Teaching Faculty:
Joel Horovitz, MD/ Attending/ Vice Chairman of Surgery
Ronald Kaleya, MD/ Attending/ Director of Surgical Oncology
Shahabuddin Ahmad, MD/ Attending
Anna Serur, MD/ Attending/ Director of Colorectal Surgery
Marian Fleischer, MD/ Attending/ Division of Colorectal Surgery
Rebecca Rhee, MD/ Attending/ Division of Colorectal Surgery
Supoj Tanchajja, MD/ Attending

Overview: The Ripstein Surgery Service is a general surgery service with an emphasis on Colorectal and Oncologic surgery. Residents in PGY1,2,3,4 and 5 rotate through this service. Residents participate in the preoperative, operative and long term postoperative care of the general, laparoscopic, colorectal and oncologic surgical patient.

The Ripstein rotation will encompass multiple facets of surgical learning; in-house patient management, weekly clinic and private outpatient experiences, as well as a broad didactic educational component.

Colorectal cancer is the leading cause of cancer related deaths in men and women combined. In 2006, Maimonides Medical Center initiated a landmark program of screening for colon cancer and treating the disease irrespective of ability to pay. Since then over 3000 individuals have been screened and a large number of lives have been saved. All aspects of colorectal cancer prevention, diagnosis and treatment fall under the auspices of the practicing general surgeon. Advances in minimal access surgery have provided new opportunities for improved patient care. Under the direction of Dr Anna Serur the surgical residents gain exposure to a wide range of colon, rectal and anal surgical maladies including laparoscopic approaches to benign and malignant disease. There is a robust clinical simulation laboratory led by Dr Rebecca Rhee including colonoscopy simulation and upper GI simulation. The residents spend one hour each week at a multidisciplinary tumor board that includes gastroenterology, radiation oncology, genetics, pathology and surgical oncology (Tuesday 7am to 8am, Saltzman Auditorium, Maimonides Medical Center). All preoperative cases are reviewed and discussed.

Residents participate in the preoperative, operative and long term postoperative care of general surgery, surgical oncology and colorectal patients. Residents are expected to attend and participate in all conferences including M&M/Grand Rounds, Core Curriculum, Journal Club and Gastrointestinal Tumor Board. Residents are the patient’s primary physician and assumes the responsibility for the patient’s hospitalization and clinical course. This is done under the close supervision of their senior resident and the faculty. Specifically the faculty includes: Dr Joel Horovitz, Dr Shahabuddin Ahmad, Dr Ronald Kaleya and Dr Anna Serur

As we are a medical center for continuing education, the team will also include a variety of medical students of which educating them becomes part of your learning experience. The resident’s operative responsibilities consist of first-assisting on appropriate cases. Please review all aspects of the surgical curriculum below for further guidance as to your future experience. We look forward to sharing and shaping your surgical career at Maimonides Medical Center.

Exposure to the Otolaryngology Service is included in this rotation. Care for the head & neck surgery patient is specifically emphasized. House staff are encouraged to attend the outpatient clinics and the Head & Neck Tumor Board. Participation in operative cases is expected.
**Patient Care**

**Goal**
Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of well-being. Residents will learn to treat the whole patient, not just the underlying pathology. Care planning will focus on preventative, diagnostic and therapeutic strategies.

**Competencies**
Surgical residents will:

- Demonstrate manual dexterity appropriate for their level
  1. Develop expertise in the management of a wide range of surgical conditions of the colon and rectum including laparoscopic approaches and transanal approaches
  2. Develop expertise in the management of a wide range of surgical conditions of the GI tract including but not limited to foregut, hepatobiliary and pancreas surgery
- Develop and execute patient care plans appropriate for the resident’s level, including management of pain
- Develop expertise in the utilization of radiology studies to support clinical decision making
- Refine history and physical skills
- Develop clinical skills in the management of the acutely ill patient including integration of preoperative risk assessment into clinical practice.

