge of the management principles underlying the care of acute and chronic wounds in normal and chronically ill patients.

5. Perform a comprehensive history and physical examination on a patient with complex medical and surgical diseases. The PGY 3 resident should be able to effectively communicate pertinent findings (and appropriate negatives) to his / her colleagues, consulting physicians and attending surgeons during rounds, in phone conversations, and during conferences. The resident should be respectful of patient privacy issues in these communications.

6. Perform a focused history and physical examination on a patient seen in the clinic with complex medical and surgical diseases. The PGY 3 resident should be relatively independent in their ability to develop a concise / accurate differential diagnosis, order and interpret diagnostic tests and develop an appropriate therapeutic strategy based upon their findings.

7. With relative independence, the PGY 3 resident should be able to provide pre-operative and post-operative care for surgical patients with common disease processes including both elective and emergent conditions.

8. With relative independence, the PGY 3 resident should be able to provide appropriate care for critically ill surgical patients.

9. With relative independence, the PGY 3 resident should be able to develop a thorough differential diagnosis and appropriate diagnostic and therapeutic algorithms for patients with common inflammatory diseases treated by surgeons including acute appendicitis, cholecystitis, pancreatitis, diverticulitis, and perforated peptic ulcer disease.

10. Demonstrate advanced operative skills including the principals of
    a. Basic laparoscopy
    b. Placement of incisions for laparotomy & fascial closure
    c. Performance of gastrointestinal anastomosis
    d. Performance of vascular anastomosis
    e. Management of intraoperative emergencies including bleeding, hypotension, and enterotomy
    f. Indications for and management of operative drains

11. Recognize the relevant anatomy and can effectively describe the diagnosis, operative procedures, and risks / complications to the patient and his / her family.

12. Perform the following operative procedures with assistance from the attending surgeon.
    a. Appendectomy for acute perforated appendicitis
    b. Right colectomy for cancer
    c. Laparotomy for intestinal obstruction
    d. Laparoscopic cholecystectomy for acute cholecystitis
    e. Radiocephalic arteriovenous fistula for hemodialysis access
    f. Anoscopy, flexible sigmoidoscopy, colonoscopy, gastroscopy
    g. Breast biopsy with sentinel lymph node biopsy

13. Can perform and teach basic bedside procedures
    a. IV insertion
    b. Central venous catheterization
Focus for Educational Goals of Transplantation/HPB/Vascular Access/Endocrine/MIS Surgery at Willis-Knighton Health System. This rotation provides our residents exposure to the care of patients with end-stage kidney and liver disease, advanced diabetes mellitus, and complex benign and malignant diseases of the liver, biliary tract, and pancreas. The residents gain knowledge of the pathophysiology of common diseases causing end stage renal disease and end stage liver disease and the criteria of organ donation and transplantation. The residents participate in the pre-operative evaluation and management of transplant patients especially in the areas of nutrition, fluid & electrolyte abnormalities in complex patients, sepsis and infections, and transplant rejection. They gain experience in the pre-operative recognition, evaluation and management of substantial co-morbid medical conditions (such as diabetes, coronary artery disease, & chronic obstructive lung disease), the management of common postoperative complications, and the development of basic operative skills.

Specific Learning Objectives for Transplantation/HPB/Vascular Access/Endocrine/MIS Surgery at Willis-Knighton Health System

1. Demonstrate a working knowledge of fluid and electrolyte physiology and abnormalities common to transplant recipients and patients with end-stage renal disease and cirrhosis. The PGY 3 resident should be able to anticipate potential fluid & electrolyte abnormalities and prevent or treat them by prescribing appropriate parenteral fluids.
2. Demonstrate a working knowledge of the basic nutritional requirements of transplant recipients and patients with complex hepatic diseases such as hepatoma. The PGY 3 resident should be able to recognize patients at risk for nutritional deficits, anticipate potential nutritional depletion, and prevent or treat malnutrition in surgical patients by prescribing an appropriate enteral or parenteral formulation.
3. Demonstrate a working knowledge of the basic immunology of solid organ transplantation and the pharmacology of drugs used to prevent & treat solid organ rejection.
4. Demonstrate a working knowledge of the anatomy related to organ harvest, renal, pancreas & liver transplantation
5. Perform a comprehensive history and physical examination on a patient with cirrhosis or chronic renal failure. The PGY 3 resident should be able to effectively communicate pertinent findings (and appropriate negatives) to his / her colleagues, consulting physicians and attending surgeons during rounds, in phone conversations, and during conferences. The resident should be respectful of patient privacy issues in these communications.
6. Provide basic pre-operative and post-operative care for transplant recipients with complex disease processes including both elective and emergent conditions. The PGY 3 resident should be able to effectively document their care in the medical record through daily notes, consultations, and discharge summaries.
7. Develop an appropriate differential diagnosis and diagnostic algorithm for patients with common surgical diseases and complications, e.g.,
   a. Acute abdominal pain / peritonitis
   b. Jaundice
   c. Postoperative fever
   d. Soft tissue infections
   e. Oliguria
   f. Transplant rejection
8. Develop basic operative skills including
   a. Knowledge of the names & functions of common surgical instruments
   b. Effective use of common surgical instruments including the electrocautery
   c. Correctly chooses suture material and effectively ties knots
   d. Effectively closes a complex wound
e. Discuss techniques of dissection including identification of tissue planes, exposure, and appropriate handling of tissue

9. With the assistance of an attending surgeon, the PGY 3 resident will be able to
   a. Manage immunosuppression regimens after uncomplicated renal transplantation
   b. Manage delayed complications after renal transplantation
   c. Perform an uncomplicated donor harvest of a kidney

10. Can effectively describe the basic diagnoses, operative procedures, and their common risks / complications to a patient and his / her family

11. Can effectively interact with consultants and support staff to optimize the care of medically complex patients.

### General Surgery Residency Training - PGY- 4 Level

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<td>General Surgery</td>
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<tr>
<td>Trauma/ SICU/Acute Care (days)</td>
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**Focus for Educational Goals of General Surgery at University Health-Monroe.** This rotation provides the PGY 4 resident exposure to indigent patients from rural northeast Louisiana who present with a wide range of basic and complex general and vascular surgical diseases. The PGY 4 resident directs the pre-operative, operative and post-operative evaluation and management of patients undergoing elective and emergent abdominal, endocrine, and vascular operations. Operative skills learned during this rotation include including laparoscopy, laparotomy, surgical endoscopy, and the performance of vascular anastomoses. PGY 4 resident assumes a leadership role in the service with the development of organizational and communication skills across the health care team.

**Specific Learning Objectives for General Surgery at University Health-Monroe**

1. Demonstrate an advanced working knowledge of fluid and electrolyte physiology and abnormalities common to patients cared for by general surgeons. The PGY 4 resident should be able to independently anticipate potential fluid & electrolyte abnormalities and prevent or treat them by prescribing appropriate parenteral fluids.
2. Demonstrate an advanced working knowledge of the anatomy, pathology and pathophysiology of common and uncommon gastrointestinal and endocrine diseases treated by surgeons.
3. Demonstrate an advanced working knowledge of the pharmacology, appropriate use (including timing, dose, duration of use) and potential risks / side effects of medications commonly used in general surgical patients including antibiotics, anti-hypertensives, diuretics, anti-coagulants, and analgesics.
4. Completely coordinate the care of multiple general surgery patients in the clinic or emergency room.
5. Direct the pre-operative and post-operative care for multiple surgical patients with complex disease processes including both elective and emergent conditions.
6. Direct the care for multiple critically ill surgical patients with minimal supervision.
7. Identify and discuss the medical and surgical approaches to complex surgical problems and is able to choose the most appropriate based upon the risk – benefit ratio for the individual patient, e.g.
   a. Pancreatic mass
b. Perforated diverticulitis  
c. Rectal cancer  
d. Abdominal aortic aneurysm

8. Perform advanced operative skills including  
   a. Advanced laparoscopy  
   b. Principles underlying the placement of incisions for laparotomy & fascial closure  
   c. Principles underlying the gastrointestinal and vascular anastomosis  
   d. Effectively manages intraoperative emergencies including bleeding, hypotension, and enterotomy  
   e. Direct the operative team effectively  
   f. Provide exposure in difficult procedures

9. Recognize the relevant anatomy and can effectively describe the diagnosis, operative procedures, and risks / complications to the patient and his / her family

10. Perform the following operative procedures with minimal assistance from the attending surgeon.  
    a. Appendectomy for acute perforated appendicitis  
    b. Operations for peptic ulcer disease  
    c. Laparotomy for intestinal obstruction  
    d. Laparoscopic cholecystectomy for acute cholecystitis  
    e. Anoscopy, flexible sigmoidoscopy, colonoscopy, gastroscopy

11. Recognize the relevant anatomy. In each case, the PGY 4 resident can effectively describe the diagnosis, operative procedures, and risks / complications to the patient and his / her family

12. Perform the following operative procedures with assistance from the attending surgeon:  
    a. Endocrine operations including thyroidectomy and parathyroidectomy  
    b. GI operations including gastric operations for peptic ulcer disease or colectomy for cancer or bleeding  
    c. Vascular surgical procedures such as a femoral-popliteal artery bypass and abdominal aortic repair for aneurysm

Focus for Educational Goals of General Surgery at Overton Brooks VA Medical Center: This rotation provides the PGY 4 resident exposure to indigent patients from rural northeast Louisiana who present with a wide range of basic and complex general and vascular surgical diseases. The PGY 4 resident directs the pre-operative, operative and post-operative evaluation and management of patients undergoing elective and emergent abdominal, endocrine, and vascular operations. Operative skills learned during this rotation include including laparoscopy, laparotomy, surgical endoscopy, and the performance of vascular anastomoses. PGY 4 resident assumes a leadership role in the service with the development of organizational and communication skills across the health care team.

Specific Learning Objectives for General Surgery at Overton Brooks VA Medical Center:

1. Demonstrate an advanced working knowledge of fluid and electrolyte physiology and abnormalities common to patients cared for by general surgeons. The PGY 4 resident should be able to independently anticipate potential fluid & electrolyte abnormalities and prevent or treat them by prescribing appropriate parenteral fluids.
2. Demonstrate an advanced working knowledge of the anatomy, pathology and pathophysiology of common and uncommon gastrointestinal and endocrine diseases treated by surgeons.
3. Demonstrate an advanced working knowledge of the pharmacology, appropriate use (including timing, dose, duration of use) and potential risks / side effects of medications commonly used in general surgical patients including antibiotics, anti-hypertensives, diuretics, anti-coagulants, and analgesics.
4. Completely coordinate the care of multiple general surgery patients in the clinic or emergency room.
5. Direct the pre-operative and post-operative care for multiple surgical patients with complex disease processes including both elective and emergent conditions.
6. Direct the care for multiple critically ill surgical patients with minimal supervision.
7. Identify and discuss the medical and surgical approaches to complex surgical problems and is able to choose the most appropriate based upon the risk – benefit ratio for the individual patient, e.g.
a. Pancreatic mass  
b. Perforated diverticulitis  
c. Rectal cancer  
d. Abdominal aortic aneurysm 

8. Perform advanced operative skills including  
   a. Advanced laparoscopy  
   b. Principles underlying the placement of incisions for laparotomy & fascial closure  
   c. Principles underlying the gastrointestinal and vascular anastomosis  
   d. Effectively manages intraoperative emergencies including bleeding, hypotension, and enterotomy  
   e. Direct the operative team effectively  
   f. Provide exposure in difficult procedures 

9. Recognize the relevant anatomy and can effectively describe the diagnosis, operative procedures, and risks / complications to the patient and his / her family 

10. Perform the following operative procedures with minimal assistance from the attending surgeon. 
   a. Appendectomy for acute perforated appendicitis  
   b. Operations for peptic ulcer disease  
   c. Laparotomy for intestinal obstruction  
   d. Laparoscopic cholecystectomy for acute cholecystitis  
   e. Anoscopy, flexible sigmoidoscopy, colonoscopy, gastroscopy 

11. Recognize the relevant anatomy. In each case, the PGY 4 resident can effectively describe the diagnosis, operative procedures, and risks / complications to the patient and his / her family 

13. Perform the following operative procedures with assistance from the attending surgeon: 
   a. Endocrine operations including thyroidectomy and parathyroidectomy  
   b. GI operations including gastric operations for peptic ulcer disease or colectomy for cancer or bleeding  
   c. Vascular surgical procedures such as a femoral-popliteal artery bypass and abdominal aortic repair for aneurysm 

Focus for Educational Goals of Trauma/SICU/Acute Care (days)/Emergency Surgery (nights)  
This rotation provides PGY 4 residents exposure to the principles of caring for acutely injured patients from their initial evaluation and resuscitation throughout their entire acute care hospital course. The PGY 4 directs the resuscitation of acutely injured patients in the trauma bay, oversees & teaches the performance of basic surgical procedures on injured patients including central venous catheterization, tube thoracostomy, wound debridements, FAST scanning and diagnostic peritoneal lavage, and oversees the care of injured patients throughout their acute care hospitalization. The PGY 4 residents are leaders of the health care team that oversees the care of acute injured patients and as such display communication skills, teamwork, and professionalism through their interaction with their peers, nursing staff, and other care givers. 

