

Learning Experience: Emergency General Surgery

Learning Experience Leader:

Synopsis of Learning Experience:

PGY 1 Core Competencies:

Medical Knowledge:

1. Describe the related anatomy, pathophysiology, diagnosis, related imaging, and the basics of treatment of the following emergency general surgery diagnoses.
 - a. Acute gastrointestinal hemorrhage
 - b. Hernia
 - i. Inguinal
 - ii. Umbilical
 - iii. Incisional
 - iv. Other
 - c. Appendicitis
 - d. Cholecystitis
 - e. Acute pancreatitis
 - f. Gastrointestinal tract foreign body
 - g. Cholecystitis
 - h. Cholangitis
 - i. Anorectal abscess
 - j. Acute presentations of hemorrhoidal disease
 - k. Complications of peptic ulcer disease
 - l. Infections of skin and soft tissue to include necrotizing soft tissue infection
 - m. Intestinal obstruction
 - n. Ileus
 - o. Acute presentations of malignant and inflammatory bowel diseases
 - p. Gastrointestinal fistula
 - q. Intraabdominal and retroperitoneal abscess
2. Be familiar with complications of treatment of the above diseases.

Patient Care:

1. Perform a problem-based assessment of emergency general surgery patients presenting for evaluation and suggest a reasonable treatment plan.
2. Make rounds daily on primary patients on the EGS service as well as consults and make appropriate assessments. Develop a plan of care in conjunction with the team.
3. Respond to calls and concerns from the floor in a timely fashion, including being present each time a patient on the floor has a "Code Sepsis."
4. Perform nasogastric tube placement, perform dressing and VAC changes, and remove drains under indirect supervision.
5. Place central venous catheters as indicated under direct supervision.
6. Enter admission and discharge orders as well as daily orders on EGS patients.

7. Participate in EGS cases in the operating room as appropriate given availability and skill level.

Practice Based Learning:

1. Become familiar with literature regarding treatment of Emergency General Surgery problems. Acute Care Surgery conference, held on Thursdays, is often a good starting point in determining which papers one should read.

Interpersonal and Communication Skills:

1. Accurately communicate patient care information to all members of the patient care team.
2. Work in conjunction with case management personnel to establish a safe discharge plan.
3. Perform focused patient presentations on rounds with EGS faculty.
4. Become an active participant in medical student education and involve them in patient care as appropriate.

Professionalism:

1. Demonstrate a commitment to being a part of the EGS team by delivering excellent patient care.
2. Attend daily multidisciplinary trauma rounds as well as Acute Care Surgery conference.
3. Be present in the operating room for cases as often as patient care duties allow.

Systems-Based Practice:

1. Work as a team with multi-disciplinary EGS team to include (but not limited to) physicians, mid-level providers, students, nurses, respiratory therapists, pharmacists, case managers, and social workers to provide patient care and discuss treatment plans.

PGY 3 Core Competencies:

Medical Knowledge:

1. Describe the related anatomy, pathophysiology, diagnosis, related imaging, and the treatment plan, including a plan for operative intervention if necessary, of the following emergency general surgery diagnoses
 - a. Acute gastrointestinal hemorrhage
 - b. Hernia
 - i. Inguinal
 - ii. Umbilical
 - iii. Incisional
 - iv. Other
 - c. Appendicitis
 - d. Cholecystitis
 - e. Acute pancreatitis

- f. Gastrointestinal tract foreign body
 - g. Cholecystitis
 - h. Cholangitis
 - i. Anorectal abscess
 - j. Acute presentations of hemorrhoidal disease
 - k. Complications of peptic ulcer disease
 - l. Infections of skin and soft tissue to include necrotizing soft tissue infection
 - m. Intestinal obstruction
 - n. Ileus
 - o. Acute presentations of malignant and inflammatory bowel diseases
 - p. Gastrointestinal fistula
 - q. Intraabdominal and retroperitoneal abscess
2. Describe complications following treatment of the above diseases and treatment of these complications.

