Brigham and Women’s Hospital
General Surgery Residency Program

PROGRAM EDUCATIONAL GOALS, SCOPE, AND OBJECTIVES

The defining goal of the Brigham and Women’s Hospital General Surgery Residency Program is “to prepare the resident to function as a qualified practitioner of surgery at the high level of performance expected of a board-certified specialist.” This level of performance implies competence in patient care, medical knowledge, interpersonal and communication skills, professionalism, practice-based learning and improvement, and systems-based practice. The program includes both a preliminary track (one or two years of training) and a categorical track (five years of clinical training), preparing the graduate for either further specialty education and training and/or the practice of clinical general surgery and/or a career in academic surgical teaching and investigation. We continue to believe that a related goal of the Brigham and Women’s Hospital General Surgery Residency is to train not only competent surgeons but also the future leaders of surgery in whatever field the resident eventually chooses.

The scope of the program includes comprehensive training in the essential content areas of general surgery: the abdomen and its contents; the alimentary tract; skin, soft tissues, and breast; endocrine surgery; head and neck surgery; pediatric surgery; surgical critical care; surgical oncology; trauma and nonoperative trauma (including burn experience); and the vascular system. Additional components include experience in preoperative, operative, and postoperative care in cardiothoracic, plastic, and transplant surgery and participation in the management of patients with common problems in urology, neurological surgery, burns, and anesthesiology. The program also provides the opportunity for residents to learn the in-depth fundamentals of basic science as applied to clinical surgery. The residents perform a variety of endoscopic procedures and have the opportunity to become familiar with evolving diagnostic and therapeutic methods. Most residents also spend two years in research and all acquire experience in research design, statistics, and critical review of the literature necessary for acquiring skills for lifelong learning.

The objectives of the program relate these goals to the six ACGME core competencies. Specifically, in the context of the defined scope of the program, residents should become competent in:

1. Patient care

Requirements: Residents must become competent in providing preoperative, operative, and postoperative patient care that is compassionate, appropriate, and effective for the treatment of surgical disease. Surgical residents must demonstrate manual dexterity appropriate for their training level and be able to develop and execute patient care plans. They are expected to communicate effectively and demonstrate caring and respectful behaviors when interacting with their patients and families. They should gather essential and accurate information about their patients and make informed decisions about diagnostic and therapeutic interventions.
based on patient information, preferences, scientific evidence, and clinical judgment. They should develop and carry out patient management plans, counsel and educate patients and their families, and use information technology to support patient care decisions and education. They need to be able to work with other health care professionals to provide patient-focused care.

**Approach:** This has been the predominant formal focus of training in general surgery. We have developed a schedule, based on rotations to a variety of surgical services, which enables residents to acquire technical skills and the ability to apply their knowledge to development of patient care plans. The system is one of graduated responsibility in the operating room and for patient care and decision-making. Residents participate in the preoperative, intraoperative, and postoperative care of patients with disorders encompassing the entire breadth of general surgery. Appropriate patient care objectives are referenced in the specific objectives listed for each of the rotation curricula.

2. **Medical knowledge**

**Requirements:** Residents must acquire a body of medical knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and be able to apply this knowledge to patient care. Residents are expected to learn not only clinical surgery but also the fundamentals of basic science as applied to surgery, including but not limited to wound healing, hemostasis, hematologic disorders, oncology, shock, circulatory physiology, surgical microbiology, respiratory physiology, gastrointestinal physiology, genitourinary physiology, surgical endocrinology, surgical nutrition, fluid and electrolyte management, metabolic response to injury including burns, musculoskeletal biomechanics and physiology, immunobiology and transplantation, applied surgical anatomy, and surgical pathology. Surgeons are expected to critically evaluate and demonstrate knowledge of pertinent scientific information.

**Approach:** Such knowledge is acquired through a range of activities including teaching at the bedside and in the operating room, by individual reading and study, and through the variety of teaching conferences offered by the BWH Department of Surgery, including Morbidity and Mortality Conference, Grand Rounds, Junior and Senior Core Curriculum Conference, Pizza Rounds and the case conferences available on each of the services. Residents are given electronic access to **SCORE (Surgical Council on Resident Education)** throughout residency. As this material is mastered, more senior residents are expected to explore the surgical literature widely. The weekly Core Curriculum Conferences address each topic with a series of lectures and, at the end of each section, a session is devoted to questions and answers in a board review fashion. During both the clinical rotations and the two-year research fellowship, residents develop the ability to interpret the literature and evaluate new scientific developments. Detailed knowledge objectives are referenced in the specific objectives listed for each of the rotation curricula. Residents are required to take the ABSITE examination each year to evaluate their successful acquisition of such knowledge.
3. **Interpersonal and Communication Skills**

**Requirements:** Residents are expected to develop skills that result in effective information exchange and teaming with patients, their families, and other health professionals. Specifically residents are expected to learn to communicate effectively with other health care professionals, counsel and educate patients and families, and effectively document practice activities. They also are expected to teach and supervise medical students on their surgery rotations.

**Approach:** These skills are a part of our resident selection process, although informally. The skills are refined as the resident progresses through his or her training. Some of this is accomplished through observation of teaching faculty and more senior residents and some through the experience of interacting with patients, families, and other health professionals. On each rotation, such skills are evaluated by the faculty, by other members of the care team, and by patients, and the feedback from such evaluation is used to help in the further development of such skills. Communication skills are also taught and reinforced through our simulation curriculum. Detailed objectives are referenced in the specific objectives listed for each of the rotation curricula.

4. **Professionalism**

**Requirements:** Residents should develop a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to diverse patient populations. They are expected to maintain high standards of ethical behavior and demonstrate a commitment to continuity of patient care and sensitivity to age, gender, and culture of patients and other health professionals. They should demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices.

**Approach:** Some of this is accomplished through observation of teaching faculty and more senior residents and some through the experience of interacting with patients, families, and other health professionals. Topics in ethics and professionalism are addressed directly in the Partners Resident Orientation, through selected Grand Rounds topics, and through a series of conferences sponsored under the direction of our general surgery teaching staff with an interest in surgical ethics. On each rotation, such skills are evaluated by the faculty, by other members of the care team, and by patients, and the feedback from such evaluation is used to help in the further development of such skills. Detailed objectives are referenced in the specific objectives listed for each of the rotation curricula.

5. **Practice-Based Learning and Improvement**

**Requirements:** Residents must be competent in the investigation and evaluation of their own patient care, in the appraisal and assimilation of scientific evidence, and in improvements of patient care. Specifically, surgeons are expected to critique personal practice outcomes and demonstrate recognition of the importance of lifelong learning in surgical practice. They should facilitate the learning of students and other health professionals.
**Approach:** A variety of approaches throughout the residency promote such competence. In particular, the residents are exposed to many different surgeons and each takes a unique approach to the same problems, giving the resident the opportunity to learn from a variety of practice patterns. Morbidity and Mortality Conference gives residents the opportunity to review their own care and that of others, developing concrete plans to prevent adverse outcomes in the future. The resident’s ability to learn from previous experience and mistakes is continuously evaluated and the teaching staff has the opportunity to observe the resident’s maturation as he/she passes through the various services on multiple occasions during their training. This competency is addressed on every rotation. Residents are expected to teach their more junior colleagues and medical students, which is an important part of their professional duties. Detailed objectives are referenced in the specific objectives listed for each of the rotation curricula.

6. **Systems-Based Practice**

**Requirements:** Residents will demonstrate an awareness of and response to the larger system of healthcare and effectively call on system resources to provide optimal care. They are expected to practice high quality, cost-effective patient care, demonstrate a knowledge of risk-benefit analysis, and demonstrate an understanding of the role of different specialists and other health care professionals in overall patient management.

**Approach:** Systems-based practice is learned throughout the residency through a variety of venues. Residents are exposed to faculty who practice in a variety of academic and private settings. Moreover, they work with surgeons involved in the care of both private practice and indigent patients. They also receive a range of didactic instruction on these subjects, including, for example, Grand Rounds presentations as well as quality improvement discussions at Morbidity and Mortality Conference. On each rotation, such skills are evaluated by the faculty, by other members of the team, and by patients, and the feedback from such evaluation is used to help in the further development of such skills. Detailed objectives are referenced in the specific objectives listed for each of the rotation curricula.
PGY4

Introduction:

The Ambulatory Service is focused on development of knowledge and technical skill for endoscopy. These patients typically are treated for diseases of the abdomen and gastrointestinal tract, principal components of general surgery. Colorectal disease represents a significant portion of the care provided by general surgeons and it is essential that the specialist be competent in its management.

Faculty: Drs. Bleday, Goldberg, Irani, Melnitchouk, Drewniak, Matloff, Preneta, Smith

Primary Goals:
Upon completion of this rotation, residents will be able to:

- Demonstrate competence in diagnostic colonoscopy of patients with surgical disorders of the lower gastrointestinal tract;
- Show competence in basic endoscopic skills
- Pass the Fundamentals of Endoscopy examination

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. **Patient Care**
   - Develop a plan for endoscopic evaluation of the patient;
   - Develop competency in endoscopic skills, including colonoscopy and upper endoscopy.

2. **Medical Knowledge**
   - Develop understanding of the pathophysiologic process and treatment for colorectal diseases, including:
     - Colon cancer
     - Rectal cancer
     - Crohn's disease
     - Ulcerative colitis
     - Diverticular disease
   - Select available resources, such as SCORE, to enrich medical knowledge.

3. **Interpersonal Skills and Communication**
   - Explain the advantages and disadvantages of various surgical options to patients and patients’ families;
   - Develop effective communication skills with other healthcare professionals, including attending surgeons, consultants, medical team, nurses, and PAs;

4. **Professionalism**
   - Demonstrate appropriate dress when working with patients in all settings;
   - Respond to all consult requests in a timely and courteous manner;
• Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion.

5. **Practice-based Learning and Improvement**
   - Practice endoscopic skills in the simulation laboratory
   - Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
   - Evaluate patient care practices with scientific evidence and professional skills.

6. **System-based Practice**
   - Demonstrate knowledge of health system functions and managing patients;
   - Perform consultations appropriately;
   - Organize patient care, such as obtaining tests and scheduling procedures both elective and emergently;
   - Interact cooperatively and efficiently with the endoscopy team.
BWH General Surgery
Apprenticeship Curriculum

PGY5

Introduction:
The Chief Resident Apprenticeship is a one-month rotation in which the chief resident works one-on-one with the attending of his or her choosing. This relationship provides the chief resident an in-depth education in all aspects of academic surgical practice. This rotation is intended to aid the chief resident in their transition to independent practice.

Faculty: Faculty in general, vascular, or cardiothoracic surgery

Primary Goals:
Upon completion of this apprenticeship, the resident will be able to:
• Demonstrate competence in a subspecialty of the resident’s choosing in preparation for fellowship or surgical practice;
• Demonstrate knowledge of the essential skills of academic surgical practice;
• Receive one-on-one teaching and feedback.

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

Patient Care
• Surgical skills specific to the chosen subspecialty;
• The continuum of surgical practice, including preoperative, intraoperative, and postoperative planning;
• Evaluation of the patient in a clinic setting.

Medical Knowledge
• Demonstrate knowledge of the essential steps of procedures specific to the chosen subspecialty;
• Master the understanding of the pathophysiologic process and treatment for at least five diseases in the resident's chosen subspecialty;
• Select available resources, such as SCORE, to enrich medical knowledge.

Interpersonal Skills and Communication
• Develop effective communication skills with other healthcare professionals, including referring physicians;
• Obtain informed consent effectively and deliver bad news with compassion and empathy.
Professionalism

• Demonstrate appropriate dress when working with patients in all settings;
• Demonstrate knowledge of the documentation, coding, and billing necessary for academic surgical practice;
• Complete program and hospital requirements (i.e., logging of duty hours and case operative cases) in a timely fashion.

Practice-based Learning and Improvement

• Demonstrate knowledge of how attending surgeons can monitor their own patient care;
• Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
• Evaluate patient care practices with scientific evidence and professional skills.

System-based Practice

• Demonstrate knowledge of health system functions and managing patients;
• Interact cooperatively and efficiently with the OR team;
• Experience laboratory and administrative meetings at the attending surgeon’s discretion;
• Consider cost-effectiveness in patient care decisions.
PGY2

Introduction:
The Burn Service is responsible for the care of patients at the BWH Burn Center, a Level I Burn Center and approved by the American Burn Association. Patients are treated and admitted for a wide range of burns, from small burns to massive burns with systemic illness requiring intensive care. The burn resident, under the direction of the burn faculty, provides complete care for these patients.

In addition to their responsibilities for the Burn service, the Burn resident is a member of the Plastic Surgery Service, which cares for patients with a wide range of congenital and acquired defects requiring reconstruction. Exposure to the unique perspective provided by this rotation strengthens the resident's knowledge, experience, and overall competence in this arena.

Burn Faculty: Drs. Burns, Nitzschke, Pomahac, Riviello, and Sinha.

Primary Goals:
Upon completion of this rotation, residents will be able to:

- Demonstrate competence in the postoperative management of patients with complex wounds and other defects requiring reconstruction.
- Develop experience in the preoperative and intraoperative management of patients with major burns.

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   - Develop a plan for preoperative preparation of the patient and postoperative care;
   - Demonstrate basic surgical skills in appropriate procedures relevant to complex wounds and reconstruction, including:
     - Escharotomy
     - Burn excision
     - Split thickness skin grafting
     - Advancement flaps
   - Perform the day-to-day care of patients on the service, including history and physical and medical orders.

2. Medical Knowledge
   - Identify patient status and/or change in patient condition;
   - Explain the basic pathophysiologic disease processes and their surgical
implications for complex wounds and major burns, including:

- Burn physiology
- Wound healing
- Skin as a barrier to infection
- Wound infection
- Surgical nutrition

- Summarize the basics of the surgical procedure(s) performed;
- Select available resources, such as SCORE, to enrich medical knowledge.

3. **Interpersonal Skills and Communication**
   - Explain recommendations to patients and patients’ families;
   - Develop effective communication and a cooperative manner with other healthcare professionals, including nurses, physician assistants, and consultants;
   - Teach basic surgical knowledge to medical students on the service.

4. **Professionalism**
   - Demonstrate appropriate dress when working with patients in all settings;
   - Respond to all pages and clinical requests in a timely and courteous manner;
   - Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion.

5. **Practice-based Learning and Improvement**
   - Demonstrate familiarity with the scientific information pertinent to the patient’s care;
   - Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
   - Evaluate patient care practices with scientific evidence and professional skills.