Specific Learning Objectives for Trauma/SICU/Acute Care (days)/Emergency Surgery (nights)  

1. Demonstrate an advanced working knowledge of fluid and electrolyte physiology and abnormalities common to patients cared for by general surgeons. The PGY 4 resident should be able to anticipate potential fluid & electrolyte abnormalities and prevent or treat them by prescribing appropriate parenteral fluids. 
2. Employ and teach the ATLS principles of acute trauma resuscitation. 
3. Demonstrates a working knowledge of the pharmacology, appropriate use (including timing, dose, duration of use) and potential risks / side effects of medications commonly used in the care of critically injured or ill patients including antibiotics, cardiotropic and vasoactive drugs, anti-hypertensives, diuretics, sedatives, analgesics, and paralytics. 
4. Demonstrates a working knowledge of the physiology of wound healing and the management of acute and chronic wounds in healthy and in chronically ill patients. 
5. Demonstrates an advanced working knowledge of the nutritional requirements of acutely injured patients. The PGY 4 resident should be able to recognize patients at risk for nutritional deficits, anticipate potential
6. Is able to completely coordinate the care of a general surgery patient in the clinic or emergency room.
7. Is able to direct the pre-operative and post-operative care for multiple surgical patients with complex disease processes including both elective and emergent conditions.
8. Is able to direct the care for multiple critically ill surgical patients with minimal supervision.
9. Identify and discuss the medical and surgical approaches to complex injuries and common trauma-related medical problems and is able to choose the most appropriate approach based upon the risk – benefit ratio for the specific patient.
10. Can perform advanced operative skills including
   a. Advanced monitoring lines including Swan Ganz Catheters
   b. Principles underlying placement of incisions for vascular exposure, laparotomy, and thoracotomy
   c. Principles underlying the care of complex wounds
   d. Principles underlying gastrointestinal and vascular anastomosis
   e. Effectively manages intraoperative emergencies including bleeding, hypotension, and enterotomy
   f. Is able to direct the operative team effectively
   g. Is able to provide exposure in difficult procedures
11. Effectively manage the following scenarios including the performance of operative procedures with relative independence. Understands and recognizes the relevant anatomy. In each case, the PGY 4 resident can effectively describe the diagnosis, operative procedures, and risks / complications to the patient and his / her family
   a. Perform a splenectomy or splenorrhaphy
   b. Resuscitate a multiply injured patient including making the decisions to go to the operating room
   c. Perform a laparotomy for massive hemoperitoneum
   d. Manage patients with penetrating torso and extremity trauma
   e. Manage complex ventilatory strategies in cases of acute lung injury & cardiotropic drugs in shock
12. Interact appropriately with multiple consultants, physicians and the nursing staff in a manner consistent with the highest ideals of our profession.
13. Discuss complex surgical problems and prognosis with a patient and his / her family.
14. Effectively describe complex surgical problems and prognosis, operative procedures, and risks / complications to the patient and his / her family.
15. Identify and discuss the continuum of care between acute care hospitalization and long term convalescence and rehabilitation following severe acute injuries.

Focus for Educational Goals of Transplant/HPB/Vascular Access/Endocrine/MIS Surgery at Willis-Knighton Health System. This rotation provides exposure of the PGY 4 to the care of patients with end-stage renal and liver disease and advanced diabetes mellitus as well as patients with complex benign and malignant diseases of the liver, biliary tract, and pancreas. The PGY 4 resident gains knowledge of the pathophysiology of common diseases causing end stage renal disease and end stage liver disease and the criteria of organ donation. The resident participates in the pre-operative, operative and post-operative management of patients with complex diseases including end-stage renal and liver diseases, hepatoma and bile duct cancer, and pancreatic malignancies. The PGY 4 develops complex operative skills including vascular anastomosis and exposure in the hilum of the liver and the head of the pancreas and assumes a leadership role on the service with the refinement of organizational and communication skills across the health care team.

Specific Learning Objectives for Transplant/HPB/Vascular Access/Endocrine/MIS Surgery at Willis-Knighton Health System

1. Demonstrate an advanced working knowledge, and is able to teach fluid and electrolyte physiology and abnormalities common to patients cared for by general surgeons including those with chronic renal insufficiency. The PGY 5 resident should be independent in his / her ability to anticipate potential fluid & electrolyte abnormalities and prevent or treat them by prescribing appropriate parenteral fluids.
2. Demonstrate an advanced working knowledge and is able to teach the anatomy, pathology and pathophysiology of common and uncommon gastrointestinal and endocrine diseases treated by surgeons.

3. Demonstrate an advanced working knowledge, and is able to teach the pharmacology, appropriate use (including timing, dose, duration of use) and potential risks / side effects of medications commonly used in general surgical patients including antibiotics, anti-hypertensives, diuretics, analgesics, and drugs used by patients with endocrine diseases such as thyroid replacement, management of hyper- and hypocalcemia, adrenal insufficiency and medical preparation of patients with pheochromocytomas.

4. Completely and independently coordinate the care of multiple general surgery patients in the clinic or emergency room.

5. Independently direct the pre-operative and post-operative care for multiple surgical patients with complex disease processes including both elective and emergent conditions.

6. Independently direct the care for multiple critically ill surgical patients

7. Define and discuss the medical and surgical approaches to complex surgical problems and is able to choose the most appropriate approach based upon the risk – benefit ratio for the individual patient, e.g.
   a. Pancreatic mass
   b. Liver mass
   c. Peritonitis
   d. Gastric cancer
      a. Can perform advanced operative skills including
      b. Advanced laparoscopic techniques including appendectomy, hernia repair, and fundoplication
      c. Placement of incisions for laparotomy & fascial closure
      d. Performance of gastrointestinal anastomosis
      e. Performance of vascular anastomosis
      f. Management of intraoperative emergencies including bleeding, hypotension, and enterotomy
      g. Indications for and management of operative drains
      h. Is able to direct the operative team effectively
      i. Is able to provide exposure in difficult procedures
      j. Thyroid nodules
      k. Thyroid cancer
      l. Hyperparathyroidism

8. Recognize the relevant anatomy and can effectively describe the diagnosis, operative procedures, and risks / complications to the patient and his / her family

9. Perform the following operative procedures independently
   a. Appendectomy for acute perforated appendicitis
   b. Colectomy for cancer
   c. Operations for peptic ulcer disease
   d. Laparotomy for intestinal obstruction
   e. Laparoscopic cholecystectomy for acute cholecystitis
   f. Arteriovenous fistula or shunt for hemodialysis access
   g. Anoscopy, flexible sigmoidoscopy, colonoscopy, gastroscopy
   h. Thyroidectomy
   i. Parathyroidectomy
   j. Adrenalectomy

10. Perform complex GI operations such as liver resection, Whipple procedure, and proctectomy with minimal assistance from the attending surgeon.

11. Recognizes the relevant anatomy and can effectively describe the diagnosis, operative procedures, and risks / complications to the patient and his / her family

12. Interact appropriately with multiple consultants, physicians and the nursing staff in a manner consistent with the highest ideals of our profession.
General Surgery Residency Training - PGY- 5 Level

<table>
<thead>
<tr>
<th>Rotation</th>
<th>Hospital</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Surgery</td>
<td>University Health - Shreveport</td>
<td>4.8 months</td>
</tr>
<tr>
<td>General Surgery/Surgical</td>
<td>University Health - Shreveport</td>
<td>2.4 months</td>
</tr>
<tr>
<td>Oncology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vascular/Endovascular</td>
<td>University Health - Shreveport</td>
<td>2.4 months</td>
</tr>
<tr>
<td>Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Surgery</td>
<td>University Health – Monroe (EA Conway Hospital)</td>
<td>2.4 months</td>
</tr>
</tbody>
</table>

Focus for Educational Goals of General Surgery: This rotation provides PGY 5 residents exposure to a full range of general surgical diseases and procedures including complex hernias, necrotizing soft tissue infections, endocrine diseases and neoplasms, biliary tract problems, benign diseases of the pancreas, benign esophageal diseases and benign and malignant diseases of the upper and lower gastrointestinal tract. PGY 5 residents direct the pre-operative, operative and post-operative management of patients undergoing both simple and complex elective and emergent procedures. All operations are either performed by the chief resident or allocated to other team members at his/her discretion. The PGY 5 resident’s organizational, leadership, communication, and professionalism skills are honed while leading and mentoring the team in every respect.

Specific Learning Objectives for General Surgery:

1. Demonstrate an advanced working knowledge, and is able to teach fluid and electrolyte physiology and abnormalities common to patients cared for by general surgeons including those with chronic renal insufficiency. The PGY 5 resident should be independent in his / her ability to anticipate potential fluid & electrolyte abnormalities and prevent or treat them by prescribing appropriate parenteral fluids.
2. Demonstrate an advanced working knowledge and is able to teach the anatomy, pathology and pathophysiology of common and uncommon gastrointestinal and endocrine diseases treated by surgeons.
3. Demonstrate an advanced working knowledge, and is able to teach the pharmacology, appropriate use (including timing, dose, duration of use) and potential risks / side effects of medications commonly used in general surgical patients including antibiotics, anti-hypertensives, diuretics, analgesics, and drugs used by patients with endocrine diseases such as thyroid replacement, management of hyper- and hypocalcemia, adrenal insufficiency and medical preparation of patients with pheochromocytomas.
4. Completely and independently coordinate the care of multiple general surgery patients in the clinic or emergency room.
5. Independently direct the pre-operative and post-operative care for multiple surgical patients with complex disease processes including both elective and emergent conditions.
6. Independently direct the care for multiple critically ill surgical patients
7. Define and discuss the medical and surgical approaches to complex surgical problems and is able to choose the most appropriate approach based upon the risk – benefit ratio for the individual patient, e.g.
   a. Pancreatic mass
   b. Perforated diverticulitis
   c. Rectal cancer
   d. Liver mass
   e. Peritonitis
f. Gastric cancer
1. Perform advanced operative skills including
   a. Advanced laparoscopic techniques including appendectomy, hernia repair, and fundoplication
   b. Placement of incisions for laparotomy & fascial closure
   c. Performance of gastrointestinal anastomosis
   d. Performance of vascular anastomosis
   e. Management of intraoperative emergencies including bleeding, hypotension, and enterotomy
   f. Indications for and management of operative drains
   g. Is able to direct the operative team effectively
   h. Is able to provide exposure in difficult procedures
   i. Gastrointestinal endoscopy including EGD, flexible sigmoidoscopy, and colonoscopy
8. Recognize the relevant anatomy and can effectively describe the diagnosis, operative procedures, and risks / complications to the patient and his / her family
9. Perform the following operative procedures independently
   a. Appendectomy for acute perforated appendicitis
   b. Colectomy for cancer
   c. Operations for peptic ulcer disease
   d. Laparotomy for intestinal obstruction
   e. Laparoscopic cholecystectomy for acute cholecystitis
   f. Arteriovenous fistula or shunt for hemodialysis access
   g. Anoscopy, flexible sigmoidoscopy, colonoscopy, gastroscopy
10. Perform complex GI operations such as liver resection, Whipple procedure, and proctectomy with minimal assistance from the attending surgeon.
11. Recognizes the relevant anatomy and can effectively describe the diagnosis, operative procedures, and risks / complications to the patient and his / her family
12. Interact appropriately with multiple consultants, physicians and the nursing staff in a manner consistent with the highest ideals of our profession.

