Verification of a resident performing a procedure not listed in this manual should be brought to the attention of the nursing supervisor who can verify competencies by contacting the Attending Physician.

For questions concerning this manual, contact Jo-Ellyn Pilarski in the Graduate Medical Education Office at 651-254-3725 or joellyn.l.pilarski@healthpartners.com
RESIDENT SCOPE OF PRACTICE INDEX

INSTITUTE SPONSORED RESIDENCY PROGRAMS @ REGIONS HOSPITAL
Updated 4/1/2013
(Click on links below for more information)

Emergency Medicine Residency Program
Foot and Ankle Surgery Residency Program
Hand Surgery Fellowship Program
Medical Toxicology Fellowship Program
Occupational Medicine Residency Program

REGIONS / HENNEPIN COUNTY MEDICAL CENTER PROGRAM
(Click on links below for more information)

Psychiatry Residency Program

UNIVERSITY OF MINNESOTA AFFILIATED PROGRAMS
(Click on links below for more information)

Anesthesiology Residency Program
Internal Medicine Residency Program
Neurology Residency Program
Obstetrics and Gynecology Residency Program
Otolaryngology Residency Program
Orthopedic Surgery Residency Program
Plastic Surgery Residency Program
Surgery Residency Program
EMERGENCY MEDICINE ROTATION - PGY1

Educational objectives: Develop competency to practice in any emergency department environment. This is accomplished by graduated responsibility and is done under the supervision of attending staff.

Description of clinical experiences: All patients in the ED are triaged into a resuscitation area, acute area, or intermediate acute area. The ultimate patient care responsibility is the staff physician’s. Residents have the opportunity to see all types of patients. They are supervised by attending staff and have graduated responsibility. Critically ill patients are assigned two codes depending on severity. A code blue needs a team physician response to a critical patient such as during a cardiac arrest. A code red needs an immediate individual physician response. Examples would include acute pain syndromes, acute dyspnea, and acute CVA.

PGY-1:

The resident sees acute, stable patients with non-life threatening problems under supervision by faculty or Senior (PGY-3) resident. The resident’s primary responsibility in the department is to gain facility with patient care and procedures under senior resident and faculty supervision. During the first few months in the Emergency Center, the resident is designated to evaluate both patients with acute stable or quasi-stable medical problems with potential life threats (Code Reds). The residents are supervised by the faculty or senior residents. When the resident has achieved a level of procedural competency with these cases, then during the last 1-2 months in the department the resident may assume the role of the PGY-2 resident. The PGY-1 resident has no assigned supervisory responsibility.

Description of unsupervised clinical activities/procedures per PGY level resident can perform while on this service, for residents training in this specialty and residents training in another specialty currently rotating on this service:

<table>
<thead>
<tr>
<th>PGY</th>
<th>Emergency Medicine Residents</th>
<th>Non Emergency Medicine Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>PGY1</td>
<td>All ED procedures are with supervision</td>
<td>All ED procedures are with supervision</td>
</tr>
<tr>
<td>PGY2</td>
<td>All ED procedures are with supervision</td>
<td>All ED procedures are with supervision</td>
</tr>
<tr>
<td>PGY3</td>
<td>All ED procedures are with supervision</td>
<td>All ED procedures are with supervision</td>
</tr>
<tr>
<td>PGY4</td>
<td>All ED procedures are with supervision</td>
<td>All ED procedures are with supervision</td>
</tr>
</tbody>
</table>

Evaluation process: Residents receive written evaluations after completing rotations to the ED. They are evaluated on their knowledge base, facility to perform procedural skills as appropriate for their level of training and professional attitudes. Residents are responsible for keeping track of all procedures performed.
These logbooks are reviewed at least twice a year by the Program Director. Annual oral examinations, the national in-service examination, and case presentations at conference are also used to evaluate residents.

**Feedback mechanisms:** Immediate feedback is provided by the faculty on duty in the Emergency department. Such feedback is considered most important in the resident’s education. Several times during the year residents meet with their preceptors. In addition, the Program Director meets with each resident twice each year to review the department’s evaluation of the resident.
EMERGENCY MEDICINE ROTATION - PGY2

**Educational objectives:** Develop competency to practice in any emergency department environment. This is accomplished by graduated responsibility and is done under the supervision of attending staff.

**Description of clinical experiences:** All patients in the ED are triaged into a resuscitation area, acute area, or intermediate acute area. The ultimate patient care responsibility is the staff physician’s. Residents have the opportunity to see all types of patients. They are supervised by attending staff and have graduated responsibility. Critically ill patients are assigned two codes depending on severity. A code blue needs a team physician response to a critical patient such as during a cardiac arrest. A code red needs an immediate individual physician response. Examples would include acute pain syndromes, acute dyspnea, and acute CVA.

**PGY-2:**

The resident is responsible for acute, non-arrested patients with borderline hemodynamic or airway stability cases under the supervision of the faculty and senior resident. When both PGY-2 and PGY-3 residents are on duty, the decision on whether the PGY-2 or PGY-3 resident takes the Code Blue (acute unstable or arrested patients with life threatening problems) is one that is made by the PGY-3 resident and faculty. If the problem is one that the PGY-3 has had sufficient experience, then the PGY-2 resident should be assigned as the resuscitation leader under supervision by faculty. During the last month in the Emergency Center, the PGY-2 resident may assume the role of the PGY-3 resident.

Description of unsupervised clinical activities/procedures per PGY level resident can perform while on this service, for residents training in this specialty and residents training in another specialty currently rotating on this service:

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**Evaluation process:** Residents receive written evaluations after completing rotations to the ED. They are evaluated on their knowledge base, facility to perform procedural skills as appropriate for their level of training and professional attitudes. Residents are responsible for keeping track of all procedures performed. These logbooks are reviewed at least twice a year by the Program Director. Annual oral examinations, the national in-service examination, and case presentations at conference are also used to evaluate residents.
**Feedback mechanisms:** Immediate feedback is provided by the faculty on duty in the Emergency department. Such feedback is considered most important in the resident's education. Several times during the year residents meet with their preceptors. In addition, the Program Director meets with each resident twice each year to review the department’s evaluation of the resident.
EMERGENCY MEDICINE ROTATION - PGY3

Educational objectives: Develop competency to practice in any emergency department environment. This is accomplished by graduated responsibility and is done under the supervision of attending staff.

Description of clinical experiences: All patients in the ED are triaged into a resuscitation area, acute area, or intermediate acute area. The ultimate patient care responsibility is the staff physician's. Residents have the opportunity to see all types of patients. They are supervised by attending staff and have graduated responsibility. Critically ill patients are assigned two codes depending on severity. A code blue needs a team physician response to a critical patient such as during a cardiac arrest. A code red needs an immediate individual physician response. Examples would include acute pain syndromes, acute dyspnea, and acute CVA.

PGY-3:
The resident is in charge of the clinical, supervisory, EMS and administrative activities in the Emergency Center. Some of these responsibilities may be delegated, but the accountability remains with the PGY-3 resident. The PGY-3 resident has the option of taking critical cases that they have had insufficient experience to manage. The PGY-3 resident will have patient care responsibilities with priority to patient flow, supervision of students and housestaff, administrative problems, patient transfer calls and EMS base station demands

Description of unsupervised clinical activities/procedures per PGY level resident can perform while on this service, for residents training in this specialty and residents training in another specialty currently rotating on this service:

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<td>All ED procedures are with supervision</td>
</tr>
</tbody>
</table>

Evaluation process: Residents receive written evaluations after completing rotations to the ED. They are evaluated on their knowledge base, facility to perform procedural skills as appropriate for their level of training and professional attitudes. Residents are responsible for keeping track of all procedures performed. These logbooks are reviewed at least twice a year by the Program Director. Annual oral examinations, the national in-service examination, and case presentations at conference are also used to evaluate residents.

Approved: Dr. Felix Ankel
Updated: 01/21/13
Feedback mechanisms: Immediate feedback is provided by the faculty on duty in the Emergency department. Such feedback is considered most important in the resident's education. Several times during the year residents meet with their preceptors. In addition, the Program Director meets with each resident twice each year to review the department's evaluation of the resident.
Foot and Ankle Surgery/Podiatric Residency Program

Educational objectives: Develop competency to practice a full scope of Foot & Ankle medicine and surgery. This is accomplished by graduated responsibility under the supervision of attending staff.

Description of clinical experiences: Foot & Ankle Surgery residents do not have unsupervised patient exposure. Patient clinical activity and operating room procedures are supervised by the Foot & Ankle Surgery attending staff or staff from outside services. Consultations and hospital ward procedures are overseen by Foot & Ankle Surgery staff. Minor bedside procedures may be completed unsupervised by residents in all PGY levels. Procedures include nail debridement, nail removal, incision and drainage of abscess, debridement of callus, debridement of foot and lower leg wounds, debridement of bone and necrotic tissue, reduction of fracture or dislocation and repair of laceration. Foot & Ankle Surgery staff will supervise all billed procedures.

Evaluation process of residents: Residents will receive a written evaluation on a quarterly basis. Residents are evaluated on their knowledge base, ability in performing procedures, procedural skills and their ability in communication with patients, family and other medical personnel. Residents are required to keep a log of all procedures performed. Residents will be asked to evaluate their rotations and training staff.

Feedback mechanisms: Evaluations are signed by the resident upon completion of their rotation and quarterly for ongoing Foot & Ankle Surgery rotations. In addition, the program director meets with residents individually and as a group to obtain input and provide feedback. Residents evaluate training staff and curriculum annually.

TJB/ld
HAND SURGERY FELLOWSHIP

PROGRAM OBJECTIVES:
Hand surgery has developed into a subspecialty discipline with a Subspecialty Certification in Hand Surgery. This certification is available to candidates who have been Board Certified in Orthopaedic, Plastic, or General Surgery and who have then successfully completed a 1-year ACGME-accredited hand surgery fellowship, passed a secure examination, and demonstrated that their practice is focused on hand surgery. Our ACGME-accredited hand surgery fellowship program provides appropriate training to qualified individuals through the HealthPartners Institute for Medical Education and Research.

Educational Objectives: Fellows in the program will gain a thorough knowledge of management of acute and chronic hand and upper extremity conditions in adults and children. They will be expected to familiarize themselves with the appropriate literature and to be aware of acceptable treatment options. They will gain facility in the physical exam of the upper extremity. They will be expected to appropriately use diagnostic studies and to make appropriate referrals to other services including Occupational Therapy, Occupational Medicine, Rheumatology, and other medical subspecialties. Educational venues will include outpatient clinic, the operating room, the anatomy lab, and didactic sessions. The formal didactic sessions are comprised of lectures by the fellows and lectures attended by the fellows but presented by residents or attending surgeons. Anatomic dissections are performed several times through the year. The fellows have the opportunity to attend a microsurgery training course. If the fellow has extensive microsurgery experience, other courses better suited to the fellow are available. The fellowship integrates the six core-competencies.

a. Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
b. Medical Knowledge about established and evolving biomedical, clinical, and cognate (e.g. epidemiological and social-behavioral) sciences and the application of this knowledge to patient care
c. Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal and assimilation of scientific evidence, and improvements in patient care
d. Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families, and other health professionals
e. Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population
f. Systems-Based Practice, as manifested by actions that demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value (http://www.acgme.org/outcome/comp/compmin.asp)

Clinical experiences: The twelve-month fellowship is divided into three-month blocks divided between Regions Hospital, the University of Minnesota Medical Center (UMMC), Gillette Children’s Hospital, Hennepin County Medical Center (HCMC) and TRIZ Orthopaedic Center. Each rotation involves time in the outpatient clinic and operating room. Rotations are structured so as to allow for continuity of care. The case mix at each site involves the entire spectrum of hand surgery procedures. Fellows take night-time
trauma call at Regions Hospital several times a week. They work with interns and residents rotating on the Plastic and Hand Surgery service. During the nights and weekends, an attending surgeon is available for consultation and to be present for operative cases.

Completion of a research project appropriate for submission for publication is required for graduation from the program. Assistance with project design and statistical analysis is available.

**Evaluation process:** At the completion of each rotation, each attending fills out an evaluation of the fellow via the online Residency Management Suite (RMS) system managed through the Institute for Medical Education. Evaluations are bundled so as to create confidentiality. Fellows are required to keep a log book, and all procedures are entered into a computer program.