6. **System-based Practice**
   - Demonstrate knowledge of health system functions and managing patients;
   - Maintain accurate and complete daily progress notes and timely medical records;
   - Organize patient care, such as obtaining tests and scheduling procedures both elective and emergency;
   - Justify consultations appropriately.
BWH Surgery Residency
Cardiac ICU Curriculum

PGY1

Introduction:
The Cardiac Surgery Service is responsible for the care of patients at BWH with a wide range of diseases of the heart and great vessels. The rotation provides clinical experience in the preoperative, operative, and postoperative care of cardiac surgery patients. Exposure to the unique perspective provided by this rotation strengthens the resident’s knowledge, experience, and overall competence in this arena, with specific emphasis on cardiac physiology, heart failure, and valvular disease.

Surgery Faculty: Drs. Kelly, Patil, Rangel, Rawn, Shimizu + Anesthesia Critical Care Faculty

Primary Goals:
Upon completion of this rotation, residents will be able to:

- Demonstrate competence in the postoperative management of patients with cardiac disease;
- Develop experience in the preoperative and intraoperative management of patients with cardiac disease;

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   - Develop a plan for preoperative preparation of the patient and postoperative care;
   - Demonstrate basic surgical skills in appropriate procedures relevant to cardiac surgery and critical care, including:
     Central venous catheter placement
     Pulmonary artery catheter placement
     Bronchoscopy
   - Perform the day-to-day care of patients on the service, including history and physical and medical orders.

2. Medical Knowledge
   - Identify patient status and/or change in patient condition;
   - Explain the basic pathophysiologic disease processes and their surgical implications for cardiac surgical diseases, including:
     Valvular heart disease
     Coronary artery disease
     Congestive heart failure
Inotropic support
Acute respiratory distress syndrome
Acute renal failure
• Summarize the basics of the surgical procedure(s) performed;
• Select available resources, such as SCORE, to enrich medical knowledge.

3. Interpersonal Skills and Communication
• Explain recommendations to patients and patients’ families;
• Develop effective communication and a cooperative manner with other healthcare professionals, including nurses, physician assistants, and consultants;
• Teach basic surgical knowledge to medical students on the service.

4. Professionalism
• Demonstrate appropriate dress when working with patients in all settings;
• Respond to all pages and clinical requests in a timely and courteous manner;
• Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion;

5. Practice-based Learning and Improvement
• Demonstrate familiarity with the scientific information pertinent to the patient’s care;
• Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
• Evaluate patient care practices with scientific evidence and professional skills.

6. System-based Practice
• Demonstrate knowledge of health system functions and managing patients;
• Maintain accurate and complete daily progress notes and timely medical records;
• Organize patient care, such as obtaining tests and scheduling procedures both elective and emergency;
• Justify consultations appropriately;
• Interact cooperatively and efficiently with the OR and critical care teams.
Introduction:
The Boston Children’s Hospital rotation involves management of pediatric patients cared for by the Pediatric Surgical Service at Children’s Hospital. Pediatric surgery represents an essential content area of general surgery and exposure to the preoperative, operative, and postoperative care of such patients is required by the RRC for Surgery and for certification by the American Board of Surgery. Competence in the care of pediatric patients is essential for a general surgeon who may be faced with either the emergent or elective care of such pediatric patients depending on the practice setting.


Primary Goals:
Upon completion of this rotation, residents will be able to:

- Demonstrate competence in the postoperative management of pediatric surgery patients;
- Develop experience in the preoperative and intraoperative management of pediatric patients with surgical disorders of the gastrointestinal tract.

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   - Develop a plan for preoperative preparation of the pediatric patient and postoperative care;
   - Develop basic surgical skills, including knot-tying, suturing, tissue and instrument handling;
   - Demonstrate basic surgical skills in appropriate procedures relevant to pediatric general surgery, including:
     - Umbilical hernia repair
     - Inguinal hernia repair
     - Central venous catheter placement
     - Open and laparoscopic appendectomy
   - Perform the day-to-day care of patients on the service, including history and physical and medical orders.

2. Medical Knowledge
   - Identify patient status and/or change in patient condition;
   - Explain the basic pathophysiologic disease processes and their surgical implications for pediatric general surgical diseases, including:
     - Umbilical hernia
Inguinal hernia
Pyloric stenosis
Appendicitis
Intussusception
Short bowel syndrome

• Summarize the basics of the surgical procedure(s) performed;
• Select available resources, such as SCORE, to enrich medical knowledge.

3. **Interpersonal Skills and Communication**
   • Explain recommendations to patients and patients’ families;
   • Develop effective communication and a cooperative manner with other healthcare professionals, including nurses, physician assistants, and consultants;
   • Teach basic surgical knowledge to medical students on the service.

4. **Professionalism**
   • Demonstrate appropriate dress when working with patients in all settings;
   • Respond to all pages and clinical requests in a timely and courteous manner;
   • Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion.

5. **Practice-based Learning and Improvement**
   • Demonstrate familiarity with the scientific information pertinent to the patient’s care;
   • Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
   • Evaluate patient care practices with scientific evidence and professional skills.

6. **System-based Practice**
   • Demonstrate knowledge of health system functions and managing patients;
   • Maintain accurate and complete daily progress notes and timely medical records;
   • Organize patient care, such as obtaining tests and scheduling procedures both elective and emergency;
   • Justify consultations appropriately.
Introduction:
The Boston Children’s Hospital rotation involves management of pediatric patients cared for by the Pediatric Surgical Service at Children’s Hospital. Pediatric surgery represents an essential content area of general surgery and exposure to the preoperative, operative, and postoperative care of such patients is required by the RRC for Surgery and for certification by the American Board of Surgery. Competence in the care of pediatric patients is essential for a general surgeon who may be faced with either the emergent or elective care of such pediatric patients depending on the practice setting.


Primary Goals:
Upon completion of this rotation, residents will be able to:

- Demonstrate competence in the postoperative management of pediatric patients with congenital and acquired surgical disorders of the gastrointestinal tract;
- Demonstrate competence in the preoperative and intraoperative management of pediatric patients with congenital and acquired surgical disorders of the gastrointestinal tract.

By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   - Demonstrate competence in various surgical skills, including advanced laparoscopy, stapled and hand-sewn bowel anastomosis, adhesiolysis, and hernia repair;
   - Demonstrate competence in the most complex gastrointestinal and laparoscopic techniques, including:
     - Laparoscopic appendectomy
     - Laparoscopic and open pyloromyotomy
     - Open inguinal hernia repair
     - Tracheoesophageal fistula repair
     - Congenital diaphragmatic hernia repair
   - Develop a plan for preoperative preparation and postoperative care of pediatric patients with gastrointestinal and abdominal problems;
   - Organize and direct the day to day care of pediatric patients on the service.

2. Medical Knowledge
   - Demonstrate knowledge of the essential steps of the procedures above;
• Master the understanding of the pathophysiologic process and treatment for gastrointestinal diseases, including:
  Pyloric stenosis
  Pediatric polytrauma
  Tracheoesophageal fistula
  Congenital diaphragmatic hernia
• Select available resources, such as SCORE, to enrich medical knowledge.

3. Interpersonal Skills and Communication
• Develop effective communication skills with other healthcare professionals, including attending surgeons, residents, nurses, and PAs;
• Demonstrate capacity to run a surgical team of junior residents, PAs and medical students on the service;
• Obtain informed consent effectively and deliver bad news with compassion and empathy.

4. Professionalism
• Demonstrate appropriate dress when working with patients in all settings;
• Respond to all consult requests in a timely and courteous manner;
• Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion.

5. Practice-based Learning and Improvement
• Demonstrate familiarity with the scientific information pertinent to the patient’s care;
• Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
• Evaluate patient care practices with scientific evidence and professional skills.

6. System-based Practice
• Demonstrate knowledge of health system functions and managing patients;
• Interact cooperatively and efficiently with the OR team;
• Perform consultations appropriately;
• Consider cost-effectiveness in patient care decisions.
Introduction:
The Cushing Service includes trauma and most emergency surgery patients admitted to the general surgery services. In addition, the service cares for inpatients that develop a surgical emergency during their hospitalization for other care. The Cushing Service also cares for the patients undergoing elective procedures by the surgeons of this service. The Cushing Service is also part of the emergency response system of the hospital for cardiopulmonary arrests and airway emergencies. Trauma and surgical emergencies represent a significant portion of the practice of most general surgeons. The general surgeon should be competent in the care of such patients and the surgical specialist should have a familiarity with the initial and overall management of such patients provided by the general surgeon.

Faculty: Drs. Askari, Burns, Cooper, Havens, Kelly, Nitzschke, Rangel, Riviello, Salim, and Shimizu

Primary Goals:
Upon completion of this rotation, residents will be able to:

- Demonstrate competence in the postoperative management of patients with general surgical emergencies;
- Develop experience in the preoperative and intraoperative management of patients with general surgical emergencies;
- Develop competence in the nonoperative management of patients with general surgical diseases, with emphasis on trauma and on the acute abdomen.

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. **Patient Care**
   - Develop a plan for preoperative preparation of the patient and postoperative care;
   - Develop the understanding of the systematic evaluation of the trauma patient within the ATLS guidelines;
   - Develop basic surgical skills, including knot-tying, suturing, tissue and instrument handling;
   - Demonstrate basic surgical skills in appropriate procedures relevant to trauma and general surgical procedures, including:
     - Umbilical hernia repair
     - Appendectomy, laparoscopic and open
     - Laparoscopic cholecystectomy
     - Drainage of abscess
     - Central venous catheter placement
   - Perform the day to day care of patients on the service, including history and physical and medical orders.
2. **Medical Knowledge**
   - Identify patient status and/or change in patient condition;
   - Explain the basic pathophysiologic disease processes and their surgical implications for general surgical emergencies, including:
     - Appendicitis
     - Cholecystitis
     - Small bowel obstruction
     - Sepsis
     - Stable polytrauma
   - Summarize the basics of the surgical procedure(s) performed;
   - Select available resources, such as SCORE, to enrich medical knowledge.

3. **Interpersonal Skills and Communication**
   - Explain recommendations to patients and patients’ families;
   - Develop effective communication and a cooperative manner with other healthcare professionals, including nurses, physician assistants, and consultants;
   - Teach basic surgical knowledge to medical students on the service.

4. **Professionalism**
   - Demonstrate appropriate dress when working with patients in all settings;
   - Respond to all pages and clinical requests in a timely and courteous manner;
   - Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion;

5. **Practice-based Learning and Improvement**
   - Demonstrate familiarity with the scientific information pertinent to the patient’s care;
   - Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
   - Evaluate patient care practices with scientific evidence and professional skills.

6. **System-based Practice**
   - Demonstrate knowledge of health system functions and managing patients;
   - Maintain accurate and complete daily progress notes and timely medical records;
   - Organize patient care, such as obtaining tests and scheduling procedures both elective and emergency;
   - Justify consultations appropriately.
Introduction:
The Cushing Service includes trauma and most emergency surgery patients admitted to the general surgery services. In addition, the service cares for inpatients that develop a surgical emergency during their hospitalization for other care. The Cushing Service also cares for the patients undergoing elective procedures by the surgeons of this service.

The Cushing Service is also a part of the emergency response system of the hospital for cardiopulmonary arrests and airway emergencies. Trauma and surgical emergencies represent a significant portion of the practice of most general surgeons. The general surgeon should be competent in the care of such patients and the surgical specialist should have a familiarity with the initial and overall management of such patients provided by the general surgeon.

Faculty: Drs. Askari, Burns, Cooper, Havens, Kelly, Nitzschke, Rangel, Riviello, Salim, and Shimizu

Primary Goals:
Upon completion of this rotation, residents will be able to:

• Demonstrate competence in the initial evaluation and management of patients requiring consultation for general surgical emergencies;
• Demonstrate competence in the postoperative management of patients with a range of general surgical emergencies;
• Develop experience in the preoperative and intraoperative management of patients with general surgical emergencies;
• Develop competence in the nonoperative management of patients with general surgical diseases, with emphasis on trauma and on the acute abdomen.

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   • Develop a plan for preoperative preparation of the patient and postoperative care;
   • Develop competency in complex surgical skills, including stapled and hand-sewn bowel anastomosis, laparoscopy, adhesiolysis, and trauma exposure;
   • Develop capability of supervising care in the SICU;
   • Develop competency in a variety of complex general surgical emergencies, including:
     - Trauma laparotomy
     - Splenectomy for trauma
     - Sigmoid colectomy
     - Open cholecystectomy
Repair incarcerated ventral/incisional hernia
Graham patch
Tracheostomy
Esophagogastroduodenoscopy/PEG tube placement

- Provide appropriate consultation in general surgical emergencies.

2. Medical Knowledge
   - Identify patient status and/or change in patient condition;
   - Develop understanding of the pathophysiologic process and treatment for general surgical emergencies, including:
     - Unstable polytrauma
     - Diverticulitis
     - Acute GI bleed
     - Perforated gastric/duodenal ulcer
     - Necrotizing soft tissue infection
   - Select available resources, such as SCORE, to enrich medical knowledge.

3. Interpersonal Skills and Communication
   - Explain the advantages and disadvantages of various surgical options to patients and patients’ families;
   - Develop effective communication skills with other healthcare professionals, including attending surgeons, consultants, medical team, nurses, and PAs;
   - Develop capacity of supervising junior residents and medical students on the service, including ICU care.

4. Professionalism
   - Demonstrate appropriate dress when working with patients in all settings;
   - Respond to all consult requests in a timely and courteous manner;
   - Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion.

5. Practice-based Learning and Improvement
   - Demonstrate familiarity with the scientific information pertinent to the patient’s care;
   - Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
   - Evaluate patient care practices with scientific evidence and professional skills.

5. System-based Practice
   - Demonstrate knowledge of health system functions and managing patients; Perform consultations appropriately;
   - Organize patient care, such as obtaining tests and scheduling procedures both elective and emergently;
   - Interact cooperatively and efficiently with the OR/trauma team.
PGY5

Introduction:
The Cushing Service includes trauma and most emergency surgery patients admitted to the general surgery services. In addition, the service cares for inpatients that develop a surgical emergency during their hospitalization for other care. The Cushing Service also cares for the patients undergoing elective procedures by the surgeons of this service. The Cushing Service is also part of the emergency response system of the hospital for cardiopulmonary arrests and airway emergencies. Trauma and surgical emergencies represent a significant portion of the practice of most general surgeons. The general surgeon should be competent in the care of such patients and the surgical specialist should have a familiarity with the initial and overall management of such patients provided by the general surgeon.

Faculty: Drs. Askari, Burns, Cooper, Havens, Kelly, Nitzschke, Rangel, Riviello, Salim, and Shimizu

Primary Goals:
Upon completion of this rotation, residents will be able to:

• Demonstrate competence in the postoperative management of patients with a range of general surgical emergencies;
• Demonstrate competence in the preoperative and intraoperative management of patients with general surgical emergencies;
• Demonstrate competence in the nonoperative management of patients with general surgical diseases, with emphasis on trauma and on the acute abdomen.