Focus for Educational Goals of General/Surgical Oncology. This rotation provides residents with exposure to patients with a variety of common malignancies. PGY5 coordinates and oversees care of all patients as well as educating and mentoring all residents and medical students on the service. These residents also participate in the multi-disciplinary care of these patients to gain experience in the palliative treatment and longitudinal care of patients with advanced malignancies. A multi-disciplinary approach to the care of cancer patients is stressed and the PGY 5 resident assumes a leadership role in the service with the development of organizational and communication skills across the health care team. Specific operative procedures performed during this rotation by the PGY 5 include complex GI operations such as abdominal perineal resections, pancreatctomies (Whipple procedures, distal pancreatic resections), esophagectomies, gastrectomies, resection of large intra-abdominal/retroperitoneal tumors, and major hepatic and extrahepatic pancreatic-biliary resections. The PGY 5 resident's organizational, leadership, communication, and professionalism skills are honed as he / she leads the health care team that works together to care for these complex patients. It is expected that residents read the textbook, “Surgical Oncology: A Practical and Comprehensive Textbook” to enhance their knowledge. The textbook can be found in the Feist-Weiller Cancer Clinic and residents’ room.

Specific Learning Objectives for General/Surgical Oncology.

Academic and clinical excellence is paramount to being a credible surgeon. As such, all residents are expected to know the patients well and be prepared to back up his/her assertions based on evidence from the literature. It is expected that residents read the textbook, “Surgical Oncology: A Practical and Comprehensive Textbook” to enhance their knowledge. The textbook can be found in the Feist-Weiller Cancer Clinic and residents’ room. All residents beginning the service should request a handout “What is
Expected of Residents Rotating Through Surgical Oncology” from Beverly Wright, Dr. Chu and Dr. Kim’s administrative assistant.

1. Demonstrate an advanced working knowledge of fluid and electrolyte physiology and abnormalities common to patients cared for by general surgeons. The PGY 5 resident should independently anticipate potential fluid & electrolyte abnormalities and prevent or treat them by prescribing appropriate parenteral fluids.

2. Demonstrate an advanced working knowledge of the anatomy, pathology and pathophysiology of common and uncommon malignant diseases treated by general surgeons.

3. Demonstrate an advanced working knowledge of the pharmacology, appropriate use (including timing, dose, duration of use) and potential risks / side effects of medications commonly used in the care of cancer patients including antibiotics, anti-emetics, analgesics, and commonly employed chemotherapeutic agents.

4. Completely coordinate the care of a general surgery patient in the clinic or emergency room.

5. Direct the pre-operative and post-operative care for multiple patients with complex medical and surgical diseases including both elective and emergent conditions.

6. Direct the care for multiple critically ill surgical patients with minimal supervision.

7. Identify and discuss the medical and surgical approaches to complex surgical problems and is able to choose the most appropriate approach based upon the risk – benefit ratio for the individual patient.

8. Perform advanced operative skills including:
   a. Staging, diagnostic, & therapeutic laparoscopy
   b. Principles underlying the placement of incisions for laparotomy & fascial closure
   c. Principles underlying gastrointestinal and vascular anastomosis
   d. Effectively manage intraoperative emergencies including bleeding, hypotension, and enterotomy
   e. Direct the operative team effectively
   f. Provide exposure in difficult procedures

9. Effectively describe the diagnosis, operative procedures, and risks / complications to the patient and his / her family.

10. Perform endocrine operations including thyroidectomy and parathyroidectomy.

11. Perform complex operations for GI malignancies including gastrectomy, colectomy, proctocolectomy, esophagectomy, pancreatectomy, and liver resection with the assistance of the attending surgeon.

12. Recognizes the relevant anatomy. In each case, the PGY 5 resident can effectively describe the diagnosis, operative procedures, and risks / complications to the patient and his / her family.

13. Interact appropriately with multiple consultants, physicians and the nursing staff in a manner consistent with the highest ideals of our profession.

Focus for Educational Goals of Vascular/Endovascular Surgery. This rotation provides the PGY 5 resident exposure to a full range of vascular surgical diseases and procedures including carotid endarterectomy, abdominal aortic aneurysm repair, aortobifemoral bypass, lower extremity peripheral arterial bypass with prosthesis and autogenous tissue. The Chief Resident directs the care of patients in the vascular surgery clinic and oversees the care of these patients on the surgical ward and in the surgical intensive care unit. The resident performs angiography and participates in the endovascular treatment of complex vascular disease including abdominal aortic aneurysms and peripheral vascular occlusive disease.

Specific Learning Objectives for Vascular/Endovascular Surgery.

1. Demonstrate an advanced working knowledge and is able to teach the anatomy, pathology and physiology of common and uncommon vascular diseases including atherosclerosis and aneurysmal disease.

2. Demonstrate an advanced working knowledge and is able to teach the pharmacology, appropriate use (including timing, dose, duration of use) and potential risks / side effects of medications commonly used in vascular surgical patients including antibiotics, anti-hypertensives, diuretics, anticoagulation, and analgesics.
3. Demonstrate an advanced working knowledge and is able to teach the indications for, performance of and interpretation of non-invasive and arteriographic studies in the patient suspected to have vascular disease.
4. Completely coordinate the care of multiple vascular surgery patients in the clinic or emergency room.
5. Direct the pre-operative and post-operative care for multiple vascular surgical patients with complex medical and surgical disease processes including both elective and emergent conditions.
6. Direct the care for multiple critically ill surgical patients with minimal supervision.
7. Define and discuss the medical and surgical approaches to complex vascular medical and surgical problems and is able to choose the most appropriate approach based upon the risk – benefit ratio for the individual patient.
8. Can perform advanced operative skills including:
   a. Use of vascular surgical instruments
   b. Principles of proximal and distal vascular control
   c. Principles underlying the placement of incisions for vascular exposure
   d. Principles underlying the endarterectomy and vascular anastomosis
   e. Effectively manages intraoperative emergencies including bleeding, hypotension, and enterotomy
   f. Is able to direct the operative team effectively
   g. Is able to provide exposure in difficult procedures
   h. Principles of angiography and endovascular procedures
9. Perform the following operative procedures with supervision from the attending surgeon. The PGY 5 resident can effectively describe the diagnosis, operative procedures, and risks / complications to the patient and his / her family:
   a. Infrainguinal bypass for vascular occlusive disease, i.e., femoral – popliteal artery bypass
   b. Abdominal aortic repair including aortobifemoral bypass for aneurismal disease
   c. Carotid artery exposure and endarterectomy
   d. Arteriovenous fistula for hemodialysis access
   e. Aortic and peripheral vascular angiography with the placement of a stent graft
10. Interact appropriately with multiple consultants, physicians and the nursing staff in a manner consistent with the highest ideals of our profession.
11. Is able to present vascular surgery patients with complex medical and surgical processes in a concise, formal fashion during conferences.

Focus for Educational Goals of General Surgery at University Health - Monroe. This rotation provides the PGY 5 resident exposure to indigent patients from rural northeast Louisiana who present with a wide range of basic and complex general and vascular surgical diseases. The PGY 5 resident directs the pre-operative, operative and post-operative evaluation and management of patients undergoing elective and emergent abdominal, endocrine, and vascular operations. Operative skills honed during this rotation include including laparoscopy, laparotomy, surgical endoscopy, and the performance of complex vascular procedures. The PGY 5 resident assumes a leadership role in the service with the development of organizational and communication skills across the health care team.

Specific Learning Objectives for General Surgery at University Health-Monroe

1. Demonstrate an advanced working knowledge, and can teach fluid and electrolyte physiology and abnormalities common to patients cared for by general surgeons. The PGY 5 resident should be able to independently anticipate potential fluid & electrolyte abnormalities and prevent or treat them by prescribing appropriate parenteral fluids.
2. Demonstrate an advanced working knowledge, and can teach the anatomy, pathology and pathophysiology of common and uncommon gastrointestinal and endocrine diseases treated by surgeons.
3. Demonstrate an advanced working knowledge, and can teach the pharmacology, appropriate use (including timing, dose, duration of use) and potential risks / side effects of medications commonly used in general surgical patients including antibiotics, anti-hypertensives, diuretics, anti-coagulants, and analgesics.
4. Completely coordinate the care of multiple general surgery patients in the clinic or emergency room.
5. Direct the pre-operative and post-operative care for multiple surgical patients with complex disease processes including both elective and emergent conditions.
6. Direct the care for multiple critically ill surgical patients with minimal supervision.

7. Define and discuss the medical and surgical approaches to complex surgical problems and is able to choose the most appropriate based upon the risk–benefit ratio for the individual patient, e.g.
   a. Pancreatic mass
   b. Perforated diverticulitis
   c. Rectal cancer
   d. Abdominal aortic aneurysm
   e. GI hemorrhage
   f. Peritonitis

8. Perform advanced operative skills including
   a. Advanced laparoscopy
   b. Principles underlying the placement of incisions for laparotomy & fascial closure
   c. Principles underlying the gastrointestinal and vascular anastomosis
   d. Effectively manages intraoperative emergencies including bleeding, hypotension, and enterotomy
   e. Able to direct the operative team effectively
   f. Able to provide exposure in difficult procedures

9. Perform the following operative procedures independently. Understands and recognizes the relevant anatomy and can effectively describe the diagnosis, operative procedures, and risks / complications to the patient and his / her family
   a. Appendectomy for acute perforated appendicitis
   b. Colectomy for cancer
   c. Operations for peptic ulcer disease
   d. Laparotomy for intestinal obstruction
   e. Laparoscopic cholecystectomy for acute cholecystitis
   f. Anoscopy, flexible sigmoidoscopy, colonoscopy, gastroscopy

10. Perform the following operative procedures with assistance from the attending surgeon. Understands and recognizes the relevant anatomy. In each case, the PGY 5 resident can effectively describe the diagnosis, operative procedures, and risks / complications to the patient and his / her family
    a. Perform a wide range of endocrine operations including thyroidectomy & parathyroidectomy
    b. Perform wide range of GI operations including total gastrectomy, Whipple, and proctectomy
    c. Perform a femoral – popliteal artery bypass with reversed saphenous vein or graft
    d. Infrainguinal bypass for vascular occlusive disease, i.e., femoral – popliteal artery bypass
    e. Abdominal aortic repair including aortobifemoral bypass for aneurysmal disease
University Health-Shreveport and University Health-Monroe  
Major Participating Institutions-Overton Brooks VA Medical Center  

RESIDENT LEVELS OF CARE  
DEPARTMENT of SURGERY  
Burn Surgery  
Resident Level: PGY 1

Core Competencies

<table>
<thead>
<tr>
<th>1) Medical Knowledge</th>
<th>4) Interpersonal and communication skills</th>
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<tbody>
<tr>
<td>2) Patient Care Skills</td>
<td>5) Systems-based practice</td>
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<tr>
<td>3) Practice-based learning</td>
<td>6) Professionalism</td>
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### 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.

