

LONG ISLAND HOSPITAL

Goals and Objectives of Surgical Resident Rotation

The educational advantage and indeed the objective of providing a private hospital rotation to Surgical Residents is to allow them exposure to the daily routine of Surgeons in Private Practice. This allows for experience in treating the everyday surgical patients with common surgical conditions. It also provides the example of diagnostic work-up, consultant interaction and post-operative follow-up in the Private Practice setting. The added advantage of LICH is that it is situated in a large metropolitan city so that, although all the above is true, there is also an assortment of more complex surgical problems not often found in the private hospital setting in other communities.

General/Vascular Surgery/Thoracic/Pediatrics/Plastics

These are the competencies based goals and objectives for these surgery services at LICH. Many aspects of these competencies are general and apply equally to all services.

Patient Care

PGY1

- To provide the daily minute-to-minute care of the surgical floor patients coordinating all the interactions of Senior Residents, Attendings, Physician Assistants, Consultants and Paramedical Staff from the patients' admission work-up through diagnostic tests, operation, post-operative care and finally discharge.
- Develop and perfect the art of history taking, physical examination.
- Understand the initial approach to the surgical patient, and
 - develop a differential diagnosis for the new patient, or one for a new problem on a patient already on the surgical service.
 - develop a treatment plan
 - present the patient to the senior resident and the attending
- Write daily notes on the assigned patients, and all patients on whom the individual resident was the operating surgeon or the first assistant.
- Entries into medical record should be legible, and the signature should be followed with a stamp or printed name, with contact information (e.g. beeper number).
- Notes should reflect all sections of the SBAR, SOAP acronyms, or other hospital-accepted routes of communication (**SBAR**-Situation, Background, Assessment, and Recommendation. **SOAP**-Subjective, Objective, Assessment, Plan).
- All notes should explain the need for continued hospitalization.
- Patients should have pain assessment-the resident should assess the degree of pain on an appropriate scale and document it on the progress note.

The notes will be read by the faculty member and countersigned. The residents will be given feedback by the faculty on the progress notes.

- Understand the chain of command on the surgical service:
 - Inform senior resident and attending of new admissions, or changes in status of patients already on the service.
 - When in doubt, call senior resident, chief resident or attending on the service.
 - In an emergency call for help from any available resident, nurse, code team escalation and inform the responsible attending.
- Develop basic surgical clinical skills:
 - Phlebotomy
 - IV line placement
 - Nasogastric tube placement
 - Suturing and knot tying
 - Recognition and correct application of various surgical devices, i.e. retractors, stapling devices
 - Assistance in the operating room
 - Complete credentialing in Tier I invasive procedures

PGY2

- To provide the daily minute-to-minute care of the surgical intensive care patients coordinating all the interactions of Senior Residents, Attendings, Physician Assistants, Consultants and Paramedical staff from the patients' ICU admission through their course of care in the ICU.
- In addition, the PGYII is to provide first-line care of Emergency Department patients requiring surgical involvement. This will entail cooperative involvement with a private hospital Emergency Department staff as well as the patients' private physicians and members of the surgical team and consultant staff as the patient is worked-up in the Emergency Department and final disposition provided.
- Improve in the clinical and didactic skills developed as a PGY1.
- Consultations
 - Become familiar with evaluation process of patient referred for consultation from the ED or from other services.
 - Develop a differential diagnosis, treatment plan for consulted patients.
 - Present the patient to the senior or the chief resident, and the surgical attending.
- Immediately upon seeing the patient, place a consult on the chart, and inform the primary service that the patient has been seen. It is acceptable not to have a finalized plan of care in the initial note, as long as the patient is assessed promptly by the senior/chief resident, and the surgical attending, and the plan of care is not only defined and finalized but also communicated to the primary service.