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   • Demonstrate competence in various surgical skills, including stapled and hand-sewn bowel anastomosis, laparoscopy, adhesiolysis, and trauma exposure and treatment;
   • Demonstrate competence in the most complex general surgical emergencies techniques, including:
     Damage control laparotomy
     Preperitoneal pelvic packing
     Complex ventral hernia repair
     Duodenal repairs
     Resuscitative thoracotomy
• Develop a plan for preoperative preparation and postoperative care of patients with general surgical emergencies;
• Organize and direct the day to day care of patients on the service.

2. **Medical Knowledge**
   • Demonstrate knowledge of the essential steps of the procedures above;
   • Master the understanding of the pathophysiologic process and treatment for general surgical emergencies, including:
     - Multicompartment unstable trauma
     - Complex duodenal perforations
     - Enterocutaneous fistula
     - Mesenteric ischemia
     - Small bowel obstruction
   • Select available resources, such as SCORE, to enrich medical knowledge.

3. **Interpersonal Skills and Communication**
   • Develop effective communication skills with other healthcare professionals, including attending surgeons, residents, nurses, and PAs;
   • Demonstrate capacity to run a surgical team of junior residents, PAs and medical students on the service;
   • Obtain informed consent effectively and deliver bad news with compassion and empathy.

4. **Professionalism**
   • Demonstrate appropriate dress when working with patients in all settings;
   • Set an example of professional behavior to the entire surgical team;
   • Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion.

5. **Practice-based Learning and Improvement**
   • Demonstrate familiarity with the scientific information pertinent to the patient’s care;
   • Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
   • Evaluate patient care practices with scientific evidence and professional skills.

6. **System-based Practice**
   • Demonstrate knowledge of health system functions and managing patients;
   • Interact cooperatively and efficiently with the OR/trauma team.
   • Request consultations appropriately;
   • Consider cost-effectiveness in patient care decisions.
Introduction:
The Cutler Service includes a wide range of general surgical procedures including upper GI surgery, minimally invasive surgery, bariatric surgery, hernias, biliary tract surgery, and some colon procedures and surgical oncology. Of the BWH general surgery services the Cutler Service is most representative of the practice of the community surgeon with a broad range of surgical cases. The general surgeon should be competent in the care of such patients and the surgical specialist should have a familiarity with the initial and overall management of such patients provided by the general surgeon.

Faculty: Drs. Ashley, Brooks, Robinson, Shikora, Sheu, Shoji, Smink, Tavakkoli, Tsai and Vernon.

Primary Goals:
Upon completion of this rotation, residents will be able to:
- Demonstrate competence in the postoperative management of patients with surgical disorders of the gastrointestinal tract;
- Develop experience in the preoperative, intraoperative management of patients with surgical disorders of the gastrointestinal tract;

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. Patient Care
- Develop a plan for preoperative preparation of the patient and postoperative care;
- Develop basic surgical skills, including knot-tying, suturing, tissue and instrument handling;
- Demonstrate basic surgical skills in appropriate procedures relevant to general surgery, including:
  - Open inguinal hernia
  - Open umbilical hernia
  - Laparoscopic cholecystectomy
  - Lipoma excision
- Perform the day to day care of patients on the service, including history and physical and medical orders.

2. Medical Knowledge
- Identify patient status and/or change in patient condition;
- Explain the basic pathophysiologic disease processes and their surgical implications for general surgical diseases, including:
Inguinal hernia
Cholelithiasis
Cholecystitis
Acute pancreatitis
Morbid obesity

- Summarize the basics of the surgical procedure(s) performed;
- Select available resources, such as SCORE, to enrich medical knowledge.

3. Interpersonal Skills and Communication
- Explain recommendations to patients and patients’ families;
- Develop effective communication and a cooperative manner with other healthcare professionals, including nurses, physician assistants, and consultants;
- Teach basic surgical knowledge to medical students on the service.

4. Professionalism
- Demonstrate appropriate dress when working with patients in all settings;
- Respond to all pages and clinical requests in a timely and courteous manner;
- Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion;

5. Practice-based Learning and Improvement
- Demonstrate familiarity with the scientific information pertinent to the patient’s care;
- Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
- Evaluate patient care practices with scientific evidence and professional skills.

6. System-based Practice
- Demonstrate knowledge of health system functions and managing patients;
- Maintain accurate and complete daily progress notes and timely medical records;
- Organize patient care, such as obtaining tests and scheduling procedures both elective and emergency;
- Justify consultations appropriately.
BWH Surgery Residency
Cutler Service Curriculum

PGY3

Introduction:
The Cutler Service includes a wide range of general surgical procedures including upper GI surgery, minimally invasive surgery, bariatric surgery, hernias, biliary tract surgery, and some colon procedures and surgical oncology. Of the BWH general surgery services the Cutler Service is most representative of the practice of the community surgeon with a broad range of surgical cases. The general surgeon should be competent in the care of such patients and the surgical specialist should have a familiarity with the initial and overall management of such patients provided by the general surgeon.

Faculty: Drs. Ashley, Brooks, Robinson, Shikora, Sheu, Shoji, Smink, Tavakkoli, Tsai and Vernon.

Primary Goals:
Upon completion of this rotation, residents will be able to:
• Demonstrate competence in the postoperative management of patients with surgical disorders of the gastrointestinal tract;
• Develop experience in the preoperative and intraoperative management of patients with surgical disorders of the gastrointestinal tract;
• Demonstrate competence in providing consultation for patients with abdominal and gastrointestinal conditions.

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:
1. Patient Care
   • Develop a plan for preoperative preparation of the patient and postoperative care;
   • Develop competency in complex surgical skills, including laparoscopy, stapled and hand-sewn bowel anastomosis, and hernia repair;
   • Develop competency in complex general surgical procedures, including:
     Open and laparoscopic ventral hernia repair
     Laparoscopic inguinal hernia repair
     Laparoscopic cholecystectomy for cholecystitis
     Laparoscopic gastric band
     Open colectomy
   • Provide appropriate consultation for patients with abdominal and gastrointestinal conditions.

2. Medical Knowledge
   • Identify patient status and/or change in patient condition;
• Develop understanding of the pathophysiologic process and treatment for general gastrointestinal diseases, including:
  Ventral hernia
  Morbid obesity
  Necrotizing pancreatitis
  Colon cancer
  Malnutrition
• Select available resources, such as SCORE, to enrich medical knowledge.

3. Interpersonal Skills and Communication
   • Explain the advantages and disadvantages of various surgical options to patients and patients’ families;
   • Develop effective communication skills with other healthcare professionals, including attending surgeons, consultants, medical team, nurses, and PAs;
   • Develop capacity of supervising junior residents and medical students on the service.

4. Professionalism
   • Demonstrate appropriate dress when working with patients in all settings;
   • Respond to all consult requests in a timely and courteous manner;
   • Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion.

5. Practice-based Learning and Improvement
   • Demonstrate familiarity with the scientific information pertinent to the patient’s care;
   • Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
   • Evaluate patient care practices with scientific evidence and professional skills.

6. System-based Practice
   • Demonstrate knowledge of health system functions and managing patients;
   • Perform consultations appropriately;
   • Organize patient care, such as obtaining tests and scheduling procedures both elective and emergently;
   • Interact cooperatively and efficiently with the OR team.
PGY5

Introduction:
The Cutler Service includes a wide range of general surgical procedures including upper GI surgery, minimally invasive surgery, bariatric surgery, hernias, biliary tract surgery, and some colon procedures and surgical oncology. Of the BWH general surgery services the Cutler Service is most representative of the practice of the community surgeon with a broad range of surgical cases. The general surgeon should be competent in the care of such patients and the surgical specialist should have a familiarity with the initial and overall management of such patients provided by the general surgeon.

Faculty: Drs. Ashley, Brooks, Robinson, Shikora, Sheu, Shoji, Smink, Tavakkoli, Tsai and Vernon.

Primary Goals:
Upon completion of this rotation, residents will be able to:
- Demonstrate competence in the postoperative management of patients with surgical disorders of the gastrointestinal tract;
- Develop experience in the preoperative and intraoperative management of patients with surgical disorders of the gastrointestinal tract.
- Develop competence in the nonoperative management of patients with abdominal and gastrointestinal conditions.

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   - Demonstrate competence in various surgical skills, including advanced laparoscopy, stapled and hand-sewn bowel anastomosis, adhesiolysis, and hernia repair;
   - Demonstrate competence in the most complex gastrointestinal and laparoscopic techniques, including:
     - Laparoscopic Nissen fundoplication
     - Laparoscopic paraesophageal hernia repair
     - Open and laparoscopic splenectomy
     - Laparoscopic gastric sleeve
     - Laparoscopic gastric bypass
   - Develop a plan for preoperative preparation and postoperative care of patients with gastrointestinal and abdominal problems;
   - Organize and direct the day to day care of patients on the service.
2. Medical Knowledge
   • Demonstrate knowledge of the essential steps of the procedures above;
   • Master the understanding of the pathophysiologic process and treatment for gastrointestinal diseases, including:
     - Gastroesophageal reflux disease
     - Paraesophageal hernia
     - Morbid obesity
     - Achalasia
     - Idiopathic thrombocytopenic purpura
   • Select available resources, such as SCORE, to enrich medical knowledge.

3. Interpersonal Skills and Communication
   • Develop effective communication skills with other healthcare professionals, including attending surgeons, residents, nurses, and PAs;
   • Demonstrate capacity to run a surgical team of junior residents, PAs and medical students on the service;
   • Obtain informed consent effectively and deliver bad news with compassion and empathy.

4. Professionalism
   • Demonstrate appropriate dress when working with patients in all settings;
   • Set an example of professional behavior to the entire surgical team;
   • Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion.

5. Practice-based Learning and Improvement
   • Demonstrate familiarity with the scientific information pertinent to the patient’s care;
   • Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
   • Evaluate patient care practices with scientific evidence and professional skills.

6. System-based Practice
   • Demonstrate knowledge of health system functions and managing patients;
   • Interact cooperatively and efficiently with the OR team;
   • Request consultations appropriately;
   • Consider cost-effectiveness in patient care decisions.
PGY1

Introduction:
The Emergency Department Rotation for residents provides exposure to a wide range of surgical emergency conditions. The general surgeon should be competent in the initial evaluation and management of a variety of acute surgical conditions that may be encountered in surgical practice. In addition, the rotation provides the surgeon, who will throughout his or her career be a consultant to the Emergency Medicine physician, insight into this important interdisciplinary relationship.

Faculty: All General and Vascular Surgery Faculty

Primary Goals:
Upon completion of this rotation, residents will begin to:
- Demonstrate competence in the postoperative management of patients with acute and semi-acute general surgical emergencies presenting to a hospital emergency department;
- Develop experience in the preoperative management of patients with acute and semi-acute general surgical emergencies presenting to a hospital emergency department;

Objectives by Competencies
By the end of this rotation, residents will begin to show competency in:

1. Patient Care
   - Develop a plan for preoperative preparation of the patient with acute surgical disease;
   - Demonstrate basic surgical skills in appropriate procedures relevant to trauma and general surgical procedures performed in the emergency department, including:
     - Incision and drainage
     - Complex wound closure
     - Central venous access
   - Demonstrate competence in evaluation and management of patients with post-operative complications.

2. Medical Knowledge
   - Identify patient status and/or change in patient condition;
• Explain the basic pathophysiologic disease processes and their surgical implications for general surgical emergencies, including:
  Acute appendicitis
  Acute cholecystitis
  Gastrointestinal hemorrhage
• Summarize the basics of the surgical procedure(s) performed;
• Select available resources, such as SCORE, to enrich medical knowledge.

3. Interpersonal Skills and Communication
• Explain recommendations to patients and patients’ families;
• Develop effective communication and a cooperative manner with other healthcare professionals, including nurses, physician assistants, and consultants;
• Teach basic surgical knowledge to medical students on the service.

4. Professionalism
• Demonstrate appropriate dress when working with patients in all settings;
• Respond to all pages and clinical requests in a timely and courteous manner;
• Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion;

5. Practice-based Learning and Improvement
• Demonstrate familiarity with the scientific information pertinent to the patient’s care;
• Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
• Evaluate patient care practices with scientific evidence and professional skills.

6. System-based Practice
• Demonstrate knowledge of health system functions and managing patients;
• Maintain accurate and complete daily progress notes and timely medical records;
• Organize patient care, such as obtaining tests and scheduling procedures both elective and emergency;
• Justify consultations appropriately.
Introduction:
The Emergency Department Rotation for residents provides exposure to a wide range of surgical emergency conditions. The general surgeon should be competent in the initial evaluation and management of a variety of acute surgical conditions that may be encountered in surgical practice. In addition, the rotation provides the surgeon, who will throughout his or her career be a consultant to the Emergency Medicine physician, insight into this important interdisciplinary relationship.

Faculty: Cushing Surgical Faculty

Primary Goals:
Upon completion of this rotation, residents will be able to:

• Demonstrate competence in the initial evaluation and management of patients with acute and semi-acute general surgical emergencies presenting to a hospital emergency department;
• Demonstrate competence in the initial evaluation and resuscitation of the poly trauma patient.

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   • Develop a plan for preoperative preparation and management of the patient with acute surgical disease;
   • Develop competency in complex general surgical procedures performed in the emergency department, including:
     Incision and drainage
     Complex wound closure
     Central venous access
     Focused abdominal sonography for trauma
   • Provide appropriate surgical consultation for patients in the Emergency Department and discuss with the appropriate surgical attending.

2. Medical Knowledge
   • Identify patient status and/or change in patient condition;
   • Develop understanding of the pathophysiologic process and treatment for general gastrointestinal diseases and trauma, including:
     Acute diverticulitis
     Peptic ulcer disease
Malignant bowel obstruction
Hernia
Necrotizing soft tissue infection
• Select available resources, such as SCORE, to enrich medical knowledge.

3. Interpersonal Skills and Communication
• Explain the advantages and disadvantages of various surgical options to patients and patients’ families;
• Develop effective communication skills with other healthcare professionals, including attending surgeons, consultants, medical team, nurses, and PAs;
• Develop capacity of supervising junior residents and medical students on the service.

4. Professionalism
• Demonstrate appropriate dress when working with patients in all settings;
• Respond to all consult requests in a timely and courteous manner;
• Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion.

5. Practice-based Learning and Improvement
• Demonstrate familiarity with the scientific information pertinent to the patient’s care;
• Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
• Evaluate patient care practices with scientific evidence and professional skills.

6. System-based Practice
• Demonstrate knowledge of health system functions and managing patients;
• Perform consultations appropriately;
• Organize patient care, such as obtaining tests and scheduling procedures both elective and emergently;
• Interact cooperatively and efficiently with the OR/ED team.
BWH Surgery Residency
Faulkner Hospital Curriculum

PGY1

Introduction:

The Faulkner Hospital Rotation includes care of patients undergoing operation for diseases encompassing almost the entire range of general surgery. Patients are admitted to the surgery service for care of a variety of abdominal, oncologic and breast diseases and residents on the service provide all their care, including outpatient and inpatient. The resident covers all inpatients on the surgery service. The breadth of experience and the exposure to community general surgery offered by this rotation strengthens the residents overall competence.

