Louisiana State University

Health New Orleans

General Surgery

2015 – 2016

House Officer Manual

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House Officer List

LSUHSC Department of Surgery
2016-2017

Fifth Years:
Lindsey Beakley
Jarret Brashear
Thomas Delahoussaye
Michael Hall
Wajeeh Irfan
William Steinhardt

Fourth Years:
Rahal Kahanda
Maxine Miller
Willard Mosier
Jennifer Owens
Lindsey Richard
Benjamin Robichaux
Jesse Sulzer
Nathan Hite
Jessica Zagory

Third Years:
Elyse Bevier-Rawls
Aimee Hymel
Edwin Manley
Ngan Nguyen
Adele Williams
Bethany Zimmerman

Second Years:
Randall Cornateanu
Luv Hajirawala
Michael Joannides
Christopher Johnson
Faiza Khan
Osarumen Okunbor
Marco Rajo Andrade
Cameron Ward-Coker

First Years:
Mohamed-Aly Bakeer
Lindsey Bruno
Joseph Giaimo
Jace Landry
Alison Moody
Kyle Schmitt
Celia Short
Amanda Tullos
Meaghan Bias(P)
Harold Campbell(P)
Michael Hughes(P)
Blake Jones (P)
Jamie Lovitt(P)
Krystle Miles(P)
Julum Nwanze(P)
Stephanie Ray (P)
Luther St. James(P)
Stephanie Warrington(P)

Research:
Patrick McLaren (will return as a PGY 4 in ‘17)
Danielle Cobb(will return as a PGY3 in ’18)

Trauma Critical Care Fellow:
Malia Eischen
Kai Sharbono

Vascular Fellow:
Amit Chawla

Vascular-Integrated Residents:
Fifth years:
Estela Brooke
Gregory Ellison
Fourth years:
Lucy Kupersmith
Laurel Hastings
Third years:
Melanie Sabbagh
Samuel Victoria
Second years:
Kevin Au
Alissa Hart
First Years:
Joyce Kim
Alykhan Lalani

Plastic Surgery Independent Residents:
Third Years:
John Guste
Michael Tarakji
Second Year:
Julian D’Achille

Plastic Surgery Integrated Residents:
Fourth Years:
Jonathan Lam
Haiqiao “Tommy” Jiao
Third Years:
Ahmed Ibrahim
Radbeh Torabi
Second Years:
Patrick Emelife
Charles Patterson
First Years:
Matthew Bartow
Jennifer Lavie

Departmental Policies

Residency Selection Policy

Graduates of all LCME schools in the United States and Canada are invited to submit applications through the Electronic Resident Application System (ERAS). Additionally applications are also accepted from Foreign Medical Graduates meeting the ECFMG criteria and submitted through ERAS. The Department of Surgery does not support Visas. If a foreign medical graduate matches with our program, they must be registered and certified through the Educational Commission for Foreign Medical Graduates before beginning their residency training. All applicants must also meet the requirements for licensure through the Louisiana State Board of Medical Examiners – either an intern card, which will eventually lead to an unrestricted license or a Graduate Education Training Permit (GETP) given to foreign medical graduates.

Submitted applications are then reviewed by the Coordinator, Program Director and other faculty. Criteria for interview involve an academic score based on the USMLE Step 1 and 2, School Transcripts, Letters of Recommendation, Dean's Letter, Curriculum Vitae, and the ERAS application.

Interviews take place in November, December, and January. Applicants are interviewed by the interview committee (Approximately 6 faculty) with interviews approximately 20 minutes long. All applicants will have an informal interview with the Program Director and Department Chair that will involve 3-6 applicants at a time. A ranking meeting is held at the completion of each interview day and based on both objective and subjective information, a draft ranking list is developed.

At the completion of the interview process, faculty, chief residents, the program director, and the chairman meet and based on the applicants interviewed and

their advocates among the faculty, a final ranking list is prepared and then submitted to the National Resident Match Program (NRMP).

Resident Promotion Policy

Evaluations by faculty, peers, and students. An assessment of academic performance (e.g. ABSITE scores, reading assignment participation, mock oral exam performance, etc.) play a determining role in resident promotion. At the end of each evaluation form the faculty member is asked if they think that the resident should be promoted to the next level. There is a check box for promotion or remediation in which the faculty member has a chance to respond with their opinion. Each resident is discussed by members of the Clinical Competency Committee (CCC), 4 times a year. The committee makes recommendations regarding promotion, remediation or dismissal from the program to the Program Director and Chairman, who make the final decision. **Residents must pass USMLE Step 3 in order to advance to the PGY 3 level.**

Resident Dismissal Policy

The Department of Surgery adheres to the Institutional Policy of non-renewal of agreement of appointment which ensures that the resident receive notification of non-renewal of appointment *no later than four months* prior to the end of the resident's current agreement of appointment. If the primary reason for the non-renewal occurs within the four months prior to the end of the agreement of appointment, the institution must ensure that the program provide their residents with as much written notice of the intent not to renew as the circumstances will reasonably allow, prior to the end of the agreement of appointment. Residents must be allowed to implement the institution's grievance procedures when they have received a written notice of intent not to renew their agreements of appointment. [1]

Professionalism and Learning Environment

The Department of Surgery wishes to ensure:

1. Patients receive safe, quality care in the teaching setting of today.

2. Graduating residents provide safe, high quality patient care in the unsupervised practice of surgery in the future.
3. Residents learn professionalism and altruism along with clinical medicine in a humanistic, quality learning environment.

Important aspects of the learning environment include:

1. Professionalism including accepting responsibility for patient safety
2. Alertness management
3. Proper supervision
4. Effective transitions of care
5. Clinical responsibilities
6. Communication / teamwork

Residents must take personal responsibility for and faculty must model behaviors that promote:

1. Assurance for fitness of duty
2. Assurance of the safety and welfare of patients entrusted in their care
3. Management of their time before, during, and after clinical assignments
4. Recognition of impairment (e.g. illness or fatigue) in self and peers
5. Honest and accurate reporting of duty hours, patient outcomes, and clinical experience data

The institution further supports an environment of safety and professionalism by:

1. Providing and monitoring a standard Transitions Policy as defined on page 10.
2. Providing and monitoring a standard policy for Duty Hours as defined on page 25.
3. Providing and monitoring a standard Supervision Policy as defined on page 13.
4. Providing and monitoring a standard master scheduling policy and process in New Innovations.

5. Adopting and institution wide policy that all residents and faculty must inform patients of their role in the patient's care.
6. Providing and monitoring a policy on Alertness Management and Fatigue Mitigation that includes:
    a. On line modules for faculty and residents on signs of fatigue.
    b. Fatigue mitigation, and alertness management including pocket cards, back up call schedules, and promotion of strategic napping.
7. Assurance of available and adequate sleeping quarters when needed.
8. Requiring that programs define what situations or conditions require communication with the attending physician.

Process for Implementing Professionalism Policy

Our program assures implementation of the Professionalism Policy by the following:

1. Core Modules for residents on Professionalism, Duty Hours, Fatigue Recognition and Mitigation, Alertness Management, and Substance Abuse and Impairment.
2. Required LSBME Orientation.
3. Institutional Fitness for Duty and Drug Free Workplace policies.
4. Institutional Duty Hours Policy reflecting the ACGME Duty Hour.
5. Language added specifically to the Policy and Procedure Manual, the House Officer manual and the Resident Contract regarding Duty Hours Policies and the responsibility for and consequences of not reporting Duty Hours accurately.
6. Orientation presentations on Professionalism, Transitions, Fatigue Recognition and Mitigation, and Alertness Management.

Monitoring Implementation of the Policy on Professionalism

The program and institution will monitor implementation and effectiveness of the Professionalism Policy by the following:

1. Evaluation of residents and faculty including:
    a. Observation of the resident in the patient care setting.
    b. Evaluation of the residents' ability to communicate and interact with other members of the health care team by faculty, nurses, patients where applicable, and other members of the team.
    c. Monthly and semi-annual competency based evaluation of the residents.
    d. By the institution in Annual Reviews of Programs and Internal Reviews.
    e. By successful completion of modules for faculty and residents on Professionalism, Impairment, Duty Hours, Fatigue Recognition and Mitigation, Alertness Management, and others.
    f. Program and Institutional monitoring of duty hours and procedure logging as well as duty hour violations in New Innovations.

Grievance Procedures, Sexual Harassment, Equal Opportunity, and Drug Free Workplace

The department follows the Louisiana State University's GME Handbook regarding the above noted topics. The department strives to create a professional work environment, regardless of gender and ethnicity. If questions arise regarding sexual harassment please feel free to contact Dr. Lance Stuke (*lstuke@lsuhsc.edu*) or Dr. Jennifer Mooney (*jmoone@lsuhsc.edu*), if questions crop up regarding possible racial discrimination.

Policy on Effective Transitions

Effective transitions are facilitated by:

1. Provision of complete and accurate rotational schedules in New Innovations
2. Backup plan where a resident is unable to complete their duties.
3. The ability of any residents to be able to freely and without fear of retribution report their inability to carry out their responsibilities due to fatigue or other causes.

Policy and Process

Residents receive educational material on Transitions in Orientation and as a Core Module.
In any instance where care of a patient is transferred to another member of the health care team an adequate transition must be used. Although transitions may require additional reporting the minimum standard for transitions must include the following information:

1. Demographics
   a. Name, Age, Medical Record Number
   b. Unit/room number
   c. Attending physician – Phone numbers of covering physician
2. History and Problem List
   a. Primary diagnoses
   b. Chronic problems (pertinent to this admission/shift)
3. Current condition/status
4. System based
   a. Pertinent Medications and Treatments
5. Pertinent lab data
6. To do list: Check x-ray, labs, wean treatments, etc. - rationale

7. Contingency Planning – What may go wrong and what to do
8. Code status/family situations

Rotation faculty will periodically observe resident transitions, on their services. Their assessment of how effectively a resident performs a transition will become a part of your evaluation for the rotation.

Policy on Alertness Management / Fatigue Mitigation Strategies

Policy and Process

Residents and faculty are educated about alertness management and fatigue mitigation strategies via on line modules and in departmental conferences. Alertness management and fatigue mitigation strategies are outlined on the pocket cards distributed, by the institution, to all residents and contain the following suggestions:

1. Warning Signs
    a. Falling asleep at Conference/Rounds
    b. Restless, Irritable w/ Staff, Colleagues, Family
    c. Rechecking your work constantly
    d. Difficulty Focusing on Care of the Patient
    e. Feeling Like you Just Don't Care
2. SLEEP STRATEGIES FOR HOUSESTAFF
    a. Pre/On-Call Residents
        1. Tell Chief/ Faculty, if too sleepy to work! Sleep prior to call & avoid ETOH
        2. Nap whenever you can > 30 min or < 2°)
        3. BEST Circadian Window 2PM-5PM & 2AM- 5AM
        4. AVOID Heavy Meal
        5. Strategic Consumption of Coffee (t ½ 3-7 hours)
        6. Know your own alertness/Sleep Pattern!

c. Post-Call Residents

1. Lowest Alertness 6AM –11AM after being up all night
2. Full Recovery from Sleep Deficit takes 2 nights
3. Never drive while drowsy. 20 min. nap/Cup Coffee 30 min before driving.

How Monitored:

The institution and program monitor successful completion of the on line modules. Residents are encouraged to discuss any issues related to fatigue and alertness with supervisory residents, chief residents, and the program administration. Supervisory residents will monitor lower level residents during any in house call periods for signs of fatigue. Adequate facilities for sleep during day and night periods are available at all rotation sights and residents are required to notify Chief Residents and program administration if those facilities are not available as needed or properly maintained. At all transition periods supervisory residents and faculty will monitor lower level residents for signs of fatigue during the hand off. The institution will monitor implementation of this indirectly via monitoring of duty hours violations in New Innovations, the Annual Resident Survey (administered by the institution to all residents and as part of the annual review of programs) and the Internal Review process.

Supervision and Progressive Responsibility Policy

Policy and Process:

Several of the essential elements of supervision are contained in the Policy of Professionalism detailed elsewhere in this document. The specific policies for supervision are as follows.

Faculty Responsibilities for Supervision and Graded Responsibility:

Residents in the General Surgery Program must be supervised in such a way that they assume progressive responsibility as they progress in their educational program. Progressive responsibility is determined in a number of ways including:

1. GME faculty on each service determine what level of autonomy each resident may have that ensures growth of the resident and patient safety.
2. The Program Director and Chief Residents assess each residents' level of competence in frequent personal observation and semi-annual review of each resident.
3. Rotation specific progressive responsibility may be based on specific metrics such as participation in simulation labs, faculty observation of a given procedure, etc.

The expected components of supervision include:

1. Defining educational objectives.
2. The faculty or senior resident observing/assessing the skill level of the resident by direct observation.
3. The faculty or senior resident defines the course of progressive responsibility allowed starting with close supervision and progressing to independence as the skill is mastered.
4. Documentation of supervision by the involved supervising faculty must be customized to the settings based on guidelines for best practice and regulations from the ACGME, JACHO and other regulatory bodies. Documentation should generally include but not be limited to:
    a. progress notes in the chart written by or signed by the faculty
    b. addendum to resident's notes where needed
    c. counter-signature of notes by faculty
    d. a medical record entry indicating the name of the supervisory faculty.

5. In addition to close observation, faculty are encouraged to give frequent formative feedback and required to give formal summative written feedback that is competency based and includes evaluation of both professionalism and effectiveness of transitions.

The levels of supervision are defined as follows:

- **Direct Supervision by Faculty** – faculty is physically present with the resident being supervised.

- **Direct Supervision by Senior Resident** – same as above but resident is supervisor.

- **Indirect with Direct Supervision IMMEDIATELY Available – Faculty** – the supervising physician is physically present within the hospital or other site of patient care and is **immediately** available to provide Direct Supervision.

- **Indirect with Direct Supervision IMMEDIATELY Available – Resident** – same but supervisor is resident.

- **Indirect with Direct Supervision Available** – the supervising physician is not physically present within the hospital or other site of patient care, but is immediately available by means of telephonic and/or electronic modalities, and is available to provide Direct Supervision.

- **Oversight** – The supervising physician is available to provide review of procedures/encounters with feedback provided after care is delivered.

Program Supervision Requirements: The program has delineated a set of minimal supervision requirements by the type of care rendered. This may be

augmented by any given attending or institution which the residents rotate through and are listed below:

Inpatient Services

PGY	*Direct by Faculty*	*Direct by senior residents*	*Indirect but immediately available – faculty*	*Indirect but immediately available – residents*	*Indirect available*	*Oversight*
I				X	X	X
II				X	X	X
III					X	X
IV					X	X
V					X	X

Intensive Care Units

PGY	*Direct by Faculty*	*Direct by senior residents*	*Indirect but immediately available – faculty*	*Indirect but immediately available – residents*	*Indirect available*	*Oversight*
I		X			X	X
II		X			X	X
III					X	X
IV					X	X
V					X	X

Ambulatory Settings

PGY	*Direct by*	*Direct by*	*Indirect but*	*Indirect but*	*Indirect*	*Oversight*

	Faculty	*senior residents*	*immediately available – faculty*	*immediately available – residents*	*available*	
I		X			X	X
II		X			X	X
III					X	X
IV					X	X
V					X	X

Consult Services

PGY	*Direct by Faculty*	*Direct by senior residents*	*Indirect but immediately available – faculty*	*Indirect but immediately available – residents*	*Indirect available*	*Oversight*
I				X	X	X
II				X	X	X
III					X	X
IV					X	X
V					X	X

Operating Rooms:

PGY	*Direct by Faculty*	*Direct by senior residents*	*Indirect but immediately available – faculty*	*Indirect but immediately available – residents*	*Indirect available*	*Oversight*
I		X			X	X
II		X			X	X
III		X			X	X

IV					X	X
V					X	X

Procedure Rotations

PGY	*Direct by Faculty*	*Direct by senior residents*	*Indirect but immediately available – faculty*	*Indirect but immediately available – residents*	*Indirect available*	*Oversight*
I		X			X	X
II				X	X	X
III					X	X
IV					X	X
V					X	X

PGY 1 residents may not be unsupervised by either faculty or more senior residents in the hospital setting.

How Monitored:

The institution will monitor implementation of the policies through Annual Review of Programs and Special Focused Program Reviews. Furthermore the institution monitors supervision through a series of questions in the Annual Resident Survey. The program will monitor this through feedback from residents and monitoring by Chief Residents and Program Directors. Supervision will be added to the annual review of programs.

Policy on Mandatory Notification of Faculty

Policy and Process

In certain cases faculty or a senior resident must be notified of a change in patient status or condition. The table below outlines those instances in which faculty must be called by PGY level.

Condition	PGY 1	PGY2	PGY 3 and above
Care of complex patient	X	X	
Transfer to ICU	X	X	
DNR or other end of life decision	X	X	X
Emergency surgery	X	X	X
Acute drastic change in course	X	X	X
Unanticipated invasive or diagnostic procedure	X	X	X

How monitored

Chief Residents, faculty, and programs will monitor by checking for proper implementation on daily rounds, morning reports, and other venues as well as solicitation of reports from faculty on lack of appropriate use of the policy.

Policy on Continuity of Care (Resident unable to perform duties)

Residents may be unable to perform duties for a variety of reasons ranging from sleep deprivation to emergency family leave. The rotation faculty supervisor is best suited to deal with these occasions. The faculty supervisor may reassign resident duties within the rotation, ranging from operating room coverage to on-call duty to maintain adequate resident coverage. This reassignment must still comply with the duty hours regulations. The faculty supervisor may request additional resident coverage from the program director to meet long absences or insufficient resident coverage for other reasons.

Administrative Information

Rotation Schedules

Resident rotation schedules are prepared by the Chief Resident, Program Director and Chairman with input from the faculty and resident staff. The full five year curriculum has been created to ensure equivalent experience and provide full access to all segments of our program for all our residents. Included in the experience are mandatory rotations on General Surgery, Pediatric Surgery, Transplant Surgery, Cardiac Surgery, Plastic Surgery, Laparoscopic Surgery, Trauma Surgery, Vascular Surgery, Hepatobilary Surgery, and the SICU. The staff has made every effort to provide residents with as many of their requests as possible, but obviously this is not always possible. After assignments are distributed, NO CHANGES SHOULD BE MADE WITHOUT APPROVAL FROM THE PROGRAM DIRECTOR.

Advisors/Mentors

Each first year resident is assigned a faculty advisor. As a resident progresses through the program and their career path becomes clearer they may choose a mentor more in line with their interests. The mentor will then replace the assigned advisor and assume their duties. It is expected that each resident will declare a mentor by the end of their third year.

A copy of the staff evaluations and a summary of peer and student evaluations will be maintained in the resident's permanent file. Residents are encouraged to contact their advisors/mentors throughout the year for personal and academic counseling. Advisors/mentors are responsible for giving the advisee his/her ABSITE score. It is the resident's responsibility to arrange his/her twice yearly conferences with his/her advisor. Resident's may review their permanent records at any time upon giving the residency coordinator one week notice.

Research Laboratory

Selected residents will be assigned to the research laboratory after the third year. The usual laboratory rotation is for 1-2 years. Residents who think they might be interested in such a rotation should discuss this possibility with his/her advisor/mentor and the Program Director well in advance of the development of the schedule during their second year. Consideration is given based on a resident's academic and clinical performance and planned research projects.

Moonlighting

The following guidelines have been set forth by the Department with regard to a resident's work hours outside their regularly assigned clinical and research duties:

1. No moonlighting is allowed for residents on clinical rotations.
2. Residents may moonlight under the following circumstances:
    a. Research elective
    b. Vacation
3. Research residents should not allow their moonlighting to interfere with ongoing research projects. Under no circumstance is moonlighting permitted during the work week (Monday-Friday, 8:00 a.m.-5:00 p.m.).
4. Failure to comply with these guidelines will be grounds for probation. Repeated offense will result in dismissal from the program.
5. Please refer to the Liability Insurance Section of the GME Policy and Procedures Manual. Moonlighting is NOT covered by your LSU malpractice insurance.

The American Board of Surgery Requirements

1. At least 6 operative and 6 clinical performance assessments conducted by the program director or other faculty members while in residency are required. The program director will have to attest to the ABS that this requirement was fulfilled.

2. A minimum of 250 operations by the end of the PGY2 year for applicants who began residency in in July 2014 or thereafter. The 250 cases can include procedures performed as operating surgeon or first assistant. Of the 250, at least 200 must be either in the defined categories, endoscopies, or e-codes*. A maximum of 50 non-defined category cases may be applied to this requirement. The 250 cases must be completed over 2 consecutive residency years, ending with the PGY2 year. [2]

Evaluations – Faculty and Resident

Resident Evaluation by Faculty – All residents are evaluated at the end of each rotation by the staff members they worked under. The goals & objectives and evaluation forms are rotation and level specific (see attached sample form section) and should be reviewed by the resident before starting the rotation. This evaluation becomes part of the permanent file and will be used at periodic evaluation sessions (every three months) by the Department as a means of determining strengths, weaknesses, problems and promotions. These evaluations plus the ABSITE examination (a yearly in-training examination administered in late January of each year by the American Board of Surgery), plus comments from the staff are the basis for renewal of contracts and promotions as well as recommendation to sit for the qualifying examination of the American Board of Surgery (ABS).

Faculty Evaluation by Residents – Just as the faculty have an opportunity to evaluate house officers, house officers are provided the opportunity to evaluate individual staff members with whom they have worked. An evaluation of the rotation should be completed on all rotations. These evaluation forms will be completed via New Innovations upon the completion of the rotation. Residents are encouraged to be completely honest in their assessments; at no time will faculty members see the completed evaluation forms.

All staff members receive a typed, anonymous cumulative report of their evaluations at the end of the year. The staff members cannot trace information back to the individual residents. The Chairman also receives a copy of each faculty member's cumulative evaluation report.

Peer Evaluations – Residents complete evaluations of the peers on their service at the completion of each rotation. These evaluations are confidential and part of each resident's record. All residents evaluate their fellow residents as well as attending staff on their services at the end of each rotation.

Rotation Evaluations – Residents will evaluate their rotation experience upon completion of the rotation. These evaluations are confidential and will be utilized by the Program Evaluation Committee as an assessment tool and as a basis for program development and change.

Annual Program Evaluations – All residents will complete a comprehensive program evaluation in May or June of each year. The results of this evaluation will be synthesized and reviewed by the Program Evaluation Committee (PEC) to determine program strengths and weaknesses and as a basis for program development and change.

General Surgery Milestones – Milestones are knowledge, skills, attitudes, and other attributes for each of the ACGME competencies organized in a developmental framework from less to more advanced. They are descriptors and targets for resident performance as a resident moves from entry into residency through graduation. There will be two reporting periods – November/December and April/May. For each reporting period, review and reporting will involve selecting the level of milestones that best describes a residents current performance level in relation to milestones, using evidence from multi-source feedback, tests, and record reviews. For a complete breakdown of the ACGME Milestones, click on the link: Surgery-General Milestones.

Statement on Oversight and Liaison

The Program Director maintains contact with faculty members placed in positions of supervision and oversight of residency training. Faculty members are encouraged to discuss resident issues with the Program Director in personal interviews and at the monthly faculty meetings. The Program Director also meets with the faculty members four times a year during the resident evaluation meetings. At this time any aspect of the training program is open for discussion.

Resident Training Liaison and Oversight

Training Site	Liaison and Oversight
Medical Center of Louisiana – New Orleans	Lance Stuke, M.D.
Children's Hospital	David Yu, M.D.
University Hospitals & Clinics	Charles Chappuis, M.D.
Lafayette General Medical Center	Phillip Gachassin, M.D.

Our Lady of the Lake Regional Medical Center	V. Keith Rhynes, M.D.
Baton Rouge General	J. Benton Dupont, M.D.
West Jefferson Medical Center	Malachi Sheahan, M.D.
Ochsner Medical Center – Kenner	J. Philip Boudreaux, M.D.
Touro Medical Center – New Orleans	Malachi Sheahan, M.D.
Tulane University Medical Center	Anil Paramesh M.D.
Veterans Administration Medical Center	M.D.

Six General Competencies

Moving towards a competency based education; the ACGME has implemented the requirement of six general competencies into the curriculum of all accredited programs. These competencies will be used as an evaluation tool for faculty evaluating residents on each rotation, the definition of each is outlined on the below:

1. **Patient Care** – Compassionate, appropriate and effective for treatment and prevention of disease.

2. **Medical Knowledge** – About established and evolving sciences and their application to patient care.

3. **Interpersonal and Communication Skills** – Effective information exchange and cooperative "learning".

4. **Professionalism** – Commitment to professional responsibilities, ethical principles and sensitivity to diverse patient populations.

5. **Practice-Based Learning and Improvement** – Investigate and evaluate practice

patterns and improve patient care.

6. **Systems-Based Practice** – Demonstrate an awareness of and responsiveness to the larger context and system of health care.

Dress Code

As medical professionals, your appearance says a lot about who you are. Patients, families, and staff expect physicians to be dressed in a professional manner. Whenever possible, residents should appear at conferences, clinics, and rounds in appropriate attire. Wearing scrubs is acceptable for residents who are on trauma call or who are going in and out of the operating room. Please remember that wearing scrubs outside of the hospital is **unacceptable.** Particular dress requirements may be service specific and will be elaborated at the beginning of the rotation by the service chiefs.

Vacation

Vacation requests will be accepted twice a year – this allows you to plan without having to think too far into the future. **Changes in vacation dates will not be permitted**.** We will make every attempt to oblige vacation requests, but make no promises.

- **Deadline 1: June 30th** for requested time between August 1, 2016 – January 31st, 2017
- **Deadline 2: January 5th** for requested time between February 1, 2017 – May 31st, 2017

Failure to submit your vacation request by the above deadlines will result in assigned vacation time per quarter. **Changes in vacation dates will not be permitted.**

*** Once the vacation schedule has been finalized by the Resident Coordinator, changes cannot be made.* ***If you decide not to take the vacation you requested, you will lose the days.*** *However, it is understood that special situations will arise (i.e. evolving interview schedules). In such cases, please request a change of leave to the Program Director, Service Chief, and Resident*

Coordinator as soon as possible and arrangements to accommodate this request will be attempted.

Guidelines:

- Each House Officer at PGY 1 is entitled to twenty-one (21) days (including weekends) of non-cumulative vacation per year.
- PGY II residents and above are entitled to twenty eight (28) days (including weekends) of non-cumulative vacation per year.
- Vacations are allotted in a one week block, roughly one vacation week per quarter.
- All PGY Vs must save one week leave for the end of June.
- To ensure appropriate coverage during the transition of academic years, PGY I-IV residents will **not** be granted vacation during the month of June and **no resident vacations** will be approved during July.
- Vacation will not be granted during the week of the Cohn-Rives Conference (typically in early April) unless granted by the Program Director.
- You must take vacation if you are interviewing at another institution (i.e. fellowship). If you have already taken vacation, then extra time away for interviews will be recorded as leave without pay; you will not receive pay for this time.
- Taking leave without pay may jeopardize your ability to sit for the American Board of Surgery Qualifying Examination (applicants must acquire no fewer than 48 weeks of full-time experience in each residency year. This is required regardless of the amount of operative experience obtained).
- No resident is allowed to take more than the approved amount of vacation on an annual basis.

Educational Leave

Residents are allowed five days of educational leave per year to attend and/or present at scientific meetings and conferences. Any additional time will be recorded as leave without pay.

Payroll

Payroll is automatically deposited on a semi-monthly basis. It is **mandatory** that you sign up for direct deposit, since you are assigned to out of town rotations. Electronic paycheck stubs can be accessed online.

Insurance Coverage

Please see the GME House Officer Manual on Policies and Procedures for information on health, life, and malpractice insurance as well as disability coverage.

INSTITUTIONAL/PROGRAM POLICY ON DUTY HOURS

The program and institution supports the spirit and letter of the ACGME Duty Hour Requirements. Though learning occurs in part through clinical service, the training programs are primarily educational. As such, work requirements including patient care, educational activities, and administrative duties should not prevent adequate rest. The program and institution has developed policies and procedures to assure the specific ACGME policies relating to duty hours are successfully implemented and monitored. They are summarized as:

Maximum House of Work Per Week

Duty hours must be limited to 80 hours per week, averaged over a four week period, inclusive of all in-house call activities and all moonlighting.

Mandatory Time Free of Duty

Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

Maximum Duty Period Length

Duty periods of PGY-1 residents must not exceed 16 hours in duration. No exceptions

Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.

It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, for no longer than an additional four hours.

Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty.

In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family.

Under those circumstances, the resident must:

Appropriately hand over the care of all other patients to the team responsible for their continuing care; and,

Document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the program director.

The program director must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

Minimum Time Off between Scheduled Duty Periods

PGY-1 resident should have 10 hours, and must have eight hours, free of duty between scheduled duty periods.

Intermediate-level residents should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty.

Residents in the final years of education must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in seven

standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. This will be monitored by the program director.

Maximum Frequency of In-House Night Float

Residents must not be scheduled for more than six consecutive nights of night float.

Maximum In-House On-Call Frequency

PGY-2 residents and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).

At-Home Call

Time spent in the hospital by residents on at-home call must count towards the 80-hours maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for on-day-in-seven free of duty, when averaged over four weeks.

Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new “off-duty period”.

Residents are required to log all duty hours in New Innovations Software Program or its replacement program. Those who fail to log duty hours or log erroneous duty hours are subject to disciplinary action. This applies to every site where trainees rotate.

**Duty Hours will be monitored through New Innovations and should be completed by the end of each week, no later than the following Monday by Noon. Failure to do so could result in Leave without Pay on Tuesday. A report will be generated through New Innovations detailing what duty hours violations were committed during that week interval. If there are any violations listed, Dr. Stuke will follow up with each individual, verify whether the violations are valid and then document his findings. All findings will be kept in a Duty Hours Binder for record keeping.

Duty hour Types Set up in New Innovations

At home call – not called in – to be used when at home during home call. Any hours logged on this duty type do NOT count towards the 80 hour week.

At home call – called in – to be used when called in to work during at home call. Any hours logged on this duty type DO count towards the 80 hour work week.

Call – to be used when doing overnight call.

Clinic – to be used when doing clinical duties.

Conference – to be used when attending conferences, journal clubs, didactics, and other educational events.

Continuity Clinic – to be used when working at a continuity clinic.

Night Float – to be used when working night float rotation or shift.

Post Call – to be used after a 24 hour overnight call to complete paperwork and patient transition activities.

Shift – Regular working hours that do not fit any of the other duty hour types.

Vacation/Leave – Vacation, sick leave, educational leave. Days scheduled as Vacation/Leave are not counted as days off for day off requirements.

Computers and Libraries

Computers and medical libraries are available to residents at all hospitals. User ID's and passwords are assigned by Computer Services after completing paperwork given to you during GME intern orientation. **All residents are given an email account through LSU and are required to check it daily. This is the primary way in which information concerning the residency program will be distributed.**

Resident Responsibilities

It has been said that in order to be a successful physician, one must display three vital characteristics: *availability*, *affability*, and just plain *ability.* (Dr. R.J. Lousteau, 1987). In the department of Surgery, these essential qualities will be expected of every resident, without exception.

