

**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 general surgery and surgical oncology patients. 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 general surgery and surgical oncology issues.

Objectives:

MEDICAL KNOWLEDGE:

Apply clinical screening for common malignancies. Recognize typical presentations and clinical manifestations for different types of neoplasms.

Describe the stimuli for and the biologic events in angiogenesis and the potential therapeutic implications thereof.

Discuss the known facts relative to tumor suppressive genes and the implications of mutations.

Stage specific neoplasms both clinically and pathologically, with the tumor, nodes, and metastasis system (TNM) and relate this to prognosis.

Explain the rationale and methodology employed in lymphatic mapping and sentinel node biopsies along with the expected level of positive findings.

Analyze the medical preparation of patients for cancer surgery to include the correction of metabolic and nutritional deficits.

Apply post-treatment screening/surveillance for common malignancies.

Discuss the known facts relative to tumor recurrence after local resection of a primary lesion of the breast, colon, and retroperitoneal sarcoma; with regard to survival.

Describe the indications and means for implementing nutritional support in the pre- and postoperative cancer patient.

Summarize the indications and appropriate modalities for adjuvant therapy within the scope of general surgery, including chemotherapy, radiation therapy, immunotherapy, and gene therapy.

Describe Radioimmunoguided (RIGS) surgery and its clinical applications.

Describe radioimmuno detection (RAID) for colorectal cancer and compare this method to positron emission tomography (PET) and to conventional (CT and MRI) modalities.

Understand the physiology, treatment, and surgical principles of gastric cancer and benign gastric neoplasms, small bowel neoplasms, and meckel's diverticulum

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

Understand the physiology and treatment of both primary and metastatic liver neoplasms, and cystic diseases or benign lesions 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 adrenal surgery including evaluation of pheochromocytoma, Cushings, and adrenocortical cancer.

List contraindications for robotic and/or 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/robotic CBDE, versus CBDE followed by/preceded by endoscopic stone extraction)
- Timing of surgery
- Safety and cost-effectiveness of each approach

Summarize other intra-abdominal robotic and laparoscopic procedures currently being performed including:

- Adrenalectomy
- Gastrectomy
- Pancreas surgery/Splenectomy
- Colorectal surgery

Analyze and explain a holistic approach to the treatment of patients with cancer.
Define and apply the criteria for palliative versus curative treatment plans.

Apply proper clinical and demographic data to the tumor registry.

Demonstrate a working knowledge of prior research milestones, current research efforts, and cancer research methodology.

PATIENT CARE

Describe the management of a patient with BRCA positive and LCIS

Describe options for the treatment of metastatic melanoma

List or demonstrate the proper steps in a standard complete axillary dissection and inguinal/femoral lymph node dissection. Tell the indications and side effects for each operation.

List or demonstrate the proper steps in a standard resection for extremity sarcoma.

Describe the appropriate operative approach for a patient with a suspected, but non localized gastrinoma.

Demonstrate proficiency in ultrasonography for detection of hepatic metastases.

Perform sentinel node biopsies for breast primary cancer and melanoma and apply the results to a treatment plan.

Describe the operative approach for skin sparing mastectomy.

Demonstrate the capability for independent function in all aspects of general surgery patient and cancer patient management.

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.

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, Low Anterior Resection.

Perform an advanced laparoscopic/robotic case with attending. Technical aspects will be evaluated: e.g.: Adrenalectomy, Colectomy

List laparoscopic and robotic equipment/instruments needed for complex procedures, select instruments needed, set up room (including patient position) and equipment, troubleshoot equipment when malfunction occurs.

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

PRACTICE BASED LEARNING AND IMPROVEMENT

Gain experience with using a case based conference (M&M Conference) as an educational tool and demonstrate the ability to select cases and guide preparation to optimize the benefits from M&M conference.

Apply knowledge of scientific data and literature to the care of the surgical patient and surgical oncology patient.

Facilitate the learning of medical students and junior residents on the team.

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.

Discuss performance with respect to care of patients and progress made during rotation with Attending Surgeon or designee at mid-rotation meeting.

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

INTERPERSONAL AND COMMUNICATION SKILLS

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

Develop an ability to communicate complex medical information to anxious patients. Establish rapport with patients and their families.

Be able to describe a general approach to delivery of bad news.

Describe an interview technique which allows the examiner to gauge the patients' understanding of their disease.

Demonstrate effective team-building skills as evidenced by satisfaction of junior level residents and medical students.

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

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

PROFESSIONALISM

Understand the role of the chief resident as team leader and coordinate the efforts of the team.

Demonstrate the leadership by example and by providing for the needs of other members of the surgical team. Demonstrate mentoring and positive role-modeling skills

Foster respectful communication between patients, families, team members, and all hospital staff

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

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

Learn and practice the ethical principles involved with caring for the surgical population including, consent-ability, confidentiality, and informed consent.

Develop professional commitment to care for complex general surgery, bariatric surgery, foregut surgery and plastic surgery patients at the VA Hospital.

Demonstrate consistent and compassionate care for patients at the VA Hospital.

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

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

SYSTEMS-BASED PRACTICE

Describe the surgical oncologists role in coordinating multidisciplinary cancer care for patient a variety of complex malignancies.

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

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