Faculty: Drs. Barbie, Bleday, Carter, Dominici, Duggan, Goldberg, Irani, Kenney, King, Melnitchouk, Nakhlis, Nehs, Rangel, Rhei, Shikora, Shoji, Spector, Tavakkoli, Tsai and Vernon.

Primary Goals:

Upon completion of this rotation, residents will be able to:

- Demonstrate competence in the postoperative management of patients with abdominal and breast disease;
- Develop experience in the preoperative and intraoperative management of patients with abdominal and breast disease.

Objectives by Competencies

By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   - Develop a plan for preoperative preparation of the patient and postoperative care;
   - Develop basic surgical skills, including knot-tying, suturing, tissue and instrument handling;
   - Demonstrate basic surgical skills in appropriate procedures relevant to oncologic and endocrine surgery, including:
     - Excisional biopsy, including radioactive seed and wire localization
     - Lumpectomy with or without radioactive seed or wire localization
     - Sentinel lymph node biopsy
     - Simple mastectomy
     - Hemorrhoidectomy
     - Anal fistulotomy
     - Open inguinal hernia repair
   - Perform the day-to-day care of patients on the service, including history and physical and medical orders.
2. **Medical Knowledge**
   - Identify patient status and/or change in patient condition;
   - Explain the basic pathophysiologic disease processes and their surgical implications for oncologic and endocrine diseases, including:
     - Breast cancer
     - Anorectal disease
     - Morbid obesity
     - Cholelithiasis
   - Summarize the basics of the surgical procedure(s) performed;
   - Select available resources, such as SCORE, to enrich medical knowledge.

3. **Interpersonal Skills and Communication**
   - Explain recommendations to patients and patients’ families;
   - Develop effective communication and a cooperative manner with other healthcare professionals, including nurses, physician assistants, and consultants;
   - Teach basic surgical knowledge to medical students on the service.

4. **Professionalism**
   - Demonstrate appropriate dress when working with patients in all settings;
   - Respond to all pages and clinical requests in a timely and courteous manner;
   - Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion.

5. **Practice-based Learning and Improvement**
   - Demonstrate familiarity with the scientific information pertinent to the patient’s care;
   - Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
   - Evaluate patient care practices with scientific evidence and professional skills.

6. **System-based Practice**
   - Demonstrate knowledge of health system functions and managing patients;
   - Maintain accurate and complete daily progress notes and timely medical records;
   - Organize patient care, such as obtaining tests and scheduling procedures both elective and emergency;
   - Justify consultations appropriately.
PGY2

Introduction:

The Faulkner Hospital Rotation includes care of patients undergoing operation for diseases encompassing almost the entire range of general surgery. Patients are admitted to the surgery service for care of a variety of abdominal, oncologic and breast diseases and residents on the service provide all their care, including outpatient and inpatient. The resident covers all inpatients on the surgery service and has primary rounding responsibilities for breast surgery inpatients. The breadth of experience and the exposure to community general surgery and the multidisciplinary approach to breast surgery offered by this rotation strengthens the residents’ overall competence.

Faculty: Drs. Barbie, Bleday, Carter, Dominici, Duggan, Goldberg, Irani, Kenney, King, Melnitchouk, Nakhlis, Nehs, Rangel, Rhei, Shikora, Shoji, Spector, Tavakkoli, Tsai and Vernon.

Primary Goals:

Upon completion of this rotation, residents will be able to:

- Demonstrate competence in the postoperative management of patients with abdominal and breast disease, including ICU care;
- Develop experience in the preoperative and intraoperative management of patients with abdominal disease;
- Demonstrate competence in preoperative and intraoperative management of patients with benign and malignant breast disease and understanding of multidisciplinary approach to breast cancer.

Objectives by Competencies

By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   - Develop a plan for preoperative preparation of the patient and postoperative care;
   - Develop experience in complex surgical skills, including laparotomy, organ resection, and stapled and hand-sewn bowel anastomosis;
   - Develop experience in oncologic and endocrine surgery, including:
     - Mastectomy, skin-sparing or modified radical
     - Sentinel lymph node biopsy
     - Axillary lymph node dissection
     - Laparoscopic cholecystectomy
     - Laparoscopic and open ventral hernia repair
   - Provide appropriate consultation in general surgery
• Participate in development of multidisciplinary plan for patients with breast cancer
• Manage critically ill surgical patients in the ICU.

2. Medical Knowledge
• Identify patient status and/or change in patient condition;
• Develop understanding of the pathophysiologic process and treatment for oncologic and endocrine diseases, including:
  ▪ Breast cancer
  ▪ Benign breast disease
  ▪ Diverticulitis
  ▪ Cholelithiasis
  ▪ Sepsis
• Select available resources, such as SCORE, to enrich medical knowledge.

3. Interpersonal Skills and Communication
• Explain the advantages and disadvantages of various surgical options to patients and patients’ families;
• Develop effective communication skills with other healthcare professionals, including attending surgeons, consultants, medical team, nurses, and PAs;
• Develop capacity to supervise junior residents and medical students on the service, including ICU care.

4. Professionalism
• Demonstrate appropriate dress when working with patients in all settings;
• Respond to all consult requests in a timely and courteous manner;
• Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion.

5. Practice-based Learning and Improvement
• Demonstrate familiarity with the scientific information pertinent to the patient’s care;
• Develop habits of lifelong learning through reading, and regular group meeting/conference/breast journal club attendance;
• Evaluate patient care practices with scientific evidence and professional skills.

6. System-based Practice
• Demonstrate knowledge of health system functions and managing patients;
• Perform consultations appropriately;
• Participate in multidisciplinary breast clinic;
• Organize patient care, such as obtaining tests and scheduling procedures both elective and emergently;
• Interact cooperatively and efficiently with the OR team.
PGY3

Introduction:

The Faulkner Hospital Rotation includes care of patients undergoing operation for diseases encompassing almost the entire range of general surgery. Patients are admitted to the surgery service for care of a variety of abdominal, oncologic and breast diseases and residents on the service provide all their care, including outpatient and inpatient. The resident covers all inpatients on the surgery service. The breadth of experience and the exposure to community general surgery offered by this rotation strengthens the residents overall competence.

Faculty: Drs. Barbie, Bleday, Carter, Dominici, Duggan, Goldberg, Irani, Kenney, King, Melnitchouk, Nakhlis, Nehs, Rangel, Rhei, Shikora, Shoji, Spector, Tavakkoli, Tsai and Vernon.

Primary Goals:

Upon completion of this rotation, residents will be able to:

- Demonstrate competence in the postoperative management of patients with surgical disorders of the gastrointestinal tract;
- Develop experience in the preoperative and intraoperative management of patients with surgical disorders of the gastrointestinal tract;
- Develop experience in providing consultation for patients with abdominal and gastrointestinal conditions.

Objectives by Competencies

By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   - Develop a plan for preoperative preparation of the patient and postoperative care;
   - Develop competency in complex surgical skills, including laparoscopy, stapled and hand-sewn bowel anastomosis, and hernia repair;
   - Develop competency in complex general surgical procedures, including:
     - Open and laparoscopic ventral hernia repair
     - Laparoscopic inguinal hernia repair
     - Laparoscopic cholecystectomy for cholecystitis
     - Laparoscopic gastric band
     - Open colectomy
   - Provide appropriate consultation for patients with abdominal and gastrointestinal conditions.
2. **Medical Knowledge**
   - Identify patient status and/or change in patient condition;
   - Develop understanding of the pathophysiologic process and treatment for general gastrointestinal diseases, including:
     - Ventral hernia
     - Morbid obesity
     - Necrotizing pancreatitis
     - Colon cancer
     - Malnutrition
   - Select available resources, such as SCORE, to enrich medical knowledge.

3. **Interpersonal Skills and Communication**
   - Explain the advantages and disadvantages of various surgical options to patients and patients’ families;
   - Develop effective communication skills with other healthcare professionals, including attending surgeons, consultants, medical team, nurses, and PAs;
   - Develop capacity of supervising junior residents and medical students on the service.

4. **Professionalism**
   - Demonstrate appropriate dress when working with patients in all settings;
   - Respond to all consult requests in a timely and courteous manner;
   - Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion.

5. **Practice-based Learning and Improvement**
   - Demonstrate familiarity with the scientific information pertinent to the patient’s care;
   - Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
   - Evaluate patient care practices with scientific evidence and professional skills.

6. **System-based Practice**
   - Demonstrate knowledge of health system functions and managing patients;
   - Perform consultations appropriately;
   - Organize patient care, such as obtaining tests and scheduling procedures both elective and emergently;
   - Interact cooperatively and efficiently with the OR team.
Introduction:

The Faulkner Hospital Rotation includes care of patients undergoing operation for diseases encompassing almost the entire range of general surgery. Patients are admitted to the surgery service for care of a variety of abdominal, oncologic and breast diseases and residents on the service provide all their care, including outpatient and inpatient. The resident covers all inpatients on the surgery service. The breadth of experience and the exposure to community general surgery offered by this rotation strengthens the residents overall competence.

Faculty: Drs. Barbie, Bleday, Carter, Dominici, Duggan, Goldberg, Irani, Kenney, King, Melnitchouk, Nakhlis, Nehs, Rangel, Rhei, Shikora, Shoji, Spector, Tavakkoli, Tsai and Vernon.

Primary Goals:

Upon completion of this rotation, residents will be able to:

- Demonstrate competence in the postoperative management of patients with surgical disorders of the gastrointestinal tract;
- Develop experience in the preoperative and intraoperative management of patients with surgical disorders of the gastrointestinal tract.
- Develop competence in the nonoperative management of patients with abdominal and gastrointestinal conditions.

Objectives by Competencies

By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   - Demonstrate competence in various surgical skills, including advanced laparoscopy, stapled and hand-sewn bowel anastomosis, adhesiolysis, and hernia repair;
   - Demonstrate competence in the most complex gastrointestinal and laparoscopic techniques, including:
     - Laparoscopic Nissen fundoplication
     - Laparoscopic gastric sleeve
     - Laparoscopic gastric bypass
   - Develop a plan for preoperative preparation and postoperative care of patients with gastrointestinal and abdominal problems;
   - Organize and direct the day to day care of patients on the service.

2. Medical Knowledge
• Demonstrate knowledge of the essential steps of the procedures above;
• Master the understanding of the pathophysiologic process and treatment for gastrointestinal diseases, including:
  ▪ Gastroesophageal reflux disease
  ▪ Paraesophageal hernia
  ▪ Morbid obesity
  ▪ Achalasia
  ▪ Idiopathic thrombocytopenic purpura
• Select available resources, such as SCORE, to enrich medical knowledge.

3. Interpersonal Skills and Communication
• Develop effective communication skills with other healthcare professionals, including attending surgeons, residents, nurses, and PAs;
• Demonstrate capacity to run a surgical team of junior residents, PAs and medical students on the service;
• Obtain informed consent effectively and deliver bad news with compassion and empathy.

4. Professionalism
• Demonstrate appropriate dress when working with patients in all settings;
• Set an example of professional behavior to the entire surgical team;
• Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion.

5. Practice-based Learning and Improvement
• Demonstrate familiarity with the scientific information pertinent to the patient’s care;
• Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
• Evaluate patient care practices with scientific evidence and professional skills.

6. System-based Practice
• Demonstrate knowledge of health system functions and managing patients;
• Interact cooperatively and efficiently with the OR team;
• Request consultations appropriately;
• Consider cost-effectiveness in patient care decisions.
Introduction: The Mannick Service includes a wide range of vascular surgery procedures. Vascular surgery represents one of the principal components of surgery. The general surgeon should be competent in the care of such patients and the surgical specialist should have a familiarity with the initial and overall management of such patients provided by the general surgeon.

Faculty: Drs. Belkin, Korepta, Gravereaux, Menard, Nguyen, Ozaki, and Semel

Primary Goals:
Upon completion of this rotation, residents will be able to:

• Demonstrate competence in the postoperative management of patients with peripheral vascular disease;
• Develop experience in the preoperative and intraoperative management of patients with peripheral vascular disease;
• Develop competence in the nonoperative management of patients with peripheral vascular disease.

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   • Develop a plan for preoperative preparation of the patient and postoperative care;
   • Develop basic surgical skills, including knot-tying, suturing, tissue and instrument handling, and endovascular techniques;
   • Demonstrate basic surgical skills in appropriate procedures relevant to vascular surgery, including:
     - Wound debridements
     - Amputations, including toe, forefoot, below and above knee
   • Perform the day to day care of patients on the service, including history and physical and medical orders.

2. Medical Knowledge
   • Identify patient status and/or change in patient condition;
   • Explain the basic pathophysiologic disease processes and their surgical implications for vascular diseases, including:
     - Diabetes
     - Coronary artery disease
     - Renal failure
Peripheral vascular disease
Soft tissue infections
Acute and chronic wound care

• Summarize the basics of the surgical procedure(s) performed;
• Select available resources, such as SCORE, to enrich medical knowledge.

3. Interpersonal Skills and Communication
• Explain recommendations to patients and patients’ families;
• Develop effective communication and a cooperative manner with other healthcare professionals, including nurses, physician assistants, and consultants;
• Teach basic surgical knowledge to medical students on the service.

4. Professionalism
• Demonstrate appropriate dress when working with patients in all settings;
• Respond to all pages and clinical requests in a timely and courteous manner;
• Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion;

5. Practice-based Learning and Improvement
• Demonstrate familiarity with the scientific information pertinent to the patient’s care;
• Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
• Evaluate patient care practices with scientific evidence and professional skills.

6. System-based Practice
• Demonstrate knowledge of health system functions and managing patients;
• Maintain accurate and complete daily progress notes and timely medical records;
• Organize patient care, such as obtaining tests and scheduling procedures both elective and emergency;
• Justify consultations appropriately.
PGY2

Introduction: The Mannick Service includes a wide range of vascular procedures. Vascular surgery represents one of the principal components of surgery. The general surgeon should be competent in the care of such patients and the surgical specialist should have a familiarity with the initial and overall management of such patients provided by the general surgeon.

Faculty: Drs. Belkin, Korepta, Gravereaux, Menard, Nguyen, Ozaki, and Semel

Primary Goals:
Upon completion of this rotation, residents will be able to:

• Demonstrate competence in the postoperative management of patients with peripheral vascular disease;
• Develop experience in the preoperative and intraoperative management of patients with peripheral vascular disease;
• Develop competence in the nonoperative management of patients with peripheral vascular disease

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   • Develop a plan for preoperative preparation of the patient and postoperative care;
   • Develop basic surgical skills, including knot-tying, suturing, tissue and instrument handling, and endovascular techniques;
   • Demonstrate basic surgical skills in appropriate procedures relevant to vascular surgery, including:
     Wound debridements
     Amputations, including toe, forefoot, below and above knee
   • Provide overnight care of patients on the service, including history and physical and medical orders.