Availability: Our department has proudly observed a long tradition of service, and here at LSU we have a reputation of being ready and willing to provide that service to anyone in need. Thus, we make it a policy to be available at all times, and to answer all calls promptly. The persons listed in the call schedules must regard their on-call days and nights as serious responsibilities that are not to be taken lightly. If at any time a resident is unable to fulfill the demands of being on call, he or she must immediately notify the other resident members of the team so that alternative coverage may be arranged.

It is the resident's responsibility to be sure that beepers and telephones are in working order and that the hospital operators, emergency rooms, and ward know how to reach him/her at all times. Furthermore, it is the responsibility of all residents to be "geographically positioned" in the community so that responses to hospital calls can be made within a reasonable time. Remember that in a real emergency, someone's life may depend on how far away you are. As a general rule, residents on call should be reachable by beeper and

telephone within five minutes, and when taking calls from outside of the hospital, must be able to get to the hospital within 15 to 20 minutes.

Affability: Our policy toward consultations, whether from primary care physicians, emergency rooms or other services, is to be courteous and "glad to be of assistance". Remember that few other medical professions have any in-depth training in surgery, and no matter how simple or how complex the patient's problem may be you are being called to provide help in solving it. We will therefore project a pleasant, outgoing attitude in answering all calls for help from other services. Your demeanor is a reflection of your Department!

Ability: Every resident in our program will be expected to perform at the very highest level he or she is capable of attaining. By virtue of your acceptance into this training program, you have demonstrated the basic skills necessary to become a fine surgeon. While the Department will provide an excellent foundation for developing those skills, each resident will be expected to devote the time and energy necessary to hone them finely through a combination of didactic study, clinical observation, and one-on-one contact with faculty.

The three factors mentioned above are the foundations of professionalism. Implicit, of course, in this concept of professionalism are the qualities of personal integrity, responsibility, and honesty. It should go without saying that these qualities will be expected from each and every resident at all times. By embracing these ideals, we all strive to provide the best of care for our patients as well as the spirit of cooperation and concern for our colleagues.

As residents progress through the program they will be expected to grow emotionally, technically and intellectually. Individual responsibilities will increase yearly in a graduated fashion. Every resident should recognize that he/she is part of the LSU General Surgery Program for an entire year. Those residents taking one or two years of general surgery prior to a surgical specialty residency are still considered part of our department and are expected to meet

all the requirements of our department. All problems experienced while part of the Department of Surgery will be resolved within the Department of Surgery.

Medical Licensure

Every resident is required to hold a Louisiana medical license. A copy must be provided to the Department upon initial receipt and upon renewal each year. All interns must be registered to take **USMLE Step** 3 by **September 30th.** Interns should plan to apply for permanent licensure before the end of postgraduate year one, as soon as the USMLE Step 3 is completed. Once you have passed you must notify your coordinator and submit a copy of your scores to the department. If you cannot obtain a license by the start of postgraduate year 2 you must renew your Intern Card and provide the Department with a copy. You must obtain a full Louisiana Medical license at your postgraduate year 2 to be promoted to the postgraduate year 3. All US graduates must have a permanent Louisiana medical license to begin post graduate year 3. This is a state licensure requirement. If you do not have a license, you cannot continue in the residency.

Specific licensure information should be obtained directly from the Louisiana State Board of Medical Examiners. www.lsbme.louisiana.gov or you can call them at 504.568.6820

Research Project

Each categorical resident will be required to complete one research project and manuscript suitable for publication in a major national journal. The manuscript should be submitted to the Program Director and the project presented at one of the end of year resident research meetings. Whether the paper is of acceptable quality will be determined by the Program Director and Faculty the paper was written with. **This requirement should be completed by the end of fourth year and final graduation will be dependent upon fulfilling this requirement.** Case reviews are not permitted for presentation. Start early. It is suggested that interns have their project chosen by the middle of their first year.

Residents should not submit papers, abstracts or any other materials to any meeting, journal or society unless it has been reviewed by the staff. Residents may request reimbursement for expenses incurred while presenting a paper at a major meeting within the 48 contiguous states. Reimbursement will fall within state guidelines if adequate advance notice is given and the trip has been approved.

Meetings

The Department of Surgery will fund meetings in which the resident has had an abstract/paper accepted for presentation as either an oral or poster format. Prior to submitting the paper, the appropriate staff should verify that the paper is in an appropriate format and approve submission. Once the paper is accepted, the resident needs to comply with all state travel guidelines in effective at the time. In addition, appropriate work hour rules and time off from clinical duties regulations must be followed. Deviation from the accepted guidelines can result in non-reimbursement of travel expenses.

Faculty Expectations of Residents

1. The Chief Resident speak for all residents in the program and is responsible for the overall management of resident activities within the program. The Chief Resident will be the resident to whom the Chairman will communicate all problems within the program.
2. The teaching chief resident is responsible for coordinating the resident conferences. In addition, the teaching resident works with faculty to coordinate the basic and clinical science conferences. Assignments for resident conferences should be made sufficiently in advance so that those presenting properly prepare. The teaching chiefs are also responsible for coordinating the presentations at the Rives conference.
3. The senior level residents (PGY V & PGY IV) are responsible for the running of their service and the authority to maintain discipline. The senior resident on each service will be expected to make daily rounds on the entire service so that he/she may be aware of any problems or

complications that occur and communicate with the attending staff on a regular basis.

4. Senior residents should remember that the staff attendings hold the chief resident on each service responsible for complications, deaths, clinical decisions, and any other incidents that occur on the service under his/her direction.
5. Residents need to recognize the hierarchy of the training program. Junior residents report to senior residents who report to attending staff.
6. When a resident is planning to do an operation, he/she needs to know the details of the H&P on the patient, have a plan for the operation, and communicate with the attending regarding the conduct of operation. If the resident is unprepared, the attending staff may choose not to allow him/her to perform the operation.
7. After performing an operation on a patient, the resident needs to take ownership of the patient and stay involved in the decision-making and care regarding the patient.
8. Each resident should be prepared to present his/her cases at the appropriate conference (e.g. M&M, pre-operative conference, and grand rounds).
9. Senior residents are expected to pay full attention to their clinical responsibilities, which include supervising junior residents in the operating room, making rounds with junior residents regularly, being knowledgeable about all patients on the service, seeing postoperative patients in the morning before going to the operating room, and being available at all times to provide care to patients on the service.
10. Residents must arrange for adequate coverage if they aren't available (interviews, vacation, etc.). Key Attending staff on the service (or Chief of Service) must also be notified.

American Board of Surgery In-Training Examination

On the last Saturday of January each year, the American Board of Surgery In-Training Examination (ABSITE) is administered. The examination consists of approximately 225 questions covering both basic and clinical sciences. All

residents, regardless of the hospital to which they are assigned at the time of the examination, will take the examination simultaneously.
The ABSITE is extremely important. It gives both you and the department an idea of your strengths and weaknesses. It also gives you experience in taking exams administered by the American Board of Surgery. The Department gives serious consideration to your scores on the ABSITE when considering individuals for promotion in the program.
Residents scoring **below the 30th percentile*** will be required to participate in academic remediation program. Failure to actively attempt to improve his/her in-service score over a two-year period, regardless of the percentile correct, may result in dismissal. Residents should develop and maintain a daily study routine to ensure the highest possible score.

* Any resident may participate in the remediation program despite previous scores, however this is **required** for those who previously scored below the 30th percentile.

Medical Records

Residents are responsible for dictating and signing medical records on all patients they are responsible for. Operative notes must be dictated immediately after the operation. Admission history, physical exams, consults and discharge summaries should also be dictated immediately so they appear in the patient's chart in a timely manner. It is the resident's responsibility to visit medical records weekly and sign off on all notes. If you do not sign off on notes in a timely manner you will be placed on the delinquent list, which will ultimately lead to a suspension of privileges without pay. It is extremely important that residents complete all dictations prior to changing rotations, especially when going out of town on rotation. If your dictations are not complete you will be required to return and complete them. Timely completion of medical records is a cornerstone of professionalism. Your performance in this area will be considered in your advancing through the program.

Dictating Notes for Medical Records

The operative report is one of the most important pieces of information in a patient's medical record. The text of the report should be organized, clear and

carefully dictated. The operative report is a legal document therefore, it is imperative that the report is so accurate that someone reading the report in the future will know exactly what happened in the operating room. You should read the report after transcription to check for errors; draw a single line through any errors and insert the corrected text above the errors. Make sure you initial any corrections.

A basic format should be followed when dictating operative reports. Some modifications can be made depending on the surgeon's preference, but the following information must be included:

YOUR NAME

PATIENT NAME – First and last name; spell any names which may confuse the transcriber

MEDICAL RECORD NUMBER – The eight digit number following the patient's school designation
(T for Tulane or L for LSU)

DATE OF OPERATION – month, day, year

PRE-OPERATIVE DIAGNOSIS – The actual or presumed diagnosis which prompts the surgery. Multiple diagnoses may be included. Terms such as "breast mass" or "colonic neoplasm" should be used for tumors with indeterminate pathology. Be as specific as possible.

POST OPERATIVE DIAGNOSIS – Be as specific as possible. Multiple diagnoses can and should be listed if appropriate. Terms such as "rectal neoplasm" or "adrenal mass" should be used if the diagnosis is dependent on a final pathology report.

PROCEDURE – List all procedures performed and be sure the list coincides with the "Report of Operation" (see below). Accuracy and clarity are extremely important here.

ATTENDING SURGEON – All operations are supervised by an attending surgeon on the LSU faculty. His/her name must appear in the report for legal reasons; it is necessary to obtain reimbursement for our patients from third party payers. A senior or chief resident may not be listed as the attending surgeon; a senior or chief may be listed as a first assistant or teaching assistant.

RESIDENT – usually the physician that dictated the report. You may list the first assistant or teaching assistant here. For legal and reimbursement reasons, the distinction between "attending surgeon" and resident must be clear.
ANESTHESIA –You only need note the type used (general, spinal, monitored, etc.); you need not detail each drug utilized.
ESTIMATED BLOOD LOSS – Confer with the anesthesiologist and examine suction containers, lap sponges, etc. to get an idea of the amount of blood loss for the case.
SPECIMENS – List any specimen that was sent to Pathology or Microbiology, as well as the source of the specimen (e.g. "hepatic nodule", "intra-abdominal abscess", "product of left modified radical mastectomy", etc.) Be specific and use anatomical terms.
INTRA-OPERATIVE FINDINGS – A short paragraph which summarizes pathologic findings and any sequela of the pathologic process. Procedural and technical details will be included in the "Report of Operation" and should not be included here. Some surgeons do not create a separate section for intra-operative findings and instead include them in the "Report of Operation". That is completely acceptable.
INDICATION FOR PROCEDURE – This should be a short paragraph that includes and pertinent history, physical findings, diagnostic studies or identifiable problem that led to the surgery. Do not repeat the admission H&P. Most surgeons restate that the patient and been informed of the risks, benefits and therapeutic alternatives and has given consent.
REPORT OF OPERATION – This is the body of the report and should be descriptive, detailed and accurate. Descriptions should be illustrative and clear; the credibility of the report suffers from a surgeon's editorializing. Describing the appendix as "the biggest I've ever seen" is not quite as clear as a description as "six centimeters long with an erythematous tip". It is important to be objective.
ECONOMY OF WORDS – The amount of detail included in the report does not have to be painful. For instance, it is simpler and more direct to indicate that "the abdomen was entered through a midline incision" instead of saying "a number 10 scalpel was used to make an incision in the skin in the patient's

abdomen, going from a starting point about halfway between the umbilicus and the pubic symphysis, followed by the Bovie electrocautery, which was set on 30/30.

ACCURACY – Do not say the small bowel spontaneously erupted if you made an enterotomy while opening the abdomen. Always be honest.

SIGNING OFF – Include the statement "(Attending surgeon) was present for (the key portion or the entire operation)".

INPATIENT DISCHARGE SUMMARY

ADMISSION DATE:
DISCHARGE/TRANSFER DATE:
ATTENDING?RESIDENT:
DIAGNOSIS:
COMORBIDITIES:
OPERATIONS/PROCEDURES:
DISCHARGE/TRANSFER MEDICATIONS:
ALLERGIES/SENSITIVITIES:
CONDITION OF PATIENT AT DISCHARGE/TRANSFER:
BRIEF SUMMARY OF HISTORY & PHYSICAL:

BRIEF HOSPITAL COURSE:

SIGNIFICANT EVENTS:

PERTINENT CLINICAL FINDINGS/LABS:
RESPONSE TO TREATMENT:
COMPLICATIONS:
DISCHARGED TO:
TEST RESULTS AT TIME OF DISCHARGE:
DISCHARGE PLAN/INSTRUCTIONS:
HOME CARE SERVICIES:

FOLLOW UP:

Surgical Case Logs

The following are requirements posted by the American Board of Surgery:

- All residents (categorical, designated preliminary, and non-designated preliminary) must enter their operative experience concurrently during each year of the residency in the ACGME case log system.
- A resident may be considered the surgeon only when he or she can document a significant role in the following aspects of management:
    - determination or confirmation of the diagnosis,
    - provision of preoperative care,
    - selection and accomplishment of the appropriate procedure, and
    - direction of the postoperative care.

- When justified by experience (completion of the required minimum in the particular defined category) a PGY 4 or 5 resident may act as teaching assistant (TA) to a more junior resident with appropriate faculty supervision.

- Up to 50 cases listed by the chief resident as TA will be credited for the total requirement of 750 cases. TA cases may not count towards the 150 minimum cases needed to fulfill the operative requirements for the chief resident year. The junior resident (SJ) performing the case will also be credited as surgeon for these cases.

The following information is required for each case entered on the ACGME site:
Resident
Attending
Institution
Resident's role

Surgeon Chief (SC) – Residents in their chief year (PG5)
Surgeon Junior (SJ) – Residents in years 1-4 (PG1 – PG4)
Teaching Assistant (TA) – A PG 4 or 5 who has completed the minimum in the particular defined category
First Assistant (FA) – A resident other than SC, SJ, or TA assisting in the case

Rotation
Patient type – adult or pediatric
Procedure date
Case ID (patient's hospital number)
If the patient was involved in trauma it must be indicated
CPT Code (More than one CPT code may be entered. However only one may be marked for credit)

There is an outcome section (not required) where you may enter anything you wish to note about the case.

The Residency Review Committee (RRC) and the American Board of Surgery require that all residents participate in a minimum number of operative cases in certain "defined categories". Please refer to the following pages for the minimum numbers and for the procedures that count in each defined category. There are no exceptions to these minimum numbers. Residents must continue to record cases even after finishing the minimum numbers.

Please contact your coordinator, Katie Bowen, at 504-568-4760 if you have any problems logging into the ACGME case log system

Your ACGME case log will be monitored weekly by the Program Director and Assistant Program Directors.

Documentation of Critical Care Experience

A minimum of 20 surgical critical care index cases is required. Each of the 20 should have at least two of the seven critical care conditions. The CPT code

99291 will map to all seven of the critical care conditions. CPT code 99291 (and it alone) will allow credit to be taken for multiple procedures on the same patient on the same day. You still need to mark one of the codes for credit, but on the report they will be counted equally. After adding the second code, you will be prompted that the code is already in the selection list, simply click "OK" to proceed.

Do not submit 20 of the same conditions. The completed logs should include experience with at least one patient in all seven of the categories.

The seven critical care conditions are as follows:

Ventilatory Management (>24 hours on ventilator)
Bleeding (non-trauma patient >3 units)
Hemodynamic instability (Required inotropic/pressor support
Organ dysfunction (renal, hepatic, cardiac failure)
Dysrhythmias (required drug management)
Invasive line management/monitoring (Swan-Ganz, catheter, arterial lines, etc)
Parenteral/enteral nutrition

Program Requirements

- **All our chief residents will be required to have a minimum of 200 cases as Surgeon Chief and 50 cases as teaching assistant.**
- **Total Major Case Requirements by finishing year: 1050 Major Cases**

The chief resident should involve himself/herself in the operative management of cases and document this activity for future reference. Chief residents should not give all their cases to those residents below them but should share cases appropriately.

American Board of Surgery requirements specify that you must identify and list those patients, particularly trauma cases, who are followed on the service but do not require operations.

Your role as the surgeon or assistant should be clearly identified in your own list. Each resident should keep a copy of his/her operative dictations. In addition, each resident should keep a book of cases in which they were involved. The computer system will act as a check and balance for each residents log book. We will attempt to track the operative experience for every resident and hospital in the program, but the ultimate responsibility falls with each individual resident.

Take note: PGY-4's and 5's must have a record of experience with non-operative trauma and ICU/critical care. To graduate you must have 30 cases in the management of non-operative trauma and 30 cases in Critical Care.
It is also essential that you record all cases you scrub on while on the Transplant service, even if you scrub in as First Assistant; you must have experience in transplant cases in order to complete your residency and sit for the American Board of Surgery.

Surgery RRC Defined Categories & Minimal Requirements

The numbers listed are the minimum requirements you must meet for each category during your five years of training. A lesser amount will not be accepted. You must maintain complete records of all the cases in which you participate. **Continue recording cases even after you've reached the required minimum. You will be held to these as well as the Program case requirements**

SKIN AND SOFT TISSUES
AND BREAST – 25
- All procedures except:
  - Biopsy (breast)
  - Other major

HEAD AND NECK – 24
- All procedures except:
  - Tracheostomy on other major
- Plus:
  - Carotid endarterectomy (Vascular)
  - Vertebral endaterectomy (Vascular)
  - Thyroidectomy (Endocrine)
  - Parathyroidectomy (Endocrine)
  - Repair of brachial cleft anomalies(Pediatric)
  - Repair of cleft lip/cleft palate (Plastic)
  - Reduction and stabilization of maxifacial (Trauma)
  - Repair of carotid (Trauma)

ALIMENTARY TRACT – 72
- All procedures except: Other major
  - Gastrostomy
  - Appendectomy
  - All Ano-rectal

ABDOMEN - 65
- All procedures except: All other major
  - Exploratory laparotomy exclusive

of trauma
All hernia
BASIC LAPAROSCOPIC PROCEDURES – 60
Appendectomy, Cholecystectomy, Diagnostic Laparoscopy, etc.
COMPLEX LAPAROSCOPIC PROCEDURE – 25
LIVER (ABDOMEN) – 4
All procedures except: Other Major
Plus: Repair & Drainage of hepatic lace (Trauma)
PLASTIC – 5
All other procedures except: Other Major
PANCREAS (ABDOMEN) – 3
All other procedures except: Other Major
Plus: Pancreatic endocrine proc. (Endocr)
Drainage of pancreatic injury (Trauma)
Resection of pancreatic injury (Trauma)
VASCULAR – 44
All procedures except: Other Major
All Miscellaneous Vascular
Shunt (Vascular Access)
Fistula (Vascular Access)
Insertion of peritoneo-venous or indwelling venous catheter (Vascular Access)
All amputations
Plus: Repair of Thoracic aorta (Trauma)
Repair of carotid (Trauma)
Repair of abdominal aorta (Trauma)
Repair of peripheral vessels (Trauma)
Repair of other major vascular injuries (Trauma)
ENDOCRINE – 8
All procedures except: Other Major
THORACIC – 15
All procedures except: Other Major
PEDIATRIC – 20
All other procedures except: Other Major
TRAUMA – 10
All procedures except: Other Major
Repair of tendon or nerve
Exploratory laparotomy
Closed reduction of fracture
Debridement and suture of major wound
Burn debridement and/or grafting
Plus: Replantation (Hand)
NON-OPERATIVE TRAUMA – 20
ENDOSCOPY – 85
All procedures except:
Sigmoidoscopy, rigid or flexible
Other endoscopy
TOTAL MAJOR OPERATIONS:
ALL FIVE YEARS –750 MINIMUM
CHIEF YEAR – 150 MINIMUM

Conferences

All conferences meet year round and are rarely cancelled. Residents are expected to attend all conferences and arrive on time (attendance is kept and reported to the RRC). Rounds are not to be made during conferences. Attendance at less than 80% of teaching conferences and 80% of M&M conferences will be regarded as inadequate and will be grounds for dismissal.

- Residents rotating at Kenner, West Jefferson, Touro, and Children's Hospital should attend, at minimum, the weekly M&M and Grand Rounds conference.
- Residents rotating out of town are excused from conferences in New Orleans but should attend regularly scheduled conferences at OLOL and UMC.

Morbidity and Mortality Conference

The LSU General Surgery Morbidity and Mortality Conference (M&M) is held every Thursday and the time will depend on which rotation you are on. All complications that occur on all patients on the general surgery services the preceding week (Sunday 7:00 a.m.–Sunday 6:59 a.m.) will be presented. **All complications should be submitted to the Chief Resident on service in the appropriate M&M reporting form no later than noon on Tuesday for presentation at the conference that week** (see form at end of section). Presentations are given by residents to the department heads, faculty and other residents. All complications from the previous week are presented and a healthy and positive dialogue is encouraged, with emphasis on how to avoid future complications. Participation in discussion is encouraged by all.

For M&M Conference, the following applies:

- The resident associated with the care of the patient will present the patient.
- The presentation should be researched, concise and rehearsed. Residents presenting at conferences should know the patient's history, physical examination, laboratory data and hospital course.
- All pertinent studies are expected to be available for viewing. Patient confidentiality should be protected and all identifying information should be blacked out.
- Residents should be prepared to answer questions from staff members about the case.
- Resident assignments for each conference will be circulated in advance. Attendings should be notified if their case is being presented.
- Complications should be classified as one of the following at the end of the presentation:
    - 'Error in diagnosis'
    - 'Error in Judgment',
    - 'Error in Technique', or
    - 'Disease Progression'

- A literature review and discussion pertinent to the complication is expected

When holiday's or other activities interfere with the conference schedule, all complications for the interrupted week will be presented at the next available conference date, along with the presentations scheduled for that date.

If the Associated Resident rotates to an out-of-town hospital, the Chief Resident of that service will be responsible for presenting that particular complication. Minutes will be recorded for each presentation and will include results, conclusions, recommendations, corrective action and follow-up and re-assessment when appropriate.

Attire for M&M is encouraged to be professional for all presenters. Scrubs are acceptable only for residents on trauma call.

Grand Rounds

Grand rounds consist of a 45 minute presentation by an invited guest, faculty member, or residents. The information presented can be cutting edge research or evidence based clinical discussions designed to stimulate interest in the area presented. The content will reflect the "Topic of the Month" as outlined in the curriculum. The conference will be organized by the faculty of the month.

Pre-Op Conference

Residents will present the operative cases scheduled for the next two weeks. Pertinent history, x-rays, labs, etc. should be available. Discussion is directed to the differential diagnosis, treatment plan, surgical intervention and emphasis on outcomes and the surgical literature.

Basic Science Conference

The basic science curriculum follows the topic of the month format and consists of lectures in the basic science related to the topic of the month. The conference is done 1-2 times per month depending on the basic science

content of the particular topic of the month. Both faculty and residents can be presenters.

Surgical Skills

A surgical skills lab that will cover surgical, laparoscopic, and team training skills is held bi-weekly under the direction of Dr. John Paige. As space is limited, residents should make every effort to attend their assigned sessions.

Cohn Rives Conference

The Cohn-Rives Society, as its members refer to it, is the official alumni organization of the New Orleans LSU Department of Surgery. The Cohn-Rives Society was also established to promote the advancement of knowledge, practice and teaching of surgery. Every spring the Society holds an annual conference in which all residents are expected to participate.

Claude C. Craighead MD Lectureship Conference

Calude C. Craighead MD Lectureship Conference is geared towards providing a better understanding and information regarding Cardiothoracic Surgery in the New Orleans area. It is held in the spring replacing Ground Rounds. Residents in New Orleans are required to attend, but out of town residents are not.

Surgical Council on Resident Education (SCORE)
GENERAL SURGERY RESIDENCY Patient Care Curriculum

Reading material for the department's weekly curriculum is assigned from the SCORE project. SCORE has links to readings that support the learning objectives considered essential by the RRC in Surgery of the ACGME and the Association of Program Directors in Surgery (APDS) and the American Board of Surgery.

Access Surgery

Access Surgery is the source of questions for the department's weekly curriculum. Access Surgery also contains additional reading and video resources that residents find useful. In order to access the weekly curriculum you must go through the LSUHSC Library web page. The website is http://www.lsuhsc.edu/no/library/. Access Surgery is also accessible through the SCORE website.

Fundamentals of Surgery Course

The Fundamentals of Surgery Curriculum™ is a highly interactive, case-based, online curriculum that addresses the essential content areas that all surgical residents need to master in the early years of training. Developed by the American College of Surgeons Division of Education, the curriculum includes over 90 simulated case scenarios in which residents are asked to recognize and assess symptoms and signs, order appropriate tests and procedures, evaluate data, and initiate appropriate actions. Approximately 20 hours of interactive patient scenarios are used to address essential content in the 11 areas of:

- Preoperative Assessment
- On-call (issues such as postoperative hypotension and postoperative fever)
- Fluids and Electrolytes
- Nutritional Support
- Pain Management
- Respiratory Management
- Cardiac Conditions
- Agitated and Unresponsive Patients
- Gastrointestinal Conditions (including lower GI bleeding, perianal disease, and bowel obstruction)
- Wound Management (including traumatic stab wounds, burns, and decubiti)
- Safety Issues

PGY-1 residents will have weekly assigned simulations to complete. PGY-1 residents are expected to complete the entire course by the end of September to assure all have the same background in patient care. Resident's progress is monitored weekly and will be reflected in the 1st quarter evaluations.

Academic Outline 2016-2017

New Orleans

	Week 1	Week 2	Week 3	Week 4/5
7-8 am	M&M	M&M	M&M	M&M
8-9 am	Faculty Grand rounds	Faculty Grand rounds	Faculty Grand rounds	Faculty Grand rounds
9-11 am	Case Conference	Basic Science/SCORE	Mock Orals/Skills Lab	ABSITE Review/JM Questioning
7-9pm				Journal Club

Baton Rouge

	Week 1	Week 2	Week 3	Week 4/5
1-2 pm	Grand Rounds	Grand Rounds	Grand Rounds	Grand Rounds
2-3 pm	Resident Basic Science Review	Surgical Jeopardy (ABSITE Q and A)	Resident Basic Science Review	Surgical Jeopardy (ABSITE Q and A)
3-4 pm	M&M	M&M	M&M	M&M
4-5 pm		Skills Lab		
7-9 pm			Journal Club	

Lafayette

	Week 1	Week 2	Week 3	Week 4/5
7-8 am	Grand Rounds	Grand Rounds	Grand Rounds	Grand Rounds
8-9 am	M&M	M&M	M&M	M&M
9-10 am	Pre-Op Conference	Pre-Op Conference	Pre-Op Conference	Pre-Op Conference
10-11 am	Resident Basic Science Review	Surgical Jeopardy (ABSITE Q and A)	Resident Basic Science Review	Surgical Jeopardy (ABSITE Q and A)
7-9 pm		Journal Club		

Schwartz is the official text book for the program. Tests will be given at the beginning of each month and discussed at the end of the month on the selected readings. There will be a series of practical labs on a quarterly basis at the learning center and/or at the LSU Vet School for all level residents. The skills labs will encompass skill appropriate for the level resident as determined by the staff.

Scheduled Events- Dates to be announced.

1) Intern Boot Camp – July

2) Craighead Conference – October

3) Rives Conference – March.

4) Mock Orals done on Thursday – see didactic schedule *All PGY5s must attend the LA-ACS mock orals in January of every year.

5) Laparoscopic Pig lab at BR.

6) FLS testing – April. (Contact Dr. Paige)

Online resources (questions about username and login direct to Katie Bowen)

1) Access Surgery

2) Fundamentals of Surgery course

3) SCORE Patient Care Curriculum

4) TrueLearn

M&M Report (New Orleans)

Patient Initials, Age, Sex, Medical Record Number:
Admit Date:
Admission Diagnosis:
Operations/Dates:
Primary Surgeon:
Resident Presenting Case/Attending staff:
Complications(s)/Dates(s):
Complication Type & Final Outcome (still in the hospital, date discharged, or died):

PROGRAM EDUCATIONAL GOALS
LSU GENERAL SURGERY RESIDENCY

The primary goal of the general surgery residency at the Louisiana State University School of Medicine is to produce, at the completion of the five year program, physicians who will successfully complete the Qualifying and Certifying Examinations of the American Board of Surgery and who will function as practitioners of surgery at the high level of performance expected of a board certified specialist. The surgical residency program encompasses education in the basic sciences, cognitive, affective and technical skills, and development of clinical knowledge, surgical judgment, and maturity.

During the first post graduate year the resident has a wide exposure to surgery in various hospital and ambulatory settings, building on the knowledge gained in medical school of anatomy, physiology and pathology. The majority of this year is spent in the area of general surgery including trauma, oncologic surgery, critical care, cardiothoracic, vascular and general surgery. Skills learned during this year include the placement of central lines and their monitoring, chest tube placement, tracheal intubation, basic surgical skills, surgical assisting, anesthesia (regional and general), and the assessment and management of clinical problems.

The second post graduate year consists of rotations in general, pediatric, and vascular surgery. Also, during this year, residents participate in the educative process of the interns and medical students. The residents initiate treatment, make diagnoses and decisions with direct supervision. Medical and surgical skills continue as well those cognitive and affective skills necessary for exemplary patient management.

The third post graduate year is spent in general, cardiothoracic, vascular and oncologic surgical rotations. Operating skills and experiences in the operating theater increase during this year. The third year resident also takes an active role in the teaching process by giving presentations in surgery and specialty conferences, as well as morbidity and mortality conference.

The fourth year resident can function as the chief resident on some of the specialty services. Technical skills are further enhanced by acting as primary

surgeon on most operative cases. Cognitive and affective skills are developed by presentations at grand rounds, and other surgical conferences as well as the teaching resident on various operative cases. The fourth year resident rotates through a wide variety of surgical specialties including pediatric surgery, oncologic surgery, hepatobiliary, transplant, trauma, and general surgery.

The fifth post graduate year is spent as chief on various general and vascular services. One administrative chief resident who is responsible for all resident administrative tasks in the program including call schedules, rotation schedules and serves as the chief of one of the major surgical services. Two other administrative teaching resident are designated, each for a six month period and they are responsible for all aspects of teaching within the program by scheduling and monitoring surgical conferences such as grand rounds and basic clinical science conferences. Each chief is also available as liaison between hospital, faculty, departmental personnel and the residents.

At the completion of the general surgery residency program the resident will be able to manage surgical disorders based on knowledge of basic and clinical sciences, demonstrate competency in those surgical techniques required of the qualified surgeon, use critical thinking when making effective decisions for patient and family management, make sound ethical and legal judgments, collaborate effectively with colleagues and other health professionals, teach and share knowledge with colleagues, residents, students and other health care providers, be responsible for teaching patients and families of all age groups in accord with their health care needs, value continuing education as a lifelong process which facilitates personal and professional growth, conduct and evaluate independent research, demonstrate leadership in and management of complex programs and organizations, provide cost-effective care to surgical patients and families within the community and respect the religious needs of patients and their families and provide surgical care in accord with those needs.

FIRST YEAR PROGRAM OBJECTIVES

Upon completion of the first post graduate year, the resident will be able to:

Cognitive:

Develop strategies for imparting medical information to those around them

Develop and enhance the knowledge base begun in medical school.

Begin to understand the tasks associated with making a differential diagnosis

Share with colleagues data obtained from comprehensive physical assessment.

Discuss types of decision making required of the surgeon and principles upon which the decisions are made.

Use available resources to survey and participate in current surgical and basic clinical research.