- Become credentialed in Tier II and if possible in Tier III invasive procedures.
- Improve on the basic surgical skills, i.e. suturing, knot tying, use of mechanical staplers.
- Develop understanding of commonly performed surgical operations and their related anatomy, (e.g. inguinal herniorrhaphy, hemorrhoidectomy, soft tissue tumor resection, cholecystectomy).
- Become familiar with the new technologies, i.e. laparoscopic equipment, sonography, sentinel lymph node biopsy.
- Develop leadership skills to become role models to your interns.
- Teach the medical students.
- Check X-Rays, blood work, understand how to interpret basic films.

- In addition to ward rounds, round on and legibly document visits to
 - the patients you operated on every day
 - consults for your service

PGY3

- Provide quality care to patients on other services requiring surgical consultation. This would entail first-level prompt evaluation and diagnostic suggestions followed by interaction and coordination with the treating service and the surgical team through to the patients' final disposition. Oversee the care of all PGYII's performing consults and treatment of patients in the ICU.
- Continue to improve skills developed as a junior resident.
- Assume a more visible supervisory and leadership role in the surgical team.
- Become the resident responsible for the consultations on your service.
 - Coordinate and supervise PGY2's evaluative and consultative services and skills.
- Become an active liaison between the primary service, chief residents, and the surgical Attendings.
- Become credentialed in the TIER III invasive procedures, and some of the Tier IV procedures.
- Become familiar with the more extensive surgical procedures, i.e. colectomy, exploratory laparotomy, basic and some of the advanced laparoscopic techniques and procedures.
- Show graded and progressive levels of complexity and responsibility by more:
 - Participation in the basic and clinical sciences curriculum
 - Clinical assignments of the junior residents

PGY4

- To be the team leader of a separate surgical service encompassing a staff of Medical Students, Physician Assistants, and Junior Residents while closely communicating with the patients, attending staff and consultants to provide courteous, superior quality surgical care of private patients in a tradition consistent with the principles of the American College of Surgeons.

- Improvement of skills developed in earlier years.
- Become credentialed in all tiers of invasive procedures.
- Establish complete responsibility of running the service under the direction of the supervising surgical attending.
- Coordinate all conferences in collaboration with the site director or attending responsible.
- Coordinate care for all patients on the service and consults.
- Scrub in operations on cases of complexity and variety suitable for the most senior resident on the service.
- Coordinate the in-house and outpatient experience that will assure optimal continuity of care.
- Present morbidities and mortalities on the service at the weekly M&M and central Chief's Leadership conference.
 - Participate in the selection process for the cases for the Thursday morning institution-wide Case Conference.

PGY5-Chief Resident

- To be the team leader of a separate surgical service encompassing a staff of Medical Students, Physician Assistants, and Junior Residents while closely communicating with the patients, attending staff and consultants to provide courteous, superior quality surgical care of private patients in a tradition consistent with the principles of the American College of Surgeons.
- In addition, to be the overall authority for the complete workings of all the surgical training staff on rotation at the institution.
- Supervise all aspects of management of the surgical patients on the respective services.
- Provide leadership to the entire team of the surgical residents and medical students.
- Assist faculty in daily clinical and educational activities of the department.
- Act as a teaching assistant to the junior residents, when appropriate under the supervision of the surgical attending.
- Coordinate the multidisciplinary conferences with other services and assignment of the presentations to the senior and junior residents.
- Establish total continuity of care, and accept responsibility for the patients on the service, and even those on whom the chief resident was the operating surgeon on other services (e.g. when on call or covering other services).
- Assure that the outpatient experience for every rotation that optimizes the continuity of care.
- Assure that all clinical assignments in the chief year will be at the integrated sites.
- The operative cases will be of complexity appropriate for the chief resident.
- Assume all duties of the PGY4 as listed above when no PGY4 is assigned to the rotation.

Medical Knowledge

All scheduled conferences are “protected time” from routine clinical duties. Only in an event of a medical emergency the resident will be excused from attending the conference.

