

UFH Family Medicine Training Program Curriculum Goals and Objectives 2013

Rotation: Inpatient & Outpatient General Surgery Faculty Administrator: Setsuko Hosoda, MD, MPH

SHU surgery rotation to be determined by site faculty members

Rotation Information:

Responsibilities include the initial evaluation and management of common surgical problems, basic outpatient procedure skills and surgical assisting skills. Fellows evaluate patients in the office, see consultations in the hospital, participate in office, outpatient and OR procedures, and in follow-up care of patients.

During this rotation fellows will round daily with the surgical team and work in outpatient surgery clinic 1-2 days/week. They will see patients in their own Family Medicine clinic two half days a week and are required to attend regularly scheduled educational lectures unless called away for urgent patient care issues. The remainder of the time will be spent caring for preoperative and postoperative general surgery patients and assisting in surgery.

Sample Weekly Rotation (Beijing Only):

Tues teaching round at	8:00 am, 5/F, BJU2,	Thur teaching round at	Fri 8:00 am,	Sat as determine	Sun ed by
round at	•		8:00 am,	as determine	ed by
	5/F, BJU2,	round at			a Dy
8.00-8.30		Touriu at	5/F, BJU2,	rotation and	family
0.00-0.30	department	8:00-8:30	department	medicine cli	nic needs
am on 3 rd	X-ray,	am on 3 rd	X-ray,		
floor,	photos and	floor,	photos and		
BJU2	case review	BJU2	academic		
			presentation		
-	FM	Didactics	Surgery		
	Continuity		Clinic		
	Clinic				
f	loor,	Am on 3 rd X-ray, photos and case review FM Continuity	Am on 3 rd X-ray, am on 3 rd photos and floor, case review FM Continuity Didactics	Am on 3 rd X-ray, photos and case review FM Continuity Am on 3 rd X-ray, photos and academic presentation The continuity am on 3 rd X-ray, photos and academic presentation The continuity am on 3 rd X-ray, photos and academic presentation	am on 3 rd X-ray, photos and floor, photos and academic presentation FM Continuity Didactics Surgery Clinic

On call & weekend duty as determined by rotation or needs of family medicine inpatient service. 1 day off per week with one entire weekend off per month – total 5 days

Mon, Tue, Thurs: starts with teaching rounds, lead by attending surgeon, attended by head nurse, front line surgeons and pharmacists.

Wed and Fri 8:00 am, 5/F, BJU2, department X-ray, photos and case review (Wed), and academic presentation on a topic (Fri).

Wei Cheng (pediatric surgeon) clinics in CBD and Shunyi on Mon and Thur am, BJU1 on Tue and Fri pm. Op on Fri am.

Fellows are also to contact surgeons: Tsangsey Chow, Edward Li, Yang Huiqi and Lenard Chan

PROGRAM GOALS:

Inpatient: During this rotation fellows will learn and practice skills necessary to provide care to general surgery patients. Fellows will work closely with a preceptor, providing preoperative, operative and postoperative care to patients on their preceptors' service. Fellows will demonstrate competency in initial evaluation and management of common surgical problems, basic outpatient procedure skills and surgical assisting skills. Fellows will demonstrate an ability to explain surgical procedures to patients and to provide follow-up care. Fellows will demonstrate an ability to develop good working relationships with, and communicate well with, surgical consultants.

Outpatient; During this rotation fellows will work in the outpatient setting with a number of preceptors specializing in general surgery and related fields. Responsibilities include the office evaluation and treatment of common surgical problems, including preoperative evaluation, postoperative follow up and basic office procedures. Fellows will be scheduled to see patients in their own Family Medicine clinic two half days a week and are required to attend educational conferences each week unless called away for urgent patient care issues.

Please call each site in advance to let them know you are coming and make sure the preceptor is not on vacation. In the event that a preceptor for a rotation is on leave during the rotation, you are expected to arrange a similar clinical experience in that time slot. If no equivalent experience is available with another specialist, you should request additional Family Medicine clinic during that time. Please consult with your advisor if this occurs. We encourage you to take every opportunity to follow surgeons to the ER or any other consultations as they arise.