<table>
<thead>
<tr>
<th>The Resident</th>
<th>The Resident</th>
<th>The Residents at this Level should:</th>
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<tbody>
<tr>
<td>Manages treatment of inhalation injury, including flexible laryngotracheoscopy, and ventilator management (1,2)</td>
<td>Provides burn patient evaluation and monitoring (1)</td>
<td>Document Patient Status by Clear and Legible Notes [1,2,3,4,5]</td>
</tr>
<tr>
<td>Manages wound therapy, including Eschar formation and slough, re-epithelialization, tangential and fascial excision, debridement of deep tissues, and skin graft harvest and application (1,2)</td>
<td>Implements fluid resuscitation protocols for children &amp; adults (1,2)</td>
<td>Dictate Discharge Summaries [1,2,3,4,5,6]</td>
</tr>
<tr>
<td>Manages Eschar contracture and edema control through techniques of escharotomy and fasciotomy (1,2)</td>
<td>Selects and applies appropriate dressings and antibiotics (1,2,3,5)</td>
<td>Dictate Operative Notes [1,2,3,4,5,6]</td>
</tr>
<tr>
<td>Performs tangential exclusions of burn wounds (1,2)</td>
<td>Manages systemic effects of the burn wound in critically injured surgical patient considering sepsis, gastrointestinal, immunologic problems, and cardio-respiratory effects (1,2,3,5)</td>
<td>Learn &amp; Apply Appropriate ICD / CPT Codes &amp; Understand Documentation Needed [1,2,3,4,5,6]</td>
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<td></td>
<td>Evaluates electrical burns, including entrance and exit wound, cardiac, vascular,</td>
<td>Maintain Correct &amp; Complete Medical Record [1,2,4,5,6]</td>
</tr>
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<td>Use &amp; Understand the Nursing Notes &amp; Patient Data [1,2,4,5]</td>
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<td></td>
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<td>Utilize the Institutional Resources &amp; Case</td>
</tr>
</tbody>
</table>
Performs fascial excision of burn wounds (1,2)
Harvests split thickness skin grafts (1,2)
Applies split thickness skin grafts to wounds (1,2)
Harvests full thickness skin grafts (1,2)
Applies full thickness skin grafts to wounds (1,2)
Releases burn contractures (1,2)
Places K-wire pins through fingers and toes (1,2)
Excises burn scars and closes wounds with local flaps (1,2)
Places arterial lines (1,2)
Places triple lumen central venous pressure lines (1,2)
Places Swan Ganz catheters (1,2)
Performs tracheostomies (1,2)
Places percutaneous endoscopic gastrostomy tubes (1,2)

- Neurologic, ophthalmologic effects, deep tissue destruction (1,2)
- Institutes treatment of chemical burns, including identification of types and sources, management of dilution or neutralization, treatment of system effects of local chemicals (1,2)
- Manages treatment of burned child, including initial therapy, systemic support, and special care needs with input from pediatric intensive care team (1,2,4,6)
- Directs clinical management and supervision of burn team (1,2,4,6)

Management Services for Discharge Planning & Follow-Up [4,5,6]
- Understand the Methods of Outcomes Assessment [3]
- Be Aware of the Principles of Peer Review & Cooperate with the GMEC & CQI Processes & Activities [3,5]
- Understand the Concept of Risk Management & the Needed Documentation in the Medical Record [3,5]
- Understand the Principles of Clinical Research & Clinical Trials, & be Able to Perform Basic Statistical Analysis of Data & Interpretation of Published Results [1,4,5]
- Develop Computer Skills & Use Available Resources [4,5]
- Obtain Basic & Advanced CPR (BCLS & ACLS / ATLS) Certification [1,2,5]

Additionally, Residents at this Level: Should Begin to Acquire 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 25% percentile on 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 physicians and health professionals; [4] and,
- maintain comprehensive, timely, and legible medical records, if applicable. [4]

**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; [5]
- coordinate patient care within the health care system relevant to their clinical specialty; [5]
- incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate; [5]
- advocate for quality patient care and optimal patient care systems; [5]
- work in inter-professional teams to enhance patient safety
and improve patient care quality;[5] and

- participate in identifying system errors and implementing potential systems solutions. [5]

**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; [6]
- responsiveness to patient needs that supersede self-interest; [6]
- respect for patient privacy and autonomy; [6]
- accountability to patients, society and the profession;[6] 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.[6]
### Core Competencies

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<th>4. Interpersonal and communication skills</th>
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<td>5. Systems-based practice</td>
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<td>6. Professionalism</td>
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### 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.

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<tr>
<td>Serves as first assistant on cardiac surgical procedures (1,2)</td>
<td>Performs comprehensive history and physical exam, assessment and develops a basic plan (1,2,4,6)</td>
<td>Document Patient Status by Clear and Legible Notes [1,2,3,4,5]</td>
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<td>Is able to provide post-operative care for cardiothoracic surgery patients on the ward (1,2,4,6)</td>
<td>Demonstrates understanding of commonly performed studies for the evaluation of cardiothoracic diseases, i.e. pulmonary function studies, EKG, stress testing, radio nuclear scans, cardiac catheters (1,2,3,4,5)</td>
<td>Dictate Discharge Summaries [1,2,3,4,5,6]</td>
</tr>
<tr>
<td>Demonstrates basic understanding of positioning and draping for common</td>
<td></td>
<td>Dictate Operative Notes [1,2,3,4,5,6]</td>
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<td>Utilize the Institutional Resources &amp; Case</td>
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cardiothoracic procedures (1,2)
- Performs thoracostomy tube placement (1,2)
- Is able to close skin, subcutaneous and muscular layers of cardiothoracic wounds effectively (1,2)

Management Services for Discharge Planning & Follow-Up [4,5,6]
- Understand the Methods of Outcomes Assessment [3]
- Be Aware of the Principles of Peer Review & Cooperate with the GMEC & CQI Processes & Activities [3,5]
- Understand the Concept of Risk Management & the Needed Documentation in the Medical Record [3,5]
- Understand the Principles of Clinical Research & Clinical Trials, & be Able to Perform Basic Statistical Analysis of Data & Interpretation of Published Results [1,4,5]
- Develop Computer Skills & Use Available Resources [4,5]
- Obtain Basic & Advanced CPR (BCLS & ACLS / ATLS) Certification [1,2,5]

Additionally, Residents at this Level:
Should Begin to Acquire 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 25% percentile on 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]

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- 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:

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- act in a consultative role to other physicians and health professionals;[4] and,
- maintain comprehensive, timely, and legible medical records, if applicable.[4]

• 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:
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• 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; [6]
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- respect for patient privacy and autonomy; [6]
- accountability to patients, society and the profession; [6] and,
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### RESIDENT LEVELS OF CARE

**DEPARTMENT of SURGERY**

**Cardiothoracic Surgery**

**Resident Level: PGY 3**

#### 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
- Serves as first assistant on cardiac surgical procedures (1,2)

#### The Resident
- Performs comprehensive history and physical exam, assessment and develops a basic plan (1,2,4,6)
- Is able to provide post-operative care for cardiothoracic surgery patients on the ward (1,2,4,6)
- Demonstrates understanding of commonly performed studies for the evaluation of cardiothoracic diseases, i.e. pulmonary function studies, EKG, stress testing, radio nuclear scans, cardiac catheters (1,2,3,4,5)
- Demonstrates basic understanding of positioning and draping for common cardiothoracic procedures (1,2)

#### The Residents at this Level:
- Should be Proficient in the Tasks & Activities Commensurate with the PGY-2 Levels

Additionally, Residents at this Level:
- Should be Gaining Increased 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
- Performs thoracostomy tube placement (1,2)
- Is able to close skin, subcutaneous and muscular layers of cardiothoracic wounds effectively (1,2)

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- **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 25th percentile on 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]
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  - 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.

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**Interpersonal and Communication Skills -**
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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:

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• clinical specialty; [5]
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RESIDENT LEVELS OF CARE
DEPARTMENT of SURGERY
Critical Care
Resident Level: PGY 1

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

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The Resident
▪ Utilizes ventilators to optimize pulmonary function (1,2)
▪ Interprets data from clinical sources and hemodynamic monitors and utilizes the appropriate fluid management, inotrope and pressors to optimize hemodynamic status (1,2)
▪ Interprets results of nutritional analysis to formulate appropriate strategies for nutritional repletion (1,2)
▪ Demonstrates understanding of principles of intensive neuromonitoring and manages states of decreased level of consciousness and increased intracranial pressure (1,2)
▪ Demonstrates ability in the insertion of

The Resident
▪ Diagnoses and manages fluid and electrolyte abnormalities, including renal impairment (1,2)
▪ Demonstrates understanding of the clinical and hemodynamic symptoms of sepsis and interprets the results of bacterial and fungal culture and determines appropriate antibiotic usage (1,2)
▪ Demonstrates understanding of blood component therapy (1,2)
▪ Demonstrates understanding of and treats hypothermia (1,2)
▪ Demonstrates understanding of usage of

The Residents at this Level should:
▪ Document Patient Status by Clear and Legible Notes [1,2,3,4,5]
▪ Dictate Discharge Summaries [1,2,3,4,5,6]
▪ Dictate Operative Notes [1,2,3,4,5,6]
▪ Learn & Apply Appropriate ICD / CPT Codes & Understand Documentation Needed [1,2,3,4,5,6]
▪ Maintain Correct & Complete Medical Record [1,2,3,4,5,6]
▪ Use & Understand the Nursing Notes & Patient Data [1,2,4,5]
▪ Utilize the Institutional Resources & Case
Central venous catheters (1,2)  
Pulmonary artery catheters (1,2)  
Arterial lines (1,2)  
Intubation (1,2)  
Percutaneous tracheostomy (1,2)  
Percutaneous endoscopic gastrostomy (1,2)  
paralytic, sedatives and analgesics in ICU setting (1,2)  
• Determines relationship between treatment of surgical disease through operation intervention and impact of this on organ physiology (1,2)

Management Services for Discharge Planning & Follow-Up [4,5,6]  
• Understand the Methods of Outcomes Assessment [3]  
• Be Aware of the Principles of Peer Review & Cooperate with the GMEC & CQI Processes & Activities [3,5]  
• Understand the Concept of Risk Management & the Needed Documentation in the Medical Record [3,5]  
• Understand the Principles of Clinical Research & Clinical Trials, & be Able to Perform Basic Statistical Analysis of Data & Interpretation of Published Results [1,4,5]  
• Develop Computer Skills & Use Available Resources [4,5]  
• Obtain Basic & Advanced CPR (BCLS & ACLS / ATLS) Certification [1,2,5]

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

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**RESIDENT LEVELS OF CARE**

**DEPARTMENT of SURGERY**

**General Surgery**

Resident Level: PGY 1

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

**The Resident**

- Is able to tie knots effectively (2)
- Sutures a complex wound (2)
- Uses scalpel, forceps, and scissors effectively (2)
- Demonstrates understanding of the use of electrocautery (2)
- Performs bedside procedures (i.e. IV insertion, ABG, NG insertion (2)
- Diagnoses and treats an uncomplicated reducible hernia

**The Resident**

- Appropriately diagnoses medical and surgical conditions (1)
- Provides appropriate care for urgent and emergent medical and surgical complications (1)
- Discusses nature of medical condition and prognosis with family (1,2,4,6)
- Demonstrates understanding of the function of surgical instruments (2)