**PGY 1**

**Objectives**

- Conduct patient history and physical examination and determine differential diagnosis, laboratory procedures, and diagnostic studies for simple surgical problems
- Perform minor surgical procedures under direct supervision such as central lines, arterial lines, basic colorectal examinations and procedures (see policy on credentialing).
- Evaluate patients at outpatient clinics, during rounds, and in the ED
- Perform preoperative tasks to prepare patients for surgery and routine postoperative care
- Manage patient issues such as fever, pain, respiratory, and wound problems
- Manage the basic issues associated with care of acutely ill patients
- Implement tasks needed to prepare patients for general, laparoscopic, oncologic and colorectal surgical procedures
- Identify early post-operative complications
- Learn history and physical skills as they apply to the colon cancer patient with particular emphasis on identification of patients at risk for cancer susceptibility gene syndromes.
- On the otolaryngology service, elicit a problem-oriented history, conduct a detailed head & neck physical exam, and recommend a straightforward diagnostic and therapeutic plan. Perform supervised invasive procedures including fine needle aspiration biopsy and minor incisional/excisional mucosal biopsies; assistant-procedures could include fiberoptic laryngoscopy, superficial cervical lymph node biopsy, and open tracheotomy.
PGY 2

Objectives

• Manage PGY1 residents in the completion of tasks assigned to them during work rounds
• Conduct patient history and physical examination and determine differential diagnosis, laboratory procedures, and diagnostic studies for more complex surgical problems
• Perform more complex surgical procedures under direct supervision such as; wound debridement, abscess incision and drainage, midline and trocar site fascial closure
• Begin to perform basic surgical interventions under attending supervision including but not limited to; soft tissue mass excisions, placement of infusion ports, open inguinal herniorrhaphy, laparoscopic appendectomy and cholecystectomy
• Evaluate patients at outpatient clinics, during rounds, and in the ED
• Perform preoperative tasks to prepare patients for surgery and routine postoperative care
• Manage patient issues such as fever, pain, respiratory, and wound problems
• Manage the basic issues associated with care of critically ill patients
• Implement tasks needed to prepare patients for general, laparoscopic and oncologic surgery procedures
• Identify early post-operative complications
• Refine history and physical skills as they apply to the surgical oncology patient with particular emphasis on identification of patients at risk for cancer susceptibility gene syndromes; become familiar with surgical approaches that are appropriate for patients with hereditary cancer syndromes.
• On the otolaryngology service, in addition to that listed for the PGY-1 level, supervised invasive procedures including simple abscess evacuation, superficial cervical lymph node biopsy and open tracheotomy; assistant-procedures could include fiberoptic laryngoscopy, deep cervical lymph node biopsy, and more complex soft tissue excisions and closure.

PGY 3

Objectives

• Manage junior residents in the completion of tasks assigned to them during work rounds
• Oversee junior residents in following inpatient consults
• Conduct patient history and physical examination and determine differential diagnosis, laboratory procedures, and diagnostic studies for more complex surgical problems
• Perform more complex surgical procedures under direct supervision such as; wound debridement, abscess incision and drainage, midline and trocar site fascial closure
• Improve upon technique for basic surgical interventions under attending supervision including but not limited to; soft tissue mass excisions, placement of infusion ports, open inguinal herniorrhaphy, laparoscopic appendectomy and cholecystectomy
• Evaluate patients at outpatient clinics, during rounds, and in the ED
• Perform preoperative tasks to prepare patients for surgery and routine postoperative care
• Manage patient issues such as fever, pain, respiratory, and wound problems
• Manage the basic issues associated with care of critically ill patients
• Implement tasks needed to prepare patients for general, laparoscopic and oncologic surgery procedures
• Identify early post-operative complications
• Refine history and physical skills as they apply to the surgical oncology patient with particular emphasis on identification of patients at risk for cancer susceptibility gene syndromes; become familiar with surgical approaches that are appropriate for patients with hereditary cancer syndromes.
• On the otolaryngology service, in addition to that listed for the PGY-1,2 level, improve technique of supervised invasive procedures including simple abscess evacuation, superficial cervical lymph node biopsy and open tracheotomy; assistant-procedures could include fiberoptic laryngoscopy, deep cervical lymph node biopsy, and more complex soft tissue excisions and closure.
Objectives:

