I. Overall Rotation objectives
   A. Medical Knowledge, Patient Care, and Technical Skills
      1. Understand the Anatomy and Physiology of the Alimentary Tract
      2. Understand the diagnosis, management, indications for surgical treatment, and surgical approach to:
         a. Esophagus –
            i. esophageal injuries including perforation and caustic injury
         b. Trachea
            i. Emergency airway
            ii. Surgical airway
         c. Stomach –
            i. gastro-duodenal ulcer disease
            ii. complications of gastric procedures
            iii. Placement of enteric access
            iv. obstruction
         d. Small intestine
            i. ileus
            ii. small bowel obstruction
               1. intussusceptions
               2. adhesive bowel obstruction
               3. hernia
               4. Foreign body
            iii. complications of small bowel surgery
               1. perforation
               2. leak
               3. fistula
               4. hernia
            iv. vascular disease of the small bowel
            v. small bowel hemorrhage
            vi. short bowel
         e. Large Intestine
            i. colon cancer screening
            ii. Diverticular disease and its complications
            iii. Mesenteric vascular disease
            iv. Infectious disease of colon
            v. Obstructive disease of colon
               1. Volvulus
               2. Pseudo-obstruction
               3. Tumor
            vi. Hemorrhagic diseases of colon and rectum
            vii. appendicitis
viii. Perirectal abscess
ix. Pilonidal abscess
x. Uncomplicated Hemorrhoid disease
f. Liver
   i. Hepatic abscess
   ii. Benign lesions of liver
      1. Adenoma
      2. Cysts
      3. Hemangioma
g. Biliary Tree
   i. Gallstone disease
   ii. Cholangitis
   iii. Complications of cholecystectomy
   iv. Choledocholithiasis
   v. Gallstone ileus
h. Pancreas
   i. Acute pancreatitis
   ii. Pancreatic abscess/necrosis
   iii. Pseudocyst
   iv. Ductal disruptions and fistula
i. Spleen
   i. Infectious diseases of spleen
   ii. Splenic infarct
   iii. Splenic cyst
   iv. Splenomegaly and hemoglobinopathies
   v. Spontaneous rupture
j. Hernia
   i. Groin hernia
   ii. Pelvic hernia
   iii. Abdominal wall hernia
k. Vascular
   i. Vascular access
l. Skin and soft tissue
   i. Infectious diseases
   ii. Biopsy for diagnosis of medical diseases of soft tissue
   iii. Chest wall reconstruction
3. Know the empiric treatment of surgical infections
4. Know the principles of nutritional support and be able to recognize at risk patients.
5. Understand the preoperative evaluation of the patient
6. Be able to provide consent for surgical procedures including discussion of risk, expected recovery, and complications
   1. Identifies appropriate cases to function as “teaching assistant”
   2. Reviews plan of care with attending
iii. Attend divisional performance improvement, M&M, and educational activities.

B. Interpersonal & Communication Skills
   1. Establish rapport with patients and families
   2. Perform a patient-centered medical interview
      a. Gather collateral information where needed
   3. Communicate effectively with members of the EGS team including attending, residents, critical care team, consultants, nurses, and allied health professionals
   4. Discuss prognosis and end of life issues

C. Professionalism
   1. Demonstrate respect and compassion for all patients and families
   2. Understand and compassionately respond to issues of culture, age, sex, sexual orientation, and disability, and socioeconomic factors for all patients and families

D. Practice-Based Learning
   1. Exhibit self-directed learning
   2. Demonstrate improvement in clinical management of patients by continually improving general surgical knowledge and skills
   3. Use division, department, institutional, and national clinical guidelines to optimize patient care
   4. Considers clinical resources, and patient factors in making a plan of care

II. Resident level specific competency based Goals and Objectives
A. Junior Resident – are R1 or 2 surgical residents
   1. Medical Knowledge
      i. Demonstrate an understanding of core Acute Care Surgery conditions, and applies this knowledge to patient care
      ii. Demonstrates the surgical steps for level appropriate surgeries
   2. Patient Care & Technical Skill
      i. Medical Management of Surgical Patients
         1. Manage the routine post-operative care of the surgical patient
         2. Recognizes atypical post-operative course
         3. Initiate resuscitation of patients in shock
         4. Identify complications of surgery
      ii. Sees routine consults and takes complete surgical history
         1. recognizes urgent and emergent surgical conditions and communicates with senior residents/attending in timely manner
   iii. Surgical Skills
      1. Positions patients for operation
      2. Preps and drapes patient for operation
      3. Demonstrates a proper technique for holding instruments
4. Assist and/or perform routine endoscopic, laparoscopic, and open surgical procedures

3. Interpersonal & Communication
   i. Effective documents H&P, consults, Progress Notes, Operative notes, and significant events.
   ii. Able to obtain consent
   iii. Effectively presents patient information
   iv. Communicates plan with patient, family, and consultants
   v. Able to have code status discussions with patient and family
   vi. Obtains sign-out from overnight junior resident, and gives an effective sign-out in the evening

4. Professionalism
   i. Acts ethically
   ii. Committed to compassionate care that is sensitive to patients' age, gender, religion, culture, and sexual orientation
   iii. Commitment to the continuity of care

5. Practice Based Learning
   i. Identify risk factors and risk stratify patients
   ii. Presents at Morbidity and Mortality

6. System Based Practice
   i. Correctly order and interpret radiographic studies
   ii. Identifies when expert consultation is warranted

B. Intermediate Resident – are clinical R3 residents. In addition to the skills of the junior resident.

1. Medical Knowledge

2. Patient Care & Technical Skills
   i. Sees routine and urgent consults when directed by the chief resident and formulates plan of care
      1. Recognizes atypical presentations and/or atypical patient
   ii. Assist and/or perform most endoscopic, laparoscopic and open surgical procedures
   iii. Knows all patients on the service and can manage the service in the chiefs absence with some guidance from faculty

3. Interpersonal & Communication
   i. Provides supervision to junior resident on service
   ii. Communicates a more detailed plan of care with consultants and families
   iii. Conducts family meeting with attending supervision

4. Professionalism

5. Practice Based Learning
   i. Demonstrates reading outside of textbook

6. System Based Practice
C. Chief Resident – is a clinical R5. He or she should demonstrate mastery of all intermediate and junior resident skill

1. Medical Knowledge
   i. Demonstrates an in-depth understanding of EGS topics

2. Patient Care & Technical Skills
   i. See all consults with intermediate or junior resident
   ii. Assist, performs, and teaches all endoscopic, laparoscopic, and open surgical procedures
   iii. Thorough knowledge of all patients on service and formulate a comprehensive and individualized treatment plan
   iv. Supervise intermediate, and junior residents on service
   v. Instruct more junior residents clinically and technically

3. Interpersonal & Communication
   i. Obtains sign-out from overnight chief resident, and gives an effective sign-out in the evening
   ii. Communicates between services
   iii. Conducts family meetings without attending supervision

4. Professionalism

5. Practice Based Learning
   i. Follows patients longitudinally
   ii. Determines operative schedule for the day and ensures all patients are adequately prepared for surgery

6. System Based Practice
   i. Manage the residents on service
      1. Divides operative responsibilities
      2. Divides clinical responsibilities including consults, clinic and wards
      3. Anticipates scheduling conflicts that related to clinical volume and resident numbers