

**Vanderbilt University Medical Center**  
**Emergency General Surgery Service**  
Surgical Residency Rotation and Curriculum

**Competency-Based Goals - By Residency Level**

**LEVEL: PGY I**

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**I. PATIENT CARE**

- A. Be reliable and honest.
- B. Maintain a habit of efficient and organized management of patient care.
- C. Involve your senior resident and attendings.
- D. Obtain detailed history with high degree of accuracy.
- E. Regularly perform complete and thorough physical examinations.
- F. Begin to keep patient management plans and decisions for straightforward cases under the supervision of more senior residents and attendings.
- G. Learn to write medically appropriate, legible and error-free orders for uncomplicated cases.
- H. Maintain timely, legible, and thorough medical records.
- I. Dictate records in a timely fashion.
- J. Provide safe patient care.

**II. MEDICAL KNOWLEDGE**

- A. (See “Competency-Based Knowledge Objectives”).
- B. Develop a general knowledge of fundamental clinical principles and facts, not limited to: acute abdominal diseases, abdominal wall hernias, gallstone disease and soft tissue infections, including the relevant anatomy, physiology, pathology and bacteriology.
- C. Understand the fundamentals of evaluating surgical risk in both the elective and emergency setting.
- D. Learn the basic principles of managing these cases, including resuscitation and antibiotics.
- E. Analyze available data soundly.
- F. Identify straightforward problems correctly.
- G. Regularly read about each surgical problem you encounter.

**III. PRACTICE-BASED LEARNING**

- A. (See “Competency-Based Knowledge Objectives”).
- B. Learn the basic laboratory evaluation of emergent and elective patients.
- C. Understand the basic indications for different radiologic and interventional studies, such CT, MRCP, HIDA scan, ERCP, EGD, Upper GI, Barium Swallow, Barium Enema, Angiogram, etc. Attempt to be present to view as many interventional or diagnostic procedures as possible.
- D. Read chest X-rays and abdominal X-rays.
- E. Become comfortable with the placement of naso-gastric tubes, Foley catheters.
- F. Learn the basic concepts of tissue handling, suturing techniques, operating room procedures
- G. Use instruments appropriately, with even and safe movements.
- H. Read about cases (pathophysiology, anatomy, and operative techniques) before you scrub in.

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- I. Learn to perform basic operating room procedures under close supervision, such as: skin and subcutaneous biopsies, simple appendectomies, simple hernias (open).
- J. While scrubbed in on more advanced cases, as an assistant, learn to anticipate: exposure, suction, cutting, retracting, etc.
- K. Participate actively in daily Pass-On rounds, weekly Staff rounds, weekly outpatient clinic, weekly M & M, Grand Rounds, and resident teaching conferences.

#### IV. PROFESSIONALISM

- A. Be responsible and dependable.
- B. Show self-initiative and integrity.
- C. Understand the importance of honesty in the doctor-patient relationship and other medical interactions.
- D. Be introduced to ethical issues such as informed consent, patient's rights, end of life issues, etc.
- E. Learn the basics of teaching to medical students, and ancillary health professionals.
- F. Learn how to participate in discussions and become an effective part of rounds, attending staff conference, etc.
- G. Maintain a presentable appearance that sets the standard for the hospital. This includes but is not limited to adequate hygiene and appropriate dress. Scrubs should be worn only when operating or while on call.

#### I. INTERPERSONAL RELATIONSHIPS & COMMUNICATION

- A. Develop the habit of talking to patients and their families about their probable diagnosis, its implications, the recommended treatment and any operations under consideration. Keep the patient informed and up-to-date with regard to their clinical status.
- B. Communicate effectively with your senior residents, attendings, other residents, and ancillary staff.
- C. Restrain from conflict with your peers or ancillary staff.
- D. Enhance team morale.

#### VI. SYSTEMS-BASED PRACTICE

- A. Pay attention to and learn from the assessment of patient care as discussed during Staff Rounds and the weekly M & M conference.
- B. Be introduced to cost vs. benefit considerations, medical economics, outcomes analysis, quality improvement and medicolegal issues.
- C. Begin to the practice "Evidence Based Medicine" through the use of Practice Guidelines and Clinical Pathways.

#### VII. RESEARCH

- A. Develop a basic understanding of, and participate in, the evaluation of surgical literature for credibility and applicability.

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- B. Participate in some clinical research to develop a perception of how it is done, its potential shortcomings and its importance to the improvement in patient care.
- C. Learn the essentials of obtaining consents for research trials and be able to cooperate with ongoing studies.