**The Resident**

- Performs a comprehensive history and physical exam (1,2,4,6)
- Provides adequate pre- and post-operative care with good documentation (1,2,4,6)

**The Residents at this Level**

- Document Patient Status by Clear and Legible Notes [1,2,3,4,5]
- Dictate Discharge Summaries [1,2,3,4,5,6]
- Dictate Operative Notes [1,2,3,4,5,6]
- Learn & Apply Appropriate ICD / CPT Codes & Understand Documentation
Performs or assists in performing operative procedures which may include but are not limited to:

- Chest tube insertion (2)
- Venous cutdown (2)
- Tracheostomy (2)
- Gastrostomy (2)
- Jejunostomy (2)
- Herniorrhaphy (2)
- Appendectomy (2)
- Amputation (2)
- Diagnostic laparoscopy (2)
- Breast biopsy (2)
- Lymph node biopsy (2)
- Demonstrates ability to use instruments effectively (1,2)
- Ties knots in difficult access areas (1,2)
- Manages intraoperative emergencies such as bleeding, enterotomy (1,2)
- Is able to provide exposure in difficult areas (1,2)
- Demonstrates understanding of techniques of dissection (1,2)
- Has ability to find tissue planes (1,2)
- Appropriate handles delicate tissues (1,2)
- Performs thyroidectomies and parathyroidectomies (1,2)

Additionally, Residents at this Level:

- Should Begin to Acquire 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]

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➢ advocate for quality patient care and optimal patient care systems; [5]
➢ work in inter-professional teams to enhance patient safety and improve patient care quality:[5] and
➢ participate in identifying system errors and implementing potential systems solutions. [5]

• 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; [6]
  ➢ responsiveness to patient needs that supersede self-interest; [6]
  ➢ respect for patient privacy and autonomy; [6]
  ➢ accountability to patients, society and the profession;[6] 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.[6]
University Health-Shreveport and University Health-Monroe  
Major Participating Institutions-Overton Brooks VA Medical Center

**RESIDENT LEVELS OF CARE**  
**DEPARTMENT of SURGERY**  
General Surgery  
Resident Level: PGY 4

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

<table>
<thead>
<tr>
<th><strong>Direct Supervision:</strong></th>
<th><strong>Indirect Supervision:</strong></th>
<th><strong>Oversight:</strong></th>
</tr>
</thead>
</table>
| - The supervising physician is physically present with the resident and patient. | - 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. | - The supervision physician is available to provide review of procedures/encounters with feedback provided after care is delivered. |

**The Resident**
- Performs laparoscopic approaches for advanced laparoscopic procedures (1,2)  
- Performs complicated operations including but not limited to procedures on  
  - Adrenal gland (1,2)  
  - Complex hepatobiliary reconstructions (1,2)  
  - Pancreaticoduodenectomy (1,2)  
  - Pancreatic procedures (1,2)  
  - Re-operations for surgical complications (1,2)  
- The Resident  
  - Is able to complete coordinate care of the patient in the outpatient setting (1,2,4,6)  
  - Is able to direct the care of multiple pre- and post-operative patients (1,2,4,6)  
  - Is able to apply the principles of surgical critical care (1,2,4,6)  
  - Demonstrates understanding of all operative approaches to a surgical or vascular problem and is able to choose the most appropriate (1,2,4,6)  
  - Demonstrates understanding of the principles of stapling devices (1,3,5)  
  - Demonstrates understanding of the principles of stapling devices (1,3,5)  

**The Residents at this Level:**  
- Should be proficient in the Tasks & Activities Commensurate with the PGY-1 – PGY-3 Levels  
- Should be gaining increased 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
<table>
<thead>
<tr>
<th>of gastrointestinal and/or vascular anastomosis (1,2)</th>
<th>the treatment of health problems and the promotion of health. [1]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administratively manages the service, providing an educational environment for residents and students, and is prepared to make decisions about patients with complex surgical problems or complications (1,2,3,4,5,6)</td>
<td>• <strong>Medical Knowledge</strong> - 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]</td>
</tr>
<tr>
<td>Is able to interact appropriately with multiple consultants, Ed physicians and nursing staff (1,2,3,4,5,6)</td>
<td>• <strong>Practice-based Learning and Improvement</strong> - 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]</td>
</tr>
<tr>
<td>Is able to discuss complex surgical problems and prognosis with patients and family (1,2,3,4,5,6)</td>
<td>➢ identify strengths, deficiencies, and limits in one’s knowledge and expertise; [3]</td>
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<tr>
<td>Demonstrates understanding of and manages intraoperative emergencies (i.e. bleeding, enterotomy) (1,2)</td>
<td>➢ set learning and improvement goals; [3]</td>
</tr>
<tr>
<td>Directs the operative team effectively and uses assistants well (1,4,6)</td>
<td>➢ identify and perform appropriate learning activities; [3]</td>
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| • 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 |
- **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 physicians and health professionals; [4]
  - maintain comprehensive, timely, and legible medical records, if applicable. [4]

- **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 learning; and, [3,5]
  - participate in the education of patients, families, students, residents and other health professionals. [3,4]
various health care delivery settings and systems relevant to their clinical specialty; [5]

- coordinate patient care within the health care system relevant to their clinical specialty; [5]
- incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate; [5]
- advocate for quality patient care and optimal patient care systems; [5]
- work in inter-professional teams to enhance patient safety and improve patient care quality; [5] and
- participate in identifying system errors and implementing potential systems solutions. [5]

• 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; [6]
  - responsiveness to patient needs that supersede self-interest; [6]
  - respect for patient privacy and autonomy; [6]
  - accountability to patients, society and the profession; [6] 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. [6]
### RESIDENT LEVELS OF CARE

#### DEPARTMENT of SURGERY

**General Surgery**

- **Resident Level:** PGY 5

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<thead>
<tr>
<th>Core Competencies</th>
<th>Indirect Supervision</th>
<th>Oversight:</th>
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</thead>
<tbody>
<tr>
<td>1) Medical Knowledge</td>
<td>4) Interpersonal and communication skills</td>
<td>- The supervision physician is available to provide review of procedures/encounters with feedback provided after care is delivered.</td>
</tr>
<tr>
<td>2) Patient Care Skills</td>
<td>5) Systems-based practice</td>
<td></td>
</tr>
<tr>
<td>3) Practice-based learning</td>
<td>6) Professionalism</td>
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<td>- Adrenal gland (1,2)</td>
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<td>- Complex hepatobiliary reconstructions (1,2)</td>
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<td>- Pancreaticoduodenectomy (1,2)</td>
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<td>- Pancreatic procedures (1,2)</td>
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<td>- Re-operations for surgical complications (1,2)</td>
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<td>- Is able to complete coordinate care of the patient in the outpatient setting (1,2,4,6)</td>
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<td>- Is able to direct the care of multiple pre- and post-operative patients (1,2,4,6)</td>
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<td>- Is able to apply the principles of surgical critical care (1,2,4,6)</td>
</tr>
<tr>
<td>- Demonstrates understanding of all operative approaches to a surgical or vascular problem and is able to choose the most appropriate (1,2,4,6)</td>
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<td>- Demonstrates understanding of the principles of stapling devices (1,3,5)</td>
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<td>- Demonstrates understanding</td>
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<tr>
<th>The Residents at this Level:</th>
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<tbody>
<tr>
<td>- Should be Proficient in the Tasks &amp; Activities Commensurate with the PGY-1 to PGY-4 Levels</td>
</tr>
</tbody>
</table>

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
of gastrointestinal and/or vascular anastomosis (1,2)
- Administratively manages the service, providing an educational environment for residents and students, and is prepared to make decisions about patients with complex surgical problems or complications (1,2,3,4,5,6)
- Is able to interact appropriately with multiple consultants, Ed physicians and nursing staff (1,2,3,4,5,6)
- Is able to discuss complex surgical problems and prognosis with patients and family (1,2,3,4,5,6)
- Demonstrates understanding of and manages intraoperative emergencies (i.e. bleeding, enterotomy) (1,2)
- Directs the operative team effectively and uses assistants well (1,4,6)

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
- **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 physicians and health professionals.[4] and,
  - maintain comprehensive, timely, and legible medical records, if applicable.[4]

- **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; [5]

- coordinate patient care within the health care system relevant to their clinical specialty; [5]
- incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate; [5]
- advocate for quality patient care and optimal patient care systems; [5]
- work in interprofessional teams to enhance patient safety and improve patient care quality;[5] and
- participate in identifying system errors and implementing potential systems solutions. [5]

**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; [6]
- responsiveness to patient needs that supersede self-interest; [6]
- respect for patient privacy and autonomy; [6]
- accountability to patients, society and the profession;[6] 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.[6]
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.

University Health-Shreveport and University Health-Monroe
Major Participating Institutions-Overton Brooks VA Medical Center

RESIDENT LEVELS OF CARE

DEPARTMENT of SURGERY
General Surgery
(residents rotating at LSUHSC-Monroe and Overton Brooks VA Medical Center)

Resident Level: PGY 3

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 Residents at this Level:
- Should be Proficient in the Tasks & Activities Commensurate with the PGY-1 – PGY-2 Levels

Additionally, Residents at this Level:

<table>
<thead>
<tr>
<th>The Resident</th>
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<th>The Residents at this Level:</th>
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<tbody>
<tr>
<td>Performs laparoscopic approaches for advanced laparoscopic procedures (1,2)</td>
<td>Coordinates care of the patient in the outpatient setting (1,2,4,6)</td>
<td>Should be Proficient in the Tasks &amp; Activities Commensurate with the PGY-1 – PGY-2 Levels</td>
</tr>
<tr>
<td>Performs complicated operations including but not limited to procedures on</td>
<td>Directs the care of multiple pre- and post-operative patients (1,2,4,6)</td>
<td>Furthermore:</td>
</tr>
<tr>
<td></td>
<td>Applies the principles of</td>
<td>Additionally, Residents at this Level:</td>
</tr>
</tbody>
</table>
• Adrenal gland (1,2)
• Complex hepatobiliary reconstructions (1,2)
• Pancreaticoduodenectomy (1,2)
• Pancreatic procedures (1,2)
• Re-operations for surgical complications (1,2)

surgical critical care (1,2,4,6)

• Demonstrates understanding of all operative approaches to a surgical or vascular problem and is able to choose the most appropriate (1,2,4,6)
• Demonstrates understanding of the principles of stapling devices (1,3,5)
• Demonstrates understanding of gastrointestinal and/or vascular anastomosis (1,2)
• Interacts with consultants, ED physicians and nursing staff (1,2,3,4,5,6)
• Is able to discuss complex surgical problems and prognosis with patients and family (1,2,3,4,5,6)
• Demonstrates understanding of and manages intraoperative emergencies (i.e. bleeding, enterotomy) (1,2)

Should be Gaining Increased 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 physicians and health professionals;[4] and,
  - maintain comprehensive, timely, and legible
medical records, if applicable.[4]

**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; [5]
- coordinate patient care within the health care system relevant to their clinical specialty; [5]
- incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate; [5]
- advocate for quality patient care and optimal patient care systems; [5]
- work in inter-professional teams to enhance patient safety and improve patient care quality;[5] and
- participate in identifying system errors and implementing potential systems solutions. [5]

**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; [6]
- responsiveness to patient needs that supersede self-interest; [6]
- respect for patient
privacy and autonomy; [6]
➢ accountability to patients, society and the profession;[6] 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.[6]

University Health-Shreveport and University Health-Monroe
Major Participating Institutions-Overton Brooks VA Medical Center

