

SURGERY

Location: Boise VA Medical Center

FACULTY CONTACT:

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OVERALL EDUCATIONAL PURPOSE

- To learn the presenting features, diagnostic strategies and management of major surgical problems in the acute setting.
- To become familiar with principles of surgical consultation.
- To become familiar with basic operative technique.
- To accurately identify patients with an acute abdominal exam and to triage appropriately.

TEAM STRUCTURE

Attending

PA

R1

MS3

PRINCIPAL TEACHING METHODS

All cases seen by the resident will be reviewed and discussed in detail with the attending. Rounds occur daily with the surgical tem and pertinent patient problems are reviewed

EDUCATIONAL CONTENT

Mix of Diseases

- Acute abdominal conditions including appendicitis, cholecystitis and bowel obstruction
- Oncologic surgeries including colon resection
- Vascular surgeries – femoral-popliteal bypass and aortic aneurysm repair
- Diagnostic procedures including lung biopsy and mediastinoscopy.
- Routine surgeries include hernia repair, laparoscopic cholecystectomy

Patient Characteristics

Most of the patients are middle-aged and elderly, as well as Caucasian.

Types of Clinical Encounters

The majority of encounters occur in the inpatient setting, with the opportunity of seeing approximately one-third of patients in ambulatory surgery or clinic.

Procedures

The resident will become familiar with the essentials of abdominal surgery. The resident will also have the opportunity to perform minor procedures including excision of lipomas and non-melanoma skin cancers.

Services

The Boise VAMC has a full complement of laboratory services.

ROTATION SPECIFIC SCHEDULE

Daily work rounds at 7:00 a.m.; up to six half-days of surgical clinic per week, depending on OR schedule; up to four days of operative time per week.

Thirteen nights of call, including two weekends, during the month which are chosen by the resident. All call is taken from home.

PRINCIPAL EDUCATIONAL MATERIALS USED

There is a small library available in the Medical Service conference room as well as the emergency room. Additionally the main library with texts and journal holdings is situated in the Learning Resource Center near the general medicine ward. Residents have access to this area 24 hours a day.

There is a complete medical library at the VA Medical Center, as well as St. Luke's Regional Medical Center, St. Alphonsus Regional Medical Center, with texts, journals and available computer access. Point-of-Contact computer reference is available to UW School of Medicine library resources and VAMC on-line reference materials, such as Up-to-Date, Micromedics, PubMed and others.

There is wide availability of personal computers with a network allowing instant access to Medline, Stat Reference, Patient Data and other educational sources.

There are maintained teaching files for particularly demonstrative x-rays, pathologic material, electrocardiograms, echocardiograms, clinical vignettes, etc

METHODS USED IN EVALUATING RESIDENT AND PROGRAM PERFORMANCE

At the end of the rotation, the resident is evaluated in writing and their performance reviewed with them verbally by every attending, fellow or supervising resident he or she has interacted with for a significant amount of time. The evaluator rates each resident on a nine-point scale in each component of clinical competence (i.e. clinical judgment, medical knowledge, clinical skills, humanistic qualities, professional attitudes and behaviors, medical care, educational attitudes, leadership and overall clinical competence).

The resident is given the opportunity to evaluate in writing the quality of the curriculum and the extent to which the educational goals and objectives of the rotation have been met. The resident also evaluates the teaching competence of each attending, fellow or supervising resident with whom they have interacted for a significant amount of time.

EXPLICIT LINES OF RESPONSIBILITY FOR THE CARE OF PATIENTS ON THIS SERVICE

The resident is responsible for the initial evaluation, examination and management of the patient. The resident will write all notes and orders. Each patient will be examined and discussed daily with the attending of record, who retains ultimate responsibility. The resident will be directly supervised in all procedures by the attending.