**Feedback mechanisms:** Evaluations are signed by the resident upon completion of each rotation. In addition, the program director meets with Fellows individually during the year to obtain input and provide feedback. Residents evaluate training staff and curriculum annually.

Loree K. Kalliainen, MD, MA, FACS  
Director, Hand Surgery Fellowship  
Regions Hospital
Medical Toxicology Fellowship

Feb 13, 2013

Attn: Terry Crowson, MD, Interim Vice President

HealthPartners Institute for Education and Research
Regions Hospital
640 Jackson Street
St. Paul, MN 55101

Re: Fellows Scope of Practice – Toxicology Department

Medical Toxicology is a medical subspecialty focusing on the diagnosis, management and prevention of poisoning and other adverse health effects due to medications, occupational and environmental toxins, and biological agents. Medical Toxicology is officially recognized as a medical subspecialty by the American Board of Medical Specialties. Several examples of medical problems evaluated by Medical Toxicologists include:

- Unintentional and Intentional Drug Overdose: including therapeutic drugs (e.g. tricyclic antidepressants, calcium antagonists); drugs of abuse (e.g. cocaine, amphetamines, opioids); over-the-counter medicines (e.g. aspirin, acetaminophen); and vitamins (e.g. iron supplements; vitamin A).
- Hazardous Exposure to Chemical Products: such as pesticides; heavy metals (e.g. lead, arsenic, mercury); household products (e.g. cleaning agents); toxic gases (e.g. carbon monoxide, hydrogen sulfide, hydrogen cyanide); toxic alcohols (e.g. methanol, ethylene glycol); and other industrial and environmental agents.
- Drug abuse management, including in-patient care for acute withdrawal from addictive drugs, and outpatient Medical Review Officer services for industry and organization.
- Envenomations, such as snake bites, spider bites, scorpion stings.
- Ingestion of Food-Borne Toxins: such as botulism; marine toxins (e.g. paralytic shellfish toxin; ciguatoxin).
- Ingestion of Toxic Plants and Mushrooms.
- Independent Medical Examinations, assessing injury or disability resulting from toxic exposures.

Fellows may enter Toxicology Fellowship by having completed a variety of ACGME approved residencies. These residencies may include Internal Medicine, Pediatrics, Family Medicine and Emergency Medicine, among others. The fellows training in this program may have very different backgrounds and experiences, but not matter the fellows’ training the standard of care is that an attending is present for the initiation and key portion of all procedures.

Such procedures encountered during their training may include; Arterial puncture and line insertion, EKG interpretation, Lumbar puncture, Central venous line insertion, Endotracheal intubation, Chest
Tube Insertion, Ventilator Management, Swan Ganz insertion. Other skills may be needed and will be addressed emergently at the discretion of the supervising attending doctor. Their participation in these skills is based on previous experience, the supervising attending’s assessment of the skill level of the fellows and their progress during the two-year fellowship. No fellow is allowed to perform a procedure unless they are competent to do so.

Each fellow receives written (computerized) evaluation after completing each rotation. Fellows are specifically evaluated on their knowledge base and communication skills with patients and their families and other medical personnel. In addition, core educational competencies mandated by the Accreditation Council for Graduate Medical Education.

Samuel J Stellpflug, M.D.
Fellowship Director, Medical Toxicology Fellowship
Regions Hospital/ HealthPartners
Occupational and Environmental Medicine

January 25, 2013

HealthPartners Institute for Education & Research
Regions Hospital
640 Jackson Street
St. Paul, MN 55101

Re: Resident Scope of Practice – Department of Occupational and Environmental Medicine (OEM)

A detailed description of resident activities is contained in the HealthPartners OEM Residency Manual. OEM residents perform a small number of procedures during their rotations in the outpatient clinics such as laceration repair, joint injection, casting, splinting, and incision or drainage. The OEM residency consists of two years of training, integrating an academic experience culminating in the completion of an MPH and industrial and outpatient clinical experience throughout this two year period. Our goal during each postgraduate year is to develop resident competence to perform procedures consistent with their level of training. This does not mean that residents are performing major procedures independently. The standard of care in the OEM training program at HealthPartners is for attending physician presence during the key portion and at the initiation of all procedures involving residents.

OEM residents do not spend any appreciable time doing surgery or inpatient procedures unless they elect to complete an elective in a field such as Orthopedics, ENT, Dermatology, Emergency Medicine or Hand Surgery. If an OEM resident chooses such an elective involving surgery or inpatient procedures, they would be supervised by senior residents or staff physicians as appropriate.

OEM residents could potentially perform multiple procedures during these elective clinical rotations such as central line placement, drawing arterial blood gases, lumbar punctures, paracentesis and thoracentesis. Residents and interns are allowed to perform procedures unsupervised only if competent to do so. Competency is not based on level or year of training but rather experience in a physician. No resident is allowed to perform a procedure unless he or she is competent to do so. Residents must ask for assistance and supervision from an attending physician 24 hours a day.

Each resident receives a written evaluation after completing a rotation on the OEM rotations at HealthPartners. Residents are specifically evaluated on their knowledge base and skill in communication with patients, employers and other medical personnel.

Jon O’Neal, M.D., MPH
Residency Director
Occupational Medicine Residency Program
Regions Hospital/HealthPartners

Approved by: Dr. Jon O’Neal
Updated: 01/2013
Hennepin-Regions Psychiatry Training Program

Mission and Goals:

The mission of the psychiatry residency program is to graduate psychiatrists who demonstrate clinical expertise, ethical behavior, leadership skills, cultural awareness, professionalism and an ongoing commitment to learning.

The overriding goal of the psychiatry training program is to provide the necessary education to assure that our residents will make continuous progress and, by graduation, exhibit competency in the following six areas: Patient Care, Medical Knowledge, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism and Systems-Based Practice.
PGY I
Goals and Objectives:

Patient care:
- Begins to complete comprehensive psychiatric diagnostic interviews under adequate supervision
- Begins to establish sensible differential diagnosis
- Learns to provide orderly succession of therapeutic recommendations
- Begins to learn how to be a patient advocate and educator
- Uses resources effectively

Medical Knowledge:
- Regularly integrates medical facts and clinical data, weighs alternatives, understands knowledge limitations
- Begins to considers costs, risks, and benefits
- Learns wise use of diagnostic and therapeutic procedures
- Learns to recognize and seek guidance in ambiguous situations
- Learns to spend time appropriate to problem’s complexity
- Demonstrates level-appropriate knowledge which is up-to-date, extensive, well-integrated and applied
- Displays knowledge of pathophysiology
- Displays knowledge of diagnosis and therapy
- Develops habit of reading and applying current literature
- Completes an accurate mental status exam
- Begins to learn fundamental medical-legal issues such a civil commitment and decision-making capacity
- Completes organized, accurate, sufficient case presentations, presenting all pertinent data
- Completes patient write-ups in a timely and legible manner
- Accesses labs, tests, old medical records
- Attends required didactic lectures

Practice-Based Learning and Improvement
- Applies knowledge of study designs and statistical methods to the appraisal of clinical studies and effectiveness
- Uses information and technology to manage information, to access on-line medical information and to support personal education
- Teaches students

Interpersonal and Communication Skills
- Creates and sustains a therapeutic and ethically sound relationship with patients
- Uses effective listening skills; elicits and provides information using effective non-verbal communication, explanatory questioning, and writing skills
- Works effectively with others as a member of a health care team
- Begins to develop public speaking skills and presentation techniques
- Accepts recommendations for change
- Manages own anxiety well
Professionalism

- Demonstrates respect, compassion and integrity
- Responds to patient needs
- Is accountable to patients
- Begins to demonstrate a commitment to provision or withholding of clinical care
- Demonstrates principles pertaining to confidentiality of patient information, and informed consent
- Demonstrates sensitivity and responsiveness to patient’s culture, age, gender and disabilities
- Displays self-motivation

Systems-Based Practice

- Begins to understands how the system works
- Begins to learn how to partner with health care managers and health care providers to assess, coordinate, and provide health care to patients.

If the above goals and objectives are met and the resident is in good standing in the program, the resident will advance to the next year of training.
PGY II
Goals and Objectives:

Patient Care:
- Continues to refine diagnostic skills
- Establishes sensible differential diagnosis
- Provides orderly succession of therapeutic recommendations
- Refines skills in patient education and advocacy
- Begins to provide comprehensive, high-quality, appropriate cost-effective, acute and chronic care
- Continues to use resources effectively

Medical Knowledge:
- Skillfully integrates medical facts and clinical data, weighs alternatives, understands knowledge limitations
- Demonstrates better understanding of costs, risks, and benefits of medications and therapies provided
- Demonstrates basic understanding of fundamental medical-legal issues such as civil commitment and decision making capacity
- Begins to understand various types of psychotherapies
- Wisely uses diagnostic and therapeutic procedures
- Demonstrates better understanding of the nature of ambiguous situations and the decision-making involved
- Spends time appropriate to problem’s complexity
- Habituates to keeping knowledge up-to-date, expands breadth of knowledge, integrates and applies that knowledge
- Demonstrates better understanding of psychiatric illnesses and pathophysiology including chemical dependency, child and adolescent psychiatry, geriatrics, and consultation liaison psychiatry and other subspecialties
- Understands and applies current literature
- Completes an accurate mental status exam
- Completes organized, accurate, sufficient case presentations, presenting all pertinent data
- Completes patient write-ups in a timely and legible manner
- Accesses labs, tests, old medical records
- Attends required didactic lectures

Practice-Based Learning and Improvement
- Locates, appraises and assimilates evidence from scientific studies related to patient care
- Learns to more effectively apply knowledge of study designs and statistical methods to the appraisal of clinical studies and effectiveness
- Uses information and technology to manage information, access on-line medical information and support personal education
- Begins to serve as a resource to others
- Teaches students and junior residents
Interpersonal and Communication Skills
- Creates and sustains a therapeutic and ethically sound relationship with patients
- Uses effective listening skills; elicits and provides information using effective non-verbal communication, explanatory questioning, and writing skills
- Works effectively with others as a member, leader of a health care team or other professional group
- Continues to improve public speaking skills and presentation techniques
- Accepts recommendations for change
- Manages own anxiety well
- Handles complex patient meetings

Professionalism
- Demonstrates respect, compassion and integrity
- Responds to needs of patients and society
- Accountable to patients, society and the profession
- Demonstrates a commitment to excellence and on-going professional development
- Demonstrates a commitment to ethical principles pertaining to confidentiality of patient information, provision or withholding of clinical care, informed consent and business practices
- Demonstrates sensitivity and responsiveness to patient’s culture, age, gender and disabilities
- Displays self-motivation

Systems-Based Practice
- Understands how the system works
- Identifies areas to improve system functions
- Improves skills of partnering with health care managers and health care providers to assess, coordinate, and improve health care and knows how these activities can affect system performance and patient care

If the above goals and objectives are met and the resident is in good standing in the program, the resident will advance to the next year of training.
PGY III
Goals and Objectives:

Patient care:
- Increases skill in diagnosing various psychiatric illness with expanded clinical knowledge
- Establishes thorough differential diagnosis
- Provides orderly succession of therapeutic recommendations
- Demonstrates excellence in patient advocacy and education
- Provides comprehensive, high-quality, appropriate, cost-effective, acute and chronic care
- Demonstrates skillful integration of psychotherapy and medication management
- Uses resources efficiently

Medical Knowledge:
- Demonstrates excellence in integrating medical facts and clinical data, weighing alternatives, understanding knowledge limitations
- Adeptly considers costs, risks, and benefits in treatment planning
- Wisely uses diagnostic and therapeutic procedures
- Reasons well in ambiguous situations, making decisions wisely
- Spends time appropriate to problem’s complexity
- Demonstrates that knowledge is up to date and extensive, well-integrated and applied
- Demonstrates better understanding of psychiatric illnesses and pathophysiology
- Demonstrates better understanding of various psychotherapies and working towards competencies in each
- Demonstrates knowledge of fundamental medical-legal issues such a civil commitment and decision making capacity
- Adequately understands the various subspecialties in psychiatry
- Understands and applies current literature
- Completes organized, accurate, sufficient case presentations, presenting all pertinent data
- Completes patient write-ups in a timely and legible manner
- Accesses labs, tests, old medical records
- Attends required didactic lectures

Practice-Based Learning and Improvement
- Locates, appraises and assimilates evidence from scientific studies related to patient care
- Effectively applies knowledge of study designs and statistical methods to the appraisal of clinical studies
- Uses information and technology to manage information, access on-line medical information and support continuing personal education
- Serves as a resource to others
- Teaches students and junior residents
Interpersonal and Communication Skills
- Creates and sustains a therapeutic and ethically sound relationship with patients
- Uses effective listening skills; elicits and provides information using effective non-verbal communication, explanatory questioning, and writing skills
- Works effectively with others as a member or leader of a health care team or other professional group
- Interacts with medical students and junior residents providing lectures
- Skillfully demonstrates public speaking skills and presentation techniques during student lectures
- Accepts recommendations for change
- Manages own anxiety well
- Handles complex patient meetings

Professionalism
- Demonstrates respect, compassion and integrity
- Responds to needs of patients and society that supersede self-interest
- Is accountable to patients, society and the profession as a whole
- Demonstrates a commitment to excellence and on-going professional development
- Demonstrates a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent and business practices
- Demonstrates sensitivity and responsiveness to patient’s culture, age, gender and disabilities
- Displays self-motivation

Systems-Based Practice
- Understands how the system works
- Skillfully identifies areas to improve system functions
- Practices cost-effective health care and resource allocation that does not compromise quality of care
- Advocates for quality patient care and assists patients in dealing with systems complexities
- Partners with health care managers and health care providers to assess, coordinate, and improve health care. Understands how these activities can affect system performance and patient care.