2. Medical Knowledge
   • Identify patient status and/or change in patient condition;
   • Explain the basic pathophysiologic disease processes and their surgical implications for vascular diseases, including:
     Diabetes
     Coronary artery disease
     Renal failure
Peripheral vascular disease
Soft tissue infections
Acute and chronic wound care
• Summarize the basics of the surgical procedure(s) performed;
• Select available resources, such as SCORE, to enrich medical knowledge.

3. **Interpersonal Skills and Communication**
   • Explain recommendations to patients and patients’ families;
   • Develop effective communication and a cooperative manner with other healthcare professionals, including nurses, physician assistants, and consultants;
   • Teach basic surgical knowledge to medical students on the service.

4. **Professionalism**
   • Demonstrate appropriate dress when working with patients in all settings;
   • Respond to all pages and clinical requests in a timely and courteous manner;
   • Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion;

5. **Practice-based Learning and Improvement**
   • Demonstrate familiarity with the scientific information pertinent to the patient’s care;
   • Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
   • Evaluate patient care practices with scientific evidence and professional skills.

6. **System-based Practice**
   • Demonstrate knowledge of health system functions and managing patients;
   • Maintain accurate and complete daily progress notes and timely medical records;
   • Organize patient care, such as obtaining tests and scheduling procedures both elective and emergency;
   • Justify consultations appropriately.
PGY3

Introduction: The Mannick Service includes a wide range of vascular procedures. Vascular surgery represents one of the principal components of surgery. The general surgeon should be competent in the care of such patients and the surgical specialist should have a familiarity with the initial and overall management of such patients provided by the general surgeon.

Faculty: Drs. Belkin, Korepta, Gravereaux, Menard, Nguyen, Ozaki, and Semel

Primary Goals:
Upon completion of this rotation, residents will be able to:

• Demonstrate competence in the postoperative management of patients with peripheral vascular disease;
• Develop experience in the preoperative and intraoperative management of patients with peripheral vascular disease;
• Develop competence in the nonoperative management of patients with peripheral vascular disease

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   • Develop a plan for preoperative preparation of the patient and postoperative care;
   • Develop competency in vascular surgical skills, including vascular exposure and vascular anastomosis as well as catheter-based techniques;
   • Develop competency in complex vascular surgical procedures, including:
     Arteriovenous fistula
     Arteriovenous graft
     Below and above knee amputation
     Diagnostic angiogram
     Open lower extremity bypass
   • Provide appropriate consultation in vascular problems.

2. Medical Knowledge
   • Identify patient status and/or change in patient condition;
   • Develop understanding of the pathophysiologic process and treatment for peripheral vascular diseases, including:
     Peripheral vascular disease
Renal failure and dialysis
Peripheral aneurysms

- Select available resources, such as SCORE, to enrich medical knowledge.

3. Interpersonal Skills and Communication
   - Explain the advantages and disadvantages of various surgical options to patients and patients’ families;
   - Develop effective communication skills with other healthcare professionals, including attending surgeons, consultants, medical team, nurses, and PAs;
   - Develop capacity of supervising junior residents and medical students on the service, including ICU care.

4. Professionalism
   - Demonstrate appropriate dress when working with patients in all settings;
   - Respond to all consult requests in a timely and courteous manner;
   - Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion.

5. Practice-based Learning and Improvement
   - Demonstrate familiarity with the scientific information pertinent to the patient’s care;
   - Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
   - Evaluate patient care practices with scientific evidence and professional skills.

6. System-based Practice
   - Demonstrate knowledge of health system functions and managing patients;
   - Perform consultations appropriately;
   - Organize patient care, such as obtaining tests and scheduling procedures both elective and emergently;
   - Interact cooperatively and efficiently with the OR team.
Introduction: The Mannick Service includes a wide range of vascular procedures. Vascular surgery represents one of the principal components of surgery. The general surgeon should be competent in the care of such patients and the surgical specialist should have a familiarity with the initial and overall management of such patients provided by the general surgeon.

Faculty: Drs. Belkin, Korepta, Gravereaux, Menard, Nguyen, Ozaki, and Semel

Primary Goals:
Upon completion of this rotation, residents will be able to:

- Demonstrate competence in the postoperative management of patients with peripheral vascular disease;
- Develop experience in the preoperative and intraoperative management of patients with peripheral vascular disease;
- Develop competence in the nonoperative management of patients with a wide range of peripheral vascular problems

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   - Demonstrate competence in various surgical skills, including vascular exposure and anastomosis, vascular grafting, and catheter-based techniques;
   - Demonstrate competence in the most complex vascular surgical techniques, including:
     - Open lower extremity bypass
     - Carotid endarterectomy
     - Aortic aneurysm repair
     - Mesenteric revascularization
     - Endovascular aneurysm repair
   - Develop a plan for preoperative preparation and postoperative care of patients with peripheral vascular problems;
   - Organize and direct the day to day care of patients on the service.

2. Medical Knowledge
   - Demonstrate knowledge of the essential steps of the procedures above;
   - Master the understanding of the pathophysiologic process and treatment for peripheral vascular diseases, including:
Abdominal aortic aneurysm
Thoracoabdominal aortic aneurysm
Mesenteric occlusive disease
Occlusive peripheral vascular disease

• Select available resources, such as SCORE, to enrich medical knowledge.

3. Interpersonal Skills and Communication
• Develop effective communication skills with other healthcare professionals, including attending surgeons, residents, nurses, and PAs;
• Demonstrate capacity to run a surgical team of junior residents, PAs and medical students on the service;
• Obtain informed consent effectively and deliver bad news with compassion and empathy.

4. Professionalism
• Demonstrate appropriate dress when working with patients in all settings;
• Set an example of professional behavior to the entire surgical team;
• Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion.

5. Practice-based Learning and Improvement
• Demonstrate familiarity with the scientific information pertinent to the patient’s care;
• Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
• Evaluate patient care practices with scientific evidence and professional skills.

6. System-based Practice
• Demonstrate knowledge of health system functions and managing patients;
• Interact cooperatively and efficiently with the OR team;
• Request consultations appropriately;
• Consider cost-effectiveness in patient care decisions.
PGY1

Introduction:
The Moore Service includes the surgical oncologists at BWH. Surgical oncology, including hepatobiliary, sarcoma, colorectal, and breast represent principal components of surgery. The general surgeon should be competent in the care of such patients and the surgical specialist should have a familiarity with the initial and overall management of such patients provided by the general surgeon.

Faculty: Drs. Calvillo, Clancy, Dominici, Duggan, Fairweather, Golshan, King, Minami, Mittendorf, Nahlis, Nimbkar, Rhei, Weiss, and Yoon.

Primary Goals:
Upon completion of this rotation, residents will be able to:

- Demonstrate competence in the postoperative management of patients with oncologic and endocrine disease;
- Develop experience in the preoperative and intraoperative management of patients with oncologic and endocrine disease;

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   - Develop a plan for preoperative preparation of the patient and postoperative care;
   - Develop basic surgical skills, including knot-tying, suturing, tissue and instrument handling;
   - Demonstrate basic surgical skills in appropriate procedures relevant to oncologic and endocrine surgery, including:
     - Excisional biopsy, including wire localized
     - Simple mastectomy
     - Sentinel lymph node biopsy
     - Melanoma excision
   - Perform the day to day care of patients on the service, including history and physical and medical orders.

2. Medical Knowledge
   - Identify patient status and/or change in patient condition;
• Explain the basic pathophysiologic disease processes and their surgical implications for oncologic and endocrine diseases, including:
  Breast cancer
  Melanoma
  Thyroid disease
  Hypocalcemia
  Pancreatic cancer
• Summarize the basics of the surgical procedure(s) performed;
• Select available resources, such as SCORE, to enrich medical knowledge.

3. Interpersonal Skills and Communication
• Explain recommendations to patients and patients’ families;
• Develop effective communication and a cooperative manner with other healthcare professionals, including nurses, physician assistants, and consultants;
• Teach basic surgical knowledge to medical students on the service.

4. Professionalism
• Demonstrate appropriate dress when working with patients in all settings;
• Respond to all pages and clinical requests in a timely and courteous manner;
• Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion;

5. Practice-based Learning and Improvement
• Demonstrate familiarity with the scientific information pertinent to the patient’s care;
• Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
• Evaluate patient care practices with scientific evidence and professional skills.

6. System-based Practice
• Demonstrate knowledge of health system functions and managing patients;
• Maintain accurate and complete daily progress notes and timely medical records;
• Organize patient care, such as obtaining tests and scheduling procedures both elective and emergency;
• Justify consultations appropriately.
BWH Surgery Residency
Moore Service Curriculum

PGY4

Introduction:
The Moore Service includes the surgical oncologists and endocrine surgeons at BWH. Surgical oncology, including hepatobiliary, sarcoma, colorectal, and breast, as well as endocrine surgery represent principal components of surgery. The general surgeon should be competent in the care of such patients and the surgical specialist should have a familiarity with the initial and overall management of such patients provided by the general surgeon.

Faculty: Drs. Calvillo, Clancy, Dominici, Duggan, Fairweather, Golshan, King, Minami, Mittendorf, Nakhlis, Nimbkar, Rhei, Weiss, and Yoon.

Primary Goals:
Upon completion of this rotation, residents will be able to:

• Demonstrate competence in the postoperative management of patients with oncologic and endocrine disease;
• Develop experience in the preoperative and intraoperative management of patients with oncologic and endocrine disease;

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   • Develop a plan for preoperative preparation of the patient and postoperative care;
   • Develop experience in complex surgical skills, including laparotomy, organ resection, and stapled and hand-sewn bowel anastomosis;
   • Develop experience in oncologic and endocrine surgery, including:
      Mastectomy, modified radical
      Axillary lymph node dissection
      Thyroidectomy
      Parathyroidectomy
   • Provide appropriate consultation in oncologic and endocrine surgery.

2. Medical Knowledge
   • Identify patient status and/or change in patient condition;
• Develop understanding of the pathophysiologic process and treatment for oncologic and endocrine diseases, including:
  Breast cancer
  Thyroid masses and cancer
  Hyperparathyroidism
  Pancreas cancer
• Select available resources, such as SCORE, to enrich medical knowledge.

3. **Interpersonal Skills and Communication**
• Explain the advantages and disadvantages of various surgical options to patients and patients’ families;
• Develop effective communication skills with other healthcare professionals, including attending surgeons, consultants, medical team, nurses, and PAs;
• Develop capacity of supervising junior residents and medical students on the service, including ICU care.

4. **Professionalism**
• Demonstrate appropriate dress when working with patients in all settings;
• Respond to all consult requests in a timely and courteous manner;
• Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion.

5. **Practice-based Learning and Improvement**
• Demonstrate familiarity with the scientific information pertinent to the patient’s care;
• Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
• Evaluate patient care practices with scientific evidence and professional skills.

6. **System-based Practice**
• Demonstrate knowledge of health system functions and managing patients;
• Perform consultations appropriately;
• Organize patient care, such as obtaining tests and scheduling procedures both elective and emergently;
• Interact cooperatively and efficiently with the OR team.
BWH Surgery Residency
Moore Service Curriculum

PGY5

Introduction:
The Moore Service includes the surgical oncologists and endocrine surgeons at BWH. Surgical oncology, including hepatobiliary, sarcoma, colorectal, and breast, as well as endocrine surgery represent principal components of surgery. The general surgeon should be competent in the care of such patients and the surgical specialist should have a familiarity with the initial and overall management of such patients provided by the general surgeon.

Faculty: Drs. Calvillo, Clancy, Dominici, Duggan, Fairweather, Golshan, King, Minami, Mittendorf, Nakhli, Nimbkar, Rhei, Weiss, and Yoon.

Primary Goals:
Upon completion of this rotation, residents will be able to:

• Demonstrate competence in the postoperative management of patients with oncologic and endocrine disease;
• Demonstrate competence in the preoperative and intraoperative management of patients with oncologic and endocrine disease;
• Demonstrate competence in the nonoperative management of patients with a wide range of oncologic and endocrine diseases.

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   • Demonstrate competence in various surgical skills, including organ resection, stapled and hand-sewn bowel anastomosis, and re-operative oncologic surgery
   • Demonstrate competence in the most complex oncologic and endocrine surgical techniques, including:
     Whipple procedure
     Hepatectomy
     Distal pancreatectomy
     Adrenalectomy, open and laparoscopic
     Total gastrectomy
   • Develop a plan for preoperative preparation and postoperative care of patients with oncologic and endocrine problems;
   • Organize and direct the day to day care of patients on the service.
2. **Medical Knowledge**
   - Demonstrate knowledge of the essential steps of the procedures above;
   - Master the understanding of the pathophysiologic process and treatment for oncologic and endocrine diseases, including:
     - Gastric cancer
     - Pancreatic cancer
     - Colon cancer with liver metastasis
     - Liver cancer
     - Gallbladder cancer
   - Select available resources, such as SCORE, to enrich medical knowledge.

3. **Interpersonal Skills and Communication**
   - Develop effective communication skills with other healthcare professionals, including attending surgeons, residents, nurses, and PAs;
   - Demonstrate capacity to run a surgical team of junior residents, PAs and medical students on the service;
   - Obtain informed consent effectively and deliver bad news with compassion and empathy.

4. **Professionalism**
   - Demonstrate appropriate dress when working with patients in all settings;
   - Set an example of professional behavior to the entire surgical team;
   - Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion.

5. **Practice-based Learning and Improvement**
   - Demonstrate familiarity with the scientific information pertinent to the patient’s care;
   - Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
   - Evaluate patient care practices with scientific evidence and professional skills.

6. **System-based Practice**
   - Demonstrate knowledge of health system functions and managing patients;
   - Interact cooperatively and efficiently with the OR team;
   - Request consultations appropriately;
   - Consider cost-effectiveness in patient care decisions.
PGY1

Introduction:
The Neurosurgical Service is responsible for the care of patients at BWH with a wide range of neurologic and neurosurgical disease. The general surgeon is commonly asked to manage trauma patients with neurosurgical injuries and exposure to the unique perspective provided by this rotation strengthens his/her knowledge, experience, and overall competence in this area.

Faculty: Drs. Chi, Chiocca, Claus, Du, Frerichs, Friedlander, Golby, Gormley, and Johnson

Primary Goals:
Upon completion of this rotation, residents will be able to:

- Demonstrate competence in the postoperative management of patients with neurologic disease;
- Develop experience in the preoperative and intraoperative management of patients with neurologic disease;

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   - Develop a plan for preoperative preparation of the patient and postoperative care;
   - Develop basic surgical skills, including knot-tying, suturing, tissue and instrument handling;
   - Perform the day to day care of patients on the service, including history and physical and medical orders.