- Manage acute and chronic post operative problems common to surgical oncology patients
- Perform advanced laparoscopic suturing skills
- Perform surgical intervention including but not limited to: colon resection, pancreatic debridement, gastric resection, vagotomy, ventral hernias, small bowel obstruction, chronic pancreatitis, periampullary neoplasm, segmental colectomy and low anterior and AP resection.
- Demonstrate competence in the management of soft tissue and cutaneous malignancies
- Demonstrate basic skills of perioperative management for patients whose diseases are covered by the principal components of general surgery
- Demonstrate competence in hemodynamic monitoring, ventilator management, nutritional support, sepsis, and organ failure
- Perform a thorough focused clinical examination including for the presence of inguinal hernias
- Recognize the emotional and psychological issues associated with the diagnosis of cancer
- Identify and stage cancerous lesions of the colon, pancreas, small bowel, skin, soft tissue and stomach
- Perform more advanced surgical procedures such as:
  - Laparoscopic Appendectomy
  - Laparoscopic Cholecystectomy
  - Laparoscopic lysis of adhesions
  - Laparoscopic and open Segmental colectomy
    - Right hemicolectomy
    - Left hemicolectomy
    - Sigmoid colectomy
  - Laparoscopic and open Low anterior resection for rectal disease
  - Laparoscopic and open Abdominal perineal resection APR for rectal disease
  - Laparoscopic and open Gastrectomy
  - Laparoscopic oncologic operations of the Liver and Pancreas
  - Sentinel lymph node mapping and biopsy for melanoma
- On the otolaryngology service, in addition to that listed for the PGY-1-3 levels will perform supervised invasive procedures including thyroidectomy, parathyroidectomy, and incision and drainage of deep neck space abscess; assistant-procedures could include parotidectomy with facial nerve dissection and comprehensive cervical lymphadenectomy.
- Develop comprehensive approach to surgical patients with hereditary GI malignancies; become conversant with the most common cancer susceptibility syndromes including HNPCC and FAP. Develop a deeper understanding of the mechanisms involved in hereditary cancer and how these mechanisms impact treatment decisions.
Objectives

- All of the objectives mentioned above for the PGY-4 level in addition to:
- Manage a surgical team comprised of members with differing responsibilities including physician extenders through the use of leadership skills
- Manage patients with a wide range of surgical pathologies with minimum supervision
- Perform common open and laparoscopic procedures with minimum supervision and capably assist attendings on complex cases
- Perform surgical intervention including but not limited to: periampullary and pancreatic neoplasm, segmental hepatectomy, radical cholecystectomy, RFA of liver lesions. And reoperations for recurrence of rectal colon and gastric cancer.
- Develop strategies for surgical primary prevention including but not limited to risk reducing colectomy and the GI cancer screening programs.
- On the otolaryngology service, in addition to that listed for the PGY-1-4 levels will perform supervised invasive procedures including thyroidectomy, parathyroidectomy, parotidectomy with facial nerve dissection and comprehensive cervical lymphadenectomy; assistant-procedures could include laryngopharyngectomy and both random-pattern and pedicled flap reconstruction.
Medical Knowledge
Goal
Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care

Competencies
Surgical residents are expected to:
- Critically evaluate and demonstrate knowledge of pertinent scientific and clinical information as it pertains to the general surgery, surgical oncology and colorectal patient

PGY 1

Objectives:
- Demonstrate knowledge of fluids and electrolytes needed to maintain hemodynamic stability
- Recognize shock, cardiac and pulmonary dysfunction
- Know the basic setup and use of laparoscopy
- Demonstrate basic knowledge related to the stomach liver, pancreas, and biliary disease
- Recognize symptoms of renal and endocrine compromise
- Know the use of appropriate antibiotics
- Demonstrate concepts of enteral and parenteral nutrition
- Demonstrate knowledge of signs of multiple system organ failure
- Know how to evaluate the acute abdomen
- List the steps in performing a complete and competent history and physical exam
- Know how to dictate accurate and concise discharge reports
- Describe how to start an IV, place an NG tube, foley, arterial lines
- Discuss management of simple wounds on ward, recognize infection
- Demonstrate knowledge of basic head & neck anatomy and physiology; and common diseases affecting the ear, nose and throat(e.g. otitis, pharyngotonsillitis; sinusitis)
- Become conversant with the 7th revision of the AJCC Staging Manual for Colon cancer; develop strategies for integration of stage of disease into treatment strategies.
PGY 2