If the above goals and objectives are met and the resident is in good standing in the program, the resident will advance to the next year of training.
PGY IV

Goals and Objectives:

Patient care:
- Is a proficient diagnostician identifying all problems
- Establishes sensible differential diagnoses
- Provides orderly succession of therapeutic recommendations
- Is an excellent patient advocate and educator
- Provides comprehensive, high-quality, appropriate, cost effective, acute and chronic care
- Uses resources effectively

Medical Knowledge:
- Excellently integrates medical facts and clinical data, weighing alternatives, and understanding knowledge limitations
- Skillfully uses costs, risks, and benefits in providing treatment
- Skillfully uses diagnostic and therapeutic procedures
- Reasons well in ambiguous situations, recognizing self patterns of decision-making
- Spends time appropriate to problem’s complexity
- Shows proficiency in knowledge of fundamental medical-legal issues such as civil commitment and decision-making capacity
- Knowledge is up to date and extensive, well-integrated and is routinely applied
- Fully understands psychiatric illnesses and pathophysiology
- Competent in providing various types of therapies
- Understands and applies current literature
- Completes an accurate mental status exam
- Completes organized, accurate, sufficient case presentations, presenting all pertinent data
- Completes patient write-ups in a timely and legible manner
- Accesses labs, tests, old medical records
- Attends required didactic lectures

Practice-Based Learning and Improvement
- Locates, appraises and assimilates evidence from scientific studies related to patient health program
- Applies knowledge of study designs and statistical methods to the appraisal of clinical studies and effectiveness
- Uses information and technology to manage information, access on-line medical information and supports own education
- Regularly serves as a resource to others
- Regularly teaches students and junior residents
Interpersonal and Communication Skills
- Creates and sustains a therapeutic and ethically sound relationship with patients
- Uses effective listening skills; elicits and provides information using effective non-verbal communication, explanatory questioning, and writing skills
- Works effectively with others as a member or leader of a health care team or other professional group
- Provides leadership to junior residents and is a good role model
- Skillfully demonstrates public speaking skills and presentation techniques during student, resident and community lectures
- Accepts recommendation for change
- Manages own anxiety well
- Handles complex patient meetings

Professionalism
- Demonstrates respect, compassion and integrity
- Responds to needs of patients and society that supersedes self-interest
- Is accountable to patients, society and the profession as a whole
- Demonstrates a commitment to excellence and on-going professional development
- Demonstrates a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent and business practices
- Demonstrates sensitivity and responsiveness to patient’s culture, age, gender and disabilities
- Displays self-motivation
- Acts as a role model for junior residents

Systems-Based Practice
- Understands how the system works and is able to navigate through it competently
- Identifies areas to improve system functions
- Practices cost-effective health care and resource allocation that does not compromise quality of care
- Advocates for quality patient care and assists patients in dealing with systems complexities
- Knows how to partner with health care managers and health care providers to assess, coordinate, and improve health care; and knows how these activities can affect system performance and patient care

*If the above goals and objectives are met and the resident is in good standing in the program, the resident will graduate.*
ADDITION PSYCHIATRY

GOALS AND OBJECTIVES FOR THE ROTATION

Course Length: One month, full-time rotation, including one week at inpatient chemical dependency treatment center.

Patient Care:
1. Learn to perform and document complete substance abuse history.
2. Develop comprehensive (biological, psychological, sociocultural) treatment plan for patients with addictions.

Medical Knowledge:
1. Learn the epidemiology, etiology, and phenomenology of chemical dependency.
2. Learn the actions of substances of abuse and psychotropic medications used to treat chemical dependency.
3. Actively participate in group therapy for the treatment of chemical dependency.

Practice-Based Learning and Improvement:
1. Obtain up-to-date information on the newest substances of abuse by using various resources.

Interpersonal and Communication Skills:
1. Develop therapeutic relationships using an underlying respect for others.
2. Communicate and educate patients effectively and appropriately.
3. Learn to lead and participate in group therapy sessions.

Professionalism:
1. Demonstrate respect for diverse patients.

Systems-Based Practice:
1. Learn the resources available in our community for patients with chemical dependency issues.
2. Learn legal aspects of chemical dependency issues.

Evaluation:
1. Residents will attend and participate in addictions groups on a regular basis.
2. Close supervision by clinical faculty occurs throughout this rotation with discussion of individual cases.
3. Written performance review by supervising faculty at conclusion of rotation.
ACUTE PSYCHIATRIC SERVICES/EMERGENCY PSYCHIATRY

GOALS AND OBJECTIVES FOR THE ROTATION

Course Length: One half day per week for one year in APS, plus didactic course for one year.

Patient Care:
1. Obtain comprehensive history in emergency setting.
2. Develop and document diagnosis and treatment plan in emergency setting.
3. Assess patients’ risk for self harm in emergency setting.
4. Counsel and educate patients/families in crisis.

Medical Knowledge:
1. Learn major psychiatric disorders and their emergency presentation.
2. Learn psychotropic medications and their use in an emergency setting.
3. Show knowledge in emergency psychiatry as a field.
4. Utilize psychosocial therapies in emergency setting.

Practice-Based Learning and Improvement:
1. Accept limitations of one’s knowledge base and clinical skills.

Interpersonal and Communication Skills:
1. Work collaboratively with other health professionals.
2. Share information with others.
3. Communicate effectively with patients and families during assessment and when making treatment decisions.
4. Elicit information in stressful clinical situations.
5. Obtain information from other professionals to formulate accurate history.
7. Lead a treatment team.

Professionalism:
1. Demonstrate ethical behavior.
2. Respect culturally diverse patients and colleagues.

Systems-Based Practice:
1. Attain working knowledge of treatment systems.
2. Interact with other health systems.
3. Assist patients to access appropriate care and resources.

Evaluation:
1. Direct faculty supervision on all cases in APS with documentation of performance.
2. Written exam at end of corresponding didactic course.
3. Written evaluation by faculty on a quarterly basis.
4. Written evaluation by resident on a quarterly basis.
COMMUNITY MENTAL HEALTH

GOALS AND OBJECTIVES FOR THE ROTATION

Course Length: Didactic course, as well as integration into other rotations.

Patient Care:
   1. Learn to perform a comprehensive history in a culturally diverse patient population.
   2. Learn to assess patients’ potential for self-harm or harm to others.

Medical Knowledge:
   1. Learn major psychiatric illnesses, taking sociocultural factors into account.
   2. Gain knowledge of sociocultural psychiatry.

Practice-Based Learning and Improvement:
   1. Accept one’s limitations and understand the need for lifelong learning.

Interpersonal and Communication Skills:
   2. Develop and maintain relationships with culturally diverse patients.
   3. Respect patients’ cultural differences.
   4. Communicate effectively with patients and families.

Professionalism:
   1. Learn responsibility for patient care.
   2. Respond in a timely manner to patients’ and colleagues’ requests for communication.
   3. Insure continuity of care when appropriate.

Systems-Based Practice:
   1. Learn about community resources available for patients.

Evaluation:
   1. Integrated into outpatient evaluations.
   2. Written performance review by supervising faculty on a quarterly basis.
   3. Written evaluation by resident on a quarterly basis.
CONSULTATION LIAISON

GOALS AND OBJECTIVES FOR THE ROTATION

Course length: Four months, hospital-based rotation.

Patient Care:
1. Learn to communicate effectively with patients and their families.
2. Learn to perform and document a comprehensive psychiatric history.
3. Learn to develop and document a comprehensive treatment plan.
4. Learn to assess patients’ risk of harm to self and others.
5. Learn to conduct therapeutic interviews.

Medical Knowledge:
1. Learn features of major psychiatric illnesses.
2. Learn use of psychotropic medications.
3. Learn somatic treatment methods.
4. Learn patient evaluation methods.
5. Learn factors unique to C-L psychiatry (e.g., psychiatric aspects of non-psychiatric illnesses).

Practice-Based Learning and Improvement:
1. Be able to access up-to-date information regarding medical and psychiatric illnesses.

Interpersonal and Communication Skills:
1. Learn interpersonal skills to facilitate effective communication with patients, families and colleagues.
2. Be able to elicit information from patients and families.
3. Evaluate consultations from other specialties.
4. Communicate clear recommendations.

Professionalism:
1. Demonstrate ethical behavior.
2. Respect patients and colleagues.

Systems-Based Practice:
1. Have knowledge of public and private resources available to patients.

Evaluation:
1. Yearly assessment of knowledge base as evaluated by PRITE exam.
2. Close individual supervision for each patient seen.
3. Written performance review by supervising faculty at conclusion of rotation.
4. Written evaluation by resident at conclusion of the rotation.

Resident demonstrates appropriate skills, knowledge, and expectations as outlined in the Goals and Objectives based on their level of training.
PSYCHOTHERAPY CLINIC

GOALS AND OBJECTIVES FOR THE ROTATION

Course Length: One half day per week during second year. Residents build a caseload of 2-5 regular therapy patients (adults, children, couples, and families), who are seen by the resident independently and discussed in depth with supervisor.

Patient Care:
1. Perform comprehensive therapy intake and assessment.
2. Conduct wide range of therapies under supervision.
3. Counsel patients on methods and goals of therapy.

Medical Knowledge:
1. Learn various therapeutic processes and theories.

Practice-Based Learning and Improvement:
1. Evaluate caseload and practice experience in a systematic manner.
2. Review medical literature to improve quality of care.

Interpersonal and Communication Skills:
1. Maintain effective therapeutic relationship with diverse patient population.
2. Learn to communicate effectively with patients and their families.
3. Learn to manage own affect and countertransference effectively.

Professionalism:
1. Demonstrate responsibility for patient care.
2. Respond to patient communications in a timely manner.
3. Ensure continuity of care.

Systems-Based Practice:
1. Demonstrate knowledge of private and public community resources that may improve patients' quality of care.

Evaluation:
1. Sessions are taped/observed and reviewed with individual supervisor who provides feedback and performance review. Residents must demonstrate competency (as determined by faculty) in four subtypes of therapy to be eligible for graduation.
2. Written performance review by supervising faculty at conclusion of rotation.
3. Written evaluation by resident at conclusion of the rotation.
ELECTIVES

GOALS AND OBJECTIVES FOR THE ROTATION

Course Length: Full-time during fourth year. Residents may design curriculum to fit their specific areas of interest in both inpatient and outpatient settings.

Patient Care:
1. Learn to communicate effectively with patients/families.
2. Learn to perform comprehensive history.
3. Learn to perform therapeutic interviews.
4. Learn to counsel and educate families.

Medical Knowledge:
1. Learn criteria of major psychiatric disorders.
2. Learn effect of psychotropic medicals and substances of abuse.
3. Learn various non-pharmacologic treatments for psychiatric illnesses.