PGY1

- The conferences are program-wide and institution specific.
- All residents are expected to attend 80% of conferences.
- All residents are expected to attend the weekly Friday Morning M&M Conference
 - The case conference is every Friday at 7:30am
 - All residents are encouraged to read up on the topic in advance
- Residents are expected to teach medical students.
- Residents are expected to come to the operating room prepared to discuss the particular case, regional anatomy, pathophysiology, steps of the operation.

PGY2

- The requirements above for the PGY1's serve as the foundation from which the residents will acquire the habits for life-long learning and critical self-evaluation.
- PGY2's will be assigned presentations commensurate with increased knowledge, ability and maturity.
- Residents should begin reading of surgical journals and focus on both:
 - Broad based surgical knowledge
 - Reading focused on particular surgeries or clinical problems they encounter
 - Focus reading for potential research opportunities after the PGY2.
- Concentration on the basic science in preparation for the ABSITE “junior” exam.
- Preparation for the assigned cases.
- Expand teaching responsibilities to medical students and interns.

PGY3

- Continue to build on the medical knowledge foundation of the previous two years.
- Prepare more in-depth, researched, preparation for the assigned cases.
- Reading of the standard surgical texts, ACS curriculum, and supplemented by the journals.
- Preparation for the ABSITE “senior” exam.
- Preparation for presentations at the departments and multi-specialty conferences.

- Utilization of web-based resources, such as PubMed, WebMD, and on-line journals.
- Teaching of the medical students and junior residents.

PGY4/5

- Building on the medical knowledge foundation of the previous three years.
- Preparation of the Power Point presentation for the Friday Morning Case Conference.
 - Assist junior residents in preparation and execution of the talks, anticipate questions
- Preparation for the Morbidities and Mortalities Conferences.
- Presentation of the cases at the Thursday Morning Chiefs Leadership Conference.
 - Help choose the cases to present, who will present, and schedule the presentation
- Begin preparation for the ABS Qualifying examination after completion of the residency.

Practice based Learning and Improvement

PGY1/PGY2

The residents are expected to utilize their own experience and assimilation of the scientific data for learning, reflection, and patient care improvement.

- Use internet resources, as well as the standard surgical texts to optimize learning.
- Develop on-going personal learning projects, which includes:
 - Resident patient care portfolios-the form is on the department's web site.
 - Maintenance of accurate, timely, and updated ACGME web-based operative log.
 - Maintenance of accurate, up-to-date credentialing for invasive procedures.
 - Timely submission of the 'chits' required by our GME office for documentation of credentialing.
 - Incorporation of all formal presentations into Teaching Portfolios/CV's.
- Review of ABSITE results and learn about topics which were not answered correctly to direct self-study.
- Prepare for assigned elective operative cases by review of the regional anatomy, pertinent pathophysiology and steps of the surgical procedure.
 - Come prepared to the OR-technically and in fund of knowledge.

- Participation in morbidity and mortality conferences and the associated Quality Assurance process at each site.
- Participation in evidence-based, campus wide, ACS Core Curriculum.
- Use the Department's patient care portfolios to reflect on:
 - The care rendered to the patient in the context of the global health care environment
 - The resident's appreciation of own contribution to the care of the patient
- Review of the faculty and chief residents filled global assessment form/monthly evaluation to understand the resident's own weaknesses and strengths.
- Assure participation in meeting and discussing with the faculty mentor/advisor, and the program director during regularly scheduled meetings the evaluations, and plan of correction if needed.