2. Medical Knowledge
   - Identify patient status and/or change in patient condition;
   - Explain the basic pathophysiologic disease processes and their surgical implications for neurologic diseases, including:
     - Subdural hematoma
     - Subarachnoid hematoma
     - Head trauma
     - Brain cancer
   - Summarize the basics of the surgical procedure(s) performed;
   - Select available resources, such as SCORE, to enrich medical knowledge.
3. **Interpersonal Skills and Communication**
   - Explain recommendations to patients and patients’ families;
   - Develop effective communication and a cooperative manner with other healthcare professionals, including nurses, physician assistants, and consultants;
   - Teach basic surgical knowledge to medical students on the service.

4. **Professionalism**
   - Demonstrate appropriate dress when working with patients in all settings;
   - Respond to all pages and clinical requests in a timely and courteous manner;
   - Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion;

5. **Practice-based Learning and Improvement**
   - Demonstrate familiarity with the scientific information pertinent to the patient’s care;
   - Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
   - Evaluate patient care practices with scientific evidence and professional skills.

6. **System-based Practice**
   - Demonstrate knowledge of health system functions and managing patients;
   - Maintain accurate and complete daily progress notes and timely medical records;
   - Organize patient care, such as obtaining tests and scheduling procedures both elective and emergency;
   - Justify consultations appropriately.
PGY1

Introduction:
The Plastic Surgery Service is responsible for the care of patients at BWH with a wide range of congenital and acquired defects requiring reconstruction. In addition, there are patients undergoing cosmetic procedures for a variety of indications. Although not required as a rotation, the plastic surgery rotation provides significant education in the area of skin, soft tissue, and breast, which is an essential content area. The general surgeon is commonly asked to manage patients with a variety of defects, either after trauma or oncologic procedures that require reconstruction. Exposure to the unique perspective provided by this rotation strengthens the resident’s knowledge, experience, and overall competence in this arena.


Primary Goals:
Upon completion of this rotation, residents will be able to:
  • Demonstrate competence in the postoperative management of patients undergoing complex plastic surgery reconstruction;
  • Develop experience in the preoperative and intraoperative management of patients undergoing complex plastic surgery reconstruction.

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   • Develop a plan for preoperative preparation of the patient and postoperative care;
   • Develop basic surgical skills, including knot-tying, suturing, tissue handling, and instruments;
   • Demonstrate basic surgical skills in appropriate procedures relevant to plastic surgery, including:
     Skin closure
     Local advancement flaps
     Laceration repair
   • Perform the day to day care of patients on the service, including history and physical and medical orders.

2. Medical Knowledge
   • Identify patient status and/or change in patient condition;
• Explain the basic pathophysiologic disease processes and their surgical implications for wounds management and reconstruction problems, including:
  Complex wounds
  Breast reconstruction
  Reconstruction following oncologic resection
  Complex ventral hernias
• Summarize the basics of the surgical procedure(s) performed;
• Select available resources, such as SCORE, to enrich medical knowledge.

3. Interpersonal Skills and Communication
• Explain recommendations to patients and patients’ families;
• Develop effective communication and a cooperative manner with other healthcare professionals, including nurses, physician assistants, and consultants;
• Teach basic surgical knowledge to medical students on the service.

4. Professionalism
• Demonstrate appropriate dress when working with patients in all settings;
• Respond to all pages and clinical requests in a timely and courteous manner;
• Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion.

5. Practice-based Learning and Improvement
• Demonstrate familiarity with the scientific information pertinent to the patient’s care;
• Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
• Evaluate patient care practices with scientific evidence and professional skills.

6. System-based Practice
• Demonstrate knowledge of health system functions and managing patients;
• Maintain accurate and complete daily progress notes and timely medical records;
• Organize patient care, such as obtaining tests and scheduling procedures both elective and emergency;
• Justify consultations appropriately.
BGH Surgery Residency
SICU Curriculum [8C/8D]

PGY2

Introduction:
The SICU is responsible for the care of patients at BWH with a wide range of surgical diseases requiring critical care. Patients from all the general surgery services and other surgical specialties requiring critical care are admitted to the ICU. The ICU team consists of surgical and anesthesia residents, critical care fellows, and ICU attendings and provides care in consultation with the primary service. The interdisciplinary nature of this rotation contributes to the resident’s competency in interpersonal and communication skills and systems-based practice. Although the resident has exposure to the principles and practice of anesthesia on all the surgical services, this rotation represents their most formal teaching in this area.

Surgical Faculty: Surgical Cushing Faculty, and Anesthesia and Pulmonary Critical Care Faculty

Primary Goals:
Upon completion of this rotation, residents will be able to:
- Demonstrate competence in the postoperative management of critically ill surgical patients;
- Develop competence in the nonoperative, preoperative, and postoperative management of critically ill trauma patients.

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. **Patient Care**
   - Develop a plan for preoperative preparation of the patient and postoperative care;
   - Demonstrate basic surgical skills in appropriate procedures relevant to critical care, including:
     - Central venous catheter placement
     - Pulmonary artery catheter placement
     - Bronchoscopy
   - Perform the day-to-day care of patients on the service, including history and physical and medical orders.

2. **Medical Knowledge**
   - Identify patient status and/or change in patient condition;
• Explain the basic pathophysiologic disease processes and their surgical implications for critical care, including:
  Sepsis and septic shock
  Acute respiratory distress syndrome
  Acute renal failure
• Summarize the basics of the surgical procedure(s) performed;
• Select available resources, such as SCORE, to enrich medical knowledge.

3. Interpersonal Skills and Communication
• Explain recommendations to patients and patients’ families;
• Develop effective communication and a cooperative manner with other healthcare professionals, including nurses, physician assistants, and consultants;
• Teach basic surgical knowledge to medical students on the service.

4. Professionalism
• Demonstrate appropriate dress when working with patients in all settings;
• Respond to all pages and clinical requests in a timely and courteous manner;
• Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion.

5. Practice-based Learning and Improvement
• Demonstrate familiarity with the scientific information pertinent to the patient’s care;
• Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
• Evaluate patient care practices with scientific evidence and professional skills.

6. System-based Practice
• Demonstrate knowledge of health system functions and managing patients;
• Maintain accurate and complete daily progress notes and timely medical records;
• Organize patient care, such as obtaining tests and scheduling procedures both elective and emergency;
• Justify consultations appropriately;
• Interact cooperatively and efficiently with the OR/trauma team.
PGY1

Introduction:
The surgical service at South Shore Hospital provides care for a wide range of general surgery patients. In addition to routine inpatient and outpatient general surgery procedures, there is a significant volume of inpatient and outpatient general surgery, surgical oncology, and acute care surgery. Surgical residents, along with a team of physicians’ assistants, participate in all aspects of outpatient, operative, and postoperative management. Although the majority of residents’ time has been spent in general surgery, there is occasionally an opportunity to participate in pediatric and vascular surgery as well. The breadth of experience and the exposure to community general surgery offered by this rotation strengthens the residents' overall competence.

Faculty: Drs. Burns, Carpio, Corwin, Driscoll, Fink, Froio, Ghushe, Nimbkar, Marcaccio, Millham and Semel.

Primary Goals:
Upon completion of this rotation, residents will be able to:

- Demonstrate competence in the postoperative management of patients with surgical disorders of the gastrointestinal tract;
- Develop experience in the preoperative and intraoperative management of patients with surgical disorders of the gastrointestinal tract.

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   - Develop a plan for preoperative preparation of the patient and postoperative care;
   - Develop basic surgical skills, including knot-tying, suturing, tissue and instrument handling;
   - Demonstrate basic surgical skills in appropriate procedures relevant to general surgery, including:
     - Open inguinal hernia
     - Open umbilical hernia
     - Laparoscopic cholecystectomy
     - Lipoma excision
   - Perform the day to day care of patients on the service, including history and physical and medical orders.

2. Medical Knowledge
   - Identify patient status and/or change in patient condition;
   - Explain the basic pathophysiologic disease processes and their surgical implications for general surgical diseases, including:
Inguinal hernia
Cholelithiasis
Cholecystitis
Acute diverticulitis
Trauma

• Summarize the basics of the surgical procedure(s) performed;
• Select available resources, such as SCORE, to enrich medical knowledge.

3. Interpersonal Skills and Communication
• Explain recommendations to patients and patients’ families;
• Develop effective communication and a cooperative manner with other healthcare professionals, including nurses, physician assistants, and consultants.

4. Professionalism
• Demonstrate appropriate dress when working with patients in all settings;
• Respond to all pages and clinical requests in a timely and courteous manner;
• Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion.

5. Practice-based Learning and Improvement
• Demonstrate familiarity with the scientific information pertinent to the patient’s care;
• Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
• Evaluate patient care practices with scientific evidence and professional skills.

6. System-based Practice
• Demonstrate knowledge of health system functions and managing patients;
• Maintain accurate and complete daily progress notes and timely medical records;
• Organize patient care, such as obtaining tests and scheduling procedures both elective and emergency;
• Justify consultations appropriately.
PGY2

Introduction:
The surgical service at South Shore Hospital provides care for a wide range of general surgery patients. In addition to routine inpatient and outpatient general surgery procedures, there is a significant volume of laparoscopic surgery, surgical oncology, and acute care surgery. Surgical residents, along with a team of physicians’ assistants, participate in all aspects of outpatient, operative, and postoperative management. Although the majority of residents’ time has been spent in general surgery, there is occasionally an opportunity to participate in pediatric and vascular surgery as well. The breadth of experience and the exposure to community general surgery offered by this rotation strengthens the residents overall competence.

Faculty: Drs. Burns, Carpio, Corwin, Driscoll, Fink, Froio, Ghushe, Marcaccio, Millham, Nimbkar, and Semel.

Primary Goals:
Upon completion of this rotation, residents will be able to:

• Demonstrate competence in the postoperative management of patients with surgical disorders of the gastrointestinal tract, including ICU care;
• Develop experience in the preoperative and intraoperative management of patients with surgical disorders of the gastrointestinal tract;
• Develop experience in providing consultation for patients with abdominal and gastrointestinal conditions.

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   • Develop a plan for preoperative preparation of the patient and postoperative care, including ICU care;
   • Develop competency in complex surgical skills, including laparoscopy, stapled and hand-sewn bowel anastomosis, and hernia repair;
   • Develop competency in complex general surgical procedures, including:
     Open and laparoscopic ventral hernia repair
     Laparoscopic inguinal hernia repair
     Laparoscopic cholecystectomy for cholecystitis
     Open colectomy
   • Provide appropriate consultation for patients with abdominal and gastrointestinal conditions.

2. Medical Knowledge
   • Identify patient status and/or change in patient condition;
• Develop understanding of the pathophysiologic process and treatment for general gastrointestinal diseases, including:
  Ventral and inguinal hernia
  Acute diverticulitis
  Acute cholecystitis
  Sepsis
  Polytrauma
• Select available resources, such as SCORE, to enrich medical knowledge.

3. **Interpersonal Skills and Communication**
   • Explain the advantages and disadvantages of various surgical options to patients and patients’ families;
   • Develop effective communication skills with other healthcare professionals, including attending surgeons, consultants, medical team, nurses, and PAs;
   • Develop capacity to supervise junior residents and medical students on the service.

4. **Professionalism**
   • Demonstrate appropriate dress when working with patients in all settings;
   • Respond to all consult requests in a timely and courteous manner;
   • Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion.

5. **Practice-based Learning and Improvement**
   • Demonstrate familiarity with the scientific information pertinent to the patient’s care;
   • Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
   • Evaluate patient care practices with scientific evidence and professional skills.

6. **System-based Practice**
   • Demonstrate knowledge of health system functions and managing patients;
   • Perform consultations appropriately;
   • Organize patient care, such as obtaining tests and scheduling procedures both elective and emergently;
   • Interact cooperatively and efficiently with the OR team.
BWH Surgery Residency
South Shore Hospital Curriculum

PGY4

Introduction:
The surgical service at South Shore Hospital provides care for a wide range of general surgery patients. In addition to routine inpatient and outpatient general surgery procedures, there is a significant volume of laparoscopic surgery, surgical oncology, and acute care surgery. Surgical residents, along with a team of physicians’ assistants, participate in all aspects of outpatient, operative, and postoperative management. Although the majority of residents’ time has been spent in general surgery, there is occasionally an opportunity to participate in pediatric and vascular surgery as well. The breadth of experience and the exposure to community general surgery offered by this rotation strengthens the residents overall competence.

Faculty: Drs. Burns, Carpio, Corwin, Driscoll, Fink, Froio, Ghushe, Marcaccio, Millham, Nimbkar, and Semel.

Primary Goals:
Upon completion of this rotation, residents will be able to:

• Demonstrate competence in the postoperative management of patients with surgical disorders of the gastrointestinal tract;
• Develop competence in the nonoperative management of patients with abdominal and gastrointestinal conditions;
• Develop experience in the management of a surgical care team.

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   • Demonstrate competence in various surgical skills, including advanced laparoscopy, stapled and hand-sewn bowel anastomosis, adhesiolysis, and hernia repair;
   • Demonstrate competence in the most complex gastrointestinal and laparoscopic techniques, including:
     - Laparoscopic Nissen fundoplication
     - Open and laparoscopic colectomy
     - Open and laparoscopic ventral hernia repair
     - Open and laparoscopic cholecystectomy for cholecystitis
     - Exploratory laparotomy for peritonitis
   • Develop a plan for preoperative preparation and postoperative care of patients with gastrointestinal and abdominal problems;
   • Organize and direct the day to day care of patients on the service.

2. Medical Knowledge
   • Demonstrate knowledge of the essential steps of the procedures above;
• Master the understanding of the pathophysiologic process and treatment for gastrointestinal diseases, including:
  Gastroesophageal reflux disease
  Colon cancer
  Diverticulitis
  Ventral hernia
  Perforated viscus
• Select available resources, such as SCORE, to enrich medical knowledge.

3. **Interpersonal Skills and Communication**
   • Develop effective communication skills with other healthcare professionals, including attending surgeons, residents, nurses, and PAs;
   • Demonstrate capacity to run a surgical team of junior residents, PAs and medical students on the service;
   • Obtain informed consent effectively and deliver bad news with compassion and empathy.

4. **Professionalism**
   • Demonstrate appropriate dress when working with patients in all settings;
   • Set an example of professional behavior to the entire surgical team;
   • Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion.

5. **Practice-based Learning and Improvement**
   • Demonstrate familiarity with the scientific information pertinent to the patient’s care;
   • Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
   • Evaluate patient care practices with scientific evidence and professional skills.

