General Surgery Residency
Loma Linda University Medical Center

VAMC General Surgery (Green) Goals and Objectives

PGY 5

Goals:

The Loma Linda Veterans' Administration Medical Center will provide a learning environment for various gastrointestinal surgical pathology and general surgical issues. Surgical basic science including fluids and electrolytes, wound healing and nutrition will be emphasized. Clinically, residents will assess surgical pathology pre-operatively, develop clinical judgment on managing these issues, and learn operative skills to address the problem. Careful postoperative care and follow up will be emphasized. Residents will develop cognitive and technical skills in dealing with complex gastrointestinal pathology.

Objectives:

MEDICAL KNOWLEDGE:

Understand the physiology of esophageal carcinoma, staging, and surgical principles in esophagectomy.

Understand the physiology, treatment, and surgical principles of reflux disease

Understand the physiology, treatment, and surgical principles of hiatal hernia and paraesophageal hernia.

Understand the physiology, treatment, and surgical principles of esophageal dysmotility

Understand the physiology, treatment, and surgical principles of gastric cancer and benign gastric neoplasms.

Understand the physiology, treatment and surgical principles of small bowel neoplasms, meckel’s diverticulum, and mesenteric ischemia.

Understand the physiology and treatment of both primary and metastatic liver neoplasms, cystic diseases of the liver.
Understand the physiology, treatment and surgical principles of pancreatic cancer, including periampullary tumors, pancreatic lymphoma, and neuroendocrine tumors.

Understand the physiology, treatment and surgical principles of both laparoscopic and open splenectomy.

Understand the physiology, treatment and surgical principles of adrenal surgery including evaluation of pheochromocytoma, Cushings, and adrenocortical cancer.

List contraindications for laparoscopic surgery, and be able to explain why these conditions are considered relative or absolute contraindications.

Select management options for handling bile duct injuries, including immediate and delayed diagnosis and treatment.

Specify the indications and technique for percutaneous cholangiography, endoscopic ultrasound, and common bile duct exploration (CBDE), including use of choledochoscopy.

Discuss management of the patient with common duct stones, including:
- Choice of approach (open common duct exploration, versus laparoscopic CBDE, versus LC followed by/preceded by endoscopic stone extraction)
- Timing of surgery
- Safety and cost-effectiveness of each approach

Describe current theories, including advantages and disadvantages, regarding the use of MA anti-reflux procedures and myotomies.

Outline the potential benefits and limitations to:
- Laparoscopy-assisted cholecotomy
- Pre- and trans- peritoneal groin hernia repairs

Summarize other intra-abdominal laparoscopic procedures currently being performed, including:
- Adrenalectomy
- Gastrectomy
- Splenectomy

Identify the potential applications of thoracoscopic surgery, such as pulmonary resection, pleurectomy, lung biopsy and decortications.
Discuss anesthetic management of a patient undergoing thoracoscopy.

Discuss pros and cons of thoracoscopic versus open surgery for pulmonary disease.

**PATIENT CARE**

Develop an understanding for the surgical principles and care of the patient with esophagectomy

Develop an understanding for the surgical principles and care of the patient requiring: hepatic resection, RFA, bland and chemoembolization

Develop an understanding of the surgical principles and management of the patient with pancreatic neoplasm: including pancreaticojejunostomy, duodenopancreaticojejunostomy.

List the steps in an open tranhiatal esophagectomy

Differentiate between a D1 and D2 gastrectomy

Describe the surgical options for duodenal neoplasms and their preoperative evaluation.

Demonstrate Kocher maneuver

Demonstrate the technique for development of gastrojejunal, pancreaticojejunal, and hepaticojejunal anastomosis

Describe the radiologic findings of mild, moderate and severe chronic pancreatitis

Describe the evaluation and management of the postoperative patient with pancreatic leak.

Demonstrate pancreaticojejunostomy, hepaticojejunostomy, and gastrojejunostomy.

Perform a major open abdominal case with attending. Technical aspects will be evaluated: e.g.: Whipple, Open esophagectomy.

Perform an advanced laparoscopic case with attending. Technical aspects will be evaluated: e.g.: Laparoscopic Nissen Fundoplication
List laparoscopic equipment needed for complex procedures, select instruments needed, set up room (including patient position) and equipment, troubleshoot equipment when malfunction occurs.

Demonstrate facility in endoscopic knot-tying, stapling, and suturing, either in a box-trainer, an animal model, or the operating room.

Participate in increasingly complex procedures under supervision, such as:
- Laparoscopic hiatal hernia repair
- Laparoscopic surgery for achalasia
- Laparoscopic splenectomy
- Laparoscopic inguinal hernia repair
- Other advanced procedures

Demonstrate understanding of uses of endoscopic ultrasound and other intraoperative adjuncts.

Complete additional MAS training as necessary through specialized courses at the home or outside institution to certify one’s proficiency in performing currently practiced and widely accepted procedures.

PRACTICE BASED LEARNING AND IMPROVEMENT

Participate in Mortality and Morbidity Conference

Apply knowledge of scientific data to the care of the surgical patient.

Facilitate the learning of medical students and physician assistant students on the team.

Demonstrate improvement in clinical management of patients by continually improving medical care related knowledge and skills during the rotation.

Develop an attitude of responsibility for the patients on the wards, and in so doing develop the skill of self-assessment with the goal of continuous improvement in practice management style.

Understand the importance of critically reading and discussing medical literature pertinent to patients critically ill
Importantly discuss performance with respect to care of patients and progress made during rotation with Chief of Service or designee at mid-rotation meeting.

Learn how to effectively utilize hospital and University educational resources and begin to apply literature based and evidence based concepts as well as experimental evidence to their daily practice of surgery.

INTERPERSONAL AND COMMUNICATION SKILLS

Delegate jobs clearly to the appropriate team member

Establish rapport with patients and their families.

Perform a patient-centered medical interview.

Engage patients in shared decision-making, and participate in family discussions.

Effectively and considerately communicate with team staff in a manner that promotes care coordination.

Respectfully interact with patients, staff, and families.

Learn to listen and assess non-verbal cues from patients and staff.

Work effectively with the team, communicating issues appropriately and succinctly.

PROFESSIONALISM

Coordinate efforts of the team.

Demonstrate respect and compassion for all patients.

Understand and compassionately respond to issues of culture, age, sex, sexual orientation, and disability for all patients and their families.

Assist with families of critically injured/ill patients and guidance of families towards or through difficult decision.

Adhere to the local institutional code of conduct, demeanor, behavior and attire.

Demonstrate mentoring and positive role-modeling skills.
Learn and practice the ethical principles involved with caring for the surgical population including, consent-ability, confidentiality, and informed consent.

**SYSTEMS-BASED PRACTICE**

Assist in the development of care pathways

Assist in the coordination of call for all surgery residents

Comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations regarding patient privacy and confidentiality

Develop a basic understanding of local, regional, national and international economic, societal, and clinical impact of hospitalized patient.

Develop an appreciation for the benefits of a multi-disciplinary approach to management of critically ill surgical patients.

Learn to practice cost-effective health care without sacrificing quality of care

Assist patients to negotiate the medical system in a consistent and fair manner.

Partner with health care managers to assist in providing seamless care across systems.