Recognize and develop leadership principles that relate to management of patient care.

Technical:

Use sterile techniques when assisting with operative procedures.

Observe and participate in pre and post-operative care.

Participate as assistant during operative procedures.

Affective:

Recognize, explore and develop basic ethical principles inherent in surgical practice.

Identify individual goals that promote personal and professional growth.

Become cognizant of the socioeconomic, cultural, and managerial factors inherent in providing cost-effective health care.

SECOND YEAR PROGRAM OBJECTIVES

In addition to those objectives realized and enhanced during the first post graduate year, upon completion of the second year the resident will be able to:

Cognitive:

Enhance those strategies developed in the first year for imparting medical information to those around them.

Use available data from basic and social sciences when planning pre and postoperative care for newly admitted patients.

Relate scientific knowledge and research findings to care of patients.

Participate in and evaluate current research and its relationship to medical sciences.

Continue building basic science and clinical knowledge base through reading of pertinent literature.

Function in leadership role by using the problem solving approach in planning care for patients and families.

Technical:

Become an active participant in preoperative, operative and postoperative care of patients.

Continue to develop technical skills using aseptic operative techniques.

Be aware of cost involved in diagnostic technology when examining surgical patient.

Affective:

Discuss with team members the ethical aspects of surgical intervention.

Discuss with peers and faculty collaborative roles of the surgical resident.

Begin to demonstrate responsibility for providing health care teaching to patients scheduled for surgical intervention.

Begin to teach students and first year residents management of surgical patients.

Demonstrate progress toward achievement of goals for personal and professional growth and development.

THIRD YEAR PROGRAM OBJECTIVES

In addition to those objectives realized and enhanced during the preceding two years, upon completion of the third post graduate year, the resident will be able to:

Cognitive:

Continue to develop those strategies necessary for imparting medical information to those around them.

Manage patients having more complicated surgical conditions including those in the intensive care unit.

Use critical thinking skills in making decisions about management of care.

Analyze resources available for providing continued learning experiences.

Develop research proposals to promote improvements in medical and surgical care.

Continue expanding knowledge base in clinical and basic sciences.

Technical:

Act as primary surgeon in more complicated surgical intervention.

Apply technical skills required of first assistant to practicing surgeon.

Continue to enhance surgical technical skills.

Affective:

Incorporate ethical concepts in the plan of pre-, intra-, and postoperative care of patients and families.

Collaborate with patient and family when planning operative procedure and postoperative care.

Provide pre and postoperative teaching to families and patients requiring surgical intervention.

Demonstrate pre- and postoperative teaching skills to junior residents and medical students.

Use leadership strategies in the implementation of health care to patients and families.

Explain to patient and family the costs involved in surgical care being planned.

Begin to supervise and teach junior residents in basic surgical procedures

FOURTH YEAR PROGRAM OBJECTIVES

In addition to those objectives realized and enhanced during the previous years of training, upon completion of the fourth post graduate year, the resident will be able to:

Cognitive:

Conduct experimental research studies in the laboratory or in clinical settings.

Assist junior residents in assuming, planning and managing pre and postoperative care for patients with common surgical disorders.

Guide junior residents in making decisions about findings on history and physical examination and management of pre and postoperative care.

Develop a deeper, more complex knowledge base in the basic and clinical sciences

Enhance information gathering strategies and the ability to impart that information to those around them.

Develop an appreciation for outcomes research as applied to surgical procedures.

Technical:

Perform more complex surgery under appropriate supervision.

Evaluate standards for surgical practice.

Affective:

Incorporate appropriate ethical principles when presenting patient care studies.

Evaluate achievement of identified goals for personal and professional growth.

Understand impact of health legislation concerning DRG=s, Medicare and third-party payers on cost of surgical care for individuals and families.

Collaborate with residents, faculty and other health professionals in providing safe and appropriate health care for patients.

Implement leadership role in planning changes for improving and managing care of patients in a variety of settings.

FIFTH YEAR PROGRAM OBJECTIVES

At the completion of the fifth post graduate year, the resident will be able to synthesize and utilize all the skills and objectives gained over the five years of training. In addition to these, the resident will be able to:

Cognitive:

Demonstrate effective information gathering and decision making in the management of care for all types of surgical patients and their families.
Evaluate knowledge gained from continuing education and its relationship to professional development.
Conduct independent research in the clinical and basic sciences.
Assist junior residents in planning clinical research proposals.
Enhance and build knowledge base through reading, attendance at conferences and academic meetings.
Be cognizant of the number and variety of cases necessary for Board certification in Surgery.

Technical:

Demonstrate high level of scientific, clinical and technical knowledge during operative procedures throughout the spectrum of vascular and non-cardiac thoracic cases.
Demonstrate the ability to operate independently.

Affective:

Supervise junior residents in caring for patients with complex surgical conditions.
Discuss with junior residents and medical students the ethical issues related to surgical practice.
Demonstrate to junior residents the collaborative role of the surgeon in the practice of surgery in the community.
Evaluate the cost-effectiveness of present and future surgical care of patients and families.
Provide leadership to medical students and junior residents in management of complex programs involving health care.
Assume responsibility for evaluating teaching strategies used by junior residents.

GOALS AND OBJECTIVES FOR SURGICAL RESIDENCY

Evaluation Forms

GOALS AND OBJECTIVES FOR ACUTE CARE & BURN SURGERY SERVICE (HO 1-2)

Patient Care – The resident should be able to:

1) Communicate effectively and demonstrate caring and respectful behaviors to patients and families
2) Gather essential/pertinent and accurate information during history-taking and performing physical exam.
3) Make appropriate diagnostic and therapeutic decisions based on patient information and preferences
4) Understand and practice the principles of Advanced Burn/Trauma Life Support including airway management and management of shock
5) Appropriately prioritize injury and triage complex patients to critical care areas
6) Master rudimentary procedures including:
    -Arterial and venapuncture
    -Insertion of nasogastric tube and foley catheter
    -Insertion of central venous line
    -Tube thoracostomy
    -Wound care
    -Suturing
    -Percutaneous tracheostomy
    -Percutaneous Endoscopic Gastrostomy
    -Burn Escharotomy/Fasciotomy
7) Perform a Burn/trauma tertiary survey, record an accurate injury list and management plan, maintains an accurate and up to date medical record

Medical Knowledge – The resident should be able to:

1) Demonstrate an investigatory and analytic thinking approach to clinical situations.
2) Apply basic and clinically supportive sciences to clinical situations including knowledge of
    -Anatomy – Relationships of aero-digestive, bony, neurologic, and vascular structures in the
        Head and neck
        Thorax
        Abdomen
        Pelvis
        Extremities
    -Anatomy of burned tissue and associated pathophysiologic consequences
    -Physiology – Pathophysiology of distributive and neurogenic shock, principles of resuscitation
        - Pathophysiology and management of inhalation injury and compartment syndrome
3) Know and apply Advanced Burn/Trauma Life Support protocol in the acute triage and management of injured patients
4) Apply knowledge of diagnostic modalities to acutely injured patients with blunt or penetrating trauma including:
    -Angiography and Interventional Radiology
    -CT scans
    -Laboratory studies
    -Plain x-rays
5) Know the indications for operation in the acutely injured burn/acute care surgery patient.
6) Demonstrate proficiency in seeking consultation from and communicating with other services
7) Appreciate the continuum of care issues specific to trauma patients (rehab, long-term acute care, disability).
8) Perform burn wound assessment and develop a plan of clinical care based on this assessment.
9) Describe and the indications and perform burn surgery including the harvesting, application, immobilization and postoperative care of auto-,homo-,xeno-grafts as well as management of contractures.
10) Summarize the activities of the comprehensive team of ancillary staff required in the pre and post burn patients to continue convalescence, rehabilitation and return to livelihood.
11) Exposure to to pediatric burn patient and the differences in acute management and rehabilitation.
12) Apply knowledge regarding various mechanisms of burn injury and their respective management.

Interpersonal and Communication Skills – The resident should be able to:

1) Create and sustain a therapeutic and ethically sound relationship with patients

2) Use effective listening skills and elicit and provide information using effective communication skills applicable to a broad range of socio-economic and cultural backgrounds.
3) Work effectively with others as a member of the trauma team and as a member of the broader hospital community
4) Pass on important patient information to his senior residents or faculty in a timely manner
5) Respond appropriately and in a timely manner to pages, consults and requests for attention
6) Maintain accurate and up to date medical records.

Professionalism – The resident should be able to:
1) Demonstrate respect, compassion, and integrity to meet the needs of the patients and society
2) Demonstrate accountability to patients, society, and the medical profession
3) Maintain the confidentiality of patient information and provide informed consent
4) Understand and provide sound, ethical business practices
5) Does the resident demonstrate sensitivity and responsiveness to patient's culture, age, gender and disabilities
6) Maintain a professional demeanor in difficult or sensitive patient encounters

Practice-Based Learning and Improvement – The resident should be able to:
1) Use systematic methodology for practice analysis and perform practice-based improvment.
2) Locate, appraise, and assimilate evidence from scientific studies related to patient health problems.
3) Participate in or facilitate the learning of students and other health care professionals.

Systems-Based Practice – The resident should be able to:
1) Demonstrate the ability to effectively call on system resources to provide optimal patient care
2) Understand the interrelationships between their practice and the larger system of the trauma center and the health care system as a whole.
3) Understand continuum of care issues specific to injured patients, i.e. acute resuscitation, operation, critical care, physical therapy, mental health, discharge, follow-up, and rehabilitation.

LOUISIANA STATE UNIVERSITY, DEPARTMENT OF SURGERY
BATON ROUGE GENERAL HEALTH SYSTEMS - BATON ROUGE
ACUTE CARE AND BURN SURGERY SERVICE HO 1 EVALUATION FORM

[Subject Name][Credentials]
[Subject Status]
[Subject Rotation]
[Evaluation Dates]

Evaluator
[Evaluator Name][Credentials]
[Evaluator Status]

PATIENT CARE - compassionate, appropriate and effective for treatment and prevention of disease

1. Does the resident communicate effectively and demonstrate caring and respectful behaviors to patients and families
2. Does the resident gather essential/pertinent and accurate information during history-taking and in performing physical exams?
3. Does the resident make appropriate diagnostic and therapeutic decisions based on patient information and preferences?
4. Does the resident use ATLS/ABLS principles in injury prioritization and triage complex patients to critical care areas?
5. Does the resident perform procedures appropriate to his/her level on this service
   - Arterial and venapuncture
   - Placement of nasogastric tubes and Foley catheters
   - Insertion of central venous line
   - Tube thoracostomy
   - Wound care
   - Suturing
   - Percutaneous Tracheostomy
   - Percutaneous Endoscopic Gastrostomy
   - Burn Escharotomy/Fasciotomy
6. Does the resident perform a complete tertiary survey, keep an accurate injury list and management plan, and maintain an accurate medical record?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

MEDICAL KNOWLEDGE - about established and evolving sciences and their application to patient care

1. Does the resident demonstrate an investigatory and analytic thinking approach to clinical situations?
2. Does the resident know and apply basic and clinically supportive sciences such as anatomy and physiology?
3. Does the resident know and apply ATLS/ABLS protocol in the acute triage and management of injured patients?
4. Does the resident apply knowledge of diagnostic modalities to acutely injured patients with blunt or penetrating trauma.
5. Know the indications for operation in the acutely injured burn/trauma patient
6. Demonstrate proficiency in seeking consultation from and communicating with other services
7. Demonstrate an understanding of the management of complex multiply injured patients
8. Appreciates the continuum of care issues specific for burn/acute care surgery patients (rehabilitation, long-term acute care, disability).

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
			

INTERPERSONAL & COMMUNICATION SKILLS - effective information exchange and cooperative "learning"

1. Does the resident create and sustain a therapeutic and ethically sound relationship with patients?
2. Does the resident use effective listening skills and elicit and provide information using effective communication skills applicable to a broad range of socio-economic and cultural backgrounds?
3. Does the resident work effectively with others as a member of the acute care and burn surgery team and as a member of the broader hospital community?
4. Does the resident pass on important patient information to senior residents and faculty in a timely manner?
5. Does the resident respond in a timely manner to pages, consults and requests for attention?
6. Does the resident maintain accurate and up to date medical records?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
			

PROFESSIONALISM - commitment to professional responsibilities, ethical principles & sensitivity to diverse patient populations

1. Does the resident demonstrate respect, compassion, and integrity to meet the needs of the patients and society?
2. Does the resident demonstrate accountability to patients, society, and the medical profession?
3. Does the resident maintain the confidentiality of patient information and provide informed consent?
4. Does the resident understand and provide sound, ethical business practices?
5. Does the resident demonstrate sensitivity and responsiveness to patients culture, age, gender and disabilities?
6. Does the resident maintain a professional demeanor in difficult or sensitive patient encounters?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
			

PRACTICE-BASED LEARNING & IMPROVEMENT - investigate and evaluate practice patterns and improve patient care

1. Does the resident demonstrate respect, compassion, and integrity to meet the needs of the patients and society?
2. Does the resident demonstrate accountability to patients, society, and the medical profession?
3. Does the resident maintain the confidentiality of patient information and provide informed consent?
4. Does the resident understand and provide sound, ethical business practices?
5. Does the resident demonstrate sensitivity and responsiveness to patients culture, age, gender and disabilities?
6. Does the resident maintain a professional demeanor in difficult or sensitive patient encounters?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
			

SYSTEMS-BASED PRACTICE - demonstrate an awareness of and responsiveness to the larger context and system of health care

1. Does the resident demonstrate the ability to effectively call on system resources to provide optimal

care?
2. Does the resident understand the interrelationships between their practice and the larger system of the trauma center and the healthcare system as a whole?
3. Does the resident understand continuum of care issues specific to acute care and burn surgery patients, i.e. acute resuscitation, operation, critical care, physical therapy, mental health, discharge, follow-up, and rehabilitation?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

OVERALL Recommendation

Promotion to next PGY level	Remediation
○	○

I have witnessed effective transitions in person and attest the essential elements as defined in the Transitions Policy was transmitted to and understood by the receiving tream.

Yes	No	N/A
○	○	○

Overall Comments:

Remaining Characters: 5,000

GOALS AND OBJECTIVES FOR CARDIOTHORACIC SURGERY ROTATION (HO 3, 4)

Medical Knowledge Objectives for HO 3, 4:

1. Interpretation of chest CT scan
2. Antibiotic use in thoracic surgery
3. Treatment of pulmonary emboli
4. Staging and treatment of lung and esophageal carcinomas
5. Recognition and treatment of supraventricular and ventricular arrhythmias
6. Interpretation of Swan-Ganz hemodynamic data
7. Indications for and management of inotropic agents
8. Understanding of the stages of wound healing
9. Knowledge of nutritional principles relevant to the cardiac surgical patient; enteral and parenteral feedings alternatives for cardiac patients

Patient Care Objectives for HO 3, 4:

1. Open pleural biopsy
2. Sternotomy and lateral thoracotomy
3. Wedge resection of the lung
4. Insertion of PA catheter
5. Insertion of radial and femoral arterial lines
6. Pulmonary decortication
7. Management of aortic augmentation balloon (IABP)
8. Management of the ventilator in the postoperative cardiac surgical patient

Interpersonal and Communication Skills Objectives for HO 3, 4:

1) Create and sustain a therapeutic and ethically sound relationship with patients
2) Use effective listening skills and elicit and provide information using effective communication skills applicable to a broad range of socio-economic and cultural backgrounds.
3) Work effectively with others as the leader of the team and as a member of the broader hospital community
4) Pass on important patient information to his /her faculty in a timely manner
5) Respond appropriately and in a timely manner to pages, consults and requests for attention
6) Maintain accurate and up to date medical records.

Professionalism Objectives for HO 3, 4:

1) Demonstrate respect, compassion, and integrity to meet the needs of the patients and society
2) Demonstrate accountability to patients, society, and the medical profession
3) Maintain the confidentiality of patient information and provide informed consent
4) Understand and provide sound, ethical business practices
5) Demonstrate sensitivity and responsiveness to patient's culture, age, gender and disabilities
6) Maintain a professional demeanor in difficult or sensitive patient encounters

Practice-Based Learning and Improvement Objectives for HO 3, 4:

1) Use systematic methodology for practice analysis and perform practice-based improvement.
2) Locate, appraise, and assimilate evidence from scientific studies related to patient health problems.
3) Participate in or facilitate the learning of students and other health care professionals.

Systems-Based Practice Objectives for HO 3, 4:

1) Demonstrate the ability to effectively call on system resources to provide optimal patient care

2) Understand the interrelationships between their practice and the larger system of the health care system as a whole.
3) Understand continuum of care issues specific to injured patients.

LSU HEALTH SCIENCES CENTER -NEW ORLEANS
DEPARTMENT OF SURGERY
CARDIOTHORACIC SERVICE HO 1 EVALUATION FORM

[Subject Name]
[Subject Employer]
[Subject Rotation]
[Evaluation Dates]

Evaluator
[Evaluator Name]
[Evaluator Employer]

PATIENT CARE - compassionate, appropriate and effective for treatment and prevention of disease

1. Does the resident gather essential/pertinent and accurate information during history-taking and physical exam?
2. Does the resident make appropriate diagnostic and therapeutic decisions based on patient information and preferences?
3. Does the resident examine his/her patients frequently and note important changes in patients' condition?
4. Does the resident use good technique in the insertion of central venous lines and PA catheters?
5. Does the resident recognize when intensive hemodynamic monitoring is no longer necessary?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

MEDICAL KNOWLEDGE - about established and evolving sciences and their application to patient care

1. Does the resident demonstrate an investigatory and analytic thinking approach to clinical situations?
2. Does the resident know and apply basic and clinically supportive sciences appropriate to their level of training?
3. Does the resident understand the pharmacology and interactions of commonly used inotropic, anti-arrhythmic and vasomotor agents?
4. Does the resident understand the various modes of mechanical ventilation and their effect on hemodynamics?
5. Does the resident understand the fundamentals of nutritional support of the cardiac patient?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

INTERPERSONAL & COMMUNICATION SKILLS - effective information exchange and cooperative "learning"

1. Does the resident create and sustain a therapeutic and ethically sound relationship with patients?
2. Does the resident use effective listening skills and elicit and provide information using effective communication skills?
3. Does the resident work effectively with others as a member (or leader) of a health care team?
4. Does the resident pass on important patient information to his seniors in a timely manner?
5. Does the resident respond in a timely manner to pages and requests for attention?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

PROFESSIONALISM - commitment to professional responsibilities, ethical principles & sensitivity to diverse

patient populations

1. Does the resident demonstrate respect, compassion, and integrity to meet the needs of the patients and society?
2. Does the resident demonstrate accountability to patients, society, and the medical profession?
3. Does the resident maintain the confidentiality of patient information and provide informed consent?
4. Does the resident understand and provide sound, ethical business practices?
5. Does the resident demonstrate sensitivity and responsiveness to patients culture, age, gender and disabilities?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

PRACTICE-BASED LEARNING & IMPROVEMENT - investigate and evaluate practice patterns and improve patient care

1. Does the resident use systematic methodology for practice analysis and perform practice-based improvement?
2. Does the resident locate, appraise, and assimilate evidence from scientific studies related to patient health problems?
3. Does the resident participate in or facilitate the learning of students and other health care professionals?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

SYSTEMS-BASED PRACTICE - demonstrate an awareness of and responsiveness to the larger context and system of health care

1. Does the resident demonstrate the ability to effectively call on system resources to provide care that is of optimal value?
2. Does the resident understand the interrelationships between their practice and the larger system of health care?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

OVERALL

Recommendation	Promotion to next PGY level	Remediation
	○	○

I have witnessed effective transitions in person and attest the essential elements as defined in the Transition Policy was transmitted to and understood by the receiving tream.

Yes	No	N/A
○	○	○

Overall Comments:

Remaining Characters: 5,000

LSU HEALTH SCIENCES CENTER - NEW ORLEANS
DEPARTMENT OF SURGERY
CARDIOTHORACIC SERVICE HO 3, 4 EVALUATION FORM

[Subject Name]
[Subject Employer]
[Subject Rotation]
[Evaluation Dates]

Evaluator
[Evaluator Name]
[Evaluator Employer]

PATIENT CARE - compassionate, appropriate and effective for treatment and prevention of disease

1. Does the resident gather essential/pertinent and accurate information during history-taking and physical exam?
2. Does the resident make appropriate diagnostic and therapeutic decisions based on patient information and preferences?
3. Does the resident examine his/her patients frequently and note important changes in patients' condition?
4. Does the resident use good technique in the insertion of central venous lines and PA catheters?
5. Does the resident recognize when intensive hemodynamic monitoring is no longer necessary?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

MEDICAL KNOWLEDGE - about established and evolving sciences and their application to patient care

1. Does the resident demonstrate an investigatory and analytic thinking approach to clinical situations?
2. Does the resident know and apply basic and clinically supportive sciences appropriate to their level of training?
3. Does the resident understand the pharmacology and interactions of commonly used inotropic, anti-arrhythmic and vasomotor agents?
4. Does the resident understand the various modes of mechanical ventilation and their effect on hemodynamics?
5. Does the resident understand the fundamentals of nutritional support of the cardiac patient?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

INTERPERSONAL & COMMUNICATION SKILLS - effective information exchange and cooperative "learning"

1. Does the resident create and sustain a therapeutic and ethically sound relationship with patients?
2. Does the resident use effective listening skills and elicit and provide information using effective communication skills?
3. Does the resident work effectively with others as a member (or leader) of a health care team?
4. Does the resident pass on important patient information to his seniors in a timely manner?
5. Does the resident respond in a timely manner to pages and requests for attention?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

PROFESSIONALISM - commitment to professional responsibilities, ethical principles & sensitivity to diverse

patient populations

1. Does the resident demonstrate respect, compassion, and integrity to meet the needs of the patients and society?
2. Does the resident demonstrate accountability to patients, society, and the medical profession?
3. Does the resident maintain the confidentiality of patient information and provide informed consent?
4. Does the resident understand and provide sound, ethical business practices?
5. Does the resident demonstrate sensitivity and responsiveness to patients culture, age, gender and disabilities?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

PRACTICE-BASED LEARNING & IMPROVEMENT - investigate and evaluate practice patterns and improve patient care

1. Does the resident use systematic methodology for practice analysis and perform practice-based improvement?
2. Does the resident locate, appraise, and assimilate evidence from scientific studies related to patient health problems?
3. Does the resident participate in or facilitate the learning of students and other health care professionals?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

SYSTEMS-BASED PRACTICE - demonstrate an awareness of and responsiveness to the larger context and system of health care

1. Does the resident demonstrate the ability to effectively call on system resources to provide care that is of optimal value?
2. Does the resident understand the interrelationships between their practice and the larger system of health care?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

OVERALL

Recommendation	Promotion to next PGY level	Remediation
	○	○

I have witnessed effective transitions in person and attest the essential elements as defined in the Transitions Policy was transmitted to and understood by the receiving team.

Yes	No
○	○

Overall Comments:

Remaining Characters: 5,000

GOALS AND OBJECTIVES FOR COLORECTAL SERVICE (HO 1,2 and HO 3,4)

Medical Knowledge Objectives for HO 1,2

1. Ability to take a complete history regarding colonic and ano-rectal conditions
2. Ability to formulate a differential diagnosis from the history
3. Understand basic pathophysiology of common ano-rectal conditions, such as hemorrhoids, fissures, and fistulae
4. Understand the presenting features of carcinoma of the colon and rectum
5. Learn the accepted staging systems for carcinoma of the colon and rectum

Patient Care Objectives for HO 1,2

1. Ability to perform a competent abdominal and rectal examination
2. Ability to perform flexible sigmoidoscopy
3. Ability to use basic rectal retractors and instruments in ano-rectal procedures
4. Ability to perform colonoscopy with supervision.

Medical Knowledge Objectives for HO 3,4

1.. Understand the presenting features and pathophysiology of diverticular disease
2. Understand the approach to lower gastrointestinal bleeding
3. Acquire a basic knowledge of ulcerative colitis and Crohn's Disease, including their differences
4. Learn the different kinds of intestinal stomas and the basic principles of creating and managing them
5. Learn the indications for lower gastrointestinal endoscopy
6. Understand the potential complications of lower gastrointestinal endoscopy

Patient Care Objectives for HO 3,4

1. Ability to perform intestinal anastomosis
2. Ability to use surgical stapling devices
3. Ability to utilize ancillary data (barium enema, CT scan, laboratory) in formulating a plan of care.
4. Ability to perform upper and lower endoscopy and polypectomy.

Interpersonal and Communication Skills Objectives for HO 1-4:

1) Create and sustain a therapeutic and ethically sound relationship with patients
2) Use effective listening skills and elicit and provide information using effective communication skills applicable to a broad range of socio-economic and cultural backgrounds.
3) Work effectively with others as the leader of the team and as a member of the broader hospital community
4) Pass on important patient information to his /her faculty in a timely manner
5) Respond appropriately and in a timely manner to pages, consults and requests for attention
6) Maintain accurate and up to date medical records.

Professionalism Objectives for HO 1-4:

1) Demonstrate respect, compassion, and integrity to meet the needs of the patients and society
2) Demonstrate accountability to patients, society, and the medical profession
3) Maintain the confidentiality of patient information and provide informed consent

4) Understand and provide sound, ethical business practices
5) Demonstrate sensitivity and responsiveness to patient's culture, age, gender and disabilities
6) Maintain a professional demeanor in difficult or sensitive patient encounters

Practice-Based Learning and Improvement Objectives for HO 1-4:

1) Use systematic methodology for practice analysis and perform practice-based improvement.
2) Locate, appraise, and assimilate evidence from scientific studies related to patient health problems.
3) Participate in or facilitate the learning of students and other health care professionals.

Systems-Based Practice Objectives for HO 1-4:

1) Demonstrate the ability to effectively call on system resources to provide optimal patient care
2) Understand the interrelationships between their practice and the larger system of the health care system as a whole.
3) Understand continuum of care issues specific to injured patients.

LSU HEALTH SCIENCES CENTER
DEPARTMENT OF SURGERY
COLORECTAL SERVICE - HO 1,2 EVALUATION FORM

[Subject Name]
[Subject Employer]
[Subject Rotation]
[Evaluation Dates]

Evaluator
[Evaluator Name]
[Evaluator Employer]

PATIENT CARE - compassionate, appropriate and effective for treatment and prevention of disease

1. Does the resident gather essential/pertinent and accurate information during history-taking?
2. Does the resident make appropriate diagnostic and therapeutic decisions based on patient information and preferences?
3. Does the resident perform procedures appropriate to his/her level
   - Flexible sigmoidoscopy
   - Rigid sigmoidoscopy
   - Digital rectal exam
   - Endoscopic procedures (with supervision)

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

MEDICAL KNOWLEDGE - about established and evolving sciences and their application to patient care

1. Does the resident demonstrate an investigatory and analytic thinking approach to clinical situations?
2. Does the resident know and apply basic and clinically supportive sciences appropriate to their level of training?
3. Does the resident demonstrate an adequate knowledge of medical co-morbidity relevant to the preoperative evaluation of a patient?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

INTERPERSONAL & COMMUNICATION SKILLS - effective information exchange and cooperative "learning"

1. Does the resident create and sustain a therapeutic and ethically sound relationship with patients?
2. Does the resident use effective listening skills and elicit and provide information using effective Communication skills?
3. Does the resident work effectively with others as a member (or leader) of a health care team?
4. Does the resident pass on important patient information to his seniors in a timely manner?
5. Does the resident respond in a timely manner to pages and requests for attention?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

PROFESSIONALISM - commitment to professional responsibilities, ethical principles & sensitivity to diverse patient populations

1. Does the resident demonstrate respect, compassion, and integrity to meet the needs of the patients and society?

2. Does the resident demonstrate accountability to patients, society, and the medical profession?
3. Does the resident maintain the confidentiality of patient information and provide informed consent?
4. Does the resident understand and provide sound, ethical business practices?
5. Does the resident demonstrate sensitivity and responsiveness to patients culture, age, gender and disabilities?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

PRACTICE-BASED LEARNING & IMPROVEMENT - investigate and evaluate practice patterns and improve patient care

1. Does the resident use systematic methodology for practice analysis and perform practice-based improvement?
2. Does the resident locate, appraise, and assimilate evidence from scientific studies related to patient health problems?
3. Does the resident participate in or facilitate the learning of students and other health care professionals?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

SYSTEMS-BASED PRACTICE - demonstrate an awareness of and responsiveness to the larger context and system of health care

1. Does the resident demonstrate the ability to effectively call on system resources to provide care that is of optimal value?
2. Does the resident understand the interrelationships between their practice and the larger system of health care?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

OVERALL

Recommendation	Promotion to next PGY level	Remediation
	○	○

I have witnessed effective transitions in person and attest the essential elements as defined in Transitions Policy was transmitted to and understood by the receiving team.

Yes	No	N/A
○	○	○

Overall Comments:

Remaining Characters: 5,000

LSU HEALTH SCIENCES CENTER
DEPARTMENT OF SURGERY
COLORECTAL SERVICE - HO 3, 4 EVALUATION FORM

[Subject Name]
[Subject Employer]
[Subject Rotation]
[Evaluation Dates]

Evaluator
[Evaluator Name]
[Evaluator Employer]

PATIENT CARE - compassionate, appropriate and effective for treatment and prevention of disease

1. Does the resident gather essential/pertinent and accurate information during history-taking?
2. Does the resident make appropriate diagnostic and therapeutic decisions based on patient information and preferences?
3. Does the resident perform procedures appropriate to his/her level
   - Intestinal resection and anastomosis
   - Upper and lower endoscopy

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

MEDICAL KNOWLEDGE - about established and evolving sciences and their application to patient care

1. Does the resident demonstrate an investigatory and analytic thinking approach to clinical situations?
2. Does the resident know and apply basic and clinically supportive sciences appropriate to their level of training?
3. Does the resident demonstrate an adequate knowledge of medical co-morbidity relevant to the preoperative evaluation of a patient?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

INTERPERSONAL & COMMUNICATION SKILLS - effective information exchange and cooperative "learning"

1. Does the resident create and sustain a therapeutic and ethically sound relationship with patients?
2. Does the resident use effective listening skills and elicit and provide information using effective Communication skills?
3. Does the resident work effectively with others as a member (or leader) of a health care team?
4. Does the resident pass on important patient information to his seniors in a timely manner?
5. Does the resident respond in a timely manner to pages and requests for attention?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

PROFESSIONALISM - commitment to professional responsibilities, ethical principles & sensitivity to diverse patient populations

1. Does the resident demonstrate respect, compassion, and integrity to meet the needs of the patients and society?
2. Does the resident demonstrate accountability to patients, society, and the medical profession?
3. Does the resident maintain the confidentiality of patient information and provide informed consent?

4. Does the resident understand and provide sound, ethical business practices?
5. Does the resident demonstrate sensitivity and responsiveness to patients culture, age, gender and disabilities?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

PRACTICE-BASED LEARNING & IMPROVEMENT - investigate and evaluate practice patterns and improve patient care

1. Does the resident use systematic methodology for practice analysis and perform practice-based improvement?
2. Does the resident locate, appraise, and assimilate evidence from scientific studies related to patient health problems?
3. Does the resident participate in or facilitate the learning of students and other health care professionals?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

SYSTEMS-BASED PRACTICE - demonstrate an awareness of and responsiveness to the larger context and system of health care

1. Does the resident demonstrate the ability to effectively call on system resources to provide care that is of optimal value?
2. Does the resident understand the interrelationships between their practice and the larger system of health care?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

OVERALL

Recommendation	Promotion to next PGY level	Remediation
	○	○

I have witnessed effective transitions in person and attest the essential elments as defined in the Transitions Policy was transmitted to and understood by the receiving team.