RESIDENT LEVELS OF CARE
DEPARTMENT of SURGERY
General Surgery
(Specific for residents rotating at LSUHSC-Monroe and Overton Brooks VA Medical Center)
Resident Level: PGY 5

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

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<td>• The supervising physician is physically present with the resident and patient.</td>
<td>• 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.</td>
<td>• The supervision physician is available to provide review of procedures/encounters with feedback provided after care is delivered.</td>
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<td>• 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.</td>
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The Resident
• Performs laparoscopic approaches for advanced laparoscopic procedures

The Resident
• Is able to complete coordinate care of the patient in the outpatient

The Residents at this Level:
• Should be Proficient in the Tasks & Activities

Commensurate with the
Performs complicated operations including but not limited to procedures on
- Adrenal gland (1,2)
- Complex hepatobiliary reconstructions (1,2)
- Pancreaticoduodenectomy (1, 2)
- Pancreatic procedures (1,2)
- Re-operations for surgical complications (1,2)

Is able to direct the care of multiple pre- and post-operative patients (1,2,4,6)
Is able to apply the principles of surgical critical care (1,2,4,6)
Demonstrates understanding of all operative approaches to a surgical or vascular problem and is able to choose the most appropriate (1,2,4,6)
Demonstrates understanding of the principles of stapling devices (1,3,5)
Demonstrates understanding of gastrointestinal and/or vascular anastomosis (1,2)
Administerly manages the service, providing an educational environment for residents and students, and is prepared to make decisions about patients with complex surgical problems or complications (1,2,3,4,5,6)
Is able to interact appropriately with multiple consultants, Ed physicians and nursing staff (1,2,3,4,5,6)
Is able to discuss complex surgical problems and prognosis with patients and family (1,2,3,4,5,6)
Demonstrates understanding of and manages intraoperative emergencies (i.e. bleeding, enterotomy) (1,2)
Directs the operative team effectively and uses assistants well (1,4,6)

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]

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  - 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]
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  - act in a consultative role to other physicians and health professionals; [4]
and,

- maintain comprehensive, timely, and legible medical records, if applicable. [4]

• **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; [5]
  - coordinate patient care within the health care system relevant to their clinical specialty; [5]
  - incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate; [5]
  - advocate for quality patient care and optimal patient care systems; [5]
  - work in interprofessional teams to enhance patient safety and improve patient care quality; [5] and
  - participate in identifying system errors and implementing potential systems solutions. [5]

• **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; [6]
  - responsiveness to patient
| needs that supersede self-interest; [6] |
|-----------------------------------------|---|
| ➢ respect for patient privacy and autonomy; [6] |
| ➢ accountability to patients, society and the profession;[6] 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.[6] |

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.
# RESIDENT LEVELS OF CARE

## DEPARTMENT of SURGERY

### Surgical Oncology

**Resident Level:** PGY 1

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<td>1) Medical Knowledge</td>
<td>- 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.</td>
<td>- The supervision physician is available to provide review of procedures/encounters with feedback provided after care is delivered.</td>
</tr>
<tr>
<td>2) Patient Care Skills</td>
<td>- 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.</td>
<td></td>
</tr>
<tr>
<td>3) Practice-based learning</td>
<td>- The supervision physician is available to provide review of procedures/encounters with feedback provided after care is delivered.</td>
<td></td>
</tr>
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<td>4) Interpersonal and communication skills</td>
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<td></td>
</tr>
<tr>
<td>5) Systems-based practice</td>
<td>- The supervision physician is available to provide review of procedures/encounters with feedback provided after care is delivered.</td>
<td></td>
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<td>6) Professionalism</td>
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</table>

### 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
- Performs common diagnostic biopsy procedures such as:
  - Fine-needle aspiration (1,2)
  - Tru-Cut needle biopsy (1,2)
  - Excisional biopsies of smaller tumors, e.g. melanoma, breast lesions, and peripheral lymph nodes (1,2)
  - Placement of permanent access lines for chemotherapy (1,2)
  - Endoscopy for head and neck cancer (1,2)

### The Resident
- Is able to perform a comprehensive history and physical exam (1,2,4,6)
- Provides adequate pre- and post-operative care with good documentation (1,2,4,6)
- Appropriately diagnoses medical and surgical conditions (1,2,4,6)
- Provides appropriate care for urgent and emergent medical and surgical conditions (1,2,4,6)
- Demonstrates understanding of radiographic modalities employed for diagnosis and staging of malignancies (1,2)

### The Residents at this Level should:
- Document Patient Status by Clear and Legible Notes [1,2,3,4,5]
- Dictate Discharge Summaries [1,2,3,4,5,6]
- Dictate Operative Notes [1,2,3,4,5,6]
- Learn & Apply Appropriate ICD / CPT Codes & Understand Documentation Needed [1,2,3,4,5,6]
- Maintain Correct & Complete Medical Record [1,2,4,5,6]
- Use & Understand the Nursing Notes & Patient Data [1,2,4,5]
- Utilize the Institutional Resources & Case
- Demonstrates an appreciation of the utility and importance of histopathologic consultation in the management of cancer patients (1,2,3,4,5)
- Demonstrates understanding of social and other support services, such as home health and hospice facilities (1,2,3,4,5,6)
- Manages the care of in-house patients with malignancies (1,2,3,4,5,6)
- Performs head and neck exam (1,2)
- Discusses nature of medical condition and prognosis with family (1,2,4,6)

Management Services for Discharge Planning & Follow-Up [4,5,6]
- Understand the Methods of Outcomes Assessment [3]
- Be Aware of the Principles of Peer Review & Cooperate with the GMEC & CQI Processes & Activities [3,5]
- Understand the Concept of Risk Management & the Needed Documentation in the Medical Record [3,5]
- Understand the Principles of Clinical Research & Clinical Trials, & be Able to Perform Basic Statistical Analysis of Data & Interpretation of Published Results [1,4,5]
- Develop Computer Skills & Use Available Resources [4,5]
- Obtain Basic & Advanced CPR (BCLS & ACLS / ATLS) Certification [1,2,5]

Additionally, Residents at this Level:

Should Begin to Acquire 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 physicians and health professionals;[4] and,
- maintain comprehensive, timely, and legible medical records, if applicable.[4]

**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; [5]
- coordinate patient care within the health care system relevant to their clinical specialty; [5]
- incorporate considerations of cost
| awareness and risk-benefit analysis in patient and/or population-based care as appropriate; [5]  
| advocate for quality patient care and optimal patient care systems; [5]  
| work in interprofessional teams to enhance patient safety and improve patient care quality;[5] and  
| participate in identifying system errors and implementing potential systems solutions. [5]  

| • **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; [6]  
| responsiveness to patient needs that supersede self-interest; [6]  
| respect for patient privacy and autonomy; [6]  
| accountability to patients, society and the profession;[6] 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.[6] |
### RESIDENT LEVELS OF CARE

**DEPARTMENT of SURGERY**

**Surgical Oncology**

**Resident Level:** PGY 2

#### 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

- Participates in common gastrointestinal operations, bowel resections, as well as breast malignancies, melanomas and sarcomas procedures (1,2)

- Is able to see patients in clinic, order appropriate tests, and make diagnosis (1,2,4,6)
- Is able to independently make decisions concerning pre- and post-op care for complicated patients (1,2,4,6)
- Is able to provide critical care with minimal supervision (1,2,4,6)
- Demonstrates understanding of appropriate diagnostic and treatment approaches for inflammatory and malignant disease (1,2)
- Demonstrates understanding of clinical, endoscopic and

#### The Residents at this Level:

- Should be Experienced and Gaining Increased Levels of Responsibility for Performance of the Tasks & Activities Commensurate with the PGY-1 Level

Additionally, Residents at this Level:

- Should be Knowledgeable 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
<table>
<thead>
<tr>
<th>Radiological imaging of patients with gastrointestinal malignancies (1,2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is able to evaluate patients with complex malignancies (1,2)</td>
</tr>
<tr>
<td>Performs excisional biopsies of smaller tumors, e.g., melanoma, breast lesions, and peripheral lymph nodes (1,2)</td>
</tr>
<tr>
<td>Performs placement of permanent IV accesses (1,2)</td>
</tr>
</tbody>
</table>

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 physicians and health professionals;[4] and,
- maintain comprehensive, timely, and legible medical records, if applicable.[4]

**• 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; [5]
➢ coordinate patient care within the health care system relevant to their clinical specialty; [5]
➢ incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate; [5]
➢ advocate for quality patient care and optimal patient care systems; [5]
➢ work in inter-professional teams to enhance patient safety and improve patient care quality;[5] and
➢ participate in identifying system errors and implementing potential systems solutions. [5]

• **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; [6]
  ➢ responsiveness to patient needs that supersede self-interest; [6]
  ➢ respect for patient privacy and autonomy; [6]
  ➢ accountability to patients, society and the profession;[6] 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.[6]
University Health-Shreveport and University Health-Monroe
Major Participating Institutions-Overton Brooks VA Medical Center

RESIDENT LEVELS OF CARE
DEPARTMENT of SURGERY
Surgical Oncology
Resident Level: PGY 5

Core Competencies

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

<table>
<thead>
<tr>
<th>Direct Supervision:</th>
<th>Indirect Supervision:</th>
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<td>• The supervising physician is physically present with the resident and patient.</td>
<td>• 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.</td>
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</table>

The Resident

• Performs
  ✓ Breast resection and reconstruction (1,2)
  ✓ A variety of operations for carcinomas of the gastrointestinal tract (1,2)
  ✓ Melanoma and sarcoma procedures, including those afflicting the extremities (1,2)
  ✓ Liver, esophageal and pancreatic resections for malignancies (1,2)
  ✓ Parotidectomy

The Resident

• Coordinates the care of the patient in the outpatient setting, including diagnosis and determination of appropriate treatment (1,2,4,6)
• Directs the care of multiple pre- and post-operative patients (1,2,4,6)
• Applies principles of surgical critical care (1,2,4,6)
• Demonstrates understanding of all operative approaches to a problem and is able to choose the most appropriate (1,2,4,6)
• Demonstrates comprehensive knowledge of continuum of care for the

The Residents at this Level:

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

Additionally, Residents at this Level:

Should be Gaining Increased 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
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radical neck and jaw resection (1,2)</td>
<td>Represents various surgical procedures for cancer treatment, including neck and jaw resection.</td>
</tr>
<tr>
<td>Laryngectomy (1,2)</td>
<td>Focuses on the removal of the larynx, affecting vocal function and respiratory health.</td>
</tr>
<tr>
<td>Pharyngectomy (1,2)</td>
<td>Involves the removal of the pharynx, impacting swallowing and respiratory functions.</td>
</tr>
<tr>
<td>Reconstructive procedures including myocutaneous auxillary, local flap, and maxillectomy (1,2)</td>
<td>Involves reconstructive surgery to address the functional and aesthetic loss from cancer surgery.</td>
</tr>
</tbody>
</table>

- **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.

