

**LOYOLA UNIVERSITY MEDICAL CENTER
RESIDENCY PROGRAM IN GENERAL SURGERY
CLINICAL ROTATION DESCRIPTION**

**Loyola University Medical Center
Department of Surgery — Colorectal Surgery**

RESIDENT COMPLEMENT: PG1, PG2 & PG5

ROTATION DURATION: PG1 – 1 month
PG2 & 5 – 2 months

GOALS (General Competencies - ACGME):

- 1. Patient Care** that is compassionate, appropriate, and effective for the treatment of disease and the promotion of health.
- 2. Medical Knowledge** about established and evolving biomedical, clinical, and cognate sciences, as well as the application of this knowledge to patient care.
- 3. Practice-based learning and improvement** that involves the investigation of care for patients, the appraisal and assimilation of scientific evidence, and improvements in patient care.
- 4. Interpersonal and communication skills** that result in the effective exchange of information and collaboration with patients, their families, and other health professionals.
- 5. Professionalism**, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to patients of diverse backgrounds.
- 6. Systems-based practice**, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

ROTATION-SPECIFIC GOALS:

GOAL #1: Patient Care

By the end of this rotation, the PG1 resident is expected to be able to:

- Perform and record complete H&P; construct differential diagnosis
- Evaluate soft tissue and post-op wounds
- Record clinical and operative findings in an objective manner that is easy to follow by other health professionals
- Make pathological correlations
- Interpret diagnostic laboratory and imaging studies
- Select diagnostic studies to evaluate colorectal surgery patients and describe findings
- Begin appropriate management of post-op wounds
- With supervision, insert intestinal tubes, and manage wound drains and stomas
- Perform nutritional assessments of surgical patients
- Provide follow-up care and initial assessment to patients in outpatient clinic or office
- Identify patients at risk for complications following surgery
- Identify complications early in their course
- Have a working knowledge of how to reduce the incidence of complications
- Demonstrate proficiency in suturing
- Assist with abdominal incision closure;
- Assist during abdominal operations

- Perform with assistance, I&D of superficial abscesses, fistulotomies, pilonidal cyst excisions, fulguration of anal condylomas, and hemorrhoidectomies
- With supervision, insert peripheral and central venous lines
- With assistance, perform endoscopic procedures (flexible sigmoidoscopy and colonoscopy)
- Learn to adequately assess and describe stoma findings and perianal findings in both outpatients and inpatients
- Record clinical and operative findings
- Make pathological correlations
- Interpret diagnostic studies with assistance
- Provide follow-up care to patients in outpatient clinic or office.

PG2 - (the PG2 resident will be proficient in all PG1 Patient Care objectives)

By the end of this rotation, the PG2 resident is expected to be able to:

- Record clinical and operative findings
- Make pathological correlations
- Interpret diagnostic studies with assistance
- Provide follow-up care to patients in outpatient clinic or office.
- Perform initial surgical consultation for inpatients and develop differential diagnosis
- Select and interpret appropriate pre- and post-operative diagnostic studies.
- Prepare operative plans and document in progress notes
- Manage psychosocial aspects of surgical disease and utilize appropriate ancillary resources
- Open and close abdominal incisions of all kinds
- Perform basic laparoscopic skills including identification of appropriate trocar insertion sites, insertion of trocars, set up of the equipment, management of the camera, and basic tissue handling
- Perform open abdominal segmental colectomies and common anorectal procedures
- Assist during major open and laparoscopic abdominal and pelvic operations
- Perform colonoscopies
- Discuss end of life issues with terminal patients and families
- Understand and explain the prognosis and treatment related to staging of colorectal malignancies

PG5 - (the PG5 resident will be proficient in all PG 2 & 1 Patient Care objectives)

By the end of this rotation, the PG5 resident is expected to be able to:

- Make recommendations pertinent to inpatient and outpatient consultations for diagnosis and treatment
- Demonstrate proficiency in all aspects of patient care, especially cancer patient management
- Stage specific neoplasms clinically and pathologically using the TNM system
- Prepare patients medically for cancer surgery; optimize nutritional and metabolic deficits
- Assess need and institute appropriate monitoring both pre- and post-operatively.
- Use appropriate support from pharmacologic agents
- Select and interpret appropriate pre- and post-operative diagnostic studies.
- Treat wound complications (infections, dehiscence, evisceration)
- Assist and supervise junior residents in diagnosis, surgical management, and follow-up care of patients with digestive surgical diseases
- Prepare operative plan for treatment of common colorectal disorders, including colorectal cancer, diverticulitis, inflammatory bowel disease, and lower GI bleeding