Practice-Based Learning and Improvement:
1. Learn to investigate and evaluate patient care practices.
2. Learn to obtain up-to-date information to improve patient care.

Interpersonal and Communication Skills:
1. Learn to communicate effectively with patients.
2. Learn to maintain therapeutic relationships with patients.
3. Learn to obtain consultations from other medical specialties for improved patient care.

Professionalism:
1. Learn to take responsibility for patient care.
2. Learn to demonstrate sensitivity to a diverse patient population.

Systems-Based Practice:
1. Gain an awareness of outside resources that may benefit patient care.

Evaluation:
1. Individual faculty supervisors provide supervision and regular performance evaluations.
2. Written evaluation by resident at conclusion of the rotation.
GERIATRICS

GOALS AND OBJECTIVES FOR THE ROTATION

Course Length: One month, full time rotation. Includes training in hospice and end-of-life issues, inpatient geriatric work, nursing home consultations, and ethics committee involvement.

Patient Care:
1. Learn respectful behavior with patients and their families.
2. Learn to obtain and document history in geriatric patients.
3. Learn to develop comprehensive treatment plan.
4. Learn to assess patients’ potential for self harm.
5. Learn skills to counsel and educate patients/families.

Medical Knowledge:
1. Learn features of major psychiatric diagnosis affecting the elderly.
2. Learn psychotropic medications and their use in the elderly.
3. Learn to utilize somatic treatment methods in the elderly.
4. Become knowledgeable about evaluations and treatment selection in the elderly.
5. Learn theories of ethical issues regarding the elderly and end of life care.

Practice-Based Learning and Improvement:
1. Recognize and accept one’s limitations.
2. Obtain up-to-date information regarding care of the elderly.

Interpersonal and Communication Skills:
1. Develop therapeutic relationships with patients and their families.
2. Communicate effectively with patients and their families.
3. Have the ability to obtain consultations from other medical specialties.
4. Learn to work as a consultant to other professionals.
5. Maintain appropriate medical records.

Professionalism:
1. Demonstrate responsibility for patient care.
2. Communicate with patients and colleagues in a timely manner.
3. Demonstrate ethical behavior.

Systems-Based Practice:
1. Learn of various health care systems.
2. Learn of community resources available for patients.

Evaluation:
1. Individual case supervision by faculty supervisor.
2. Knowledge assessed in yearly PRITE exam.
3. Written performance review by supervising faculty at conclusion of rotation.
4. Written evaluation by resident at conclusion of the rotation.
INPATIENT ADULT

GOALS AND OBJECTIVES FOR THE ROTATION

Course Length: Total of 12 months, full time, spread over first three years of training. Residents are responsible for carrying their own caseload with supervision.

Patient Care:
1. Learn to communicate effectively with patients.
2. Learn to complete comprehensive history.
3. Learn to complete therapeutic interview.
4. Learn to educate patients effectively.

Medical Knowledge:
1. Learn criteria of major psychiatric illnesses.
2. Learn actions and effects of psychotropic medications.
3. Learn techniques of psychosocial therapies.
4. Learn appropriate patient evaluation and treatment selection.
5. Learn applied ethics as relevant to individual cases.

Practice-Based Learning and Improvement:
1. Learn techniques for lifelong learning.
2. Learn to obtain up-to-date information and evaluate how it may improve patient care.
3. Learn to evaluate caseload and practice experience in a systematic manner.

Interpersonal and Communication Skills:
1. Learn techniques to develop and maintain therapeutic relationships with patients.
2. Learn to elicit information.
3. Learn how to obtain consults from other medical specialties.
4. Learn to communicate effectively with patients.

Professionalism:
1. Learn to take responsibility for patient care.
2. Learn ethical behavior.

Systems-Based Practice:
1. Learn which community resources may help patients and how to access them effectively.

Evaluation:
1. Ongoing supervision by faculty for individual cases.
2. Written performance review by supervising faculty at conclusion of rotation.
3. Written evaluation by resident at conclusion of the rotation.
4. Knowledge assessment in yearly PRITE exam

Resident demonstrates appropriate skills, knowledge, and expectations as outlined in the Goals and Objectives based on their level of training.
OUTPATIENT ADULT

GOALS AND OBJECTIVES FOR THE ROTATION

Course Length: Full time during last six months of PGY-2 and first six months of PGY-3. At least one half day per week during remainder of PGY-2, PGY-3 and PGY-4.

Patient Care:
1. Learn to communicate effectively with patients.
2. Learn to complete comprehensive history.
3. Learn to complete therapeutic interview.
4. Learn to educate patients effectively.

Medical Knowledge:
1. Learn criteria of major psychiatric illnesses.
2. Learn actions and effects of psychotropic medications.
3. Learn techniques of psychosocial therapies.
4. Learn appropriate patient evaluation and treatment selection.
5. Learn applied ethics as relevant to individual cases.

Practice-Based Learning and Improvement:
1. Learn importance of and techniques for lifelong learning.
2. Learn to obtain up-to-date information and evaluate how it may improve patient care.
3. Learn to evaluate caseload and practice experience in a systematic manner.

Interpersonal and Communication Skills:
1. Learn techniques to develop and maintain therapeutic relationships with patients.
2. Learn to elicit information.
3. Learn how to obtain consults from other medical specialties.
4. Learn to communicate effectively with patients.

Professionalism:
1. Learn to take responsibility for patient care.
2. Learn ethical behavior.

Systems-Based Practice:
1. Learn which community resources may help patients and how to access them effectively.

Evaluation:
1. Ongoing supervision by faculty for individual cases.
2. Written performance review by supervising faculty at conclusion of rotation.
3. Written evaluation by resident at conclusion of the rotation.

Resident demonstrates appropriate skills, knowledge, and expectations as outlined in the Goals and Objectives based on their level of training.
OUTPATIENT and INPATIENT CHILD AND ADOLESCENT PSYCHIATRY
GOALS AND OBJECTIVES FOR THE ROTATION

Course Length: Outpatient: One-half to one day per week in G2 year
Inpatient: One month in G3 year.
Perform psychiatric intake evaluations and follow-up visits in a child/adolescent psychiatry clinic setting.

Patient Care:
1. Learn to communicate effectively with patients and their families.
2. Learn to complete comprehensive history.
3. Learn to complete therapeutic interview.
4. Learn to educate patients effectively.

Medical Knowledge:
1. Learn criteria of major psychiatric illnesses affecting children and adolescents.
2. Learn actions and effects of psychotropic medications specific to children and adolescents.
3. Learn developmental and social milestones for children and adolescents.
4. Learn appropriate techniques of psychosocial therapies.
5. Learn appropriate patient evaluation and treatment selection.
6. Learn applied ethics as relevant to individual cases.

Practice-Based Learning and Improvement:
1. Learn techniques for lifelong learning.
2. Learn to obtain up-do-date information and evaluate how it may improve patient care.
3. Learn to evaluate caseload and practice experience in a systematic manner.

Interpersonal and Communication Skills:
1. Learn techniques to develop and maintain therapeutic relationships with patients.
2. Learn to elicit information.
3. Learn how to obtain consults from other medical specialties.
4. Learn to communicate effectively with patients.

Professionalism:
1. Learn to take responsibility for patient care.
2. Learn ethical behavior.

Systems-Based Practice:
1. Learn what community resources may help patients and how to access them effectively.

Evaluation:
1. Ongoing supervision by faculty for individual cases.
2. Written performance review by supervising faculty at conclusion of rotation.
3. Written evaluation by resident at conclusion of the rotation.
INTERNAL MEDICINE

GOALS AND OBJECTIVES FOR THE ROTATION

Course Length: One month during PGY I. In addition specific Goals and Objectives as per the Internal Medicine Department need to be adhered to.

Patient Care:
1. Learn to communicate effectively with patients/families.
2. Perform and document a complete physical exam.
3. Learn to perform comprehensive medical histories.
4. Diagnose and document common medical disorders and formulate appropriate initial treatment plans.
5. Learn to convey complex medical information.
6. Learn to counsel and educate families.

Medical Knowledge:
1. Learn onset and progression of symptoms of the common medical illnesses.
2. Learn the components of a multi-system physical exam.
3. Know the indications for commonly used clinical and laboratory studies used in the diagnosis of a broad range of common medical conditions.
4. Learn pharmacology of common acute and chronic medical conditions.
5. Learn various non-pharmacologic treatments for medical illnesses.

Practice-Based Learning and Improvement:
1. Learn to investigate and evaluate patient care practices.
2. Learn to obtain up-to-date information to improve patient care.
3. Demonstrate ability to locate, critique and assimilate evidence from scientific studies and relate knowledge to clinical practice.

Interpersonal and Communication Skills:
1. Learn to communicate effectively with patients.
2. Learn to maintain therapeutic relationships with patients.
3. Learn to obtain consultations from other medical specialties for improved patient care.

Professionalism:
1. Learn to take responsibility for patient care.
2. Learn to demonstrate sensitivity to a diverse patient population.

Systems-Based Practice:
1. Gain an awareness of outside resources that may benefit patient care.
2. Begin to understand utilization review and continuous performance improvement.

Evaluation:
1. Written performance review by supervising faculty at conclusion of rotation.
2. Written evaluation by resident at conclusion of the rotation.
NEUROLOGY

GOALS AND OBJECTIVES FOR THE ROTATION

Course Length: One month during PGY I. In addition specific Goals and Objectives as per the Neurology Department need to be adhered to.

Patient Care:
1. Learn to communicate effectively with patients/families.
2. Perform and document a complete and thorough neurological exam.
3. Diagnose and document common neurological disorders and formulate appropriate initial treatment plans.
4. Learn to convey complex medical information.
5. Learn to counsel and educate families.

Medical Knowledge:
1. Know the diagnostic criteria for the major neurological disorders.
2. Know the fundamentals of neurobiology, including neuroanatomy, neurochemistry and neuropathology.
3. Know the components of basic neurological exam.
4. Learn the basics of neuroimaging.
5. Know the nature of potential overlap between neurological treatments and psychiatric treatments.

Practice-Based Learning and Improvement:
1. Learn to investigate and evaluate patient care practices.
2. Learn to obtain up-to-date information to improve patient care.
3. Demonstrate ability to locate, critique and assimilate evidence from scientific studies and relate knowledge to clinical practice.

Interpersonal and Communication Skills:
1. Learn to communicate effectively with patients.
2. Learn to maintain therapeutic relationships with patients.
3. Learn to obtain consultations from other medical specialties for improved patient care.

Professionalism:
1. Learn to take responsibility for patient care.
2. Learn to demonstrate sensitivity to a diverse patient population.

Systems-Based Practice:
1. Gain an awareness of outside resources that may benefit patient care.
2. Begin to understand utilization review and continuous performance improvement.

Evaluation:
1. Written performance review by supervising faculty at conclusion of rotation.
2. Written evaluation by resident at conclusion of the rotation.
GOALS AND OBJECTIVES FOR THE ROTATION

Course Length: One month during PGY I. In addition specific Goals and Objectives as per the Emergency Medicine Department need to be adhered to.

Patient Care:
1. Learn to communicate effectively with patients/families.
2. Perform and document a complete physical exam.
3. Order suitable medical diagnostic tests and understand the results, interpreting them appropriately for medical diagnosis.
4. Learn to perform comprehensive medical histories.
5. Learn to convey complex medical information.
6. Learn to counsel and educate families.

Medical Knowledge:
1. Learn onset and progression of symptoms of the common medical and surgical illnesses.
2. Learn the components of a multi-system physical exam.
3. Learn pharmacology of common acute and chronic medical conditions.
4. Learn common procedural skills routinely practiced in the emergency room.

Practice-Based Learning and Improvement:
1. Learn to investigate and evaluate patient care practices.
2. Learn to obtain up-to-date information to improve patient care.
3. Demonstrate ability to locate, critique and assimilate evidence from scientific studies and relate knowledge to clinical practice.

Interpersonal and Communication Skills:
1. Learn to communicate effectively with patients.
2. Learn to maintain therapeutic relationships with patients.
3. Learn to obtain consultations from other medical specialties for improved patient care.

Professionalism:
1. Learn to take responsibility for patient care.
2. Learn to demonstrate sensitivity to a diverse patient population.