Objectives:
- Describe the indications, criteria for assessment, procedures, complications, and outcomes of oncologic operations.
- Describe the content of appropriately written admissions and daily orders.
- Recognize manifestations organ dysfunction necessitating surgical critical care, respiratory failure, renal failure, liver disease and portal hypertension.
- Identify the complications found in patients who have undergone oncologic gastric procedures eg: dumping, afferent loop syndrome post vagotomy diarrhea etc.
- Identify the complications found in patients who have undergone colon oncologic procedures eg: sexual dysfunction, poor self-esteem, incontinence, diarrhea.
- Describe the indications, criteria for assessment, work up, complications, and outcomes of colon/rectal operations for cancer.
- Explain the significant co-morbidities in the geriatric population and how it relates to the work up and management of patients undergoing major surgical procedures and colorectal resections.
- Explain the complications involved in rectal resections including the effects on sexual dysfunction and continence.
- Identify the complications found in patients who have undergone different rectal prolapse procedures.
- Demonstrate the knowledge to perform advanced tissue manipulation and retraction for general surgical and colorectal operations.
- Demonstrate knowledge of basic head & neck anatomy and physiology; and common diseases affecting the ear, nose and throat(e.g. otitis, pharyngotonsillitis; sinusitis).
- Demonstrate an understanding of the appropriate use of diagnostic imaging modalities to evaluate surgical patients.

PGY 3

Objectives:
- Describe the indications, criteria for assessment, procedures, complications, and outcomes of oncologic operations.
- Describe the content of appropriately written admissions and daily orders.
- Recognize manifestations organ dysfunction necessitating surgical critical care, respiratory failure, renal failure, liver disease and portal hypertension.
- Identify the complications found in patients who have undergone oncologic gastric procedures eg: dumping, afferent loop syndrome post vagotomy diarrhea etc.
- Identify the complications found in patients who have undergone colon oncologic procedures eg: sexual dysfunction, poor self-esteem, incontinence, diarrhea.
- Describe in detail indications, criteria for assessment, work up, complications, and outcomes of colon/rectal operations for cancer.
- Explain the significant co-morbidities in the geriatric population and how it relates to the work up and management of patients undergoing major surgical procedures and colorectal resections.
- Explain the complications involved in rectal resections including the effects on sexual dysfunction and continence.
- Identify the complications found in patients who have undergone different rectal prolapse procedures.
- Demonstrate the advanced knowledge to perform advanced tissue manipulation and retraction for general surgical and colorectal operations.
- Demonstrate advanced knowledge of basic head & neck anatomy and physiology; and common diseases affecting the ear, nose and throat(e.g. otitis, pharyngotonsillitis; sinusitis).
- Demonstrate an advanced understanding of the appropriate use of diagnostic imaging modalities to evaluate surgical patients.
Objectives:

- Know how to manage acute and chronic post operative problems common to general surgery, surgical oncology and colorectal patients
- Demonstrate the knowledge required for independent judgment including indications, operative management, post op care, therapeutic alternatives and long term follow-up of colorectal and oncologic patients.
- Describe pre-operative staging for pancreatic, colon, rectal and gastric cancer
- Interpret ultrasound, CAT scans and MRI in the evaluation of intraabdominal disease including hepatobiliary pancreatic and metastatic disease
- Demonstrate ability to perform and evaluate intraoperative ultrasound used in the treatment and diagnosis of hepatobiliary and pancreatic disease
- Demonstrate the ability to perform intraoperative cholangiogram for the evaluation of the biliary tree
- Know genetic predisposition for colon cancer including screening recommendations
- Describe indications for neoadjuvant treatment of rectal, esophageal and gastric cancer
- Demonstrate knowledge of basic head & neck anatomy and physiology; and common diseases affecting the ear, nose and throat (e.g. otitis, pharyngotonsillitis; sinusitis).
- Recognize the compromised airway and its causes; prioritize the appropriate diagnostics and intervention
- Demonstrate knowledge of head & neck oncology, including endocrine and salivary gland neoplasms as well as site-specific squamous cell carcinoma. Be familiar with treatment guidelines and algorithms supported by evidence-based medicine

PGY 5

Objectives:

- Demonstrate the medical knowledge required of a PGY-4 in addition to:
- Demonstrate an understanding of how to responsibly manage all clinical and surgical aspects of the service
- Demonstrate knowledge of an organized approach to the assessment, resuscitation, stabilization, and provision of definitive care for the surgical oncology patient.
- Demonstrate knowledge of basic head & neck anatomy and physiology; and common diseases affecting the ear, nose and throat(e.g. otitis, pharyngotonsillitis; sinusitis).
- Demonstrate knowledge of head & neck oncology, including endocrine and salivary gland neoplasms as well as site-specific squamous cell carcinoma. Be familiar with treatment guidelines and algorithms supported by evidence-based medicine.
- Recognize patients at risk for untoward psychological sequelae to their treatment and prognosis
- Recognize stress and fatigue in team members associated with treating patients with life-threatening disease
**Interpersonal and Communication Skills**

**Goal**
Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals

**Competencies**
Surgical residents are expected to:
- communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds;
- communicate effectively with physicians, other health professionals, and health related agencies;
- work effectively as a member or leader of a health care team or other professional group;
- act in a consultative role to other physicians and health professionals; and,
- maintain comprehensive, timely, and legible medical records, if applicable.
- counsel and educate patients and families, and
- effectively document practice activities.

**PGY 1**

**Objectives:**
- Demonstrate techniques for communicating effectively with the health care team
- Demonstrate an understanding of the special needs of colorectal cancer patients and how a diagnosis of cancer affects them, their family and their cultural structure.
- Demonstrate techniques for communicating with the parents of your pediatric patients on the ENT service

**PGY 2**

**Objectives:**
- Demonstrate techniques for communicating effectively with the wider health care team; which includes other services in their role as consultant and their ability to communicate the need for consultations from other services

**PGY 3**

**Objectives:**
- Demonstrate advanced techniques for communicating effectively with the wider health care team; which includes other services in their role as consultant and their ability to communicate the need for consultations from other services

**PGY 4**

**Objectives:**
- In addition to those requirements of junior residents:
- Demonstrate the ability to interact in a multidisciplinary team setting such as the Tumor Board
- Demonstrate respect for cultural differences and their impact on communication
- Demonstrate interview techniques that facilitate effective understanding of concerns of patients and their families facing the diagnosis of cancer
- Use effective writing skills to document practice activities and communications with patients and their families

**PGY 5**

**Objectives:**
- In addition to those requirements of junior and senior residents:
- Demonstrate techniques for communicating effectively with all health care team members
- Communicate effectively with patients and their families including education about surgical diseases and their treatments
**Practice Based Learning and Improvement**

**Goal**
Demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

**Competencies**
Surgical residents are expected to:
- identify strengths, deficiencies, and limits in one’s knowledge and expertise
- set learning and improvement goals
- identify and perform appropriate learning activities
- systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
- incorporate formative evaluation feedback into daily practice;
- locate, appraise, and assimilate evidence from scientific studies related to their patients’ health problems
- use information technology to optimize learning
- participate in the education of patients, families, students, residents and other health professionals.
- critique personal practice outcomes
- demonstrate the importance of lifelong learning in surgical practice

**PGY 1**
**Objectives:**
- Demonstrate willingness to obtain information from scientific literature and electronic databases

**PGY 2**
**Objectives:**
- Demonstrate willingness to obtain information from scientific literature and electronic databases
- Demonstrate the ability to form treatment opinions based on a critical review of the literature (Journal clubs will be instrumental in teaching how to critically review the literature)

**PGY 3**
**Objectives:**
- Demonstrate willingness to obtain information from scientific literature and electronic databases
- Demonstrate the ability to form advanced treatment opinions based on a critical review of the literature (Journal clubs will be instrumental in teaching how to critically review the literature)

**PGY 4**
**Objectives:**
- In addition to the requirements of junior residents:
  - Monitor his/her fund of knowledge and applies it to clinical practice by reviewing patient records and outcomes and examining decisions made. Initiates improvements for mitigating or eliminating errors
  - Demonstrate familiarity with scientific literature in the field and a working knowledge of landmark studies
  - Critically evaluate scientific literature and apply this data to the clinical setting