6. **System-based Practice**
   • Demonstrate knowledge of health system functions and managing patients;
   • Interact cooperatively and efficiently with the OR team;
   • Request consultations appropriately;
   • Consider cost-effectiveness in patient care decisions.
PGY1

Introduction:
The Thoracic Surgery Service is responsible for the care of patients at BWH with a wide range of disease of the thorax, including the lung, pleura, and esophagus. Thoracic surgery represents one of the secondary components of surgery that must be encompassed by the training program according to the RRC requirements. The general surgeon is commonly asked to manage patients with a variety of thoracic disorders, either after trauma or as part of a general surgery practice. Exposure to the unique perspective provided by this rotation strengthens the resident’s knowledge, experience, and overall competence in this arena.

Faculty: Drs. Bueno, Ducko, Jaklitsch, Lebenthal, McNamee, Mentzer, Rochefort, Swanson, Wee, Whang, White and Wiener.

Primary Goals:
Upon completion of this rotation, residents will be able to:

• Demonstrate competence in the postoperative management of patients with thoracic disease;
• Develop experience in the preoperative and intraoperative management of patients with thoracic disease;

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   • Develop a plan for preoperative preparation of the patient and postoperative care;
   • Develop basic surgical skills, including knot-tying, suturing, tissue and instrument handling;
   • Demonstrate basic surgical skills in appropriate procedures relevant to thoracic surgery, including:
     - Chest tube placement
     - Bronchoscopy
     - Tracheostomy
   • Perform the day-to-day care of patients on the service, including history and physical and medical orders.

2. Medical Knowledge
   • Identify patient status and/or change in patient condition;
• Explain the basic pathophysiologic disease processes and their surgical implications for thoracic diseases, including:
  - Pleural effusion
  - Airway compromise
  - Postoperative atrial fibrillation
  - Lung cancer
  - Gastroesophageal reflux disease
• Summarize the basics of the surgical procedure(s) performed;
• Select available resources, such as SCORE, to enrich medical knowledge.

3. Interpersonal Skills and Communication
• Explain recommendations to patients and patients’ families;
• Develop effective communication and a cooperative manner with other healthcare professionals, including nurses, physician assistants, and consultants;
• Teach basic surgical knowledge to medical students on the service.

4. Professionalism
• Demonstrate appropriate dress when working with patients in all settings;
• Respond to all pages and clinical requests in a timely and courteous manner;
• Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion.

5. Practice-based Learning and Improvement
• Demonstrate familiarity with the scientific information pertinent to the patient’s care;
• Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
• Evaluate patient care practices with scientific evidence and professional skills.

6. System-based Practice
• Demonstrate knowledge of health system functions and managing patients;
• Maintain accurate and complete daily progress notes and timely medical records;
• Organize patient care, such as obtaining tests and scheduling procedures both elective and emergency;
• Justify consultations appropriately.
Introduction:
The Thoracic Surgery Service is responsible for the care of patients at BWH with a wide range of disease of the thorax, including the lung, pleura, and esophagus. Thoracic surgery represents one of the secondary components of surgery that must be encompassed by the training program according to the RRC requirements. The general surgeon is commonly asked to manage patients with a variety of thoracic disorders, either after trauma or as part of a general surgery practice. Exposure to the unique perspective provided by this rotation strengthens the resident’s knowledge, experience, and overall competence in this arena.

Faculty: Drs. Bueno, Ducko, Jaklitsch, Lebenthal, McNamee, Mentzer, Rochefort, Swanson, Wee, Whang, White and Wiener.

Primary Goals:
Upon completion of this rotation, residents will be able to:

• Demonstrate competence in the postoperative management of patients with thoracic disease;
• Develop experience in the preoperative and intraoperative management of patients with thoracic disease;

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   • Develop a plan for preoperative preparation of the patient and postoperative care;
   • Develop experience in complex surgical skills, including laparotomy, organ resection, and stapled and hand-sewn bowel anastomosis;
   • Develop experience in thoracic surgery, including:
     Bronchoscopy
     Mediastinoscopy
     Thoracotomy
     Video-assisted thoracoscopy
     Wedge resection and lobectomy
     Nissen fundoplication
   • Provide appropriate consultation in thoracic surgery.

2. Medical Knowledge
• Identify patient status and/or change in patient condition;
• Develop understanding of the pathophysiologic process and treatment for thoracic diseases, including:
  Lung cancer  
  Malignant effusion  
  Pneumothorax  
  Gastroesophageal reflux disease
• Select available resources, such as SCORE, to enrich medical knowledge.

3. **Interpersonal Skills and Communication**
   • Explain the advantages and disadvantages of various surgical options to patients and patients’ families;
   • Develop effective communication skills with other healthcare professionals, including attending surgeons, consultants, medical team, nurses, and PAs;
   • Develop capacity to supervise junior residents and medical students on the service, including ICU care.

4. **Professionalism**
   • Demonstrate appropriate dress when working with patients in all settings;
   • Respond to all consult requests in a timely and courteous manner;
   • Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion.

5. **Practice-based Learning and Improvement**
   • Demonstrate familiarity with the scientific information pertinent to the patient’s care;
   • Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
   • Evaluate patient care practices with scientific evidence and professional skills.

6. **System-based Practice**
   • Demonstrate knowledge of health system functions and managing patients;
   • Perform consultations appropriately;
   • Organize patient care, such as obtaining tests and scheduling procedures both elective and emergently;
   • Interact cooperatively and efficiently with the OR team.
PGY2

Introduction:
The Thoracic ICU is responsible for the care of patients at BWH with a wide range of thoracic surgical diseases requiring critical care. The ICU team consists of surgical and anesthesia residents, critical care fellows, and ICU attendings and provides care in consultation with the primary service. The interdisciplinary nature of this rotation contributes to the resident’s competency in interpersonal and communication skills and systems-based practice. Although the resident has exposure to the principles and practice of anesthesia on all the surgical services, this rotation represents their most formal teaching in this area.

Faculty: Thoracic Surgery, Cushing and Anesthesia Critical Care Faculty

Primary Goals:
Upon completion of this rotation, residents will be able to:
• Demonstrate competence in the postoperative management of critically ill thoracic surgical patients;

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   • Develop a plan for preoperative preparation of the patient and postoperative care;
   • Demonstrate basic surgical skills in appropriate procedures relevant to critical care, including:
     Central venous catheter placement
     Pulmonary artery catheter placement
     Bronchoscopy
     Percutaneous tracheostomy
   • Perform the day-to-day care of patients on the service, including history and physical and medical orders.

2. Medical Knowledge
   • Identify patient status and/or change in patient condition;
   • Explain the basic pathophysiologic disease processes and their surgical implications for critical care, including:
     Sepsis and septic shock
     Respiratory failure
Acute respiratory distress syndrome
Acute renal failure
• Summarize the basics of the surgical procedure(s) performed;
• Select available resources, such as SCORE, to enrich medical knowledge.

3. Interpersonal Skills and Communication
• Explain recommendations to patients and patients’ families;
• Develop effective communication and a cooperative manner with other healthcare professionals, including nurses, physician assistants, and consultants;
• Teach basic surgical knowledge to medical students on the service.

4. Professionalism
• Demonstrate appropriate dress when working with patients in all settings;
• Respond to all pages and clinical requests in a timely and courteous manner;
• Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion.

5. Practice-based Learning and Improvement
• Demonstrate familiarity with the scientific information pertinent to the patient’s care;
• Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
• Evaluate patient care practices with scientific evidence and professional skills.

6. System-based Practice
• Demonstrate knowledge of health system functions and managing patients;
• Maintain accurate and complete daily progress notes and timely medical records;
• Organize patient care, such as obtaining tests and scheduling procedures both elective and emergency;
• Justify consultations appropriately;
• Interact cooperatively and efficiently with the OR/trauma team.
BWH Surgery Residency
Transplant Service Curriculum

PGY3

Introduction:
The Transplant Service covers all renal transplant patients at BWH and includes both
transplant procedures and a wide range of vascular access procedures. In addition, the
service cares for immunosuppressed transplant patients requiring admission for a
variety of other surgical and medical problems. Transplant surgery represents one of
the surgical specialties in which the resident must acquire an understanding and have
clinical experience in the preoperative, operative, and postoperative care of such
patients.

Faculty: Drs. Adler, Kumar, Malek, and Tullius

Primary Goals:
Upon completion of this rotation, residents will be able to:

• Demonstrate competence in the preoperative, intraoperative, and
  postoperative management of patients undergoing renal transplants and renal
  failure patients requiring vascular access;
• Develop experience with a multidisciplinary team approach to care of
  renal transplant patients.

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   • Develop a plan for preoperative preparation of the patient and
     postoperative care;
   • Develop competency in complex surgical skills, including vascular
     anastomosis and organ harvest;
   • Develop competency in transplant surgical procedures, including:
     Laparoscopic donor nephrectomy
     Living related renal transplant
     Cadaveric renal transplant
     Arteriovenous fistula and graft placement
     Central venous access for hemodialysis
   • Provide appropriate consultation for patients with abdominal and
     gastrointestinal conditions.

2. Medical Knowledge
   • Identify patient status and/or change in patient condition;
• Develop understanding of the pathophysiologic process and treatment for renal transplant problems, including:
  - Immunosuppression
  - Transplant biology
  - End stage kidney disease
• Select available resources, such as SCORE, to enrich medical knowledge.

3. **Interpersonal Skills and Communication**
   • Explain the advantages and disadvantages of various surgical options to patients and patients’ families;
   • Develop effective communication skills with other healthcare professionals, including attending surgeons, consultants, medical team, nurses, and PAs;
   • Develop capacity to supervise junior residents and medical students on the service.

4. **Professionalism**
   • Demonstrate appropriate dress when working with patients in all settings;
   • Respond to all consult requests in a timely and courteous manner;
   • Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion.

5. **Practice-based Learning and Improvement**
   • Demonstrate familiarity with the scientific information pertinent to the patient’s care;
   • Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
   • Evaluate patient care practices with scientific evidence and professional skills.

6. **System-based Practice**
   • Demonstrate knowledge of health system functions and managing patients;
   • Perform consultations appropriately;
   • Organize patient care, such as obtaining tests and scheduling procedures both elective and emergently;
   • Interact cooperatively and efficiently with the OR team.
PGY1

Introduction:
The Urology Service is responsible for the care of patients at BWH with a wide range of diseases of the genitourinary tract. The general surgeon is commonly asked to manage patients with a variety of urologic disorders, either after trauma or as part of a general surgery practice. Exposure to the unique perspective provided by this rotation strengthens the resident’s knowledge, experience, and overall competence in this arena.

Faculty: Drs. Chang, Dielubanza, Halebian, Ingham, Kathrins, Kibel, Mossanen, O’Leary, Preston, Steele and Trinh.

Primary Goals:
Upon completion of this rotation, residents will be able to:

• Demonstrate competence in the postoperative management of patients with urologic disease;
• Develop experience in the preoperative and intraoperative management of patients with urologic disease;

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   • Develop a plan for preoperative preparation of the patient and postoperative care;
   • Develop basic surgical skills, including knot-tying, suturing, tissue and instrument handling;
   • Demonstrate basic surgical skills in appropriate procedures relevant to urologic surgery, including:
      Cystoscopy
      Orchietomy
      Circumcision
      Complex urinary catheterization
   • Perform the day to day care of patients on the service, including history and physical and medical orders.

2. Medical Knowledge
   • Identify patient status and/or change in patient condition;
   • Explain the basic pathophysiologic disease processes and their surgical implications for urologic diseases, including:
      Bladder cancer
Prostate cancer
Renal cell carcinoma
Benign prostatic hypertrophy
Urinary retention

- Summarize the basics of the surgical procedure(s) performed;
- Select available resources, such as SCORE, to enrich medical knowledge.

3. **Interpersonal Skills and Communication**
   - Explain recommendations to patients and patients’ families;
   - Develop effective communication and a cooperative manner with other healthcare professionals, including nurses, physician assistants, and consultants;
   - Teach basic surgical knowledge to medical students on the service.

4. **Professionalism**
   - Demonstrate appropriate dress when working with patients in all settings;
   - Respond to all pages and clinical requests in a timely and courteous manner;
   - Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion;

5. **Practice-based Learning and Improvement**
   - Demonstrate familiarity with the scientific information pertinent to the patient’s care;
   - Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
   - Evaluate patient care practices with scientific evidence and professional skills.

6. **System-based Practice**
   - Demonstrate knowledge of health system functions and managing patients;
   - Maintain accurate and complete daily progress notes and timely medical records;
   - Organize patient care, such as obtaining tests and scheduling procedures both elective and emergency;
   - Justify consultations appropriately.
BWH Surgery Residency
The VA Boston Health Care System (VABHCS) Rotation Curriculum

PGY1

Introduction:
The VA Boston Health Care System (VABHCS) Rotation includes care of patients undergoing operation for diseases encompassing almost the entire range of general, vascular, and thoracic surgery. Patients are admitted to the surgery service for care of a variety of abdominal, oncologic and vascular diseases and residents on the service provide all their care, including outpatient, inpatient, and critical care management. The VABHCS experience includes the largest group of indigent patients on any service and residents are exposed to a unique perspective on federally funded and managed health care. The resident covers all inpatients on the surgery service. Exposure to the unique perspective provided by this rotation strengthens the resident’s knowledge of patient-centered care, systems based practice, as well as their overall experience and competence.

Faculty: Drs. Fisichella, Gold, Gupta, Itani, Raffetto, Sanchez, Smith and Whang + O’Neal, McPhee, Martin, and Lebenthal.

Primary Goals:
Upon completion of this rotation, residents will be able to:

• Demonstrate competence in the postoperative management of patients with general, vascular, and thoracic surgical disorders that are essential to general surgery;
• Develop experience in the preoperative and intraoperative management of patients with general, vascular, and thoracic surgical disorders.

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   • Develop a plan for preoperative preparation of the patient and postoperative care;
   • Develop basic surgical skills, including knot-tying, suturing, tissue and instrument handling;
   • Demonstrate basic surgical skills in appropriate procedures relevant to general surgery, including:
     Open inguinal hernia
     Open umbilical hernia
     Laparoscopic cholecystectomy
     Minor surgical procedures such as
     I&D
     Lumps and bumps excision
     Central line placement
     Chest tube placement
   • Perform the day to day care of patients on the service, including history and physical and medical orders.
2. Medical Knowledge
   • Identify patient status and/or change in patient condition;
   • Explain the basic pathophysiologic disease processes and their surgical implications for general surgical diseases, including:
     - Abdominal wall hernias
     - Cholelithiasis and cholecystitis
     - Gastrointestinal benign and malignant disorders
     - Peripheral vascular disease
     - Lung cancer
     - Skin and soft tissue infections
   • Summarize the basics of the surgical procedure(s) performed;
   • Select available resources, such as SCORE, to enrich medical knowledge.

3. Interpersonal Skills and Communication
   • Explain recommendations to patients and patients’ families;
   • Develop effective communication and a cooperative manner with other healthcare professionals, including nurses, physician assistants, and consultants;
   • Teach basic surgical knowledge to medical students on the service.