- **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 lifelong learning. Residents are expected to develop skills and habits to meet the following goals:
  - Identify strengths, deficiencies, and limits in one’s knowledge and expertise;
  - Set learning and improvement goals;
  - Identify and perform appropriate learning activities;
  - Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement;
  - Incorporate formative evaluation feedback into daily practice;
  - Locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems;
  - Use information technology to optimize the treatment of health problems and the promotion of health.
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 physicians and health professionals;[4] and,

- maintain comprehensive, timely, and legible medical records, if applicable.[4]

**• 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; [5]
- coordinate patient care within the health care system relevant to their clinical specialty; [5]
- incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate; [5]
- advocate for quality patient care and optimal patient care systems; [5]
- work in interprofessional teams to enhance patient safety and improve patient care quality;[5] and
- participate in identifying system errors and implementing potential systems solutions. [5]

• **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; [6]
  - responsiveness to patient needs that supersede self-interest; [6]
  - respect for patient privacy and autonomy; [6]
  - accountability to patients, society and the profession;[6] 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.[6]
# RESIDENT LEVELS OF CARE

## DEPARTMENT of SURGERY

### Pediatric Surgery

**Resident Level:** PGY 1

**Core Competencies**

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

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<th><strong>Direct Supervision:</strong></th>
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### The Resident

- Performs following procedures on infants, children and adolescents including
  - Line placements
    - (1,2)
  - Herniorrhaphies
    - (1,2)
  - Appendectomies
    - (1,2)
  - Pyloromyotomies
    - (1,2)
- Assists in more complex procedures on these patients as well as in operations of neonates
  - (1,2)
- Is introduced to principles of advanced

### The Resident

- Demonstrates understanding and performs pre- and post-operative management of the surgically ill infant and child
  - (1,2,4)
- Works with neonatal and pediatric intensivists in the special care units and outpatient setting caring for less severely ill pediatric patients
  - (4,6)

### The Residents at this Level should:

- Document Patient Status by Clear and Legible Notes
  - [1,2,3,4,5]
- Dictate Discharge Summaries
  - [1,2,3,4,5,6]
- Dictate Operative Notes
  - [1,2,3,4,5,6]
- Learn & Apply Appropriate ICD / CPT Codes & Understand Documentation Needed
  - [1,2,3,4,5,6]
- Maintain Correct & Complete Medical Record
  - [1,2,4,5,6]
- Use & Understand the Nursing Notes & Patient Data
  - [1,2,4,5]
- Utilize the Institutional
laparoscopic surgery
(1,2)

- Resources & Case Management Services for Discharge Planning & Follow-Up [4,5,6]
  - Understand the Methods of Outcomes Assessment [3]
  - Be Aware of the Principles of Peer Review & Cooperate with the GMEC & CQI Processes & Activities [3,5]
  - Understand the Concept of Risk Management & the Needed Documentation in the Medical Record [3,5]
  - Understand the Principles of Clinical Research & Clinical Trials, & be Able to Perform Basic Statistical Analysis of Data & Interpretation of Published Results [1,4,5]
  - Develop Computer Skills & Use Available Resources [4,5]
  - Obtain Basic & Advanced CPR (BCLS & ACLS / ATLS) Certification [1,2,5]

Additionally, Residents at this Level:

Should Begin to Acquire 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 National Average of Peers on the Annual AUA-sponsored 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]
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- 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]
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- use information technology to optimize learning; and,[3,5]
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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:

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act in a consultative role to other physicians and health professionals;[4] and,

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**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; [5]
- coordinate patient care within the health care system relevant to their clinical specialty; [5]
- incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate; [5]
- advocate for quality patient care and optimal patient care systems; [5]
- work in inter-professional teams to
enhance patient safety and improve patient care quality;[5] and
- participate in identifying system errors and implementing potential systems solutions. [5]

• **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; [6]
  - responsiveness to patient needs that supersede self-interest; [6]
  - respect for patient privacy and autonomy; [6]
  - accountability to patients, society and the profession;[6] 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.[6]
**University Health-Shreveport and University Health-Monroe**
Major Participating Institutions-Overton Brooks VA Medical Center

**RESIDENT LEVELS OF CARE**
**DEPARTMENT of SURGERY**
Plastic and Reconstructive Surgery

Resident Level: PGY 1

Core Competencies

<table>
<thead>
<tr>
<th></th>
<th>1) Medical Knowledge</th>
<th>2) Patient Care Skills</th>
<th>3) Practice-based learning</th>
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**Direct Supervision:**
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- 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**

<table>
<thead>
<tr>
<th></th>
<th>Provides basic pre- and post-operative care for patients undergoing complex procedures, including diabetes (1,2)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Effectively closes a complex wound (1,2)</td>
</tr>
<tr>
<td></td>
<td>Handles tissues appropriate during plastic surgery exposure and closure (1,2)</td>
</tr>
<tr>
<td></td>
<td>Repairs complex lacerations and wounds using suture repair and simple rotational flaps (1,2)</td>
</tr>
<tr>
<td></td>
<td>Perform elective or urgent operations for acute or chronic wounds of the foot (1,2)</td>
</tr>
<tr>
<td></td>
<td>Performs debridement and</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The Resident</th>
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</thead>
<tbody>
<tr>
<td>Performs a history and physical examination on a hospitalized patient with a chronic wound and effectively communicate findings (1,2,4,6)</td>
</tr>
<tr>
<td>Performs a specific history and physical examination on a patient with a chronic wound in the clinic setting and effectively communicate findings (1,2,4,6)</td>
</tr>
<tr>
<td>Effectively describe medical condition and prognosis, operative procedures and risk/complications to patient and family (1,2,4,6)</td>
</tr>
</tbody>
</table>

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<td>Document Patient Status by Clear and Legible Notes [1,2,3,4,5]</td>
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<td>Learn &amp; Apply Appropriate ICD / CPT Codes &amp; Understand Documentation Needed [1,2,3,4,5,6]</td>
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<tr>
<td>Maintain Correct &amp; Complete Medical Record [1,2,4,5,6]</td>
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<tr>
<td>Use &amp; Understand the Nursing Notes &amp; Patient Data [1,2,4,5]</td>
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<tr>
<td>Utilize the Institutional...</td>
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<tr>
<td>Treatment of complex contaminated wounds (1,2)</td>
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<tr>
<td>• Understand the Methods of Outcomes Assessment [3]</td>
</tr>
<tr>
<td>• Understand the Principles of Clinical Research &amp; Clinical Trials, &amp; be Able to Perform Basic Statistical Analysis of Data &amp; Interpretation of Published Results [1,4,5]</td>
</tr>
<tr>
<td>• Obtain Basic &amp; Advanced CPR (BCLS &amp; ACLS / ATLS) Certification [1,2,5]</td>
</tr>
</tbody>
</table>

Additionally, Residents at this Level:
Should Begin to Acquire 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:

  - 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;
- communicate effectively with physicians, other health professionals, and health related agencies;
- work effectively as a member or leader of a health care team or other professional group;
- act in a consultative role to other physicians and health professionals;
and,
- maintain comprehensive, timely, and legible medical records, if applicable.

**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;[5] and

- participate in identifying system errors and implementing potential systems solutions. [5]

• **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; [6]
  - responsiveness to patient needs that supersede self-interest; [6]
  - respect for patient privacy and autonomy; [6]
  - accountability to patients, society and the profession;[6] 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.[6]
# University Health-Shreveport and University Health-Monroe
Major Participating Institutions-Overton Brooks VA Medical Center

## RESIDENT LEVELS OF CARE

### DEPARTMENT of SURGERY

**SICU**

**Resident Level: PGY 2**

### Core Competencies

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<td>1)</td>
<td>Medical Knowledge</td>
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<td>2)</td>
<td>Patient Care Skills</td>
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<td>3)</td>
<td>Practice-based learning</td>
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<tr>
<td>4)</td>
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<tr>
<td>5)</td>
<td>Systems-based practice</td>
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<tr>
<td>6)</td>
<td>Professionalism</td>
</tr>
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### 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

- Participates in all trauma resuscitations and is given graded responsibilities to help improve skills needed for early resuscitation (1,2,3,4,5,6)
- Performs operative procedures which may include
  - Tracheostomy (1,2)
  - Gastrostomy (1,2)

### The Resident

- Appropriately diagnoses and treats emergent medical and surgical conditions (1,2)
- Participates in evaluation and treatment of less complicated pre- and post-operative problems found in trauma patients (1,2,4)
- Demonstrates understanding of priorities in trauma resuscitation and management as outlined in ATLS manual (1,5)
- Performs operative procedures which may include
  - Foley catheter and nasogastric tube placement (1,2)
- Arterial blood gas sticks (1,2)

### The Residents at this Level:

- Should be Experienced and Gaining Increased Levels of Responsibility for Performance of the Tasks & Activities Commensurate with the PGY-2 Level

Additionally, Residents at this Level:

- Should be Knowledgeable 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...
✓ Suture of lacerations (1,2)
✓ Removal of foreign bodies (1,2)
✓ Needle decompression (1,2)
✓ Chest tube insertion (1,2)
✓ DPL (1,2)
✓ Peripheral and central intravenous access (1,2)
✓ Venous cutdown (1,2)

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 physicians and health professionals;[4] and,
- maintain comprehensive, timely, and legible medical records, if applicable.[4]

**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; [5]
- coordinate patient care within the health care system relevant to their clinical specialty; [5]
- incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate; [5]
- advocate for quality patient care and optimal patient care systems; [5]
- work in inter-professional teams to enhance patient safety and improve patient care quality;[5] and
- participate in identifying system errors and implementing potential systems solutions. [5]

**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; [6]
- responsiveness to patient needs that supersede self-interest; [6]
- respect for patient privacy and autonomy; [6]
- accountability to patients, society and the profession;[6]
- sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.[6]
## Core Competencies

<table>
<thead>
<tr>
<th>No.</th>
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<tbody>
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<td>7</td>
<td>Medical Knowledge</td>
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<tr>
<td>8</td>
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<tr>
<td>9</td>
<td>Practice-based learning</td>
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<tr>
<td>10</td>
<td>Interpersonal and communication skills</td>
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<tr>
<td>11</td>
<td>Systems-based practice</td>
</tr>
<tr>
<td>12</td>
<td>Professionalism</td>
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</table>

## 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
- Performs uncomplicated donor harvest of kidney (1,2)
- Performs kidney, liver and pancreas transplants (1,2)
- Performs complex hepatopancreatobiliary procedures (1,2) such as a Whipple and a liver resection

## The Resident
- Completely coordinates care of transplant patient in the trauma setting (1,2,4,6)
- Directs the care of multiple pre- and post-operative patients (1,2,4)
- Applies principles of surgical critical care and directs surgical critical care team (1,2,4)
- Demonstrates understanding of all approaches for transplantation and variceal disease and is able to choose the most appropriate (1,2,3,5)
- Manages immunosuppression after renal transplant (1)
- Manages delayed complications from a transplant (1)
- Interacts appropriately with multiple consultants and nursing staff (1,4,6)
- Effectively discusses complex surgical problems and prognosis with patient and family (1,2,4,6)

## The Residents at this Level:
- Should be Proficient in the Tasks & Activities Commensurate with the PGY-2 Levels

Additionally, Residents at this Level:

- **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 National Average of Peers on the Annual AUA-sponsored 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
• **Leadership** - Residents must be leaders of a health care team or other professional group; [4]
  - act in a consultative role to other physicians and health professionals;[4] and,
  - maintain comprehensive, timely, and legible medical records, if applicable.[4]

• **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; [5]
  - coordinate patient care within the health care system relevant to their clinical specialty; [5]
  - incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate; [5]
  - advocate for quality patient care and optimal patient care systems; [5]
  - work in inter-professional teams to enhance patient safety and improve patient care quality;[5] and
  - participate in identifying system errors and implementing potential systems solutions. [5]

• **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; [6]
  - responsiveness to patient needs that supersede self-interest; [6]
  - respect for patient privacy and autonomy; [6]
  - accountability to patients, society and the profession;[6] 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.[6]
## RESIDENT LEVELS OF CARE

### DEPARTMENT of SURGERY

**Willis Knighton Transplant Surgery**

**Resident Level: PGY 4**

### Core Competencies

13) Medical Knowledge
14) Patient Care Skills
15) Practice-based learning

16) Interpersonal and communication skills
17) Systems-based practice
18) 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

