

Resident Responsibilities

In addition to educational and clinical responsibilities detailed in the *2009-2010 Resident Handbook*, there are several administrative and additional educational responsibilities that every resident must be aware of.

ABSITE

Several oral and written standardized examinations are administered during the academic year, as part of the evaluation process for the Medical Knowledge and Patient Care competencies, and for Practice-based Learning and Improvement. The most important of these is the American Board of Surgery In-Training Examination (ABSITE). This examination is both written by, and administered under the auspices of the American Board of Surgery, and hence, it is studied for its reliability and validity by psychometricians and, because a vast majority of Surgical Residents in the United States take the examination, it is emphasized. There is no passing or failing level. On the other hand, the reporting of scores is elaborate and useful for self-assessment, for programmatic development, and for the development and implementation of remediation strategies where necessary (when corroborated with substandard performance on the wards and in the ambulatory setting, for example). The Program believes that Residents should demonstrate improvement in the *standard* score through each consecutive year of training. There should be improvement in individual areas of cognitive knowledge, as well as in the examination as a whole.

Conference Participation

In addition to mandatory conferences held at each participating Hospital, Residents are expected to attend and to fully participate in the following Program-sponsored Conferences.

Residents are required to keep up with all assigned reading for the Basic and Clinical Science Conferences and are expected to participate to the best of their ability.

CONFERENCE	FREQUENCY/LENGTH
Surgical Grand Rounds	Bi-Weekly, 1 hour Wednesday, University Tower, Rm 618
Morbidity & Mortality Conference	Bi-Weekly, 1 hour Wednesday, University Tower, Rm 618
Didactic and Basic Science Sessions	Weekly, 2-3 hours Wednesday, University Tower, Rm 618
Journal Club	Monthly, 1 hour Wednesday, University Tower, Rm 618
Clinical Case Conference	Bi-Weekly, 1 hour Wednesday, University Tower, Rm 618
ACS Surgery Review Conference	B-Weekly, 1 hour Wednesday, University Tower, Rm 618

Residents as Teachers Conference	Quarterly, 1 hour Wednesday, University Tower, Rm 618
----------------------------------	--

Faculty and Rotation Evaluations

At the end of EACH rotation, Residents will be required to complete a Rotation evaluation form and Faculty evaluation forms for each Faculty attending they have had sufficient contact with during the rotation. Junior Residents must also evaluate their supervising Senior or Chief Residents. Likewise, Senior or Chief Residents must evaluate the Junior Residents they supervised during the rotation. The ratings and comments on these forms remain confidential, and thus Residents should be honest and constructive in their evaluations. Copies of the Faculty, Resident, and Rotation evaluation forms are included in this *Guide*.

All Residents must also submit timely evaluations of all Medical Students whom they supervised while on the rotation.

Failure to submit these evaluations in a timely manner will result in a vacation day deducted for non-compliance.

Medical Records

Although the exact procedure for medical record keeping will vary at each participating Hospital, it is the responsibility of the Resident to **complete all medical records in a timely manner**. Notes should be legible and complete. All dictations must be completed before the end of the rotation, or appropriate arrangements must be made in advance to complete the medical record(s) at a later date.

PGY-1 Resident Procedures

All PGY-1 Residents are required to complete procedure cards for bedside procedures including Central Venous Catheters (Internal Jugular, Subclavian and Femoral), Swan-Ganz (Pulmonary Artery) Catheters, Arterial Catheters, and Chest Tubes. Procedure cards are available in the Program Office. Refer to the *2009-2010 Resident Handbook* for further information. **Only Faculty attendings, PGY-5 Chief Surgical Residents, or Surgical Critical Care Fellows who have completed their PGY-5 Chief Resident year may sign these procedure cards to authenticate fulfillment towards this Program requirement.**

Resident Advising System

Residents will be assigned to a Faculty Advisor with whom they will meet during their time in the Program. Residents will meet with their Advisors on a semi-annual basis, but if they would like to meet more frequently, that can be arranged, and is at the discretion of the Resident, Faculty Advisor, or Program Director and Department Chairman. Advisors can become a good advocate for Residents during their residency training, and should be looked to as a source of information and support. At each advising session, Residents and Advisors will discuss career goals and evaluations of performance on rotations. In addition, Residents will be given the opportunity to evaluate their

own performance, strengths, and weaknesses. Residents and their Advisors will work out a plan for reading and improving skills and knowledge levels as well as a plan to monitor the Resident's progress. It is important to remember that the Advisors are not just someone to see for 30 minutes twice a year. By sharing concerns and accomplishments with the Advisor, Residents will build a valuable relationship that can greatly aid them during residency training and beyond.

Resident Operative Experience Reporting

All Surgical Residents are required to use the Accreditation Council for Graduate Medical Education (ACGME) internet-based, Resident Data Collection System for General Surgery Operative Logs. **It is mandatory that cases be kept up-to-date.** Resident operative records will be used for statistical purposes in the Program, as well as for the determination of their eventual eligibility for Board certification by the American Board of Surgery. Therefore, Residents must keep accurate, complete, and timely records for all cases. Refer to the *2009-2010 Resident Handbook* for further information.

Surgical Critical Care Documentation

Residents are required by the ACGME to document Surgical Critical Care management. The documentation of the General Surgery Residents' critical care experience must be entered into the ACGME's internet-based, Resident Data Collection System for General Surgery Operative Logs. The American Board of Surgery requires documentation of surgical critical care management experience for candidates to qualify for the Qualifying Examination. Refer to the *2009-2010 Resident Handbook* for further information

Surgical Morbidity & Mortality Case Submission Form

Residents are required to critique personal practice outcomes in order to partially fulfill the six core competencies as required by the ACGME. Residents are required to fill out a Surgical Morbidity & Mortality Case Submission Form whenever a patient care complication (or "near miss") occurs. Residents are to submit completed forms to the rotation site Director of Surgical Education Office. The Surgical Morbidity & Mortality Case Submission Forms will be forwarded to the Residency Program Office, after the Director of Surgical Education at the rotation site reviews the form with the Resident. The forms will also be reviewed by the Program Director and kept on file. A copy of the Surgical Morbidity & Mortality Case Submission Form is included with this Curriculum Guide.