PGY3/PGY4

- Continue to develop Practice-based Learning and Improvement from the junior years.
- Evaluations:
 - As more opportunities present to evaluate the performance of the senior residents our feedback and evaluations carry more importance, and will allow for an objective evaluation.
 - Through feedback, deficiencies are better understood and the strengths will become more apparent. Residents should therefore take the opportunity and thoroughly review their evaluations, and use them as an objective guide for improvement.
 - For identified deficiencies, residents should track the changes in evaluations for that topic. Also, consultation with their mentor to help institute change is encouraged.
 - If a technical deficiency is noted on the evaluation, residents should use the department's resources (animal and inanimate labs) and faculty to work on the particular deficiency.
- Leadership skills
 - Resident at this level should become a leader to the junior residents, and students. Active teaching, using techniques from our "Resident as Teachers" program of topics or skills will reinforce knowledge on particular topics.
- Teaching skills
 - Participate in the Department's "Residents as Teachers" program. Faculty based, resident based and even video-taped sessions are valuable tools to understand individual style when presenting, and the associated strengths and weaknesses.
 - Using the techniques assimilated in these workshops to become a more effective teacher and a leader.

- Preparation for the formal discussions and presentations using the library, SUNY's information technology, other resources available at the Medical School, and the on-line resources.
- Residents participate in the Thursday Morning Case Conference.
 - Since Power Point presentations are presented at a formal meeting, posted on the Department's web-site, and is a resource to anyone looking for the information on the topic, residents are encouraged to make them coherent, concise and accurate.

PGY5

- Assimilate into daily practice the lessons of the prior years, and build on this foundation the life-long practice of learning, reflection, and humility.
- Residents are responsible for running entire surgical services, resident schedules, cross covering of services, assignment of cases, and coordination of care for patients.
- Residents are responsible for junior residents and students on their service.
- Residents establish themselves as leaders and diplomats of the Department and its residency program, and should realize that they will leave a legacy of their chief year. They are encouraged to make their legacy one that the students and junior residents will aspire to emulate.

Interpersonal and Communication Skills

PGY1

- From the beginning of training, residents are expected to develop communication skills that result in effective and professional communication with patients, patients' families and members of the health care team. They are expected to
 - Participate in the outpatient clinics and ward rounds.
 - Take appropriate history and performing a physical exam.
 - Document accurate and appropriate information in the patient's medical record.
 - Create the plan of care and presentation of the patient to the faculty member in charge of the patient.
 - Initiate the plan of care discussion with the patient.
- The resident should be present when the attending assesses the patient and discusses the disease process and plan of care with the patient.
 - Residents should participate in the discussion with the patient's family members.

- When asking for a consultation, residents should provide accurate information to the consulting service, such as when a radiological test is requested or a specialist is requested.
- Hand writing must be legible, and the signature should be followed with a stamp or printed name, and contact information (beeper number).
- Effectively and professionally communicate with all members of the health care team, including:
 - Discharge planning for admitted patients.
 - Provide the necessary information to the social service, case managers, and when necessary assistance with the required forms in preparation for the discharge.
- Residents should appreciate and respect different ethnic and religious beliefs of the patients.
 - When needed, should use the translation services, which are easily available at all our sites.
- The residents are expected to be teachers and role models to the medical students, and extensive series of workshops entitled “Residents as Teachers” was undertaken by the department with assistance from the Dean’s office.

PGY2

- As the level of clinical responsibility increases, the importance of the ability to communicate effectively will become more important.
- Residents at this level will be seeing patients in the Emergency Department, and as consultants for in-house patients.
 - When a consultation is requested, the response to the consultation must be prompt and courteous to the referring service. Remember that you are building habits and frequently relationships that will become important to you in the future.
 - Assess the patient, and in a non-emergent situation allow yourself time to think.
 - Don’t feel pressured to come up with the immediate diagnosis, or plan of care. Seek opinions from your seniors and other physicians if needed.
 - Reflection and thought are very useful to the surgeon and the patient.
 - Do not be influenced by the opinion of others, and evaluate the patient and the data independently, without any preconceptions.
 - Discuss your impression with the patient, the referring team, and the senior/chief resident or a surgical attending.
- These concepts hold true for evaluating the patients anywhere in the hospital, or in the outpatient facility.
- If the situation is urgent, immediately summon help. You always have an option of calling help from senior physicians around you, calling a code or activating the Rapid Response Team. Make sure your supervising residents and attendings know the situation.

