

Care of the Surgical Patient

Goal: Provide a structured educational experience in the pre- and post-operative care of the surgical patient. Residents will learn to diagnose and manage common surgical problems, perform pre-operative assessments, and demonstrate skill in core surgical procedures in both the inpatient, ambulatory and urgent care settings. The residents will be taught to appreciate the varieties of surgical treatments and the potential risks associated with them to enable them to give proper advice, explanation and emotional support to patients and their families. This will include cost effective training in the indications and interpretation of specific diagnostic tests, as well as recognition of emergent, urgent vs. routine/elective surgical care. They will also learn how to work most effectively with surgical consultants to maximize effective system-based practice.

Rotational Experience:

Required Rotations

PGY-1 – General Surgery Experience. During the first year of training, residents have one required, one month rotation in general surgery. They work closely with general surgeons who routinely do, routine as well as urgent, abdominal, breast, hernia, vascular and skin grafting surgeries. Residents do preoperative assessments, first assist in the OR and round on post-operative patients. They regularly perform procedures in the Special Procedures clinic at Riverside Hospital including breast biopsies, cyst removals and incision and drainage of abscesses, etc. Residents also have the opportunity to attend inpatient rounds at Hennepin County Medical Center's Burn Unit.

PGY-1 residents also gain valuable surgical experience on a variety of other required rotations during the first year.

Emergency Medicine Experience. They perform a number of minor surgical procedures, including laceration repairs, lumbar puncture, joint aspiration and injection, chest tube placement, etc. while on their one month emergency medicine rotation. They gain additional experience in the use of diagnostic tests to evaluate and prioritize surgical emergencies.

Teaching Service/Night Float Experience. Residents will perform a number of pre-operative risk assessments and post-operative care consultations while rotating on two, one month rotations.

PGY-2 – PGY2 residents gain valuable surgical experience through other required rotations in the second year of training.

Teaching Service/Night Float Experience. Residents will perform a number of pre-operative risk assessments and post-operative care consultations while on this one month rotation.

Surgical Subspecialty Experience. Residents are required to complete 2 weeks each of urology, otolaryngology and ophthalmology.

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One of these rotations is completed during the second year of training and the remaining 2 rotations are completed during the third year.

PGY-3 – Ambulatory Surgery Experience. Residents will spend one month on a required Ambulatory Surgery rotation where they rotate with a number of community surgeons, subspecialists and primary care physicians learning to do such procedures as vasectomies, casting and splinting, upper and lower endoscopy, excisional biopsies, etc. During this rotation, residents spend one half day per week in the procedure clinic at Smiley's learning minor surgical procedures under the supervision of faculty.

Teaching Service/Night Float Experience. Residents will perform a number of pre-operative risk assessments and post-operative care consultations while on this one month rotation.

Surgical Subspecialty Experience. Residents are required to complete 2 weeks each of urology, otolaryngology and ophthalmology. One of these rotations is completed during the second year of training and the remaining 2 rotations are completed during the third year.

Elective Rotations

PGY-2s and PGY-3s are also eligible to do a number of surgical subspecialty electives. These may include, but are not limited to: plastic surgery, otolaryngology, ophthalmology, urology, orthopedics, maternity/women's health and dermatologic procedures.

Longitudinal Experience:

Continuity Clinic

For the duration of their training, residents are assigned as the primary care provider for a panel of patients. This panel grows in number as the resident progresses through training. As a primary care provider, the resident is expected to provide continuous, comprehensive care to these patients and to work in partnership with surgical consultants to provide cost effective, culturally sensitive, systems-based care.

Continuous Quality Improvement (CQI)

PGY-1s, PGY-2s and PGY-3s are all expected to participate in the monthly CQI team meetings at Smiley's Clinic. At the current time, the abnormal PAP smear tracking CQI team is the only one focused on a subset of procedural care provided by our physicians.

Didactic Sessions:

FPC Lecture Series – Six hours of structured lecture/skill-based workshops are scheduled throughout the year as part of the FPC Lecture Series. Up to 12 additional hours are possible in crossover topics such as orthopedics, emergency medicine and maternity care/women's health.

Rotation-specific Sessions - Residents receive no formal lectures during the surgical rotations but do receive formal lectures during the other surgery related rotations mentioned earlier. Please see other curriculum descriptions for the total hours.

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Required Skills

Upon graduation the resident physician will be expected to be competent in the following skills:

Abscess: I&D	Cervix cryotherapy
Anesthesia: regional	Colposcopy with biopsy/ECC
Anoscopy	Colposcopy without biopsy
Arthrocentesis/joint injection	Breast biopsy
Casting	Diaphragm fitting
Long arm	Endometrial biopsy
Short arm	Leep procedure
Short leg walking cast	IUD placement/removal
Short leg non-walking cast	PFTs: Administration and interpretation
Closed reduction	Toenail excision
Ankle fracture	Thoracentesis
Foot fracture	Vasectomy
Boxer fracture	Suprapubic Bladder tap
Lower extremity	Punch/shave skin biopsy
Upper extremity	Paracentesis
Phalanx	Nasopharyngoscopy
Excisional skin biopsy	Nasal packing
Exercise stress treadmill	Lumbar puncture
Eye (foreign body removal)	Laceration (simple) repair
Flexible sigmoidoscopy	Laceration (complex) repair
Incision and drainage thrombosed hemorrhoid	

Evaluation

Evaluation of the resident includes many tools used to assess the resident's competence in the six ACGME Essential Competencies as well as the progression of the resident's skills from first through third year. The resident meets quarterly with the advisor to review performance, identify problems and plan for the future.

In-Training Exam – Given yearly, this exam assesses medical knowledge and the resident is expected to show improvement as he/she progresses through his/her years of training.

Rotation Evaluations – These evaluations are reviewed each quarter with the advisor and consist of written reports on performance and feedback from the rotation faculty.

Essential Competencies assessed: medical knowledge, patient care, interpersonal and communication skills and professionalism.

Faculty/Staff Evaluations – These evaluations are reviewed each quarter and include evaluations of performance in clinic, interactions with the nursing and support staff, attendance at required activities and performance in CQI projects. These evaluations also review patient compliments/complaints and compliance with dictation and coding policies. Attention is given to resident well-being and assistance is offered if needed. Essential Competencies assessed: medical knowledge, patient care, interpersonal and communication skills, practice-based learning and improvement, professionalism and systems-based practice.

Self-Assessment – Residents are offered the opportunity to assess themselves through the use of a questionnaire. The questionnaire covers a broad range of medical topics and is Competencies assessed: medical knowledge, patient care and professionalism.

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Periodic Skill Evaluation – Skill proficiency is measured in many ways from periodic skill workshops to longitudinal evaluation by faculty. Evaluation includes review of complications and quarterly M&M conferences. Essential Competencies assessed: medical knowledge, patient care, professionalism and practice-based learning and improvement.

Procedure Log - Residents are required to log all procedures into E-value, an electronic evaluation system. This provides a tool for self-assessment and review of all procedures performed to allow for development of an individual education program if needed to fill deficiencies in training. Essential Competencies assessed: medical knowledge, patient care, professionalism and practice-based learning.

Total Training Time

Total required rotations: 5 months

Total didactic hours per year: PGY-1 at least 6, up to 18

PGY-2 at least 6, up to 18

PGY-3 at least 6, up to 18