Patient Care:

1. See all emergency department and ward consultations for new patients with Emergency General Surgery problems and assess consultations for other general surgery services as needed. Perform a focused history and physical on these patients and prepare a treatment plan, including operative plans as indicated.
2. Supervise PGY1 residents in the performance of daily patient care for floor patients. Develop a plan of care for these patients for discussion with the EGS fellow and attending.
3. Under direct and indirect supervision as appropriate, perform operative intervention to treat the problems listed under "Medical Knowledge." The level of supervision and amount of each operation performed will progress as the resident progresses through the year and gains confidence and skill.

Practice Based Learning:

1. Become more familiar with literature regarding EGS problems and seek out new articles to supplement knowledge base and resolve clinical dilemmas.

Interpersonal and Communication Skills:

1. Accurately communicate patient care information to all members of the patient care team.
2. Work in conjunction with case management personnel to establish a safe discharge plan.
3. Perform focused patient presentations on rounds with EGS faculty.
4. Become an active participant in medical student education and involve them in patient care as appropriate.
5. Communicate effectively with consulting physicians.
6. Communicate effectively and compassionately with patient families.

Professionalism:

1. Begin to develop the skills necessary to become a team leader while supervising interns and medical students.

2. Demonstrate a commitment to being a part of the EGS team by delivering excellent patient care.
3. Attend daily multidisciplinary trauma rounds as well as Acute Care Surgery conference.
4. Assist the EGS fellow and attending with all cases in the OR.

Systems-Based Practice:

1. Work as a team with multi-disciplinary EGS team to include (but not limited to) physicians, mid-level providers, students, nurses, respiratory therapists, pharmacists, case managers, and social workers to provide patient care and discuss treatment plans.

PGY 5 Core Competencies (night only):

Medical Knowledge:

1. Describe the related anatomy, pathophysiology, diagnosis, related imaging, and the treatment plan, including a plan for operative intervention if necessary, of the following emergency general surgery diagnoses. At this level, the resident should be aware of unusual presentations and be able to describe treatment even in complicated cases.
 - a. Acute gastrointestinal hemorrhage
 - b. Hernia
 - i. Inguinal
 - ii. Umbilical
 - iii. Incisional
 - c. Other
 - d. Appendicitis
 - e. Cholecystitis
 - f. Acute pancreatitis
 - g. Gastrointestinal tract foreign body
 - h. Cholecystitis
 - i. Cholangitis
 - j. Anorectal abscess
 - k. Acute presentations of hemorrhoidal disease
 - l. Complications of peptic ulcer disease
 - m. Infections of skin and soft tissue to include necrotizing soft tissue infection
 - n. Intestinal obstruction
 - o. Ileus
 - p. Acute presentations of malignant and inflammatory bowel diseases
 - q. Gastrointestinal fistula
 - r. Intraabdominal and retroperitoneal abscess
2. Formulate a treatment plan patients with complex complications following treatment of the above diseases.

Patient Care:

1. During night float rotation, the PGY5 will supervise more junior residents in the care of emergency general surgery and general surgery patients.

2. Perform surgical intervention with indirect and direct supervision as appropriate in patients requiring urgent/emergent general surgical intervention. It is expected that, at this level, the resident will be able to perform many of these operations with only a small degree of technical assistance.
3. Develop appropriate treatment plans for even the most complex surgical patients.
4. Supervise more junior residents performing procedures and begin to take on a "teaching assistant" role in less complex operations.

Practice Based Learning:

1. Read surgical literature regularly on management of EGS problems and discuss debates in the literature with surgical faculty. Change practice patterns as appropriate based on reading.

Interpersonal and Communication Skills:

1. Demonstrate leadership skills by acting as the most senior resident in the hospital at night.
2. Communicate with other team members and health care personnel in a manner that allows for accurate dissemination of information and relays expectations for each team member.
3. Continue to be an active participant in medical student education and involve them in patient care as appropriate.
4. Communicate effectively with consulting physicians.
5. Communicate effectively and compassionately with patient families.
6. Ensure effective checkout at the end of each night duty hour shift.

Professionalism:

1. Act as team leader each night during night float.
2. Demonstrate a commitment to delivering excellent care to all surgical patients admitted to the hospital during night duty hours.
3. Attend morning conferences as able given duty hours restrictions.

Systems-Based Practice:

1. Use all available resources to ensure that patient care continues at night as well as during the day.