4. Professionalism
   • Demonstrate appropriate dress when working with patients in all settings;
   • Respond to all pages and clinical requests in a timely and courteous manner;
   • Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion.

5. Practice-based Learning and Improvement
   • Demonstrate familiarity with the scientific information pertinent to the patient’s care;
   • Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
   • Evaluate patient care practices with scientific evidence and professional skills.

6. System-based Practice
   • Demonstrate knowledge of health system functions and managing patients;
   • Maintain accurate and complete daily progress notes and timely medical records;
   • Organize patient care, such as obtaining tests and scheduling procedures both elective and emergency;
   • Justify consultations appropriately.
   • Recognize patient safety issues and how to address them
   • Interpret quality measures and how to improve specific and overall quality
Introduction:
The VA Boston Health Care System (VABHCS) Rotation includes care of patients undergoing operation for diseases encompassing almost the entire range of general, vascular, and thoracic surgery. Patients are admitted to the surgery service for care of a variety of abdominal, oncologic and vascular diseases and residents on the service provide all their care, including outpatient, inpatient, and critical care management. The VABHCS experience includes the largest group of indigent patients on any service and residents are exposed to a unique perspective on federally funded and managed health care. The resident manages surgical ICU patients and sees new Emergency Room and inpatient consults. Exposure to the unique perspective provided by this rotation strengthens the resident’s knowledge of patient-centered care, systems based practice, as well as their overall experience and competence.

Faculty: Drs. Fischella, Gold, Gupta, Itani, Raffetto, Sanchez, Smith and Whang + O’Neal, McPhee, Martin, and Lebenthal.

Primary Goals:
Upon completion of this rotation, residents will be able to:

- Develop experience in the preoperative, intraoperative, and postoperative management of patients with general, vascular, and thoracic surgical disorders;
- Demonstrate competence in providing consultation for patients with abdominal and general surgical conditions.

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   - Develop a plan for preoperative preparation of the patient and postoperative care;
   - Develop competency in complex surgical skills, including laparoscopy, stapled and hand-sewn bowel anastomosis, and hernia repair;
   - Develop competency in complex general and vascular surgical procedures, including:
     - Open and laparoscopic ventral hernia repair
     - Laparoscopic cholecystectomy
     - Arteriovenous fistula creation
   - Provide appropriate consultation for patients with general surgical and vascular conditions.
   - Cover critical care patients in collaboration with the critical care team.
2. **Medical Knowledge**
   - Identify patient status and/or change in patient condition;
   - Develop understanding of the pathophysiologic process and treatment for general surgical diseases, including:
     - Cholecystitis
     - Inguinal hernia
     - Ventral hernia
     - Peripheral vascular disease
     - Small and large bowel obstruction
     - Gastrointestinal bleeding
     - Management of critical care patients
   - Select available resources, such as SCORE, to enrich medical knowledge.

3. **Interpersonal Skills and Communication**
   - Explain the advantages and disadvantages of various surgical options to patients and patients’ families;
   - Develop effective communication skills with other healthcare professionals, including attending surgeons, consultants, medical team, nurses, and PAs;
   - Develop capacity to supervise junior residents and medical students on the service.

4. **Professionalism**
   - Demonstrate appropriate dress when working with patients in all settings;
   - Respond to all consult requests in a timely and courteous manner;
   - Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion.

5. **Practice-based Learning and Improvement**
   - Demonstrate familiarity with the scientific information pertinent to the patient’s care;
   - Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
   - Evaluate patient care practices with scientific evidence and professional skills.

6. **System-based Practice**
   - Demonstrate knowledge of health system functions and managing patients;
   - Perform consultations appropriately;
   - Organize patient care, such as obtaining tests and scheduling procedures both elective and emergently;
   - Interact cooperatively and efficiently with the OR.
   - Interpret quality measures and how to improve specific and overall quality
   - Recognize patient safety issues and how to address them
BWH Surgery Residency
The VA Boston Health Care System (VABHCS) Rotation Curriculum

PGY4

Introduction:
The VA Boston Health Care System (VABHCS) Rotation includes care of patients undergoing operation for diseases encompassing almost the entire range of general, vascular, and thoracic surgery. Patients are admitted to the surgery service for care of a variety of abdominal, oncologic and vascular diseases and residents on the service provide all their care, including outpatient, inpatient, and critical care management. The VABHCS experience includes the largest group of indigent patients on any service and residents are exposed to a unique perspective on federally funded and managed health care. The resident acts as the chief resident on the general and vascular surgery teams. Exposure to the unique perspective provided by this rotation strengthens the resident’s knowledge of of patient-centered care, systems based practice, as well as their overall experience and competence.

Faculty: Drs. Fisichella, Gold, Gupta, Itani, Raffetto, Sanchez, Smith and Whang + O’Neal, McPhee, Martin, and Lebenthal.

Primary Goals:
Upon completion of this rotation, residents will be able to:

• Demonstrate competence in the preoperative, intraoperative, and postoperative management of patients with general, vascular, and thoracic surgical disorders;
• Develop experience in the management of a surgical care team.

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   • Demonstrate competence in various surgical skills, including advanced laparoscopy, stapled and hand-sewn bowel anastomosis, adhesiolysis, and hernia repair;
   • Demonstrate competence in the most complex general, vascular, and thoracic surgical procedures, including:
     Open and laparoscopic colectomy
     Open cholecystectomy
     Laparoscopic paraesophageal hernia repair and Nissen fundoplications
     Laparoscopic gastric bypass and laparoscopic sleeve gastrectomy
     Peripheral arterial bypass
     AAA repair
Carotid endarterectomy
Liver resection
Pancreatectoduodenectomy

• Develop a plan for preoperative preparation and postoperative care of patients with abdominal and vascular problems;
• Organize and direct the day to day care of patients on the service.

2. Medical Knowledge
• Demonstrate knowledge of the essential steps of the procedures above;
• Master the understanding of the pathophysiologic process and treatment for gastrointestinal diseases, including:
  Colon cancer
  Diverticulitis
  Ventral hernia
  Paraesophageal hernia
  Peripheral and abdominal arterial disease
  Morbid Obesity
  Hepatobiliary and pancreatic disease
• Select available resources, such as SCORE, to enrich medical knowledge.

3. Interpersonal Skills and Communication
• Develop effective communication skills with other healthcare professionals, including attending surgeons, residents, nurses, and PAs;
• Demonstrate capacity to run a surgical team of junior residents, PAs and medical students on the service;
• Obtain informed consent effectively and deliver bad news with compassion and empathy.

4. Professionalism
• Demonstrate appropriate dress when working with patients in all settings;
• Set an example of professional behavior to the entire surgical team;
• Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion.

5. Practice-based Learning and Improvement
• Demonstrate familiarity with the scientific information pertinent to the patient’s care;
• Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
• Evaluate patient care practices with scientific evidence and professional skills.

6. System-based Practice
• Demonstrate knowledge of health system functions and managing patients;
• Interact cooperatively and efficiently with the OR team;
• Request consultations appropriately;
• Consider cost-effectiveness in patient care decisions.
• Participate in patient safety initiatives such as root case analysis
• Participate in quality improvement initiatives
PGY1

Introduction:
The Zinner Service is organized around the patients of the Colorectal Surgery Section. These patients typically are treated for diseases of the abdomen and gastrointestinal tract, principal components of general surgery. Colorectal disease continues to represent a significant portion of the care provided by general surgeons and it is essential that the specialist be competent in its management.

Faculty: Drs. Bleday, Goldberg, Irani, Melnitchouk and Yoo.

Primary Goals:
Upon completion of this rotation, residents will be able to:
- Demonstrate competence in the postoperative management of patients with surgical disorders of the lower gastrointestinal tract;
- Develop experience in the preoperative and intraoperative management of patients with surgical disorders of the lower gastrointestinal tract.
- Develop competence in the nonoperative management of colorectal patients, such as those with IBD and anorectal complaints.

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   - Develop a plan for preoperative preparation of the patient and postoperative care;
   - Develop basic surgical skills, including knot-tying, suturing, tissue and instrument handling;
   - Demonstrate basic surgical skills in appropriate procedures relevant to colorectal surgery, including:
     - Hemorrhoidectomy
     - Anal fistulotomy
     - Incision and drainage of perirectal abscess
   - Perform the day to day care of patients on the service, including history and physical and medical orders.

2. Medical Knowledge
   - Identify patient status and/or change in patient condition;
   - Explain the basic pathophysiologic disease processes and their surgical implications for colorectal diseases, including:
     - Diverticular disease
Colon cancer
Crohn’s disease
Ulcerative colitis
Benign anorectal disease

• Summarize the basics of the surgical procedure(s) performed;
• Select available resources, such as SCORE, to enrich medical knowledge.

3. Interpersonal Skills and Communication
   • Explain recommendations to patients and patients’ families;
   • Develop effective communication and a cooperative manner with other healthcare professionals, including nurses, physician assistants, and consultants;
   • Teach basic surgical knowledge to medical students on the service.

4. Professionalism
   • Demonstrate appropriate dress when working with patients in all settings;
   • Respond to all pages and clinical requests in a timely and courteous manner;
   • Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion;

5. Practice-based Learning and Improvement
   • Demonstrate familiarity with the scientific information pertinent to the patient’s care;
   • Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
   • Evaluate patient care practices with scientific evidence and professional skills.

6. System-based Practice
   • Demonstrate knowledge of health system functions and managing patients;
   • Maintain accurate and complete daily progress notes and timely medical records;
   • Organize patient care, such as obtaining tests and scheduling procedures both elective and emergency;
   • Justify consultations appropriately.
PGY4

Introduction:
The Zinner Service is organized around the patients of the Colorectal Surgery Section. These patients typically are treated for diseases of the abdomen and gastrointestinal tract, principal components of general surgery. Colorectal disease continues to represent a significant portion of the care provided by general surgeons and it is essential that the specialist be competent in its management.

Faculty: Drs. Bleday, Goldberg, Irani, Melnitchouk and Yoo.

Primary Goals:
Upon completion of this rotation, residents will be able to:

• Demonstrate competence in the postoperative management of patients with surgical disorders of the lower gastrointestinal tract;
• Demonstrate competence in the preoperative and intraoperative management of patients with surgical disorders of the lower gastrointestinal tract.
• Demonstrate competence in the nonoperative management of colorectal patients, such as those with IBD and anorectal complaints.

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

3. Patient Care
• Develop a plan for preoperative preparation of the patient and postoperative care;
• Develop competency in complex surgical skills, including stapled and hand-sewn bowel anastomosis, laparoscopy, and adhesiolysis;
• Develop competency in a variety of complex colorectal procedures, including:
  Open colectomy
  Laparoscopic colectomy
  Small bowel resection
  Low anterior resection
• Provide appropriate consultation in colorectal disease.

4. Medical Knowledge
• Identify patient status and/or change in patient condition;
• Develop understanding of the pathophysiologic process and treatment for colorectal diseases, including:
  Colon cancer
Rectal cancer
Bowel obstruction (benign and malignant)
Crohn’s disease
Ulcerative colitis
Diverticular disease
• Select available resources, such as SCORE, to enrich medical knowledge.

7. Interpersonal Skills and Communication
• Explain the advantages and disadvantages of various surgical options to patients and patients’ families;
• Develop effective communication skills with other healthcare professionals, including attending surgeons, consultants, medical team, nurses, and PAs;
• Develop capacity of supervising junior residents and medical students on the service.

8. Professionalism
• Demonstrate appropriate dress when working with patients in all settings;
• Respond to all consult requests in a timely and courteous manner;
• Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion.

9. Practice-based Learning and Improvement
• Demonstrate familiarity with the scientific information pertinent to the patient’s care;
• Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
• Evaluate patient care practices with scientific evidence and professional skills.

10. System-based Practice
• Demonstrate knowledge of health system functions and managing patients;
• Perform consultations appropriately;
• Organize patient care, such as obtaining tests and scheduling procedures both elective and emergently;
• Interact cooperatively and efficiently with the OR team.
PGY5

Introduction:
The Zinner Service is organized around the patients of the Colorectal Surgery Section. These patients typically are treated for diseases of the abdomen and gastrointestinal tract, principal components of general surgery. Colorectal disease continues to represent a significant portion of the care provided by general surgeons and it is essential that the specialist be competent in its management.

Faculty: Drs. Bleday, Goldberg, Irani, Melnitchouk and Yoo.

Primary Goals:
Upon completion of this rotation, residents will be able to:

• Demonstrate competence in the postoperative management of patients with surgical disorders of the lower gastrointestinal tract;
• Demonstrate competence in the preoperative and intraoperative management of patients with surgical disorders of the lower gastrointestinal tract.
• Demonstrate competence in the nonoperative management of colorectal patients, such as those with IBD and anorectal complaints.

Objectives by Competencies
By the end of this rotation, residents will be able to show competency in:

1. Patient Care
   • Demonstrate competence in various surgical skills, including stapled and hand-sewn bowel anastomosis, stricturoplasty, laparoscopy, and adhesiolysis;
   • Demonstrate competence in complex colorectal surgical techniques, including:
     Open colectomy
     Laparoscopic colectomy
     Low anterior resection
     Abdominoperineal resection
     Reoperative colorectal surgery
   • Develop a plan for preoperative preparation and postoperative care of patients with colorectal disease;
   • Organize and direct the day to day care of patients on the service.

2. Medical Knowledge
   • Demonstrate knowledge of the essential steps of the procedures above;
• Master the understanding of the pathophysiologic process and treatment for colorectal diseases, including:
  Colon cancer
  Rectal cancer
  Bowel obstruction (benign and malignant)
  Crohn’s disease
  Ulcerative colitis
  Diverticular disease
• Select available resources, such as SCORE, to enrich medical knowledge.

3. **Interpersonal Skills and Communication**
   • Develop effective communication skills with other healthcare professionals, including attending surgeons, residents, nurses, and PAs;
   • Demonstrate capacity to run a surgical team of junior residents, PAs and medical students on the service;
   • Obtain informed consent effectively and deliver bad news with compassion and empathy.

4. **Professionalism**
   • Demonstrate appropriate dress when working with patients in all settings;
   • Set an example of professional behavior to the entire surgical team;
   • Complete documentation, dictations, and program and hospital requirements (i.e., logging of duty hours and operative cases, completing Healthstream modules) in a timely fashion.

5. **Practice-based Learning and Improvement**
   • Demonstrate familiarity with the scientific information pertinent to the patient’s care;
   • Develop habits of lifelong learning through reading, and regular group meeting/conference attendance;
   • Evaluate patient care practices with scientific evidence and professional skills.

6. **System-based Practice**
   • Demonstrate knowledge of health system functions and managing patients;
   • Interact cooperatively and efficiently with the OR team.
   • Request consultations appropriately;
   • Consider cost-effectiveness in patient care decisions.