LEARNING OBJECTIVES REQUIRED TO MEET SPECIFIC ROTATION GOALS:

1. Medical Knowledge: While working with their preceptor, fellows will discuss and demonstrate knowledge of the presentation, diagnosis and treatment of common general surgical problems and be able to list an appropriate differential diagnosis for abdominal pain and other symptom complexes commonly encountered in general surgical practice. Fellows will also discuss and demonstrate knowledge components of a pre-operative evaluation, and indications for postponing surgery. Fellows will read the following:

UpToDate topic: abdominal pain and acute abdominal pain, anorectal pain, anal fissures, anal abscess and hemorrhoids, diverticular disease and hernias. Other surgery texts and reading as recommended by attendings

- **2. INPATIENT Patient Care**: Fellows will work one-on-one with their preceptor, providing preoperative, operative and postoperative care to inpatients on the general surgery service. They will competently perform the following procedures:
 - a. Basic incision and drainage of abscesses
 - b. Skin closure, including choosing materials and providing instructions to patient for care and timing of removal of sutures
 - c. Basic excisional skin biopsy of benign lesions
 - d. Adherence to sterile procedure, blood borne pathogen precautions
 - e. Effective assistance to surgeon as a first assistant
 - f. They will demonstrate appropriate initial evaluation of and formulation of initial management plan for (including understanding of medical and surgical options and indications):
 - i. Cholelithiasis, appendicitis, pancreatitis, diverticulitis
 - ii. Claudication
 - iii. GERD
 - iv. Abscesses
 - v. Hernias
 - vi. Wound infections
 - vii. Burns
 - viii. Lacerations
 - ix. Lipomas, cysts and other masses
 - x. Postoperative fever
 - xi. wound care, dressing changes and perioperative management of fluids
 - xii. Postoperative pain management
- 3. **OUTPATIENT Patient Care:** Fellows will work one-on-one in the outpatient setting with several preceptors, providing preoperative, operative and postoperative care.
 - a. Given the opportunity, they will competently perform the following procedures:
 - i. Basic incision and drainage of abscesses
 - ii. Skin closure, including choosing materials and providing instructions to patient for care and timing of removal of sutures
 - iii. Basic excisional skin biopsy of benign lesions
 - iv. Adherence to sterile procedure, blood borne pathogen precautions
 - v. Effective assistance to surgeon as a first assistant
 - vi. Complete podiatric exam appropriate to primary care
 - vii. Debridement of dystrophic nails
 - viii. Toenail Removal
 - ix. Basic interpretation of foot X-rays
 - x. Complete anorectal exam including anoscopy
 - xi. Complete breast history and physical exam
 - b. In addition to 2.f.i-xii (above), they will demonstrate appropriate management of (including understanding of medical and surgical options and indications) of the following conditions:
 - i. Routine Diabetic Foot Care

- ii. Diabetic ulcers, cellulitis
- iii. Common overuse injuries
- iv. Metatarsalgia
- v. Plantar Warts
- vi. indications for orthotics
- vii. Dystrophic nails including onychomycosis
- viii. Hallux valgus, hammer toe
- ix. Tarsal Tunnel Syndrome
- x. Hemorrhoids, anal fissures, fistulae, abscesses, warts
- xi. Proctalgia, pruritis ani
- xii. Breast diseases, including:
 - 1. Cysts: simple and complex
 - 2. Fibroadenomas
 - 3. Nipple Discharge
 - 4. abnormal breast masses
 - 5. invasive and in situ breast cancer
- 4. **Practice Based Learning**: Fellows will apply the skills and knowledge acquired during this rotation to the care of patients in their own clinic and in the care of family medicine patients in the hospital setting.
- 5. Interpersonal and Communication Skills: Fellows will work one-on-one with a general surgeon in community practice. Fellows will acquire and refine the ability to present information relating to surgical problems in an organized and efficient manner to a surgical consultant. Fellows will competently counsel patients about the risks and benefits of surgery.
- **6. Professionalism:** Fellows will demonstrate reliability, flexibility and eagerness to learn, participating to the extent possible, under the supervision of their preceptor.
- **7. Systems Based Practice**: Fellows learn how best to consult general surgeons, presenting information efficiently and in an organized manner.

Instructions to Preceptor:

- 1. Review this document with the fellow at the start of the rotation.
- 2. At the end of the rotation evaluate the fellow using the attached Competency Based Evaluation Form (or contact the Training Program to obtain access to an online evaluation forms.)

Instructions to Fellow:

- 1. Review this document with the preceptor at the start of the rotation.
- 2. Obtain the completed Competency Based Evaluation Form from the preceptor on the last day of the rotation.
- 3. Review the completed evaluation with your advisor.

Instructions to Advisor:

1. Review all Competency Based Evaluation Forms at the next Trimester Evaluation.

EVALUATION:

Fellows will be evaluated by their attending physicians.

Core curriculum documents created with the assistance of Swedish Cherry Hill Family Medicine Residency in Seattle, Washington 2013.