Yes	No	N/A
○	○	○

Overall Comments:

Remaining Characters: 5,000

GOALS AND OBJECTIVES FOR GENERAL SURGERY ROTATION /OLOL (HO 1, 2 , HO 3, HO 4, 5)

Goals and Objectives for General Surgery Rotation / Earl K. Long Medical Center (HO 1-2)

Patient Care – The resident should be able to:

1) Gather essential / pertinent and accurate information during history-taking and physical examination
2) Make appropriate diagnostic and therapeutic decisions based on patient information and preferences (order appropriate lab tests and order/interpret imaging studies)
3) Select appropriate patients for minor surgery procedures
4) Write preoperative and postoperative notes and orders, including:
    - Antibiotics
    - Pain management
    - DVT prophylaxis
    - Respiratory treatments
5) Master rudimentary procedures including:
    - Central line placement
    - Wound Care
    - Suturing
    - Tissue Handling
    - Chest tube placement
    - Hernia, appendectomy, minor surgery procedures

Medical Knowledge – The resident should be able to:

1) Demonstrate an investigatory and analytic thinking approach to clinical situations
2) Apply basic and clinically supportive sciences to clinical situations
3) Know and apply knowledge to the perioperative management of the surgical patient
4) Demonstrate knowledge of the anatomy relevant to hernia repair

Interpersonal and Communication Skills – The resident should be able to:

1) Create and sustain a therapeutic and ethically sound relationship with patients
2) Provide discharge instructions effectively to patients including follow-up needs
3) Use effective listening skills and elicit and provide information using effective communication skills
4) Work effectively with others as a member of a health care team
5) Pass on pertinent information to his seniors in a timely manner
6) Respond in a timely manner to pages and requests for attention

Professionalism – The resident should be able to:

1) Demonstrate respect, compassion, and integrity to meet the needs of the patients and society
2) Demonstrate accountability to patients, society, and the medical profession
3) Maintain the confidentiality of patient information and provide informed consent
4) Understand and provide sound, ethical business practices
5) Demonstrate sensitivity and responsiveness to patients' culture, age, gender and disabilities

Practice-Based Learning and Improvement – The resident should be able to:

1) Use systematic methodology for practice analysis and perform practice-based improvement
2) Locate, appraise, and assimilate evidence from scientific studies related to patient health problems
3) Participate in or facilitate the learning of students and other health care professionals

Systems-Based Practice – The resident should be able to:

1) Demonstrate the ability to effectively call on system resources to provide care that is of optimal value
   (use of consultants for outpatient and inpatient services)
2) Understand the interrelationships between their practice and the larger system of health care

Goals and Objectives for General Surgery Rotation / Earl K. Long Medical Center (HO 3)

Patient Care – The resident should be able to:

1) Gather essential / pertinent and accurate information during history-taking
2) Make appropriate diagnostic and therapeutic decisions based on patient information and preferences
3) Examine his/her patients frequently and note important changes in the patient's condition
4) Perform procedures appropriate to his/her level of training:
   - Laparotomy
   - Laparoscopic cholecystectomy and common duct exploration
   - Mastectomy and axillary dissection
   - Anatomic resection and gastrointestinal anastomosis (gastric resection, small bowel resection, and colon resection)
   - Thyroid and parathyroid surgery
   - EGD and colonoscopy
5) Demonstrate appropriate knowledge and skills managing patients in the intensive care unit (with supervision)
6) Triage and manage acutely injured patients including:
   - Resuscitation
   - Interpretation of blood gases
   - Mechanical ventilation modes and uses
   - PA catheter use and interpretation
   - Medications used in the ICU Setting

Medical Knowledge – The resident should be able to:

1) Demonstrate an investigatory and analytic thinking approach to clinical situations
2) Apply basic and clinically supportive sciences appropriate to his/her level of training
3) Understand the pharmacology and interactions of commonly used drugs in the intensive care unit
4) Understand the various modes of mechanical ventilation
5) Understand the anatomy and physiology relevant to thyroid and parathyroid surgery
6) Articulate a plan of care for a hemodynamically unstable patient

Interpersonal and Communication Skills – The resident should be able to:

1) Create and sustain a therapeutic and ethically sound relationship with patients
2) Use effective listening skills and elicit and provide information using effective communication skills
3) Work effectively with others as a member (or leader) of a health care team
4) Pass on pertinent information to his seniors in a timely manner
5) Respond in a timely manner to pages and requests for attention

Professionalism – The resident should be able to:

1) Demonstrate respect, compassion, and integrity to meet the needs of the patients and society
2) Demonstrate accountability to patients, society, and the medical profession
3) Maintain the confidentiality of patient information and provide informed consent
4) Understand and provide sound, ethical business practices
5) Demonstrate sensitivity and responsiveness to patients' culture, age, gender and disabilities

Practice-Based Learning and Improvement – The resident should be able to:

1) Use systematic methodology for practice analysis and perform practice-based improvement
2) Locate, appraise, and assimilate evidence from scientific studies related to patient health problems
3) Participate in or facilitate the learning of students and other health care professionals

Systems-Based Practice – The resident should be able to:

1) Demonstrate the ability to effectively call on system resources to provide care that is of optimal value
2) Demonstrate the ability to provide delivery of cost effective, quality clinical care
3) Understand the interrelationships between their practice and the larger system of health care

Goals and Objectives for General Surgery Rotation / Earl K. Long Medical Center (HO 4 or 5)

Patient Care – The resident should be able to:

1) Gather essential / pertinent and accurate information during history-taking and physical examination
2) Make appropriate diagnostic and therapeutic decisions based on patient information and preferences
3) Independently design and execute an appropriate plan of care for surgical patients (preoperative workup, intraoperative technique, and appropriate postoperative follow-up)
4) Use of TMN classification models for purposes of staging and prognosis
5) Effectively perform procedures appropriate to his/her level of training:
    - Laparotomy
    - Thoracotomy and lung resection
    - Advanced laparoscopy procedures (hand assisted colectomy, ventral hernia repair)
    - Gastrointestinal cases including gastrectomy, low anterior resection, APR
    - Pancreatic and hepatobiliary procedures
    - Head and neck oncologic procedures
    - Vascular surgery

Medical Knowledge – The resident should be able to:

1) Demonstrate an investigatory and analytic thinking approach to clinical situations
2) Apply basic and clinically supportive sciences appropriate to their level of training
3) Understand pathophysiology principles of shock and resuscitation in a manner which allows effective management of critical patients
4) Demonstrate knowledge of head and neck anatomy relevant to the performance of major head and neck oncologic surgery
5) Demonstrate knowledge of TMN classification modes for staging and prognosis
6) Demonstrate knowledge of the indications and contraindications to basic and advanced laparoscopic procedures

Interpersonal and Communication Skills – The resident should be able to:

1) Create and sustain a therapeutic and ethically sound relationship with patients
2) Use effective listening skills and elicit and provide information using effective communication skills
3) Work effectively with others as a member (or leader) of a health care team
4) Pass on pertinent information to his seniors in a timely manner
5) Respond in a timely manner to pages and requests for attention

Professionalism – The resident should be able to:

1) Demonstrate respect, compassion, and integrity to meet the needs of the patients and society
2) Demonstrate accountability to patients, society, and the medical profession
3) Maintain the confidentiality of patient information and provide informed consent
4) Understand and provide sound, ethical business practices
5) Demonstrate sensitivity and responsiveness to patients' culture, age, gender and disabilities
6) Demonstrate skill as a teaching assistant

Practice-Based Learning and Improvement – The resident should be able to:

1) Understand the importance and the limitations of clinical research
2) Critically assess the medical literature
3) Participate in or facilitate the learning of students and other health care professionals

Systems-Based Practice – The resident should be able to:

1) Demonstrate the ability to effectively call on system resources to provide care that is of optimal value
2) Understand the interrelationships between their practice and the larger system of health care

LSU HEALTH SCIENCES CENTER - NEW ORLEANS
DEPARTMENT OF SURGERY
GENERAL SURGERY SERVICE HO 1 OR HO 2 EVALUATION FORM

[Subject Name]
[Subject Employer]
[Subject Rotation]
[Evaluation Dates]

Evaluator
[Evaluator Name]
[Evaluator Employer]

PATIENT CARE - compassionate, appropriate and effective for treatment and prevention of disease

1. Does the resident gather essential/pertinent and accurate information during history-taking?
2. Does the resident make appropriate diagnostic and therapeutic decisions based on patient information and preferences?
3. Does the resident perform procedures appropriate to his/her level
   - Central line placement
   - Wound care
   - Suturing
   - Chest tube placement
   - Hernia, appendectomy, minor surgery procedures

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

MEDICAL KNOWLEDGE - about established and evolving sciences and their application to patient care

1. Does the resident demonstrate an investigatory and analytic thinking approach to clinical situations?
2. Does the resident know and apply basic and clinically supportive sciences appropriate to their level of training?
3. Does the resident apply knowledge to the perioperative management of the surgical patient?
4. Does the resident demonstrate knowledge of the anatomy relevant to hernia repair?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

INTERPERSONAL & COMMUNICATION SKILLS - effective information exchange and cooperative "learning"

1. Does the resident create and sustain a therapeutic and ethically sound relationship with patients?
2. Does the resident use effective listening skills and elicit and provide information using effective Communication skills?
3. Does the resident work effectively with others as a member (or leader) of a health care team?
4. Does the resident pass on important patient information to his seniors in a timely manner?

5. Does the resident respond in a timely manner to pages and requests for attention?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

PROFESSIONALISM - commitment to professional responsibilities, ethical principles & sensitivity to diverse patient populations

1. Does the resident demonstrate respect, compassion, and integrity to meet the needs of the patients and society?
2. Does the resident demonstrate accountability to patients, society, and the medical profession?
3. Does the resident maintain the confidentiality of patient information and provide informed consent?
4. Does the resident understand and provide sound, ethical business practices?
5. Does the resident demonstrate sensitivity and responsiveness to patients culture, age, gender and disabilities?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

PRACTICE-BASED LEARNING & IMPROVEMENT - investigate and evaluate practice patterns and improve patient care

1. Does the resident use systematic methodology for practice analysis and perform practice-based improvement?
2. Does the resident locate, appraise, and assimilate evidence from scientific studies related to patient health problems?
3. Does the resident participate in or facilitate the learning of students and other health care professionals?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

SYSTEMS-BASED PRACTICE - demonstrate an awareness of and responsiveness to the larger context and system of health care

1. Does the resident demonstrate the ability to effectively call on system resources to provide care that is of optimal value?
2. Does the resident understand the interrelationships between their practice and the larger system of health care?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

OVERALL

Recommendation	Promotion to next PGY level	Remediation
	O	O

I have witnessed effective transitions in person and attest the essential elements as defined in the Transitions Policy was transmitted to and understood by the receiving team.

Yes	No	N/A
O	O	O

Overall Comments:

Remaining Characters: 5,000

LSU HEALTH SCIENCES CENTER - NEW ORLEANS
DEPARTMENT OF SURGERY
GENERAL SURGERY SERVICE HO 3 EVALUATION FORM

[Subject Name]
[Subject Employer]
[Subject Rotation]
[Evaluation Dates]

Evaluator
[Evaluator Name]
[Evaluator Employer]

PATIENT CARE - compassionate, appropriate and effective for treatment and prevention of disease

1. Does the resident gather essential/pertinent and accurate information during history-taking?
2. Does the resident make appropriate diagnostic and therapeutic decisions based on patient information and preferences?
3. Does the resident examine his/her patients frequently and note important changes in the patient's condition?
4. Does the resident perform procedures appropriate to his/her level of training on this service?
   - Laparotomy
   - Laparoscopic cholecystectomy
   - Bowel resection and anastomosis
   - EGD and colonoscopy
5. Does the resident demonstrate appropriate knowledge and skills managing patients in the intensive care unit

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

MEDICAL KNOWLEDGE - about established and evolving sciences and their application to patient care

1. Does the resident demonstrate an investigatory and analytic thinking approach to clinical situations?
2. Does the resident know and apply basic and clinically supportive sciences appropriate to their level of training?
3. Does the resident understand the pharmacology and interactions of commonly used drugs in the intensive care unit?
4. Does the resident understand the various modes of mechanical ventilation?
5. Does the resident understand the anatomy and physiology relevant to thyroid and parathyroid surgery?
6. Can the resident articulate a plan of care for a hemodynamically unstable patient?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

INTERPERSONAL & COMMUNICATION SKILLS - effective information exchange and cooperative "learning"

1. Does the resident create and sustain a therapeutic and ethically sound relationship with patients?
2. Does the resident use effective listening skills and elicit and provide information using effective communication skills?
3. Does the resident work effectively with others as a member (or leader) of a health care team?
4. Does the resident pass on important patient information to his seniors in a timely manner?
5. Does the resident respond in a timely manner to pages and requests for attention?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

PROFESSIONALISM - commitment to professional responsibilities, ethical principles & sensitivity to diverse patient populations

1. Does the resident demonstrate respect, compassion, and integrity to meet the needs of the patients and society?
2. Does the resident demonstrate accountability to patients, society, and the medical profession?
3. Does the resident maintain the confidentiality of patient information and provide informed consent?
4. Does the resident understand and provide sound, ethical business practices?
5. Does the resident demonstrate sensitivity and responsiveness to patients culture, age, gender and disabilities?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

PRACTICE-BASED LEARNING & IMPROVEMENT - investigate and evaluate practice patterns and improve patient care

1. Does the resident use systematic methodology for practice analysis and perform practice-based improvement?
2. Does the resident locate, appraise, and assimilate evidence from scientific studies related to patient health problems?
3. Does the resident participate in or facilitate the learning of students and other health care professionals?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

SYSTEMS-BASED PRACTICE - demonstrate an awareness of and responsiveness to the larger context and system of health care

1. Does the resident demonstrate the ability to effectively call on system resources to provide care that is of optimal value?
2. Does the resident understand the interrelationships between their practice and the larger system of health care?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

OVERALL

Recommendation Promotion to next PGY level Remediation

I have witnessed effective transitions in person and attest the essential elements as defined in the Transitions Policy was transmitted to and understood by the receiving team.

Yes No N/A

Overall Comments:

Remaining Characters: 5,000

GOALS AND OBJECTIVES FOR TRAUMA ROTATION (HO 1, 2)

Goals and Objectives for HO 1, 2:

Patient Care – The resident should be able to:

1) Communicate effectively and demonstrate caring and respectful behaviors to patients and families
2) Gather essential/pertinent and accurate information during history-taking
3) Make appropriate diagnostic and therapeutic decisions based on patient information and preferences
4) Understand and practice the principles of Advanced Trauma Life Support including airway management and management of shock
5) Appropriately prioritize injury and triage complex patients to critical care areas
6) Master rudimentary procedures including:
    -Arterial and venapuncture
    -Insertion of nasogastric tube and foley catheter
    -Insertion of central venous line
    -Tube thoracostomy
    -Wound care
    -Suturing
7) Perform a trauma tertiary survey, record an accurate injury list and management plan, maintains an accurate and up to date medical record

Medical Knowledge – The resident should be able to:

1) Demonstrate an investigatory and analytic thinking approach to clinical situations?
2) Apply basic and clinically supportive sciences to clinical situations including knowledge of
    -Anatomy – Relationships of aero-digestive, bony, neurologic, and vascular structures in the
        Head and neck
        Thorax
        Abdomen
        Pelvis
        Extremities
    -Physiology – Pathophysiology of hemorrhagic and neurogenic shock, principles of resuscitation
3) Know and apply Advanced Trauma Life Support protocol in the acute triage and management of injured patients
4) Apply knowledge of diagnostic modalities to acutely injured patients with blunt or penetrating trauma including:

-Angiography and Interventional Radiology
-CT scans
-Laboratory studies
-Plain x-rays

5) Knows the indications for operation in the acutely injured trauma patient
6) Demonstrate proficiency in seeking consultation of other services
7) Demonstrate an understanding of the management of complex multiply injured patients
8) Appreciates the continuum of care issues specific for trauma patients (rehabilitation, long-term acute care, disability).

Interpersonal and Communication Skills – The resident should be able to:

1) Create and sustain a therapeutic and ethically sound relationship with patients
2) Use effective listening skills and elicit and provide information using effective communication skills applicable to a broad range of socio-economic and cultural backgrounds.
3) Work effectively with others as a member of the trauma team and as a member of the broader hospital community
4) Pass on important patient information to his senior residents or faculty in a timely manner
5) Respond appropriately and in a timely manner to pages, consults and requests for attention
6) Maintain accurate and up to date medical records.

Professionalism – The resident should be able to:

1) Demonstrate respect, compassion, and integrity to meet the needs of the patients and society
2) Demonstrate accountability to patients, society, and the medical profession
3) Maintain the confidentiality of patient information and provide informed consent
4) Understand and provide sound, ethical business practices
5) Does the resident demonstrate sensitivity and responsiveness to patients culture, age, gender and disabilities
6) Maintain a professional demeanor in difficult or sensitive patient encounters

Practice-Based Learning and Improvement – The resident should be able to:

1) Use systematic methodology for practice analysis and perform practice-based improvment.
2) Locate, appraise, and assimilate evidence from scientific studies related to patient health problems.
3) Participate in or facilitate the learning of students and other health care professionals.

Systems-Based Practice – The resident should be able to:

1) Demonstrate the ability to effectively call on system resources to provide optimal patient care
2) Understand the interrelationships between their practice and the larger system of the trauma center and the health care system as a whole.
3) Understand continuum of care issues specific to injured patients, i.e. acute resuscitation, operation, critical care, physical therapy, mental health, discharge, follow-up, and rehabilitation.

GOALS AND OBJECTIVES FOR TRAUMA ROTATION (HO 4 or HO 5)

Patient Care Objectives for HO 4 or HO 5:

1) Proficient in the implementation of ATLS protocols for the care of the injured patient as the team leader.
2) Performs major operative interventions for trauma under the direction of the trauma staff to the
   - ❖ Neck
   - ❖ Chest
   - ❖ Abdomen
   - ❖ Extremities
3) Effectively teaches basic skills to junior residents and students
4) Maintains accurate medical record
5) Provides a complete trauma presentation

Medical Knowledge Objectives for HO 4 or HO 5:

1) Able to function as an effective team leader of the trauma service.
2) Able to effectively educate other members of the Trauma Team.
3) Able to formulate and effectively implement a detailed work-up and plan of care for the acutely injured patient with blunt and/or penetrating trauma to the following regions
   - ❖ Head and Neck
   - ❖ Spine
   - ❖ Thorax
   - ❖ Abdomen
   - ❖ Pelvis
   - ❖ Extremities
4) Interpretation of diagnostic studies that apply to acutely injured patients with blunt and/or penetrating trauma.
   - ❖ Angiography and Interventional Radiology
   - ❖ Computed tomography scans
   - ❖ Laboratory studies
   - ❖ Plain X-rays
   - ❖ Ultrasound
5) Demonstrates proficiency setting priorities and coordinating the care of the injured patient involving multiple consultants during the patient's hospitalization.
6) Understands the management of injured patients with multiple co-morbidities (i.e. chronic lung disease, diabetes mellitus, renal failure)

Interpersonal and Communication Skills Objectives for HO 4 or HO 5:

1) Create and sustain a therapeutic and ethically sound relationship with patients
2) Use effective listening skills and elicit and provide information using effective communication skills applicable to a broad range of socio-economic and cultural backgrounds.
3) Work effectively with others as the leader of the trauma team and as a member of the broader hospital community
4) Pass on important patient information to his /her faculty in a timely manner
5) Respond appropriately and in a timely manner to pages, consults and requests for attention
6) Maintain accurate and up to date medical records.

Professionalism Objectives for HO 4 or HO 5:

1) Demonstrate respect, compassion, and integrity to meet the needs of the patients and society
2) Demonstrate accountability to patients, society, and the medical profession
3) Maintain the confidentiality of patient information and provide informed consent
4) Understand and provide sound, ethical business practices
5) Demonstrate sensitivity and responsiveness to patient's culture, age, gender and disabilities

6) Maintain a professional demeanor in difficult or sensitive patient encounters

Practice-Based Learning and Improvement Objectives for HO 4 or HO 5:

1) Use systematic methodology for practice analysis and perform practice-based improvement.
2) Locate, appraise, and assimilate evidence from scientific studies related to patient health problems.
3) Participate in or facilitate the learning of students and other health care professionals.

Systems-Based Practice Objectives for HO 4 or HO 5:

1) Demonstrate the ability to effectively call on system resources to provide optimal patient care
2) Understand the interrelationships between their practice and the larger system of the trauma center and the health care system as a whole.
3) Understand continuum of care issues specific to injured patients, i.e. acute resuscitation, operation, critical care, physical therapy, mental health, discharge, follow-up, and rehabilitation.

LSU HEALTH SCIENCES CENTER - NEW ORLEANS
DEPARTMENT OF SURGERY
TRAUMA/EMERGENCY SURGERY SERVICE - HO 1 EVALUATION FORM

[Subject Name]
[Subject Employer]
[Subject Rotation]
[Evaluation Dates]

Evaluator
[Evaluator Name]
[Evaluator Employer]

PATIENT CARE - compassionate, appropriate and effective for treatment and prevention of disease

1. Does the resident communicate effectively and demonstrate caring and respectful behaviors to patients and families
2. Does the resident gather essential/pertinent and accurate information during history-taking?
3. Does the resident make appropriate diagnostic and therapeutic decisions based on patient information and preferences?
4. Does the resident appropriately triage complex patients to critical care areas?
5. Does the resident perform procedures appropriate to his/her level on this service
   - Blood work
   - Arterial puncture
   - Insertion of central venous line
   - Tube thoracostomy
   - Wound care
   - Suturing

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

MEDICAL KNOWLEDGE - about established and evolving sciences and their application to patient care

1. Does the resident demonstrate an investigatory and analytic thinking approach to clinical situations?
2. Does the resident know and apply basic and clinically supportive sciences appropriate to their level of training?
3. Does the resident know and apply ATLS protocol in the acute triage and management of injured patients?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

INTERPERSONAL & COMMUNICATION SKILLS - effective information exchange and cooperative "learning"

1. Does the resident create and sustain a therapeutic and ethically sound relationship with patients?
2. Does the resident use effective listening skills and elicit and provide information using effective communication skills?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

3. Does the resident work effectively with others as a member (or leader) of a health care team?
4. Does the resident pass on important patient information to his seniors in a timely manner?
5. Does the resident respond in a timely manner to pages and requests for attention?

PROFESSIONALISM - commitment to professional responsibilities, ethical principles & sensitivity to diverse patient populations

1. Does the resident demonstrate respect, compassion, and integrity to meet the needs of the patients and society?
2. Does the resident demonstrate accountability to patients, society, and the medical profession?
3. Does the resident maintain the confidentiality of patient information and provide informed consent?
4. Does the resident understand and provide sound, ethical business practices?
5. Does the resident demonstrate sensitivity and responsiveness to patients culture, age, gender and disabilities?
6. Does the resident maintain a professional demeanor in difficult or sensitive patient encounters?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

PRACTICE-BASED LEARNING & IMPROVEMENT - investigate and evaluate practice patterns and improve patient care

1. Does the resident use systematic methodology for practice analysis and perform practice-based improvement?
2. Does the resident locate, appraise, and assimilate evidence from scientific studies related to patient health problems?
3. Does the resident participate in or facilitate the learning of students and other health care professionals?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

SYSTEMS-BASED PRACTICE - demonstrate an awareness of and responsiveness to the larger context and system of health care

1. Does the resident demonstrate the ability to effectively call on system resources to provide care that is of optimal value?
2. Does the resident understand the interrelationships between their practice and the larger system of health care?
3. Does the resident understand continuum of care issues specific to injured patients, i.e. follow-up, discharge, rehabilitation needs?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

OVERALL

Recommendation Promotion to next PGY level Remediation

ADMINISTRATIVE

I have witnessed effective transitions in person and attest the essential elements as defined in the Transitions Policy was transmitted to and understood by the receiving team.

Yes No N/A

Overall Comments:

LSU HEALTH SCIENCES CENTER - NEW ORLEANS
DEPARTMENT OF SURGERY
TRAUMA SERVICE - HO 4 OR 5 EVALUATION FORM

[Subject Name]
[Subject Employer]
[Subject Rotation]
[Evaluation Dates]

Evaluator
[Evaluator Name]
[Evaluator Employer]

PATIENT CARE - compassionate, appropriate and effective for treatment and prevention of disease

1. Does the resident gather essential/pertinent and accurate information during history-taking and physical examination?
2. Does the resident make appropriate diagnostic and therapeutic decisions based on patient information and preferences?
3. Does the resident formulate and carry through a detailed work-up and plan of care for the complex acutely injured patient?
4. Does the resident effectively perform procedures appropriate to his/her level of training on this service?
   - Laparotomy for trauma
   - Neck exploration
   - Thoracotomy/sternotomy for pulmonary/cardiac injury
   - Revascularization for arterial injury

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

MEDICAL KNOWLEDGE - about established and evolving sciences and their application to patient care

1. Does the resident demonstrate an investigatory and analytic thinking approach to clinical situations?
2. Does the resident know and apply basic and clinically supportive sciences appropriate to their level of training?
3. Does the resident understand pathophysiologic principles of shock and resuscitation in a manner which allows effective management of critical patients?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

INTERPERSONAL & COMMUNICATION SKILLS - effective information exchange and cooperative "learning"

1. Does the resident create and sustain a therapeutic and ethically sound relationship with patients?
2. Does the resident use effective listening skills and elicit and provide information using effective communication skills?
3. Does the resident work effectively with others as a member (or leader) of a health care team?
4. Does the resident pass on important patient information to his seniors in a timely manner?
5. Does the resident respond in a timely manner to pages and requests for attention?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations

PROFESSIONALISM - commitment to professional responsibilities, ethical principles & sensitivity to diverse patient populations

1. Does the resident demonstrate respect, compassion, and integrity to meet the needs of the patients and society?
2. Does the resident demonstrate accountability to patients, society, and the medical profession?
3. Does the resident maintain the confidentiality of patient information and provide informed consent?
4. Does the resident understand and provide sound, ethical business practices?
5. Does the resident demonstrate sensitivity and responsiveness to patients culture, age, gender and disabilities?
6. Does the resident maintain a professional demeanor in difficult or sensitive patient encounters?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

PRACTICE-BASED LEARNING & IMPROVEMENT - investigate and evaluate practice patterns and improve patient care

1. Does the resident use systematic methodology for practice analysis and perform practice-based improvement?
2. Does the resident locate, appraise, and assimilate evidence from scientific studies related to patient health problems?
3. Does the resident participate in or facilitate the learning of students and other health care professionals?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

SYSTEMS-BASED PRACTICE - demonstrate an awareness of and responsiveness to the larger context and system of health care

1. Does the resident demonstrate the ability to effectively call on system resources to provide care that is of optimal value?
2. Does the resident understand the interrelationships between their practice and the larger system of health care?
3. Does the resident understand continuum of care issues specific to injured patients, i.e. follow-up, discharge, rehabilitation needs?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

OVERALL

Recommendation	Promotion to next PGY level	Remediation
	○	○

ADMINISTRATIVE

I have witnessed effective transitions in person and attest the essential elements as defined in the Transitions Policy was transmitted to and understood by the receiving team.

Yes	No	N/A
○	○	○

Overall Comments:

GOALS AND OBJECTIVES FOR HEPATOBILIARY ROTATION (HO1, HO4, HO5)

Medical Knowledge Objectives for HO 1:

1. Ability to perform a detailed and comprehensive history and physical exam.
2. Differential diagnosis of acute abdominal pain
3. Ability to detect soft tissue infection
4. Differential diagnosis of leg pain
5. Differential diagnosis of swelling of the extremity
6. Differential diagnosis of chest pain
7. Differential diagnosis of respiratory distress.
8. Understanding of normal postoperative recovery
9. Principles of wound healing
10. Ability to detect electrolyte abnormalities, anemia and coagulopathy.
11. Understanding of enteral and parental nutrition
12. Cost effective preoperative evaluation

Patient Care Objectives for HO 1:

1. ACLS Protocol
2. Wound care
3. Simple suture technique
4. Insertion of central venous access.
5. Tube thoracostomy
6. FNA
7. Appropriate ordering and interpretation of basic test and x rays (chest, abdomen)
8. First assistant skills
10. Indications and performance of proctoscopy
11. OR procedures:

- Appropriate scrub technique, antisepsis and behavior in the OR.
- Incision and drainage
- Excision of skin and subcutaneous lesions
- Incisional biopsy
- Breast biopsy
- Lymph node biopsy
- Hernia repair (open)
- Hemorrhoid procedures (including banding)
- Amputation
- Varicose vein surgery
- tracheotomy

12. Write preoperative and postoperative notes and orders, including:

- Antibiotics
- Pain management

- ❖ DVT prophylaxis
- ❖ GI prophylaxis
- ❖ Respiratory treatments

13. Patient selection for minor surgery procedures

Medical Knowledge Objectives for HO 4:

1. Understanding of the ethical issues common to general surgical disease and treatment
2. Health care delivery issues
3. Use of TNM classification models for purposes of staging and prognosis
4. Understand the indications for and contraindications to basic and advanced laparoscopic procedures.
5. Management of complex or unstable ICU patients.
6. Understand principles of immunology and immunosuppression

Patient Care Objectives for HO 4:

1. Independently design and execute an appropriate plan of care for surgical patients

- ❖ Preoperative workup
- ❖ Intraoperative technique
- ❖ Appropriate postoperative follow-up

2. Leadership/team leader abilities:

- ❖ Appropriate use of consultants.
- ❖ Skills as a teaching assistant
- ❖ Ability to create an effective working environment

4. Ability to critically assess the medical literature
5. Ability to understand the importance and the limitations of clinical research
6. Advanced laparoscopy techniques (hand assisted colectomy, esophagectomy)
7. Thoracoscopy, thoracotomy and lung resection
8. GI resections

- ❖ APR
- ❖ Total colectomy
- ❖ Gastrectomy
- ❖ Pancreatic surgery
- ❖ Hepatobiliary surgery

9. Demonstrate the ability to manage general surgical conditions arising in transplant patients

Interpersonal and Communication Skills Objectives for HO 1, HO 4 or HO 5:

1) Create and sustain a therapeutic and ethically sound relationship with patients
2) Use effective listening skills and elicit and provide information using effective communication skills applicable to a broad range of socio-economic and cultural backgrounds.
3) Work effectively with others as the leader of the team and as a member of the broader hospital community
4) Pass on important patient information to his /her faculty in a timely manner
5) Respond appropriately and in a timely manner to pages, consults and requests for attention
6) Maintain accurate and up to date medical records.

Professionalism Objectives for HO 1, HO 4 or HO 5:

1) Demonstrate respect, compassion, and integrity to meet the needs of the patients and society
2) Demonstrate accountability to patients, society, and the medical profession
3) Maintain the confidentiality of patient information and provide informed consent
4) Understand and provide sound, ethical business practices
5) Demonstrate sensitivity and responsiveness to patient's culture, age, gender and disabilities
6) Maintain a professional demeanor in difficult or sensitive patient encounters

Practice-Based Learning and Improvement Objectives for HO 1, HO 4 or HO 5:

1) Use systematic methodology for practice analysis and perform practice-based improvement.
2) Locate, appraise, and assimilate evidence from scientific studies related to patient health problems.
3) Participate in or facilitate the learning of students and other health care professionals.