**PGY 5**
**Objectives:**
- In addition to the requirements of junior and senior residents:
  - Attend and take part in quality assurance meetings (SQAC) where cases are reviewed critically and outcomes assessed
  - Observe, evaluate, and inculcate best practices in the care of surgical patients
**Professionalism**

**Goal**
Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

**Competencies**
Surgical residents are expected to demonstrate:

- compassion, integrity, and respect for others;
- responsiveness to patient needs that supersedes self-interest;
- respect for patient privacy and autonomy;
- accountability to patients, society and the profession; and,
- sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
- high standards of ethical behavior
- a commitment to continuity of patient care

**PGY 1**

**Objectives:**
- Apply the principles of medical ethics adopted by the American Medical Association

**PGY 2**

**Objectives:**
- Apply the principles of medical ethics adopted by the American Medical Association
- Demonstrate the legal and ethical principles of confidentiality
- Demonstrate sensitivity in the examination of a patient’s rectum and awareness of how cultural differences affect how an examination is performed

**PGY 3**

**Objectives:**
- Apply the principles of medical ethics adopted by the American Medical Association
- Demonstrate the legal and ethical principles of confidentiality
- Demonstrate sensitivity in the examination of a patient’s rectum and awareness of how cultural differences affect how an examination is performed

**PGY 4**

**Objectives:**
- In addition to the requirements of junior residents:
  - Demonstrate sensitivity and awareness of cultural differences including one’s own cultural perspective especially in how it relates to cancer and other end of life issues.
  - Respond to patients in a way that transcends self interest

**PGY 5**

**Objectives:**
- In addition to the requirements of junior and senior residents:
  - Demonstrate sensitivity in discussing end of life issues, health care proxy, advanced directives, palliative care and terminal withdrawal of care in light of cultural differences and expectations.
  - Demonstrate continuity of care for patients, accountability and an acceptance of patients as their own responsibility. Specifically for patients that require lifelong follow-up and maintenance such as oncologic patients who require surveillance etc. You will preferably meet these patients as a junior resident and manage and take ownership of their cases throughout your training.
**Systems Based Practice**

**Goal**
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.

**Competencies**
Surgical residents are expected to:
- work effectively in various health care delivery settings and systems relevant to their clinical specialty
- coordinate patient care within the health care system relevant to their clinical specialty
- incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care as appropriate
- advocate for quality patient care and optimal patient care systems
- work in professional teams to enhance patient safety and improve patient care quality
- participate in identifying system errors and implementing potential systems solutions
- practice high quality, cost effective patient care
- demonstrate knowledge of risk-benefit analysis
- demonstrate an understanding of the role of different specialists and other health care professionals in overall patient management

**PGY 1**

**Objectives:**
- Demonstrate cooperation and collaboration with other professionals in a variety of systems

**PGY 2**

**Objectives:**
- Demonstrate cooperation and collaboration with other professionals in a variety of systems
- Practice advocacy that is in the best interest of the patient collaborating with the social work department on the wards and the private office staff to arrange for home care visiting nurse, availability of supplies and multidisciplinary follow-up (eg: follow up of chemotherapy and/or radiation for the surgical oncology patient)

**PGY 3**

**Objectives:**
- Demonstrate cooperation and collaboration with other professionals in a variety of systems
- Practice advocacy that is in the best interest of the patient collaborating with the social work department on the wards and the private office staff to arrange for home care visiting nurse, availability of supplies and multidisciplinary follow-up (eg: follow up of chemotherapy and/or radiation for the surgical oncology patient)
PGY 4

Objectives:
- In addition to the requirements of junior residents:
- Demonstrate cooperation and collaboration with other professionals in a variety of systems including obtaining appropriate consults from other specialties including nutrition and physical therapy
- Practice advocacy that is in the best interest of the patient
- Practice cost effective care without compromising quality
- Demonstrate a working knowledge of the diverse systems involved in treating patients including social service, medical, legal, and community-based systems of care

PGY 5

Objectives:
- In addition to the requirements of junior and senior residents:
- Know how to use the systems as part of a comprehensive system of care to provide optimum support for patients (ex: GI cancer patients whose care depends on a multidisciplinary group which requires the combined care of gastroenterology, oncology, surgery, psychiatry, radiation oncology, nutrition, rehabilitation and family counseling services, you as the surgeon must demonstrate the ability to synthesize and coordinate this care that works in the best interest of the patient. This will be measured by your ability to devise and bring to fruition a long term care plan that takes all of these varied disciplines into account.)