PGY3

- Based on the foundation of information and experience acquired in the junior years, residents at this level need to communicate professionally and effectively at a more advanced level.
 - The outline above should be reviewed.
 - Accurate communication with residents at all levels, students, different services, and attendings is more important than ever.
- Remember that frequently the information you will have to convey will be to those with less experience than you.
 - Be patient! Remember that you had less experience in the recent past. Always be a teacher to those less experienced, in a professional and not condescending manner.
- Write timely and legible consultations.
- Resident as role models is important – you should assist junior residents with acquiring good communication skills.
- Communicate with the patients and when appropriate the patient's families courteously and professionally.
 - Remember that most times these will be lay people, who are in a stressful environment and sick. Effectively communicate with the vocabulary that will be understandable to the patient. Request a translator if needed.
 - Communicate with consulting services courteously, professionally and accurately. Conflicts may arise, and management of these conflicts reflects on the resident, the service, the attending, the Departments and our entire profession.

PGY4/PGY5

- Become a leader of the surgical team using graduated experiences of the prior years.
 - Being a leader requires delicacy, skills of diplomacy, and profound respect for the patients and all members of the health care team.
 - Appreciate the strengths and weaknesses of your team. It is easy to work with the “good” residents. Working with the average resident will challenge your skills as a leader, and a communicator.
 - Be patient!
 - Most residents will perform the tasks well, with supervision, guidance and appropriately timed and tempered feedback and critique.
 - If you have to counsel or reprimand a junior resident do it privately.
 - Do not insult anyone! We work in the environment that is diverse and cultural sensitivities should be taken into account when we talk to the patients and other health care team members.
 - If you have a disagreement with any member of the health care team, attempt to resolve it amicably and not in the presence of a patient.

- Escalate to the supervising attending any unresolved matters.
- Always act professionally, and withdraw from a potentially more difficult situation. Report the matter to the supervising attending, day or night.

Professionalism

PGY1/PGY2

- Residents are expected to be ethical and professional.
- Professionalism is expected in all clinical arenas—bedside, operating room, outpatient department, and hallways/elevators.
- Respect patient privacy.
 - Do not discuss anything related to patient care issues in public places.
 - HIPPA training will assist with understanding patient privacy issues and legal aspects of patient confidentiality.
- Lectures on physician impairment are given annually by the Department.
 - These will define and address the prevalence of the problem, effects on a physician as a person and how it may potentially affect physician's personal life and impact the patient care.
 - Confidential addresses and telephone numbers will be distributed for those who wish to have a consultation or a confidential referral to an appropriate agency.
- The residents are expected to act professionally towards all members of the health care team and other co-workers.
 - Workshops on the topic of "Sexual harassment in the work place" are given, and residents are expected to participate. **If at any time any resident feels that they felt persecuted, harassed, or threatened in any form they should immediately report their concerns to the program director, or his designee, or the Department's sexual harassment officer, and the appropriate action and referrals will be made.**
- The Department's Annual lecture on physician stress, mental illness and suicide will help the resident to identify signs of stress in themselves and their colleagues.
- Timely record completion is expected, including:
 - medical records, operative dictations, and discharge summaries
 - residency operative logs, submission of the credentialing 'chits' for procedures
 - evaluations of rotations, annual evaluations of attendings and the program
- Remember that the hospital is the workplace for us, but for the patients it is temporary home.
 - Be respectful to the patients
 - Patients' rooms are therefore their private space, which we enter out of necessity
 - Knock on the door, if the door to the room is closed

- Most of the time there are two patients in the room, and to get to the patient away from the door you will have to traverse the space of a person. A quick apology, a greeting and a smile will make the intrusion much less offensive.
- Surgeons frequently make rounds in the very early hours, and with large teams. Try to awaken the patient gently, and ask permission to examine them
- Close the curtain, respecting the patient's privacy
- Although frequently difficult to maintain privacy in a small room make every effort to do so