Systems-Based Practice:
1. Gain an awareness of outside resources that may benefit patient care.
2. Begin to understand utilization review and continuous performance improvement.

Evaluation:
1. Written performance review by supervising faculty at conclusion of rotation.
2. Written evaluation by resident at conclusion of the rotation.
GOALS AND OBJECTIVES FOR THE ROTATION

Course Length: One month during PGY I. In addition specific Goals and Objectives as per the Pediatrics Department need to be adhered to.

Patient Care:
1. Learn to communicate effectively with children and families.
2. Perform and document a complete child physical exam.
3. Order suitable medical diagnostic tests and understand the results, interpreting them appropriately for medical diagnosis.
4. Learn to perform comprehensive medical histories.
5. Learn to convey complex medical information to patients and families.
6. Learn to counsel and educate families.

Medical Knowledge:
1. Learn onset and progression of symptoms of the common pediatric medical and surgical illnesses.
2. Learn the components of a multi-system physical exam.
3. Learn pharmacology of common acute and chronic pediatric medical conditions.
4. Learn developmental milestones for children.
5. Learn vaccination schedules.

Practice-Based Learning and Improvement:
1. Learn to investigate and evaluate patient care practices.
2. Learn to obtain up-to-date information to improve patient care.
3. Demonstrate ability to locate, critique and assimilate evidence from scientific studies and relate knowledge to clinical practice.

Interpersonal and Communication Skills:
1. Learn to communicate effectively with patients, families and agencies.
2. Learn to maintain therapeutic relationships with patients.
3. Learn to obtain consultations from other medical specialties for improved patient care.

Professionalism:
1. Learn to take responsibility for patient care.
2. Learn to demonstrate sensitivity to a diverse patient population.

Systems-Based Practice:
1. Gain an awareness of outside resources that may benefit patient care.
2. Begin to understand utilization review and continuous performance improvement.

Evaluation:
1. Written performance review by supervising faculty at conclusion of rotation.
2. Written evaluation by resident at conclusion of the rotation.
ECT Rotation Objectives

Upon completion of the ECT elective resident should be able to demonstrate knowledge of the following:

- Clinical indications, relative contraindications, side effects, complications and adverse risks of ECT
- Clinical assessment and management of appropriate ECT patients (pre-ECT work-up, post-ECT evaluation and follow-up)
- Clinical and technical aspects of ECT administration (unilateral vs bilateral treatment, stimulus settings)
- Techniques in lead placement, stimulus dosing, and seizure monitoring
- ECT anesthesia procedures
- Informed consent and legal aspects of ECT
- Clinical implications for special populations (patient's with medical comorbidity, children and adolescents, pregnancy and puerperium, elderly
- ECT acute and continuation treatment for patients with recurrent illness
- Review the policies and procedures required by JCAHO and APA guidelines
- Review of other brain stimulation techniques (e.g. transcranial magnetic stimulation and deep brain stimulation)
Rotation: Anesthesiology

1. **Educational Objectives:** To gain experience and knowledge of the pathophysiology of traumatic injuries. To learn the basic principles of resuscitation and anesthetic management of the trauma patient. To gain experience in the pathophysiology and anesthetic care of the burned patient.

2. **Description of clinical experiences:** Anesthesia residents work under the direct supervision of a TCAA Attending Anesthesiologist or Regions Hospital SICU Attending Physician. They will gain experience in the evaluation and management of trauma and burn patients. They will also further their practice in the placement of invasive monitors and advanced airway management. TCAA Anesthesiology or SICU Attendings will provide tutelage in the general and specific nuances related to the care of trauma and burn patients at Regions Hospital.

3. **Description of unsupervised clinical activities/procedures per PGY level resident can perform while on this service:** None. Anesthesiology residents are always under the supervision of an Attending Anesthesiologist or Surgical Intensivist.

4. **Evaluation process:** Residents will receive a written evaluation after completing the Anesthesiology rotation. Residents are evaluated on their knowledge base, facility in performing procedures, procedural skills, and their facility in communication with patients, family, and other medical personnel.

5. **Feedback mechanisms:** Feedback is provided via the University of Minnesota Anesthesiology Department.
Internal Medicine Inpatient Rotations

Contacts

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<thead>
<tr>
<th>Contacts</th>
<th>Phone</th>
<th>E-mail address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kelly Frisch, MD, (rotation director)</td>
<td>(651)-254-3486</td>
<td><a href="mailto:Kelly.K.Frisch@HealthPartners.com">Kelly.K.Frisch@HealthPartners.com</a></td>
</tr>
<tr>
<td>Chief Residents</td>
<td>(651)-254-1885</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(651) 254-1887</td>
<td></td>
</tr>
<tr>
<td>Karen Lee</td>
<td>(651) 254-1886</td>
<td><a href="mailto:Karen.O.Lee@HealthPartners.com">Karen.O.Lee@HealthPartners.com</a></td>
</tr>
<tr>
<td>Deb Collier</td>
<td>(651) 254-3486</td>
<td><a href="mailto:Deb.K.Collier@HealthPartners.com">Deb.K.Collier@HealthPartners.com</a></td>
</tr>
<tr>
<td>Fax#</td>
<td>(651) 254-3662</td>
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General Internal Medicine Wards
Rotation Director: Kelly Frisch, M.D.

Educational Objectives:
The goals of the general medicine inpatient rotations include learning how to manage adult patients with a variety of medical illnesses, learning how to work as part of a care delivery team and learning common medical procedures, all under the supervision of an attending physician.

Description of Clinical Experiences:
The inpatient medicine services at Regions expose residents to a wide variety of medical conditions on general ward services. Particular strengths include our diverse patient population and our status as a major referral center for eastern Minnesota and western Wisconsin. Patients are admitted through the Emergency Department, clinics, and transferred from outside hospitals and from nursing homes.

The inpatient care on the wards is supervised by hospitalist or general medicine attending physicians. Daily formal work rounds and teaching rounds are conducted to discuss detailed management of the patients. The attending physician is responsible for overseeing care of all patients on this rotation. Staff physicians are available 24/7 to assist the residents if necessary.

Residents are members of the Code II /Rapid Response Teams.

Procedures
Procedures including central line placement, arterial blood gases, lumbar punctures, paracentesis, and thoracentesis may be performed during the month. The residents and interns are allowed to perform procedures unsupervised only if they are competent to do so. All non-emergent procedures should be discussed with the attending physician prior to the procedure. Competency is not based on level/year of training, but rather previous experience in that specific procedure. Competency is determined by the resident and his/her attending physician. No resident is ever allowed to perform a procedure unless he/she is competent to do so. Residents can ask for assistance and supervision from an attending physician 24 hours a day. These guidelines apply to all internal medicine housestaff and other residents rotating on the medicine services.
Evaluation/Feedback Mechanisms
All attending physicians are required to provide face to face feedback with the residents at the end of each rotation, as well as provide evaluations on a web-based program called E*value. Residents provide feedback regarding the quality of teaching, teaching site, and rotation. All evaluations are reviewed by the program directors every six months. Any evaluation that is unsatisfactory is immediately reviewed by the program directors.

Critical Care Service
Rotation Director: Kealy Ham, M.D. (651) 254-7670

Educational Objectives:
1. Develop analytical skills necessary to identify and treat patients with life-threatening conditions.
2. Organize work activities so as to maximize outcome benefit and expedite care delivery.
3. Work closely with Nursing and ancillary personnel to fluidly manage all aspects of the care of critically ill patients in a timely fashion.
4. Cost-effectively apply imaging, laboratory data, and pathological information
5. Develop skills and competence in such key critical care procedures as central line placement, ventilator management, and cardiopulmonary monitoring.

Description of Clinical Experiences:
Adult patients with life-threatening non-surgical illnesses and those in need of close observation at Regions Hospital are admitted to the Medical Intensive Care Unit for management by dedicated critical care teams. Each of two teams consisting of Senior Resident and/or Intern, and an advanced medical student are coordinated by an Intensivist Staff Attending and a Clinical Fellow from the integrated program of the Division of Pulmonary and Critical Care Medicine at the University of Minnesota. The trainees serving as the Housestaff on these rotations are exposed to a wide variety of critical illnesses. Advanced techniques of hemodynamic monitoring and management, mechanical ventilation, sedations and pharmacologic thoracostomy are learned. The Housestaff participate in all procedures under the direct guidance of the Attending Physician and Fellow. Residents are members of the Code II/Rapid Response Teams.

All patients admitted to the Medical Intensive Care Unit are critically ill and are either directly admitted from an outpatient or referring hospital setting, admitted to the MICU after Emergency Department evaluation, or transferred to the MICU from the general wards of the hospital as life-threatening illnesses develop. The spectrum of diseases encountered ranges form life-threatening overdoses of medication and illicit drugs to gastrointestinal bleeding, acute respiratory distress, ventilatory failure and shock.

- Daily formal work rounds with Attending and Fellow are conducted at the bedside for approximately 1-1/2 hours per team concerning the detailed management of their patients.
- A critical care mini-lecture series has been developed (see Education Resources below) which underpins the educational experience by addressing procedure and skills-related competencies, as well as the management of the most common problems encountered in medical critical care.
- Residents receive direct supervision from the Attending Physician and Fellow who remain within or in immediate proximity to the Medical Intensive Care Unit until 11 pm each day. After 11 pm, the Attending Physician is available by pager and will come in to assist the residents if necessary. During the nights, an in-house hospitalist is available to assist the residents in cases where rapid bedside response is needed. Each
patient on the service is the direct responsibility of the ICU Attending Physician and as such, all care is reviewed by the Attending Physician several times a day.

Procedures
Procedures including central line placement, drawing arterial blood gases, arterial lines, lumbar punctures, paracentesis, and thoracentesis may be performed during the month. The residents and interns are allowed to perform procedures unsupervised only if they are competent to do so. All non-emergent procedures should be discussed with the attending physician prior to the procedure. Competency is not based on level/year of training, but rather previous experience in that specific procedure. Competency is determined by the resident and his/her attending physician. No resident is ever allowed to perform a procedure unless he/she is competent to do so. Residents can ask for assistance and supervision from an attending physician 24 hours a day. These guidelines apply to all internal medicine housestaff and other residents rotating on the medicine services.

Residents may also have the opportunity to perform the following procedures with supervision: elective cardioversion, endotracheal intubation, chest tube placement, and Swan-Ganz catheter placement

Evaluation/Feedback Mechanisms
All attending physicians are required to provide face to face feedback with the residents at the end of each rotation, as well as provide evaluations on a web-based program called E*value. Residents provide feedback regarding the quality of teaching, teaching site, and rotation. All evaluations are reviewed by the program directors every six months. Any evaluation that is unsatisfactory is immediately reviewed by the program directors.
1. **Educational Objectives:**
   Demonstrate appropriate knowledge and skills in history-taking and physical examination of patient with common neurologic problems. Demonstrate the ability to appropriately order testing for neurologically ill patients and be able to interpret these test results. Demonstrate the ability to formulate a reasonable assessment and plan in this patient population. Demonstrate appropriate knowledge and skills in interactions with patients and family members.

2. **Description of clinical experiences:**
   The resident is assigned to work with a staff neurologist doing in-hospital consultation.

3. **Description of unsupervised clinical activities/procedures resident can perform while on this service:**
   **Transitional G1:**
   - Obtain History
   - Do Physical Exam
   - Formulate a preliminary assessment and plan

4. **Evaluation process:**
   Residents will receive a written evaluation after completing the neurology rotation. Residents are evaluated on their knowledge base, procedural skills, and their facility in communication with patients, family and other medical personnel.

4. **Feedback mechanisms:**
   The neurology staff person provides immediate feedback in real-time.
OBSTETRICS AND GYNECOLOGY ROTATION

Educational Objectives: Demonstrate appropriate knowledge and skills to understand the criteria for patient admission to labor and delivery for observation and delivery. Demonstrate appropriate knowledge and skills in history-taking and physical examination of patient with common acute obstetrical problems including, but not limited to; first, second and third trimester bleeding, all stages of labor, normal and complicated delivery, routine postpartum care, postpartum hemorrhage, ectopic pregnancy, trauma in pregnancy, preeclampsia and eclampsia, acute vaginal bleeding in the non-pregnant patient. Demonstrate appropriate knowledge and skills in the development of differential diagnoses, workup and management plans for the patient with problems including, but not limited to, those listed above. Demonstrate appropriate knowledge and skills in the performance of diagnostic and therapeutic procedures used in obstetrics including, but not limited to; normal spontaneous vaginal delivery, abnormal delivery presentation and management, episiotomy and repair, sterile speculum examination for spontaneous abortion, fetal monitoring, and pitocin induction of labor on the OB floor. Demonstrate appropriate knowledge and skills in interactions with patients and family members.