**Teaching Methods:**
The following teaching methods are used on the Ripstein Service:

**Supervised Direct Patient Care**
- Provide care to in-patients under supervision of an attending with feedback.
- Provide care to outpatients in a clinic setting under supervision of an attending with feedback. Clinic is held weekly.

**Small Group Discussions.**
- Specially conferences (morning report, GI tumor board); didactics followed by discussion of specific clinical conditions found in these patients.

**Didactic Sessions**
- Core Curriculum Conference: This weekly lecture series covers fundamental surgery topics based on chapters in the text Sabiston Textbook of Surgery and also includes presentations related to the ACGME competencies. Topics from the text are scheduled on a two-year cycle to ensure access for all residents.
- Tuesday GI tumor Conference: Multidisciplinary conference including representative attendings, fellows, residents and medical students from the fields of surgery, GI, radiology, pathology, medical oncology and radiation oncology. This weekly conference is mandatory and is protected time for all residents rotating on this service. All GI cancers are presented in this forum. PGY-1-3 residents are asked to comment on fundamentals of the disease process and clinical work-up. PGY-4 residents are expected to comment on treatment approaches. PGY-5 residents are expected to comment on treatment sequencing, psychosocial issues and broader issues of survivorship.
- Morbidity and Mortality conference: Held weekly, this conference focuses primarily on practice-based learning and improvement, but also addresses other ACGME competencies as well as basic science and clinical management principles.
- Grand Rounds: Grand Rounds are held twice each month.

**Independent Study**
- Residents are expected to study for weekly ABSITE quizzes. Topics are scheduled in preparation for weekly quizzes.
- Residents are expected to read chapters in Sabiston Textbook of Surgery corresponding to core curriculum topics.
- Residents are expected to participate in the SCORE curriculum as outlined by the ABS.

**Outpatient Clinics**
A one day clinic is held for the Ripstein surgery service on Monday of each week. The principal learning activity is through direct patient care under the supervision of attendings and senior residents.

**Credentialing Activities**
- Procedures (e.g., inserting central lines) conducted through directly supervised procedures by attendings or residents credentialed in the particular procedure (see credentialing policy).

**Teaching Rounds**
Daily teaching rounds are held with all residents and students rotating on the Ripstein rotation residents and students are expected to know their assigned patients (assigned by the chief on the service) and to have read on the topic of the patients’ disease.

**Assessment Methods:**
The following resident assessment methods are used on the Ripstein Service:

**Resident Performance**
- Faculty complete and submit electronic resident global evaluations, which assess all six competencies
- Residents complete and submit electronic peer to peer evaluations.
- Healthcare professionals complete multi-source resident evaluations.

**Program and Faculty Performance**
- Residents complete and submit confidential and anonymous faculty evaluations.
- Residents complete and submit confidential and anonymous rotation evaluations.
Level of Supervision:
On each service, residents work with and are supervised by general surgeons who are part of the hospital’s core faculty. Under supervision of this qualified faculty, residents begin to develop sound clinical decision-making skills. As they move through the program, residents are provided with increasing levels of progressive responsibility to develop patient management plans and to perform more complex operative procedures.

PGY 1
Lines of responsibilities:
A. Under the supervision of the senior resident and attending on the service, the PGY 1 is responsible for assisting in the daily care of patients on the floors and in outpatient clinics and for admission/discharge of all patients undergoing surgery procedures.
B. Specifically, the PGY 1:
• performs history and physical examinations on every new admission to the service
• evaluates all patients presenting to surgery for preoperative workup, including performing a complete history and physical exam
• makes daily assessments and plans on each patient on the service and will have full knowledge of all issues and progress of patients
• knows the progress of every patient and personally examines patients experiencing problems
• will keep the senior resident aware of the progress of all patients. Will alert the senior resident to new problems on the service
• under supervision of credentialed residents performs invasive procedures
• arranges for appropriate diagnostic tests
• completes discharge paperwork for patients
• insures proper disposition and follow-up of patients discharged
• writes a understandable preoperative assessment on all patients for which he/she serves as the surgeon of record