- Performs uncomplicated donor harvest of kidney (1,2)
- Performs kidney, liver and pancreas transplants (1,2)
- Performs complex hepatopancreatobiliary procedures (1,2) such as a Whipple and a liver resection
- Perform thyroidectomy
- Perform parathyroidectomy
- Perform adrenalectomy

### The Resident

- Completely coordinates care of transplant patient in the trauma setting (1,2,4,6)
- Directs the care of multiple pre- and post-operative patients (1,2,4,6)
- Applies principles of surgical critical care and directs surgical critical care team (1,2,4)
- Demonstrates understanding of all approaches for transplantation and variceal disease and is able to choose the most appropriate (1,2,3,5)
- Manages immunosuppression after renal transplant (1)
- Manages delayed complications from a transplant (1)
- Interacts appropriately with multiple consultants and nursing staff (1,4,6)
- Effectively discusses complex surgical problems and prognosis with patient and family (1,2,4,6)

### The Residents at this Level:
- Should be Proficient in the Tasks & Activities Commensurate with the PGY-2 Levels

### Additionally, Residents at this Level:

- **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 National Average of Peers on
• **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]
• 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;
  [5]
  ➢ coordinate patient care within the health care system relevant to their clinical specialty; [5]
  ➢ incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate; [5]
  ➢ advocate for quality patient care and optimal patient care systems;
  [5]
  ➢ work in inter-professional teams to enhance patient safety and improve patient care quality;[5] and
  ➢ participate in identifying system errors and implementing potential systems solutions. [5]

• 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; [6]
  ➢ responsiveness to patient needs that supersede self-interest; [6]
  ➢ respect for patient privacy and autonomy; [6]
  ➢ accountability to patients, society and the profession;[6] and,
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**University Health-Shreveport and University Health-Monroe**  
Major Participating Institutions-Overton Brooks VA Medical Center

**RESIDENT LEVELS OF CARE**

**DEPARTMENT of SURGERY**

**Trauma Surgery**

Resident Level: PGY 1

**Core Competencies**

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

<table>
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<th><strong>The Resident</strong></th>
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<th><strong>The Residents at this Level should:</strong></th>
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</table>
| • Participates in all trauma resuscitations and is given graded responsibilities to help improve skills needed for early resuscitation (1,2,3,4,5,6)  
• Performs operative procedures which may include  
  ✓ Needle decompression (1,2)  
  ✓ Chest tube insertion (1,2)  
  ✓ DPL (1,2)  
  ✓ Peripheral and central intravenous access (1,2) | • Appropriately diagnoses and treats emergent medical and surgical conditions (1,2)  
• Participates in evaluation and treatment of less complicated pre- and post-operative problems found in trauma patients (1,2,4)  
• Demonstrates understanding of priorities in trauma resuscitation and management as outlined in ATLS manual (1,5)  
• Performs operative procedures which may include  
  ✓ Foley catheter and nasogastric tube | • Document Patient Status by Clear and Legible Notes [1,2,3,4,5]  
• Dictate Discharge Summaries [1,2,3,4,5,6]  
• Dictate Operative Notes [1,2,3,4,5,6]  
• Learn & Apply Appropriate ICD / CPT Codes & Understand Documentation Needed [1,2,3,4,5,6]  
• Maintain Correct & Complete Medical Record [1,2,4,5,6]  
• Use & Understand the Nursing Notes & Patient Data [1,2,4,5] |
| ✓ Venous cutdown (1,2) | ✓ Arterial blood gas sticks (1,2) | • Utilize the Institutional Resources & Case Management Services for Discharge Planning & Follow-Up [4,5,6] |
| ✓ Tracheostomy (1,2) | ✓ Suture of lacerations (1,2) | • Understand the Methods of Outcomes Assessment [3] |
| ✓ Gastrostomy (1,2) | ✓ Removal of foreign bodies (1,2) | • Be Aware of the Principles of Peer Review & Cooperate with the GMEC & CQI Processes & Activities [3,5] |

Additionally, Residents at this Level:

Should Begin to Acquire 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
• 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]
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  ➢ 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. Residents are expected to:

- communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
- communicate effectively with physicians, other health professionals, and health related agencies;
- work effectively as a member or leader of a health care team or other professional group;
- act in a consultative role to other physicians and health professionals;
- and maintain comprehensive, timely, and legible medical records, if applicable.

• 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; [5]  
- work in interprofessional teams to enhance patient safety and improve patient care quality;[5] and  
- participate in identifying system errors and implementing potential systems solutions. [5]

• **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; [6]
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  - respect for patient privacy and autonomy; [6]
  - accountability to patients, society and the profession;[6] 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.[6]
# RESIDENT LEVELS OF CARE

## DEPARTMENT of SURGERY

### Trauma Surgery

**Resident Level: PGY 4**

**Core Competencies**

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

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**The Resident**

- Performs complicated operations for life threatening traumatic injuries (1,2)
- Performs critical maneuvers in trauma surgery including
  - Resuscitative Thoracotomy (1,2)
  - Exposure techniques for abdominal viscera (1,2)
  - Damage control laparotomy (1,2)
  - Bowel anastomosis (1,2)
  - Surgical therapy for injuries to liver, spleen, pancreas

- Coordinates the care of patient in outpatient setting (1,2,3,4,5,6)
- Direct care of multiple patients in the hospital (2,4)
- Applies the principles of surgical critical care and directs a surgical critical care team (4,6)
- Demonstrates an understanding of all approaches to a trauma problem and is able to choose the most appropriate (1)
- Provides appropriate guidance and education to lower level residents and students (1,4)

**The Residents at this Level:**

- Should be Proficient in the Tasks & Activities Commensurate with the PGY-1 – PGY-3 Levels
- Should be Gaining Increased 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
<table>
<thead>
<tr>
<th>and abdominal vasculature (1,2)</th>
<th>Demonstrates an understanding of and ability to teach all techniques and operative skills to lower level residents and students (1,2,3,4,5,6)</th>
<th>care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. [1]</th>
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<td>• Medical Knowledge -</td>
<td>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]</td>
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| • 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 of Information Technology - Residents must use information technology to optimize learning; and,[3,5]

• Participation in Education - Residents must 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 physicians and health professionals;[4] and,
  ➢ maintain comprehensive, timely, and legible medical records, if applicable.[4]

• 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; [5]
- coordinate patient care within the health care system relevant to their clinical specialty; [5]
- incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate; [5]
- advocate for quality patient care and optimal patient care systems; [5]
- work in interprofessional teams to enhance patient safety and improve patient care quality;[5] and
- participate in identifying system errors and implementing potential systems solutions. [5]

**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; [6]
- responsiveness to patient needs that supercede self-interest; [6]
- respect for patient privacy and autonomy; [6]
- accountability to patients, society and the profession;[6] 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.[6]
University Health-Shreveport and University Health-Monroe
Major Participating Institutions-Overton Brooks VA Medical Center

RESIDENT LEVELS OF CARE
DEPARTMENT of SURGERY
Vascular Surgery
Resident Level: PGY 1

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

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<th>Direct Supervision:</th>
<th>Indirect Supervision:</th>
<th>Oversight:</th>
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<tbody>
<tr>
<td>• The supervising physician is physically present with the resident and patient.</td>
<td>• 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.</td>
<td>• The supervision physician is available to provide review of procedures/encounters with feedback provided after care is delivered.</td>
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<tr>
<td></td>
<td>• 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.</td>
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The Resident
• Performs minor and major amputations and insertion of central venous lines (1,2)
• Develops proficiency in closure of surgical incisions (1,2)

The Resident
• Demonstrates understanding of diagnostic criteria and patho-physiologies differentiating acute and chronic arterial and venous vascular disease (1,2)
• Evaluates and institutes therapy of patients with common vascular problems (1,2)
• Performs ankle/brachial index in vascular non-invasive lab (1,2)
• Demonstrates familiarity with non-invasive testing of vascular patients (1,2,5)

The Residents at this Level should:
• Document Patient Status by Clear and Legible Notes [1,2,3,4,5]
• Dictate Discharge Summaries [1,2,3,4,5,6]
• Dictate Operative Notes [1,2,3,4,5,6]
• Learn & Apply Appropriate ICD / CPT Codes & Understand Documentation Needed [1,2,3,4,5,6]
• Maintain Correct & Complete Medical Record [1,2,4,5,6]
• Use & Understand the Nursing Notes & Patient Data [1,2,4,5]
• Utilize the Institutional Resources & Case Management Services for Discharge Planning & Follow-Up [4,5,6]
• Understand the Methods of Outcomes Assessment [3]
• Be Aware of the Principles of Peer Review & Cooperate with the GMEC & CQI Processes & Activities [3,5]
• Understand the Concept of Risk Management & the Needed Documentation in the Medical Record [3,5]
• Understand the Principles of Clinical Research & Clinical Trials, & be Able to Perform Basic Statistical Analysis of Data & Interpretation of Published Results [1,4,5]
• Develop Computer Skills & Use Available Resources [4,5]
• Obtain Basic & Advanced CPR (BCLS & ACLS / ATLS) Certification [1,2,5]

Additionally, Residents at this Level:

Should Begin to Acquire 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,
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 physicians and health professionals; [4]
- maintain comprehensive, timely, and legible medical records, if applicable. [4]

**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; [5]
- coordinate patient care within the health care system relevant to their clinical specialty; [5]
- incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate; [5]
- advocate for quality patient care and optimal
patient care systems; [5]

- work in interprofessional teams to enhance patient safety and improve patient care quality; [5] and
- participate in identifying system errors and implementing potential systems solutions. [5]

**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; [6]
- responsiveness to patient needs that supersede self-interest; [6]
- respect for patient privacy and autonomy; [6]
- accountability to patients, society and the profession; [6] 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. [6]
**RESIDENT LEVELS OF CARE**  
**DEPARTMENT of SURGERY**  
**Vascular Surgery**  
Resident Level: PGY 2

### Core Competencies

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<table>
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<tbody>
<tr>
<td>1)</td>
<td>Medical Knowledge</td>
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<tr>
<td>2)</td>
<td>Patient Care Skills</td>
</tr>
<tr>
<td>3)</td>
<td>Practice-based learning</td>
</tr>
<tr>
<td>4)</td>
<td>Interpersonal and communication skills</td>
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<tr>
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### 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

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<tbody>
<tr>
<td>The Resident</td>
<td>Performs complicated operations including but not limited to procedures on</td>
</tr>
<tr>
<td></td>
<td>✓ Carotid endarterectomy (1,2)</td>
</tr>
<tr>
<td></td>
<td>✓ Peripheral obstructive repairs (1,2)</td>
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<tr>
<td></td>
<td>✓ Endovascular diagnostic and therapeutic procedures (1,2)</td>
</tr>
<tr>
<td></td>
<td>✓ Vascular access (1,2)</td>
</tr>
<tr>
<td></td>
<td>✓ Amputations (1,2)</td>
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| The Resident | 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) |

The Residents at this Level:
- Should be Proficient in the Tasks & Activities Commensurate with the PGY-1 – PGY-2 Levels

Additionally, Residents at this Level:
- Should be Gaining Increased 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.
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]
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University Health-Shreveport and University Health-Monroe  
Major Participating Institutions-Overton Brooks VA Medical Center  
RESIDENT LEVELS OF CARE  
DEPARTMENT of SURGERY  
Vascular Surgery  
Resident Level: 5

Core Competencies
- 1) Medical Knowledge
- 2) Patient Care Skills
- 3) Practice-based learning
- 4) Interpersonal and communication skills
- 5) Systems-based practice
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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, infrainguinal bypasses and uncomplicated visceral arterial bypasses (1,2)

The Resident
- 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)

The Resident

The Residents at this Level:
- 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]

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  ➢ accountability to patients, society and the profession;[6] 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.[6]

• 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.