Rural Surgery
Goals and Objectives
Competency Based Curriculum

MEDICAL/SURGICAL KNOWLEDGE:

Resident will gain knowledge of diagnosis, management, treatment, treatment options (surgical/non-surgical), long term prognosis, post-operative effects, complications, patient risk and cost considerations of various surgical conditions.

Knowledge expectations for this rotation involve application of general surgical principles to a rural setting with limited tertiary care resources.

1. Body as a whole (core of basic surgical knowledge)
   - Wound healing
   - Hemostasis and bleeding diathesis
   - Tumor kinetics (biology of tumor growth, therapeutic regimens to include chemotherapy, radiotherapy, immunotherapy, surgery)
   - Surgical infections and their management with use of antibiotics, ancillary modes and surgical intervention
   - GI physiology as it relates to surgical disease
   - GU physiology - assessment of renal function and renal physiology
   - Surgical endocrinology as it applies to the response to stress and injury, and the management of endocrinopathy as it involves surgical patients
   - Surgical nutrition
   - Applied surgical anatomy - familiarity with regional anatomy including thoraco-abdominal, head and neck, pelvis and extremities

2. Diseases of the alimentary tract
3. Diseases of the abdomen
4. Diseases of the breast
5. Diseases of the head and neck
6. Diseases of the vascular system
7. Diseases of the endocrine system
PATIENT CARE AND TECHNICAL SKILLS:

R4: will develop the listed skills and assume responsibility for managing patients with these problems under close supervision of attending staff.

- Refinement of history and physical skills.
- Initial evaluation of surgical problems in a rural environment.
- Consultation on emergency and in-hospital patients.
- Daily management decisions for a wide variety of surgical problems involving all areas of the body.

The following operative procedures:
- Minor outpatient surgical procedures
- Inguinal herniorrhaphy
- Breast biopsy
- Appendectomy
- Cholecystectomy
- Exploratory laparotomies
- Small bowel anastomosis
- Sentinel node biopsy, mastectomy
- Common duct exploration
- Thyroid surgery, parathyroid, and adrenal surgery (endocrine).
- Mastectomies
- Colon surgery
- Flexible endoscopy (EGD, colonoscopy, choledochoscopy).
- Esophageal and gastric procedures
- Pancreatic operations
- Peripheral-vascular operations
- Radical head and neck operations
- Major liver resection
- Major cancer procedures

INTERPERSONAL AND COMMUNICATION SKILLS

R4 residents will develop and refine their individual style when communicating with patients.

- They will strive to create ethically sounds relationships with patients, the physician team and supporting hospital personnel. They will create effective written communications through accurate, complete, and legible notes.

- They will exhibit listening skills appropriate to patient-centered interviewing and
communication. The resident will recognize verbal and nonverbal cues from patients.

- The resident will be able to communicate with patients concerning end-of-life decisions.

PROFESSIONALISM

- The resident will demonstrate integrity, accountability, respect, compassion, patient advocacy, and dedication to patient care that supercedes self-interest. Residents will demonstrate a commitment to excellence and continuous professional development. They will be punctual and prepared for teaching sessions.

- The resident will demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentially of patient information, and informed consent.

- The resident is expected to show sensitivity and responsiveness to patient’s culture, age, gender, and disabilities.

PRACTICE BASED LEARNING AND IMPROVEMENT

The resident will use hospital-based and electronic resources to critically appraise medical literature and apply evidence to patient care.

- They will use paper and electronic references to support patient care and self-education, as a rural environment may not provide direct access to a university library.

- The resident will in addition consistently seek out and analyze data on practice experience, identify areas for improvement in knowledge or patient care performance and make appropriate adjustments.

- They will regularly demonstrate knowledge of the impact of study design on validity or applicability to individual practice.

SYSTEMS BASED PRACTICE

- The resident will be sensitive to health care costs while striving to provide quality care. They will begin to effectively coordinate care with other health care professionals as required for patient needs.
The resident will consistently understand and adopt available clinical practice guidelines and recognize the limitations of these guidelines. They will work with patient care managers, discharge coordinators and social workers to coordinate and improve patient care and outcomes.

In addition, the resident will enlist social and other out-of-hospital resources to assist patients with therapeutic plans. The resident is also expected to model cost-effective therapy.