Description of clinical experiences: Emergency Medicine residents are assigned to work as a member of the Obstetric and Gynecology team for one month during their PGY-1 year. The resident's responsibility in the labor and delivery area will be to manage patients from observation through delivery to post partum.

While in the OB-Gyn clinics, residents will evaluate patients with obstetric and some gynecologic problems. Supervision of all aspects of patient care in clinics, labor and delivery, and in-patient wards will be provided by attending OB/Gyn faculty and senior house staff. Medical students rotating through also need supervision by the Gynecology Intern and Chief Resident. Uncomplicated labor and delivery management may be directly supervised by certified nurse midwives with supervision by faculty or senior house staff. OB/Gyn faculty will be available in house at all times.

The responsibility given to the residents is based on their level of training. Increasing responsibility is given from 1st to 4th year. A faculty member directly supervises all billable procedures. Ob/Gyn faculty are in house are readily available 24/7/365. Description of unsupervised clinical activities/procedures per PGY level resident can perform while on this service, for residents training in this specialty and residents training in another specialty currently rotating on this service:

History and Physical Exam, including cervical check in L & D
Cervical exams and cultures
Application of fetal scalp electrode
Insertion of Intrauterine pressure catheter
Amniotomy (artificial rupture of membranes)
Wound care
**Evaluation process:** Residents will receive a written evaluation after completing the OB/GYN rotation. Residents are evaluated on their knowledge base, ability in performing procedures, procedural skills, and their ability in communication with patients, family, and other medical personnel. Residents are required to keep a logbook of all procedures performed. Residents will be asked to evaluate their rotation and give feedback.

**Feedback mechanisms:** Several times during the year, the preceptor meets with the resident. The site Residency Director and the OB/GYN faculty will meet with the residents during their rotation through this program and will provide constructive evaluation of their rotations directly and through the Residency Management Suite system.
Ob/Gyn Resident Supervision in Patient Care at Regions Hospital

The goal of Ob/Gyn resident supervision at Regions Hospital is to integrate resident education and experience into the care of our patients. We would also like to maintain the exceptional level of care and patient satisfaction we are committed to at HealthPartners. At all times in all situations, the resident is under direct supervision of the attending staff. Specific guidelines for supervision include:

1. Regions OB Service

   The resident is a valued member of the Obstetrics team and evaluates and treats all pregnant patients who present to Labor and Delivery, follows patients in labor, cares for patients who are admitted for antenatal problems, does vaginal and caesarean deliveries, and follows patients post-partum and post-operatively. The level of responsibility for patient care increases with increasing level of experience and is under the direct supervision of a faculty member assigned to Labor and Delivery 24/7.

   The residents are under the direct supervision of an in-house attending faculty member at all times. At each level, the only unsupervised procedures they might perform are as follows:

   - Placement of fetal scalp electrode
   - Placement of Intrauterine pressure catheter
   - Cervical examination
   - Examination for cervical cultures and possible rupture of membranes
   - Routine wound care

2. Regions Gynecology Service

   The resident is a part of the Gynecologic team and participates in surgical cases with staff physicians, follows patients post-operatively, sees inpatient and Emergency Department consultations, and cares for patients admitted with acute non-operative gynecologic problems under the supervision of the faculty physician.

3. Regions Gynecology Special Services

   The first year resident is assigned to work in the Emergency Medicine Department under the direct supervision of the Emergency Medicine faculty who determine their clinical responsibilities and schedule. Then during the gynecology rotation, the senior resident supervises the junior resident for all emergency room consultations. The senior resident evaluates all emergency room consults under the supervision of the staff physician.

   Other surgical procedures performed at this clinic such as IUD and Implanon insertions, Essures, and endometrial ablations, will be done by the resident under the guidance of the attending physician.
4. **Regions Emergency Medicine**

The resident is assigned to work in the Emergency Medicine Department under the direct supervision of the Emergency Medicine faculty who determine their clinical responsibilities and schedule.

5. **In-house Consultation**

Consultations, transfers of care, and supervisory interactions are the responsibility of the staff and senior resident. Phone consultations from providers outside our hospital are handled by the staff.

External consults seen in the clinic or Labor and Delivery require an immediate phone call and direct communication with the consulting physician. If continued hospitalization occurs, daily phone progress reports are called back to the consulting provider. A Final summation in the form of a discharge summary and letter will then be sent to the consultant at discharge.

Consultations in Labor and Delivery require an immediate evaluation (history, physical, and chart review as a minimum). The senior resident should be involved in the evaluation and decision making process but will be under the direct supervision of the L&D staff. An assessment is made and a plan developed. This is then communicated through the in-house consultation form, as well as a phone call to the consulting physician.

6. **Preceptor Clinics**

Residents attending preceptor clinics are all residents of the University of Minnesota’s Obstetrics and Gynecology residency program, years 1 through 4.

The supervising staff assumes management responsibility for the patients seen by residents, must not supervise more than four residents at any given time, and must be close enough in proximity to be immediately available.

The supervisory staff will review the patient’s medical history, physical examination, diagnosis, and record of tests and treatments with each resident during or immediately after each visit, assume management responsibilities for the patients seen by residents, and ensure that the services provided by residents are appropriate.

7. **Procedure Clinics, e.g., Colposcopy**

The gynecology residents will be assigned to colposcopy clinics at the HealthPartners Saint Paul Clinic. The level of responsibility for these procedures increases with the level of experience of the resident, and is under direct supervision of the staff in clinic.

Second year residents rotate through Same Day Surgery at the HealthPartners Specialty Center. Here they are expected to do/assist in outpatient surgical procedures under direct supervision of the attending gynecologist. On one afternoon that does not clash with their continuity clinic, probably Tuesday or Friday afternoon, residents will attend the ultrasound clinic at St. Paul HealthPartners Clinic and learn to do Gynecological examinations, including sonohysterograms, under the direct supervision of the ultrasound technicians and the attending physicians.
Otolaryngology Residency Program at Regions Hospital

The residency program in Otolaryngology is an integrated one organized by the Department of Otolaryngology at the University of Minnesota. In general, the residency curriculum requires mastery of basic sciences relevant to Otolaryngology completion of a major research project and significant responsibility in patient care, which includes outpatient evaluation, and management and a wide variety of specialty surgery. Four major rotations in the program provide broad clinical exposure. During the four-year training program (PGY-2-5), each resident spends 9-12 months at Regions Hospital in e month rotations. Here they encounter the common clinical problems seen in our specialty. Additionally, this rotation has always been noted for training in emergency ENT problems, maxillofacial trauma care, and facial plastic and reconstructive surgery.

The Resident Manual a publication of the Department of Otolaryngology at the University provides coverage of the following:

1. Benchmarks for the maturation of the otolaryngology resident
2. Expected progression through the surgical experience

The guidelines are generally adhered to at Regions Hospital.

Unsupervised Clinical Activities/Procedures by our Residents:
As a matter of policy, staff physicians supervise the vast majority of residents’ clinical activities. Because most of our surgical procedures are now done on an outpatient basis, we have relatively little inpatient activity. In instances where we have an inpatient(s) the residents may do the following:

1. H & P’s
2. Write orders
3. Request consultations
4. Discharge planning and writing orders for such
5. Repair complicated lacerations
6. Perform nasal and/or laryngeal endoscopy
7. Control nose bleeds
8. Change tracheotomy tubes
9. Remove ear foreign bodies
10. Perform emergency tracheotomies or intubations (rare)

Evaluation Process:
Informal and via computerized evaluation system.

Feedback:
Informal and through meetings with U of M Chairman (Dr. Yueh) twice a year.
University of Minnesota  
Regions Hospital  
Resident Clinical Rotation

Patient Care “From Beginning to End”  
-The Team Approach-

Chief of Orthopaedic Surgery

Peter A. Cole, M.D.

Residency Site Director

Thuan V. Ly, M.D.

Residency Coordinator

Tricia Corbo

Teaching Service

Sarah Anderson, MD  
Peter Cole, MD  
Paul Lafferty, MD  
Mengnai Li, MD  
Thuan Ly, MD  
Scott Marston, MD  
Robert Morgan, MD  
Julie Switzer, MD  
Christina Ward, MD

Two Trauma Fellows  
One Research Fellow

Goal

Our goal is to foster an enjoyable and highly educational experience.  
The focus will be on continuity of care. The residents will be exposed to all facets of patient care, including pre-operative assessment and decision-making, intraoperative and post-operative management.
Methods

Patient Care “From Beginning to End”

This rotation will expose the resident to a wide variety of Orthopaedic injuries and pathologies. There will be a strong emphasis on basic techniques and approaches for fracture care, total joint arthroplasty, sports medicine injuries, computer navigation and orthobiologics.

The Surgical Specialty areas emphasized will include:
- Orthopaedic Trauma: Including general orthopaedic fractures, complex pelvic and periarticular fractures, nonunions, scapula and foot fractures, geriatric trauma and pediatric trauma.
- THR/TKR/UKR: Including primary, revision, and MIS approaches
- Sports Medicine: Variety of arthroscopic and open shoulder procedures
- Spine: Spine trauma, elective decompression and discectomies.

Weekly Schedule

“The Team Approach”

We have divided the department into two CARE teams.* The team approach is designed to improve efficiency between the services and ultimately improve patient care and outcomes.

Each resident will attend the outpatient clinic and surgery according to the schedule for his/her team. If the attending you are scheduled with is out of the office or has an admin day you are responsible for covering another surgeon on that team.
**Education/Conferences**

**A. Tuesday Morning Ortho Trauma Conference**

This conference is attended by:
- Orthopaedic attending surgeons
- Musculoskeletal radiologists
- Trauma Fellows
- Ortho and EM residents
- PA, RN, OT, PT, NP
- Surgical implant representatives
- Community Orthopaedic surgeons

1. **Case presentations:**
Each of the four Orthopaedic residents will be expected to collect, prepare, and present their case at this conference. There is typically time for 1-2 case presentations each Tuesday morning but you must have at least 3 cases ready for presentation.

2. **Formal Didactic presentation:**
The PGY2 residents will be responsible for one formal didactic presentation each during their 6-month rotation.

   These presentations will be approximately 20-30 minutes in length. The topics will be chosen by the residents, but must be approved by the Residency Site Director. The Education Program Director will assign you with a date.

3. **Visiting Lectureship:**
Regions will host a “Visiting Professor” in an effort to promote Regions, enhance learning and foster collegiality.

**B. M&M Rounds**
The residents will be responsible for collecting, preparing and presenting patients at M&M conference. M&M rounds are held the 4th Tuesday of every month. The residents will be provided with a list of patients from the Education Program Director. Four to Six cases will be chosen for presentation by Dr. Paul Lafferty. Residents will assume a team approach to this task. This is an extremely important aspect of resident education. The resident should add their M and M presentations to their e-value portfolio.

**C. University of Minnesota Grand Rounds**
Resident Evaluations

The resident will meet at the end of their first 3 month rotation with the Residency Site Director to provide mutual feedback regarding the rotation.

The resident will meet at the end of the rotation with the Residency Site Director to review the resident’s final evaluation.

Philosophy

The philosophy at Regions Hospital is to provide the residents and fellows with an extremely enjoyable, rigorous and highly educational experience. We will focus our attention on the team approach to the management of Orthopaedic care. We will provide an environment of mutual respect among all members of the Orthopaedic team and all paramedical personnel. We will maintain open lines of communication and will welcome feedback from all members of the Orthopaedic team.

Please remember that as resident surgeons, the ability to understand your own limitations and be able to work as a team with the ortho staff, APPs, MAs and RNs is paramount in your training.

As educators, we understand our role as critical to the success of the rotation. Our primary philosophy is to provide the highest quality of care for the patient and the highest quality of educational experience possible for our residents and fellows, in order to open doors to career options.