Systems-Based Practice Objectives for HO 1, HO 4 or HO 5:

1) Demonstrate the ability to effectively call on system resources to provide optimal patient care
2) Understand the interrelationships between their practice and the larger system of the health care system as a whole.
3) Understand continuum of care issues specific to injured patients.

HEPATOBILIARY SERVICE - HO 1 EVALUATION FORM

[Subject Name]
[Subject Employer]
[Subject Rotation]
[Evaluation Dates]

Evaluator
[Evaluator Name]
[Evaluator Employer]

PATIENT CARE - compassionate, appropriate and effective for treatment and prevention of disease

1. Does the resident gather essential/pertinent and accurate information during history-taking?
2. Does the resident make appropriate diagnostic and therapeutic decisions based on patient information and preferences?
3. Does the resident perform procedures appropriate to his/her level
   - Suturing of abdominal incisions
   - Wound care
   - Central line placement, foley, NGT

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

MEDICAL KNOWLEDGE - about established and evolving sciences and their application to patient care

1. Does the resident demonstrate an investigatory and analytic thinking approach to clinical situations?
2. Does the resident know and apply basic and clinically supportive sciences appropriate to their level of training?
3. Does the resident demonstrate an adequate knowledge of medical co-morbidity relevant to the preoperative evaluation of a patient?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

INTERPERSONAL & COMMUNICATION SKILLS - effective information exchange and cooperative "learning"

1. Does the resident create and sustain a therapeutic and ethically sound relationship with patients?
2. Does the resident use effective listening skills and elicit and provide information using effective Communication skills?
3. Does the resident work effectively with others as a member (or leader) of a health care team?
4. Does the resident pass on important patient information to his seniors in a timely manner?
5. Does the resident respond in a timely manner to pages and requests for attention?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

PROFESSIONALISM - commitment to professional responsibilities, ethical principles & sensitivity to diverse patient populations

1. Does the resident demonstrate respect, compassion, and integrity to meet the needs of the patients and society?
2. Does the resident demonstrate accountability to patients, society, and the medical profession?
3. Does the resident maintain the confidentiality of patient information and provide informed consent?
4. Does the resident understand and provide sound, ethical business practices?

5. Does the resident demonstrate sensitivity and responsiveness to patients culture, age, gender and disabilities?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

PRACTICE-BASED LEARNING & IMPROVEMENT - investigate and evaluate practice patterns and improve patient care

1. Does the resident use systematic methodology for practice analysis and perform practice-based improvement?
2. Does the resident locate, appraise, and assimilate evidence from scientific studies related to patient health problems?
3. Does the resident participate in or facilitate the learning of students and other health care professionals?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

SYSTEMS-BASED PRACTICE - demonstrate an awareness of and responsiveness to the larger context and system of health care

1. Does the resident demonstrate the ability to effectively call on system resources to provide care that is of optimal value?
2. Does the resident understand the interrelationships between their practice and the larger system of health care?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

OVERALL

Recommendation	Promotion to next PGY level	Remediation
	○	○

I have witnessed effective transitions in person and attest the essential elements as defined in the Transitions Policy was transmitted to and understood by the receiving team.

Yes	No
○	○

Overall Comments:

Remaining Characters: 5,000

LSU HEALTH SCIENCES CENTER - NEW ORLEANS
DEPARTMENT OF SURGERY
HEPATOBILIARY - HO 4 & HO 5 EVALUATION FORM

[Subject Name]
[Subject Employer]
[Subject Rotation]
[Evaluation Dates]

Evaluator
[Evaluator Name]
[Evaluator Employer]

PATIENT CARE - compassionate, appropriate and effective for treatment and prevention of disease

1. Does the resident gather essential/pertinent and accurate information during history-taking and physical examination?
2. Does the resident make appropriate diagnostic and therapeutic decisions based on patient information and preferences?
3. Does the resident formulate and carry through a detailed work-up and plan of care for the complex acutely ill patient?
4. Does the resident effectively perform procedures appropriate to his /her level of training on this service:
   - Laparotomy
   - Thoracotomy and lung resection
   - Advanced laparoscopy procedures (hand assisted colectomy, ventral hernia repair, hand assisted esophagectomy)
   - Gastrointestinal cases including gastrectomy, low anterior resection, APR.
   - Pancreatic and hepatobiliary procedures
   - Thyroidectomy and parathyroidectomy

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

MEDICAL KNOWLEDGE - about established and evolving sciences and their application to patient care

1. Does the resident demonstrate an investigatory and analytic thinking approach to clinical situations?
2. Does the resident know and apply basic and clinically supportive sciences appropriate to their level of training?
3. Does the resident understand pathophysiology principles of shock and resuscitation in a manner of which allows effective management of critical patients?
4. Does the resident understand principles of surgical endocrinology relevant to the management of thyroid, parathyroid, adrenal and pancreatic tumors?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

INTERPERSONAL & COMMUNICATION SKILLS - effective information exchange and cooperative "learning"

1. Does the resident create and sustain a therapeutic and ethically sound relationship with patients?
2. Does the resident use effective listening skills and elicit and provide information using effective communication skills?
3. Does the resident work effectively with others as a member (or leader) of a health care team?

4. Does the resident pass on important patient information to his seniors in a timely manner?
5. Does the resident respond in a timely manner to pages and requests for attention?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

PROFESSIONALISM - commitment to professional responsibilities, ethical principles & sensitivity to diverse patient populations

1. Does the resident demonstrate respect, compassion, and integrity to meet the needs of the patients and society?
2. Does the resident demonstrate accountability to patients, society, and the medical profession?
3. Does the resident maintain the confidentiality of patient information and provide informed consent?
4. Does the resident understand and provide sound, ethical business practices?
5. Does the resident demonstrate sensitivity and responsiveness to patients culture, age, gender and disabilities?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

PRACTICE-BASED LEARNING & IMPROVEMENT - investigate and evaluate practice patterns and improve patient care

1. Does the resident use systematic methodology for practice analysis and perform practice-based improvement?
2. Does the resident locate, appraise, and assimilate evidence from scientific studies related to patient health problems?
3. Does the resident participate in or facilitate the learning of students and other health care professionals?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

SYSTEMS-BASED PRACTICE - demonstrate an awareness of and responsiveness to the larger context and system of health care

1. Does the resident demonstrate the ability to effectively call on system resources to provide care that is of optimal value?
2. Does the resident understand the interrelationships between their practice and the larger system of health care?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

OVERALL

Recommendation	Promotion to next PGY level	Remediation
	O	O

I have witnessed effective transitions in person and attest the essential elements as defined in the Transitions Policy was transmitted to and understood by the receiving team.

Yes	No	N/A

GOALS AND OBJECTIVES FOR LAPAROSCOPIC SURGERY ROTATION (HO 2, HO 4)

Medical Knowledge Objectives for HO 2:

1. Fundamentals of patient evaluation

   History taking
   Physical examination
   Ordering appropriate lab tests
   Ordering and interpretation of imaging studies

2. Management of inpatient and outpatient uncomplicated postoperative care
3. Provision of discharge instructions/ follow-up needs
4. Use of consultants for outpatient and inpatient services
5. Anatomy of the inguinal region relevant to hernia repair

Patient Care Objectives for HO 2:

1. Performance of appropriate procedures
   a. Central line placement
   b. Uncomplicated, minor surgical procedures|
   c Knot tying
   d. Tissue handling

2. Skills of patient presentation
3. Write preoperative and postoperative notes and orders, including:

   - Antibiotics
   - Pain management
   - DVT prophylaxis
   - GI prophylaxis
   - Respiratory treatments

4. Patient selection for minor surgery procedures

Medical Knowledge Objectives for HO4:

1. Demonstrates adequate surgical judgment
2. Capability of primary operating room responsibility
3. Appreciation of the delivery of cost effective, quality clinical care

Patient Care Objectives for HO 4:

1. Cholecystectomy and common duct exploration
2. Anatomic resection and gastrointestinal anastomosis (laparoscopic)

- ❖ Gastric bypass
- ❖ Small bowel resection
- ❖ Colon resection

3. Ability to critically assess the medical literature
4. Ability to understand the importance and the limitations of clinical research

Interpersonal and Communication Skills Objectives for HO 2 or HO 4:

1) Create and sustain a therapeutic and ethically sound relationship with patients
2) Use effective listening skills and elicit and provide information using effective communication skills applicable to a broad range of socio-economic and cultural backgrounds.
3) Work effectively with others as the leader of the team and as a member of the broader hospital community
4) Pass on important patient information to his /her faculty in a timely manner
5) Respond appropriately and in a timely manner to pages, consults and requests for attention
6) Maintain accurate and up to date medical records.

Professionalism Objectives for HO 2 or HO 4:

1) Demonstrate respect, compassion, and integrity to meet the needs of the patients and society
2) Demonstrate accountability to patients, society, and the medical profession
3) Maintain the confidentiality of patient information and provide informed consent
4) Understand and provide sound, ethical business practices
5) Demonstrate sensitivity and responsiveness to patient's culture, age, gender and disabilities
6) Maintain a professional demeanor in difficult or sensitive patient encounters

Practice-Based Learning and Improvement Objectives for HO 2 or HO 4:

1) Use systematic methodology for practice analysis and perform practice-based improvement.
2) Locate, appraise, and assimilate evidence from scientific studies related to patient health problems.
3) Participate in or facilitate the learning of students and other health care professionals.

Systems-Based Practice Objectives for HO 2 or HO 4:

1) Demonstrate the ability to effectively call on system resources to provide optimal patient care
2) Understand the interrelationships between their practice and the larger system of the health care system as a whole.
3) Understand continuum of care issues specific to injured patients.

LSU HEALTH SCIENCES CENTER
DEPARTMENT OF SURGERY
LAPAROSCOPIC ROTATION - HO 2 EVALUATION FORM

[Subject Name]
[Subject Employer]
[Subject Rotation]
[Evaluation Dates]

Evaluator
[Evaluator Name]
[Evaluator Employer]

PATIENT CARE - compassionate, appropriate and effective for treatment and prevention of disease

1. Does the resident gather essential/pertinent and accurate information during history-taking?
2. Does the resident make appropriate diagnostic and therapeutic decisions based on patient information and preferences?
3. Does the resident perform procedures appropriate to his/her level
   - Suturing of abdominal incisions
   - Wound care
   - Central line placement, foley, NGT
   - Laparoscopic cholecystectomy

(with supervision/assistance)

1 = Major Deficiency | 2 = Minor Deficiency | 3 = Expected Performance | 4 = Exceeds Expectations

MEDICAL KNOWLEDGE - about established and evolving sciences and their application to patient care

1. Does the resident demonstrate an investigatory and analytic thinking approach to clinical situations?
2. Does the resident know and apply basic and clinically supportive sciences appropriate to their level of training?
3. Does the resident demonstrate an adequate knowledge of medical co-morbidity relevant to the preoperative evaluation of a patient?

1 = Major Deficiency | 2 = Minor Deficiency | 3 = Expected Performance | 4 = Exceeds Expectations

INTERPERSONAL & COMMUNICATION SKILLS - effective information exchange and cooperative "learning"

1. Does the resident create and sustain a therapeutic and ethically sound relationship with patients?
2. Does the resident use effective listening skills and elicit and provide information using effective communication skills?
3. Does the resident work effectively with others as a member (or leader) of a health

1 = Major Deficiency | 2 = Minor Deficiency | 3 = Expected Performance | 4 = Exceeds Expectations

care team?
4. Does the resident pass on important patient information to his seniors in a timely manner?
5. Does the resident respond in a timely manner to pages and requests for attention?

PROFESSIONALISM - commitment to professional responsibilities, ethical principles & sensitivity to diverse patient populations

1. Does the resident demonstrate respect, compassion, and integrity to meet the needs of the patients and society?
2. Does the resident demonstrate accountability to patients, society, and the medical profession?
3. Does the resident maintain the confidentiality of patient information and provide informed consent?
4. Does the resident understand and provide sound, ethical business practices?
5. Does the resident demonstrate sensitivity and responsiveness to patients culture, age, gender and disabilities?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

PRACTICE-BASED LEARNING & IMPROVEMENT - investigate and evaluate practice patterns and improve patient care

1. Does the resident use systematic methodology for practice analysis and perform practice-based improvement?
2. Does the resident locate, appraise, and assimilate evidence from scientific studies related to patient health problems?
3. Does the resident participate in or facilitate the learning of students and other health care professionals?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

SYSTEMS-BASED PRACTICE - demonstrate an awareness of and responsiveness to the larger context and system of health care

1. Does the resident demonstrate the ability to effectively call on system resources to provide care that is of optimal value?
2. Does the resident understand the interrelationships between their practice and the larger system of health care?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

OVERALL

Recommendation	Promotion to next PGY level	Remediation
	○	○

I have witnessed effective transitions in person and attest the essential elements as defined in the Transitions Policy was transmitted to and understood by the receiving team.

Yes No N/A

LSU HEALTH SCIENCES CENTER
DEPARTMENT OF SURGERY
LAPAROSCOPIC ROTATION - HO 4 EVALUATION FORM

[Subject Name]
[Subject Employer]
[Subject Rotation]
[Evaluation Dates]

Evaluator
[Evaluator Name]
[Evaluator Employer]

PATIENT CARE - compassionate, appropriate and effective for treatment and prevention of disease

1. Does the resident gather essential/pertinent and accurate information during history-taking?
2. Does the resident make appropriate diagnostic and therapeutic decisions based on patient information and preferences?
3. Does the resident perform procedures appropriate to his/her level
   - Laparoscopic cholecystectomy
   - Laparoscopic hernia repair
   - Laparoscopic colon resection
   - Advanced laparoscopic cases (with supervision)

1 = Major Deficiency | 2 = Minor Deficiency | 3 = Expected Performance | 4 = Exceeds Expectations

MEDICAL KNOWLEDGE - about established and evolving sciences and their application to patient care

1. Does the resident demonstrate an investigatory and analytic thinking approach to clinical situations?
2. Does the resident know and apply basic and clinically supportive sciences appropriate to their level of training?
3. Does the resident demonstrate an adequate knowledge of medical co-morbidity relevant to the preoperative evaluation of a patient?

1 = Major Deficiency | 2 = Minor Deficiency | 3 = Expected Performance | 4 = Exceeds Expectations

INTERPERSONAL & COMMUNICATION SKILLS - effective information exchange and cooperative "learning"

1. Does the resident create and sustain a therapeutic and ethically sound relationship with patients?
2. Does the resident use effective listening skills and elicit and provide information using effective Communication skills?
3. Does the resident work effectively with others as a member (or leader) of a health

1 = Major Deficiency | 2 = Minor Deficiency | 3 = Expected Performance | 4 = Exceeds Expectations

care team?
4. Does the resident pass on important patient information to his seniors in a timely manner?
5. Does the resident respond in a timely manner to pages and requests for attention?

PROFESSIONALISM - commitment to professional responsibilities, ethical principles & sensitivity to diverse patient populations

1. Does the resident demonstrate respect, compassion, and integrity to meet the needs of the patients and society?
2. Does the resident demonstrate accountability to patients, society, and the medical profession?
3. Does the resident maintain the confidentiality of patient information and provide informed consent?
4. Does the resident understand and provide sound, ethical business practices?
5. Does the resident demonstrate sensitivity and responsiveness to patients culture, age, gender and disabilities?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

PRACTICE-BASED LEARNING & IMPROVEMENT - investigate and evaluate practice patterns and improve patient care

1. Does the resident use systematic methodology for practice analysis and perform practice-based improvement?
2. Does the resident locate, appraise, and assimilate evidence from scientific studies related to patient health problems?
3. Does the resident participate in or facilitate the learning of students and other health care professionals?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

SYSTEMS-BASED PRACTICE - demonstrate an awareness of and responsiveness to the larger context and system of health care

1. Does the resident demonstrate the ability to effectively call on system resources to provide care that is of optimal value?
2. Does the resident understand the interrelationships between their practice and the larger system of health care?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

OVERALL

Recommendation	Promotion to next PGY level	Remediation
	○	○

I have witnessed effective transitions in person and attest the essential elements as defined in the Transitions Policy was transmitted to and understood by the receiving team.

Yes No N/A

GOALS AND OBJECTIVES FOR PEDIATRIC SURGERY (HO 1, 2 and HO 4)

Pediatric Surgery HO 1, HO 2 Goals and Objectives

Patient Care Objectives –The resident should be able to:

1) Communicate effectively and demonstrate caring and respectful behaviors to pediatric patients and families
2) Gather essential/pertinent and accurate information including birth history during history taking
3) Make appropriate diagnostic and therapeutic decision based on patient information
4) Demonstrate skills in physical examinations and history taking that allows for identification and treatment of surgical pathology in pediatric patients
5) Provide preoperative assessment and postoperative care to the pediatric surgical patient
6) Participate in provision of care in pediatric surgical patient, including herniorraphy, circumcision, venous access, thoracostomy, wound care, suturing, nasogastric and foley catheter insertion

Medical Knowledge –The resident should be able to:

1) Demonstrate an investigatory and analytic thinking approach to clinical situations
2) Demonstrate and apply basic and clinically supportive sciences appropriate to t heir level of training
3) Develop and appropriate differential diagnosis of acute surgical pathology in the pediatric patient
4) Demonstrate an understanding of basic congenital anomalies relevant to evaluation of the pediatric patient
5) Know the indications for surgery in the acutely injured pediatric patient
6) Demonstrate a fundamental knowledge and understanding of the general pediatric surgical areas and disease processes outlined in Table I
7) Appreciate the continuum of care issues specific to pediatric special-needs patients (rehabilitation, long-term care, disability)

Interpersonal and Communications Skills –The resident should be able to:

1) Create and sustain a therapeutic and ethically sound relationship with pediatric patients and caregiver
2) Use effective listening skills and elicit and provide information using effective communication skills applicable to a broad range of socioeconomic and cultural backgrounds
3) Work effectively with others as a member of a team and as a member of the broader hospital community, including consultant services
4) Pass on important information to senior residents and faculty in a timely manner
5) Respond appropriately and in a timely manner to pages, consults, and requests for attention
6) Maintain accurate and up-to-date medical records

Professionalism -The resident should be able to:

1) Demonstrate respect, compassion, and integrity to meet the needs of the patients and society
2) Demonstrate accountability to patients, society, and the medical profession
3) Maintain the confidentiality of patient information and provide informed consent
4) Understand and provide sound, ethical business practices
5) Does the resident demonstrate sensitivity and responsiveness to patient's culture, age, gender and disabilities
6) Maintain a professional demeanor in difficult or sensitive patient encounters

Practice-Based Learning and Improvement – The resident should be able to:

1) Use systematic methodology for practice analysis and perform practice-based improvement
2) Locate, appraise, and assimilate evidence from scientific studies related to patient health problems

3) Participate in or facilitate the learning of students and other health care professionals

Systems-Bases Practice –The resident should be able to:

1) Demonstrate the ability to effectively call on system resources to provide optimal patient care
2) Understand the inter-relationships between their practice and the larger system of the children's center care system as a whole
3) Understand continuum of care issues specific to pediatric patients, i.e. acute resuscitation, operation, critical care, physical therapy, mental health, discharge, follow-up, and rehabilitation

Table 1

Each resident will be expected to demonstrate a fundamental knowledge and understanding of the following general areas and disease processes in pediatric surgery.

a. Soft tissue infections – primary, secondary, including antibiotic and surgical therapy
b. Hernias – inguinal, umbilical, epigastric
c. Common surgical problems in the ED, including lacerations, burns and abscesses
d. The acute abdomen
e. Common neck masses
    i. Lymphadenitis
    ii. Lymphangioma
    iii. Hemangioma
    iv. Dermoid cyst
    v. Thyroglossal duct cyst
    vi. Torticollis
    vii. Branchial remnants
    viii. Lymphoma
f. Umbilical disorders
g. UGI bleeding
h. Rectal bleeding
    i. Fissure-in-ano
    ii. Juvenile polyps
    iii. Meckels remnants
i. The constipated child
j. Non-bilious vomiting – HPS, GERD
k. The abdominal mass
    i. Wilms'
    ii. Neuroblastoma
    iii. Others
l. Other newborn problems
    i. Bowel obstruction
    ii. NEC
    iii. Malrotation
    iv. Hirschsprung's
    v. Others such as cystic hygroma
m. Disorders of the chest
    i. PTX
    ii. Empyema
    iii. Pectus excavatum
    iv. CDH

v. Common lung lesions
vi. Mediastinal masses

n. Trauma
o. Fluid, electrolytes, nutrition in such conditions as burns, HPS, SBO,
p. Indications for and complications of central venous lines

Pediatric Surgery HO 4 Goals and Objectives

Patient Care Objectives – The resident should be able to:

1) Communicate effectively and demonstrate caring and respectful behaviors to pediatric patients and families
2) Gather essential/pertinent and accurate information including birth history during history taking
3) Make appropriate diagnostic and therapeutic decision based on patient information
4) Demonstrate skills in physical examinations and history taking that allows for identification and treatment of surgical pathology in pediatric patients
5) Provide preoperative assessment and postoperative care to the pediatric surgical patient
6) Participate in provision of care in pediatric surgical patient, including herniorraphy, circumcision, venous access, thoracostomy, wound care, suturing, nasogastric and foley catheter insertion

Medical Knowledge – The resident should be able to:

1) Demonstrate an investigatory and analytic thinking approach to clinical situations
2) Demonstrate and apply basic and clinically supportive sciences appropriate to t heir level of training
3) Develop and appropriate differential diagnosis of acute surgical pathology in the pediatric patient
4) Demonstrate an understanding of basic congenital anomalies relevant to evaluation of the pediatric patient
5) Know the indications for surgery in the acutely injured pediatric patient
6) Demonstrate a fundamental knowledge and understanding of the general pediatric surgical areas and disease processes outlined in Table I
7) Appreciate the continuum of care issues specific to pediatric special-needs patients (rehabilitation, long-term care, disability)
8) Understand and describe common congenital anomalies
9) Actively participate in care of the trauma patient
10) Actively participate in the care of the critically ill child (ICU)
11) Demonstrate proficiency in seeking consultation of other services
12) Evaluation and management of newborn and pediatric "index" cases
13) Advanced operative skills:
    a. Minimally invasive procedures
    b. Congenital anomalies
    c. Oncology cases

Interpersonal and Communications Skills – The resident should be able to:

1) Create and sustain a therapeutic and ethically sound relationship with pediatric patients and caregiver
2) Use effective listening skills and elicit and provide information using effective communication skills applicable to a broad range of socioeconomic and cultural backgrounds
3) Work effectively with others as a member of a team and as a member of the broader hospital community, including consultant services
4) Pass on important information to senior residents and faculty in a timely manner
5) Respond appropriately and in a timely manner to pages, consults, and requests for attention
6) Maintain accurate and up-to-date medical records

Professionalism – The resident should be able to:

1) Demonstrate respect, compassion, and integrity to meet the needs of the patients and society
2) Demonstrate accountability to patients, society, and the medical profession
3) Maintain the confidentiality of patient information and provide informed consent
4) Understand and provide sound, ethical business practices

5) Does the resident demonstrate sensitivity and responsiveness to patient's culture, age, gender and disabilities
6) Maintain a professional demeanor in difficult or sensitive patient encounters

Practice-Based Learning and Improvement – The resident should be able to:

1) Use systematic methodology for practice analysis and perform practice-based improvement
2) Locate, appraise, and assimilate evidence from scientific studies related to patient health problems
3) Participate in or facilitate the learning of students and other health care professionals

Systems-Bases Practice – The resident should be able to:

1) Demonstrate the ability to effectively call on system resources to provide optimal patient care
2) Understand the inter-relationships between their practice and the larger system of the children's center care system as a whole
3) Understand continuum of care issues specific to pediatric patients, i.e. acute resuscitation, operation, critical care, physical therapy, mental health, discharge, follow-up, and rehabilitation

Table 1

Each resident will be expected to demonstrate a fundamental knowledge and understanding of the following general areas and disease processes in pediatric surgery.

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c. Common surgical problems in the ED, including lacerations, burns and abscesses
d. The acute abdomen
e. Common neck masses
    i. Lymphadenitis
    ii. Lymphangioma
    iii. Hemangioma
    iv. Dermoid cyst
    v. Thyroglossal duct cyst
    vi. Torticollis
    vii. Branchial remnants
    viii. Lymphoma
f. Umbilical disorders
g. UGI bleeding
h. Rectal bleeding
    ix. Fissure-in-ano
    x. Juvenile polyps
    xi. Meckels remnants
i. The constipated child
j. Non-bilious vomiting – HPS, GERD
k. The abdominal mass
    xii. Wilms'
    xiii. Neuroblastoma
    xiv. Others
l. Other newborn problems
    xv. Bowel obstruction
    xvi. NEC
    xvii. Malrotation
    xviii. Hirschsprung's

xix. Others such as cystic hygroma

m. Disorders of the chest
    xx. PTX
    xxi. Empyema
    xxii. Pectus excavatum
    xxiii. CDH
    xxiv. Common lung lesions
    xxv. Mediastinal masses
n. Trauma
o. Fluid, electrolytes, nutrition in such conditions as burns, HPS, SBO,
p. Indications for and complications of central venous lines

LSU HEALTH SCIENCES CENTER
DEPARTMENT OF SURGERY
PEDIATRIC SURGERY HO 1, 2 EVALUATION FORM

[Subject Name]
[Subject Employer]
[Subject Rotation]
[Evaluation Dates]

Evaluator
[Evaluator Name]
[Evaluator Employer]

PATIENT CARE - compassionate, appropriate and effective for treatment and prevention of disease

	1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
1. Does the resident gather essential/pertinent and accurate information during history-taking and physical examination?				
2. Does the resident make appropriate diagnostic and therapeutic decisions based on patient information and preferences?				
3. Does the resident demonstrate skills in physical examination and history-taking that allows for identification and treatment of surgical pathology in pediatric patients?				
4. Does the resident adequately provide preoperative assessment and postoperative care to the pediatric surgical patient?				
5. Does the resident participate in the provision of care to the pediatric patient, including - hernia repair - circumcision - central access				

MEDICAL KNOWLEDGE - about established and evolving sciences and their application to patient care

	1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
1. Does the resident demonstrate an investigatory and analytic thinking approach to clinical situations?				
2. Does the resident know and apply basic and clinically supportive sciences appropriate to their level of training?				
3. Does the resident develop an appropriate differential diagnosis of acute surgical pathology in the pediatric patient?				
4. Does the resident demonstrate an understanding of congenital anomaly relevant to the evaluation of the pediatric patient?				

INTERPERSONAL & COMMUNICATION SKILLS - effective information exchange and cooperative "learning"

	1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
1. Does the resident create and sustain a therapeutic and ethically sound relationship with patients? 2. Does the resident use effective listening skills and elicit and provide information using effective communication skills? 3. Does the resident work effectively with others as a member (or leader) of a health care team? 4. Does the resident communicate important changes in patient course or condition to more senior personnel in a timely manner? 5. Does the resident respond in a timely manner to pages and requests for attention?				

PROFESSIONALISM - commitment to professional responsibilities, ethical principles & sensitivity to diverse patient populations

	1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
1. Does the resident demonstrate respect, compassion, and integrity to meet the needs of the patients and society? 2. Does the resident demonstrate accountability to patients, society, and the medical profession? 3. Does the resident maintain the confidentiality of patient information and provide informed consent? 4. Does the resident understand and provide sound, ethical business practices? 5. Does the resident demonstrate sensitivity and responsiveness to patients culture, age, gender and disabilities?				

PRACTICE-BASED LEARNING & IMPROVEMENT - investigate and evaluate practice patterns and improve patient care

	1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
1. Does the resident use systematic methodology for practice analysis and perform practice-based improvement? 2. Does the resident locate, appraise, and assimilate evidence from scientific studies related to patient health problems? 3. Does the resident participate in or facilitate the learning of students and other health care professionals?				

SYSTEMS-BASED PRACTICE - demonstrate an awareness of and responsiveness to the larger context and system of health care

	1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
1. Does the resident demonstrate the ability to effectively call on system resources to provide care that is of optimal value? 2. Does the resident understand the interrelationships between their practice				

and the larger system of health care?

OVERALL

Recommendation | Promotion to next PGY level | Remediation

I have witnessed effective transitions in person and attest the essential elements as defined in the Transitions Policy was transmitted to and understood by the receiving team.

Yes | No | N/A

Overall Comments:

Remaining Characters: 5,000

LSU HEALTH SCIENCES CENTER
DEPARTMENT OF SURGERY
PEDIATRIC SURGERY HO 4 EVALUATION FORM

[Subject Name]
[Subject Employer]
[Subject Rotation]
[Evaluation Dates]

Evaluator
[Evaluator Name]
[Evaluator Employer]

PATIENT CARE - compassionate, appropriate and effective for treatment and prevention of disease

	1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
1. Does the resident gather essential/pertinent and accurate information during history-taking and physical examination?				
2. Does the resident make appropriate diagnostic and therapeutic decisions based on patient information and preferences?				
3. Does the resident demonstrate skills in physical examination and history-taking that allows for identification and treatment of surgical pathology in pediatric patients?				
4. Does the resident adequately provide preoperative assessment and postoperative care to the pediatric surgical patient?				
5. Does the resident participate in the provision of care to the pediatric patient, including participation in advanced laparoscopic and oncologic cases?				

MEDICAL KNOWLEDGE - about established and evolving sciences and their application to patient care

	1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
1. Does the resident demonstrate an investigatory and analytic thinking approach to clinical situations?				
2. Does the resident know and apply basic and clinically supportive sciences appropriate to their level of training?				
3. Does the resident develop an appropriate differential diagnosis of acute surgical pathology in the pediatric patient, including appropriate laboratory and diagnostic testing, interpretation and clinical decision-making?				
4. Does the resident demonstrate an				

understanding of congenital anomaly relevant to the evaluation of the pediatric patient?

INTERPERSONAL & COMMUNICATION SKILLS - effective information exchange and cooperative "learning"

	1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
1. Does the resident create and sustain a therapeutic and ethically sound relationship with patients?				
2. Does the resident use effective listening skills and elicit and provide information using effective communication skills?				
3. Does the resident work effectively with others as a member (or leader) of a health care team?				
4. Does the resident communicate important changes in patient course or condition to more senior personnel in a timely manner?				
5. Does the resident respond in a timely manner to pages and requests for attention?				

PROFESSIONALISM - commitment to professional responsibilities, ethical principles & sensitivity to diverse patient populations

	1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
1. Does the resident demonstrate respect, compassion, and integrity to meet the needs of the patients and society?				
2. Does the resident demonstrate accountability to patients, society, and the medical profession?				
3. Does the resident maintain the confidentiality of patient information and provide informed consent?				
4. Does the resident understand and provide sound, ethical business practices?				
5. Does the resident demonstrate sensitivity and responsiveness to patients culture, age, gender and disabilities?				

PRACTICE-BASED LEARNING & IMPROVEMENT - investigate and evaluate practice patterns and improve patient care

	1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
1. Does the resident use systematic methodology for practice analysis and perform practice-based improvement?				
2. Does the resident locate, appraise, and assimilate evidence from scientific studies related to patient health problems?				
3. Does the resident participate in or facilitate the learning of students and other health care professionals?				