- Manage psychosocial aspects of neoplastic disease.
- Direct appropriate utilization of ancillary services in complex patient management
- Participate in evaluations of junior residents and students
- Open and close abdominal incisions of all kinds
- Perform with assistance appropriate re-operative surgery for colorectal disorders
- Perform anastomoses of all types, including restoration of intestinal continuity after diversion
- Create and manage colostomies and ileostomies
- Perform with assistance laparoscopic colon resections
- Perform colonoscopies with no assistance
- Identify special preoperative needs such as enlisting the aid of stoma nurses to mark the appropriate location, beginning proper DVT prophylaxis, and identifying which patients need ureteral stents.
- Having a working plan for the preoperative assessment of patients with incontinence, constipation, and pelvic floor disorders
- Recognize colorectal surgery emergencies such as: large bowel obstruction, perforation, lower GI bleeding, non-reducible prolapse, gangrenous or incarcerated hemorrhoids, perianal abscesses, and emergent postoperative complications (anastomotic leak, wound dehiscence).

Patient Care will be assessed and measured by:

- Direct observation on rounds, in the Operating Room, in multidisciplinary conferences (for patient care presentations) and in clinics
- Service Chief and faculty surgeon summary (global) evaluations of clinical performance
- A 360-degree evaluation (students, faculty, nurses, other health care providers and workers) from key geographic locations.

GOAL #2: Medical Knowledge

By the end of this rotation, the PG1 resident is expected to be able to:

- Demonstrate familiarity with the anatomy, embryology, biochemistry and physiology of the GI tract,
- Learn the nutritional needs of surgical patients, and bacterial flora in the GI tract
- Discuss the anatomy of colon, rectum, and anus with particular attention to vascular anatomy
- Differentiate between common outpatient anorectal problems: fissure, fistula, abscess, hemorrhoids; describe an algorithm for workup of anal pain and rectal bleeding
- List common postoperative complications after colorectal surgery and describe the initial steps in their diagnosis and treatment
- Describe indications for colonoscopy both as a screening, surveillance, and diagnostic tool

PG 2 - (the PG2 resident will be proficient in all PG1 Patient Care objectives)

By the end of this rotation, the PG2 resident is expected to be able to:

- Utilizing knowledge of vascular anatomy and tumor spread, identify the appropriate operation for tumors in various locations.
- With regard to middle and lower rectal cancers, discuss treatment options.
- Describe indications for curative vs. palliative treatment of colorectal cancer
- List the indications for surgery in inflammatory bowel disease (both ulcerative colitis and Crohn's disease)

- Describe the steps of these common anorectal procedures: band ligation of hemorrhoids, hemorrhoidectomy, I&D of perianal abscesses, simple fistulotomy, anoscopy, proctoscopy, lateral internal sphincterotomy, operative treatment of anal condylomas, and pilonidal disease
- Discuss the risks related to the above procedures and effectively obtain informed consent from patients.
- List the key steps to segmental colon resections including right colectomy, sigmoid colectomy, low anterior resection.

PG 5

(the PG5 Resident will be responsible for all PG 2 & 1 knowledge objectives, plus the following)

By the end of this rotation, the PG5 resident is expected to be able to:

- Summarize preoperative, operative, and post-operative management of common and complex colorectal diseases including: colorectal cancers, inflammatory bowel disease, recurrent or complicated diverticulitis pouches, stomas, perineal fistulas, recurrent colon malignancy, and carcinomatosis.
- Discuss the surgical management of patients with abdominal neoplasms and the methods used to prioritize treatment.
- Describe etiology, manifestations, and treatment of desmoid tumors
- Discuss options for patients with metastatic colorectal cancer, both curative and palliative
- Describe the pathophysiology and surgical treatment of rectal prolapse, fecal incontinence, constipation
- Compare and contrast laparoscopic versus open surgery for colorectal cancers, diverticular disease, and inflammatory bowel disease
- Verbalize how to atraumatically mobilize the splenic flexure
- List the key steps of a total mesorectal excision
- Enumerate the steps in making an ileal pouch; list the techniques for gaining length if necessary
- Understand anorectal anatomy with particular respect to occult perirectal abscesses including deep postanal space abscess