Future

As the Orthopaedic Department grows and matures, in both OR caseload as well as EM and clinic patient volumes, we anticipate the addition of staff members. Through the year, we will have a full-time trauma fellow, a research fellow, four Orthopaedic residents, one EM resident and full-time attending physicians on the teaching service.

The Regions Orthopaedic Department is committed to Orthopaedic research. Currently we are involved in numerous cohort reviews, prospective trials, biomechanical studies, and randomized clinical trials. This will provide all residents and fellows the opportunity to be involved in numerous research projects at various levels of commitment.
1. **Educational Objectives:** The educational objectives for residents’ rotation on the Regions service for Plastic & Hand Surgery is to have the residents learn all aspects of plastic, reconstructive and hand surgery. This includes a working knowledge of hand and wrist surgery and reconstruction, maxillofacial trauma and reconstruction, an introduction to craniofacial and cleft surgery, microsurgery, reconstruction of trauma of the lower extremities, breast surgery including breast reconstruction, breast reduction, breast augmentation, and mastopexy, burn reconstruction, as well as several aspects of cosmetic surgery.

2. **Clinical experiences:** Residents rotate on the service for 4-month rotations during their 1st, 2nd, and 3rd year of the plastic surgery residency. The residents' responsibilities include rounding on all ward patients in the mornings, seeing patients in clinics preoperatively and postoperatively, assisting and performing surgery in the operating room, and assisting with the evaluation and management of patients seen in the emergency room. The service includes 6 attendings in plastic and reconstructive surgery as well as a team consisting of 3 physician assistants, a surgery intern, and an oral maxillofacial surgery resident who also participates on the service for a period of 4-6 months over the summer. The service also includes a first year emergency medicine resident for 9 months of the year. We also have some coverage by the Hand Fellow.

   The plastics resident is expected to be able to initially evaluate patients in the emergency room. For any cases that go to the operating room, the attendings are present. For any complex patients in the emergency room for which the resident has concerns or questions, the attendings are available.

3. The “unsupervised” clinical activities are the same for the 1st, 2nd, and 3rd year. Some rounds are made without the attending or physician assistants present. Other rounds are made with the attendings.

   The residents initially see patients in the emergency room, however, the attendings are available for a review of all patients of concern. A review of the increased levels of expectation for the residents for each year is enclosed. It should be noted that this includes a description of their clinical experiences and not specifically unsupervised activity.

4. **Evaluation process:** Each attending fills out an evaluation of our plastic surgery residents via the online Residency Management Suite (RMS) system which is managed through the department of Plastic & Reconstructive Surgery at the University of Minnesota. Plastic surgery residents are required to keep a log book and all procedures are entered into a computer software provided by our residency program.

5. **Feedback mechanisms:** The residents perform an evaluation of each attending at Regions Hospital via the online Residency Management Suite (RMS) system which is managed through the department of Plastic & Reconstructive Surgery at the University of Minnesota.

Warren Schubert, MD
Chairman, Department of Plastic & Hand Surgery

Regions Hospital
Description of “unsupervised” clinical activities/procedures for PGY level resident can perform while on this service for residents training in this specialty and residents training in another specialty currently rotating on this service:

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<tr>
<th>PGY 1</th>
<th>Plastic Surgery Residents</th>
<th>Non Plastic Surgery Residents</th>
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<td></td>
<td>Coverage of phone calls from the Ward</td>
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<td>Minor debridements and dressing changes in the Clinics and Wards</td>
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Department of Surgery Residency Program

January 16, 2013

Terry Crowson, MD
Interim Executive Director
HealthPartners Institute for Education and Research
Regions Hospital
640 Jackson Street
St. Paul, MN  55101

Re:  Resident Scope of Practice – Department of Surgery

A detailed description of resident activities by level of training is supplied by the University of Minnesota *(excerpt attached, pages 29 through 48)*; parent organization for surgical residents in training at Regions Hospital.

Surgical residents perform a significant number of procedures during their time at Regions Hospital. Our goal during each academic year is to develop competence in the residents to perform procedures consistent with their level of training. This does not mean that residents are performing major procedures independently. The standard of care in the Department of Surgery at Regions Hospital is for attending presence during the key portion, and at the initiation of all operative procedures.

Surgical residents also perform multiple procedures outside the operating room. Procedures including central line placement, drawing arterial blood gases, lumbar punctures, paracentesis and thoracentesis may be performed during a clinical rotation. Interns and residents are allowed to perform procedures unsupervised only if competent to do so. Competency is not based on level or year of training but rather an experience in a particular procedure. Competency is determined by the resident and his or her attending physician. No resident is allowed to perform a procedure unless he or she is competent to do so. Residents must ask for assistance and supervision from an attending physician 24 hours a day. The Surgical Service maintains attending physician coverage at Regions Hospital on a 24 hour basis. Surgery residents also record procedures performed using a web-based program called “Residency Management Suite (RMS)”.

Each resident receives a written evaluation after completing a rotation on the Surgical Service at Regions Hospital. Residents are specifically evaluated on their knowledge base, facility in performing procedures, and skill in communication with patients, family and other medical personnel. As noted above, residents also maintain a logbook of procedures performed.
Regions Hospital also provides feedback to Program Directors at the University of Minnesota who meet with residents serving at this site. Specific quality assurance concerns are addressed directly with residents involved and adjudicated through the Department of Surgery at the University of Minnesota.

Respectfully,

Seth I. Wolpert, M.D., F.A.C.S.
Site Director
University of Minnesota Surgery Training Program
Regions Hospital

Section Chief, Division of General Surgery
Regions Hospital

Assistant Professor of Surgery
University of Minnesota

* All Services p. 29-33
  Vascular Surgery p. 34-35
  Trauma and Burn Surgery p. 36-38
  Transplantation Surgery p. 39
  Cardiovascular and Thoracic Surgery p. 40-41
  Plastic Surgery p. 42
  Endoscopy p. 43
  Pediatric Surgery p. 44-45
  Surgical Intensive Care Unit p. 46-48
Surgery - All Services

Knowledge and Skills

Communicate effectively and professionally with patients, families, and health care professionals
Demonstrate the ability to identify critical clinical situations and respond appropriately
Understand one's own limitations and seek appropriate senior-level assistance
Keep accurate, appropriately detailed medical records

General Surgery
Fairview University Medical Center, Regions Hospital, Veterans Administration Medical Center, Methodist Hospital, North Memorial Medical Center, Lakeview Hospital and United.

PGY-1
Clinical Skills and Scenarios
Identification and evaluation by history and physical examination
Formulation of differential diagnoses
Initiation of treatment plan and management
Burn care
Perform a detailed, accurate, comprehensive history and physical examination
  Acute abdomen
  Soft-tissue infections
    Cellulitis
    Necrotizing soft-tissue infections
  Wound infections
  Acute leg pain
  Acute respiratory distress
  Acute chest pain
  Extremity swelling
Obtain and carry out proper informed consent
Knowledge
Principles of wound healing
  Understand normal acid-base balance, and fluid, electrolyte, and nutritional parameters

Treatment of fluid, electrolyte, and nutritional abnormalities
  Gastric outlet obstruction
  Acute renal failure
  Acute and chronic diarrhea
  Bowel obstruction
  Cancer cachexia

Identification and management of hematologic abnormalities
  Anemia
  Coagulopathy
  Platelet disorders

Understanding of the principles of microbiology and their clinical applications
Cost-effective, appropriate preoperative evaluation

Skills
Understand Advanced Cardiac Life Support protocols
Understand Advanced Trauma Life Support protocols
Understand wound care
  Opening of infected surgical wounds
  Wet to dry dressing
  Open fracture stabilization management

Perform simple suture technique
Perform bedside procedures
  Central venous catheterization
  Pulmonary artery catheterization
  Tube thoracostomy
  Pericardiocentesis
  Diagnostic peritoneal lavage
  Fine-needle aspiration of superficial lesions

Develop operative skills
  Incision and drainage of subcutaneous and perirectal abscess
  Excision of simple skin and subcutaneous lesions
  Incisional biopsy
  Surgical breast biopsy
  Surgical lymph node biopsy
  Open inguinal herniorrhaphy
  Simple hemorrhoid procedures
  Lower extremity amputation
  Varicose vein surgery
PGY-2 and PGY-3

Clinical Skills and Scenarios
Identification and evaluation by history and physical examination
Formulation of differential diagnoses
Initiation of treatment plan and management
Burn care
Gastrointestinal bleeding
Threatened limb
Complications of portal hypertension
Sepsis syndrome
General surgical complications
  Superficial and deep wound infection
  Hemorrhage
  Renal failure
  Anastomotic leak
  Deep venous thrombosis and pulmonary embolus
  Myocardial infarction
  Pneumonia
  Graft thrombosis
Esophageal reflux disease
Breast mass
Thyroid mass

Knowledge
Understand principles of oncology
  Breast cancer
  Melanoma
  Colorectal carcinoma
  Hepatocellular carcinoma
  Pancreatic cancer
  Sarcoma
  Radiation therapy
  Chemotherapy
Understand gastrointestinal pathophysiology
  Hormones
  Motility
Understand principles of laparoscopy
Understand transplant immunology and immunosuppressive agents
Understand the physiology of cardiothoracic surgery
Understand cost-effective health care delivery
Operative Technical Skills
Perform laparoscopic and open cholecystectomy
Perform gastrointestinal resection and anastomosis
  Stapled
  Hand-sewn
Perform mastectomy
Perform axillary and inguinal lymphadenectomy
Perform resection of cutaneous melanoma
Perform hemodialysis access
  Shunt
  Peritoneal
Perform a splenectomy
Perform a thyroidectomy
Perform upper gastrointestinal endoscopy, flexible sigmoidoscopy

PGY-4 and PGY-5

Clinical Skills and Scenarios
Identification and evaluation by history and physical examination
Formulation of differential diagnoses
Initiation of treatment plan and management
Team leadership in the management of multiple traumas
  Intraabdominal catastrophe
  Ischemic bowel
  Perforated diverticulitis
  Perforated ulcer disease
  Massive gastrointestinal bleeding
Postoperative complications
  Necrotizing infection
  Anastomotic leak
  Hemorrhage

Knowledge
Understand primary surgical literature beyond that in textbooks and review articles
**Skills**

Conduct all general surgery procedures with appropriate direction and assistance, including complex, multistep procedures
- Abdominoperineal resection
- Whipple
- Total thyroidectomy
- Modified radical mastectomy
- Bariatric surgery

Organize and manage the surgical service
- Hospital and clinic patient care
- Resident and medical student teaching
Vascular Surgery
Veterans Administration Medical Center, Vascular Service; Regions Hospital, Fairview University Medical Center, and Methodist Hospital.

PGY-1

Knowledge
Describe arterial and venous anatomy
Understand risk factors of atherosclerosis
Understand risk factors, signs, and symptoms of chronic venous insufficiency
Understand signs and symptoms of acute and chronic arterial disease
Make differential diagnosis of a swollen extremity
Make differential diagnosis of foot ulcer
Understand signs and symptoms of lymphedema

Skills
Perform a focused history and physical for the vascular system, including Doppler and ankle brachial index
Manage wounds-wet to dry dressings
Perform wound debridement
Place central venous lines
  - Femoral
  - Jugular
  - Subclavian
Care for an ischemic limb
Apply an Unna boot
Amputate digits

PGY-2 and PGY-3

Knowledge
Understand the pathophysiology of cerebrovascular disease
Understand life-threatening signs of vascular disease and the immediate intervention
Understand nonatherosclerotic arterial disease
Understand the role of drug therapy
  - Heparin
  - Coumadin
  - Aspirin
  - Urokinase
  - Ticlopidine
  - Pentoxifylline
Understand the pathophysiology of renovascular disease
**Skills**
Interpret noninvasive venous, arterial, and carotid studies
Perform dialysis access operations
  - Vascular
  - Peritoneal
Perform large vessel anastomosis
Interpret imaging studies
  - Duplex scans
  - Computed Tomography scans
  - Magnetic Resonance Imaging
  - Angiography
Amputate major lower extremity

**PGY-4 and PGY-5**

**Knowledge**
Understand the natural history of medically treated or untreated vascular disease
  - Carotid artery stenosis
  - Abdominal aortic aneurysm
  - Lower extremity arterial occlusive disease
Summarize principles for preoperative assessment and postoperative care of patients undergoing major vascular surgical procedures
Describe the indications for balloon angioplasty, arterial stent placement, inferior cava filter placement
Describe the indications for operative intervention
  - Claudication
  - Critical limb ischemia
  - Abdominal aortic aneurysm
  - Transient ischemic attack and stroke
  - Asymptomatic carotid stenosis
  - Varicose veins
  - Venous stasis ulcer
  - Renal and visceral artery stenosis

**Skills**
Perform complex vascular surgical procedures
  - Carotid endarterectomy
  - Repair of aortic aneurysm
  - Aortic reconstruction for occlusive disease
  - Femoral distal bypass
  - Extra-anatomic reconstruction
  - Distal lower extremity bypass
Trauma and Burn Surgery

Regions Hospital, Hennepin County Medical Center, and North Memorial.