SYSTEMS-BASED PRACTICE - demonstrate an awareness of and responsiveness to the larger context and system of health care

	1 = Major	2 = Minor	3 = Expected	4 = Exceeds
1. Does the resident demonstrate the				

	Deficiency	Deficiency	Performance	Expectations
ability to effectively call on system resources to provide care that is of optimal value? 2. Does the resident understand the interrelationships between their practice and the larger system of health care?				

OVERALL

Recommendation	Promotion to next PGY level	Remediation

I have witnessed effective transitions in person and attest the essential elements as defined in the Transitions Policy was transmitted to and understood by the receiving team.

Yes	No	N/A

Overall Comments:

Remaining Characters: 5,000

GOALS AND OBJECTIVES FOR PLASTIC SURGERY ROTATION (HO 1)

Medical Knowledge Objectives for HO 1:

1. Understand the principles of wound healing and wound care
2. Understand the principles of grafts and flaps
3. Ability to evaluate simple wounds
4. Recognition of common skin lesions

Patient Care Objectives for HO 1:

1. Wound care and debridement
2. Simple suture technique
3. Applications of splints/casts for common hand injuries
4. Basic examination of the hand
5. First assistant skills

Interpersonal and Communication Skills Objectives for HO 1:

1) Create and sustain a therapeutic and ethically sound relationship with patients
2) Use effective listening skills and elicit and provide information using effective communication skills applicable to a broad range of socio-economic and cultural backgrounds.
3) Work effectively with others as the leader of the team and as a member of the broader hospital community
4) Pass on important patient information to his /her faculty in a timely manner
5) Respond appropriately and in a timely manner to pages, consults and requests for attention
6) Maintain accurate and up to date medical records.

Professionalism Objectives for HO 1:

1) Demonstrate respect, compassion, and integrity to meet the needs of the patients and society
2) Demonstrate accountability to patients, society, and the medical profession
3) Maintain the confidentiality of patient information and provide informed consent
4) Understand and provide sound, ethical business practices
5) Demonstrate sensitivity and responsiveness to patient's culture, age, gender and disabilities
6) Maintain a professional demeanor in difficult or sensitive patient encounters

Practice-Based Learning and Improvement Objectives for HO 1:

1) Use systematic methodology for practice analysis and perform practice-based improvement.
2) Locate, appraise, and assimilate evidence from scientific studies related to patient health problems.
3) Participate in or facilitate the learning of students and other health care professionals.

Systems-Based Practice Objectives for HO 1:

1) Demonstrate the ability to effectively call on system resources to provide optimal patient care
2) Understand the interrelationships between their practice and the larger system of the health care system as a whole.
3) Understand continuum of care issues specific to injured patients

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LSU HEALTH SCIENCES CENTER
DEPARTMENT OF SURGERY
PLASTIC SURGERY HO 1 EVALUATION FORM

[Subject Name]
[Subject Employer]
[Subject Rotation]
[Evaluation Dates]

Evaluator
[Evaluator Name]
[Evaluator Employer]

PATIENT CARE - compassionate, appropriate and effective for treatment and prevention of disease

1. Does the resident gather essential/pertinent and accurate information during history-taking and physical examination?
2. Does the resident make appropriate diagnostic and therapeutic decisions based on patient information and preferences?
3. Does the resident demonstrate skills in physical examination and history-taking that allows for identification and treatment of surgical pathology in pediatric patients?
4. Does the resident adequately demonstrate adequate skills in the debridement and suturing of wounds?
5. Does the resident demonstrate skill in the evaluation of hand injuries and their basic management principles?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

MEDICAL KNOWLEDGE - about established and evolving sciences and their application to patient care

1. Does the resident demonstrate an investigatory and analytic thinking approach to clinical situations?
2. Does the resident know and apply basic and clinically supportive sciences appropriate to their level of training?
3. Does the resident demonstrate an understanding of the principles of flaps and grafts for reconstruction of complex wounds?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

INTERPERSONAL & COMMUNICATION SKILLS - effective information exchange and cooperative "learning"

1. Does the resident create and sustain a therapeutic and ethically sound relationship with patients?
2. Does the resident use effective listening skills and elicit and provide information using effective communication skills?
3. Does the resident work effectively with others as a member (or leader) of a health care team?
4. Does the resident communicate important changes in patient course or condition to more

senior personnel in a timely manner?
5. Does the resident respond in a timely manner to pages and requests for attention?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

PROFESSIONALISM - commitment to professional responsibilities, ethical principles & sensitivity to diverse patient populations

1. Does the resident demonstrate respect, compassion, and integrity to meet the needs of the patients and society?
2. Does the resident demonstrate accountability to patients, society, and the medical profession?
3. Does the resident maintain the confidentiality of patient information and provide informed consent?
4. Does the resident understand and provide sound, ethical business practices?
5. Does the resident demonstrate sensitivity and responsiveness to patients culture, age, gender and disabilities?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

PRACTICE-BASED LEARNING & IMPROVEMENT - investigate and evaluate practice patterns and improve patient care

1. Does the resident use systematic methodology for practice analysis and perform practice-based improvement?
2. Does the resident locate, appraise, and assimilate evidence from scientific studies related to patient health problems?
3. Does the resident participate in or facilitate the learning of students and other health care professionals?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

SYSTEMS-BASED PRACTICE - demonstrate an awareness of and responsiveness to the larger context and system of health care

1. Does the resident demonstrate the ability to effectively call on system resources to provide care that is of optimal value?
2. Does the resident understand the interrelationships between their practice and the larger system of health care?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

OVERALL

Recommendation	Promotion to next PGY level	Remediation
	O	O

I have witnessed effective transitions in person and attest the essential elements as defined in the Transitions Policy was transmitted to and understood by the receiving team.

Yes	No	N/A

Overall Comments:

Remaining Characters: 5,000

GOALS AND OBJECTIVES FOR SURGICAL INTENSIVE CARE UNIT ROTATION (HO 1, 2)

Patient care – The resident should be able to:

1) Admit patients to the ICU and review orders to ensure appropriateness.
2) Take a leadership role in therapeutic interventions by appropriately changing fluid orders, ventilator settings, pharmacologic support drugs, etc.
3) Appropriately apply the principles of Basic Cardiac Life Support, Advanced Cardiac Life Support (ACLS), and Advanced Trauma Life Support (ATLS) to the critically ill and injured surgical ICU patient.
4) Actively direct the resuscitation of patients in shock.
5) Calculate nutritional requirements and provide appropriate nutritional support.
6) Properly interpret laboratory results and treat appropriately.
7) Appropriately evaluate and manage pain control and sedation.
8) Master common ICU procedures, including:
    a. Arterial and venapuncture
    b. Insertion of central venous line
    c. Tube thoracostomy
    d. Placement of pulmonary artery catheter with appropriate interpretation of the catheter readings
    e. Intubation
9) Perform a tertiary trauma survey, record an accurate injury list and management plan, and maintain an accurate and up to date medical record.
10) Properly transfer the patient to the floor, including:
    a. Writing a transfer note in the chart summarizing the patient's illness/injuries, ICU course, and active issues.
    b. Notifying the primary team of the transfer and documenting this discussion in the transfer note.

Medical knowledge – The resident should be able to demonstrate an understanding of:

1) Cardiac physiology, including:
    a. Preload, afterload, and myocardial contractility
    b. Oxygen delivery and consumption
    c. Interactions of the cardiorespiratory system
2) Respiratory physiology, including:
    a. Shunt and V/Q mismatch concepts
    b. Indications for intubation
    c. Ventilator weaning strategies
    d. Extubation criteria
    e. Evaluation for respiratory difficulty
3) Pathophysiology and hemodynamic patterns of hemorrhagic, septic, neurogenic, hypovolemic, and cardiac shock.
4) Basic mechanisms of the inflammatory response.

5) Indications and uses of vasoactive medications (i.E., vasopressors, inotropes, vasodilators, and antiarrythmics).
6) Indications for nutritional support and methods of providing this support.
7) Prophylactic measures used in the ICU (i.e. stress ulcer prophylaxis and DVT prophylaxis).
8) Causes of fever in the surgical patient.
9) Surgical infections and utilization of appropriate antibiotics.
10) Psychosocial needs of ICU patients and their families.
11) Ethical concerns of ICU patients and end of life decision making.
12) Role of the surgeon in the ICU.
13) Role of the consultant in the ICU.
14) Concept of multidisciplinary teamwork in the ICU.

Interpersonal and Communication Skills – The resident should be able to:

1) Work effectively with others as a member of the team and as a member of the broader hospital community.
2) Pass on important patient information to his/her senior residents, ICU fellows, and/or faculty in a timely manner.
3) Respond appropriately and in a timely fashion to pages, consults, and requests for attention.
4) Maintain accurate and up to date medical records.
5) Use effective listening skills and elicit and provide information using effective communication skills applicable to a broad range of socio-economic and cultural backgrounds.

Professionalism – The resident should be able to:

1) Create and sustain a therapeutic and ethically sound relationship with patients and their family.
2) Demonstrate accountability to patients, society, and the medical profession.
3) Maintain the confidentiality of patient information and provide informed consent.
4) Demonstrate sensitivity and responsiveness to patient's culture, age, gender, and disabilities.
5) Maintain a professional demeanor in difficult or sensitive patient encounters.

Practice-Based Learning and Improvement – The resident should be able to:

1) Locate, appraise, and assimilate evidence from scientific studies related to patient health problems.
2) Participate in or facilitate the learning of students and other health care professionals.
3) Use systemic methodology for practice analysis and perform practice-based improvement.

Systems-Based Practice – The resident should be able to:

1) Demonstrate the ability to effectively utilize system resources to provide optimal patient care.
2) Understand the interrelationships between the ICU and the larger system of the trauma center and the health care system as a whole.
3) Understand continuum of care issues specific to critically ill ICU patients, i.e. resuscitation, operations, post-operative care, physical therapy, mental health, and floor transfer.

LSU HEALTH SCIENCES CENTER - NEW ORLEANS
DEPARTMENT OF SURGERY
SICU ROTATION HO 1,2 EVALUATION FORM

[Subject Name]
[Subject Employer]
[Subject Rotation]
[Evaluation Dates]

Evaluator
[Evaluator Name]
[Evaluator Employer]

PATIENT CARE - compassionate, appropriate and effective for treatment and prevention of disease

1. Does the resident gather essential/pertinent and accurate information during history-taking and physical examination?
2. Does the resident make appropriate diagnostic and therapeutic decisions based on patient information and preferences?
3. Does the resident demonstrate ability to place CVP, arterial line, nasoenteral feeding tube or tube thoracostomy with appropriate supervision?
4. Does the resident demonstrate an ability to intervene in the care of the ICU patient by writing and changing orders appropriately (fluids, ventilatory settings, inotropes, pressors, sedatives and analgesics)

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

MEDICAL KNOWLEDGE - about established and evolving sciences and their application to patient care

1. Does the resident demonstrate an investigatory and analytic thinking approach to clinical situations?
2. Does the resident know and apply basic and clinically supportive sciences appropriate to their level of training?
3. Does the resident demonstrate an appropriate knowledge base concerning the basic concepts of cardiovascular and pulmonary physiology relevant to the care of the ICU patient?
4. Does the resident demonstrate an appropriate knowledge base concerning the pathophysiology and differentiation of shock states and their appropriate diagnosis and management?
5. Can the resident articulate a plan of care which is reasonable to the course of a hemodynamically unstable patient?

1 = Major	2 = Minor	3 = Expected	4 = Exceeds

Deficiency Deficiency Performance Expectations

INTERPERSONAL & COMMUNICATION SKILLS - effective information exchange and cooperative "learning"

1. Does the resident create and sustain a therapeutic and ethically sound relationship with patients?
2. Does the resident use effective listening skills and elicit and provide information using effective communication skills?
3. Does the resident work effectively with others as a member (or leader) of a health care team?
4. Does the resident pass on important patient information to his seniors in a timely manner?
5. Does the resident respond in a timely manner to pages and requests for attention?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations

PROFESSIONALISM - commitment to professional responsibilities, ethical principles & sensitivity to diverse patient populations

1. Does the resident demonstrate respect, compassion, and integrity to meet the needs of the patients and society?
2. Does the resident demonstrate accountability to patients, society, and the medical profession?
3. Does the resident maintain the confidentiality of patient information and provide informed consent?
4. Does the resident understand and provide sound, ethical business practices?
5. Does the resident demonstrate sensitivity and responsiveness to patients culture, age, gender and disabilities?
6. Does the resident maintain a professional demeanor in difficult or sensitive patient encounters?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations

PRACTICE-BASED LEARNING & IMPROVEMENT - investigate and evaluate practice patterns and improve patient care

1. Does the resident use systematic methodology for practice analysis and perform practice-based improvement?
2. Does the resident locate, appraise, and assimilate evidence from scientific studies related to patient health problems?
3. Does the resident participate in or facilitate the learning of students and other health care professionals?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations

SYSTEMS-BASED PRACTICE - demonstrate an awareness of and responsiveness to the larger context and system of health care

1. Does the resident demonstrate the ability to effectively call on system resources to provide care that is of optimal value?
2. Does the resident understand the interrelationships between their practice and the larger system of health care?
3. Does the resident understand issues of resource allocation and triage as apply to the management of the ICU patient

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations

OVERALL

Recommendation Promotion to next PGY level Remediation

ADMINISTRATIVE

I have witnessed effective transitions in person and atttest the essential elements as defined in the Transitions Policy was Transmitted to and understood by the receiving team.

Yes No N/A

GOALS AND OBJECTIVES FOR SURGICAL ONCOLOGY ROTATION (HO 1, HO 2 & HO 3)

Surgical Oncology HO 1 Goals & Objectives:

Patient Care – The resident should be able to:

1) Gather essential / pertinent and accurate information during history-taking
2) Make appropriate diagnostic and therapeutic decisions based on patient information and preferences
3) Master rudimentary procedures including:
   - ACLS Protocol
   - Appropriate scrub technique, antisepsis and behavior in the OR
   - First assistant skills
   - Wound Care
   - Simple Suture Techniques
   - Insertion of central venous access
   - Tube thoracostomy
   - FNA
   - Incision and Drainage
   - Excision of skin and subcutaneous lesions
   - Incisional biopsy
   - Breast biopsy
   - Lymph node biopsy
   - Hernia repair
   - Hemorrhoid procedures (including banding)
   - Amputation
   - Varicose vein surgery
   - Tracheotomy
   - Proctoscopy
4) Order and interpret appropriate basic test and x rays (chest, abdomen)
5) Write preoperative and postoperative notes and orders, including:
   - Antibiotics
   - Pain management
   - DVT prophylaxis
   - GI prophylaxis
   - Respiratory treatments
6) Make appropriate patient selection, evaluation and preparation for minor surgery procedures
   - Medication adjustments
   - Bowel preparation

- Utilization of consults

7) Demonstrate the ability to detect electrolyte abnormalities, anemia and coagulopathy

Medical Knowledge – The resident should be able to:

1) Demonstrate an investigatory and analytic thinking approach to clinical situations
2) Apply basic and clinically supportive sciences to clinical situations
3) Demonstrate an adequate knowledge of medical co-morbidity relevant to the preoperative evaluation of a patient
4) Demonstrate knowledge of the principles of wound healing
5) Demonstrate an understanding of normal postoperative recovery
6) Demonstrate knowledge for the indications for proctoscopy
7) Demonstrate knowledge of the principles of oncology
    - Breast
    - Melanoma
    - Soft tissue sarcoma
    - GI malignancy
    - Lung malignancy
8) Demonstrate knowledge of immunobiology relevant to oncologic treatment
9) Demonstrate knowledge of the principles of surgical pathology
    - Detailed understanding of principles of oncologic surgery
    - Ability to present cases in multi-disciplinary tumor conference
10) Demonstrate knowledge of the anatomy of the biliary tree relevant to cholecystectomy
11) Demonstrate knowledge of advanced GI pathophysiology
12) Demonstrate knowledge of the principles of hemostasis and coagulopathy
13) Demonstrate knowledge of the physiology and consequences of portal hypertension

Interpersonal and Communication Skills – The resident should be able to:

1) Create and sustain a therapeutic and ethically sound relationship with patients
2) Use effective listening skills and elicit and provide information using effective communication skills
3) Work effectively with others as a member of a health care team
4) Pass on pertinent information to his seniors in a timely manner
5) Respond in a timely manner to pages and requests for attention

Professionalism – The resident should be able to:

1) Demonstrate respect, compassion, and integrity to meet the needs of the patients and society
2) Demonstrate accountability to patients, society, and the medical profession
3) Maintain the confidentiality of patient information and provide informed consent
4) Understand and provide sound, ethical business practices
5) Demonstrate sensitivity and responsiveness to patients' culture, age, gender and disabilities

Practice-Based Learning and Improvement – The resident should be able to:

1) Use systematic methodology for practice analysis and perform practice-based improvement
2) Locate, appraise, and assimilate evidence from scientific studies related to patient health problems
3) Participate in or facilitate the learning of students and other health care professionals

Systems-Based Practice – The resident should be able to:

1) Demonstrate the ability to effectively call on system resources to provide care that is of optimal value
2) Understand the interrelationships between their practice and the larger system of health care

Surgical Oncology HO 2 & HO 3 Goals & Objectives:

Patient Care – The resident should be able to:

1) Gather essential / pertinent and accurate information during history-taking
2) Make appropriate diagnostic and therapeutic decisions based on patient information and preferences
3) Frequently examine his/her patients and note important changes in the patient's condition
4) Appropriate triage, initial management of critical care patients and management of patients in the intensive care unit
    - Resuscitation
    - Interpretation of blood gases
    - Mechanical ventilation modes and uses
    - PA catheter use and interpretation
    - Medications used in the ICU setting
5) Master rudimentary procedures including:
    - Cholecystectomy and common duct exploration
    - Mastectomy and axillary dissection
    - Anatomic resection and gastrointestinal anastomosis (gastric resection, small bowel resection and colon resection)
    - Thyroid and parathyroid surgery
    - Laparotomy
    - Laparoscopic surgery (including inguinal, ventral hernia repair)
    - Diagnostic thoracoscopy
    - Splenectomy
    - Mediastinoscopy
    - Appropriate handling of surgical specimens

Medical Knowledge – The resident should be able to:

1) Demonstrate an investigatory and analytic thinking approach to clinical situations
2) Apply basic and clinically supportive sciences to clinical situations
3) Demonstrate an adequate knowledge of medical co-morbidity relevant to the preoperative evaluation of a patient
4) Demonstrate an understanding of the pharmacology and interactions of commonly used drugs in the intensive care unit
5) Demonstrate an understanding of the various modes of mechanical ventilation
6) Demonstrate an understanding of the principles of nutritional support in the surgical patient
7) Demonstrate an understanding for the indications for adjuvant and neoadjuvant treatment of surgically treated oncologic disease (breast, GI tract, melanoma)

Interpersonal and Communication Skills – The resident should be able to:

1) Create and sustain a therapeutic and ethically sound relationship with patients
2) Use effective listening skills and elicit and provide information using effective communication skills
3) Work effectively with others as a member (or leader) of a health care team
4) Pass on pertinent information to his seniors in a timely manner
5) Respond in a timely manner to pages and requests for attention

Professionalism – The resident should be able to:

1) Demonstrate respect, compassion, and integrity to meet the needs of the patients and society
2) Demonstrate accountability to patients, society, and the medical profession
3) Maintain the confidentiality of patient information and provide informed consent
4) Understand and provide sound, ethical business practices
5) Demonstrate sensitivity and responsiveness to patients' culture, age, gender and disabilities

Practice-Based Learning and Improvement – The resident should be able to:

1) Use systematic methodology for practice analysis and perform practice-based improvement
2) Locate, appraise, and assimilate evidence from scientific studies related to patient health problems
3) Participate in or facilitate the learning of students and other health care professionals
4) Demonstrate the ability to read the medical literature critically

Systems-Based Practice – The resident should be able to:

1) Demonstrate the ability to effectively call on system resources to provide care that is of optimal value
2) Understand the interrelationships between their practice and the larger system of health care

GOALS AND OBJECTIVES FOR SURGICAL ONCOLOGY ROTATION (HO 4)

Patient Care Objectives:

1) Gather accurate information from history and physical exam of patient to allow assessment of all relevant problems/issues relating to surgical/cancer care.
2) Ensure appropriate and thorough documentation of all patient encounters
3) Demonstrate knowledge and technical skill for common oncologic procedures:
    a) Breast biopsy
    b) Sentinel node biopsy
    c) Other biopsy procedures
    d) Mastectomy
    e) Colectomy
    f) Thyroidectomy
    g) Wide excision for skin malignancies
    h) Lymphadenectomy
    i) Mediport placement
4) Facilitate communication with other cancer care professionals to facilitate care
5) Ensure involvement of patients/families/caregivers to optimize education and to address social needs

Medical Knowledge Objectives:

1) Able to collect appropriate information and to order appropriate diagnostic studies in order to work-up and stage common solid malignancies:
    a) Breast cancer
    b) Melanoma
    c) Colorectal cancer
    d) Hepatocellular carcinoma
    e) Thyroid cancer
    f) Soft tissue sarcoma
2) Able to appropriately order and interpret relevant imaging:
    a) Chest X-ray
    b) CT scan
    c) PET-CT
    d) Nuclear medicine studies
    e) Ultrasound
    f) MRI
3) Understand the role of multidisciplinary care in formulating a comprehensive treatment plan for cancer patients.
4) Demonstrate understanding of relevant anatomy, surgical planning and pitfalls, and potential postoperative complications for each patient.

Practice-Based Learning and Improvement Objectives:

1) Understand and demonstrate the utilization of online resources for staging, risk scoring, and guideline-based treatment planning
2) Utilize current scientific studies to formulate individualized treatment plans
3) Facilitate the learning of junior residents/students on service
4) Analyze practice experience and perform practice-based improvement systematically

Interpersonal and Communication Skills Objectives for HO 4:

1) Create and sustain a therapeutic and ethically sound relationship with patients
2) Use effective listening skills, and elicit and provide information using effective communication skills applicable to a broad range of socio-economic and cultural backgrounds.

3) Communicate effectively with other physicians and health-care providers in the multidisciplinary care team.
4) Communicate with faculty regarding patient care and professional issues in a timely fashion.
5) Respond appropriately and in a timely manner to pages, consults and requests for attention. Ensure on-call coverage lists and contact information are accurate and that appropriate coverage is provided at all times.
6) Maintain accurate and up to date medical records.

Professionalism Objectives:

1) Demonstrate respect, compassion, and integrity to meet the needs of the patients and society
2) Demonstrate accountability to patients, society, and the medical profession
3) Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, patient confidentiality, informed consent, and business practices.
4) Demonstrate sensitivity and responsiveness to patient's culture, age, gender and disabilities
5) Maintain a professional demeanor in difficult or sensitive patient encounters

Systems-Based Practice Objectives for HO 4:

1) Demonstrate the ability to effectively call on system resources to provide optimal patient care
2) Understand differences in medical practice and delivery systems regarding resource allocation and cost control
3) Practice cost-effective health care and resource allocation that does not compromise quality of care.
4) Advocate for quality patient care and assist patient in dealing with system complexities
5) Anticipate and facilitate access for postoperative and rehabilitation needs

LSU HEALTH SCIENCES CENTER - NEW ORLEANS
DEPARTMENT OF SURGERY
SURGICAL ONCOLOGY - HO 1 EVALUATION FORM

[Subject Name]
[Subject Employer]
[Subject Rotation]
[Evaluation Dates]

Evaluator
[Evaluator Name]
[Evaluator Employer]

PATIENT CARE - compassionate, appropriate and effective for treatment and prevention of disease

1. Does the resident gather essential/pertinent and accurate information during history-taking?
2. Does the resident make appropriate diagnostic and therapeutic decisions based on patient information and preferences?
3. Does the resident perform procedures appropriate to his/her level
   - Central line placement
   - Wound care
   - Suturing
   - Chest tube placement
   - Hernia, appendectomy, minor surgery procedures.

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

MEDICAL KNOWLEDGE - about established and evolving sciences and their application to patient care

1. Does the resident demonstrate an investigatory and analytic thinking approach to clinical situations?
2. Does the resident know and apply basic and clinically supportive sciences appropriate to their level of training?
3. Does the resident demonstrate an adequate knowledge of medical co-morbidity relevant to the preoperative evaluation of a patient?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

INTERPERSONAL & COMMUNICATION SKILLS - effective information exchange and cooperative "learning"

1. Does the resident create and sustain a therapeutic and ethically sound relationship with patients?
2. Does the resident use effective listening skills and elicit and provide information using effective communication skills?
3. Does the resident work effectively with others as a member (or leader) of a health care team?
4. Does the resident pass on important patient information to his seniors in a timely manner?
5. Does the resident respond in a timely manner to pages and requests for attention?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

PROFESSIONALISM - commitment to professional responsibilities, ethical principles & sensitivity to diverse patient populations

1. Does the resident demonstrate respect, compassion, and integrity to meet the needs of the patients and

society?
2. Does the resident demonstrate accountability to patients, society, and the medical profession?
3. Does the resident maintain the confidentiality of patient information and provide informed consent?
4. Does the resident understand and provide sound, ethical business practices?
5. Does the resident demonstrate sensitivity and responsiveness to patients culture, age, gender and disabilities?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

PRACTICE-BASED LEARNING & IMPROVEMENT - investigate and evaluate practice patterns and improve patient care

1. Does the resident use systematic methodology for practice analysis and perform practice-based improvement?
2. Does the resident locate, appraise, and assimilate evidence from scientific studies related to patient health problems?
3. Does the resident participate in or facilitate the learning of students and other health care professionals?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

SYSTEMS-BASED PRACTICE - demonstrate an awareness of and responsiveness to the larger context and system of health care

1. Does the resident demonstrate the ability to effectively call on system resources to provide care that is of optimal value?
2. Does the resident understand the interrelationships between their practice and the larger system of health care?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

OVERALL

Recommendation	Promotion to next PGY level	Remediation
	○	○

ADMINISTRATIVE

I have witnessed effective transitions in person and attest the essential elements as defined in the Transitions Policy was transmitted to and understood by the receiving team.

Yes	No	N/A
○	○	○

Overall Comments:

Remaining Characters: 5,000

LSU HEALTH SCIENCES CENTER - NEW ORLEANS
DEPARTMENT OF SURGERY
SURGICAL ONCOLOGY - HO 3 EVALUATION FORM

[Subject Name]
[Subject Employer]
[Subject Rotation]
[Evaluation Dates]

Evaluator
[Evaluator Name]
[Evaluator Employer]

PATIENT CARE - compassionate, appropriate and effective for treatment and prevention of disease

1. Does the resident gather essential/pertinent and accurate information during history-taking?
2. Does the resident make appropriate diagnostic and therapeutic decisions based on patient information and preferences?
3. Does the resident examine his/her patients frequently and note important changes in the patient's condition?
4. Does the resident perform procedures appropriate to his/her level of training on this service?
   - Laparotomy
   - Laparoscopic cholecystectomy
   - Bowel resection and anastomosis
5. Does the resident demonstrate appropriate knowledge and skills managing patients in the intensive care unit?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

MEDICAL KNOWLEDGE - about established and evolving sciences and their application to patient care

1. Does the resident demonstrate an investigatory and analytic thinking approach to clinical situations?
2. Does the resident know and apply basic and clinically supportive sciences appropriate to their level of training?
3. Does the resident understand the pharmacology and interactions of commonly used drugs in the intensive care unit?
4. Does the resident understand the various modes of mechanical ventilation?
5. Does the resident understand the principles of nutritional support in the surgical patient?
6. Does the resident understand the indications for adjuvant and neoadjuvant treatment of surgically treated oncologic disease (breast, GI tract, melanoma)?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

INTERPERSONAL & COMMUNICATION SKILLS - effective information exchange and cooperative "learning"

1. Does the resident create and sustain a therapeutic and ethically sound relationship with patients?
2. Does the resident use effective listening skills and elicit and provide information using effective communication skills?
3. Does the resident work effectively with others as a member (or leader) of a health care team?
4. Does the resident pass on important patient information to his seniors in a timely manner?

5. Does the resident respond in a timely manner to pages and requests for attention?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

PROFESSIONALISM - commitment to professional responsibilities, ethical principles & sensitivity to diverse patient populations

1. Does the resident demonstrate respect, compassion, and integrity to meet the needs of the patients and society?
2. Does the resident demonstrate accountability to patients, society, and the medical profession?
3. Does the resident maintain the confidentiality of patient information and provide informed consent?
4. Does the resident understand and provide sound, ethical business practices?
5. Does the resident demonstrate sensitivity and responsiveness to patients culture, age, gender and disabilities?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

PRACTICE-BASED LEARNING & IMPROVEMENT - investigate and evaluate practice patterns and improve patient care

1. Does the resident use systematic methodology for practice analysis and perform practice-based improvement?
2. Does the resident locate, appraise, and assimilate evidence from scientific studies related to patient health problems?
3. Does the resident participate in or facilitate the learning of students and other health care professionals?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

SYSTEMS-BASED PRACTICE - demonstrate an awareness of and responsiveness to the larger context and system of health care

1. Does the resident demonstrate the ability to effectively call on system resources to provide care that is of optimal value?
2. Does the resident understand the interrelationships between their practice and the larger system of health care?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

OVERALL

Recommendation	Promotion to next PGY level	Remediation
	○	○

ADMINISTRATIVE

I have witnessed effective transitions in person and attest the essential elements as defined in the Transitions Policy was transmitted to and understood by the receiving team.

Yes No

GOALS AND OBJECTIVES FOR TRANSPLANT SURGERY ROTATION

(HO 3 or HO 4)

Medical Knowledge Objectives for HO 3 or 4:

1. Resident will participate in the following critical learning experiences:
    a. Management of patients with end-stage liver and renal disease
    b. Management of diabetic patients
    c. Dialysis access
    d. Organ transplantation
    e. Immunosuppression

2. Residents are expected to:
    a. Understand the impact of diabetes, renal failure, liver disease on patient evaluation and management, with specific attention to impact on surgical decision making and post-operative care.
    b. Formulate comprehensive management plans for patients with lesions of the liver, bile ducts, and pancreas
    c. Effectively interact with a multidisciplinary team to provide quality patient care

3. Residents must demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social behavioral sciences, as well as the application of this knowledge to patient care by:
    a. Understanding the pathophysiology, immunology, and indications for transplantation.
    b. Understanding the criteria for brain death and the indications and contraindications for organ procurement from all types of donors
    c. The ability to describe procedures used for provision of dialysis

4. Residents must be able to discuss the indications for and results of kidney, pancreas, liver, and intestinal transplantation.

Patient Care Objectives for HO 3 or 4:

1. Residents must be able to perform the following procedures:
    a. Dialysis Access Surgery
    b. Abdominal Organ Harvest
    c. Laparoscopic Donor Nephrectomy
    d. Kidney Transplant

2. Residents should participate and assist in orthotopic liver transplant.

Interpersonal and Communication Skills Objectives for HO 3 or HO 4:

1) Create and sustain a therapeutic and ethically sound relationship with patients

2) Use effective listening skills and elicit and provide information using effective communication skills applicable to a broad range of socio-economic and cultural backgrounds.
3) Work effectively with others as the leader of the team and as a member of the broader hospital community
4) Pass on important patient information to his /her faculty in a timely manner
5) Respond appropriately and in a timely manner to pages, consults and requests for attention
6) Maintain accurate and up to date medical records.