PGY 2
Lines of responsibilities:
A. Under the supervision of the senior resident and attending on the service, the PGY 2 is responsible for assisting in the daily care of patients on the floors and in outpatient clinics and for admission/discharge of all patients undergoing surgery procedures with increasing autonomy.
B. Specifically, the PGY 2:
• performs history and physical examinations on every new admission to the service
• evaluates all patients presenting to surgery for preoperative workup, including performing a complete history and physical exam
• makes daily assessments and plans on each patient on the service and will have full knowledge of all issues and progress of patients
• knows the progress of every patient and personally examines patients experiencing problems
• will keep the senior resident aware of the progress of all patients. Will alert the senior resident to new problems on the service
• under supervision of credentialed residents performs invasive procedures
• arranges for appropriate diagnostic tests
• completes discharge paperwork for patients
• insures proper disposition and follow-up of patients discharged
• writes a legible preoperative assessment on all patients for which he/she serves as the surgeon of record
• Is responsible for supervising the PGY1 residents to ensure that their assigned tasks are complete
• Provides teaching and supervision for medical students assigned to the Ripstein team
PGY 3

Lines of responsibilities:
A. Under the supervision of the senior resident and attending on the service, the PGY 3 is responsible for assisting in the daily care of patients on the floors and in outpatient clinics and for admission/discharge of all patients undergoing surgery procedures with increasing autonomy.
B. Specifically, the PGY 3:
• performs history and physical examinations on every new admission to the service
• evaluates all patients presenting to surgery for preoperative workup, including performing a complete history and physical exam
• makes daily assessments and plans on each patient on the service and will have full knowledge of all issues and progress of patients
• knows the progress of every patient and personally examines patients experiencing problems
• will keep the senior resident aware of the progress of all patients. Will alert the senior resident to new problems on the service
• under supervision of credentialed residents performs invasive procedures
• arranges for appropriate diagnostic tests
• completes discharge paperwork for patients
• insures proper disposition and follow-up of patients discharged
• writes a legible preoperative assessment on all patients for which he/she serves as the surgeon of record
• is responsible for supervising the PGY1-2 residents to ensure that their assigned tasks are complete
• Provides teaching and supervision for medical students assigned to the Ripstein team

PGY 4

Lines of responsibilities:
A. Along with the attending is directly responsible for the care of all patients on the surgical service. This does not mean, however, that he/she is the direct care provider. Directly supervises junior residents in the delivery of care to all patients on the service.
B. Specifically, the PGY 4
• has full knowledge of surgical problems and progress of all patients on the service
• sees every admission to the service
• writes a legible preoperative assessment on all patients for which he/she serves as the assistant surgeon of record
• knows the progress of every patient every day and examines patients experiencing issues
• makes sure attending is aware of the progress of all patients
• knows each patient who is to undergo a surgical procedure including those scheduled from the outpatient clinic
• discusses each case with the assigned attending
• arranges proper follow-up of all patients discharged from the service

PGY 5

Lines of responsibilities:
A. Along with the attending, is directly responsible for the care of all patients on the surgical service. This does not mean, however, that the Chief resident is the direct care provider. Directly supervises all other residents on the service in the delivery of care to patients.
B. Specifically, the PGY 5
• will have full knowledge of surgical problems and progress of all patients on the service
• sees each admission to the service
• writes a legible preoperative assessment on all patients for which he/she serves as the assistant surgeon of record
• knows the progress of every patient every day and examines patients experiencing issues
• makes sure the attending is aware of the progress of all patients
• knows each patient who is to undergo a surgical procedure
• is immediately available on nights he/she is assigned to in-house call
**Educational Resources**

1. Online Journal Access through the Degenshein Library
2. WebSurg.com
3. Schwartz’s Textbook of Surgery
4. Current Surgical Diagnosis and Treatment
5. Sabiston Textbook of Surgery
6. Shackelford’s Surgery of the Alimentary Tract
7. Khatri’s operative manual
8. Cameron’s Current Surgical Therapy
9. Fazio’s Colon/Rectal Surgery
10. Maingot’s Abdominal operations
11. Surgery Review illustrated