Medical and surgical knowledge will be assessed by:

- Daily queries on rounds and in the Operating Room
- American Board of Surgery In-Training Examination (ABSITE)
- Oral Exams for PGY 1-5

GOAL #3: Practice-based Learning & Improvement

By the end of this rotation, every resident (PG1-5) is expected to be able to:

- Present cases concisely and clearly to peers, supervising surgeons and consultants.
- Avoid use of unapproved abbreviations in the medical record.
- Fully utilize the electronic medical record (EPIC).
- Search, evaluate, and critically review scientific evidence appropriate to the care of assigned patients, data will be presented on teaching rounds, in the Operating Room, while discussing indications for procedures or during the patient care review conferences.
- Include evidence based references in M&M presentations and on rounds
- Use information technology to access clinical information, including performing on-line searches to support self-directed learning.

Practice based learning will be assessed and measured by:

- Presentation of at least one evidence based publication per type of operation performed by the resident during the rotation (PG1, 3, 5) and discuss the publication with the attending surgeon.
- Evaluate M&M presentations of PG3 and PG5 residents for clarity and quality. Feedback will be provided immediately and during their semi-annual resident evaluations feedback sessions.

GOAL #4 Interpersonal & Communication Skills

By the end of this rotation, every resident (PG1-5) is expected to be able to:

- Discuss planned procedure with the patient, defining course of treatment and potential complications
- Present patients on teaching rounds and during patient care review conferences
- Assist students in preparing patient presentations on rounds
- Present surgical complications at M&M (PG5)
- Serve as effective surgical team leader (PG5)

Communication skills will be assessed and measured by:

- Direct observation on rounds or in clinic. Residents will be observed discussing recommended treatment for several patients
- Direct observation of patient presentations during patient care review, rounds, and conferences
- Evaluations by students on the service will be obtained regarding residents' abilities to assist them with presentations, procedures, and patient care management decisions

GOAL #5 Professionalism

By the end of this rotation, every resident (PG1-5) is expected to be able to:

- Administer patient care conscientiously with highest standard of professional, ethical and moral conduct in all circumstances.
- Work with students, peers, superiors, nurses, health care professionals and other hospital staff colleagues in a courteous and thoughtful manner

Professionalism will be assessed and measured by:

- Direct observation by attending surgeons of postoperative or post procedural care plans and instructions as outlined by the resident with the patient and/or family members (at least one discussion per resident will be evaluated and feedback provided immediately. This exercise will occur weekly during the rotation for each resident.

GOAL #6 Systems-based Practice

By the end of this rotation, every resident (PG1-5) is expected to be able to:

Understand the impact of surgical disease on an individual patient

- Identify needs of the patient as early as possible in order to recruit assistance for the patient from appropriate sources (e.g. primary care, social services, pastoral support, hospice care, support groups, etc.).
- Teach junior residents and medical students.

Systems Based Practice will be assessed and measured by:

- A report of experience either in outpatient clinic, during a multidisciplinary planning conference, hospice or support group planning session that specifically addresses the role of surgeons

- A 360-degree evaluation (students, peers, faculty, nurses, other health care providers) will be used to evaluate residents' performances in all geographic locations, and throughout the day and night.

RECOMMENDED READING:

Surgery: Scientific Principles and Practice. Greenfield (most recent edition)

Sabiston's Textbook of Surgery (most recent edition)

Current Therapy of Surgery – Cameron ed.(most recent edition)

Selected Readings from the SCORE modules that deal with colorectal and anorectal topics

REQUIRED CONFERENCES:

A. Mortality and Morbidity

B. Residents' Conference

C. Grand Rounds

D. Thursday morning colorectal conference (alternates journal club, surgical pathology correlation, resident presentations, and faculty led discussion/lecture)

E. Every other Wednesday afternoon Medical/Surgical GI Conference

F. Friday Afternoon Colorectal Case Conference

FACULTY:

Ted Saclarides M.D. (Service Chief)

Josh Eberhardt, M.D.

Dana Hayden, MD