Professionalism Objectives for HO 3 or HO 4:

1) Demonstrate respect, compassion, and integrity to meet the needs of the patients and society
2) Demonstrate accountability to patients, society, and the medical profession
3) Maintain the confidentiality of patient information and provide informed consent
4) Understand and provide sound, ethical business practices
5) Demonstrate sensitivity and responsiveness to patient's culture, age, gender and disabilities
6) Maintain a professional demeanor in difficult or sensitive patient encounters

Practice-Based Learning and Improvement Objectives for HO 3 or HO 4:

1) Use systematic methodology for practice analysis and perform practice-based improvement.
2) Locate, appraise, and assimilate evidence from scientific studies related to patient health problems.
3) Participate in or facilitate the learning of students and other health care professionals.

Systems-Based Practice Objectives for HO 3 or HO 4:

1) Demonstrate the ability to effectively call on system resources to provide optimal patient care
2) Understand the interrelationships between their practice and the larger system of the health care system as a whole.
3) Understand continuum of care issues specific to injured patients.

LSU HEALTH SCIENCES CENTER - NEW ORLEANS
DEPARTMENT OF SURGERY
TRANSPLANT SURGERY - HO 3 OR 4 EVALUATION FORM

[Subject Name]
[Subject Employer]
[Subject Rotation]
[Evaluation Dates]

Evaluator
[Evaluator Name]
[Evaluator Employer]

PATIENT CARE - compassionate, appropriate and effective for treatment and prevention of disease

1. Does the resident understand the impact of diabetes, renal failure, and liver disease on patient evaluation and management, with specific attention to impact on surgical decision making and post-operative care?
2. Does the resident effectively communicate management plans to faculty, and institute treatment ?
3. Does the resident interact with multidisciplinary team to provide quality patient care?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

MEDICAL KNOWLEDGE - about established and evolving sciences and their application to patient care

1. Does the resident understand the pathophysiology, immunology and indications for transplantation?
2. Does the resident understand the criteria for brain death and the indications and contraindications for organ procurement from all types of donors?
3. Is the resident able to describe the procedures used for the provision of dialysis?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

INTERPERSONAL & COMMUNICATION SKILLS - effective information exchange and cooperative "learning"

1. Does the resident create and sustain a therapeutic and ethically sound relationship with patients?
2. Does the resident use effective listening skills and elicit and provide information using effective communication skills?
3. Does the resident work effectively with others as a member (or leader) of a health care team?
4. Does the resident pass on important patient information to his seniors in a timely manner?
5. Does the resident respond in a timely manner to pages and requests for attention?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

PROFESSIONALISM - commitment to professional responsibilities, ethical principles & sensitivity to diverse patient populations

1. Does the resident demonstrate respect, compassion, and integrity to meet the needs of the patients and society?
2. Does the resident demonstrate accountability to patients, society, and the medical profession?
3. Does the resident maintain the confidentiality of patient information and provide informed consent?
4. Does the resident understand and provide sound, ethical business practices?
5. Does the resident demonstrate sensitivity and responsiveness to patient's culture, age, gender

and disabilities?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

PRACTICE-BASED LEARNING & IMPROVEMENT - investigate and evaluate practice patterns and improve patient care

1. Does the resident use systematic methodology for practice analysis and perform practice-based improvement?
2. Does the resident locate, appraise, and assimilate evidence from scientific studies related to patient health problems?
3. Does the resident participate in or facilitate the learning of students and other health care professionals?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

SYSTEMS-BASED PRACTICE - demonstrate an awareness of and responsiveness to the larger context and system of health care

1. Does the resident demonstrate the ability to effectively call on system resources to provide care that is of optimal value?
2. Does the resident understand the interrelationships between their practice and the larger system of health care?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

OVERALL

Recommendation	Promotion to next PGY level	Remediation
	○	○

ADMINISTRATIVE

I have witnessed effective transitions in person and attest the essential elements as defined in the Transitions Policy was transmitted to and understood by the receiving team.

Yes	No	N/A
○	○	○

Overall Comments:

Remaining Characters: 5,000

GOALS AND OBJECTIVES FOR GENERAL SURGERY ROTATION /UMC (HO 1, 2 , HO 3, HO 4, 5)

University Medical Center (HO 1-2)

Patient Care – The resident should be able to:

1) Gather essential / pertinent and accurate information during history-taking and physical examination
2) Make appropriate diagnostic and therapeutic decisions based on patient information and preferences (order appropriate lab tests and order/interpret imaging studies)
3) Select appropriate patients for minor surgery procedures
4) Write preoperative and postoperative notes and orders, including:
    - Antibiotics
    - Pain management
    - DVT prophylaxis
    - Respiratory treatments
5) Master rudimentary procedures including:
    - Central line placement
    - Wound Care
    - Suturing
    - Tissue Handling
    - Chest tube placement
    - Hernia, appendectomy, minor surgery procedures

Medical Knowledge – The resident should be able to:

1) Demonstrate an investigatory and analytic thinking approach to clinical situations
2) Apply basic and clinically supportive sciences to clinical situations
3) Know and apply knowledge to the perioperative management of the surgical patient
4) Demonstrate knowledge of the anatomy relevant to hernia repair

Interpersonal and Communication Skills – The resident should be able to:

1) Create and sustain a therapeutic and ethically sound relationship with patients
2) Provide discharge instructions effectively to patients including follow-up needs
3) Use effective listening skills and elicit and provide information using effective communication skills
4) Work effectively with others as a member of a health care team
5) Pass on pertinent information to his seniors in a timely manner
6) Respond in a timely manner to pages and requests for attention

Professionalism – The resident should be able to:

1) Demonstrate respect, compassion, and integrity to meet the needs of the patients and society
2) Demonstrate accountability to patients, society, and the medical profession
3) Maintain the confidentiality of patient information and provide informed consent
4) Understand and provide sound, ethical business practices
5) Demonstrate sensitivity and responsiveness to patients' culture, age, gender and disabilities

Practice-Based Learning and Improvement – The resident should be able to:

1) Use systematic methodology for practice analysis and perform practice-based improvement
2) Locate, appraise, and assimilate evidence from scientific studies related to patient health problems
3) Participate in or facilitate the learning of students and other health care professionals

Systems-Based Practice – The resident should be able to:

1) Demonstrate the ability to effectively call on system resources to provide care that is of optimal value

(use of consultants for outpatient and inpatient services)
2) Understand the interrelationships between their practice and the larger system of health care

University Medical Center (HO 3)

Patient Care – The resident should be able to:

1) Gather essential / pertinent and accurate information during history-taking
2) Make appropriate diagnostic and therapeutic decisions based on patient information and preferences
3) Examine his/her patients frequently and note important changes in the patient's condition
4) Perform procedures appropriate to his/her level of training:
    - Laparotomy
    - Laparoscopic cholecystectomy and common duct exploration
    - Mastectomy and axillary dissection
    - Anatomic resection and gastrointestinal anastomosis (gastric resection, small bowel resection, and colon resection)
    - Thyroid and parathyroid surgery
    - EGD and colonoscopy
5) Demonstrate appropriate knowledge and skills managing patients in the intensive care unit (with supervision)
6) Triage and manage acutely injured patients including:
    - Resuscitation
    - Interpretation of blood gases
    - Mechanical ventilation modes and uses
    - PA catheter use and interpretation
    - Medications used in the ICU Setting

Medical Knowledge – The resident should be able to:

1) Demonstrate an investigatory and analytic thinking approach to clinical situations
2) Apply basic and clinically supportive sciences appropriate to his/her level of training
3) Understand the pharmacology and interactions of commonly used drugs in the intensive care unit
4) Understand the various modes of mechanical ventilation
5) Understand the anatomy and physiology relevant to thyroid and parathyroid surgery
6) Articulate a plan of care for a hemodynamically unstable patient

Interpersonal and Communication Skills – The resident should be able to:

1) Create and sustain a therapeutic and ethically sound relationship with patients
2) Use effective listening skills and elicit and provide information using effective communication skills
3) Work effectively with others as a member (or leader) of a health care team
4) Pass on pertinent information to his seniors in a timely manner
5) Respond in a timely manner to pages and requests for attention

Professionalism – The resident should be able to:

1) Demonstrate respect, compassion, and integrity to meet the needs of the patients and society
2) Demonstrate accountability to patients, society, and the medical profession
3) Maintain the confidentiality of patient information and provide informed consent
4) Understand and provide sound, ethical business practices
5) Demonstrate sensitivity and responsiveness to patients' culture, age, gender and disabilities

Practice-Based Learning and Improvement – The resident should be able to:

4) Use systematic methodology for practice analysis and perform practice-based improvement
5) Locate, appraise, and assimilate evidence from scientific studies related to patient health problems

6) Participate in or facilitate the learning of students and other health care professionals

Systems-Based Practice – The resident should be able to:

1) Demonstrate the ability to effectively call on system resources to provide care that is of optimal value
2) Demonstrate the ability to provide delivery of cost effective, quality clinical care
3) Understand the interrelationships between their practice and the larger system of health care

University Medical Center (HO 4 or 5)

Patient Care – The resident should be able to:

1) Gather essential / pertinent and accurate information during history-taking and physical examination
2) Make appropriate diagnostic and therapeutic decisions based on patient information and preferences
3) Independently design and execute an appropriate plan of care for surgical patients (preoperative workup, intraoperative technique, and appropriate postoperative follow-up)
4) Use of TMN classification models for purposes of staging and prognosis
5) Effectively perform procedures appropriate to his/her level of training:
    - Laparotomy
    - Thoracotomy and lung resection
    - Advanced laparoscopy procedures (hand assisted colectomy, ventral hernia repair)
    - Gastrointestinal cases including gastrectomy, low anterior resection, APR
    - Pancreatic and hepatobiliary procedures
    - Head and neck oncologic procedures
    - Vascular surgery

Medical Knowledge – The resident should be able to:

1) Demonstrate an investigatory and analytic thinking approach to clinical situations
2) Apply basic and clinically supportive sciences appropriate to their level of training
3) Understand pathophysiology principles of shock and resuscitation in a manner which allows effective management of critical patients
4) Demonstrate knowledge of head and neck anatomy relevant to the performance of major head and neck oncologic surgery
5) Demonstrate knowledge of TMN classification modes for staging and prognosis
6) Demonstrate knowledge of the indications and contraindications to basic and advanced laparoscopic procedures

Interpersonal and Communication Skills – The resident should be able to:

1) Create and sustain a therapeutic and ethically sound relationship with patients
2) Use effective listening skills and elicit and provide information using effective communication skills
3) Work effectively with others as a member (or leader) of a health care team
4) Pass on pertinent information to his seniors in a timely manner
5) Respond in a timely manner to pages and requests for attention

Professionalism – The resident should be able to:

1) Demonstrate respect, compassion, and integrity to meet the needs of the patients and society
2) Demonstrate accountability to patients, society, and the medical profession
3) Maintain the confidentiality of patient information and provide informed consent
4) Understand and provide sound, ethical business practices
5) Demonstrate sensitivity and responsiveness to patients' culture, age, gender and disabilities
6) Demonstrate skill as a teaching assistant

Practice-Based Learning and Improvement – The resident should be able to:

1) Understand the importance and the limitations of clinical research
2) Critically assess the medical literature

3) Participate in or facilitate the learning of students and other health care professionals

Systems-Based Practice – The resident should be able to:

1) Demonstrate the ability to effectively call on system resources to provide care that is of optimal value
2) Understand the interrelationships between their practice and the larger system of health care

LSU HEALTH SCIENCES CENTER - NEW ORLEANS
DEPARTMENT OF SURGERY
GENERAL SURGERY SERVICE HO 1 OR HO 2 EVALUATION FORM

[Subject Name]
[Subject Employer]
[Subject Rotation]
[Evaluation Dates]

Evaluator
[Evaluator Name]
[Evaluator Employer]

PATIENT CARE - compassionate, appropriate and effective for treatment and prevention of disease

1. Does the resident gather essential/pertinent and accurate information during history-taking?
2. Does the resident make appropriate diagnostic and therapeutic decisions based on patient information and preferences?
3. Does the resident perform procedures appropriate to his/her level
   - Central line placement
   - Wound care
   - Suturing
   - Chest tube placement
   - Hernia, appendectomy, minor surgery procedures

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

MEDICAL KNOWLEDGE - about established and evolving sciences and their application to patient care

1. Does the resident demonstrate an investigatory and analytic thinking approach to clinical situations?
2. Does the resident know and apply basic and clinically supportive sciences appropriate to their level of training?
3. Does the resident apply knowledge to the perioperative management of the surgical patient?
4. Does the resident demonstrate knowledge of the anatomy relevant to hernia repair?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

INTERPERSONAL & COMMUNICATION SKILLS - effective information exchange and cooperative "learning"

1. Does the resident create and sustain a therapeutic and ethically sound relationship with patients?
2. Does the resident use effective listening skills and elicit and provide information using effective Communication skills?
3. Does the resident work effectively with others as a member (or leader) of a health care team?
4. Does the resident pass on important patient information to his seniors in a timely manner?

5. Does the resident respond in a timely manner to pages and requests for attention?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

PROFESSIONALISM - commitment to professional responsibilities, ethical principles & sensitivity to diverse patient populations

1. Does the resident demonstrate respect, compassion, and integrity to meet the needs of the patients and society?
2. Does the resident demonstrate accountability to patients, society, and the medical profession?
3. Does the resident maintain the confidentiality of patient information and provide informed consent?
4. Does the resident understand and provide sound, ethical business practices?
5. Does the resident demonstrate sensitivity and responsiveness to patients culture, age, gender and disabilities?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

PRACTICE-BASED LEARNING & IMPROVEMENT - investigate and evaluate practice patterns and improve patient care

1. Does the resident use systematic methodology for practice analysis and perform practice-based improvement?
2. Does the resident locate, appraise, and assimilate evidence from scientific studies related to patient health problems?
3. Does the resident participate in or facilitate the learning of students and other health care professionals?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

SYSTEMS-BASED PRACTICE - demonstrate an awareness of and responsiveness to the larger context and system of health care

1. Does the resident demonstrate the ability to effectively call on system resources to provide care that is of optimal value?
2. Does the resident understand the interrelationships between their practice and the larger system of health care?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

OVERALL

Recommendation	Promotion to next PGY level	Remediation
	O	O

I have witnessed effective transitions in person and attest the essential elements as defined in the Transitions Policy was transmitted to and understood by the receiving team.

Yes	No	N/A
O	O	O

Overall Comments:

Remaining Characters: 5,000

LSU HEALTH SCIENCES CENTER - NEW ORLEANS
DEPARTMENT OF SURGERY
GENERAL SURGERY SERVICE HO 3 EVALUATION FORM

[Subject Name]
[Subject Employer]
[Subject Rotation]
[Evaluation Dates]

Evaluator
[Evaluator Name]
[Evaluator Employer]

PATIENT CARE - compassionate, appropriate and effective for treatment and prevention of disease

1. Does the resident gather essential/pertinent and accurate information during history-taking?
2. Does the resident make appropriate diagnostic and therapeutic decisions based on patient information and preferences?
3. Does the resident examine his/her patients frequently and note important changes in the patient's condition?
4. Does the resident perform procedures appropriate to his/her level of training on this service?
   - Laparotomy
   - Laparoscopic cholecystectomy
   - Bowel resection and anastomosis
   - EGD and colonoscopy
5. Does the resident demonstrate appropriate knowledge and skills managing patients in the intensive care unit

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

MEDICAL KNOWLEDGE - about established and evolving sciences and their application to patient care

1. Does the resident demonstrate an investigatory and analytic thinking approach to clinical situations?
2. Does the resident know and apply basic and clinically supportive sciences appropriate to their level of training?
3. Does the resident understand the pharmacology and interactions of commonly used drugs in the intensive care unit?
4. Does the resident understand the various modes of mechanical ventilation?
5. Does the resident understand the anatomy and physiology relevant to thyroid and parathyroid surgery?
6. Can the resident articulate a plan of care for a hemodynamically unstable patient?

1 = Major	2 = Minor	3 = Expected	4 = Exceeds

Deficiency	Deficiency	Performance	Expectations
○	○	○	○

INTERPERSONAL & COMMUNICATION SKILLS - effective information exchange and cooperative "learning"

1. Does the resident create and sustain a therapeutic and ethically sound relationship with patients?
2. Does the resident use effective listening skills and elicit and provide information using effective communication skills?
3. Does the resident work effectively with others as a member (or leader) of a health care team?
4. Does the resident pass on important patient information to his seniors in a timely manner?
5. Does the resident respond in a timely manner to pages and requests for attention?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

PROFESSIONALISM - commitment to professional responsibilities, ethical principles & sensitivity to diverse patient populations

1. Does the resident demonstrate respect, compassion, and integrity to meet the needs of the patients and society?
2. Does the resident demonstrate accountability to patients, society, and the medical profession?
3. Does the resident maintain the confidentiality of patient information and provide informed consent?
4. Does the resident understand and provide sound, ethical business practices?
5. Does the resident demonstrate sensitivity and responsiveness to patients culture, age, gender and disabilities?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

PRACTICE-BASED LEARNING & IMPROVEMENT - investigate and evaluate practice patterns and improve patient care

1. Does the resident use systematic methodology for practice analysis and perform practice-based improvement?
2. Does the resident locate, appraise, and assimilate evidence from scientific studies related to patient health problems?
3. Does the resident participate in or facilitate the learning of students and other health care professionals?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

SYSTEMS-BASED PRACTICE - demonstrate an awareness of and responsiveness to the larger context and system of health care

1. Does the resident demonstrate the ability to effectively call on system resources to provide care that is of optimal value?
2. Does the resident understand the interrelationships between their practice and the larger system of health care?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

OVERALL

Recommendation | Promotion to next PGY level | Remediation

I have witnessed effective transitions in person and attest the essential elements as defined in the Transitions Policy was transmitted to and understood by the receiving team.

Yes | No | N/A

Overall Comments:

Remaining Characters: 5,000

LSU HEALTH SCIENCES CENTER - NEW ORLEANS
DEPARTMENT OF SURGERY
GENERAL SURGERY SERVICE HO 4 OR HO 5 EVALUATION FORM

[Subject Name]
[Subject Employer]
[Subject Rotation]
[Evaluation Dates]

Evaluator
[Evaluator Name]
[Evaluator Employer]

PATIENT CARE - compassionate, appropriate and effective for treatment and prevention of disease

1. Does the resident gather essential/pertinent and accurate information during history-taking and physical examination?
2. Does the resident make appropriate diagnostic and therapeutic decisions based on patient information and preferences?
3. Does the resident formulate and carry through a detailed work-up and plan of care for the complex acutely ill patient?
4. Does the resident effectively perform procedures appropriate to his /her level of training on this service:
   - Laparotomy
   - Thoracotomy and lung resection
   - Advanced laparoscopy procedures (hand assisted colectomy, ventral hernia repair)
   - Gastrointestinal cases including gastrectomy, low anterior resection, APR.
   - Pancreatic and hepatobiliary procedures
   - Head and neck oncologic procedures
   - Vascular surgery

1 = Major Deficiency | 2 = Minor Deficiency | 3 = Expected Performance | 4 = Exceeds Expectations

MEDICAL KNOWLEDGE - about established and evolving sciences and their application to patient care

1. Does the resident demonstrate an investigatory and analytic thinking approach to clinical situations?
2. Does the resident know and apply basic and clinically supportive sciences appropriate to their level of training?
3. Does the resident understand pathophysiology principles of shock and resuscitation in a manner of which allows effective management of critical patients?
4. Does the resident know head and neck anatomy relevant to the performance of major head and neck oncologic surgery

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

INTERPERSONAL & COMMUNICATION SKILLS - effective information exchange and cooperative "learning"

1. Does the resident create and sustain a therapeutic and ethically sound relationship with patients?
2. Does the resident use effective listening skills and elicit and provide information using effective communication skills?
3. Does the resident work effectively with others as a member (or leader) of a health care team?
4. Does the resident pass on important patient information to his seniors in a timely manner?
5. Does the resident respond in a timely manner to pages and requests for attention?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

PROFESSIONALISM - commitment to professional responsibilities, ethical principles & sensitivity to diverse patient populations

1. Does the resident demonstrate respect, compassion, and integrity to meet the needs of the patients and society?
2. Does the resident demonstrate accountability to patients, society, and the medical profession?
3. Does the resident maintain the confidentiality of patient information and provide informed consent?
4. Does the resident understand and provide sound, ethical business practices?
5. Does the resident demonstrate sensitivity and responsiveness to patients culture, age, gender and disabilities?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

PRACTICE-BASED LEARNING & IMPROVEMENT - investigate and evaluate practice patterns and improve patient care

1. Does the resident use systematic methodology for practice analysis and perform practice-based improvement?
2. Does the resident locate, appraise, and assimilate evidence from scientific studies related to patient health problems?
3. Does the resident participate in or facilitate the learning of students and other health care professionals?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

SYSTEMS-BASED PRACTICE

1. Does the resident demonstrate the ability to effectively call on system resources to provide care that is of optimal value?

2. Does the resident understand the interrelationships between their practice and the larger system of health care?

1 = Major Deficiency 2 = Minor Deficiency 3 = Expected Performance 4 = Exceeds Expectations

OVERALL Recommendation

Promotion to next PGY level

Remediation

I have witnessed effective transitions in person and attest the essential elements as defined in the Transitions Policy was transmitted to and understood by the receiving team.

Yes No N/A

GOALS AND OBJECTIVES FOR VASCULAR SURGERY (HO 1, 2 and HO 4, 5)

Medical Knowledge Objectives for HO 1 or 2:

1. Describe arterial and venous anatomy
2. Understand risk factors for atherosclerosis
3. Understand risk factors for chronic venous insufficiency
4. Recognize signs and symptoms of acute and chronic arterial disease
5. Recognize signs and symptoms of acute thromboembolic disease
6. Differential diagnosis of a swollen extremity
7. Signs and symptoms of venous insufficiency
8. Signs and symptoms of lymphedema

Patient Care Objectives for HO 1 or 2:

1. Perform a focused history and physical for the vascular system.
2. Wound management: wet to dry dressings etc.
4. Obtain ankle brachial index (ABI)
6. Placement of central venous lines (femoral, jugular, subclavian)
7. Appropriate care of an ischemic limb
9. digital amputation

Medical Knowledge Objectives for HO 4 or HO 5:

1. Understand the natural history of medically treated or untreated vascular disease:

- carotid artery stenosis
- abdominal aortic aneurysm
- femoral artery occlusive disease

2. Summarize principles for preoperative assessment and postoperative care of patients undergoing major vascular surgical procedures

3. Describe the indications for:

- balloon angioplasty
- arterial stent placement
- inferior cava filter placement

4. Describe the indications for operative intervention:

- claudication
- rest pain
- abdominal aortic aneurysm
- TIA and stroke
- asymptomatic carotid stenosis
- varicose veins
- venous stasis ulcer

Patient Care Objectives for HO 4 or HO 5:

1. Perform:

- carotid endarterectomy
- repair of aortic aneurysm
- aortic reconstruction for occlusive disease
- femoral distal bypass
- extra-anatomic reconstruction

Interpersonal and Communication Skills Objectives for HO 1, HO 2, HO 4 or HO 5:

1) Create and sustain a therapeutic and ethically sound relationship with patients
2) Use effective listening skills and elicit and provide information using effective communication skills applicable to a broad range of socio-economic and cultural backgrounds.
3) Work effectively with others as the leader of the team and as a member of the broader hospital community
4) Pass on important patient information to his /her faculty in a timely manner
5) Respond appropriately and in a timely manner to pages, consults and requests for attention
6) Maintain accurate and up to date medical records.

Professionalism Objectives for HO 1, HO 2, HO 4 or HO 5:

1) Demonstrate respect, compassion, and integrity to meet the needs of the patients and society
2) Demonstrate accountability to patients, society, and the medical profession
3) Maintain the confidentiality of patient information and provide informed consent
4) Understand and provide sound, ethical business practices
5) Demonstrate sensitivity and responsiveness to patient's culture, age, gender and disabilities
6) Maintain a professional demeanor in difficult or sensitive patient encounters

Practice-Based Learning and Improvement Objectives for HO 1, HO 2, HO 4 or HO 5:

1) Use systematic methodology for practice analysis and perform practice-based improvement.
2) Locate, appraise, and assimilate evidence from scientific studies related to patient health problems.
3) Participate in or facilitate the learning of students and other health care professionals.

Systems-Based Practice Objectives for HO 1, HO 2, HO 4 or HO 5:

1) Demonstrate the ability to effectively call on system resources to provide optimal patient care
2) Understand the interrelationships between their practice and the larger system of the center and the health care system as a whole.
3) Understand continuum of care issues specific to injured patients.

LSU HEALTH SCIENCES CENTER - NEW ORLEANS
DEPARTMENT OF SURGERY
VASCULAR SURGERY HO 1, 2 EVALUATION FORM

[Subject Name]
[Subject Employer]
[Subject Rotation]
[Evaluation Dates]

Evaluator
[Evaluator Name]
[Evaluator Employer]

PATIENT CARE - compassionate, appropriate and effective for treatment and prevention of disease

1. Does the resident communicate effectively and demonstrate caring and respectful behaviors to patients and families
2. Does the resident gather essential/pertinent and accurate information during history-taking?
3. Does the resident make appropriate diagnostic and therapeutic decisions based on patient information and preferences?
4. Does the resident perform a complete vascular exam?
5. Does the resident demonstrate appropriate understanding of the management of wounds in vascular patients?
6. Does the resident identify acute limb-threatening emergencies in the clinical setting?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

MEDICAL KNOWLEDGE - about established and evolving sciences and their application to patient care

1. Does the resident demonstrate an investigatory and analytic thinking approach to clinical situations?
2. Does the resident know and apply basic and clinically supportive sciences appropriate to their level of training?
3. Does the resident understand the pathophysiology and clinical course of acute and chronic arterial and venous disease?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
O	O	O	O

INTERPERSONAL & COMMUNICATION SKILLS - effective information exchange and cooperative "learning"

1. Does the resident create and sustain a therapeutic and ethically sound relationship with patients?
2. Does the resident use effective listening skills and elicit and provide information using effective Communication skills?
3. Does the resident work effectively with others as a member (or leader) of a health care team?
4. Does the resident pass on important patient information to his seniors in a timely manner?
5. Does the resident respond in a timely manner to pages and requests for attention?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

PROFESSIONALISM - commitment to professional responsibilities, ethical principles & sensitivity to diverse patient populations

1. Does the resident demonstrate respect, compassion, and integrity to meet the needs of the patients and society?
2. Does the resident demonstrate accountability to patients, society, and the medical profession?
3. Does the resident maintain the confidentiality of patient information and provide informed consent?
4. Does the resident understand and provide sound, ethical business practices?
5. Does the resident demonstrate sensitivity and responsiveness to patients culture, age, gender and disabilities?
6. Does the resident maintain a professional demeanor in difficult or sensitive patient encounters?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

PRACTICE-BASED LEARNING & IMPROVEMENT - investigate and evaluate practice patterns and improve patient care

1. Does the resident use systematic methodology for practice analysis and perform practice-based improvement?
2. Does the resident locate, appraise, and assimilate evidence from scientific studies related to patient health problems?
3. Does the resident participate in or facilitate the learning of students and other health care professionals?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

SYSTEMS-BASED PRACTICE - demonstrate an awareness of and responsiveness to the larger context and system of health care

1. Does the resident demonstrate the ability to effectively call on system resources to provide care that is of optimal value?
2. Does the resident understand the interrelationships between their practice and the larger system of health care?
3. Does the resident understand continuum of care issues specific to injured patients, i.e. follow-up, discharge, rehabilitation needs?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

OVERALL

Recommendation	Promotion to next PGY level	Remediation
	○	○

I have witnessed effective transitions in person and attest the essential elements as defined in the Transitions Policy was transmitted to and understood by the receiving team.

Yes	No	N/A

Overall Comments:

Remaining Characters: 5,000

LSU HEALTH SCIENCES CENTER - NEW ORLEANS
DEPARTMENT OF SURGERY
VASCULAR SURGERY HO 3 EVALUATION FORM

[Subject Name]
[Subject Employer]
[Subject Rotation]
[Evaluation Dates]

Evaluator
[Evaluator Name]
[Evaluator Employer]

PATIENT CARE - compassionate, appropriate and effective for treatment and prevention of disease

1. Does the resident gather essential/pertinent and accurate information during history-taking?
2. Does the resident make appropriate diagnostic and therapeutic decisions based on patient information and preferences?
3. Does the resident demonstrate appropriate use of consultations and senior level residents in the management of critically ill and injured patients?
4. Does the resident perform procedures appropriate to his/her level of training on this service?

- Femoral artery dissection
- IVC filter
- Tunneled catheter
- AV Fistula
- Venous angioplasty

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations

MEDICAL KNOWLEDGE - about established and evolving sciences and their application to patient care

1. Does the resident demonstrate an investigatory and analytic thinking approach to clinical situations?
2. Does the resident know and apply basic and clinically supportive sciences appropriate to their level of training.
3. Does the resident understand the natural history of treated and untreated vascular disease (carotid, aortic aneurysm, infrainguinal occlusive disease, DVT) and offer management alternatives for each?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations

INTERPERSONAL & COMMUNICATION SKILLS - effective information exchange and cooperative "learning"

1. Does the resident create and sustain a therapeutic and ethically sound relationship with patients?
2. Does the resident use effective listening skills and elicit and provide information using effective Communication skills?
3. Does the resident work effectively with others as a member (or leader) of a health care team?
4. Does the resident pass on important patient information to his seniors in a timely manner?
5. Does the resident respond in a timely manner to pages and requests for attention?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

PROFESSIONALISM - commitment to professional responsibilities, ethical principles & sensitivity to diverse patient populations

1. Does the resident demonstrate respect, compassion, and integrity to meet the needs of the patients and society?
2. Does the resident demonstrate accountability to patients, society, and the medical profession?
3. Does the resident maintain the confidentiality of patient information and provide informed consent?
4. Does the resident understand and provide sound, ethical business practices?
5. Does the resident demonstrate sensitivity and responsiveness to patients culture, age, gender and disabilities?
6. Does the resident maintain a professional demeanor in difficult or sensitive patient encounters?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

PRACTICE-BASED LEARNING & IMPROVEMENT - investigate and evaluate practice patterns and improve patient care

1. Does the resident use systematic methodology for practice analysis and perform practice-based improvement?
2. Does the resident locate, appraise, and assimilate evidence from scientific studies related to patient health problems?
3. Does the resident participate in or facilitate the learning of students and other health care professionals?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

SYSTEMS-BASED PRACTICE - demonstrate an awareness of and responsiveness to the larger context and system of health care

1. Does the resident demonstrate the ability to effectively call on system resources to provide care that is of optimal value?
2. Does the resident understand the interrelationships between their practice and the larger system of health care?
3. Does the resident understand continuum of care issues specific to injured patients, i.e. follow-up, discharge, rehabilitation needs?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

OVERALL

Recommendation	Promotion to next PGY level	Remediation

I have witnessed effective transitions in person and attest the essential elements as defined in the Transitions Policy was transmitted to and understood by the receiving team.

