

General Program Goals, Objectives and Implementation

In keeping with the American Board of Surgery's definition of General Surgery and the ACGME requirements, at the end of five years (PGY-5) of training in our Program, a resident is expected to achieve the following competencies:

1. Patient Care

- a. Respect the needs of patients and their families, and provide surgical care in accordance with those needs.

Implementation: The multi-cultural, multi-lingual nature of the community that our Program serves requires special attention to this. It is difficult for the Program to offer a curricular approach, but obviously, when in doubt, you should ask senior residents or teaching physicians.

- b. Teach patients and their families about the patient's health needs.

Implementation: Before discharging a patient, remember to discuss not only their surgical problems (the wound, nutrition, thromboembolic prophylaxis), but also comorbidities, such as hypertension, hyperlipidemia and diabetes, for example. Practice in this realm of patient care is essential.

- c. Develop experience in the outpatient setting and continuity of patient care.

Implementation: At Straub Clinic and Hospital, time is devoted to pre- and post-operative evaluation of your patients. The clinic is attached to the hospital. At Kuakini, you will experience pre- and postoperative care in the office of Dr. Mark Mugiishi and schedule your postoperative follow-ups after discharge for that time. At Kaiser, the apprenticeship program being instituted will allow for routine clinic experiences of at least two full days per week for pre- and postoperative care. At Kapiolani, the Pediatric Surgeons include the Residents in their office practice routinely. At The Queen's Medical Center a program for pre- and postoperative care utilizes the Queen Emma Clinic (2 afternoons a week); this will be expanded to physician outpatient offices.

2. Medical Knowledge

- a. Manage surgical disorders, based on a thorough knowledge of basic and clinical science.

Implementation: This will be achieved through daily interaction with your Senior Residents and Faculty at each of the participating Hospitals, with specific reference to your assigned patients.

Focused reading centering on your patients, or a problem-based learning approach to their surgical disorders is emphasized. Basic Science conferences and all University-

wide conferences will be directed toward clinical problems, but cannot replace the role of patient-specific, problem-oriented reading.

b. Demonstrate appropriate skill in those surgical techniques required of a qualified surgeon.

Implementation: The large number of cases available and the devotion of our teaching Faculty have produced very technically facile Chief Residents for many years. Paying close attention to the technical implementation of an operation while you are first- or second-assisting is very helpful. In addition, glean technical advice from different Faculty members at different Hospitals will help you to develop your own “style” and approach.

c. Demonstrate the use of critical thinking when making decisions affecting the life of a patient.

Implementation: Thinking “out loud” in front of your Senior Resident or Faculty attending in the ICU, in the Emergency Room, in the Clinic, Operating Room, or on Ward rounds is helpful. Asking questions and keeping the lines of communication open is important in your growth and in our ability to evaluate you, and to assist you in your growth and development.

3. **Practice-Based Learning and Improvement**

a. Make sound, ethical and legal judgments appropriate for a qualified surgeon.

Implementation: Journal Club, which devotes several sessions each year specifically to ethical issues. Also, ethical issues are discussed routinely at Morbidity & Mortality Conferences and on teaching rounds at each of our participating Institutions.

b. Teach and share knowledge with colleagues, Residents, Students, and other health care providers.

Implementation: The roles of teacher and “learner” are inseparable in medicine in general, and in surgery, specifically. Taking call with Medical Students will help to develop these skills at an early stage of your professional career. Supervising Junior Residents as you become more Senior will solidify this. Emulate the teachers that you admire.

c. Demonstrate acceptance of the value of life-long learning as a necessary prerequisite to maintaining surgical knowledge and skill.

Implementation: Again, our devotion to problem-based learning will become evident as time goes by. You must read about your patients’ illnesses and medical conditions.

d. Demonstrate a commitment to scholarly pursuits through the conduct and evaluation of research.

Implementation: The Program will help you to identify a mentor for clinical or basic science research. It is expected that every Categorical Resident will be involved in at least one research project during their training, with the goal being the submission of

either an abstract for presentation at a local, regional, or national meeting, or the submission of a manuscript to a peer-reviewed journal.

4. **Interpersonal and Communication Skills**

- a. Develop leadership, communication, and administrative skills.

Implementation: Being a Senior Resident at any of the participating Hospitals or a Chief Resident in the Program requires the ability to delegate authority, make call schedules, communicate with administrators, Faculty, and individuals in other fields of medicine. Again, the Program teaches by example. Emulate those leaders, teachers and surgeons that you most admire.

5. **Systems Based Practice and Professionalism**

- a. Collaborate effectively with colleagues, nurses and other health professionals.

Implementation: It is expected that you will observe the manner in which Faculty attendings interact with their colleagues and play a role in the management of your patients by obtaining appropriate consultation, discussing your patients with respiratory therapists, nurses, physical therapists, and pharmacists *routinely*.

- b. Provide cost-effective care to surgical patients and families within the community.

Implementation: Try to remember that if a test is not going to affect what you do, it may not be worth getting. You will be questioned *routinely* at Morbidity & Mortality Conferences, on daily Ward rounds by your Senior Residents and on teaching rounds at each of the Hospitals about the utility, or lack thereof, for tests, hospitalization or even operations.

Required Readings

The following texts will be issued by the Program for loan during a Resident's training:

- Cameron, J.L., 2008: *Current Surgical Therapy, 9th Edition* (Mosby, Inc.).
- O'Leary, J.P., 2008: *The Physiologic Basis of Surgery, 4th Edition* (Lippincott, Williams & Wilkins)
- American College of Surgeons, 2006 ACS Surgery: Principles and Practice (continually updated, online access)