PGY-1
Clinical Skills and Scenarios

Identification and evaluation by history and physical examination
Formulation of differential diagnoses
Initiation of treatment plan and management
Isolated head injury
Minor extremity trauma
Participation in management of major trauma

Knowledge
Understand the principles of primary acute trauma management
  Airway
  Breathing
  Circulation
Understand the principles of vascular access
Understand importance of basic blood tests
Understand the principles of secondary acute trauma management
  Detailed physical exam
  Appropriate workup
  Notify necessary specialists
  Burn wound diagnosis and management
  Microbiology of the burn wound

Skills
Perform physical examination of the trauma patient
Follow ATLS protocol
Follow ACLS protocol
Perform simple suture technique
  Enact trauma room procedures
  Airway control
  Endotracheal intubation
  Insertion of central venous catheter
  Orogastric and nasogastric intubation
  Tube thoracostomy
  Stabilization of long bone fractures
  Pericardiocentesis
Perform primary, secondary and tertiary survey of the trauma patient
Resuscitate the burn patient
PGY-2 and PGY-3

Clinical Skills and Scenarios
Identification and evaluation by history and physical examination
Formulation of differential diagnoses
Initiation of treatment plan and management
Coordination of intermediate-level trauma code
Exposure to extreme cold

Knowledge
Identify need for
- Immediate airway management
- Immediate chest tube insertion
- Immediate prevention of tension pneumothorax
- Emergency department thoracotomy
- Acute surgical intervention
- Immediate neurosurgical intervention
- Immediate intervention for prevention of spinal cord injury
- Immediate neck exploration or diagnostic workup

Skills
Perform cricothyroidotomy
Perform cardiac echo
Perform abdominal ultrasound
Perform diagnostic peritoneal lavage
Perform subxiphoid window for cardiac injury
Perform chest and abdominal exploration for injury
Perform laparoscopy for injury
Critically assess the trauma literature

PGY-4 and PGY-5

Clinical Skills and Scenarios
Identification and evaluation by history and physical examination
Formulation of differential diagnoses
Initiation of treatment plan and management
Multiple injured parties
Coordination of disaster scenarios
Multiple gunshot wounds
Blunt abdominal trauma
Pediatric trauma
**Knowledge**

Apply nonsurgical evaluation of dramatic injuries
- Angiography
- Endoscopy
- Computed Tomography scans
Apply nonsurgical management of traumatic injuries
- Pelvic
- Liver
- Splenic fracture

Understand the principles of a trauma system
Differentiate levels of care—Level I, II, III, and IV
Understand interdisciplinary care: scene to discharge
Understand principles of rehabilitation
Understand the epidemiology of trauma and its economic impact on health care

**Skills**

Use the trauma registry for data analysis
Show leadership in running a trauma service
Transplantation Surgery

Fairview University Medical Center

PGY-1 and PGY-2

Knowledge
Manage end-stage renal disease
  Hyperkalemia
  Acidosis
  Volume overload
  Indications for dialysis access
    PD
    HD
Manage end-stage liver disease
  Variceal bleeding
  Hepatic encephalopathy
  Ascites
  Fulminant hepatic failure
Manage the acute medical complications of diabetes
Understand advanced applied immunology
Understand immunosuppressive medications
Manage posttransplant complications
  Oncologic
  Infectious

Skills
Perform vascular anastomosis—hemodialysis and kidney allograft
Open and gain access for organ transplantation
Function as effective first assistant and surgeon junior
Cardiovascular and Thoracic Surgery

Fairview University Medical Center, Regions Hospital, and Veterans Administration Medical Center.

PGY-1

Knowledge
Understand anatomy of the chest
Interpret chest x-ray
Understand indications for Computerized Axial Tomography scan of the chest
Understand bronchoscopic anatomy
Understand signs and symptoms of benign and malignant
   Lung tumors
   Esophageal tumors
Understand indications for heart catheterization
Understand physiology of cardiopulmonary bypass
Manage heart failure
Apply intraaortic balloon pump and ventricular assist devices

Skills
Perform endotracheal intubation
Perform tube thoracostomy—placement and removal
Perform central venous access
Perform thoracentesis
Perform bronchoscopy
Perform pericardiocentesis
Perform saphenous vein harvest

PGY-2 and PGY-3

Knowledge
Interpret chest CAT scan
Use antibiotics in thoracic surgery
Treat pulmonary emboli
Understand natural history of emphysema
Understand staging and therapy of lung, mediastinal and esophageal tumors
Understand signs and symptoms of thoracic aortic disease
Understand role of multimodality therapy in esophageal cancer
Skills
Perform a sternotomy - opening and closure
Perform a thoracotomy - opening and closure
Perform a pacemaker insertion
Perform an open pleural biopsy
Perform an open lung biopsy
Perform a mediastinoscopy
Perform a thoracoscopic lung surgery
   Function as an effective first assistant in complicated cardiothoracic procedures
Plastic Surgery
Fairview University Medical Center, Regions Hospital, and Veterans Administration Medical Center.

PGY-1, PGY-2, and PGY-3

Knowledge
Understand the principles of wound healing and wound care
Understand the principles of grafts and flaps
Understand the "reconstructive ladder"
Recognize common skin lesions
Understand the basic embryology underlying common congenital anomalies
Understand aesthetic surgery principles

Skills
Be able to manage
  Wound care and debridement
  Advanced suture technique
  Ability to evaluate complex wounds
  Basic examination of the hand
Apply splints or casts for common hand injuries
Perform operative procedures
  Wound repair: intermediate and complex
  Split-thickness skin graft
  Full-thickness skin graft
  Excision of skin tumors
  Drainage of hand infections
  Repair of fingertip injuries
  Closed and open reduction of hand fractures
Endoscopy
Fairview University Medical Center, Regions Hospital, Veterans Administration Medical Center, and Lakeview Hospital.

All levels

Knowledge
Understand the indications for diagnostic and therapeutic endoscopy—upper and lower
Describe the potential complications of endoscopy
Describe the role of ERCP in the diagnosis and management of biliary tract and pancreatic disease

Skills
Perform flexible sigmoidoscopy
   Biopsy
   Snare polypectomy
Perform upper endoscopy
   Biopsy
Perform operative choledochoscopy
   Biopsy
   Stone extraction
Perform operative and bedside bronchoscopy
Pediatric Surgery
Fairview University Medical Center

PGY-1 and PGY-2
Clinical Scenarios
Identification and evaluation by history and physical examination
Formulation of differential diagnoses
Initiation of treatment plan and management
Gastric outlet obstruction in the newborn and infant and associated electrolyte abnormalities
Hernia in the newborn

Knowledge
Understand embryology and normal development
Participate in pre- and postoperative care, including management of fluids and electrolytes
Describe common acute pediatric surgical problems
Participate in the evaluation and triage of pediatric trauma

Skills
Know basic operative skills:
  Appendectomy
  Hernia repair
  Circumcision

PGY-4
Clinical Scenarios
Identification and evaluation by history and physical examination
Formulation of differential diagnoses
Initiation of treatment plan and management
Anorectal atresia
Necrotizing enterocolitis
Neck mass
Bowel obstruction
Trauma in children

Knowledge
Describe common congenital anomalies and their management
Actively participate in care of the trauma patient
Actively participate in the care of the critically ill children—ICU

Skills
Evaluate and manage pediatric “index” cases
  Demonstrate advanced operative skills:
    Congenital anomalies
    Abdominal and thoracic malignancy
    Anorectal disorders
    Nissen fundoplication
Surgical Intensive Care Unit

Fairview University Medical Center and VA Medical Center

Attending Staff

• Supervision of service
• Daily teaching rounds on all patients on service with fellow, residents, medical students, and staff with teaching of the art and science of critical care, approaches to patient-family-physician interactions, and decision-making in critical care.
• Availability for advice, patient evaluation, and consultation 24 hours a day while on call.
• Participation in weekly complications conference, teaching rounds, and ICU conference.
• Communication with referring physicians and family as appropriate
• Serve as a role model of physician-educator for fellows, residents, students, and hospital staff.
• Development of appropriate clinical and laboratory investigation to advance critical care.
• Fair evaluation of fellows, residents, and students. Discussion of evaluation with fellows, residents, and students is expected.

Fellows

Primary objective: Learn decision-making in complex, critically ill patients, including management of sepsis, hypotension, respiratory failure, organ failure, and nutrition

• Availability for advice, patient evaluation, and teaching
• Act as attending physician in ICU with appropriate staff backup during assigned call
• Participate in critical care research. Learn appropriate research design and methods in ICU
• Schedule SICU/SID conferences
• Attend and participate in ICU/SID conferences
• Attend and participate in Critical Care Quality Assurance Committee
• Daily participation in teaching rounds in ICU
• Instruction of residents and medical students on rounds
• Communication with patients, family, and referring physicians as appropriate
• Reading as necessary to meet the above objectives

PGY2 or-3 Residents (Surgery)

Primary objective: Learn diagnosis and management of basic critical care problems in the surgical patient.

• Day-to-day supervision of service. Prepare resident call schedule. Please avoid scheduling anesthesia resident last day of her/his rotation. Please avoid scheduling Surgery G-1 first day of his/her rotation.
• Daily participation in teaching rounds
• Instruction of students during care of ICU patients
• Daily assignment of ICU care duties-identify the person responsible for completion of assigned tasks for each patient
• Preparation of cases for monthly SICU morbidity and mortality conference.
• Attendance at all assigned conferences (Tuesday ICU/SID conferences, Tuesday complications conference, Tuesday Grand Rounds)
• Learn management of airway emergencies, with participation in intubation of stable ICU patients with appropriate staff supervision
• Communication with patient family as appropriate
• Call duties as assigned
• Minute-to-minute care as needed in stable ICU patients
• Reading as necessary to obtain knowledge base to fulfill above objectives

PGY2 or-3 Residents (Anesthesia)

Primary objective: Learn continuing perioperative care of acutely ill surgical patients, with particular attention to basic decision making in assessment of perioperative risk factors, indications for and management of invasive monitoring devices, diagnosis of common perioperative complications, medical pharmacology, and nutrition.

• Instruction of students during care of ICU patients
• Daily participation in teaching rounds
• Performance of daily ICU duties as assigned (i.e., central lines, Swan-Ganz catheter placements, orders, etc.)
• Attendance at assigned ICU conferences (Tuesday and anesthesia conferences as assigned)
• Communication with patient family as appropriate
• Call duties as assigned
• Minute to minute care as needed in unstable ICU patients
• Reading as necessary to fulfill the didactic portion of the above objectives

PGY1 Surgery Resident


• Daily participation in teaching rounds
• Communication with patient family as appropriate
• Call duties as assigned
• Minute to minute care as needed of unstable ICU patients
• Attendance at all assigned conferences (Tuesday ICU/SID conferences, Tuesday complications conference, Tuesday Grand Rounds)
• Instruction of students during care of ICU patients
• Reading as necessary to obtain fund of knowledge to fulfill above objectives
**MS4 Students**


- Daily participation in teaching rounds
- Attendance at assigned conferences (Tuesday ICU/SID conferences, Tuesday complications conference, Tuesday Grand Rounds is optional)
- Participation in care of ICU patients as appropriate for student’s level of expertise
- Participation in call duties as assigned
- Daily reading, regarding interesting ICU patients
- Experience as appropriate, depending on student’s level, in simple procedures in perioperative surgical patients (e.g. central lines, arterial lines).