Yes | No | N/A

LSU HEALTH SCIENCES CENTER - NEW ORLEANS
DEPARTMENT OF SURGERY
VASCULAR SURGERY HO 4, 5 EVALUATION FORM

[Subject Name]
[Subject Employer]
[Subject Rotation]
[Evaluation Dates]

Evaluator
[Evaluator Name]
[Evaluator Employer]

PATIENT CARE - compassionate, appropriate and effective for treatment and prevention of disease

1. Does the resident gather essential/pertinent and accurate information during history-taking?
2. Does the resident make appropriate diagnostic and therapeutic decisions based on patient information and preferences?
3. Does the resident demonstrate appropriate use of consultants and senior level residents in the management of critically ill and injured patients?
4. Does the resident perform procedures appropriate to his/her level of training on this service?
   - Carotid endarterectomy
   - Abdominal aortic aneurysm resection/repair
   - Fem-distal bypass

1 = Major Deficiency | 2 = Minor Deficiency | 3 = Expected Performance | 4 = Exceeds Expectations

MEDICAL KNOWLEDGE - about established and evolving sciences and their application to patient care

1. Does the resident demonstrate an investigatory and analytic thinking approach to clinical situations?
2. Does the resident know and apply basic and clinically supportive sciences appropriate to their level of training?
3. Does the resident understand the natural history of treated and untreated vascular disease (carotid, aortic aneurysm, iliac/femoral occlusive disease) and offer management alternatives for each?

1 = Major Deficiency | 2 = Minor Deficiency | 3 = Expected Performance | 4 = Exceeds Expectations

INTERPERSONAL & COMMUNICATION SKILLS - effective information exchange and cooperative "learning"

1. Does the resident create and sustain a therapeutic and ethically sound relationship with patients?

2. Does the resident use effective listening skills and elicit and provide information using effective Communication skills?
3. Does the resident work effectively with others as a member (or leader) of a health care team?
4. Does the resident pass on important patient information to his seniors in a timely manner?
5. Does the resident respond in a timely manner to pages and requests for attention?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

PROFESSIONALISM - commitment to professional responsibilities, ethical principles & sensitivity to diverse patient populations

1. Does the resident demonstrate respect, compassion, and integrity to meet the needs of the patients and society?
2. Does the resident demonstrate accountability to patients, society, and the medical profession?
3. Does the resident maintain the confidentiality of patient information and provide informed consent?
4. Does the resident understand and provide sound, ethical business practices?
5. Does the resident demonstrate sensitivity and responsiveness to patients culture, age, gender and disabilities?
6. Does the resident maintain a professional demeanor in difficult or sensitive patient encounters?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

PRACTICE-BASED LEARNING & IMPROVEMENT - investigate and evaluate practice patterns and improve patient care

1. Does the resident use systematic methodology for practice analysis and perform practice-based improvement?
2. Does the resident locate, appraise, and assimilate evidence from scientific studies related to patient health problems?
3. Does the resident participate in or facilitate the learning of students and other health care professionals?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

SYSTEMS-BASED PRACTICE - demonstrate an awareness of and responsiveness to the larger context and system of health care

1. Does the resident demonstrate the ability to effectively call on system resources to provide care that is of optimal value?
2. Does the resident understand the interrelationships between their practice and the larger system of health care?
3. Does the resident understand continuum of care issues specific to injured patients, i.e. follow-up, discharge, rehabilitation needs?

1 = Major Deficiency	2 = Minor Deficiency	3 = Expected Performance	4 = Exceeds Expectations
○	○	○	○

OVERALL

Recommendation	Promotion to next PGY level	Remediation

Overall Comments:

Remaining Characters: 5,000

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Guidelines for Giving Effective Presentations

- Remember that the hallmark of a good presentation is **communication**. Basic rules of public speaking always apply. Obviously, you have to know your subject matter. But just knowing your subject matter does not make you a good speaker, we have all had the experience of sitting through lectures from "experts" who clearly knew their subjects inside and out but couldn't communicate it. Remember to speak **to the audience**, not to the projection screen; speak up and speak clearly; whenever possible, include clinical cases or examples to make the subject matter more interesting and relevant to the listeners. When appropriate, invite participation by asking residents and staff for their input or interpretation. In other words, **communicate**.

- One of the goals of this residency program is to turn out physicians who are capable of, and comfortable with, giving excellent medical presentations. This skill will enable you to speak more clearly not only to audiences, but to colleagues, co-workers, and patients alike. Because communication is so important to good medical care, your will be expected to give frequent presentations throughout your residency. You may be asked to give presentation at local, regional, or national meetings. If you are uncomfortable with speaking before audiences, you should read **Osgood on Speaking**, a very short, concise and excellent resource book by Charles Osgood.

- Whenever you give a presentation, do your best to see that the area in which you will give your talk is as neat and orderly as possible. If you want to make a good impression you shouldn't let the physical environment distract your audience. This includes making sure that the computer and projector works, that the shades come down (so your computer presentation can be seen well), that the screen is there, that you have some kind of pointer if you need one etc.

- When presenting x-rays, CT scans, MRI scans and the like, use an overhead projector if possible. This magnifies the image, and allows as many people as possible to see and focus on what you are trying to show. Have your x-rays in correct orientation and order.

Guidelines for Making Visual Aids for Presentations

One of the most frequent complains about medical educational presentations is that many speakers use power point slides that are difficult to read or that are too complicated or "busy". The following guidelines come from expert speakers and educators who know how to get a point across without confusing an audience. You want your presentation to communicate effectively as possible. Following the recommendations below will help you to accomplish this goal.

Guidelines for Legible Power Point Slides

- All word sides should **have no more then 7 lines** (including title) and each line should be **no longer than 27 characters** (including spaces).
- Each slide should be devoted to **one single concept**.
- Keep each slide **simple** and in **outline form**.
- Do **not** put all text in capitals—it's less readable that way.
- Be certain to break down complicated concepts into a **series** of simple slides.
- One **key** word is often more effective then a sentence.
- If you are using graphs, charts, or other non-verbal material, consider splitting the material into two or more graphs, or put complicate graphic material **in your handout** rather than a slide.
- Avoid using complicated tables as slides.
- Avoid using distracting backgrounds or colors that contrast poorly in slides.
- Make sure you **spell check** everything correctly in your slides. There's nothing quite like a spelling error in a medical presentation to make people doubt whether you really know what you're talking about!

Guidelines for Preparation of Posters

for Presentation at Meetings

The usual standard poster board surface area is four feet high and eight feet wide (4x8). Your presentation must be limited to this area. Boards will be provided and set up by staff at most meetings. You are responsible for affixing your posters to the board and removing them.

Prepare for the top of your poster space, a label indicating the title of the abstract and the authors. The lettering for this section should not be less then one inch. A copy of your abstract, in large typescript should be posted.

Bear in mind that your illustrations will be viewed from distances of three feet or more. All lettering should be at least 3/8" high, preferably in bold font. Charts, drawings, and illustrations might well be similar to those used in making slides. Keep everything as simple as possible; avoid "arty" or ornate presentation. Captions should be brief and labels few and clear. It is helpful to viewers if the sequence to be followed in studying your material is indicated by numbers, letters, or arrows. Do not mount illustrations on heavy board as it may be difficult to keep in position on the poster board.

Your poster should be self-explanatory so that you are free to supplement and discuss particular points raised by inquiry. The poster session offers a more intimate forum for informal discussion than the power point presentation, but this becomes difficult if you are obliged to devote most of your time to mearly explaining your poster to a succession of visitors. You may find it useful to have on hand a tablet of sketch paper and suitable drawing materials, but please do not write or paint on your poster boards.

Bring push pins, double-stick tape, or similar fasteners, with you to the meeting.

Guidelines for Preparation of Abstracts

Introduction: The introduction should be 2 or 3 brief sentences and contain the following elements:
The reason the study was inaugurated
What the object of the study was (what could be gained)

Methods: A description of the methods necessary to evaluate the study must be included (i.e., retrospective chart review, prospective trial, etc.) Detailed descriptions of laboratory techniques should not be included (i.e., measurements were made of calcium, phosphate and creatinine). Methods of specimen collections, etc. should be indicated. Where the paper is to describe a study based on a laboratory technique (i.e., leukocyte adherence in advanced malignancy), the technique should be described sufficiently to be understood by workers in the field. *Methods* should occupy a brief portion of the abstract.

Results: This should occupy one-half to tow-thirds of the abstract. Specific data necessary to evaluate the abstract should be included along with p values and significance should be indicated whenever possible. If there is doubt that additional data would enhance the abstract, include them. Statements to the effect:"…data will be discussed at the presentation" or "results of the study will be presented:, etc. are sometimes ground for refusal of the abstract.

Conclusions: The conclusion should be no more than 2 or 3 lines indicating the significance of the results in terms of what was originally deigned.

Remember the four basic questions that should be answered by any abstract:

- What did you do the study?
- How was it done?
- What did you find?
- What is the importance of your findings?

Some Reasons Why Abstracts are Turned Down:

- Previously reported study
- Paper presented or published elsewhere
- Too little data
- Inadequate control
- Methods of study not indicated
- Insignificant study
- Abstract did not conform to requirements (i.e., too long over the 1 page box)
- Poorly written presentation
- Conclusion is questionable in relationship to data presented

Submission of Manuscripts and Abstracts

All residents are both encouraged and expected to write articles for publication in journals and to make presentations to Surgery meetings. Any such contributions to the scientific literature by resident much, however, be submitted for approval by a full-time faculty member and the Chairman PRIOR to submission of the final manuscript to any journal. The name of the journal to which the manuscript is being submitted must be indicated. This must be done whether the resident is the sole author or has co-authors.

Residents who plan to present papers or posters at scientific meetings must submit the final abstract to the Chairman and Residency Director PRIOR to submission for presentation. The abstract must be accompanied by the appropriate "Abstract Submission Approval" form, a copy of which is available from the Residency Coordinator. Abstracts cannot be submitted without such prior departmental approval.

These policies are in no way intended to discourage resident submission of abstracts and papers. Rather, they are intended to ensure that all scientific contributions from resident have had the benefits of review by individuals who have had experience with the process, thereby enhancing the likelihood of acceptance by journals and meetings.

General Surgery Qualifying Examination – Overview

Introduction

- The Qualifying Examination (QE) is a computer-based examination offered annually by the ABS. It is the first of two exams required for board certification in general surgery. The QE consists of approximately 300 multiple-choice questions designed to evaluate a candidate's knowledge of general surgical principles and basic sciences applicable to surgery. It is a one-day exam lasting eight hours and is held at computer-testing facilities across the U.S. Results are posted and mailed approximately three to four weeks after the exam.
- The QE is copyrighted by the ABS and its contents may not be reproduced or disclosed in any manner (see Ethics and Professionalism Policy). Active duty military personnel who may encounter difficulty taking the exam due to their service should contact the ABS as soon as possible (see also Military Activation Policy).

General Requirements

- Applicants must have completed the following:

- **Possess a full and unrestricted license to practice medicine** in the U.S. or Canada within six months of residency. Applicants are required to immediately inform the ABS of any conditions or restrictions in force on any active medical license they hold in any state or province.
- **A minimum of five years of *progressive* residency education** satisfactorily in a general surgery program accredited by the Accreditation Council for Graduate Medical Education (ACGME) or

the Royal College of Physicians and Surgeons of Canada. Completing three years at PGY-1 and -2 levels does not permit promotion to PGY-4; **a categorical PGY-3 must be completed**. All training must be completed by July 1 to be eligible for that year's QE.

- **Sixty months of training at no more than three residency programs**, with the **final two years spent in the same program**. This limit applies regardless of whether clinical years were completed as a non-designated preliminary or categorical resident. Applicants who trained at multiple programs must submit evidence of satisfactory completion for years in prior programs from the appropriate program director. If credit is granted for past foreign training, it will count as one institution (see Limit on Number of Programs and Credit for Foreign Medical Education).
- **No fewer than 48 weeks of full-time experience in each residency year**. This will be required regardless of the amount of operative experience obtained. **All vacation and leave time must be accounted for on the application form**, including time taken for interviews, visa issues, and early departures for fellowships. See Leave Policy for further details.
- **At least 54 months of clinical surgical experience** with increasing levels of responsibility over the five years, including **no fewer than 42 months** devoted to the content areas of general surgery.
- **No more than six months** assigned to non-clinical or non-surgical disciplines during junior years; in addition, **no more than 12 months** may be allocated to any one surgical specialty other than general surgery.
- **The programs** Advanced Cardiovascular Life Support (ACLS), Advanced Trauma Life Support® (ATLS®) and Fundamentals of Laparoscopic Surgery (FLS). Applicants are not required to be currently certified in these programs; they must only provide documentation of successful completion. (**Note:** This requirement applies to individuals who completed residency in the 2009-2010 academic year or thereafter.)

- **Acting in the capacity of chief resident in general surgery for a 12-month period**, with the majority of the 12 months served in the final year. The entire chief resident experience must be devoted to either the content areas of general surgery or thoracic surgery, with no more than four months devoted to any one area. All rotations at the PGY-4 and -5 levels should involve substantive major operative experience and independent decision making.
- **A minimum of 750 operative procedures in five years** as operating surgeon, including at least **150 operative procedures in the chief resident year**. Applicants may count up to 50 cases as teaching assistant toward the 750 total; however these cases may not count toward the 150 chief year cases.
- **A minimum of 25 cases in surgical critical care**, with at least one in each of the seven categories: ventilatory management; bleeding (nontrauma); hemodynamic instability; organ dysfunction/failure; dysrhythmias; invasive line management and monitoring; and parenteral/enteral nutrition. (**Note:** This minimum applies to individuals who completed residency in the 2009-2010 academic year or thereafter, though **all** applicants must report SCC cases on their operative log.)
- Adhere to the ABS Ethics and Professionalism Policy.

How to Apply

- Individuals who meet ABS requirements may apply for the QE through the online application process, which is posted each year in early spring (Application Instructions). Applicants in U.S. programs must use the login information mailed to programs at that time. Canadian applicants should contact the ABS office for access.
- Once your application is approved, you will be sent instructions on how to register for this year's examination and submit payment of the separate exam fee. You will then be mailed an exam admission

authorization letter with final details about your exam and instructions on reserving a place at a computer-testing center.

Examination Opportunities and Admissibility

- **Applicants must apply for the QE within three academic years** after completion of residency.
- **Applicants must take the QE for the first time** either in the year of application approval or the year following.
- Once an application is approved, the applicant has a maximum of **five opportunities within a five-year period** to pass the QE. If an applicant decides not to take the exam in a given year, it is a lost opportunity as the five-year limit is absolute.
- During the five-year period, examinees who postponed or were unsuccessful will be contacted each year regarding the next exam; **a new application is not necessary**.
- Applicants who exceed any of these restrictions lose admissibility to the certification process and must fulfill a readmissibility pathway if they still wish to seek certification: Readmissibility Policy.

General Surgery Certifying Examination

Upon successful completion of the QE, a candidate is admissible to the General Surgery Certifying Examination, an oral examination, and may sign up for an upcoming exam site/date. **Note**: Candidates must select a CE site/date by Sept. 30 for that academic year.

New Innovations

New Innovations is a web based system that will be used to track schedules, conference attendance, evaluations and duty hours.

INSTRUCTIONS TO ACCESS WEB RP FROM OFF CAMPUS SITES

These are the simple procedures the attendings and residents need to follow when using WebRP.

Always use the URL www.new-innov.com to access NI.

You can log on to WebRP directly from the GME home page as well. http://www.medschool.lsuhsc.edu/medical_education/graduate/. Click on "House Officer Resources."

If you have any questions or problems, contact Katie or the GME office directly:

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LSU Surgery Infection Control

1. General Infection Control Principles
    a. **Standard Precautions**
        i. Are to be applied to the care of all patients regardless of their diagnosis or presumed infection status. ALL patients are potentially infectious.
        ii. Use personal protective equipment (gloves, masks, face shields, eye protection, gown) to prevent contact with blood, all body fluids, secretions, excretions (except sweat), regardless of whether they contain visible blood, and to prevent contact with nonintact skin, and mucous membranes when caring for all patients.
        iii. Handle used patient care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents exposures to health care workers, other patients, and the environment. Ensure that reusable equipment is not used for the care of another patient until it has been appropriately cleaned and reprocessed. Single-use items are to be properly discarded.
        iv. **Hand Hygiene** is a critical component of Standard Precautions
            1. Remove all jewelry
            2. Soap and water - Wash hands with soap and water vigorously for at least 15 seconds. Dry hands and turn faucet off with paper towel
            3. Waterless alcohol-based (62% alcohol) antiseptic – use for routine decontamination if hands are not visibly soiled. Apply product to palm, rub hands together, covering all surfaces until hands are dry. Do not rinse.
            4. Must use soap and water to perform hand hygiene after caring for patients with *Clostridium difficile*. Waterless alcohol-based hand cleaners do not kill the spores of *C. difficile.*
            5. Must use soap and water when hands are visibly dirty or contaminated with blood, body fluids, or excretions. Do not use alcohol-based hand rub in this instance.
            6. Perform hand hygiene:
                a. Before and after patient contact regardless of whether gloves are worn

b. Before and after glove use
c. Before donning sterile gloves for procedures such as central line placement
d. Before other procedures such as urinary catheter insertion and peripheral vascular catheter placement
e. During patient care when moving from a contaminated body site to a clean body site on the same patient
f. Before eating and after using the restroom – use soap and water

v. **Respiratory Hygiene/Cough Etiquette** –Place a surgical mask on patients that are undiagnosed with a cough, particularly those with fever, until evaluated. Patients, visitors, and health care workers are to cover the nose and mouth when coughing or sneezing. Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use. Perform hand hygiene after having contact with respiratory secretions and contaminated objects.

b. **Transmission Based Precautions –** are used **in addition to** Standard Precautions and are designed for patients documented or suspected to be infected with highly transmissible or epidemiologically important pathogens.

i. **Airborne Precautions –** are used for microorganisms transmitted by airborne droplet nuclei 5μm or smaller. Airborne Infection Isolation Room has special air handling including negative air pressure and/or HEPA filtration. The patient is to be kept in the room with the door closed, and transport of the patient out of the room should be limited. Healthcare workers, and visitors need to wear N-95 masks to enter the room, and patients should wear surgical masks if transport out of the room is medically necessary. Susceptible persons should not enter the room of a patient with known or suspected measles or varicella. Diseases requiring Airborne Precautions include:

Tuberculosis
Measles (Rubeola)
Contact Precautions **ALSO** Required for:
Varicella (chickenpox), or multi-dermatomal zoster
SARS (+ eye protection)
Variola (smallpox), Monkeypox

Viral Hemorrhagic Fever (Ebola, Lassa, Marburg)

ii. **Droplet Precautions –** are used for microorganisms transmitted by respiratory droplets generated during coughing, sneezing, talking or during procedures such as suctioning or bronchoscopy. The patient is placed in a private room with no special air handling required. Health care workers and visitors wear surgical masks to enter the room. The patient wears a surgical mask when transport out of the room is medically necessary. Droplet Precautions are used for diseases such as:

Neisseria meningitidis
invasive *Hemophilus influenzae* type b
drug-resistant pneumococcus
Diphtheria (pharyngeal)
Mycoplasma pneumonia
Pertussis
Pneumonic plague
Streptococcal pharyngitis, pneumonia, scarletfever in young children
Rubella
Adenovirus
Influenza
Mumps
Parvovirus B19

iii. **Contact Precautions** - are used for diseases spread by contact with intact skin or surfaces. Place the patient in a private room, or cohort patients with the same microorganism. Wear gloves when entering the room. Change gloves after contact with infective material, and perform hand hygiene. Wear a gown when entering the room if you anticipate that your clothing will have substantial contact with the patient or environmental surfaces, or if the patient is incontinent, or has drainage from a wound or ostomy site not contained by a dressing. Wear gloves and a gown when entering the room of a patient with vancomycin-resistant enterococci (VRE). Diseases requiring Contact Precautions include:

Multi-drug resistant bacteria (e.g., VRE, VRSA, MRSA, ESBL)
Clostridium difficile
patient with diarrhea and fecal incontinence due to: E. coli 0157:H7, Hepatitis A, Shigella, Rotavirus

Respiratory syncytial virus
Parainfluenza
Enterovirus
Diphtheria (cutaneous)
Herpes simplex
Zoster – single dermatome, normal host, covered by dressing
Impetigo, furunculosis
Wound infections, cellulitis
Lice, scabies
Conjunctivitis
Viral Hemorrhagic Fever (Ebola, Lassa, Marburg) - Airborne Precautions also required

2. Infection Control in the Operating Room
    a. Evaluate your OR attire, equipment, and techniques for exposure risk reduction.
    b. If you anticipate fluids soaking through your gown (strike through), either double gown or wear a plastic apron; report defective surgical gowns.
    c. Double glove for orthopedic surgery or use orthopedic gloves.
    d. Do not allow surgery to start until all those in the OR are wearing goggles and have all hair on their heads and faces covered. It is important to be consistent.
    e. Reduce airborne risk of exposure by carefully handling power equipment and pulsating lavage systems.
    f. When possible, utilize autologous blood transfusions and a cell saver.
    g. Avoid palpating for a needle in a blind cavity. Remember HIV, HBV, and HCV have a two-way transmission.
    h. Use staple and safe suturing techniques whenever possible. Avoid risk of sticking hands that are retracting for you. Avoid having two people suture at the same time. Use no-touch instrument tying when possible. Cut needles off before tying sutures.
    i. **OR Safe Zone –** Sharps are never to be passed hand-to-hand. Announce when you are passing a sharp; make arrangements with the surgical technicians and colleagues as to how sharps will be handled (e.g. pass sharps to a safe, neutral station such as an intermediate tray rather than directly to an assistant). Keep needles lying flat on the mayo stand rather than loaded in the needle holder. Cover protruding ends of wire or pins with a protector.
    j. Remove shoes covers and mask before leaving the OR; put on a <u>clean</u> lab coat.

3. Infection Control for Surgery Patients
    a. At the bedside, secure long neckties and hair to prevent them from contaminating the patient, or from becoming contaminated.
    b. Carefully remove Penrose drains, or other devices that may splatter body fluids into your face or onto another team member. A solution is to hold a gauze pad over the wound during drain removal and wear protective face wear.
    c. Postoperative incision care – protect with a sterile dressing for 24 – 48 hours postoperatively an incision that has been closed primarily. Perform hand hygiene before and after dressing change, or any contact with the surgical site. Use sterile technique for dressing change. Unresolved issues include whether incisions closed primarily need to be covered beyond 48 hours, and when the appropriate time to shower or bathe with an uncovered incision.
    d. Throw old dressings in the trash. Be careful not to throw them in linen bags or sharps containers. Do not allow them to fall on the floor.
    e. Dressings and other contaminated disposables from infected wounds are to be placed in Red Bags. Red Bag waste is incinerated. Waste contaminated with a substance for which the patient is on Isolation Precautions needs to be discarded in a Red Bag. For example, a wound dressing from a patient on Contact Precautions for MRSA (or other resistant organism such as VRE, or multi-resistant gram negative rods) in the wound is discarded in a red bag. Red Bag waste also includes bulk blood and live birth placentas.

4. Sharps Safety
    a. Do not recap needles. If you must recap a needle, use a single-handed technique.
    b. The sharps user is responsible for sharps disposal. Always dispose of sharps properly – in a sharps container. Do not wrap needles, pins, wires, or other sharps in dressings. Do not leave sharps in bedding or linen. Do not discard sharps in trash cans.
    c. Familiarize yourself with safety devices before use. Do not remove or circumvent the safety device.

5. Infection Surveillance
    a. Culture wounds suspected of being infected. Culture expressed pus from freshly cleaned wounds; cultures of wound surfaces and drains give meaningless information and can lead to unnecessary antibiotic usage and organism resistance.

b. For quantitative culture of intravascular catheter tips, cleanse the skin around the catheter site with alcohol. Aseptically remove catheter and, using sterile scissors, clip 5 cm of the distal tip of the catheter directly into a sterile container. Transport directly to microbiology laboratory to prevent drying. (Manual of Clinical Microbiology, 7th Edition, Patrick Murray et al, ASM Press, Washington D.C., 1999, page 37 Chapter 4: Specimen Collection, Transport, and Storage)
    i. Do not routinely culture catheter tips – culture when infection is suspected.
c. Clearly document "infection" in the chart versus colonization so that Infection Control Surveillance personnel can provide trending data back to the surgeons.
d. Notify Infection Control of all cases of unanticipated death or major permanent loss of function in which a health-care acquired (nosocomial) infection is suspected of directly causing the event.

6. Prevention of Surgical Site Infections - Guidelines
    a. See table abstracted from reference: Mangram AJ, Horan TC, Pearson ML, Silver LC, Jarvis WR, The Hospital Infection Control Practices Advisory Committee. Guideline for Prevention of Surgical Site Infection, 1999. Infection Control and Hospital Epidemiology 1999;20:247 – 280.

7. Antimicrobial Prophylaxis in Surgery – this is a summary of the Surgical Infection Prevention Guideline Writers Workgroup consensus positions. See reference for full details and antimicrobial recommendations.
    a. Antibiotic timing - infusion of the first antimicrobial dose should begin within 60 min before the surgical incision. When fluoroquinolone or vancomycin are indicated, infusion of the first antimicrobial dose should begin within 120 min before the incision.
    b. Duration of prophylaxis - prophylactic antimicrobials should be discontinued within 24 h after the end of surgery.
    c. Screening for beta-lactam allergy - the medical history should be adequate to determine whether the patient has a history of allergy or serious adverse antibiotic reaction. Alternative testing strategies (e.g., skin testing) may be useful for patients with reported allergy.
    d. Antimicrobial dosing - the initial antimicrobial dose should be adequate based on the patient's body weight, adjusted dosing weight, or body mass index. An additional antimicrobial dose should be provided intraoperatively if the operation is still continuing 2 half-lives after the initial dose.

8. Prevention of Intravascular Catheter-Related Infections

a. Perform hand hygiene before and after catheter placement. The use of gloves does not obviate the need for hand hygiene.
b. Wear sterile gloves for the insertion of arterial and central catheters.
c. Selection of catheter insertion site - weigh the risk and benefits of placing a device at a recommended site to reduce infectious complications against the risk for mechanical complications (e.g., pneumothorax, subclavian artery puncture, subclavian vein laceration, subclavian vein stenosis, hemothorax, thrombosis, air embolism, and catheter misplacement)
    i. Use a subclavian site (rather than a jugular or a femoral site) in adult patients to minimize infection risk for nontunneled CVC placement.
d. Maximal sterile barrier precautions during catheter insertion. - Use aseptic technique including the use of a cap, mask, sterile gown, sterile gloves, and a large sterile sheet, for the insertion of CVCs (including PICCS) or guidewire exchange.
e. Disinfect clean skin with an appropriate antiseptic before catheter insertion and during dressing changes. A **2% chlorhexidine based preparation is preferred**, but tincture of iodine, an iodophor, or 70% alcohol can be used.
f. Allow the antiseptic to remain on the insertion site and to air dry before catheter insertion. Allow povidone iodine to remain on the skin for at least 2 minutes, or longer if it is not yet dry before insertion
g. See reference for full recommendations: CDC. Guidelines for the Prevention of Intravascular Catheter-Related Infections. Morbidity and Mortality Weekly Report 2002;51(RR-10):1-32.

9. Blood and Body Fluid Exposures
    a. Immediately after an exposure - **WASH** exposure site with soap and water; mucous membranes should be flushed with water
    b. **REPORT** the incident by filling out incident report and notifying Charge Nurse/Administrator on the Unit to facilitate blood draw on source patient. The patient will be tested for hepatitis B, hepatitis C, and HIV. The incident report must be filed in order to test the source patient for HIV. (A separate report is to be filed with LSU. This should be done **after** the assessment for postexposure prophylaxis. See Chancellor's Memorandum 25.)
    c. **GO** to designated area in the facility for evaluation of exposure and need for postexposure prophylaxis (usually Ocupational Health, or the Emergency Department).
    d. Follow current guidelines for postexposure prophylaxis - CDC Guidelines for Management of Occupational Exposures to HBV,

HCV, HIV and Recommendations for Postexposure Prophylaxis MMWR 2001;50(No. RR-11). HIV Postexposure prophylaxis:

i. 4-week regimen of two drugs for most HIV exposures (such as zidovudine and lamivudine)
ii. addition of a third drug (such as indinavir, or nelfinavir) to the basic regimen for exposures that pose an increased risk for HIV transmission, or resistant virus known or suspected in the source patient
    1. choose best antiviral regimen against source patient's virus – may need Infectious Diseases consult.
iii. Special Circumstances - when consultation with local experts +/- National Clinicians' PEP Hotline (888) 448-4911 is advised
    1. delayed exposure report
    2. unknown source
    3. pregnancy in the exposed person
    4. resistance of the source virus to antiretrovirals
    5. toxicity of the postexposure regimen
iv. HIV postexposure prophylaxis should be initiated as soon as possible
v. Do NOT test needles/sharps for HIV - reliability and interpretation of HIV test in this situation is unknown and testing might be hazardous to the person handling the sharp instrument.
vi. Hepatitis B postexposure prophylaxis includes assessment of the need for Hepatitis B Immune Globulin, and Hepatitis B vaccine depending on the source patient and healthcare worker Hepatitis B status.
vii. There is no immediate postexposure prophylaxis for exposures to Hepatitis C sources. The healthcare worker is to be followed for signs of seroconversion, and assessed for the need for treatment at that time.
viii. The guidelines can be found on the web: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5011a1.htm

10. Bloodborne Infections in Healthcare Workers
    a. All clinical staff should know their HIV/HBV/HCV status and to report their status, if positive, to LSU, and the hospitals where they practice.
    b. See Chancellor's Memorandum 25
    c. Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During

Exposure-Prone Invasive Procedures. MMWR July 12,1991 / 40 (RR-08); 4-5

11. Healthcare Worker Health Maintenance
    a. Hepatitis B Vaccine series should be completed for health care workers at risk for occupational exposure to patient blood and other potentially infectious materials.
    b. Annual tuberculin skin test is required.
    c. Rubella (German Measles) immunity proven by titer or documentation of 2 injections of MMR is needed.
    d. Measles (Rubeola) immunity proven by titer or documentation of 2 injections of MMR.
    e. Reduce cutaneous exposure with a program of hand and other skin care to promote rapid healing of small cuts, abrasions, and eruptions such as acne; CDC recommends against patient contact when a healthcare worker has exudative lesions on his/her hands (see Guideline for Prevention of Surgical Site Infection).

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DEPARTMENTAL HOUSE OFFICER MANUAL ATTESTATION

I hereby certify that I have received the mandatory 2014-2015 Department of Surgery House Officer Manual. I understand that I will be accountable for conducting duties in the workplace in accordance with the information contained in this manual. I understand that additional information is available through the LSUHSC Department of Surgery website http://www.medschool.lsuhsc.edu/surgery/residency_general.aspx; LSUHSC Human Resources website http://www.lsuhsc.edu/no/administration/hrm; LSUHSC GME website http://www.medschool.lsuhsc.edu/medical_education/graduate; LSU Bylaws and Regulations, LSU System Polices, LSUHSC Policies and GME Polices

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Print Name HO Level

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Signature Date

Please return completed form to
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1542 Tulane Ave. Room 734
New Orleans, LA 70112
504.568.4633 (fax)