PGY3/PGY4

- Lead by example
 - Show compassionate patient care which is ethical and respectful
- Demonstrate professionalism by preparation for the elective cases, pre-operative assessment of the patient, and conduct in surgery that is deferential to the patient and to the experience of the supervising attending. Follow the patient after the surgery with daily progress notes.
- Communicate with the attending surgeon daily to coordinate the post-operative care of the patient.
- When appropriate provide the patient with the pertinent information, deferring to the attending surgeon discussions dealing with difficult matters, such as complications, and prognosis and treatment plan in cancer patients.
 - Be present when these discussions do take place, as this will provide you with the important lessons for the future. It is also usually comforting to the patient to see familiar faces when receiving bad news.
- Dress appropriately with attention to personal and hospital hygiene.

PGY5

- Lead by example
 - At this stage of your training you are expected to be a leader in a professional organization.
 - The position of a chief surgical resident perceived to be one of great power, responsibility and brevity.
 - But, there must be a sense of humility and appreciation that physicians are lifelong students at various stages of personal and professional development.
- Treat your juniors as you wanted to be treated by your chief when you were an intern.
- Treat your patients as you would want to be treated if you were in their place.

System-based Practice

PGY1

- Residents are expected to demonstrate awareness
 - Differences between hospitals
 - Differences between health care systems, insurance companies
 - National QA initiatives such as the Joint Commission, core measures, SCIP programs, DVT prophylaxis – and must work effectively in their context.

- Resident’s portfolios address the issues of resident’s involvement in the care of a particular patient. It gives the resident an opportunity to reflect on how they contributed to the care of the patient in the contexts above and how they felt as a participant.
- Participation in the multiple multi-disciplinary conferences is valuable in demonstrating and teaching the residents the practice of medicine in the context of a global health care delivery.
- Case management conferences are important for demonstrating the close and necessary ties between clinical and other services, especially in the discharge planning arena.
- Familiarization with the Joint Commission standards, National Patient Safety Goals, New York State Department of Health 405 Regulations are mandated and the instruction given.
- HIPPA regulations, patient privacy issues are to be understood and respected. Instructions are given to the residents.
- Participation in the Department’s Quality Assurance process is assured.
- The residents are required to comply with the department’s administrative policies:
 - ACGME operative logs
 - Submission of ‘chits’ for credentialing for invasive procedures
 - Program and attendings’ evaluations
 - Monitoring of the news and developments on the department’s web-site, and periodic checking of the e-mails, as important communications are sent to the residents through e-mail.

PGY2/PGY3

- Participation in Department of Quality Assurance projects, such medicine reconciliation, perioperative use of antibiotics, DVT prophylaxis implementation will provide the residents with valuable experience and appreciation of health care delivery in a more global context.

- Participation in discharge rounds will provide the residents with understanding of the discharge process, steps necessary to arrange for social services, arranging for the visiting nurse on home health aids.
- Participation in multi-specialty conferences will offer the residents the unique opportunity to benefit from the knowledge and experience of the faculty members from different departments.
- The residents will be able to incorporate this acquired appreciation of the multi-specialty approach to patient care in their own practice.

PGY4/PGY5

- Senior and chief residents are expected to not only understand the above issues of System-Based Practice, but also appreciate the differences at each site where they rotate, as every institution is unique. They should help the junior residents to navigate through the difficulties that working in an unfamiliar institution may pose.
- Participation in the institutional and department's quality assurance committees, such as Root Cause Analysis, where complex cases with an unexpected outcome are discussed in a multi-specialty group involving hospital and nursing administration in addition to the clinical services.
- Participation in the Resident Subcommittee of the GME Committee provides our residents with hands-on involvement in charting the academic course of the institution. Residents' concerns are discussed, and then presented by the resident representative at the GME Committee.