

Introduction & Program Overview

Welcome to the University of Hawaii Surgical Residency Program! Whether with us for one, two, or five years, this *Curriculum Guide* should answer many questions Residents may have about Program expectations and opportunities.

The Program operates in an integrated and affiliated community Hospital system in which patients are admitted and treated by University Faculty and University-affiliated, private surgical attending Physicians with Clinical Faculty appointments. The Program Director is responsible for overall Program management, and delegates educational and administrative responsibilities to the Director of Surgical Education (DSE) at each participating Hospital.

The training of all Surgical Residents takes place primarily in six Honolulu community Hospitals: Kaiser Permanente - Moanalua, Kapiolani Medical Center for Women and Children, Kuakini Medical Center, The Queen's Medical Center, Straub Clinic & Hospital, and Tripler Army Medical Center. This year, PGY-4 Residents will rotate on the Transplantation Service at the University of California, San Francisco.

The Surgical Residency Program seeks to prepare Residents to become Surgeons of the highest caliber by providing a rich educational experience in a variety of clinical settings. The three main program components: educational curriculum, research, and patient care are structured to offer the knowledge, skills, attitudes, and clinical judgment required for the practice of general surgery.

The Surgical Residency Program is dedicated to the fulfillment of the six Accreditation Council for Graduate Medical Education (ACGME) competencies in the following domains:

Patient Care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

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.

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.

Interpersonal and Communication Skills that result in effective information exchange and teaming with patients, their families and other health professionals.

Professionalism, as manifested through a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

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.

The educational tenets of the Program are also based on guidelines set forth by the American Board of Surgery, which state:

The purpose of graduate education in surgery is to provide the opportunity to acquire a broad understanding of human biology as it relates to disorders of a surgical nature and the technical knowledge and skills appropriate to be applied by a specialist in Surgery.

The development of this Program's curricula was also shaped, in large part, by the Board's definition of General Surgery, which is as follows:

“The Board interprets the term ‘general surgery’ in a comprehensive but specific manner, as a discipline having a central core of knowledge embracing anatomy, physiology, metabolism, immunology, nutrition, pathology, wound healing, shock and resuscitation, intensive care and neoplasia”, which are common to all surgical specialties.

A General Surgeon is one who has acquired specialized knowledge and experience related to the diagnosis, preoperative, operative, and postoperative management, including the management of complications, in ten primary components of Surgery, all of which are essential to the education of a broadly based surgeon:

Alimentary Tract

Abdomen and Its Contents

Breast, Skin and Soft Tissue

Head and Neck Surgery, including trauma, vascular, endocrine, congenital and oncologic disorders particularly tumors of the skin, salivary glands, thyroid, parathyroid, and the oral cavity.

Vascular Surgery, excluding the intracranial vessels and the heart.

Endocrine Surgery, including thyroid, parathyroid, adrenal and endocrine pancreas.

Pediatric Surgery

Surgical Oncology, including coordinated multimodality management of the cancer patient by screening, surveillance, surgical adjunctive therapy, rehabilitation and follow-up.

Trauma/Burns, including musculoskeletal, hand and head injuries. The responsibility for all phases of care of the injured patient is an essential component of general surgery.

Surgical Critical Care, of patients with underlying surgical conditions in the Emergency Room, Intensive Care Unit, and Trauma/Burn Units.

Additionally, the General Surgeon is expected to have significant preoperative, operative, and postoperative experience in pediatric, plastic (including familiarity with the role of breast reconstruction after mastectomy), cardiothoracic, minimally invasive procedures (including basic and advanced laparoscopic procedures), and transplant surgery. Also, the Surgeon must have an understanding of the management of the more common urgent and emergent problems in gynecologic, neurologic, orthopaedic, and urologic surgery, and of the administration of anesthetic agents, airway management, and conscious sedation. In addition, the Surgeon must be familiar with the unique requirements of bariatric and geriatric surgical patients and must have knowledge and skills in preoperative care, operative care, postoperative care, counseling patients and families, and knowledge of palliative care, and the management of pain, cachexia and weight loss in patients with malignancy and chronic conditions.

The General Surgeon must be capable of employing endoscopic techniques, particularly proctosigmoidoscopy, colonoscopy, esophagogastroduodenoscopy, laparoscopy, and operative choledochoscopy, and must have experience in other relevant diagnostic and therapeutic techniques; including laryngoscopy, bronchoscopy, and fine needle aspiration cytology. The General Surgeon should also have experience with sentinel lymph node mapping and biopsy techniques for breast cancer and melanoma, and have the opportunity to become familiar with evolving diagnostic and therapeutic methods, including the following:

Investigation and manipulation of the distal common bile duct (including sphincterotomy)

Stereotactic breast biopsy techniques, including core needle biopsy, and mammotome techniques

Physiologic testing and evaluation of the gastrointestinal tract

Diagnostic ultrasonography of the following areas: Head and Neck; Breast; Abdomen, including intraoperative and laparoscopic ultrasound; and Endorectal

Noninvasive diagnostic evaluation of the vascular system and invasive vascular interventional techniques.